

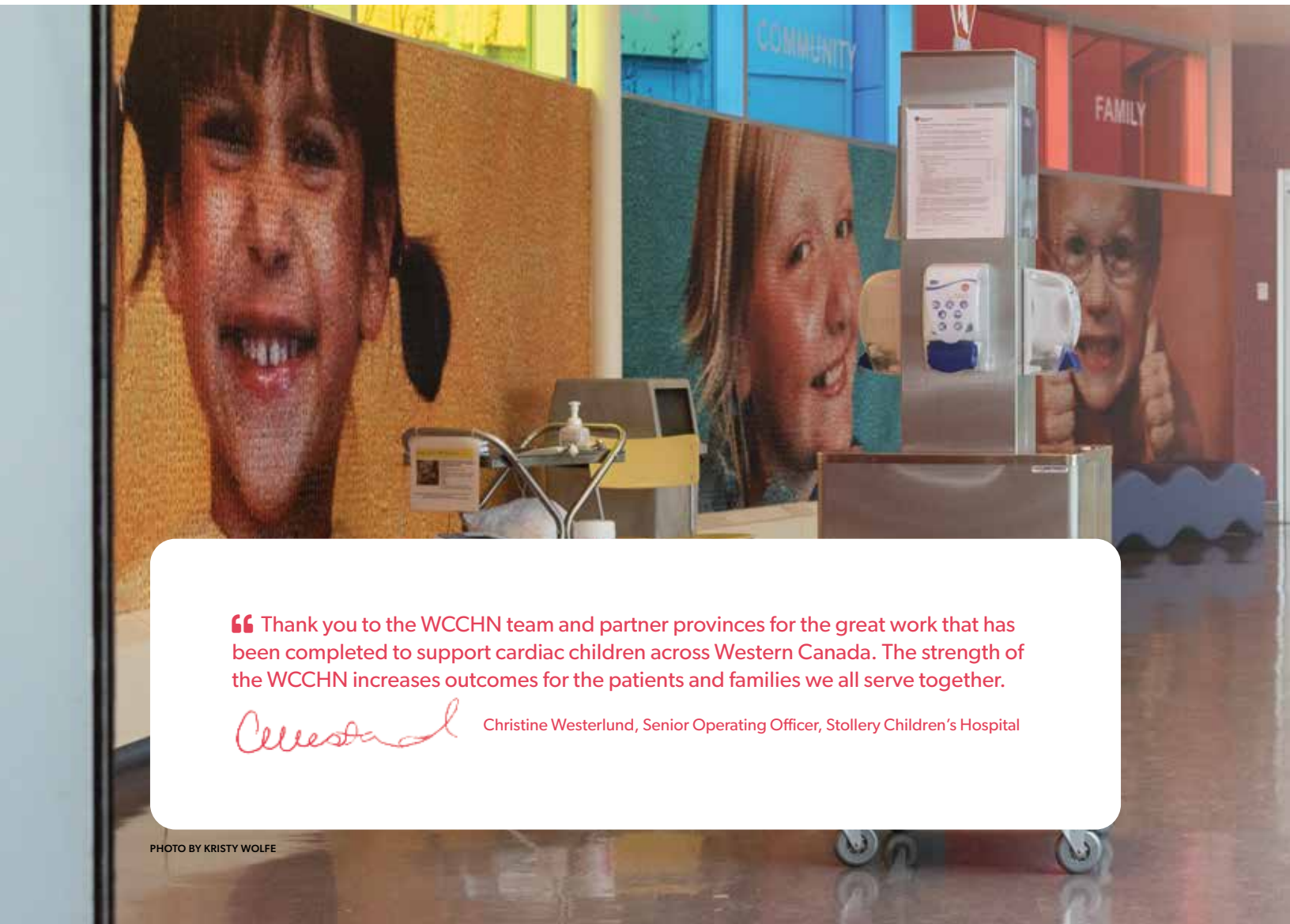
LITTLE HEARTS BIG CALLING



Western Canadian
Children's Heart
Network

BIENNIAL REPORT
2020-21 & 2021-22

5 HOSPITALS CONNECTED BY 1 MISSION



“ Thank you to the WCCHN team and partner provinces for the great work that has been completed to support cardiac children across Western Canada. The strength of the WCCHN increases outcomes for the patients and families we all serve together.

Christine Westerlund

Christine Westerlund, Senior Operating Officer, Stollery Children's Hospital

The Western Canadian Children's Heart Network is a partnership amongst:



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Who We Are

At the Western Canadian Children's Heart Network (WCCHN), little hearts are our big calling. For over 20 years, we've dedicated ourselves to ensuring that children and their families receive the best cardiac care available. By using a regional approach, we bridge some of the greatest minds and best facilities across provincial borders to achieve a shared goal:

Providing world-class care to children in Western Canada, when it's needed the most.

Founded in 2001 with the objective of facilitating urgent surgical referrals between provinces, WCCHN is North America's only regional care network dedicated exclusively for children with heart conditions. Our network connects five pediatric hospitals under one umbrella, bringing together individual strengths and expertise to facilitate cooperation in the delivery of care. This sometimes means giving doctors a way to refer patients across provincial borders. It sometimes means connecting experts together to collaborate on complex cases. It sometimes means bringing the specialist to the patient. It always means an unwavering and unified commitment to giving each child what they need to receive the care they deserve.

Today, our network has grown from its beginnings as a regional referral system to become a diverse community of patients, families, and care providers, all connected by the same desire - to deliver the highest standard of care to the littlest hearts that depend on us. Everything we do - from the services we provide, to the data we collect, to the collaboration we enable - all of it is carefully designed to improve the health and wellness of children and their families.

The WCCHN spans over 4-million square kilometres and serves a population of more than 11 million people. The Network includes two pediatric cardiac surgical programs (BC Children's Hospital in Vancouver and the Stollery Children's Hospital in Edmonton) and three referring centres (Alberta Children's Hospital in Calgary, Jim Pattison Children's Hospital in Saskatoon, and the Children's Hospital - Health Sciences Centre (HSC) Winnipeg).



How We Help

Our regional structure offers a framework for partner hospitals and specialists from all areas of the child cardiology community to better collaborate as they care for patients. To ensure the very best quality of care and the best possible outcomes—for every child we treat—we focus on the following strategies:

Facilitating Surgical Referrals

Sometimes, children with cardiac conditions require specialized or urgent care that may not be available in their home province. When care justifies the need for travel, or when the expertise needed is only available at a different partner site, our network facilitates referrals between the provinces. As surgical resources for Western Canada are localized at two sites within the Network, patients will either be referred to the Stollery Children’s Hospital in Edmonton, Alberta, or the BC Children’s Hospital in Vancouver, BC.

The WCCHN database – which houses demographic, diagnostic, and interventional information on patients at any of the five pediatric centres in the Network – supports the referral process. Acting as a central and shared source of information, the database improves communication between referral and surgical sites and ensures the key details for decision making are transferred correctly.

Collaborating on Complex Cases

WCCHN connects hospital sites in a way that promotes collaboration and shared decision making to improve the levels of care received by our patients and their families. Each hospital, and the children they care for, benefits from the collective expertise of the entire network.

Through activities including weekly video-conference meetings, highly skilled teams from across hospital sites in the Network come together to discuss specific cases, review diagnostic imaging, decide on treatment options, and more. This ensures that no matter where a child is located, experts from across half the country have the ability to contribute their knowledge and experience to that child’s plan of care.

Benchmarking Clinical Outcomes

The Western Canadian Ministries of Health want children to receive the very best care, and so they place a high emphasis on data collection and benchmarking. Our coding specialists collect and record important pieces of information about diagnoses, procedures, and clinical outcomes within the Network. All data is stored securely inside the WCCHN database.

Our data is regularly contributed to several international benchmarking registries including the American College of Cardiology’s Improving Pediatric and Adult Congenital Treatments (ACC IMPACT) Registry and the Society of Thoracic Surgeons (STS) National Congenital Heart Surgery Database. This allows us to evaluate our performance in comparison to some of the largest and highest performing centres in North America, ensuring that we continue to provide world-leading care and the best possible outcomes.

