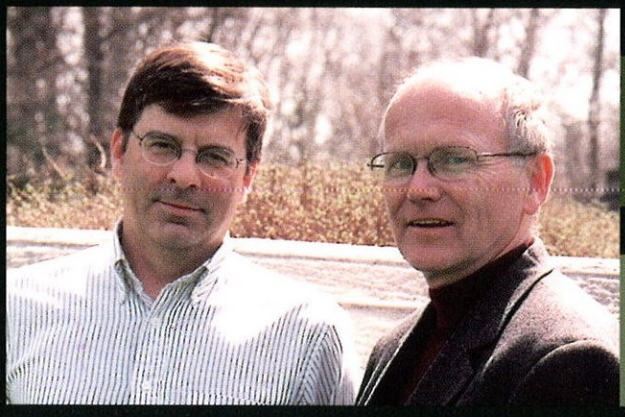
ANNUAL REPORT 2002

1992 — 2002

Ten Years of Excellence

ICES Institute for Clinical Evaluative Sciences



▲ *ICES is located on the grounds of the Sunnybrook campus of Sunnybrook and Women's College Health Sciences Centre in Toronto.*

◀ *Andreas Laupacis, President and CEO, left, and Peter Glynn, Chairman of the Board, right.*

MESSAGE FROM THE BOARD CHAIR AND CEO

The occasion of ICES' 10th Anniversary provides us with an excellent opportunity to reflect on our successes with pride and look ahead to our future with anticipation.

A decade ago, when ICES was established, the concept of publicly evaluating the provision of health care, or patient outcomes, was in fact the dawn of a new era. Today, reports about the performance of our health care system are produced regularly and in abundance. ICES' atlases, as well as reports from groups with which we are affiliated, such as the Cardiac Care Network and the Hospital Report Research Collaborative, are providing important information about our health care system – information that is used by providers, planners and policy-makers to improve the provision of health care.

ICES made significant contributions to this 'movement' of using evidence to guide decision-making and quality improvement. We are proud of our faculty and staff who have pioneered some of the methods used in health services research today, have been involved in the production of our atlases, reports and papers, and have worked diligently to get our products into the hands of people who will use them. One of our greatest strengths is that many of our faculty are practicing clinicians who understand the difficulties and nuances of clinical practice and as such, are able to interpret and recognize the limitations inherent in data.

As we look ahead to the future, we are confident that our on-going efforts to undertake relevant research and effectively communicate our findings will be value-added. Our reports will invoke debate, serve as a catalyst for change, and ultimately, enhance the effectiveness of health care for Ontarians.

As our health care system continues to evolve, changes to primary care delivery, the advent of effective and expensive new biologic agents, and the impact of the genetic revolution upon clinical practice will all add new dimensions of complexity to many of the issues that we, as a system, are grappling with today. These challenges will create an unprecedented need for solid evidence to inform decision-making and policy development. ICES is ready and is looking forward to playing a leadership role.

Andreas Laupacis
President and
Chief Executive Officer

Peter Glynn
Chairman of the Board

"ICES has been a beacon for the whole health care system. It has provided facts in place of prognostications. It has emphasized the clinical impact of the system rather than the complex interplay of political forces that surround it. It has, finally, not hesitated to deliver good evidence, even if that evidence does not always support existing practice. In short, it has been a salutary influence on health care. I look forward to the next 10 years!"

David MacKinnon
President, Ontario Hospital Association

MISSION

The Institute for Clinical Evaluative Sciences (ICES) is an independent, non-profit organization, whose core business is to conduct research that contributes to the effectiveness, quality, equity and efficiency of health care and health services in the province of Ontario.

The Institute is the product of a collective vision to use research methodologies in innovative, creative ways to probe the interface of clinical practice, health services research and health policy, in order to create a blueprint for a better health care system in Ontario.

ICES Board of Directors

(above photo, clockwise from left to right): Ms. Virginia McLaughlin, Vice Chair; Ms. Kerry Marshall; Ms. Bonnie Adamson; Dr. Hui Lee; Dr. Andreas Laupacis; Mr. James Whaley; Dr. Duncan Sinclair; Dr. Catherine Whiteside; Mr. Jack Shapiro; Dr. Peter Glynn, Chair. Absent: Ms. Wendy McKnight Nicklin; Dr. Stanley Lofsky.

GOALS

To fulfill its mission, the work of the Institute is guided by six goals:

- to carry out health services research in the areas of clinical and policy relevance from a population-wide perspective;
- to document province-wide patterns of medical care;
- to develop and disseminate information and decision-tools to policymakers, administrators, clinical-managers, practitioners, and patients;
- to implement and evaluate projects in clinical settings so as to promote more effective and efficient patterns of health care;
- to promote linkages among health services researchers in Ontario, and between researchers and decision-makers; and,
- to train health service researchers and promote a wider understanding of concepts from clinical epidemiology and health services research.

OUR REPUTATION FOR EXCELLENCE

Known for world class research

Since its establishment in 1992, ICES has won unprecedented recognition and respect for its unique interdisciplinary approach to health services research, an approach that has contributed new insights to the integration of health care services. The Institute's Scientific Advisory Committee, comprised of world-renowned international scientists, has repeatedly lauded ICES' direction, confirmed the significance of the research, and fully endorsed the methodologies adopted.

Located on the Sunnybrook campus of Sunnybrook and Women's College Health Sciences Centre (S&WHSC) in Toronto, ICES draws on the expertise of internationally recognized researchers and talented full-time staff with diverse backgrounds and experience. Due to the proximity of S&WHSC, many faculty members have clinical appointments at the hospital and research cross-appointments with its Clinical Epidemiology and Health Services Research Program (CE). Faculty members also hold appointments at major universities across Ontario and Canada.

Unique collaboration expands scope

Recognizing the importance of building partnerships to achieve positive change, ICES has assembled a diverse network of associate scientists, stakeholder organizations and representatives of provincial and national health care organizations to collaborate on research initiatives. Many faculty members also serve on local, provincial, national and international research committees, task forces, and research programs. This stimulating collaboration creates a forum for research excellence, policy debate and effective, sustainable change, while also expanding the scope of health services research in Canada.

With more than 100 initiatives underway at any given time, contributions to peer-reviewed medical and health services research literature in journals such as BMJ, the Lancet, the New England Journal of Medicine and JAMA are published on a regular basis.

Training opportunity

ICES' reputation for world-class health services research provides fertile ground for the training of students and fellows. More than 50 trainees have benefited from the unique research environment and guidance available from ICES faculty. Many of these trainees have gone on to use ICES' approaches to health services research in settings around the world.

ICES' academic component is a collaborative initiative with the Clinical Epidemiology and Health Services Research Program (CE) of S&WHSC. A variety of activities such as weekly research rounds enhance the training experience at ICES.

Funding

Although ICES receives its core funding from the Ontario Ministry of Health and Long Term Care, faculty members have successfully applied for funding from many national and international granting agencies. As well, many ICES' projects receive funding or "in-kind" support from stakeholder organizations. These collaborative initiatives have produced relevant and timely research that serves as a catalyst for change in Ontario's health care system.

