



INSPIRATION *IN ACTION*

 **BRIDGEPOINT**
active healthcare

2013-14 ANNUAL REPORT



INSPIRATION *IN ACTION*

A YEAR OF *ACTION*

PHOTO:
 Celebrated grand opening of new Bridgepoint Active Healthcare, with Kathleen Wynne, Premier of Ontario, and Deb Matthews, Ontario Minister of Health and Long-Term Care



Awarded Quality Healthcare Workplace Award – Gold Level, from the Ontario Hospital Association and the Ministry of Health and Long-Term Care



Recognized with Stroke Distinction from Accreditation Canada



Earned Accreditation with Exemplary Standing from Accreditation Canada

Received funding for first stage of Health Hub, from Ontario Ministry of Health and Long-Term Care, Ontario Medical Association, and Toronto Central Local Health Integration Network (LHIN)

Toronto Central LHIN

Implemented Toronto Central Local Health Integration Network (LHIN) directives for Musculoskeletal/Stroke best practices



Bridgepoint Collaboratory for Research & Innovation awarded 12 new grants, two Canadian Institutes of Health Research (CIHR) grants, and 27 research projects totaling \$4 million in grants

A message from Marian Walsh, President & CEO and David Denison, Board Chair

Every day at Bridgepoint, we transform the lives of people with complex health conditions. This year marked the completion of a decade of work to transform ourselves and the beginning of an even more ambitious future to transform our healthcare system.

Over the last year, we brought our new hospital to life – the first hospital of its kind, devoted entirely to the needs of complex patients. Apart from its numerous award-winning design features this new hospital enabled us to implement our new “active healthcare model” with breakthrough results for patients. Bridgepoint’s new model and standard of patient care was recognized with Exemplary Standing and Stroke Distinction status, from Accreditation Canada.

Our Family Health Team provided care for 5,500 people in our local community and succeeded in keeping these patients well and out of hospital through innovative programming that treats people when they are sick but also improves their overall health and well-being.

The work that we do with patients is informed by the groundbreaking research that is taking place in our Collaboratory for Research and Innovation. The whole purpose of our Collaboratory is to find practical solutions and innovative models of care to get better results for patients.

The accomplishments of 2013-14 have enabled us to declare “mission accomplished” on our strategy to create a leading model of healthcare for complex patients. And we’re not finished yet.

The challenges that our patients face go beyond what happens in our hospital. They require all the parts of our healthcare system to work better together. That is why we are actively engaged with Mount Sinai Hospital, working towards amalgamation. Together we will create a premier integrated health system that drives innovation in care, especially for high needs patients.

The results and the achievements of Bridgepoint have been made possible by the hard work and absolute commitment of our staff, physicians, volunteers, healthcare partners, donors and friends. Thank you!

We look forward to continuing our journey of transformation with you!



OUR APPROACH TO ACTIVE HEALTHCARE

Nothing ever happens in isolation: in medicine or life. It's especially true for people living with complex health conditions – affecting not only their body but the entire fabric of their lives.

Our existing acute system was not designed to provide care for patients with complex conditions. This is where Bridgepoint comes in. Over the last decade, we have put an entirely new model of healthcare into action, one that places the patient at the centre of their own care universe, family and friends included. We call it active healthcare.

It starts with an active commitment between patient and professional. Our doctors and health specialists work as an interprofessional team to meet the specific needs of each individual patient. Together, they develop a master care plan to take the patient from initial diagnosis to prognosis to recovery.

We take it a step further by integrating the work of our Research Collaboratory, Bridgepoint's hub for R&D. The first of its kind in Canada, we share learning with healthcare centres around the world with a common goal of improving the complex patient experience.

Our goal is to help patients get back to their lives. We had to transform our hospital to do it – in a grand alignment between the patient, staff, physicians, researchers, stakeholders and donors. Now after ten years in the making, Bridgepoint has some inspiring stories to tell.

LEADING CLINICAL PRACTICE



Last fall, just months after moving to our new hospital, Bridgepoint Active Healthcare earned Accreditation with Exemplary Standing – the highest honour a hospital can achieve in Canada. We met a full 100 per cent of the Required Organizational Practices and 99.2 per cent of the recognized standards.

Furthermore, Accreditation Canada also recognized Bridgepoint's stroke rehabilitation program with "Stroke Distinction." We are only the second rehabilitation hospital, and the fourth hospital in all of Ontario to receive this prestigious honour. It affirms our commitment to excellence, and demonstrates our national leadership in stroke care.

What sets our approach apart is our interprofessional care team, our integrated program that seamlessly moves patients from inpatient to outpatient programming, and the educational and research programs that are bringing applied learning from bench to bedside in record time.



EXCELLENCE IN ACTION



We've decreased average stroke patients' length of stay from **53** days to **41** days



The cornerstone of our stroke rehabilitation program is empowering patients and families with knowledge. Patients, families, and caregivers need help to understand their conditions and to prepare for transitions between care environments. They need access to information, education, and training, as well as emotional support and community services. That's why education is such an integral part of our stroke program, tailored to the needs of both patients and care providers.

Our stroke orientation program is an excellent example of our interprofessional teams in action. Eligible patients scheduled for discharge attend twice-weekly orientation sessions, either individually or as part of a group, to introduce them to the outpatient stroke program. There they learn about the services provided, what to expect from the program, and receive an in-depth tour of our state-of-the-art Christine Sinclair Ambulatory Care Centre.