Building a Connected Community

The WCCHN community is made up of a diverse mix of patients, families, care providers, surgeons and clinicians. Each is valued, connected, and supported through the Network. This means providing parents and families with practical guidance and connection to peer-support networks, enabling clinicians and care providers with opportunities to better collaborate and generate new ideas, and ensuring each hospital site is able to access resources that complement their own.

Why We Do It

Mission

To offer a framework for the collaborative delivery of cardiac care to children in the Western Canadian provinces and territories

Vision

Equal and timely access to world-class care for children with heart disease

Values

Cooperation | Approachability | Reliability | Inclusivity | Productivity

Guiding Principles

Our guiding principles are more than just statements. They define our purpose and provide a north star for everything we do.

In our world, **children and families come first**. Their health, safety, and wellness are the reason we exist, and are at the heart of every decision we make.

We're stronger, and can do better, when we're together. That's why **we work collaboratively and with respect** – across borders, roles and specialties – to help each other succeed.

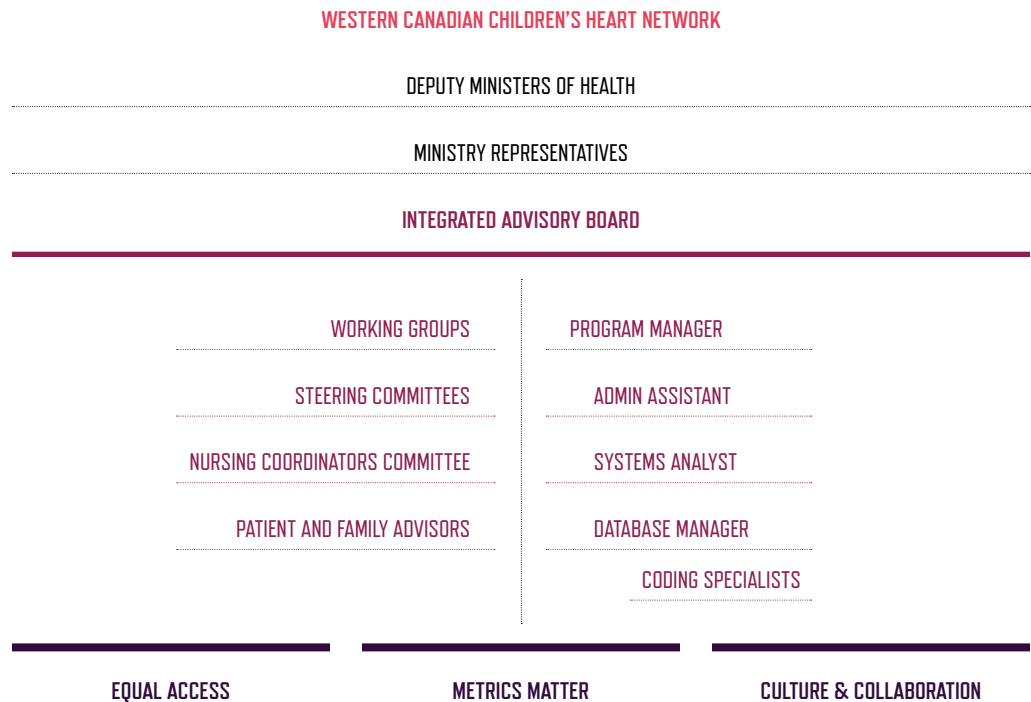
We believe that **high quality cardiac care**, access to it and the ability to deliver it, **should be universal**. Any child, any place, any time.

To us, **metrics matter**. We believe numbers tell a story, which is why we work to give them a voice. This informs decisions, helps us improve, and ensures we're creating real impact.

Our Governance

It's easier to ensure well-coordinated, comprehensive, organizational success when planning and direction setting consider all the medical and administrative angles of healthcare and regionalized service delivery. In June 2019, WCCHN merged their Clinical Operations and Steering Committees into a unified and expanded Integrated Advisory Board. The Integrated Advisory Board is designed to provide strategic guidance to the cross-province leadership and institutional members that form the Western Canadian Children's Heart Network. This Board integrates the expertise of leading physicians, senior hospital administrators, Ministry of Health representatives, frontline nurses, and patient and family advisors from the western provinces. Accountable to the mandate set forth jointly by the western Ministries of Health, the WCCHN's Integrated Advisory Board ensures WCCHN initiatives remain true to the Network's mission, vision, and values, and plays a fundamental role in defining strategy to support the realization of our shared vision.

The Integrated Advisory Board stands on three important pillars: Equal Access to Services, Metrics that Matter, and Culture & Collaboration



“The Saskatchewan Ministry of Health recognizes that [2021] marks 20 years of service for the Western Canadian Children's Heart Network (WCCHN). The Ministry is very appreciative of all of the work that WCCHN performs and that the interprovincial referral platform provided by WCCHN streamlines the surgical referral process across provinces, while tracking and monitoring access and wait times.”



Ingrid Kirby, Executive Director, Acute Care and Emergency Services Branch,
Ministry of Health, Saskatchewan

A Message from the Board Chair



As the year comes to a close, and we reflect on the successes of 2021, we at WCCHN find ourselves very thankful. While it goes without saying that COVID-19 made 2020 and 2021 very challenging, and that we extend our sympathy to those who have lost loved ones, COVID has demonstrated the resilience of the medical community and our ability to rise to the challenge. We are thankful to be a part of this complex field that has, at its heart, people and families. We are also grateful for the tireless work of our clinicians, researchers, data experts and administrators who have done so much over the last year with the ultimate focus of ensuring the best care for our pediatric cardiac patients not only today, but into the future as well.

WCCHN is celebrating 20 years of bringing people together to ensure that children with some of the most complex health problems imaginable are given the excellence of care they deserve. That families in Western Canada can be sure there is no better place to be, and to provide hope in some of the toughest times. As we look towards the next 20 years, WCCHN is focused on ensuring that we not only continue to facilitate access to specialized services and bringing the best possible teams together, but that we also provide the kind of data and information that can inform decisions by both clinicians and health authorities to provide a sustainable excellence going forward. That requires not a committee, but a community. And this year WCCHN began its active support in developing that community of ideas and innovation with our BoostUp Pitch Competition.

Today we collect approximately 350 pieces of information about the care we provide each child, produce 5 major clinical information dashboards with near real-time data about our work, and are part of 7 major quality registries to benchmark our programs internationally. This has only been possible due to the enormous and consistent cooperative effort of the entire care community, families, clinicians, data experts and administrators. Tomorrow we hope to expand our data elements to gain a much clearer picture of the entire journey our children and their families travel, double our data dashboards to enhance decision making, and increase participation in more key quality registries as we continue to improve the care offered in Western Canada.

While we all appreciate the pandemic's end, we also hope that the unity which has surely strengthened over the past couple of years continues to grow far beyond the pandemic.

Thank you to all those involved in building a community of excellence that remains focused on helping and supporting Western Canada's most precious resource, our children.

A handwritten signature in black ink, appearing to read 'D. Cave', written in a cursive style.

Dr. Dominic Cave, MBBS, FRCPC, MBA
Clinical Department Head Anesthesia, AHS Edmonton Zone
Pediatric Cardiac Anesthesiologist
Board Chair, WCCHN Integrated Advisory Board

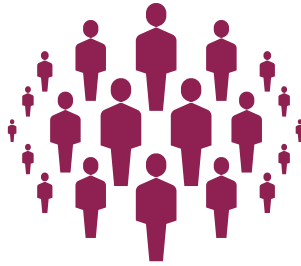


By the Numbers

MEASURED IMPACT



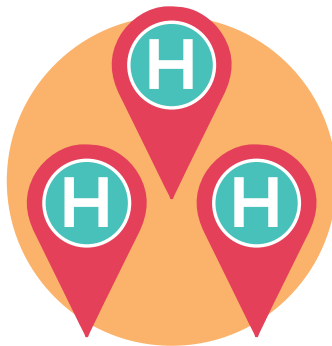
REGIONAL REFERRAL BASE
>4 MILLION SQUARE
KILOMETRES



POPULATION BASE
11 MILLION



4 TRAVELLING SPECIALISTS



3 REFERRING CENTRES



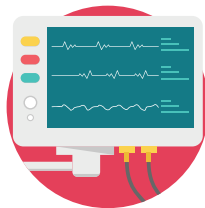
2 SURGICAL CENTRES



896 HEART SURGERIES



639 CARDIAC
CATHETERIZATIONS



130 ELECTROPHYSIOLOGY
PROCEDURES



17,860 OUTPATIENT
CLINIC VISITS



1,672 OUTREACH
CLINIC VISITS



By the Numbers

MEASURED IMPACT



109,000+ TOTAL RECORDS
IN THE INTERPROVINCIAL
DATABASE



956.1K VIEWS ON YOUTUBE

97.2%

97.2% OF FAMILIES
FEEL THEIR
CHILDREN ARE
RECEIVING THE
**BEST MEDICAL
CARE AVAILABLE**
FOR THEIR HEART
CONDITION

29,000+

PATIENTS AND
FAMILIES SERVED



1000+ CASES DISCUSSED
AT CV CONFERENCE

92.2%

92.2% OF FAMILIES
FEEL **THEY ARE A
PARTNER** WHEN
PLANNING AND
MAKING DECISIONS
WITH THE MEDICAL
TEAM FOR THEIR
CHILD'S CARE

“ We are SO, SO grateful that we live in this part of Canada. The system & people are the BEST! Keep up the fabulous work!