ICES partners with many organizations to conduct big picture research in health care, using large administrative datasets in innovative ways.

ICES' research findings are used to improve care delivery at the grassroots, directly impacting practice guidelines.

OUR REPUTATION FOR EXCELLENCE

Getting the message out

To ensure that ICES' research findings are used to improve care delivery at the 'grass-roots', ICES has developed a number of communication vehicles. They profile patterns of health services utilization; identify processes for improving access to care; provide synopses of evidence-based medicine for clinicians; develop decision tools for both providers and consumers; and create practice guidelines and clinical audit criteria.

Innovative use of large health care databases

Underpinning ICES' research is the linkage and analysis of large health care datasets. ICES' vision for the use of administrative data in highly innovative ways has led to an on-site collection of continuously updated population-based databases. Among such databases are: the Ontario Health Insurance Plan (OHIP), the Canadian Institute for Health Information (CIHI) Discharge Abstract Database (DAD), and the Ontario Drug Benefit Plan (ODB). Access to this data and the ability to link datasets provides researchers with a unique opportunity for obtaining a more comprehensive view of a given health care issue. ICES is continually seeking avenues to expand its network of databases, including high quality clinical databases, to broaden its research agenda.

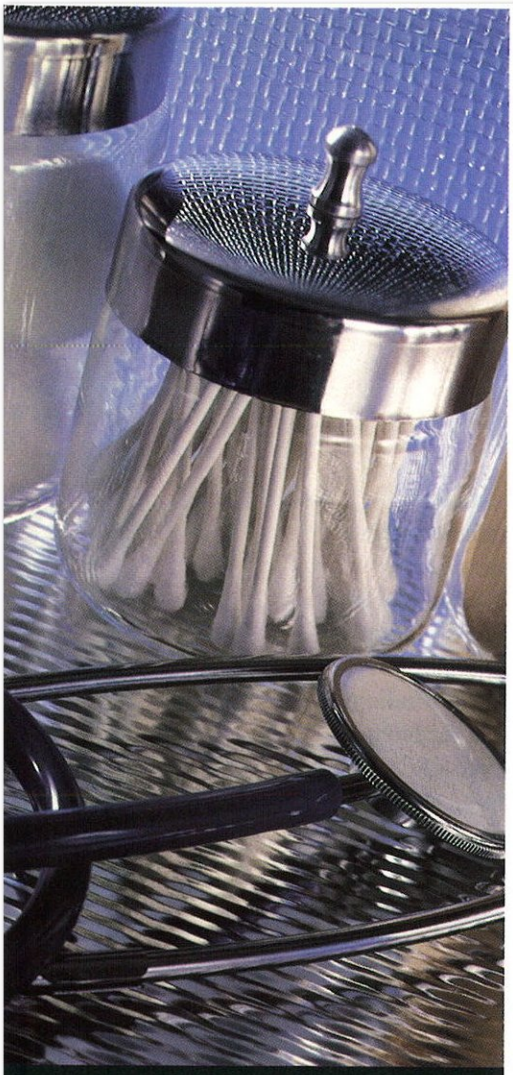
Vital documents for the future

Over the years, ICES' researchers have used such data to conduct studies important to clinical practice and public policy. Examples of innovative research produced include the ICES *Practice Atlases* and *Atlas Reports,* which have become the trademark research publications issued by ICES. These reports, which document province-wide patterns of health care and health services, were the first system wide "report cards" in Ontario. Topics range from a general overview of provincial trends in care, to more focused reports on arthritis and related conditions, cardiovascular health and care, physician supply and recently, emergency services. Future atlases will look at women's health, mental health, child health, and examine clinical areas such as diabetes and cancer.

Managers, policymakers, and clinicians use the atlas reports to identify issues of concern and to create initiatives for improvement. Stakeholders describe the atlases as vital documents for shaping the future direction of Ontario's health care system. Many of the findings arising from these research reports have served as significant stepping stones for further research and implementation projects.

Shifting the goalposts

By creating a research environment that allows for important clinical questions to be addressed, ICES has significantly shifted the goalposts in health care provision for Ontario. The Institute has assisted policy makers in understanding the importance of evidence-based decision-making by demonstrating that information gleaned from a linked population-based health services information system is critical. Breaking down traditional silos of care, tracking patients across an integrated continuum of services and shifting evaluation of health care to patient outcomes, provides information that can be used to construct practical solutions.



"ICES has been invaluable to the Drug Programs Branch by producing solid evidence to support decision-making and policy direction around the most appropriate use of drugs. The researchers were tremendous in helping us to focus our research questions so that the product of their efforts would be relevant and timely."

Dr. David McCutcheon
Assistant Deputy Minister
Health Services Division
Ministry of Health and Long-Term Care

1992 — 2002

Ten Year Highlights

1992-1993

ICES hires faculty and staff, develops capability and protocols for analyzing little-explored provincial data sources, and commences steady release of research results on quality, access and efficiency in health care.

ICES responds to requests for information and analysis from the Joint Management Committee on Medical Services, a body with equal representation from the OMA and MOH.

ICES' Academic Program Committee is established to promote the field of clinical evaluation research and to assist in career development of students.

ICES partners with the Cardiac Care Network (CCN) to provide analytical support, and develops a formula for calculating outcomes for surgical report cards.

The Ontario Health Care Evaluation Network (OHCEN) is created. In ensuing years, it fosters evidence-based decision-making and sponsors symposia promoting partnerships between researchers and decision-makers.

1993-1994

Patterns of Health Care in Ontario: The ICES Practice Atlas, 1st Edition is released. The report resulted in:

- unprecedented public awareness of variations in processes and outcomes of care across Ontario's hospitals and regions.
- internal audits being conducted at many hospitals for procedures such as cesarean sections and appendectomies
- systematic responses such as a project on tonsillectomy involving the College of Physicians and Surgeons, and a multi-stakeholder task force on the use of hysterectomy.

University of Toronto Centre for Bioethics publishes the *Dialysis Living Will*-funded in part by ICES-to help patients express their wishes about life-sustaining care.

ICES produces first outcomes report cards for CCN member institutions.

ICES convenes expert panel to develop queuing criteria for hip and knee replacement surgery.

1994-1995

Informed, a newsletter that provides practical, research-based information for physicians is launched.

The ICES fax-on-demand service, which provides supplementary information to *Informed*, as well as other information, is launched.

The Adam Linton Fellowship, which supports the training of a health services researcher for one or two years, is established.

University of Toronto Centre for Bioethics publishes the *HIV Living Will*- funded in part by ICES- to enable people to express their wishes for future care.

ICES generates analyses that help channel investments which lead to improved dialysis capacity for Ontario.

ICES supports a major study in eight hospitals that successfully demonstrates the implementation of the *Ottawa Ankle Rules*, a clinical guideline to reduce use of ankle X-rays.

1995-1996

In partnership with the Canadian Cancer Society-Ontario Division, ICES develops a patient information brochure on PSA screening for prostate cancer.

The *Sore Throat Score*, a tool to help physicians determine the presence of strep throat and improve antibiotic prescribing, is produced and disseminated with the support of 3M.

ICES supports the active dissemination of the *Ottawa Ankle Rule* to emergency room physicians in the province.

