



FOUNDATION | FONDATION

**INSPIRED CARE.
INSPIRED RESEARCH.
INSPIRED GIVING.**

ANNUAL REPORT 2017–2018



PHILANTHROPY: INSPIRING WORLD-CLASS CARE

Inspiration comes from many corners. Ultimately, it is the patients who are at the heart of our inspiration. They motivate us to keep reaching our goals; for the betterment of our nation's capital, for our region, for Nunavut, and beyond. It is this inspiration that drives researchers to find new treatments and cures. It energizes physicians and nursing staff to go above and beyond, providing truly compassionate care. And inspiration fuels support from the community, which allows our researchers to keep searching for and creating the latest treatments and innovations.

We achieved great things in 2017. Among them, The Ottawa Hospital was awarded exemplary status – the highest standard set by Accreditation Canada – with a score of 99.1 percent. Exemplary status means that The Ottawa Hospital is a leader among health-care institutions in Canada. More importantly, it shows that we deliver consistent and compassionate care from physicians and staff in every department, and this means the world to our patients and their families.

Outstanding care is enriched by great research and is a catalyst for philanthropy. It leads to

better treatments, shorter wait times, less pain, and faster healing. Simply put, research improves patient outcomes. Our researchers are constantly raising the bar for what is possible. We are turning our world-first discoveries into made-in-Ottawa treatments, shaping the way health-care institutions practice medicine worldwide.

And we will continue to innovate.

Over the coming decade, we will plan and build a new, state-of-the-art, 21st century learning and research hospital, right here in Ottawa to replace the aging Civic Campus. Patient-centred care will inspire the design, so that our patients will have more room to be close to family when it matters, and more privacy, and natural light. Healing, both physically and emotionally, will be paramount. This health and research hub will enable us to continue our outstanding work and set the stage for an exciting future.

We are delighted to present The Ottawa Hospital's annual report for 2017–2018 that highlights the extraordinary research, care, and community support that sets our hospital apart. You'll read remarkable stories of innovation, research, and compassion that are just a

few of the thousands of success stories from The Ottawa Hospital over the past year.

It is a privilege to be a part of this outstanding hospital that holds the health of the region as its *raison d'être*. We couldn't be prouder to serve such a committed community, which knows a great hospital is a reflection of a great city. We thank you for inspiring us to be extraordinary.

Gratefully,



Dr. Jack Kitts, *President and CEO*
The Ottawa Hospital



Dr. Duncan Stewart, *CEO and Scientific Director*
Ottawa Hospital Research Institute,
Executive Vice-President, The Ottawa Hospital