Survey Respondent, Home Centre Survey, Vancouver BC

Our Team

AS OF MARCH 31, 2022

Administration & Operations

Elina Williams *Program Manager*
 Karen Lam *Administrative Assistant*
 Vera Horobec *Database Manager*
 Mike Scott *Systems Analyst*
 Tania Gilmore *Coding Specialist, BC Children's Hospital*
 Kathleen McCarthy *Coding Specialist, Stollery Children's Hospital*
 Sharmaine Apuya *Coding Specialist, WCCHN*
 Andrea Wong *Coding Specialist, Children's Hospital - HSC Winnipeg*
 Neheen Momin *Coding Specialist, WCCHN*
 Jessica Chagnon *Coding Specialist, Alberta Children's Hospital*

Integrated Advisory Board

WCCHN

Dr. Dominic Cave *Board Chair*
 Elina Williams *Program Manager*

British Columbia

Trish Page *Executive Director, Clinical Operations, BC Children's Hospital*
 Dr. Shubhayan Sanatani *Division Head, Cardiology, BC Children's Hospital*
 Dr. Sanjiv Gandhi *Division Head, CV Surgery, BC Children's Hospital*
 Lea Legge *Surgical Coordinator, BC Children's Hospital*
 Amie Mazza *Manager, Provincial Services Branch, Health Services Division, BC Ministry of Health*

Alberta - Calgary

Patty Knox *Nurse Clinician, Division of Cardiology, Alberta Children's Hospital*
 Dr. Deborah Fruitman *Interim Divisional Director and Staff Cardiologist, Division of Cardiology, Alberta Children's Hospital*

Renee Sholes *Patient Care Manager, CardioRespiratory, GI, Endocrine, PCWH and Ambulatory Care, Alberta Children's Hospital*

Alberta - Edmonton

Crystal Coroon *Discharge Coordinator, Cardiology and GI Services, Stollery Children's Hospital*
 Dr. Michal Kantoch *Interim Divisional Director, Cardiology, Stollery Children's Hospital*
 Shawn Hillhouse *Executive Director, Critical Care and Respiratory Therapy, Stollery Children's Hospital*
 Dr. Mohammed Al Aklabi *Divisional Director, CV Surgery, Stollery Children's Hospital*

Saskatchewan

Lucia New *Director of Children's Acute and Sub-Specialty Programs, Jim Pattison Children's Hospital*
 Marie Penner *Nurse Clinician, Cardiology, Jim Pattison Children's Hospital*
 Dr. Charissa Pocket *Divisional Director, Cardiology, Jim Pattison Children's Hospital*

Ingrid Kirby *Executive Director, Acute Care and Emergency Services Branch, Ministry of Health, Saskatchewan*

Crystal Maslin *Patient and Family Advisor*

Manitoba

Pam Wiebe *Nurse Clinician, Pediatric Cardiology, Children's Heart Centre, HSC Winnipeg*
 Dr. Reeni Soni *Divisional Director, Cardiology, Children's Hospital, HSC Winnipeg*
 Nicole Sneath *Interim Director Health Services, Medicine and Oncology, HSC Winnipeg, Shared Health Manitoba*
 Amelia LaTouche *Senior Policy Analyst, Policy and Standards Branch, Manitoba Health*