Guidelines for the Treatment of Uncomplicated Hypertension are published providing information for practicing physicians.

ICES hosts widely-attended Consultation Day to discuss resource allocation and rational queuing for hip and knee replacement surgery.

ICES supports University of Ottawa investigators in the development of a decision aid to help menopausal women make choices about hormone replacement therapy.

1996-1997

Patterns of Healthcare in Ontario: ICES Practice Atlas, 2nd Edition is published. It updates previous regional analyses and hospital report cards and provides new coverage of community health indicators, mental health services, pediatrics, and prescribing trends.

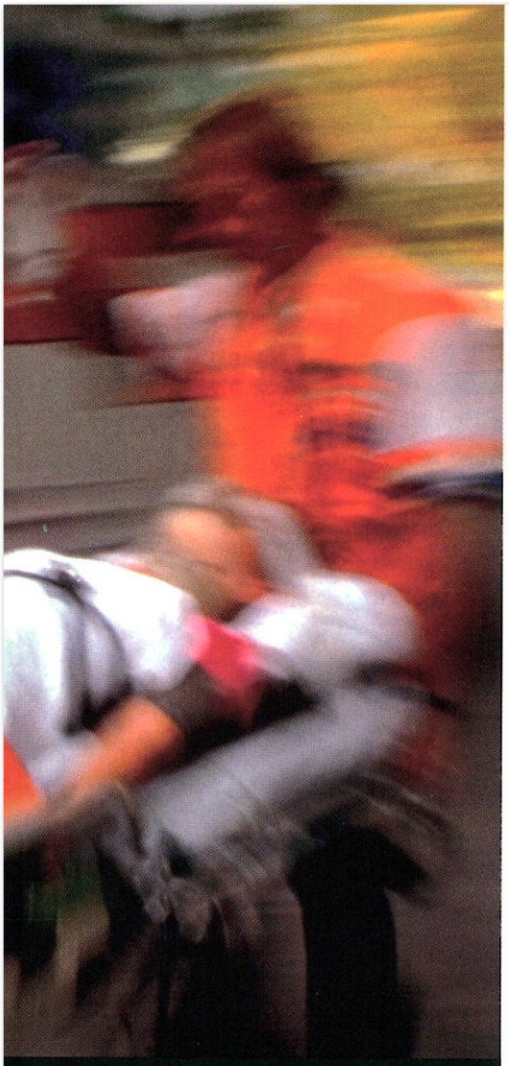
ICES launches its World Wide Web site.

ICES co-hosts the first *National Workshop on Research Transfer*.

Guidelines for the Management of Heart Failure are distributed to all primary care physicians and pharmacies.

ICES launches a successful short course entitled *Managing Health Care: Building on Evidence* to provide administrators and clinician leaders with the tools necessary to identify, interpret and apply information and research results.

The Ontario Round Table on Appropriate Prescribing (ORTAP) is officially launched.



"The Institute for Clinical Evaluative Sciences' (ICES) clinical and policy research has, in many ways, fostered progressive approaches to the analysis of Ontario's health care services. At the OMA, we believe that these contributions have, and will continue to have a positive influence on the provision of quality medical care."

Dr. Elliot Halparin
President,
Ontario Medical Association

Ten Year Highlights

1997-1998

ICES report spawns an international precedent setting document. *The Ontario Medical Expert Panel on Duty to Inform* concluded that physicians have a duty to notify police and potential victims when a patient makes threat of serious harm and in the physician's opinion, this threat is likely to be carried out.

ICES research team releases first ever report on the use of home care and the reinvestment required to ensure equitable provision of services across the province.

ICES releases *Waits and Rates: The 1997 ICES Report on Coronary Surgery for Ontario.* This in-depth look at waiting lists and rates for coronary surgery resulted in recommendations to the Ministry of Health to improve the management of cardiac care.

1998-1999

Patterns of Health Care in Ontario-Arthritis & Related Conditions is published. This is a comprehensive management strategy to help better care for 1.5 million Ontarians with arthritis and related conditions.

ICES releases a decision aid for breast cancer patients entitled *Making Choices About the Removal of My Breast Cancer: What do I prefer?* The aid was developed to enable patients in consultation with their surgeon to choose between lumpectomy followed by radiation or mastectomy.

1999-2000

Cardiovascular Health and Services in Ontario: An ICES Atlas is published. This is the latest in the series of large-volume reports which received a great deal of attention, including becoming the basis of the *Hot Spots Reports* developed for the Heart and Stroke Foundation of Ontario (HSFO).

A new series of topic-specific reports is launched called the *Atlas Reports Series* with the first two reports being released in 1999/2000.

ICES held its first data symposium entitled "Health Care Data: Research, Planning and Decision-making".

2000-2001

ICES develops its Privacy Code and Privacy Impact Assessments for each project and appoints its first Privacy Officer.

ICES participates in an international educational venture called the *Ulysses Project–an International Master's Program in Health Technology Assessment (HTA) and Management.*

Canadian Foundation for Innovation and the Ontario Innovation Trust award ICES and Sunnybrook and Women's College Health Sciences Centre with funding for infrastructure support to expand ICES' facilities.