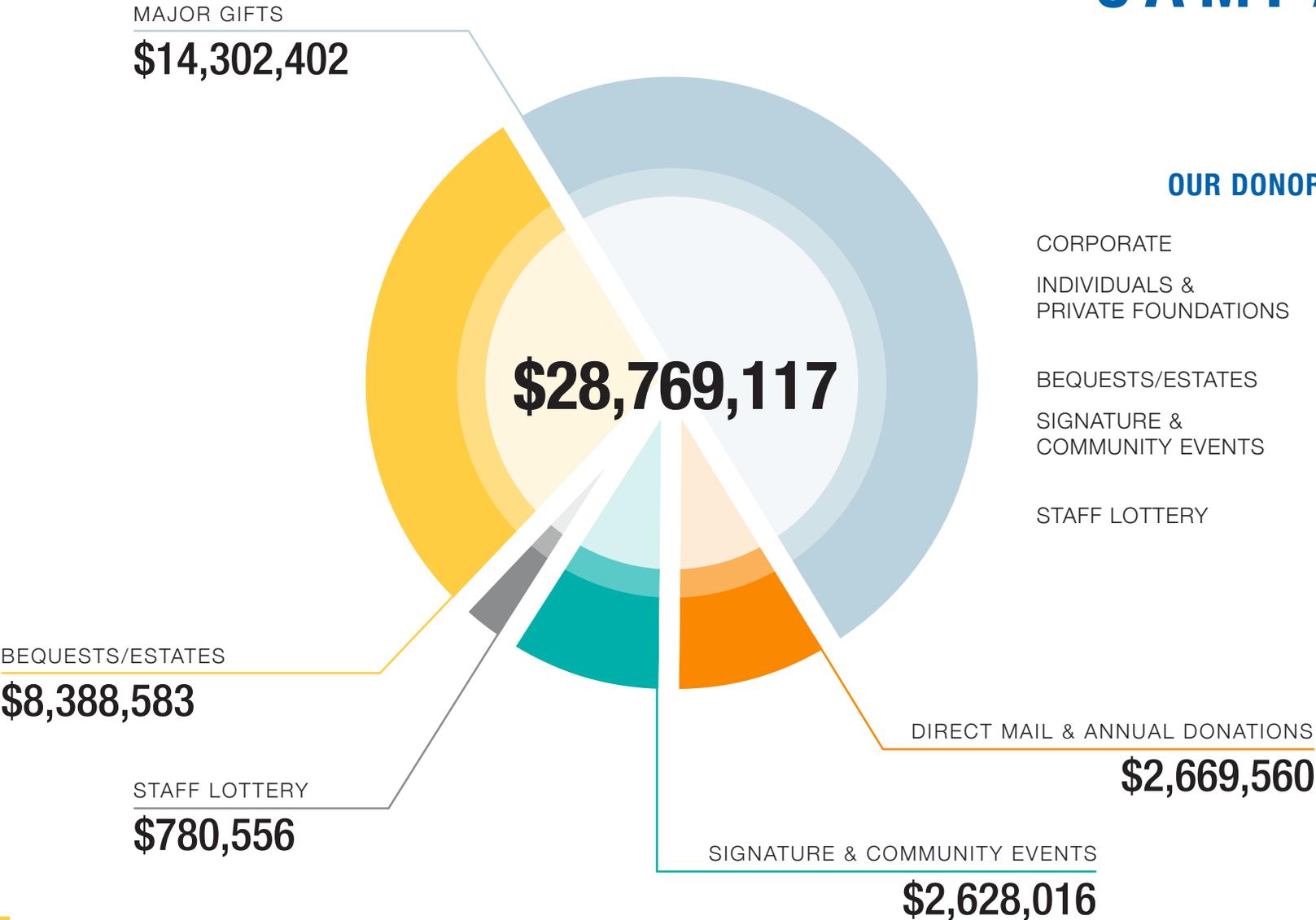


Tim Kluge, *President and CEO*
The Ottawa Hospital Foundation



*Tim Kluke, Dr. Jack Kitts, and Dr. Duncan Stewart,
leaders at The Ottawa Hospital*

DONATIONS BY CAMPAIGN



OUR DONOR COMMUNITY

CORPORATE	24%
INDIVIDUALS & PRIVATE FOUNDATIONS	31%
BEQUESTS/ESTATES	29%
SIGNATURE & COMMUNITY EVENTS	13%
STAFF LOTTERY	3%



177,679
Emergency visits



10,869 Patients enrolled
in clinical trials



6,178 Babies
delivered



1,174,879 Patient
care visits



1,202 Beds



51,701
Surgical cases



611 Active
clinical trials



62 Scientific
research labs

OUR PATIENTS. OUR INSPIRATION.

BIG CARE FOR TINY PATIENTS

LIAM AND RHYS WHITE STARTED LIFE IN AN EXTRAORDINARY WAY.

They were born at The Ottawa Hospital on December 22, 2006, three and a half months premature. And they each had an identical twin. Each of the quadruplets weighed less than two pounds.



Nora Shipton with sons Liam and Rhys White, NICU patients

The White quadruplets were admitted to the Neonatal Intensive Care Unit (NICU) at The Ottawa Hospital's General Campus. On top of breathing problems, Rhys and Liam also had heart surgery to correct faulty heart valves and were operated on the same day. Sadly, despite every effort, Cullen passed away on January 16, 2007, and Daniel two days later.

"The care that we received at the NICU was beyond excellent. The nurses and the doctors were so caring and attentive and helped us through the roller coaster that all NICU parents ride," said Nora Shipton, the boys' mother. "We will forever be grateful to them for the love and the care that they gave to all of our babies."

Liam spent 88 days and Rhys 98 days in the NICU. It was bittersweet for Nora and Rob White when Liam and Rhys finally came home.

Three months after losing two of their sons, Nora and Rob decided to support the NICU team who had helped Liam and Rhys survive their early entry into the world. The family created the Cullen James and Daniel Morgan White Legacy Endowment Fund, which would contribute over the long term to meet the endless needs of the NICU, and will continue to help other families who will need the latest, most innovative care for their preemies. ❤️



Avalina Souza was born 17 weeks early, weighing a mere pound and a half. She spent her first 127 days in the NICU, until she was healthy enough to go home.

"Our incredible journey would not have been possible without the support of the amazing NICU doctors, nurses and staff at The Ottawa Hospital who go above and beyond the call of duty to take care of the smallest lives. Our precious Avalina is a testament to their skill, commitment and compassion." – Sarah Souza, Avalina's mother

DETECTING NEWBORN SEPSIS

Sepsis is a major cause of illness and even death in newborns worldwide. It occurs when an infection spreads throughout the body and enters the bloodstream. A study led by Drs. Deshayne Fell, Steven Hawken, and Kumanan Wilson found that blood spots routinely collected from all newborns may have the potential to help identify infants at risk of sepsis. The team linked newborn screening data with health databases to identify cases of sepsis among Ontario newborns between 2010 and 2015. Their findings, published in 2017, suggest that sepsis is associated with certain factors already measured in blood spots, particularly among infants born at term or late preterm gestation. This novel approach may help in developing a test for the early diagnosis of newborn sepsis. ❤️



LEADING WOMEN'S HEALTH

SISTERS IN SOLIDARITY AGAINST BREAST CANCER

After the shock of receiving the diagnosis in November 2016 that she had breast cancer, Rebecca persuaded her sister Mary Ellen to go immediately about a bump that had been bothering her. She did. Although, her mammogram came back negative, a follow-up ultrasound revealed that she, like Rebecca, had basal ductile breast cancer.