Our evolving approach to stroke care is already improving patient outcomes. Although the stroke patients we're now admitting are more complicated than in the past, we've succeeded in decreasing the average length of stay from 53 days to 41 days – while maintaining the same high functional outcomes on discharge. Our interprofessional approach is helping stroke patients get back to their lives not only sooner, but also better prepared to continue their journey.

Bridgepoint is emerging as a leading force in how the healthcare system can handle the needs of complex patients, as exemplified by the leading practices in our stroke program. And we're only getting started.

JANE'S STORY

JANE REEVES STROKE PATIENT WRITER, STORYTELLER, GRANDPARENT

Her family was the first to notice that something was wrong. Jane Reeves, a retired biochemist, was suddenly having difficulty speaking and doing math. Without even realizing it, she'd had a stroke, affecting the right side of her brain. After two weeks in acute care, Jane was transferred to Bridgepoint for rehabilitation.

Our first action was to arrange a family meeting for Jane, which included her husband, children and all of her care providers. The meeting lasted over an hour, Jane recalls, with each professional providing their perspective on her condition. With the help of the group, Jane created a list of personal goals and challenges. At the top of the list, her deepest wish was to recover her ability to write, so she could write down her life story to share with her family.

Bridgepoint translated her goals into a unified action plan, which in turn helped inspire her recovery. Jane says she found it fascinating to observe how the interprofessional team approached her therapy – tailoring it to her individual strengths and weaknesses. While life is different now, she credits her team for enabling her to make the adjustment. Best of all, she succeeded in learning to write again – a gift her children and grandchildren will cherish for life.



In **2013** we introduced our orientation program for stroke patients, to help them transition from inpatient to outpatient care

“ You don't realize how many aspects of your life are impacted when you have a stroke. Actions you used to do without thinking are suddenly tremendously difficult. You just have to think of each one as another challenge to tackle to get back to your life. I was so motivated to wake up every morning to start my therapy. ”

- Jane Reeves



BY DR. ROSS UPSHUR AND DR. LESLIE NICKELL

As doctors, we've seen firsthand that medically complex patients are not well served by the current healthcare system. It's too difficult to coordinate care between providers, or facilitate the transition between healthcare facilities and the community. Once patients return to their daily lives, they're often unable to cope with the everyday challenges of living with complexity.

We joined Bridgepoint in 2013 because it is one of the few healthcare organizations worldwide focused on addressing all aspects of complex patients. We've brought the concept of complexity clinics along with us. The basic idea is simple: bring all members of the interprofessional team into a room – along with the patient and their family – and map out a master care plan that empowers them to take an active role in their care. And help them get back to their lives.

The shift in mindset required to address complexity challenges the status quo. There's little evidence-based expertise on complex health conditions – even though the issue has risen to the top of global health policy and research agendas. There's an urgent need to develop critical evidence, and our purpose-built hospital is in a perfect position to lead the charge through innovative programs like our complexity clinics. We see a future with better patient outcomes, fewer transitions in care, and a more sustainable healthcare system. Through this work we're excited to be paving the way – and inspiring and educating the next generation of complexity experts.

COMPLEXITY *IN ACTION*

Dr. Ross Upshur is the Medical Director of Clinical Research at Bridgepoint Active Healthcare. He is the Canada Research Chair in Primary Care Research. At the University of Toronto, he is a Professor at the Department of Family and Community Medicine and Head of the Division of Clinical Public Health at the Dalla Lana School of Public Health.

Dr. Leslie Nickell is an Associate Professor in the Department of Family & Community Medicine at the University of Toronto, where she has been on Faculty since 1993. She was a full time Family Physician at Sunnybrook Health Sciences Centre for over 20 years. Last year, she joined Bridgepoint Active Healthcare as the Medical Director, University Liaison, and plays an important role with the complexity services team.



Our researchers are currently working on **27** research projects totaling nearly **\$4 million** in grants

“ Our research isn't just theory. We get the chance to apply it in a real hospital setting, with real patients. We're informing, developing and inspiring the next generation of complexity experts through hands-on education. ”

- Michelle Nelson, Research Scientist, Bridgepoint Collaboratory for Research and Innovation

