THE GIFT OF TIME
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It is with great pleasure that we present to you the *2015-2016 Annual Report: The Gift of Time*, which celebrates the accomplishments of a successful fundraising year made possible through the generous support of our caring community.

The generous community support enabled the Heart Institute Foundation to realize many successful fundraising milestones in 2015-16. We exceeded $15M in donations for the first time in our history, held our first crowdfunding campaign which raised over $500,000 and celebrated *February is Heart Month* which raised a record $437,000. Our cost for every fundraising dollar raised remains the lowest for Ottawa healthcare foundations.

This year, the Heart Institute celebrates 40 years of achievement. Established in 1976, the Heart Institute has become the cardiac referral centre for 20 hospitals throughout Ottawa, the Ottawa Valley and the St. Lawrence Seaway. Our incredible journey would not have been possible without the unconditional support of the donors, staff and volunteers who inspire the Heart Institute to reach new heights for cardiac research and patient care.

With the help of the community, the Foundation’s primary fundraising efforts are aligned with the Heart Institute’s funding priorities which include patient care, equipment and research. A key priority is the construction of our expansion that represents the future to carry on the vision Dr. Wilbert Keon set so many years ago.

In 2016, we will mark the halfway point of our seven-year capital campaign. We have made significant progress since the campaign began in 2013, and are confident that the continued generosity of the community will help us exceed the campaign goal.

The fundraising focus this year will be on the hybrid operating room: This is an over-sized procedure room with advanced technology where interventional cardiologists, surgeons and imaging specialists can physically work together. This operating room is central to the underlying vision of Dr. Thierry Mesana, President and CEO of the University of Ottawa Heart Institute: Expanding the Heart Institute’s patient-centered approach so that each individual gets the best treatment tailored to his/her needs.

Bringing the vision of Drs. Keon and Mesana toward reality would not be possible without the leadership of our boards, the Provincial Government, the community and you, our generous donors. On behalf of each and every one of us at the Foundation and at the Heart Institute, thank you for giving with heart!

– Jacques Emond
Chair of the Board of Directors,
University of Ottawa Heart Institute Foundation

- Jim Orban
President and CEO of the University of Ottawa Heart Institute Foundation
Our MISSION

The University of Ottawa Heart Institute team provides unparalleled cardiac care. Its researchers are alive with discovery, ingenuity, insight and invention, setting new standards of clinical care, gaining scientific insight into heart disease, and contributing to the world’s storehouse of cardiovascular knowledge. It trains the next generation of medical and research professionals, many of whom go on to become leaders in their field.

List of Accomplishments

1. 39 pieces of equipment secured for nurses, doctors and technicians
2. Canadian Women’s Heart Health Centre unveils online health management program
3. Capital Expansion: Life Support Capital project updates and milestones
4. Current and future research projects paving the way for cardiac care
5. February is Heart Month was a resounding success

The University of Ottawa Heart Institute Foundation plays a vital role in ensuring that many of the most critical components of world-class care are available. We raise funds for much-needed equipment, facilities, programs, research and education at the University of Ottawa Heart Institute.

With the support of a generous community, we are helping an exceptional team of healthcare professionals advance cardiovascular care and save lives every day.

This year, thanks to your ongoing generosity, we were able to give our medical practitioners the tools they needed to continue to administer lifesaving care. We also provided funding to our researchers as they move forward towards the discovery of future cardiac treatments.

Together we can achieve new heights in cardiac care, break barriers and ultimately, save countless lives.

Thank you for your support!
“My husband was experiencing some chest and arm pain. He was immediately rushed to the Queensway-Carleton Hospital and from there, he was sent to the Heart Institute for an angiogram which showed blockages in three areas. He was admitted to the Heart Institute where Dr. Fraser Rubens performed a double bypass and repaired a large hole in his heart. Thanks to the efficient staff, my husband is back and doing things he enjoys.”

– GRATEFUL DONOR
PUTTING VITAL EQUIPMENT IN THE HANDS OF A WORLD-CLASS TEAM

Public health care funding covers only operating costs, which means that acquiring leading edge equipment is dependent on community support. Inspiring our community to help fully equip a truly world-class cardiovascular centre of excellence is one of the most vital roles that the Foundation plays.