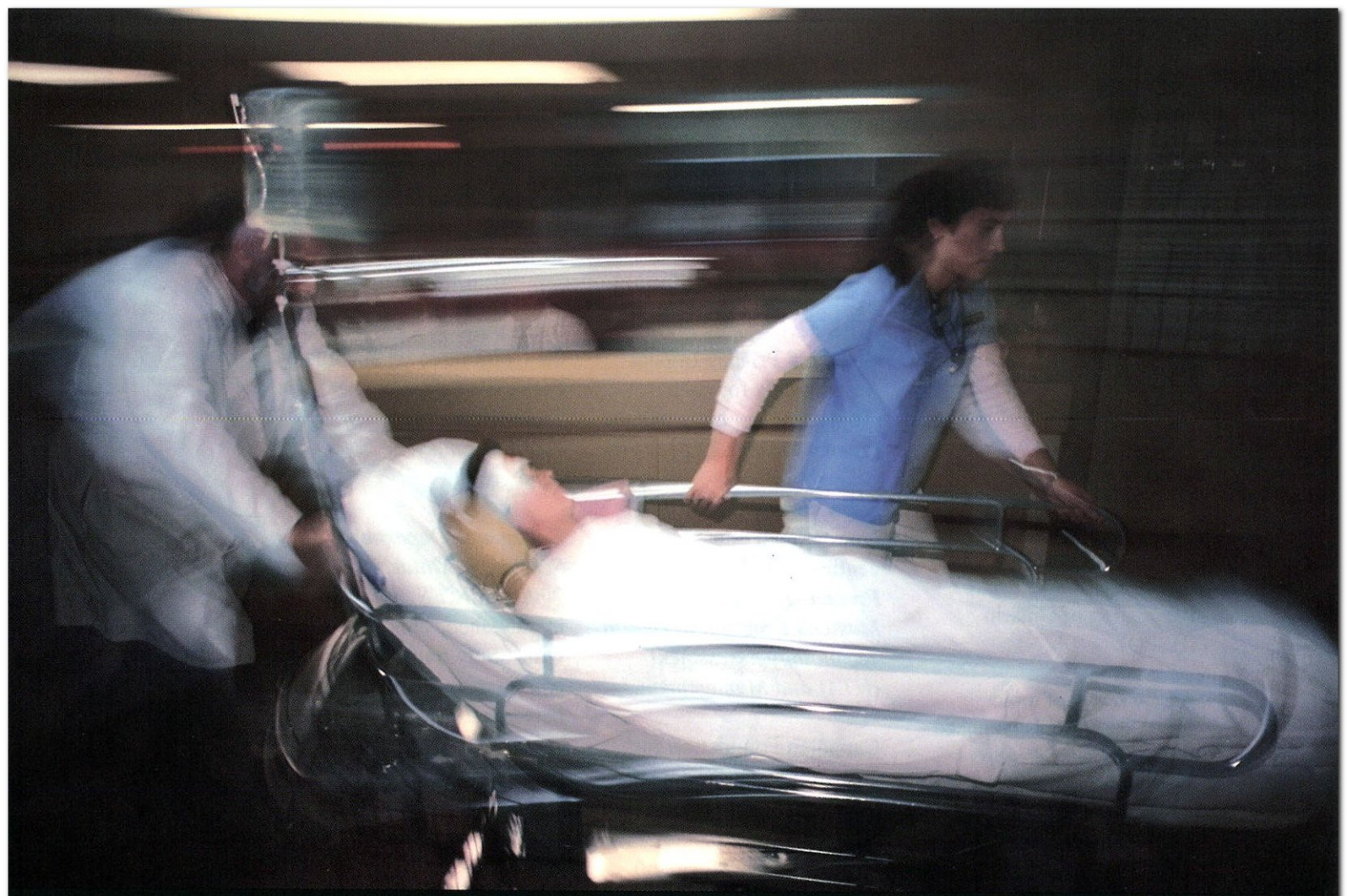
ICES embarks on *The Canadian Cardiovascular Outcomes Research Team* (CCORT) project, a national initiative that will conduct research to improve the care and outcomes of patients suffering from heart disease.

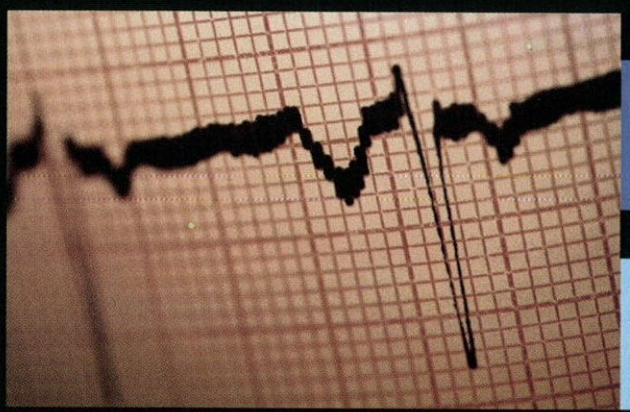
2001-2002

ICES publishes a report for the Committee on Technical Fees called: *Health Technology Assessment of Positron Emission Tomography.*

Emergency Department Services in Ontario: 1993-2000, an ICES Atlas Report, is published. This province-wide study tracked emergency room use between 1993 and 2000.

ICES is part of the Networks of Centres of Excellence' Canadian Stroke Network. *The Registry of the Canadian Stroke Network* will be the first national prospective clinical database of stroke patients.





ICES Atlas Report on Emergency Department Services in Ontario calls for a review of emergency services across the province.

Two projects led by the CCORT team will help measure and improve the quality of cardiac care in Canada.

ONGOING AND PENDING PROJECTS

Atlas Reports

On November 27, 2001, ICES released the *Atlas Report on Emergency Department Services in Ontario: 1993-2000.* Tracking emergency room use between 1993 and 2000 across Ontario, the study confirmed that statutory holidays and weekends – when doctors' offices are generally closed – are times of peak use. The report called for a review of emergency services across the province.

Atlas Reports for 2002/2003

A Rural and Northern Atlas will provide a profile of the communities in Northern Ontario and an overview of the relevant policy initiatives to deal with physician supply problems.

A Snapshot of Primary Care in Ontario will examine how patients use primary care and physician work patterns in the current fee-for-service system.

Waiting Times for Total Joint Replacements will describe rates and waiting times for hip and knee replacements.

Access to Colorectal Screening in Ontario will examine current and historic methods and trends of evaluation of the colon and rectum in Ontario.

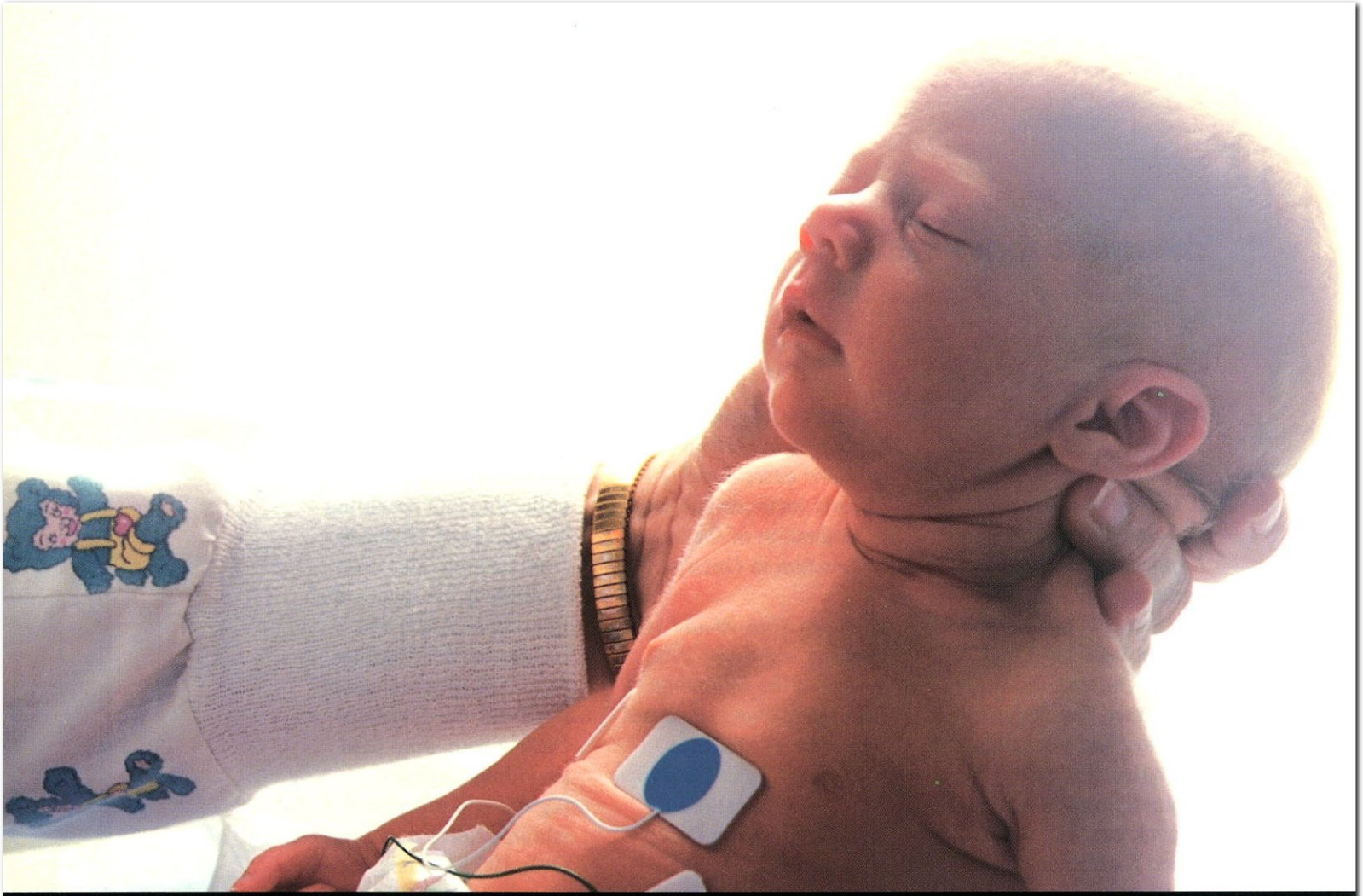
Diabetes Atlas Module One released in August 2002 describes the following: Patterns of Prevalence and Incidence of Diabetes Mellitis (DM) in Ontario; Acute Complications of DM; Drug Use in Older People with DM; and Diabetes Health Outcomes and Risk Factors.