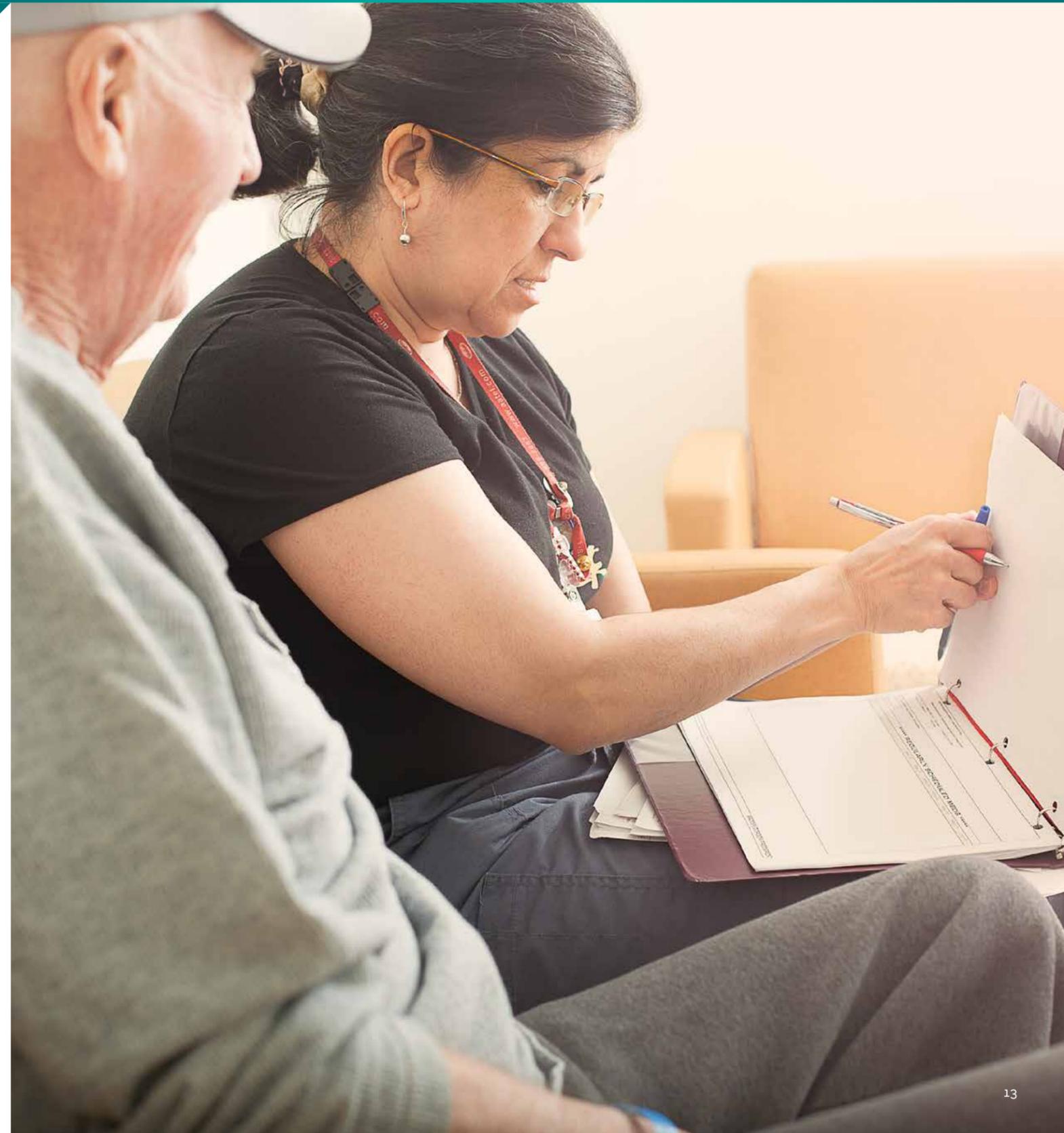
RESEARCH *IN ACTION*

Five years after being established as the only research enterprise in Canada and likely worldwide to focus exclusively on complexity, the Bridgepoint Collaboratory for Research and Innovation is delivering insights that are changing how we care for complex patients.

It's a massive population. Here in Ontario, 80 per cent of people over the age of 45 live with a chronic condition, such as diabetes or heart disease; of those, 70 per cent have two or more conditions. What's more, about 5 per cent of Ontario's population consumes about 60 per cent of healthcare resources. These are Bridgepoint's patients. But the numbers don't tell the full story. That's why our qualitative research is so important.

We're studying complexity from three distinct perspectives – patients, providers, and physical environment – which taken together will inform clinical practice and big-picture system-wide change. Our research has already clarified how patients become complex – a body of research that didn't previously exist. It has also changed how we care for our patients, including our model of care for stroke patients.

In late 2014, we plan to release the results of North America's largest study on hospital design and health outcomes – a study that has already earned international acclaim, and is already influencing how hospitals are built in the future.



LISA'S STORY

LISA NIBLETT GUILLAIN-BARRÉ SYNDROME MOTHER, FITNESS ENTHUSIAST, DOG-LOVER

While getting ready for her usual morning spin class, Lisa Niblett's legs unexpectedly collapsed under her. After three days in Sunnybrook Hospital, the active mother of two was diagnosed with Guillain-Barré Syndrome – a disorder that causes the immune system to attack the nervous system.

Described by her doctors as one of the most complicated cases they'd ever seen, the disease spread from below her waist to her upper body. Lisa spent four-and-a-half months at Sunnybrook – two of them in the ICU – on multiple drugs to control her excruciating pain.

After Sunnybrook stabilized Lisa's condition, she came to Bridgepoint – arriving on a stretcher. She was determined to walk again. Lisa committed to intensive therapy in the gym twice a day, every day for three months. Gradually she learned to sit up, to use her hands and even stand on her own. Lisa credits her remarkable recovery to the patience, encouragement and active commitment provided by her care team, even in her toughest moments.