Sisters Rebecca Hollingsworth and Mary Ellen Hughson, breast cancer patients

They feel strongly about MRI technology. Because both have dense breast tissue, a mammogram didn't accurately identify their breast cancer tumours. Before surgery, Rebecca had a breast MRI, which picked up five tumours that were not visible on either her mammogram or ultrasound.

"Bringing the 3 Tesla MRI to Ottawa gives us hope. Hope that many women in Ottawa will have their cancer detected earlier and so have the best chances possible," said Rebecca.

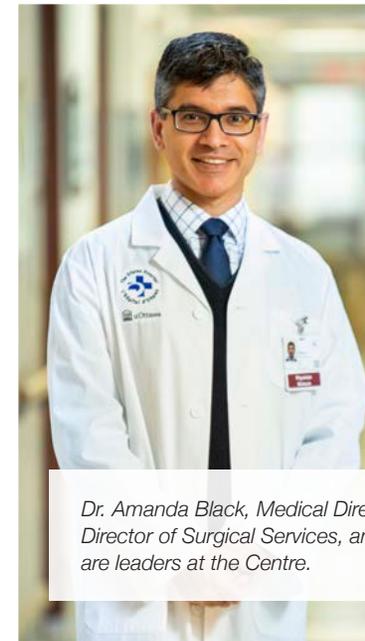
The sisters' positive attitude and approach in facing their diagnosis inspired friends to fundraise for the 3 Tesla MRI, which can detect breast cancer at a much earlier stage – the difference between life and death.

Thanks to the generosity of the community and one extremely generous donor, their campaign has exceeded their own expectations and raised \$370,000 to date. This means The Ottawa Hospital now has the donations needed to purchase a dedicated MRI for the new Breast Health Centre.

The Ottawa Hospital will be the first in Canada to have this state-of-the-art breast imaging technology that will help "future sisters in spirit" like Rebecca and Mary Ellen. ❤️



"Providing care for women with complex medical issues, including those from vulnerable populations, is the foundation of our work at the Shirley E. Greenberg Women's Health Centre. Our research, education, and clinical care models are all designed with the patient experience as our number one priority." – Dr. Amanda Black, Medical Director, Shirley E. Greenberg Women's Health Centre



Dr. Amanda Black, Medical Director, Dr. Sukhbir (Sony) Singh, Director of Surgical Services, and Dr. Elaine Jolly, Founder, are leaders at the Centre.

THE SHIRLEY E. GREENBERG WOMEN'S HEALTH CENTRE

12 years putting women at the centre

The Ottawa Hospital is shaping the future of women's health care in Ottawa and around the world with state-of-the-art clinic, diagnostic and treatment facilities at the Breast Health Centre and the Shirley E. Greenberg Women's Health Centre.

The Shirley E. Greenberg Women's Health Centre, a state-of-the-art clinical care facility has operated as a vital component of the health-care system in Ottawa, providing care specific to women's needs. Last year, the Centre saw 23,914 clinic visits. ❤️



TRIALS OFFER NEW TREATMENT AND HOPE

MOLECULAR TESTING HELPED CANCER PATIENT GET INTO CLINICAL TRIAL

Chemotherapy wasn't working for Cathy Chapman. The Deep River resident was diagnosed with colon cancer in February 2016, but her treatment was stopped in April.

However, a gene mutation was identified when Cathy's tumour was analyzed by The Ottawa Hospital's Molecular Oncology Diagnostics Laboratory. Only about five percent of colon cancers have this mutation. Dr. Bryan Lo, Director of the molecular lab, flagged the mutation to Cathy's oncologist Dr. Rachel Goodwin.

Cathy Chapman, colon cancer patient

Dr. Goodwin was aware of an upcoming trial opening at The Ottawa Hospital Cancer Centre for this specific sub-type of colon cancer, which was designed to block this mutation and slow down the cancer growth.

“When we get the genetic sequencing report back, we might see that the patient has a gene mutation that could make their cancer susceptible to a drug we never would have considered, or to a new drug,” said Dr. Goodwin.

This was the case with 60-year-old Cathy. Her tumour shrank by 40 percent in the first seven weeks of treatment.