Diabetes Atlas Module Two which examines chronic complications of diabetes and *Module Three* which describes diabetes in special populations will be released in November 2002 and January 2003 respectively.

Cardiovascular

When completed, it will be the largest randomized trial of cardiac report cards in the world. Well underway, the *Enhanced Feedback for Effective Cardiac Treatments* (EFFECT) project is one of the ongoing projects led by the Canadian Cardiovascular Outcomes Research Team (CCORT), headquartered at ICES. The largest component of the CCORT project, EFFECT aims to determine whether or not collecting and providing hospital-level feedback from hospital charts on multiple acute myocardial infarction (AMI) and congestive heart failure (CHF) quality indicators improves the quality of cardiac care more than providing feedback regarding performance from administrative data sources. Over 100 hospitals across Ontario are participating in this study.

Information on the burden of cardiac disease (specifically AMI and CHF), treatment strategies, and outcome patterns across Canada will be among topics covered in a *Canadian Cardiovascular Atlas* currently in development by the CCORT team. Modeled after the Ontario ICES Cardiovascular Atlas, the atlas will be authored by cardiovascular outcomes researchers from across the country. A strong partnership has been formed with researchers in the Division of Health at Statistics Canada.



The Ontario Chid Health Care Services Mosaic Study will create a detailed overview of children's health care treatment services in Ontario.

About 50,000 new strokes are reported in Canada each year. ICES will play a key role in creating the country's largest database of stroke patients, aimed at helping improve stroke care.

ONGOING AND PENDING PROJECTS

Cerebrovascular

ICES will play an exciting role in helping to improve stroke care as part of the Networks of Centres for Excellence' Canadian Stroke Network. The first national prospective clinical database of stroke patients, the *Registry of the Canadian Stroke Network* will collect data on stroke patients across Canada to determine the current level of stroke care and outcomes of care at six months. This information will help decision-makers best utilize resources to improve stroke care. ICES will provide data management and data linkage for the registry. Just eight months after its launch, data from approximately 4500 stroke patients has been entered into the registry and 22 registry hospitals along with four telestroke hospitals are now enrolling patients. The data will allow investigators to identify variations in how stroke patients are managed between provinces – and between hospitals – and feed that information back to hospitals and health ministries.

The Ontario Stroke Strategy will evaluate current stroke care management practices in Ontario hospitals, and compare these to accepted practice guidelines for stroke care through data collection of approximately 2,000 patients admitted to 43 Ontario hospitals with acute stroke between July and December, 2001.

Pediatrics

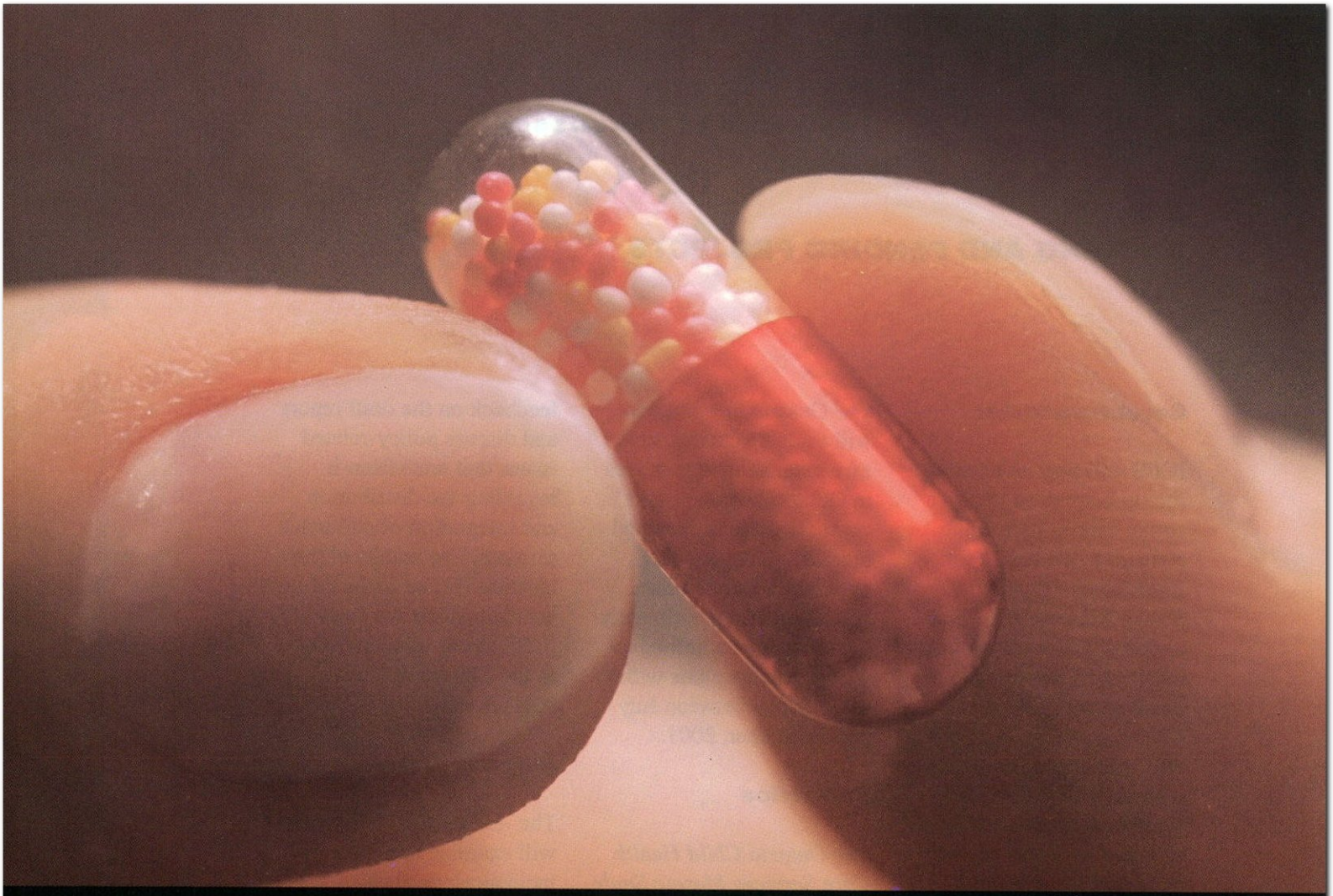
The Ontario Child Health Care Services Mosaic Study will catalogue the distribution of children's health care treatment services in Ontario by DHC in the areas of medical/nursing/dental, developmental/rehabilitation and mental health. Children's treatment providers such as children's treatment centres and CCACs, as well as hospitals, were surveyed about their programs and services, service availability, specialization, administrative data, and the integration and coordination of services with other service providers. The next stage in this project is to hold a one-day meeting with a small sample of representatives from the organizations surveyed to provide an opportunity for feedback on the draft report and discuss policy-related issues that arise from it regarding the distribution and integration of children's services. The results of the meeting will be included in and help shape the final ICES report to be included in the Children's Health Atlas Series.