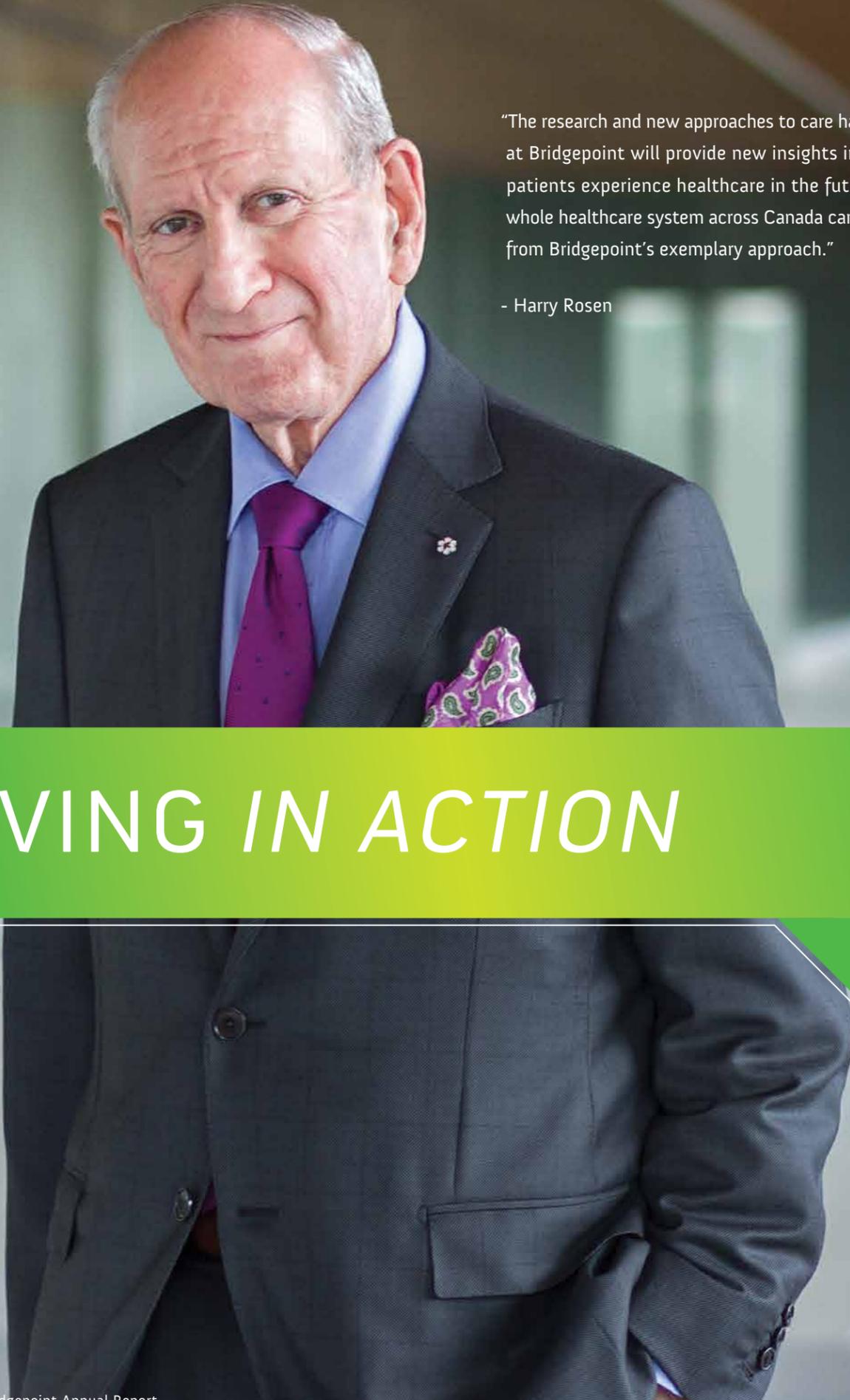
Now able to walk on her own power, Lisa is claiming back more and more of her life. And she still does the daily exercises she was taught at Bridgepoint. She is currently actively pursuing her latest goal – to regain her driver's license and her independence.



Bridgepoint is now the **#1** recipient of referrals from acute care hospitals in the GTA

“ I will never forget the first thing they had me do when I arrived at Bridgepoint. They asked if I had my own clothes and if I wanted to put them on. I was so thrilled to get out of my blue hospital gown! That was the first step to getting back my dignity and my life. ”

- Lisa Niblett

A photograph of Harry Rosen, an older man with thinning grey hair, wearing a dark grey suit, a light blue shirt, and a purple tie. He is smiling slightly and looking towards the camera. The background is a blurred office or hospital setting with large windows.

“The research and new approaches to care happening at Bridgepoint will provide new insights into how patients experience healthcare in the future. The whole healthcare system across Canada can benefit from Bridgepoint’s exemplary approach.”

- Harry Rosen

SUPPORTING OUR TRANSFORMATION

Winston Churchill famously said: “We make a living by what we get. We make a life by what we give.” At Bridgepoint, our donors make lives better by what they give. Thanks to the generosity of donors to the Bridgepoint Foundation, we’re able to fund critical elements of care, such as new equipment, groundbreaking research, and healing spaces indoors and out.

We also owe a debt of gratitude to the advocates who volunteer their time to connect us with corporate and individual philanthropists, and support successful fundraising events such as our annual Fandango! gala, Great Jewellery Heist, Hero Ride, and Bridgepoint Classic Golf Tournament. Thank you for your active commitment to getting patients back to their lives.

GIVING IN ACTION

HARRY ROSEN AND BRIDGEPOINT: THE PERFECT FIT

Sixty years after establishing his first menswear shop in Cabbagetown, high-quality menswear innovator Harry Rosen has returned to the neighbourhood as the face and voice of Bridgepoint Active Healthcare in print and broadcast ads across the GTA. An active community contributor, Harry says he was honoured to be asked to lend his well-known persona to Bridgepoint – a place he says is making “groundbreaking progress in the way patients are treated.”