The Ottawa Hospital’s Molecular Diagnostics Laboratory analyzes the genetic makeup of colon cancer patients using the Next Generation Sequencer (purchased entirely with donor support). By identifying the genetic makeup of each individual’s tumour, oncologists can tailor the cancer treatment to be more effective for them. As well, by analyzing their genetic profile, other patients with rare mutations might also benefit from trying innovative and untested therapies. ♡

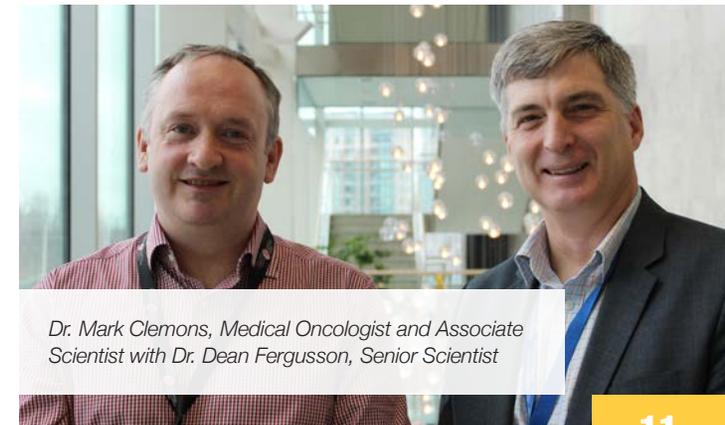


“Being diagnosed is pretty life-changing. You feel for other women who are going through this, and so I wanted to give back for the care I was receiving to help other women. I was open to any treatment that was new and innovative. The REaCT trial procedures were straightforward and easy to understand.” – Connie Chartrand, breast cancer patient, participated in three REaCT clinical trials

MAKING ACCESS TO CLINICAL TRIALS EASIER

Although clinical trials offer cancer patients access to new drugs and therapies, which may enhance their lives, less than three percent of cancer patients participate in clinical trials. This is because the enrollment process involves lengthy paperwork, and complex regulatory hurdles that often make opening a trial too expensive and time consuming.

In 2014, Oncologist Dr. Mark Clemons and Senior Scientist Dr. Dean Fergusson, along with their colleagues at The Ottawa Hospital looked at ways to streamline the process for obtaining oral, rather than written, consent to make it easier for more patients to enter clinical trials. They developed the Rethinking Clinical Trials (REaCT) Program in order to give every cancer patient access to a clinical trial that may benefit them. In the last two years, The Ottawa Hospital recruited 1,200 patients into the REaCT Program to participate in 11 randomized trials. ♡



Dr. Mark Clemons, Medical Oncologist and Associate Scientist with Dr. Dean Fergusson, Senior Scientist



LIFE-CHANGING INNOVATION

PATIENTS GAIN INDEPENDENCE WITH EACH BREATH

Marty Meech eyes the small square machine on his living room coffee table. It is key to his independence because it will help him breathe.

Marty was diagnosed with Amyotrophic Lateral Sclerosis (ALS). This wasting disease, caused by the gradual death of the nerves that control the muscles, leaves patients unable to walk, swallow or breathe.

*Dr. Douglas McKim, Medical Director,
CANvent Program, The Ottawa Hospital*

Usually, when patients have 24-hour breathing issues, they receive a tracheostomy – a tube is inserted in their windpipe and hooked up to a ventilator to help them breathe. However, once patients have a tracheostomy, they often remain in hospital because of the complex care required.

In 1993, Dr. Douglas McKim set up a program that offered patients with serious respiratory complications, noninvasive (nonsurgical), supports to help them breathe. In 2012, the program became CANVent, an acronym for **C**anadian **A**lternatives in **N**oninvasive **V**entilation. Doctors refer patients who may be at risk for respiratory complications to the program. This includes patients with ALS, muscular dystrophy, spinal cord injury, multiple sclerosis, post-polio syndrome and many others.

In September 2017, Marty was introduced to CANVent. He was one of the 150 new consultations the CANVent Program has every year, which sees between 600 and 700 annual patient visits.

“Every patient who is on a mouthpiece, versus the tracheostomy, is probably saving the health-care system \$200,000 a year,” said Dr. McKim.

The CANVent program is sharing this knowledge with practitioners around the country and the world, so that patients like Marty do not have to suffer the fate of preventable respiratory failure and ICU admission. ❤️

“We can provide 24-hour ventilation noninvasively to large numbers of patients, so they don’t need a tracheostomy. They don’t need surgery. Plus, they do not get all the complications that go along with tracheostomy care. And patients can stay at home.” – Kathy Walker, Respiratory Therapist, The Ottawa Hospital

NO NEED FOR BLOOD THINNERS THANKS TO MADE-IN-OTTAWA RULE

Sarah Rogers would have been taking blood thinners for life, if not for a made-in-Ottawa rule that showed she was at low risk of having a second clot. “It was absolutely wonderful to get off the blood thinners, as much as the treatment was necessary in the short term,” she said. Over 10,000 Canadian women per year can stop taking blood thinners for unexplained clots thanks to this research led by Dr. Marc Rodger. ❤️





READY FOR THE UNEXPECTED

FRAN COSPER'S LONG-DISTANCE RECOVERY FROM GUILLAIN-BARRÉ SYNDROME

Long-distance cyclist Fran Cosper and his friends often biked 120 kms on a Saturday. But that changed in February 2017 when he woke in the night and couldn't feel his legs. Doctors at The Ottawa Hospital diagnosed him with Guillain-Barré syndrome.