Our Helping Hearts crowdfunding campaign encouraged individuals and groups to donate funds for a specific piece of urgently needed medical equipment. It ensured that vital equipment is always available for life-saving care at the Heart Institute.

Thanks to your generous gifts, we secured the following pieces of equipment:

“’The equipment you have helped us secure will expand the boundaries of patient care in the air or on the road. We can expect the lifespan of this machine to be somewhere between eight to 10 years. With our receipt of the two portable heart lung systems, you have helped us extend the level of care we can provide at our Institute, and for that we are extremely grateful. Thank you for giving with heart!’”

- PERFUSIONIST AT THE HEART INSTITUTE

TWO PORTABLE HEART LUNG SYSTEMS

During heart surgery, this life-saving piece of cardiac care equipment acts as both lungs and heart. Without it, many patients could not survive an intricate and lengthy operation.
This probe is needed to perform a transesophageal echocardiography (TEE). A TEE is a test that uses sound waves to create high-quality moving pictures of the heart and its blood vessels. It is used for almost all cardiac surgical procedures and also frequently for patients in the Intensive Care Unit. It performs onsite assessment and diagnosis to aid in treatment planning.

- Dr. Donna Nicholson, Anesthesiologist
A TEE HAS ALREADY HELPED RYLEY

Ryley needed a TEE when he was admitted to the Heart Institute last November, but the 21-year-old aspiring filmmaker has needed help since he was born with congenital heart disease.

The first hours of Ryley’s life were spent in the operating room as doctors discovered six defects in his heart. It was discovered that Ryley’s heart chambers were reversed; he had a hole in his heart and an obstruction in his aorta that didn’t allow the blood to flow to his body. He underwent an extensive procedure to correct the obstruction to the aorta.

By age two, Ryley had undergone another procedure to close the hole in his heart, and he also needed a valve replacement. During the procedure, Ryley’s family was faced with more disheartening news: As doctors in Toronto worked on fixing the hole in Ryley’s heart, his aorta ruptured. While the rupture was deemed to be life threatening, luckily, he survived.

Ryley would undergo one closed and two open heart surgeries and finally needed a pacemaker because the electrical impulses in his heart were impaired. However, Ryley never let his complicated medical condition get in the way of his dreams. He made his first movie when he was 12 and since then, he has produced several short movies that he has posted on Youtube.

Once Ryley turned 18, he was transferred to the Heart Institute where he has been followed by advanced practice nurse Joanne Morin. Unfortunately, Ryley’s medical trouble followed as well. A year after his transfer, Ryley had a stroke, and he was immediately treated at the Heart Institute.

Then, last November, doctors at the Heart Institute, who had been continuously following his case, found a lump on his mechanical valve. Fortunately, because of the TEE, they were able to locate the lump. He remained at the Heart Institute a few weeks afterward, requiring an additional intervention.

While Ryley will need further interventions in the near future, for now, the filmmaker is continuing on with his dream. “I don’t want to do anything else but make movies,” he says.

We wish him luck and much success in his endeavours.
“I had open heart surgery at the Heart Institute on November 24, 2006 for a replacement of my aortic valve. The surgery was performed by Dr. Thierry Mesana who was chief of cardiac surgery at the time. Since my surgery and the post surgical care which includes physical exercise at the Heart Institute, I have led a very healthy life. I am 73 years old and whatever help I have provided since then and continue to provide to the Heart Institute through monetary donations cannot come anywhere near the gratitude that I feel for the staff. Thank you.”

- GRATEFUL PATIENT AND DONOR
SIX PATIENT DEFIBRILLATORS

Defibrillators are used throughout the Heart Institute, often when a patient has a cardiac arrest. A defibrillator can also correct or remove an abnormal arrhythmia.

“Many STEMI patients who experience the deadliest form of heart attack) go into ventricular tachycardia or ventricular fibrillation when they arrive at the Heart Institute. Some of these cases have required defibrillation by a registered nurse before we can get them into the lab and have their vessel opened.

A nurse recalled a situation when she defibrillated a patient multiple times. The next week she came back to see him and he was sitting in a chair and doing well. Thank you for giving with heart!”