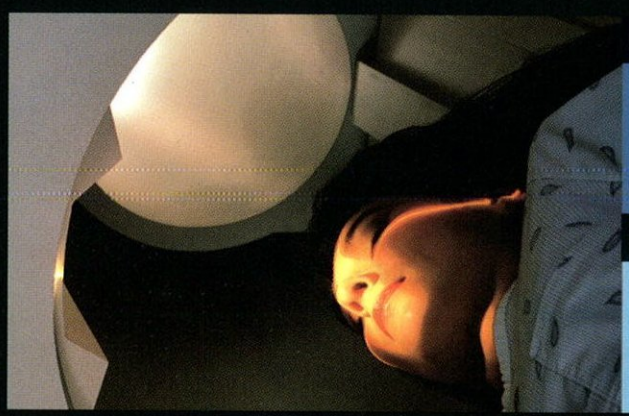
Asthma

The *Asthma Strategy* project will examine the incidence/prevalence, geographic, gender, and age distribution of asthma in Ontario; the pattern of health care utilization by asthmatics in Ontario; and the relationship of air quality measures to the incidence/prevalence of asthma in Ontario.

Health Human Resources

ICES scientists will be developing models, in consultation with various stakeholders, to predict the future need for physicians in Ontario. This methodology can be used by other jurisdictions in Canada and internationally.





▲ ***Patterns of use, risks and benefits associated with prescription drugs is the topic of the POPS studies.***

◀ ***Several new cancer research projects were funded this year, examining barriers to treatment and the impact of delays.***