Fran Cosper, Guillain-Barré syndrome patient

This rare autoimmune disorder causes the immune system to attack the nerves, damaging the myelin sheath, which is the nerves' protective covering. As a result, the brain can't transmit signals to the nerves in the muscles, causing weakness, numbness or, as in Fran's case, paralysis. Patients do recover but it can take more than a year because the nerves re-grow slowly, one millimetre per month.

"We see patients with Guillain Barré Syndrome at The Ottawa Hospital Rehabilitation Centre probably five or six times a year," said Dr. Vidya Sreenivasan, doctor of physical medicine and rehabilitation.

For 56-year-old Fran, the disease continued its nerve damage following his admission to the hospital. After two weeks, he was transferred to the Rehabilitation Centre, where his care team included doctors, psychologists, social workers, recreation therapists, physiotherapists, respirologists, occupational therapists and nurses.

"He arrived for physiotherapy in an electric wheelchair that he controlled by moving his head," said assistant physiotherapist Andrew Atkinson. "He basically presented like a quadriplegic."

"I broke my ankle early one morning in March 2017. That day proved to be a particularly challenging one for orthopaedics in the Emergency Department due to the number of broken bones from others falling on the ice. The doctor who attended to me throughout the day was kind, reassuring, professional and capable – and had a good sense of humour. I met him in the morning and at 7:30 p.m. he was signing my admission papers. Despite his 14.5 hour shift, he was still pleasant and caring. I was lucky to have his help and expertise." – Catherine Healy, patient, donor

Thanks to his determination and the skill of his care team, Fran was discharged and went home before Thanksgiving. He walked out of the Rehabilitation Centre using a walker. When he returned in early November for a follow-up physiotherapy appointment, he walked in unaided. Fran is confident that he'll be back on his bike by summer. ❤️



WHEN ASHLEY MET HER INSTANT

In March 2015, Ashley Ruelland was driving to a bachelorette party in Mont Tremblant when another car crossed the centre line and hit her head on. Her road to recovery included nine months in the Intensive Care Unit, trauma unit and rehab, and continues to this day. ❤️

"I couldn't feed myself, brush my own teeth or move much at all. The first couple of weeks seemed like torture. The nurses would set little goals, like sitting up in my wheelchair for 20 minutes a day. The physiotherapist and occupational therapist didn't know if I'd ever walk again. Without the exceptional care I received at The Ottawa Hospital, I wouldn't be here today." – Ashley Ruelland, trauma patient, who spoke at the 2017 President's Breakfast



REACHING FORWARD WITH RESEARCH

NEW HOPE FOR HEART FAILURE

Sharon MacDonald's parents taught her to finish what she started. But living with heart failure has taught her a different philosophy.

Dr. Lynn Megeney, Senior Scientist, Regenerative Medicine Program, The Ottawa Hospital



“Pace yourself,” said the 68-year-old Ottawa resident. “If you can’t finish what you start, don’t worry about it. Take a rest first.”

Like many patients with heart failure, Sharon’s heart is weakened and cannot keep up with her body’s demands. She experiences fatigue and shortness of breath, especially when walking up hills.

There is currently no cure for heart failure like Sharon’s. But Ottawa Hospital researchers have discovered that a protein called cardiotrophin 1 (CT1) may be a potential treatment for heart failure.

“We found that CT1 causes heart muscles to grow in a healthy way, and it also stimulates blood vessel growth in the heart,” said Senior Scientist Dr. Lynn Megeney. “This actually

increases the heart’s ability to pump blood, just like what you would see with exercise and pregnancy.”

The research team found that the protein could repair heart damage and improve blood flow in animal models of heart failure.

“This experimental therapy is very exciting, particularly because it shows promise in treating both left and right heart failure,” said Dr. Duncan Stewart, a cardiologist, senior scientist and Executive Vice-President of Research at The Ottawa Hospital. “Currently, the only treatment for right heart failure is a transplant.”

Drs. Megeney and Stewart are hoping to begin human testing of this protein, although it will take a number of years before it could reach patients as a standard therapy. ❤️



Dr. Paul Albert, Senior Scientist, Neuroscience Program, The Ottawa Hospital

SURPRISING STUDY RESULTS FOR STROKE RECOVERY

Depression affects 20 to 80 percent of stroke survivors. Drs. Paul Albert and Faranak Vahid-Ansari investigated the effects of exercise and selective serotonin reuptake inhibitors (SSRIs) in post-stroke depression, using a mouse model. Surprisingly, they found exercise had no impact on depression, but SSRIs did. It eliminated depression and anxiety, and also completely restored learning and memory. This research provides exciting possibilities for using antidepressants to improve memory after a stroke. ❤️

“When you have a community that says, ‘I believe in what you’re doing. I believe in it enough that I’m going to invest in it.’ It validates what we do. What we’re doing is trying to advance the field of research to develop new therapies for Parkinson’s. Having people believing in us and supporting that work is huge. It makes a difference in our ability to carry out the project.” – Julianna Tomlinson, Senior Research Associate, Neurology, The Ottawa Hospital



CARING FOR THE NEXT GENERATION

THE TOD FAMILY GREW UP AROUND THE HOSPITAL, AND THE HOSPITAL GREW UP AROUND THEM.