– BONNIE QUINLAN, Advanced Practice Nurse

26 MOBILE TREATMENT CARTS

Treatment carts are used in all areas of the Heart Institute to house and store the everyday supplies that clinicians need to provide, prompt, safe, and effective patient care.

MAXIME LÊ KNEW HE COULD HELP

We secured 26 treatment carts thanks to you, and two of those carts were purchased through Maxime Lê’s crowdfunding campaign!

Maxime is a second year university student at the University of Ottawa. If he is not busy with assignments or hanging out with friends, he is with his grandfather, a patient at the Heart Institute. Every Thursday, Maxime drives his grandfather to the Heart Institute for his weekly check-up.

One day as Maxime was waiting in the patient outclinic for his grandfather, he picked up the September issue of our Foundation Connection. In it, we listed a number of the pieces of equipment our doctors and nurses desperately needed before the end of the year.

Maxime looked at the mobile treatment cart and believed he could manage to get two for the Heart Institute. In mid-November, Maxime set up his crowdfunding page and within a matter of days, he had reached his goal!

We want to sincerely thank Maxime for giving with heart and everyone who contributed to his campaign.
The Canadian Women’s Heart Health Centre (CWHHC) was officially inaugurated last year; but, for the past five years, the centre has already been shaping and changing the lives of women in the Champlain region.

THE CENTRE LAUNCHES ITS VIRTUAL CARE PROGRAM

The new Virtual Care Program was launched last January. Your kind contributions made that project a reality for the busy women and men in our lives needing accessible care.

WHAT IS THE VIRTUAL CARE PROGRAM?

A free program, the Virtual Care Program is an online heart health management platform that can help its users improve and control their risk factors for heart disease. The platform allows users to track and monitor risk factors such as exercise, food, weight, and sleep, for example.

The Virtual Care Program will:

1. Increase accessibility to reliable and trusted information and care in near-real time;
2. Enable/improve self-management of health behaviours;
3. Promote information exchange and support among peers;
4. Support informed decision making; and
5. Support care coordination among health care providers.

The program is currently only available to residents in the Champlain region.

For more details or to enroll in the program, visit the following link:

http://cwhhc.ottawaheart.ca/virtualcare

Your support has made this program possible.
WOMEN@HEART PROGRAM: YOUR DONATIONS SUPPORTED THIS PROGRAM

Women@Heart is a peer support program led by women with heart disease, for women with heart disease, aiming to create a caring environment for women to learn from each other. The program provides women in communities throughout the Champlain region with access to emotional and educational support for a better recovery after a cardiac event.

THE LIFE YOU TOUCHED: HELEN’S STORY

Helen attended her first meeting with the Women@Heart program in July. “At first, I didn’t feel like I belonged there,” she says. “But after attending a few sessions, I began to learn more about heart disease and its impact on women.”

Helen wasn’t aware that she had “SCAD”. SCAD stands for Spontaneous Coronary Artery Dissection, which is a rare condition that occurs when a tear forms in one of the blood vessels in the heart.

“I felt fine in the morning. I was heading to take a shower when I started not feeling well,” she says. “It hit me very fast. I even cancelled a couple of appointments because I wasn’t feeling well at all. And then the chest pains started.”

Helen called her husband who immediately advised her to call 9-1-1. She was having a heart attack.

While doctors knew she had had a heart attack, they couldn’t determine what had triggered it. Then they did an angiogram and discovered she had SCAD. She was cleared to go home the next day and provided medication and a referral to cardiac rehab to support her recovery.

Doctors and the team at the Prevention and Rehabilitation clinic encouraged Helen to join the Women@Heart program, but she was hesitant at the beginning. “I didn’t want to go. I’m a problem solver and I am curious by nature, but everyone kept saying to just try it so I did.”

Less than 20 per cent of women go to the Rehab clinic at the Heart Institute and yet, statistics show that women are more at risk of dying of heart attack following their initial medical intervention. Helen says that women are often overwhelmed with the information they receive once they leave the hospital. Others simply choose not to seek assistance, and return to their daily routine.

Helen participated in her first Women@Heart meeting in July. She liked it so much that she did her training to become a Peer Leader and graduated last November.