ONGOING AND PENDING PROJECTS

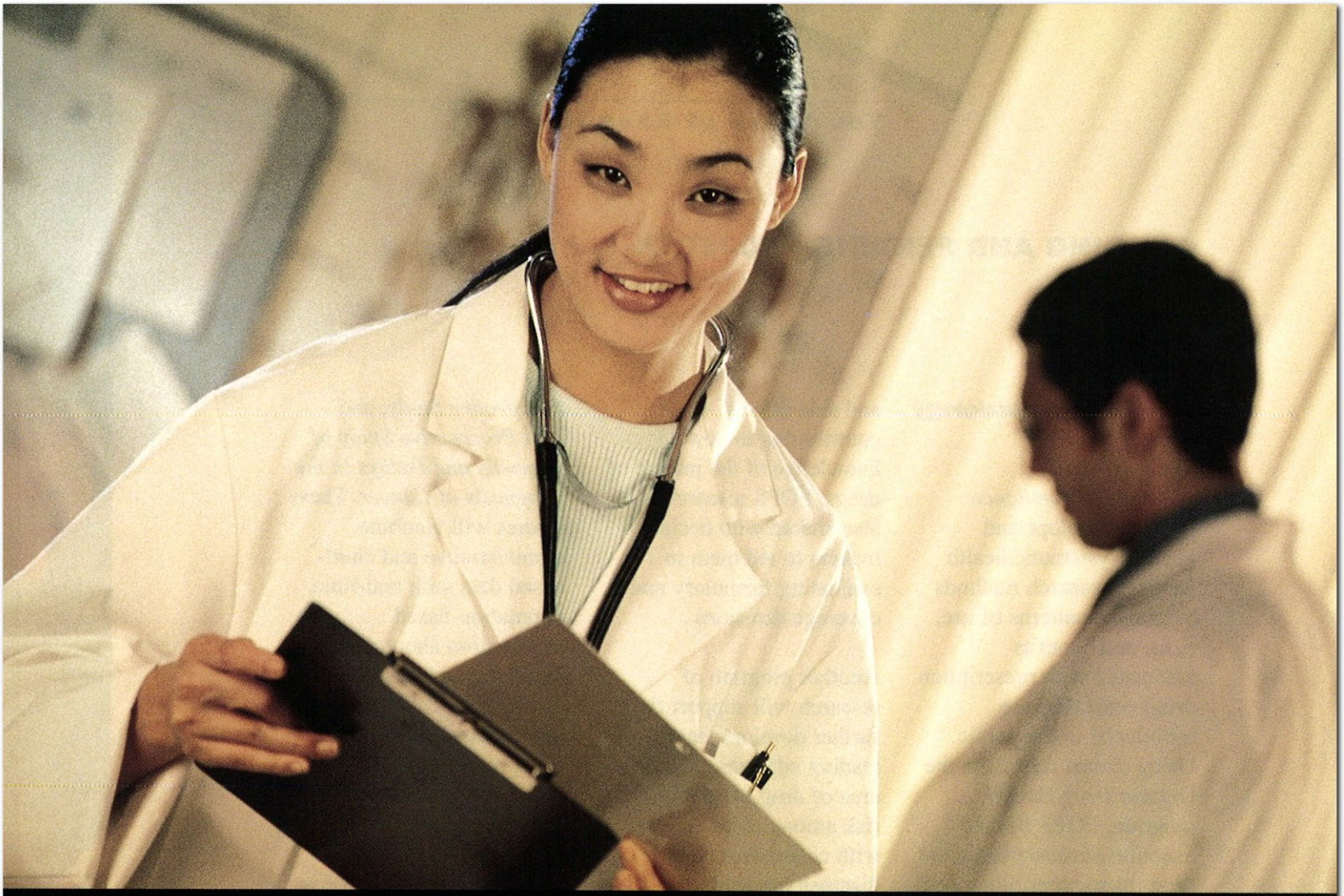
Pharmacoepidemiology

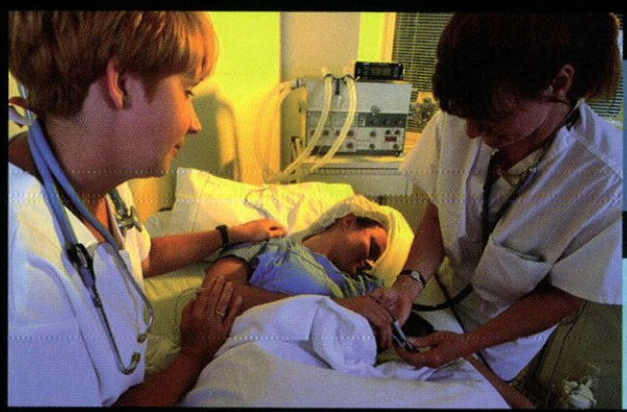
The Program of Pharmacosurveillance (POPS) develops and applies systematic health services research methods to analyze patterns of use, risks, and benefits associated with prescription drugs once they are introduced to the public. Using claims data from the Ontario Drug Benefit program, POPS studies examine adverse events and drug interactions along with the outcomes and health services associated with drug use. Although evidence on the efficacy of drugs is identified in randomized controlled trials, POPS uses traditional post-marketing surveillance techniques to determine if drugs that are promoted as having fewer side effects actually do so in practice and to examine if predicted side effects that result from either drug-drug interactions or inappropriate prescribing occur. Results from these studies can produce important information relevant to effectiveness and safety issues, as they identify the extent to which drugs are prescribed for appropriate indications and provide evidence of drug adherence and side effects. While contributing to new knowledge of the impact of drugs, POPS research is also shared with decision-makers to aid them in evaluating formulary and coverage decisions.

Another program of research will support the further development of leading edge research in the area of drug benefit and risk among older adults with co-existent chronic diseases (emphasizing cardiovascular, diabetes and kidney disease). The intent of this project is to foster multi-disciplinary collaboration and emphasize research training for young investigators. ICES researchers will also examine the impact of eligibility criteria for the Ontario Drug Benefit plan on the risk of hospitalization in Ontarians with low-income status.

Cancer

In the area of cancer research, several new projects were funded this year: 1) *Barriers to the Appropriate Treatment of Colorectal Cancer: a Population-based Study*; 2) *Delays in Radiation Therapy for Cancer: a Prospective Study*; and 3) *A Prospective Study of Intervals and Delays in the Diagnosis of Cancer*. These studies will combine administrative and chart-based data with real-time, population-based information about delays in diagnosis and treatment of cancer and problems with appropriateness of care. The program of research will provide the best information available about what is working well in cancer control and what is not, and to indicate where to make improvements.





▲ ***The study reported an increase in office-only practices among GPs and family doctors.***

◀ ***Nursing skill mix and years of RN experience were found to make a difference to patient mortality.***

PAST INITIATIVES

The Effect of Discharge Summary Availability during Post-discharge Outpatient Visits on Readmission to Hospital. This project examined the effect of discharge summary availability during post discharge outpatient visits on readmission to hospital. The study concluded that patients whose follow-up doctors receive a hospital discharge summary are less likely to need readmission.

Two studies, *Mortality among Patients Admitted to Hospitals on Weekends as Compared with Weekdays* and *Risk of Death or Readmission is Highest for Friday Discharges from Hospital,* found that the timing of hospital admission or discharge seems to affect outcome. The authors concluded that not only were patients with some serious medical conditions more likely to die in the hospital if they are admitted on a weekend than if they are admitted on a weekday but that patients discharged from Ontario hospitals on a Friday face an increased relative risk of four per cent of complications or death than those released on any other day of the week.

Nursing Related Determinants of 30-Day Mortality for Hospitalized Patients. The findings support a relationship between lower 30-day mortality and three predictors: a richer registered nurse skill mix, more years of experience on the clinical unit, and reported larger number of shifts missed. These findings can be used to predict the effects of hospital changes in nursing skill mix and years of RN experience on patient mortality.

Effect of Socioeconomic Status on Treatment and Mortality after Stroke. This study found that lower socioeconomic status was associated with increased mortality and reduced access to some health services after stroke, even in a country with a universal health insurance program.

The Declining Comprehensiveness of Primary Care in Ontario. This study examined billings by GPs and family doctors for all house and nursing home calls, emergency room work and inpatient visits, as well as anesthesia or obstetrical services. All those services are delivered outside of the office setting and have traditionally been part of the role of a family physician or GP. The author reported that the percentage of GPs and family doctors who maintain an "office only" practice rose to 24 per cent by the end of 1999, from 14 per cent in 1989. While office-only doctors were likely to be women, the trend was observed across the board.

Biology or Bias: Practice Patterns and Long-term Outcomes for Men and Women with Acute Myocardial Infarction. Despite the fact that the intensity of specialized care after heart attack becomes progressively less aggressive for women as they age, relative to men, women still have better survival rates. This finding suggests that in women, biology is the main determinant of long-term survival after a heart attack.

ICES FACULTY AND STAFF

Administration

Left to right, front row: Francine Duquette, Maria Silvano, Pauline Grant. *Back row:* Mona Shaw, Penny de Nobrega, Linda Toews, Lina Paolucci, Lucy Gerry. Absent: Susan Campbell, Wendy Cooke, Donna Hoppenheim, Eileen Patchett, Jeanette Tedford.

Faculty

Left to right: Michael Schull, Lori Ferris, Ben Chan, Teresa To, Don Redelmeier, Larry Paszat, Peter Austin, Andreas Lapacis, Jan Hux, Susan Bronskill, Karen Tu, Jack Tu. Absent: David Alter, Susan Bondy, Gillian Booth, Moira Kapral, Muhammad Mamdani, Doug Manuel, John Paul Szalai, Carl van Walraven, Jack Williams.

Finance

Left to right: Patricia McNamara, Kevin Leman, Annie Buta.

ICES FACULTY AND STAFF

Knowledge Transfer

Left to right: Laura Benben, Paula McColgan, Shelley Drennan, Julie Argles.

Programmers and Biostaticians

Left to right, front row: Yanyan Gong, Minh Duong Hua, Natalie Forde, Jun Guan, Deanna Rothwell. *Middle row:* Ruth Croxford, Jane Shi, Ping Li, Geta Cernat, Cindy Li, Kathy Sykora, Don DeBoer. *Back row:* Kinwah Fung, Julie Wang, Jiming Fang, Zhongliang Chen. Absent: Alex Kopp, Nemir Al-Azzawi.

Research Coordinators

Left to right, front row: Keren Fyman, Karey Iron, Jan Richards, Pam Slaughter, Patti Pinfold. *Middle row:* Laura Paxton, Lynn Kavanagh, Susan Garfinkel, Courtney Kennedy, Anne-Luise Winter. *Back row:* Kiren Handa, Ian Purdy, Ruth Croxford. *Absent:* Susan Brien, Linda Donovan, Michael Paterson, Raymond Przybysz, Susan Schultz.

ICES FACULTY AND STAFF

Resource Centre

Left to right: Jennifer Robichaud, Davida Glazer.

Students

Left to right, front row: Chau Tran, Dalia Rotstein, Tracy Ayow, Jessica Law, Peter Tanuseputro. *Middle row:* Woganee Filate, Harry Wu, Claire Fantus, David Juurlink. *Back row:* Baiju Shah, Graham Slaughter, Paul James, Mark Leung.