Entering our new hospital building, Harry says the atmosphere and design immediately felt “good for the spirit.” But he notes that, just like a well-tailored suit, there’s more to Bridgepoint than its outward appearance.

HAROLD E. BALLARD FOUNDATION & BRIDGEPOINT: A GROWING LEGACY

Some of Mary-Elizabeth Flynn's fondest childhood memories involve family garden parties – that is, once the ice had melted on the rink that was the winter centerpiece of her family's yard. The daughter of Toronto sports legend Harold Ballard, Mary-Elizabeth was approached by the Bridgepoint Foundation through her father's Harold E. Ballard Foundation, which funds programs that support the sick, children with disabilities, and the disenfranchised.

"As soon as the hockey season was over, my father would head to his garden," Mary-Elizabeth recalls. "When we were presented with various naming opportunities by the Bridgepoint Foundation, we felt like the 10th floor rooftop garden best reflected my father's wishes."

A former occupational therapist, Mary-Elizabeth has a personal affinity for the Harold E. Ballard Garden – a rooftop greenspace where patients and families are treated to unparalleled views of the Toronto skyline. "I've always felt that anything organic is therapeutic," she says. "The space is just so uplifting."



Transforming Bridgepoint's
680,000-square foot facilities
and 10-acre campus is a
\$1.23 billion project

“ My fondest memory of the past year is of my husband sitting in the summer sunshine on the 10th floor patio, enjoying the view, and the gentle breezes. Recovering from heart surgery, he worked hard to get himself up to the 10th floor on his own. It was a great triumph for him when he finally accomplished it. ”

- Catherine Nugent, wife of past patient and Bridgepoint Foundation staff member

LEO'S STORY

LEO D'ELIA ACCIDENT SURVIVOR SPORTS FAN, VOLUNTEER, PROUD GRANDFATHER

In 1988, Leo D'Elia's life changed forever in less than a minute. Driving back home to his wife and eight-month-old son in the new red Corvette that was the envy of his co-workers and sports buddies, Leo was cut off by another car on the highway and sent into a spin that put him right in the path of a big truck. It was a miracle he survived.

After months in acute care, Leo was transferred to Bridgepoint to continue his recovery. Here, he learned to walk, talk and perform essential personal tasks to get him back home to his wife and family. As a social individual, it was important for Leo to maintain his engagement in the broader community. His doctor proposed a solution that would allow Leo to stay active by becoming a volunteer. Today, Leo brings life to Bridgepoint as one of our most visible and well regarded volunteers.

During his 10 years of running our HELPP lottery, Leo has raised more than \$25,000 for Bridgepoint by selling tickets – and sharing stories of his life as a former patient, proud father and grandfather. As the friendly and familiar face who knows virtually every staff member and patient's name, Leo continues to be an inspiration to staff and patients alike. He sees his role as an opportunity to stay active, while giving back to the hospital that gave him back his life.

Leo D'Elia and Lorraine McKee are among the 240 active volunteers – which include 27 therapy dog teams – who contributed over 20,000 hours of their time and talents to Bridgepoint over the past year.



Our 240 active volunteers contributed over **20,000 hours** of time and talents last year

“ My doctor was afraid I'd become isolated after I left the hospital. She suggested I come back as a volunteer – to share my story with others and lift their spirits. I love what I do. I make people happy. And I feel good because I know I'm helping. ”

- Leo D'Elia

Experience and expertise guide our strategic direction, and support the fulfillment of our mission and the achievement of our vision.

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THANKS TO THE BRIDGEPOINT HOSPITAL BOARD

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AMBASSADORS OF ACTIVE HEALTHCARE



We often say that change is in Bridgepoint's DNA. Becoming Canada's leader in complexity requires more than just changing our model of care. It requires motivated, passionate staff and volunteers across our organization to bring this transformation to life.

This year, we were awarded a gold-level Quality Healthcare Workplace Award from the Ontario Hospital Association and the Ministry of Health and Long-Term Care/HealthForce Ontario. We're proud to be recognized as a leading employer. We're even more proud to know that our people stand behind the changes we're making. In our latest employee survey, an overwhelming 90% of our staff told us they consider Bridgepoint a great place to work.

As interest in complex care specialization continues to increase, Bridgepoint is proud to play a key role in cultivating tomorrow's complexity specialists. Through 79 academic and clinical research appointments, 14 external awards for education, and 75,000 hours of student education to over 640 students, our people have stepped up as ambassadors of active healthcare – from the patient bedside to providing support services that help our patients get back to their lives.

STAFF IN ACTION

97.5%

of patients were pleased with the caring and concern shown by their care provider