“The Women@Heart group is not just about sharing information. There’s a whole self-management process that needs to take place once a patient is out of the hospital. Unfortunately, women just don’t have the time to take care of themselves. The Women@Heart program allows women to absorb information and what’s great about it is that we convene every two weeks.”
Luckily, along with the Women@Heart program, the Centre offers various tools to help women take control of their heart health, like the CardioPrevent program and now the Virtual Care Program.

Since following the program, Helen feels like a changed woman and is more confident about her health. More importantly, she’s made some lifelong friends who meet regularly for tea outside of meeting hours. Helen is eager to spread the word and encourages other women to educate themselves on heart disease.

“This program is absolutely worth it. It is a strong program that combines education, coping tools, knowledge and builds confidence. It links the mental with the physical which is so important for heart patients. Best of all, every participant contributes just as much.”

YOUR IMPACT: WOMEN@HEART

- This year, thanks to you, Helen will have an impact on the lives of 12 other women suffering from heart disease.
- A total of 21 past patients completed the three-day training workshops and are leading groups.
- 310 women will have benefited from the program by the end of this year.
- 15 groups have convened since the launch of this program: Three in rural communities, and 12 in urban/sub-urban communities.
- Currently, nine groups have completed the program and six remain active.

FOCUS ON IMPACT: THE CWHHC IS HELPING WOMEN IN OTTAWA

#1 CardioPrevent Program

This program provides physicians with a systematic process to screen and identify women and their family members deemed at risk for future cardiovascular disease (CVD) and link them to a personalized primary prevention program to reduce that risk.

In a sample of 435 patients, the risk of developing CVD was reduced by 27.3% over a year.

Outcomes indicate that CardioPrevent can significantly lower the risk of CVD in moderate to high risk women, warranting expansion of this program beyond the Champlain region.

#2 Improving cardiovascular health for postpartum women with history of hypertensive disorders of pregnancy (HDP)

This program is an adapted version of the CardioPrevent program for postpartum women with HDP.

Women in the program experienced a reduction in total cholesterol/high density lipoprotein ratio plus:

- An average of 5.4 kg reduction in weight
- An average 6.5 cm reduction in waist circumference
- An average of 3.5 unit reduction in depression scores.

Women reported being strongly satisfied with the program and would recommend it to others.
Our capital expansion is well underway and is expected to be completed by 2018.

Benefits to the community:

> 1,582 additional catheterization lab procedures a year to help diagnose and treat more patients.
> 293 additional electrophysiology procedures a year to help diagnose arrhythmia.
> 305 additional surgeries a year resulting from one additional operating room and six additional cardiac surgery intensive care unit beds.
> Advanced technology for the catheterization labs, electrophysiology labs, operating room, and cardiac surgery intensive care unit to provide better care for patients.

Major milestones for the Life Support Capital Project:

> Upgrades to Campus – ongoing
> Completion of the “dig” – February 2016
> New Tower shell construction – April 2016 to September 2016
> Tower Completion – Fall 2016 to Fall 2017
> New Tower Handover to UOHI - Interim Completion January 25, 2018
> Main Lobby Renovations (phased to ensure access retained at all times) January 26, 2018 – December 21, 2018
> Level S Renovations – March 2018 to Spring 2019
> Interior renovations – 1st and 2nd levels – Spring 2019 to Fall 2019
> Substantial Completion late Fall 2019

Note: All dates are based on the PCL Construction Schedule dated January 9, 2015.

This year, the Foundation hopes to raise $4 million for the new hybrid operating room to be housed in the new building.
The research team has been busy launching several projects and following through with others. The advancements of today are built on yesterday's research. Here are some of the projects you funded:

**NEW FUNDED PILOT PROJECTS IN 2016:**

1. **Personalized Innovative peri-operative care and long Term outcomes Research (PINNACLE) Cluster**
   
   Project: A population-based analysis of critical care utilization and long term outcomes post cardiac surgery in Ontario

2. **Atrial Fibrillation & Non-invasive Cardiovascular Imaging Research Cluster**
   
   Project: Advanced imaging to assess the arrhythmogenic substrate in atrial fibrillation (4AF) pilot study