METRICS THAT **MATTER**

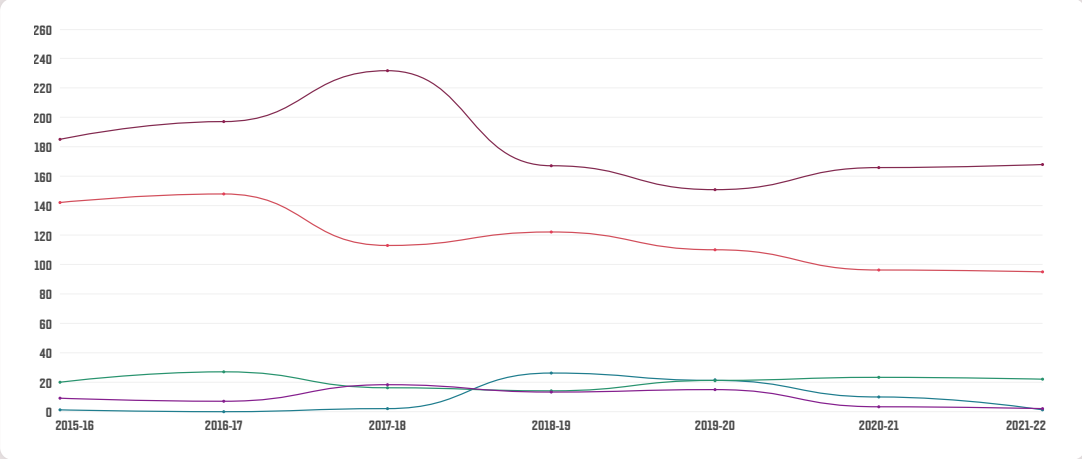


Metrics that Matter

CARDIAC CATHETERIZATION AND EP METRICS

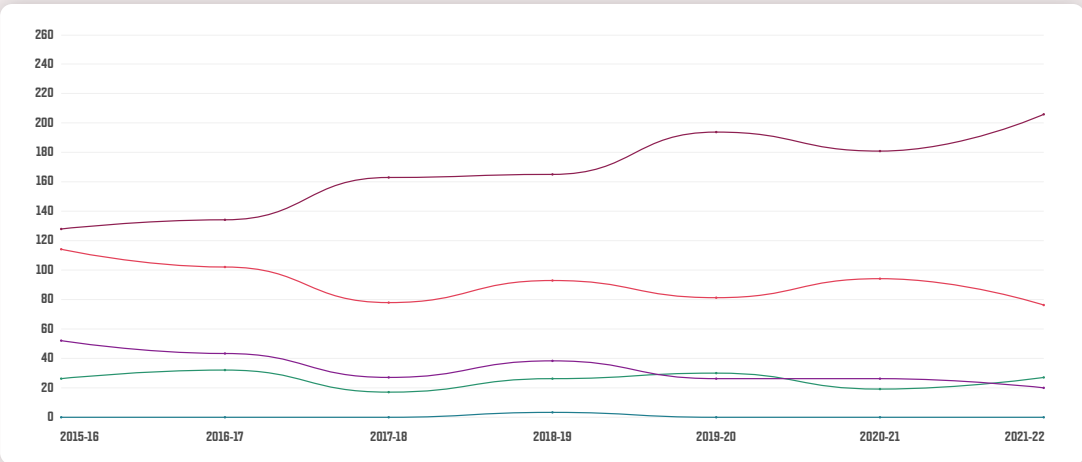
INTERVENTIONAL CARDIAC CATHETERIZATIONS

INCLUDES PEDIATRIC PATIENTS ≤ 17.99 YEARS AT TIME OF PROCEDURE
SOURCE: WCCHN DATABASE



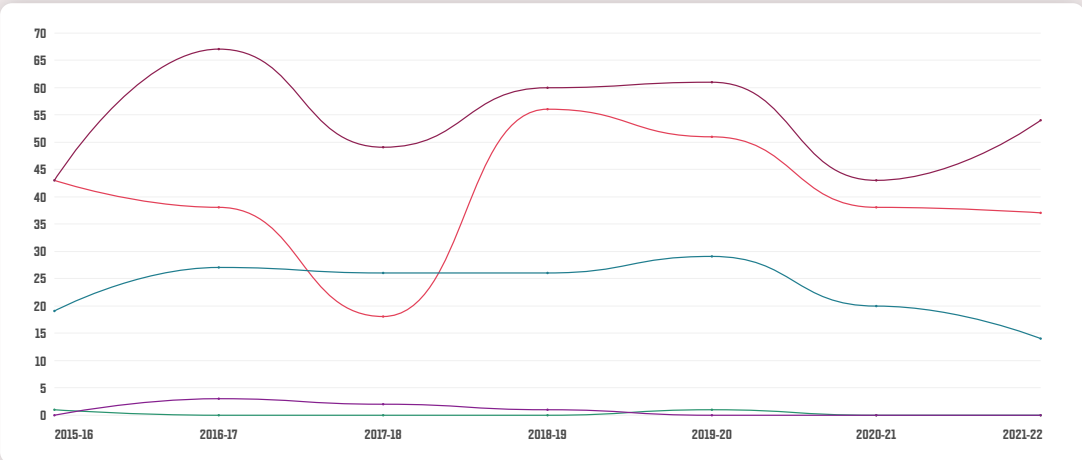
DIAGNOSTIC CARDIAC CATHETERIZATIONS

INCLUDES PEDIATRIC PATIENTS ≤ 17.99 YEARS AT TIME OF PROCEDURE
SOURCE: WCCHN DATABASE



ELECTROPHYSIOLOGY STUDIES/RADIO FREQUENCY ABLATION

INCLUDES PEDIATRIC PATIENTS ≤ 17.99 YEARS AT TIME OF PROCEDURE
SOURCE: WCCHN DATABASE



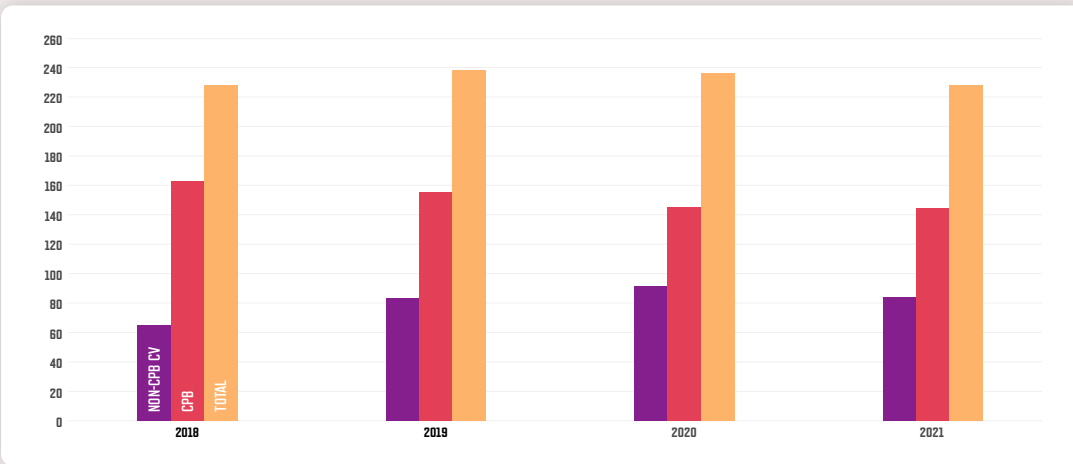


Metrics that Matter

SURGERY AT BC CHILDREN'S HOSPITAL

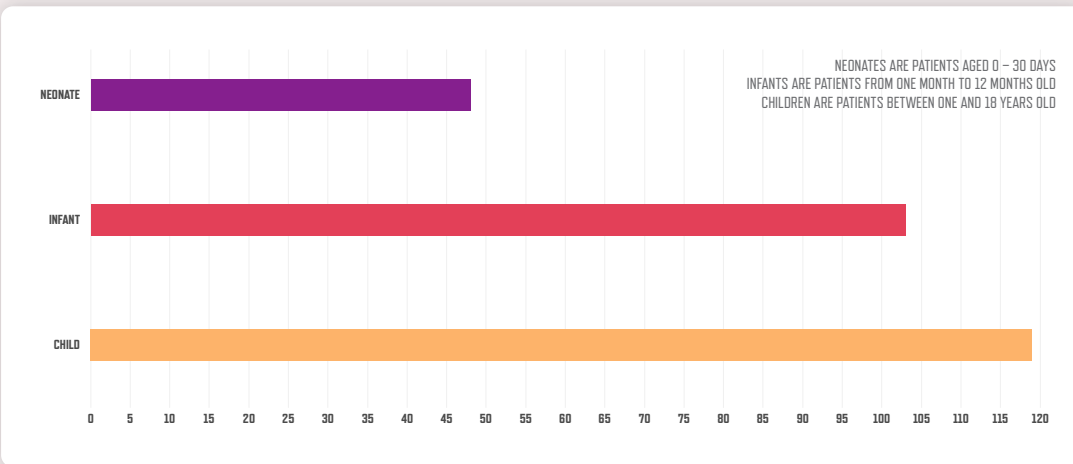
CASE VOLUME AND OPERATION TYPE BY CALENDAR YEAR

CPB — OPERATIONS WHERE CARDIOPULMONARY BYPASS WAS USED. NON-CPB CV — OPERATIONS WHERE CARDIOPULMONARY BYPASS WAS NOT USED. SOURCE: STS CONGENITAL DATABASE



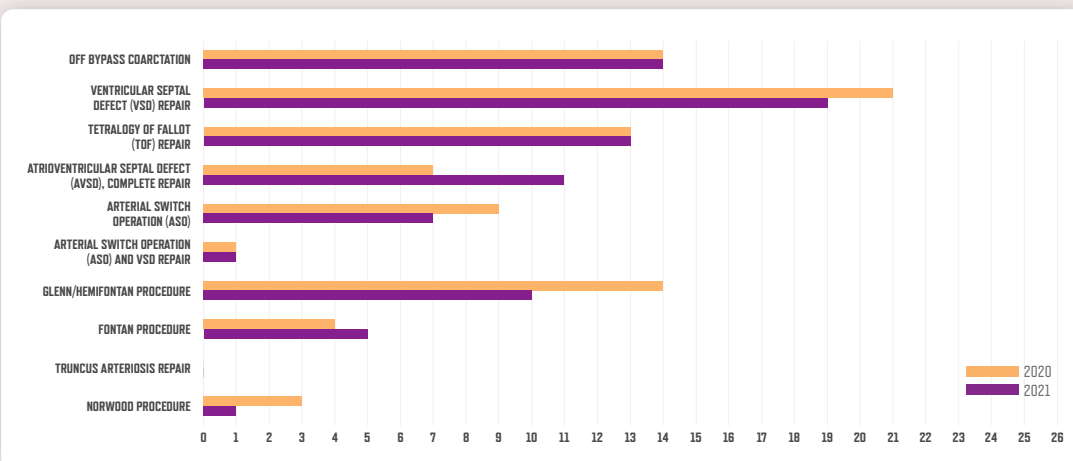
2020 OPERATIONS SUBMITTED, SPLIT BY AGE

SOURCE: TABLE 7, THE SOCIETY OF THORACIC SURGEONS (STS) 2021 FALL HARVEST FOR JULY 2020 - JUNE 2021



CASE DISTRIBUTION BY BENCHMARK PROCEDURE

SOURCE: STS CONGENITAL DATABASE



SURVIVAL RATES AND LENGTHS OF STAY BY BENCHMARK PROCEDURE, LAST FOUR YEARS

	Case Volume	Operative Survival Rate (%)	STS Benchmark (%)	Median LOS (days)	STS Benchmark (days)
Off Bypass Coarctation	58	100.0	99.1	3.00	13.96
Ventricular Septal Defect (VSD) repair	70	100.0	99.7	3.00	10.70
Tetralogy of Fallot (TOF) repair	47	100.0	98.9	5.00	12.80
AV Canal	30	93.3	98.6	6.00	17.94
Arterial Switch Operation (ASO)	30	100.0	98.2	5.00	17.83
Glenn/Hemifontan Procedure	36	97.2	98.0	3.00	16.71
Fontan Procedure	33	100.0	98.9	7.00	13.00
Truncus Arteriosis repair	1	100.0	91.9	11.00	35.41
Norwood Procedure	6	83.3	88.3	6.50	56.31