When Charles and Maureen Tod moved to Ottawa in 1963 with their young daughters, Cynthia and Melanie, they chose a house that was close to the former Civic Hospital. Maureen still only lives blocks from the hospital in the Duke of Devonshire Retirement Residence on Carling Avenue. She and Charles celebrated their 60th anniversary there, before he passed away.

Melanie and Maureen Tod

Maureen and Melanie agree they were fortunate they never needed ongoing care for serious illnesses, such as diabetes or cancer. However, Maureen said with two young daughters they “consumed the hospital over the years for minor things,” including tonsillitis, appendicitis, concussions, sprains and stitches. Every member of the family benefited from the phenomenal care The Ottawa Hospital provides. Maureen also volunteered there. In the last few years, 90-year-old Maureen has visited the hospital because of falls, likely as a result of the mini strokes identified at the hospital.

Both Melanie and Maureen are hospital donors. Maureen is planning to leave a legacy gift to The Ottawa Hospital. She said, “It will be helpful to people to have the care available. And at 90, I haven’t needed a lot of care, but when I did, I got great care, and I’m still doing well. I want to pass that on.”

The Ottawa Hospital is grateful for the Tod’s generosity. Their future gift will give patients in their neighbourhood, and across the region, the best health care for generations to come. ❤️



“For 15 years, it has been my goal to research and develop new avenues to repair neural tissue. I can honestly say that without the Wood Family’s generosity, I wouldn’t be here, and might never have achieved my goal. I want to thank them, and pledge to them that I’ll work as hard as I can to build a program focusing on degenerative eye diseases, particularly age-related macular degeneration that will be worthy of their name.” – Dr. Pierre Mattar, Scientist, Regenerative Medicine Program at The Ottawa Hospital, received research funding to advance new treatments for eye disease thanks to Diana Wood’s endowment fund

FORWARD THINKING SUPPORTS RESEARCH

Diana Wood was the Director of Physiotherapy at the Civic Hospital, now the Civic Campus of The Ottawa Hospital. She spent her life trying to help others.

Both her parents, Clifford and Gladys, suffered from eye problems. This inspired Diana to establish an endowment fund in vision research to advance new treatments for eye disease in their honour.

Diana also established an endowment fund in support of kidney research in honour of her sister Lorna who suffered with kidney disease most of her life. Diana cared for her sister and wanted to celebrate Lorna’s life with this thoughtful gift.

In May 2015, Diana passed away at the age of 88 after a battle with cancer. Prior to her passing, Diana made the decision to leave a gift in her Will to further grow these funds. Diana’s philanthropy has since inspired her family to support The Ottawa Hospital and experience the joy of giving.

Thanks to forward-thinking individuals who left a gift in their Will, researchers like Dr. Pierre Mattar can pursue advanced research and take it one step closer to finding miraculous breakthroughs to some of the most devastating diseases. ❤️



REPORT OF THE INDEPENDENT AUDITOR ON THE SUMMARY FINANCIAL STATEMENTS

TO THE MEMBERS OF THE OTTAWA HOSPITAL FOUNDATION

The accompanying summary financial statements of The Ottawa Hospital Foundation, which comprise the summary statement of financial position as at March 31, 2018 and the summary statement of operations for the year then ended, are derived from the audited financial statements prepared in accordance with Canadian accounting standards for not-for-profit organizations, of The Ottawa Hospital Foundation (the "Foundation") as at and for the year then ended. We expressed an unmodified audit opinion on those financial statements in our report dated May 22, 2018.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations applied in the preparation of the audited financial statements of the Foundation. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the Foundation.

Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements. The summary statement of financial position and summary statement of operations are derived from the complete set of financial statements of the Foundation. They meet the recognition and measurement principles of Canadian accounting standards for not-for-profit organizations.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard 810, "Engagements to Report on Summary Financial Statements."

Opinion

In our opinion, the summary statement of financial position and summary statement of operations derived from the audited financial statements of the Foundation for the year ended March 31, 2018 are a fair summary of those financial statements, in accordance with the established criteria stipulating that the summary financial statements are derived from the complete set of financial statements of the Foundation and that they meet the recognition and measurement principles of Canadian accounting standards for not-for-profit organizations.