3. **Atrial Fibrillation & Behavioural and Community Health**
   
   Project: Circulating brain-derived BDNF in patients with Afib undergoing catheter ablation or exercise training (NEURO-AF)
   
   *Project co-led by Dr. Jennifer Reed, Dr. Girish Nair and Dr. David Birnie*

4. **Cardiovascular Percutaneous Intervention Trial (CAPITAL) Group**
   
   Project: Coronary flow reserve and fractional flow reserve in diabetic coronary arteries and determination of revascularization strategy
   
   *Project led by Dr. Aun-Yeong Chong*

5. **Cardiovascular Percutaneous Intervention Trial (CAPITAL) Group and Personalized Innovative peri-operative care and Long Term outcomes Research (PINNACLE) Cluster**
   
   Project: Platelet acquiescence to confer protection among patients undergoing CABG
   
   *Project led by Dr. Derek So*

6. **Heart Failure and Personalized Innovative peri-operative care and Long Term outcomes Research (PINNACLE) Cluster**
   
   Project: Utilization of novel biomarkers in prediction of right heart failure & acute kidney injury in patients undergoing major cardiac surgery
   
   *Project led by Dr. Louise Sun and Dr. Lisa Mielniczuk*
PILOT PROJECTS COMPLETED IN 2015:

1. Heart Failure Cluster
   Cluster Leads: Dr. Lisa Mielniczuk and Dr. Balwant Tuana (UO); Pilot Project PIs: Dr. Lisa Mielniczuk, Dr. Susan Dent (TOH) and Dr. Duncan Stewart (OHRI)
   Project: *Elucidating the Mechanisms of Right Heart Failure*

2. Atrial Fibrillation Innovation Cluster & Non-Invasive Cardiovascular Imaging Research Cluster
   Cluster Lead: Dr. David Birnie. Imaging Cluster Lead: Dr. Benjamin Chow; Pilot Project PIs: Dr. Pablo Nery, Dr. Robert deKemp and Dr. Elena Pena Fernandez (TOH)
   Project: *Correlation of Arrhythmia Mechanism and Substrate to Ablate Persistent Atrial Fibrillation (COAST-AF)*

3. Vascular Inflammation & Metabolism Cluster
   Cluster Co-leads and Project PIs: Dr. Katey Rayner and Dr. Ruth McPherson
   Project: *Inflammasome Activation in Coronary Atherosclerosis*

4. Behavioural and Environmental Interventions and Personal and Community Cardiovascular Health Cluster
   Cluster Lead: Dr. Bob Reid
   Pilot Project PIs: Dr. Bob Reid and Dr. Jennifer Reed
   Project: *E-health Interventions to Improve Vascular Health in Workplaces: Foundational Research Examining Physical Activity Among Nurses Working in Hospital*

5. Cardiovascular Percutaneous Intervention Trial (CAPITAL) Group
   Cluster Lead: Dr. Derek So
   Pilot Project PIs: Dr. Derek So and Dr. Benjamin Hibbert
   Project: *Performance of Bioresorbable Vascular Scaffolds in Patients with Diabetes Mellitus: A Proof of Concept Towards Development of a Bench to Bedside PCI Technology Evaluation Program*
A CLOSER LOOK AT FUNDED STUDY: BEHAVIOURAL AND ENVIRONMENTAL INTERVENTIONS AND PERSONAL AND COMMUNITY CARDIOVASCULAR HEALTH CLUSTER

Walking Challenge: A Cure for Workplace Inactivity?

How active do you think you really are? Are you getting the 150 minutes of moderate-to-vigorous physical activity you need in a week, or are you doing your 10,000 steps per day? These are just some of the questions Associate Scientist Dr. Jennifer Reed asked Heart Institute nurses as they prepared to take part in the Heart Institute’s Cardiac Prevention & Rehabilitation WALK study.

In it, she discovered that Heart Institute nurses experienced lower levels of physical activity but could make beneficial lifestyle changes with a simple intervention and challenge.

The idea was born, in part, through results of an employee engagement survey. In it, nurses at the Ottawa Heart Institute reported being eager to find ways to increase their physical activity and improve their health.