FOR THE PERIOD OF JULY 2017 - JUNE 2021. LENGTH OF STAY (LOS) REFERS TO THE LENGTH OF TIME A POST-OPERATIVE PATIENT STAYS IN THE HOSPITAL
SOURCE: TABLE 10, THE SOCIETY OF THORACIC SURGEONS (STS) 2021 FALL HARVEST FOR JULY 2020 - JUNE 2021

2020 SURVIVAL RATES BY STAT CATEGORY

Primary Procedure	Total Volume	Discharge Mortalities	Operative Survival Rate (%)	STS Benchmark (%)
STAT 1	73	0	100.00	99.73
STAT 2	67	0	100.00	98.70
STAT 3	33	1	96.97	98.01
STAT 4	27	3	88.89	94.19
STAT 5	3	1	66.67	89.65

CONGENITAL HEART OPERATIONS ARE GROUPED BY THE COMPLEXITY OF THE PROCEDURE INTO WHAT ARE KNOWN AS STAT CATEGORIES. STAT CATEGORY 1 INCLUDES THE LEAST COMPLEX OPERATIONS, WHICH ARE ASSOCIATED WITH THE LOWEST RISK OF MORTALITY, AND STAT CATEGORY 5 INCLUDES THE MOST COMPLEX OPERATIONS, WHICH ARE ASSOCIATED WITH THE HIGHEST RISK OF MORTALITY. STAT MORTALITY CATEGORIES WERE DEVELOPED BY STS IN COLLABORATION WITH THE EUROPEAN ASSOCIATION FOR CARDIOTHORACIC SURGERY (EACTS).

OPERATIVE SURVIVAL IS THE INVERSE OF OPERATIVE MORTALITY DEFINED AS A DEATH THAT OCCURS DURING THE HOSPITAL STAY IN WHICH THE PROCEDURE WAS PERFORMED NO MATTER HOW LONG THE PATIENT REMAINS IN HOSPITAL AFTER THE OPERATION; AT ANOTHER HOSPITAL BECAUSE THE PATIENT WAS TRANSFERRED BUT WAS NEVER DISCHARGED; OR WITHIN 30 DAYS OF THE OPERATION EVEN IF THE PATIENT IS DISCHARGED HOME.

FOR THE PERIOD OF JULY 2020 - JUNE 2021. SOURCE: TABLE 1, THE SOCIETY OF THORACIC SURGEONS (STS) 2021 FALL HARVEST FOR JULY 2020 - JUNE 2021

FOOTNOTE: STARTING AS OF APRIL 1, 2020, ANY COVID-19 POSITIVE PATIENT(S) (PRE-PROCEDURAL OR WITHIN 30 DAYS POST-SURGERY) WITH A SURGERY DATE OF APRIL 1, 2020 - DECEMBER 31, 2021, HAVE BEEN EXCLUDED FROM ANALYSIS. AS OF JANUARY 1, 2022, ANALYSIS EXCLUSIONS WILL CEASE FOR ANY RECORD WITH A SURGERY DATE OF JANUARY 1, 2022, FORWARD. 1 BCCH PATIENT WAS EXCLUDED FROM THIS REPORTING PERIOD BASED ON COVID POSITIVITY.

“ I will be forever grateful for everything the staff did at Children’s to keep my son alive and as strong as possible while waiting & living in the hospital for a heart transplant. There are many amazing people working at the hospital up to and including the cleaning staff.

Survey Respondent, Home Centre Survey, Vancouver BC

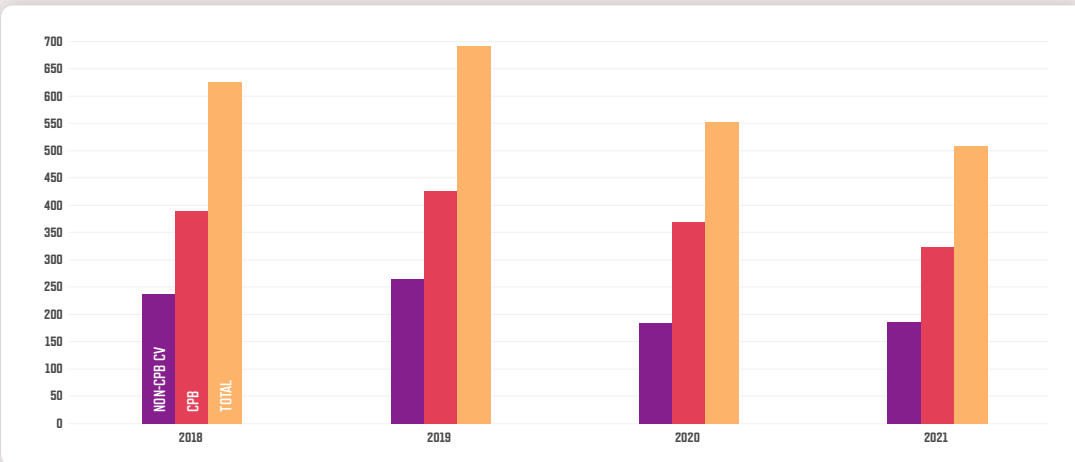
“ I felt confident about the expertise of my cardiologist. After the procedure, he was honest in conveying what he did achieve and what was not achieved. The post-operative care met my child’s needs. As always, BC Children’s makes me feel confident my child is receiving the best possible care available in Western Canada.

Survey Respondent, Home Centre Survey, Vancouver BC

SURGERY AT THE STOLLERY CHILDREN'S HOSPITAL

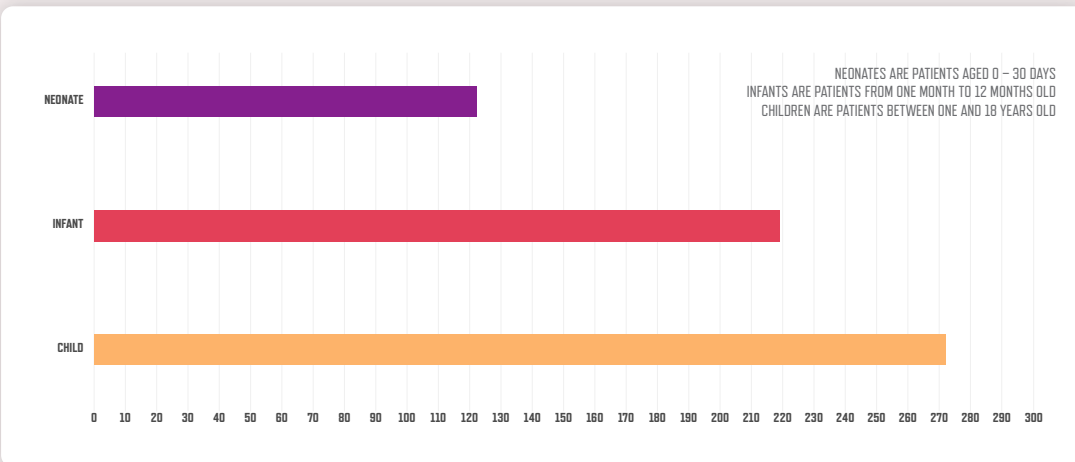
CASE VOLUME AND OPERATION TYPE BY CALENDAR YEAR