Chartered Professional Accountants
Chartered Accountants
Licensed Public Accountants
May 23, 2018

THE OTTAWA HOSPITAL FOUNDATION

Summary statement of financial position

as at March 31, 2018

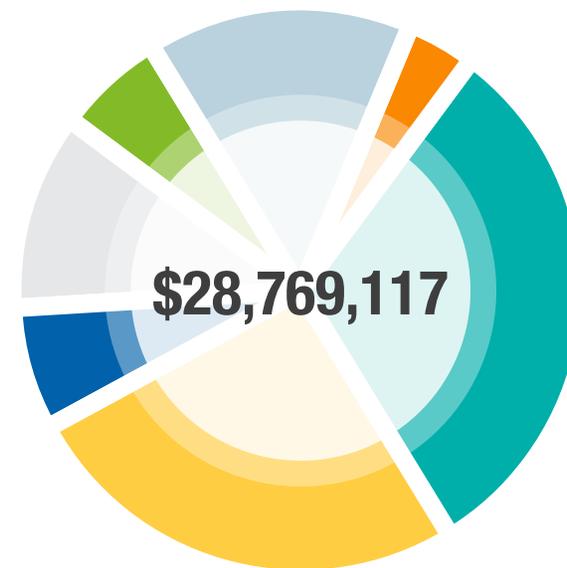
	2018	2017
ASSETS		
Current assets		
Cash	\$ 13,051,630	\$ 6,714,866
Accounts receivable	1,030,058	926,327
Prepaid expenses	224,729	148,469
	14,306,417	7,789,469
Investments	88,531,997	86,233,129
Capital assets	146,121	175,209
	102,984,535	94,197,807
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	1,592,745	1,446,009
Grants payable to The Ottawa Hospital	3,046,805	4,185,872
Grants payable to the Ottawa Hospital Research Institute	7,215,211	5,515,921
	11,854,761	11,147,802
Fund balances		
Unrestricted fund	3,348,063	2,447,420
Invested in capital assets	146,121	175,209
Restricted fund	17,122,023	10,773,818
Endowment fund	70,513,567	69,653,558
	91,129,774	83,050,005
	\$102,984,535	\$94,197,807

THE OTTAWA HOSPITAL FOUNDATION

Summary statement of operations

year ended March 31, 2018

	2018	2017
REVENUE		
Donations	\$27,988,561	\$23,932,957
Lottery	780,566	768,909
Investment income	4,014,016	7,850,648
	32,783,133	32,552,514
EXPENDITURES		
Direct fundraising	1,426,901	1,331,654
Other fundraising	3,600,784	3,027,555
Lottery	415,130	359,258
Administrative	1,583,939	1,361,491
	7,026,804	6,079,958
Excess of revenue over expenditures, before grants	25,756,329	26,472,556
Grants	17,676,560	20,327,739
Excess of revenue over expenditures	\$ 8,079,769	\$ 6,144,817



DONOR FUNDED PROJECTS

CANCER CARE/ CANCER RESEARCH	15%
REGENERATIVE MEDICINE RESEARCH	4%
PRACTICE-CHANGING RESEARCH	31%
OTHER PRIORITY PROJECTS	26%
BREAST HEALTH CENTRE/ MOLECULAR LAB	7%
PATIENT CARE/EQUIPMENT	11%
NEONATAL INTENSIVE CARE UNIT	6%



COMMITTEES

BOARD COMMITTEE COMMUNITY VOLUNTEERS

Bryan Allsopp	Michael Gagnon	Owen G. Snider
Stephen C. Bevington	Ainsley Malhotra	Rebecca Tam
Michael Brennan	Michael McGahan	Paulina Yee
Brian J. Cook	Wayne Ryan	

PRESIDENT'S BREAKFAST FOR THE PUBLIC SERVICE

Thanks to the generosity of public servants who attended our annual President's Breakfast for the Public Service in 2017, we raised \$373,693 that morning in support of patient care and research at The Ottawa Hospital.

Rennie Marcoux (Co-Chair)	Ariel Delouya	Margaret Meroni
Marty Muldoon (Co-Chair)	Filipe Dinis	Thao Pham
Anil Arora	Brigitte Diogo	Lisa Setlakwe
Jean-Pierre Blais	Wendy Hadwen	Catrina Tapley
Stefanie Beck	Greg Kane	Shawn Tupper
Susan Cartwright	Frances McRae	

PRESIDENT'S BREAKFAST FOR THE COMMUNITY

Thanks to the leadership of our President's Breakfast volunteers and to the generosity of their guests, \$734,619 was donated to patient care and research at the 2017 breakfast.

Paul McCarney (Co-Chair)	Mark Hogan	Ernie Sherman
Nancy Oakes (Co-Chair)	Janet McKeage	Ian Sterling
Norm Bowley	Kevin Pidgeon	
Jeff Clarke	Mohamed Sheibani	

GALA COMMITTEE 2017

Whitney Fox (Co-Chair)
 Greg Kane (Co-Chair)
 Nicholas Allaham
 Roxanne L. Anderson
 Hugues Boisvert
 Katherine Cotton
 Cindy Harrison
 Randy Marusyk
 Micheline McElligott
 Michael Naufal
 Chris Vivone

GALA RESEARCH AWARD WINNERS

Worton Researcher in Training Award
Marc-Olivier Deguise
 Chrétien Researcher of the Year Award
Dr. Xiaohui Zha
 Grimes Career Achievement Award
Dr. Michael Schlossmacher

SOVEREIGNS MEDAL FOR VOLUNTEERS

Every year, the Governor General celebrates the efforts of great volunteers. The Foundation was delighted that on April 26, 2017, Chief Justice Beverley McLachlin presented our hospital volunteers, below, with sovereign's medals.