A National Survey of the Work Health of Nurses echoed their sentiments. In fact, 45 per cent of nurses are overweight or obese and 13 per cent have high blood pressure. Nurses have a rate of absenteeism which is 55 percent higher than the average for all other health care occupations. On average, nurses take 20 days of sick time each year. Studies have demonstrated that poor health is associated with high absenteeism rates and reduced productivity. Nurses are working long hours and must manage the physical and emotional demands of the job.
“Nurses are often on their feet, but may not be moving as much as they used to. Nursing stations were once located at the end of a corridor or hall. Now, nursing stations are in the middle, making it more convenient to reach patients.”

A total of 76 full-time, part-time, and casually-employed nurses participated in the study. Each had a device strapped to their ankle to monitor their physical activity and step counts, but were not allowed to track their progress for six weeks.

After six weeks, the results were astonishing. Only 36 percent met the 10,000 steps per day guideline, and shockingly, only 10 percent of nurses in the study did 150 minutes of moderate to vigorous physical activity.

These results are lower than the Canadian average. According to the Canadian Health Measures Survey 2011, 40 percent of adults do an average of 10,000 steps per day while 15 percent do 150 minutes of moderate to vigorous physical activity.

“Week six also marked the beginning of the intervention phase. In this phase, our team allowed nurses to see their results online. Without their knowledge, we randomized the nurses into three challenge categories. In these categories, 25 nurses would receive an individual challenge, 25 would be paired up with other nurses for a friend challenge, and the last 25 nurses would have a team challenge. The nurses did not know who they were competing against in the friend and team challenge.”

Dr. Reed said that there’s something about competition that gets people moving. The nurses in both the friend and team challenge increased their physical activity significantly. Seeing the results of an anonymous competitor or competitors encouraged the participating nurses to be more active. In fact, purposeful exercise increased from 10 per cent to 25 percent. In the end, researchers observed a decrease in body fat, a decrease in systolic blood pressure and a decrease in waist circumference.

“This is the first study of its kind. Previous studies with Canadian nurses used self-reported measures but we tracked their physical activity instead. This is also the first time nurses are part of a physical intervention. They are the largest professional group within the Canadian health care workforce.”

– DR. JENNIFER REED
A NEW BIOBANK OF HUMAN SAMPLES FOR RESEARCH

A biobank is an important resource for society, with an ultimate goal of patient benefit.

Our researchers needed a biobank, and now, thanks to you, the Heart Institute biobank is a reality.

The Heart Institute’s biobank will assemble and manage a large collection of high quality human biologic materials and related health information to support a wide range of cardiovascular research. Blood and tissue samples and health information will be obtained from willing patients and healthy volunteers after informed consent. DNA and other derivatives will be extracted from the samples.

THE NEED

The biobank aims to shorten discovery and development time by providing readily accessible quality samples in sufficient quantity to Heart Institute researchers and their colleagues from other research centres. Historically, each researcher worked independently to obtain consent from participants and collect samples and data. With a biobank, there is no duplication. The samples and associated data can be pooled and used more efficiently by many researchers conducting studies in different areas of cardiovascular expertise.

WITH A BIOBANK, RESEARCH CAN FOCUS ON DISCOVERING:

> New markers that signal a predisposition to heart disease and related conditions
> New ways to diagnose disease
> New therapies
> Improved prevention

With certification from the Biobank Resource Centre, the biobank has quality assurance procedures to protect the value of the samples as they are stored long term (up to 25 years). The biobank complies with procedures and regulations to protect the privacy of its participants. It has received and will maintain Research Ethics Board approval.

Sample collection began in September 2015, with a focus on specific patient populations, such as atrial fibrillation and cardiomyopathy. There is a plan to expand sample collections to other populations in the future.

The biobank is an asset in promoting bench-to-beside research. It is a long-term resource for facilitating and ultimately improving research-based medical care.
The *February is Heart Month* campaign encourages individuals, groups and businesses to raise funds and awareness for the University of Ottawa Heart Institute. It’s giving that goes straight to the heart of care in your community.

Rather than a one-day event as we’ve done with the Telethon, we raised awareness and funds for the Heart Institute all month long. We shared stories, we offered heart-healthy tips and most of all, our community got to know the Heart Institute and the Foundation a bit better.