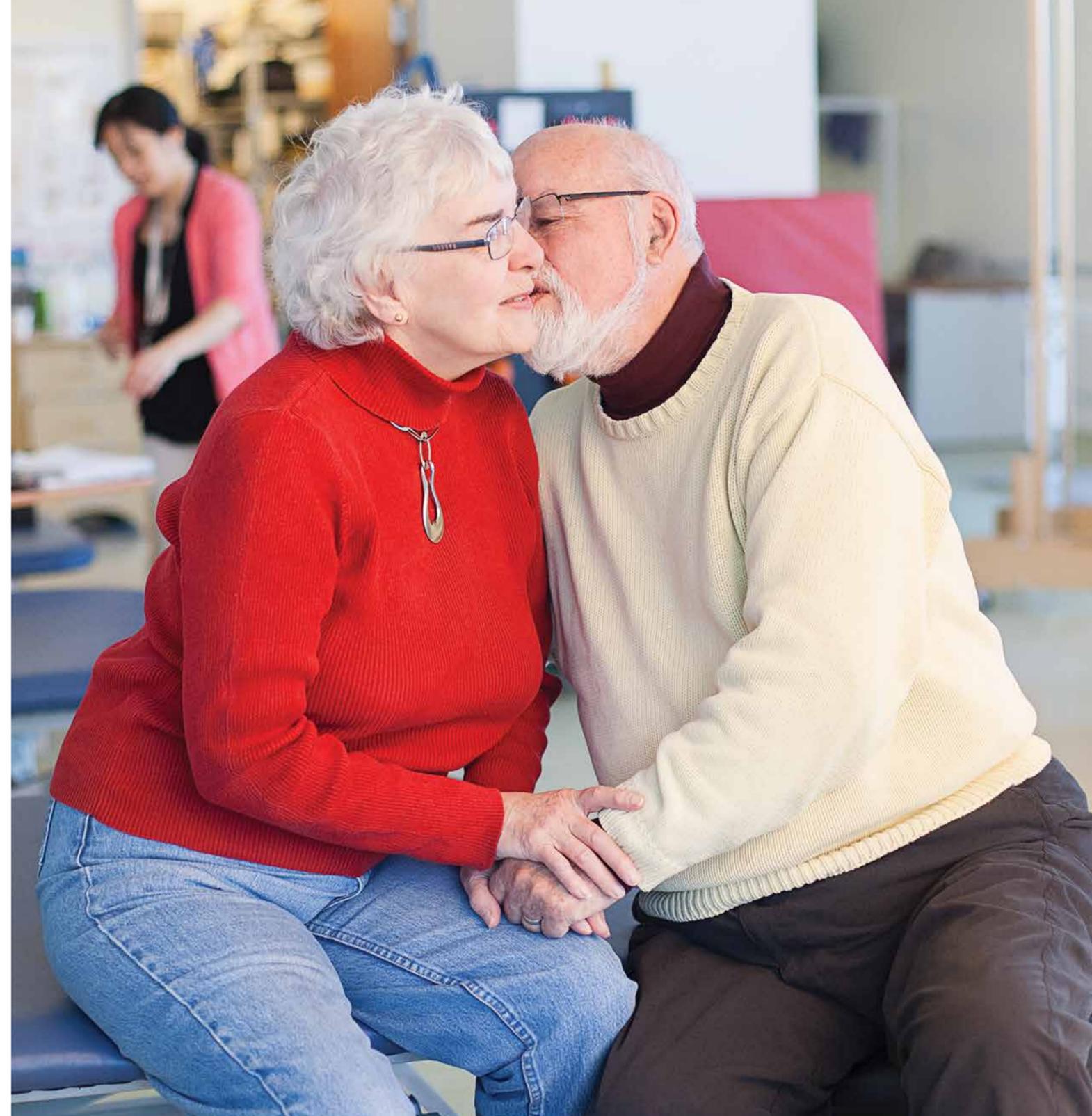
YVONNE'S STORY

YVONNE GRAY HEART CONDITION, KIDNEY FAILURE, STROKE WIFE, ACTIVE SENIOR, DRIVER

Rushed unconscious to hospital, Yvonne Gray was diagnosed with endocarditis – an infection in the heart. After surgery to replace a heart valve, Yvonne went into kidney failure, suffered two strokes, and doctors needed to open up her heart to save her life. Nine weeks after surgery, she was strong enough to begin rehabilitation at Bridgepoint – arriving just weeks before our big move in 2013.

Bridgepoint's first priority for Yvonne was restoring her cognitive capacity. Her husband, Don, says the biggest difference at Bridgepoint was that they included him in her care, recognizing that he would play a major role in supporting her to achieve her potential long-term. While our beautiful new environment with its light-filled spaces had a positive effect on Yvonne's healing, Don insists our family-centred approach provided the inspiration they needed to keep them both focused on Yvonne's short-term and long-term goals.

After completing outpatient rehabilitation in our new hospital, Yvonne and Don are back to their active lifestyle. Yvonne is once again able to perform everyday tasks on her own, and is even driving again.



98.5% of patients
would recommend Bridgepoint
to family and friends

“ In this beautiful new facility, the environment really plays a role in healing. But it's not just about the facility. Throughout my whole Bridgepoint experience, I always felt my needs – and my husband's needs – were met. ”