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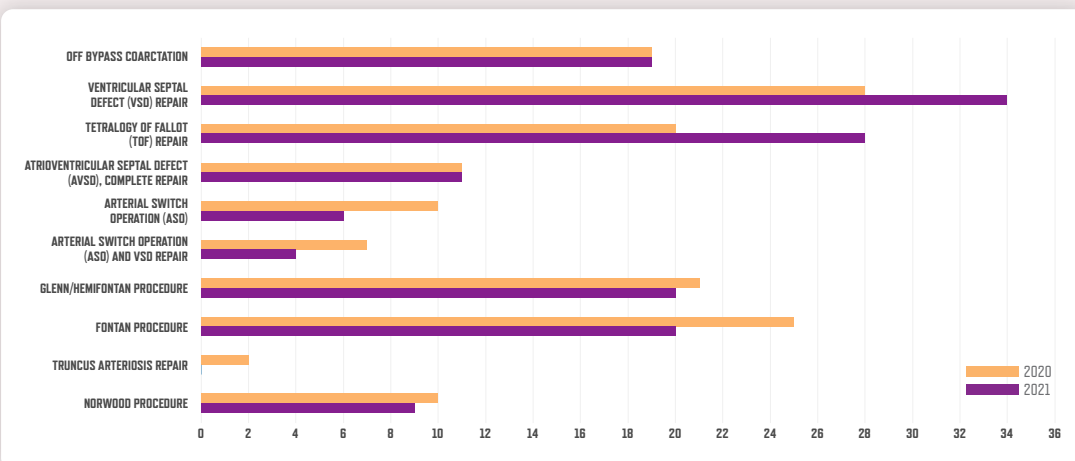
2020 OPERATIONS SUBMITTED, SPLIT BY AGE

SOURCE: TABLE 7, THE SOCIETY OF THORACIC SURGEONS (STS) 2021 FALL HARVEST FOR JULY 2020 TO JUNE 2021



CASE DISTRIBUTION BY BENCHMARK PROCEDURE

SOURCE: STS CONGENITAL DATABASE



SURVIVAL RATES AND LENGTHS OF STAY BY BENCHMARK PROCEDURE, LAST FOUR YEARS

	Case Volume	Operative Survival Rate (%)	STS Benchmark (%)	Median LOS (days)	STS Benchmark (days)
Off Bypass Coarctation	84	98.8	99.1	10.0	13.96
Ventricular Septal Defect (VSD) repair	129	99.2	99.7	5.5	10.70
Tetralogy of Fallot (TOF) repair	83	100.0	98.9	10.0	12.80
AV Canal	57	98.3	98.6	10.5	17.94
Arterial Switch Operation (ASO)	39	97.4	98.2	16.0	17.83
Glenn/Hemifontan Procedure	69	100.0	98.0	9.0	16.71
Fontan Procedure	96	94.8	98.9	9.5	13.00
Truncus Arteriosis repair	9	77.8	91.9	41.0	35.41
Norwood Procedure	52	92.3	88.3	38.0	56.31

FOR THE PERIOD OF JULY 2017 - JUNE 2021. LENGTH OF STAY (LOS) REFERS TO THE LENGTH OF TIME A POST-OPERATIVE PATIENT STAYS IN THE HOSPITAL
SOURCE: TABLE 18, THE SOCIETY OF THORACIC SURGEONS (STS) 2021 FALL HARVEST FOR JULY 2020 - JUNE 2021

2020 SURVIVAL RATES BY STAT CATEGORY

Primary Procedure	Total Volume	Discharge Mortalities	Operative Survival Rate (%)	STS Benchmark (%)
STAT 1	118	0	100.00	99.73
STAT 2	117	4	96.58	98.70
STAT 3	49	1	97.96	98.01
STAT 4	74	5	93.24	94.19
STAT 5	14	0	100.00	89.65

CONGENITAL HEART OPERATIONS ARE GROUPED BY THE COMPLEXITY OF THE PROCEDURE INTO WHAT ARE KNOWN AS STAT CATEGORIES. STAT CATEGORY 1 INCLUDES THE LEAST COMPLEX OPERATIONS, WHICH ARE ASSOCIATED WITH THE LOWEST RISK OF MORTALITY, AND STAT CATEGORY 5 INCLUDES THE MOST COMPLEX OPERATIONS, WHICH ARE ASSOCIATED WITH THE HIGHEST RISK OF MORTALITY. STAT MORTALITY CATEGORIES WERE DEVELOPED BY STS IN COLLABORATION WITH THE EUROPEAN ASSOCIATION FOR CARDIOTHORACIC SURGERY (EACTS).

OPERATIVE SURVIVAL IS THE INVERSE OF OPERATIVE MORTALITY DEFINED AS A DEATH THAT OCCURS DURING THE HOSPITAL STAY IN WHICH THE PROCEDURE WAS PERFORMED NO MATTER HOW LONG THE PATIENT REMAINS IN HOSPITAL AFTER THE OPERATION; AT ANOTHER HOSPITAL BECAUSE THE PATIENT WAS TRANSFERRED BUT WAS NEVER DISCHARGED; OR WITHIN 30 DAYS OF THE OPERATION EVEN IF THE PATIENT IS DISCHARGED HOME.

FOR THE PERIOD OF JULY 2020 - JUNE 2021. SOURCE: TABLE 1, THE SOCIETY OF THORACIC SURGEONS (STS) 2021 FALL HARVEST FOR JULY 2020 - JUNE 2021

FOOTNOTE: STARTING AS OF APRIL 1, 2020, ANY COVID-19 POSITIVE PATIENT(S) (PRE-PROCEDURAL OR WITHIN 30 DAYS POST-SURGERY) WITH A SURGERY DATE OF APRIL 1, 2020 - DECEMBER 31, 2021, HAVE BEEN EXCLUDED FROM ANALYSIS. AS OF JANUARY 1, 2022, ANALYSIS EXCLUSIONS WILL CEASE FOR ANY RECORD WITH A SURGERY DATE OF JANUARY 1, 2022, FORWARD. 7 STOLLERY PATIENTS ARE EXCLUDED FROM THIS REPORTING PERIOD BASED ON COVID POSITIVITY.

“ The Stollery Children’s Hospital was amazing. They went above and beyond what we ever could have expected. As a massive Calgary Flames fan, I never would of thought that so much good could come out of Edmonton. We will be forever grateful for the care [our child] received at the Stollery Children’s Hospital. Thank you.

Survey Respondent, Home Centre Survey, Calgary AB

“ We have experienced EXCELLENT care at the Stollery. They are very attentive to our needs + concerns. We trust our team completely.

Survey Respondent, Home Centre Survey, Edmonton AB

If it doesn't exist, build it: A custom module for fetal cardiology

WCCHN teams up with Dr. Luke Eckersley, Pediatric and Fetal Cardiologist and Assistant Professor of Pediatrics, in what holds potential to change the way rates of fetal diagnosis are measured.

When a child is diagnosed prenatally, a fetal cardiologist begins to prepare a family for what's ahead. They support families in making decisions about their pregnancy, and create a plan for where the delivery will take place and who will be there.

"Fetal cardiology is a growing field and over the last 20 years, there have been massive improvements in the rate at which we diagnose children before birth. That's because of improved obstetric care, better screening of the heart during standard anatomy scans, better technology, and better training. But still to this day, not every child's diagnosis is found before birth. For some heart conditions, not even half of the babies are diagnosed before they are born. Early identification gives both the families and the medical teams more time to make plans and to prepare, especially for babies who might require surgery in the first month of life. This means there is still more to be done." – Dr. Luke Eckersley



For years, the WCCHN's interprovincial database has provided an efficient way to grow, house, and manage the diagnostic, procedural and clinical outcomes information on pediatric patients in Western Canada. It is the largest and most detailed data repository for pediatric congenital cardiology in Canada, and the only place where this type of information is aggregated across multiple Canadian jurisdictions. This gives WCCHN an ability to collectively profile and characterize pediatric congenital cardiology in the west.

"WCCHN is integral to how Western Canada practices pediatric cardiology today. It is our referral network. It's how we refer patients for surgeries and cath. The WCCHN database has been running very successfully for a really long time. We know that all of the centres are familiar with and regularly input data into that database." – Dr. Luke Eckersley

Recently, the WCCHN teamed up with Dr. Eckersley and fetal cardiologists from across the Network to combine skills, resources, and subspecialty expertise. WCCHN Database Manager Vera Horobec and Systems Analyst Mike Scott worked with Dr. Eckersley and the fetal cardiology specialists to custom design, develop and build a first-of-its kind adjunct module to help meet the need. Together, they have launched an exciting new space in the WCCHN interprovincial database to standardize fetal data collection for all of Western Canada.