Thank you to our generous Community Champions (Karson Group, Donnelly Automotive Group, Sobeys, Scotiabank, Canadian Tire (Campeau Drive), Sutton Group - Premier Realty, Valecraft Homes Ltd., Merkley Supply Ltd., Norton Rose Fulbright Canada LLP and Glenview Management Limited), Corporate Match (TELUS and Tasico Hospitality), Heart Month participants and donors for making February the warmest month of the year!

We raised $437,000 during Heart Month!
We are accountable for the way your donations are used. We treat every donated dollar as if it were our own, to invest every gift wisely and for the benefit of patients and research, and if specified, to use your donation as you directed.

### Financial Update

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<th>Current Assets</th>
<th>Year Ended March 31, 2016</th>
<th>Year Ended March 31, 2015</th>
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<td>Cash and Short term investments</td>
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<td>Accounts Rec’ble</td>
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<td>Prepaid Expenses</td>
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### Investments

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### Current Liabilities

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<td>$275,485</td>
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<td>Deferred Revenue</td>
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### Fund Balances

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<th>Year Ended March 31, 2016</th>
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<tr>
<td>$84,935,920</td>
<td>$79,958,513</td>
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*Full financial statements, audited by PricewaterhouseCoopers LLP, are available on our website in English and French.*
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<th>YEAR ENDED MARCH 31, 2016</th>
<th>YEAR ENDED MARCH 31, 2015</th>
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<tr>
<td><strong>SUMMARY STATEMENT OF OPERATIONS</strong></td>
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<td><strong>REVENUE</strong></td>
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<td>Donations</td>
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<td>Investment Income</td>
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<td>Total revenue</td>
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<td><strong>EXPENSES</strong></td>
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<td>Net revenue before grants</td>
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<td>Excess of revenue over expense &amp; grants</td>
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<td>Fund balances (beginning)</td>
<td>$79,427,649</td>
<td>$72,857,463</td>
</tr>
<tr>
<td>Fund balances (end)</td>
<td>$84,604,750</td>
<td>$79,427,649</td>
</tr>
<tr>
<td>Cost per dollar raised (includes investment income)</td>
<td>$0.21</td>
<td>$0.14</td>
</tr>
<tr>
<td>Fundraising cost per dollar (excludes investment income)</td>
<td>$0.20</td>
<td>$0.20</td>
</tr>
</tbody>
</table>

Full financial statements, audited by PricewaterhouseCoopers LLP, are available on our website in English and French.
# 2015-2016 UNIVERSITY OF OTTAWA HEART INSTITUTE FOUNDATION BOARD OF DIRECTORS

<table>
<thead>
<tr>
<th>Jacques Emond</th>
<th>Dr. Thierry Mesana</th>
<th>Jim Orban</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Chair)</td>
<td>President and CEO, UOHI</td>
<td>President, UOHI Foundation</td>
</tr>
<tr>
<td>Emond Harnden LLP</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Mark Shabinsky</th>
<th>John Bassi</th>
<th>Dr. Donald Beanlands</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Secretary)</td>
<td>Bassi Construction</td>
<td>(Retired)</td>
</tr>
<tr>
<td>Glenview Management</td>
<td></td>
<td>UOHI</td>
</tr>
<tr>
<td>Limited</td>
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<thead>
<tr>
<th>Jean Bilodeau</th>
<th>Brian Bockstael</th>
<th>Ronald Caza</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Institute Alumni</td>
<td>Coughlin &amp; Associates</td>
<td>Caza Saikaley</td>
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</table>

<table>
<thead>
<tr>
<th>Barbara Farber</th>
<th>Rose Gage</th>
<th>Steve Gallant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leikin Group</td>
<td>Ag Energy Co-operative Ltd.</td>
<td>CIBC Wood Gundy</td>
</tr>
<tr>
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</tr>
</tbody>
</table>
“Dr. Paul Hendry saved my husband 23 years ago with a quintuple bypass. He also saved our daughter with a triple bypass. In fact, Dr. Ruth McPherson detected our daughter’s blockage as she had no indication of a heart problem. Our son has had heart surgery at the Institute. Thank you to the Heart Institute.”

— GRATEFUL DONOR
Thank you