Systems

Left to right: John Grabowski, J-R Kidston, Catherine Bissett, Jackson Wong.

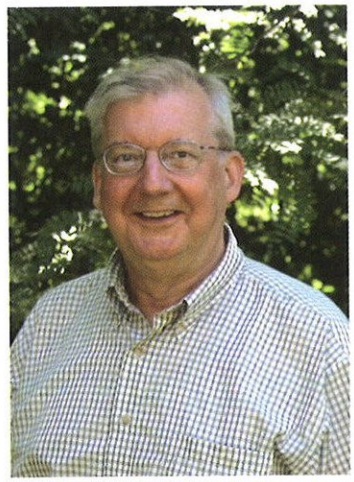
ICES FACULTY AND STAFF

Corporate Services

Right: Peggy McGill,
Vice President

Health Information

Right: Claus Wall



Special thanks

To ICES Information Officer Claus Wall for generously donating his photographic talents to this year's annual report. Claus shot all the staff photos using the picturesque Sunnybrook campus as his backdrop.

INSTITUTE FOR CLINICAL EVALUATIVE SCIENCES
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2002

	2002			2001		
	Capital and Operating Fund $	Restricted Fund $	Total $	Capital and Operating Fund $	Restricted Fund $	Total $
Assets						
Current assets						
Cash	1,726,848	3,398,093	5,124,941	646,003	1,415,283	2,061,286
Other receivables	273,916	643,844	917,760	181,653	3	181,656
Prepaid expenses	20,138	-	20,138	7,195	-	7,195
	2,020,902	4,041,937	6,062,839	834,851	1,415,286	2,250,137
Property, plant and equipment	556,394	-	556,394	686,854	-	686,854
	2,577,296	4,041,937	6,619,233	1,521,705	1,415,286	2,936,991
Liabilities and Deferred Amounts						
Current liabilities						
Accounts payable and accruals	265,354	9,199	274,553	251,828	-	251,828
Due to Sunnybrook & Women's College Health Sciences Centre	574,217	-	574,217	195,402	-	195,402
	839,571	9,199	848,770	447,230	-	447,230
Deferred operating grant	1,181,331	-	1,181,331	387,621	-	387,621
Deferred capital grant	493,407	-	493,407	581,875	-	581,875
Deferred start-up grant	62,987	-	62,987	104,979	-	104,979
Deferred expense grants	-	4,032,738	4,032,738	-	1,415,286	1,415,286
	2,577,296	4,041,937	6,619,233	1,521,705	1,415,286	2,936,991

INSTITUTE FOR CLINICAL EVALUATIVE SCIENCES

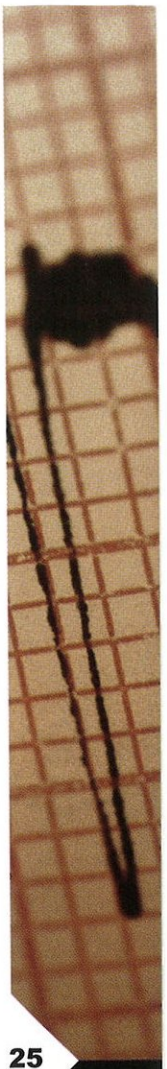
STATEMENT OF OPERATIONS

FOR THE YEAR ENDED MARCH 31, 2002

	Capital and Operating Fund		Restricted Fund		Total	
	2002	2001	2002	2001	2002	2001
	$	$	$	$	$	$
Revenue						
Grants						
Operating	4,294,758	4,410,484	-	-	4,294,758	4,410,484
Amortization of deferred start-up grant	41,992	41,992	-	-	41,992	41,992
Interest income	43,859	66,940	-	-	43,859	66,940
Other revenue	1,148,208	983,953	-	-	1,148,208	983,953
Amortization of deferred expense grants	-	-	185,798	100,362	185,798	100,362
	5,528,817	5,503,369	185,798	100,362	5,714,615	5,603,731
Expenditures						
Salaries and benefits	3,868,033	3,758,194	50,574	37,424	3,918,607	3,795,618
Consultative services	253,670	309,964	126,475	50,202	380,145	360,166
Computer supplies and software	281,792	393,142	-	-	281,792	393,142
Office and general	288,071	236,828	5,877	8,272	293,948	245,100
Travel	98,035	96,491	165	2,173	98,200	98,664
Amortization of property, plant and equipment	271,425	258,933	-	-	271,425	258,933
Professional	71,993	93,741	125	370	72,118	94,111
Administrative	224,136	224,141	-	-	224,136	224,141
Other	171,662	131,935	2,582	1,921	174,244	133,856
	5,528,817	5,503,369	185,798	100,362	5,714,615	5,603,731
Excess of revenue over expenditures for the year	-	-	-	-	-	-

INSTITUTE FOR CLINICAL EVALUATIVE SCIENCES
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2002

	Capital and Operating Fund		Restricted Fund		Total	
	2002	2001	2002	2001	2002	2001
	$	$	$	$	$	$
Cash provided by (used in)						
Operating activities						
Excess of revenue over expenditures for the year	-	-	-	-	-	-
Items not affecting cash						
Excess of operating grant deferred	793,710	70,211	-	-	793,710	70,211
Amortization of deferred start-up grant	(41,992)	(41,992)	-	-	(41,992)	(41,992)
Amortization of deferred capital grant	(229,433)	(216,941)	-	-	(229,433)	(216,941)
Amortization of deferred expense grants	-	-	(185,798)	(100,362)	(185,798)	(100,362)
Amortization of property, plant and equipment	271,425	258,933	-	-	271,425	258,933
Change in non-cash working capital	287,135	(207,198)	(634,642)	89	(347,507)	(207,109)
	1,080,845	(136,987)	(820,440)	(100,273)	260,405	(237,260)
Investing activities						
Transfer from operating grant to deferred capital grant	140,965	236,246	-	-	140,965	236,246
Purchase of property, plant and equipment	(140,965)	(236,246)	-	-	(140,965)	(236,246)
	-	-	-	-	-	-
Financing activities						
Deferred grants received	-	-	2,803,250	97,773	2,803,250	97,773
Increase (decrease) in cash for the year	1,080,845	(136,987)	1,982,810	(2,500)	3,063,655	(139,487)
Cash - Beginning of year	646,003	782,990	1,415,283	1,417,783	2,061,286	2,200,773
Cash - End of year	1,726,848	646,003	3,398,093	1,415,283	5,124,941	2,061,286



INSTITUTE FOR CLINICAL EVALUATIVE SCIENCES

AUDITOR'S REPORT ON SUMMARIZED FINANCIAL STATEMENTS

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

The accompanying summarized statements of financial position, operations and cash flows are derived from the complete financial statements of The Institute for Clinical Evaluative Sciences as at March 31, 2002 and for the year then ended on which we expressed an opinion without reservation in our report dated May 10, 2002. 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 are available upon request.

Ontario Public Sector Salary Disclosure Act

The following full-time employee of the Institute for Clinical and Evaluative Sciences (ICES) received a salary of $100,000 or more in the calendar year 2001.

Dr. Benjamin T. Chan, Senior Scientist
Annual salary $107,902.46 – No taxable benefits

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

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