Louise Brunet	Gisela Greiner
Claude DesRosiers	Victoria Hallé
Cécile Dupuis	Gail Jones
Don Ferne	Gregory Moore
Judi Ferne	Olive Newman
Judy Filotas	Rachèle Quenneville
Whitney Fox	Liette St. Cyr
George Gaty	Ghislaine Tessier
Denise Germain	Steven West

THE OTTAWA HOSPITAL FOUNDATION BOARD OF DIRECTORS, 2017-2018



**James Harmon
(Chair)**
Managing
Partner, Boyden
Canada



**Subhas
Bhargava**
Community
Volunteer



**Susan M.W.
Cartwright**
Commissioner,
Public Service
Commission of
Canada



Jeffrey Clarke
President and
CEO, Inflector
Environmental
Services



Bryce Conrad
President and
Chief Executive
Officer, Hydro
Ottawa



Kevin Ford
President and
CEO, Calian
Group Ltd.



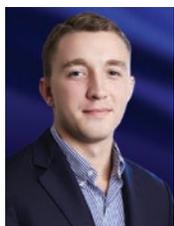
Whitney Fox
Community
Volunteer



**Sandra
Goldberg**
Community
Volunteer



Gregory Kane,
Q.C.
Counsel, Dentons
Canada LLP



**Mitchell
Kurylowicz**
Founder, Project
Jenga and
MAKE LUCK
HISTORY



**Michael
McGahan**
President, CLV
Group Inc./CEO,
InterRent REIT.



**Dr. Pradeep
Merchant**
Chief, Division
of Neonatology,
The Ottawa
Hospital



Natalie Raffoul
Managing
Partner,
CLANCY
P.C. + BRION
RAFFOUL



**Ross
Rowan-Legg**
First Vice-
President,
Portfolio Manager,
Investment, CIBC
Wood Gundy



Michael Runia
Managing
Partner, Ontario,
Deloitte LLP



Tina Sarellas
Regional
President,
Ontario North
& East Region,
RBC Royal Bank



**Steven West
(Past Chair)**
President,
Westmax Group



**Bruce H.
Wolfram**
Principal,
Proveras
Commercial
Realty



THE RIDE

September 10, 2017

\$1.03 million raised

657 Riders | 80 Teams



POWERED BY
MATTAMY HOMES

“My cancer patients inspire me to work harder, my colleagues at The Ottawa Hospital challenge me to reach further but it is the support of our local community that together gives us the courage to make a bolder vision for cancer care a reality.”

*– Dr. Rebecca Auer, Surgical Oncologist,
Scientist, Cancer Therapeutics Program,
The Ottawa Hospital*

EVENTS



DANCING WITH THE DOCS

April 8, 2017 | \$333,416 raised

8 Dancing doctors | 700 Guests



RUN FOR A REASON

May 27 & 28, 2017

\$241,000 raised

808 Runners/walkers

19 Teams



70 COMMUNITY
EVENTS



4000 PARTICIPANTS
in community events



13 GOLF
TOURNAMENTS



20 BBQS



2 BIRTHDAY
PARTIES



253 HAIRCUTS



1 TENNIS
TOURNAMENT



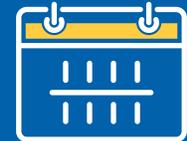
1 BOWLING
TOURNAMENT



1 RUN across the
Sahara Desert



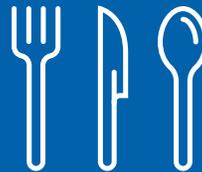
15 CORPORATIONS with
charitable giving campaigns



APRIL: month with
the most events



PRESIDENT'S BREAKFASTS:
April 25, 2017: **557** Guests
September 19, 2017: **501** Guests



PRESIDENT'S DINNERS:
May 30, 2017: **247** Guests
September 27, 2017: **290** Guests



THE OTTAWA HOSPITAL GALA:
October 28, 2017: **500** Guests
54 Sponsored Tables

THANK YOU!



FOUNDATION | FONDATION

THE OTTAWA HOSPITAL FOUNDATION

737 Parkdale Avenue, 1st Floor
P.O. Box 610, Ottawa, ON K1Y 1J8
613-761-4295

www.ohfoundation.ca

Charitable Registration Number 8690 42747 RR0001
ottawahospital.on.ca/annualreport

*Cover: The hands of Timonthy and Iga Kautaq, cancer patient—
In memory of Timonthy*

THANK YOU!

MERCI!

*Cecilia Deleon, Registered Nurse,
and Jacqueline Low, patient*