"This database will be one of the largest of its type in the world. The new fetal module gives us the opportunity to produce real time, high quality fetal data which will track the rates and outcomes of fetal diagnoses across sites, and will be the basis for important interprovincial research." – Dr. Luke Eckersley

Fetal Module Collaborators: Dr. Luke Eckersley (Edmonton), Dr. Tim Bradley (Saskatoon), Dr. Reeni Soni (Winnipeg), Dr. Deborah Fruitman (Calgary), Michelle Rushfeldt (Edmonton), Dr. Brian Sinclair (Victoria), Dr. Shreya Moodley (Vancouver), Mike Scott (WCCHN), Vera Horobec (WCCHN), Elina Williams (WCCHN)



CULTURE AND **COLLABORATION**

BoostUp Pitch Competition: Fueling Innovation and Accelerating Change

Because great ideas deserve a boost.



Open to the entire WCCHN community, the inaugural BoostUp Pitch Competition took place on February 8, 2022. Designed to give good ideas a leg up, this unique pediatric cardiac event was the embodiment of WCCHN's commitment to supporting and growing grassroots ideas that can positively impact the care and experience of cardiac children and their families anywhere in Western Canada.

19

APPLICATIONS
RECEIVED

8

FINALISTS

4

JUDGES

300

REGISTERED
TO WATCH

\$30,000+

AWARDED

From patients and families, to physicians and clinicians, to bench scientists, applications to pitch came in from all four provinces. Event viewership reached across the west, through the States, and as far as New Zealand. Innovators and change-makers from within WCCHN's own cardiac community pitched for their chance to receive project funding up to \$10,000.

Congratulations to this year's winners.

AUDIENCE FAVOURITE: The 3D Heart Project

By combining their work on 3D printed heart models with an online open education forum, this project will improve teaching and learning for congenital heart disease from all angles including patients and families, to the teams who care for them.

TEAM

EDMONTON:

Carolina Escudero (Pediatric Cardiologist, Asst. Professor of Pediatrics, Stollery Children's Hospital and University of Alberta)

Charles Larson (Pediatric Intensivist, Clinical Assistant Professor of Pediatrics, Program Director for Pediatric Critical Care)

Cody Wesley (Designer, University of Alberta, Academic Technologies)

Trina Bloemen (Designer, University of Alberta, Academic Technologies)



Nicole Pernal (Designer, University of Alberta, Academic Technologies)
 Patrick von Hauff (Designer, University of Alberta, Academic Technologies)
 Michael McNally (Associate Professor, Faculty of Education)
 Michelle Noga (Radiologist, Professor of Radiology and Diagnostic Imaging, MAHI MIC Chair in Cardiac Imaging, Stollery Children's Hospital and University of Alberta)
 Jared Sheridan (Pediatric Cardiology Subspecialty Resident, University of Alberta)

CALGARY:

Brianne Hall (Patient Partner)
 Kim Myers (Pediatric Cardiologist, Alberta Children's Hospital)
 David Patton (Pediatric Cardiologist, Alberta Children's Hospital)

SASKATOON: Robert Hood (Echocardiographer, Royal University Hospital, Saskatoon)

WINNIPEG: Daryl Schantz (Pediatric Cardiologist, Children's Heart Centre, HSC Winnipeg)

VANCOUVER: Kevin Harris (Pediatric Cardiologist, BC Children's Hospital)

NATIONAL: Jennifer Graham (Interim President, Canadian Congenital Heart Alliance)

**JUDGE'S CHOICE AWARD: Creating the CHAMPS Camp Model**

CHAMPS Camp in Saskatchewan is tried, tested and true. By establishing a formal model, backed by evidence and research, this type of child-focused cardiac rehab could be replicated more easily in other parts of the Network. This means even more kids will benefit from the physical activity, heart health, and mental health supports they need to be able to look after themselves as they grow into adulthood.

TEAM

MENDING LITTLE HEARTS FUND OF SASKATCHEWAN: Dana Lahti, Lynne Telfer, Juanita Praksas, Anna Maton

JIM PATTISON CHILDREN'S HOSPITAL: Dr. Charissa Pockett, Dr. Tim Bradley, Dr. Scott Pharis, RN Marie Penner

UNIVERSITY OF SASKATCHEWAN: Dr. Marta Erlandson, Dr. Corey Tomczak

UNIVERSITY OF REGINA: Dr. Kristi Wright

**WILDCARD: The Western Canadian Single Ventricle Registry**

By leveraging the existing connection across Network sites, this registry will advance the care of infants, children and adolescents with single ventricle forms of congenital heart disease by collecting and analyzing data. This will lead to innovation in quality improvement, increased research engagement and efficiency, and improved patient outcomes.

TEAM**STOLLERY CHILDREN'S HOSPITAL:**

Cardiology – Dr. Andrew Mackie, Dr. Jennifer Conway, Dr. Carolina Escudero, Dr. Joseph Atallah, Dr. Konstantin Averin, NP Leanne Meakins, Dr. Lisa Hornberger, Dr. Luke Eckersley, Dr. Michael Khoury, Dr. Simon Urschel

NICU – Dr. Matt Hicks

PCICU – Dr. Lindsay Ryerson

Cardiac Anesthesia – Dr. Paula Holinski

Cardiac Surgery – Dr. Mohammed Al Aklabi

MAZANKOWSKI ALBERTA HEART INSTITUTE, ADULT CONGENITAL CARDIOLOGY: Dr. Isabelle Vonder Muhll

CHILDREN'S HEART CENTRE, HSC WINNIPEG: Dr. Dion Pepelassis

BC CHILDREN'S HOSPITAL PEDIATRIC CARDIOLOGY: Dr. Steven Rathgeber

ALBERTA CHILDREN'S HOSPITAL PEDIATRIC CARDIOLOGY: Dr. Steven Greenway

JIM PATTISON'S CHILDREN'S HOSPITAL PEDIATRIC CARDIOLOGY: Dr. Tim Bradley



Honourable mentions go to all finalists for their exceptionally good work. Our community is fortunate to have strong teams leading new and exciting ways of improving health and care for heart kids across the west.

Kristy Wolfe and Jennifer Siran

Family Caregivers
Alberta & Manitoba
When Your World Stops: Families Finding Hope

Rebecca Drake, Kathleen Sullivan and Emily Tai

Cardiac Surgery Nurse Practitioners
British Columbia
Hearts at Home Perioperative Mobile App

Ben Sivarajan

Medical Director, Pediatric Cardiac ICU
Alberta & BC
WCCHN Cardiac Visiting Lecture Series

Jenna Smith

Clinical Pharmacist, Pediatric Cardiac ICU
Alberta
Bivalirudin Stability Study: a way to decrease costs, infections and medical error

Uli Ng

Chairperson, Heart Beats Children's Society of Calgary
Alberta
Heart Beats Testimonial Video

What people said about it:

I left this event feeling...



If asked about WCCHN, I would say...

“ They do incredible work

“ A network that provides world class surgical outcomes for cardiac kids in Western Canada

“ Amazing network helping connect families and health professionals

“ A great community

“ Wonderful organization that encompasses all aspects of pediatric cardiac care

“ An admirable umbrella organization for Western Canada

“ An important organization in the lives of all heart children and their families

“ Great and so valuable to our communities

“ Essential to pediatric cardiac care

“ It's a heart saver!

“ A valuable resource

“ Integral for our program

“ An excellent way to collaborate and bring everyone together

“ They are doing amazing work to bring patients, families, and practitioners across Western Canada together to provide the best possible care to our little heart heroes

“ They are a support to heart patients and their families

“ Small knit community with a huge heart!

“ It's the biggest little team

“ The best of the best to provide the highest quality of care

Whether you are a physician, clinician, hospital administrator, care provider, parent, or member of the public - if you have a good idea for cardiac kids, we want to hear it!

The next BoostUp Virtual Pitch Competition will be held Heart Week, February 2023.

Applications to pitch open October 2022.

Check out wcchn.ca to learn more.

Ideas change lives. What's yours?

Virtual Heart Camp for Fontans

WCCHN sends 66 kids to heart camp.



Congenital heart disease (CHD) is the most common birth anomaly occurring in 1 of every 100 live births. A rare and complex form of CHD is the single ventricle, occurring in about 5 per 10,000. These children undergo three operations during infancy and childhood to separate the flow of oxygenated and deoxygenated blood through the heart. The third of these surgeries is called the Fontan.