- Yvonne Gray

LUCIANO'S STORY

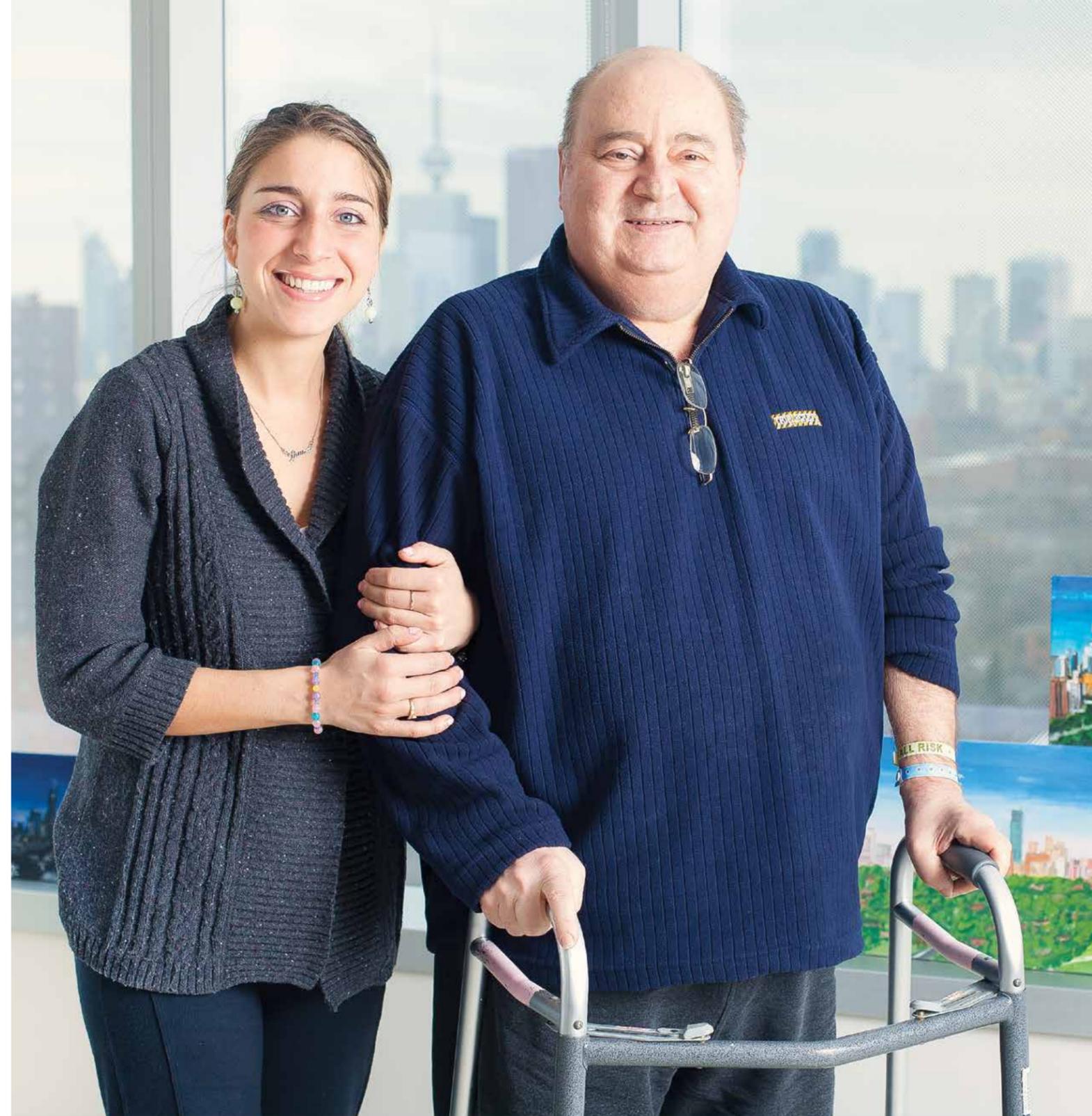
LUCIANO DI CARLO LIVER DISEASE, DIABETES, SURGICAL COMPLICATIONS ARCHITECT, ARTIST, FATHER

A combination of liver surgery, complications and medications left Luciano Di Carlo weak and bedridden – with significant functional deficits, from walking to doing anything that involved the use of his hands. When he arrived at Bridgepoint, his rehabilitation began slowly, with physiotherapy three times a week, and exercises he could do on his own. At first he could only do a few repetitions, but gradually he became stronger.

As his condition improved he needed more stimulation, so he attended one of our Recreational Therapy artistic expression classes. There, our team identified a personal passion that could also act as a medium for the next phase of his rehabilitation. Given a paint brush and a blank canvas, Luciano quickly rediscovered his architect's love for art and all things creative. Painting became his motivation, and vastly improved his overall functioning, including his fine motor skills.

Luciano credits this innovative approach to rehabilitation – finding and working with an individual's unique passion and skills as a medium for rehabilitation – as key to his success in overcoming his physical coordination challenges.

Inspired by the overwhelming support he received from his interprofessional care team, Luciano used his rediscovered passion to convey his gratitude: he carefully crafted unique birdhouses for each individual staff member on his unit. Now home, Luciano's artistic passion has been unleashed and he continues to paint prolifically.



Our Recreational Therapy team provided **81,120 hours** of patient programming last year

“ I have so much appreciation for the staff at Bridgepoint. They work so hard to offer activities day in and day out – activities that can make a complete difference in a patient's life. I am now gaining back the control of my hands, and I have Bridgepoint to thank. ”

- Luciano Di Carlo



The Family Health Team handled
23,972 unique patient visits last year

FAMILY HEALTH TEAM

INTERDISCIPLINARY HEALTHCARE

The Bridgepoint Family Health Team works towards the prevention of complex health conditions through primary healthcare. Providing care to 5,500 patients from the Riverdale community and across the GTA, our Family Health Team uses an innovative service model that includes the patient, as a full partner in their care.

Family physicians work together with interdisciplinary healthcare professionals – including a nurse practitioner, registered nurses, a social worker, a diabetes nurse, and dietitian educators.

Beyond treating patients, health promotion programs like smoking cessation, healthy eating, diabetes management clinics and well-baby groups offer our patients proactive, preventative healthcare that focuses on keeping patients and their families well.

With same-day appointments, and evening and weekend clinics, Family Health Team patients have access to service every day, avoiding the need for emergency department or hospital visits to get care. Our Family Health Team partners with their patients every step of the way.



"What is most pervasive at Bridgepoint is the joy, optimism and positivity that you find here. As a patient, you feed from that. Even the building itself encourages an uplifted spirit with the therapeutic natural light and beautiful surroundings. That environment I think touches both patients and staff in the same way."

- Simone Dahan, Neurological Rehabilitation patient

"The staff persisted in nurturing Bob's belief that there are ways to continue to talk, to understand and to be understood, ways that carried no diminishment of his dignity. Most poignant for me, was their affection for him and their insistence that he is now every bit the person and intellect as before his stroke. What comforting hopes for Bob at this dislocating time in his life!"

- Wife of Bridgepoint patient



FINANCIALS AND STATISTICS

The following charts show the sources of revenue and distribution of expenses for Bridgepoint Active Healthcare (presented in thousands). Audited financial statements for 2013/14 are available upon request by contacting 416.461.8252 x2401.

Revenues by Source \$99,327



Expenses by Type \$98,049



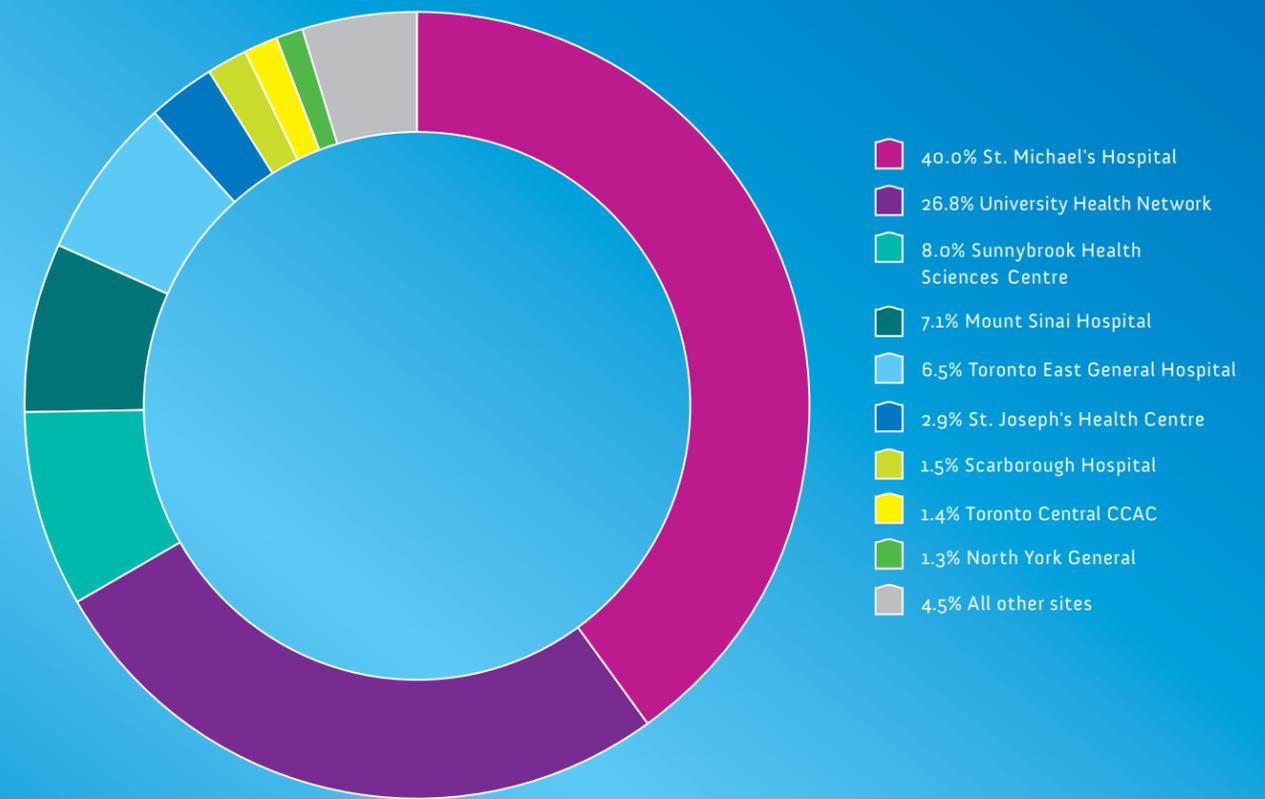
Revenues by Organization \$99,327



Expenses by Organization \$98,049



Admissions By Referring Hospital



↑ 55%

Number of patients referred to Bridgepoint



↑ 3.8%

Inpatient unit occupancy



↑ 7.7%

Number of inpatients admitted to Bridgepoint



↑ 2.6%

Total patient days*



2012/2013 2013/2014

* Patient days are a unit of time during which the services of the hospital are used by a patient (e.g. 50 patients in hospital for 1 day = 50 patient days)

Bridgepoint Active Healthcare

14 St. Matthews Road

Toronto, ON M4M 2B5

T. 416.461.8252

F. 416.461.5696

bridgepointhealth.ca



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Thanks to Tom Alban and William Suarez Photography