With advances in medical and surgical care, outcomes for children after Fontan have improved significantly, and many are now living to adulthood. But because this form of CHD is so rare, we know that some people who have had a Fontan never get to meet another person with similar lived experience. We also know that living with cardiac disease, physical limitations, and any chronic condition in general can have psychological and quality of life implications.

Dr. Tham and her team at the Stollery Congenital Heart Program decided to intervene early for their Fontan kids. They knew that connecting children and adolescents with others just like them could help to extend social-emotional support, introduce them to new resources, give them a safe place to ask questions and learn more, and encourage early exposure to the concepts of self-care and self-management.

Limitations imposed by the pandemic created a few challenges for Dr. Tham and her team, forcing them to get a bit creative. Dr. Tham decided to pilot a couple of small virtual day camps locally called Virtual Heart Connection. They invited children to join online, made introductions, broke the ice, played medical Jeopardy, and got creative together.



The first iteration of this event was very well received, and so the team began to wonder, “How can we go bigger and do better?”

As an organization that values equal access to resources and opportunity, support throughout the entire lifelong continuum of care, and the power of ongoing and high quality education, the WCCHN was quick to sponsor the next two iterations of this Virtual Heart Camp for Children with Fontan.

With WCCHN’s support, Dr. Tham and team were able to expand their camp clear across Canada, offering a full day virtual event for any child aged 8 – 15 with Fontan. Both iterations were well attended particularly for those with a residential address in BC (57.1% and 31.3% respectively). Data demonstrates a trend towards younger audiences (two-thirds of participants were between the ages of 8 and 11) with an even distribution between genders (49% identified as male and 51% identified as female).



The results:

95%

SAID THAT THE EVENT
MET THEIR EXPECTATIONS
AND THEY WOULD
ATTEND AGAIN

86%

TOLD US THEY LEARNED
SOMETHING NEW ABOUT
THEIR HEART

95%

REPORTED FEELING A
CONNECTION WITH OTHER
KIDS LIKE THEM

2/3

WOULD LIKE TO STAY IN
TOUCH WITH SOMEONE
THEY MET AT CAMP

95%

AGREED IT WAS HELPFUL
TO HEAR FROM AN ADULT
WHO HAD THE SAME
SURGERY WHEN THEY
WERE A KID

“ This virtual approach to delivery has opened up greater opportunities to connect children from remote areas and across the country for those who cannot travel to in-person camps. Expanding the social support network for these children and their families can help to promote healthy psychosocial adjustment to their chronic condition. The ability to connect children across Canada so that Fontan children can meet not just one, but many other children just like them can show them that they are not alone in their heart journey.

Dr. Edythe Tham, Pediatric Cardiologist, Associate Professor of Pediatrics, Director of Pediatric Cardiology Residency Program, Division of Pediatric Cardiology and Diagnostic Imaging

What parents had to say about it:

“This was the first camp my child has attended with other kids with a heart condition. She has been wanting to meet other kids with a ‘special heart’ and she’s been wanting to talk with other people with a similar heart condition. This event gave her the opportunity to do both of these things. I’m so grateful.”

“It helped my son understand his condition and know that there are other people like him who are brave and strong.”

What kids had to say about it:

“It was a very good day, filled with fun and great activities and laughter.”

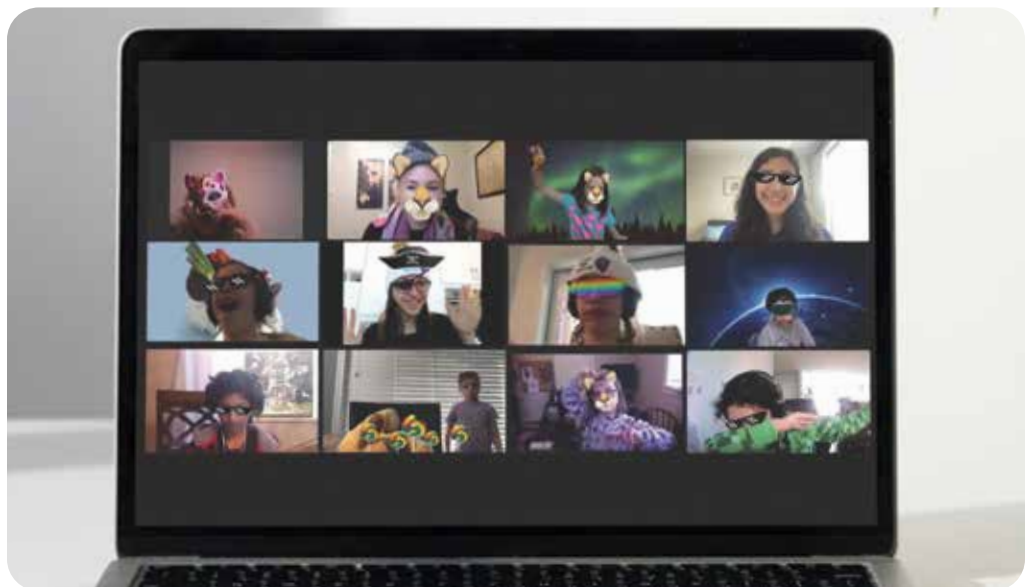
“It was an amazing way to shed a positive light on the trauma I’ve been through.”

“I liked the hip hop dancing because it was good exercise.”

How can we let more people know about this amazing opportunity?

The number one most effective form of advertising and recruitment was by word of mouth from a cardiologist or from someone within their office (34.8%), followed by the WCCHN website (19.6%), and email (17.4%).

For more details and information about future events, follow along on their Facebook and Instagram pages called “Virtual Heart Connection”.



After 46 Years of Service by Pat Hebden, Edmonton

September 16, 2021



Dear Colleagues and Friends in WCCHN,

After working for 46 years as a nurse at the Stollery Children's Hospital, I decided in June to retire this fall. I have truly been blessed and most fortunate during my career as a nurse to have worked in only two areas of pediatrics and I can honestly say I have loved both roles equally – 20 years in NICU and for the past 20 years in my current role as the Coordinator for Pediatric Heart Surgery.

I want to extend my sincere and heartfelt thanks to each and every one of you for the support, compassion and collegiality you have extended to me both professionally and personally over the years. Each and every one of you are an integral part of an amazing and dedicated interprovincial team that works together collaboratively to provide exceptional care to cardiac children and their families. I could not be prouder and feel more privileged to have worked with you and been part of this team over the years.

I am honoured to call you not only my colleagues, but my friends.

My last day of work will be Monday, October 4, 2021.

Sincerely,

A handwritten signature in black ink that reads "Patricia Hebden". The signature is written in a cursive, flowing style.

Pat Hebden

*Case Coordinator
Congenital Heart Program
Stollery Children's Hospital*

Travelling Specialists with Sarah Ward, Saskatchewan

Imagine bringing your baby home from the hospital for the first time, five and a half months after her birth. Five and a half months of living in another province while your child receives specialized cardiac care. Five and a half months of living through the uncertainty of surgeries, cardiac arrests, and eventually a heart transplant. You and your family are finally home and together.

This is the story of Sarah Ward, board member and past chair of the Little Hearts Family Group in Saskatchewan. Her daughter, Laura, was diagnosed postnatally with Transposition of the Great Arteries. After receiving a heart transplant, Laura returned home to Saskatchewan requiring 14 medications and an NG tube. But she was off all breathing supports. You might imagine this degree of complexity would require regular trips to the local children's hospital, as well as back to the WCCHN surgical site. But for Sarah and Laura, it wasn't so.

"Our expectation was that Laura would require frequent hospitalizations after all she went through, but in the 5 years since her transplant, she has not required a single night's admission to hospital." - Sarah Ward

Laura sees her cardiac care team in Saskatoon quarterly to keep an eye on her heart function. She goes for monthly blood work to check her anti-rejection medication levels and her overall health. Each year, Laura has a biopsy and/or a cardiac catheterization in Saskatoon, as well as a host of other annual transplant appointments. But her team in Saskatoon doesn't do it alone.

"In the fall every year, Dr. Simon Urschel makes a trip from Edmonton to Saskatoon to meet with not just Laura, but all the transplant families. He also provides the care team here with new information pertaining to transplant protocols and research. At this appointment, we are able to meet with the full team including Dr. Urschel to ask about any transplant specific questions that we may have. As a family of four (soon to be six with twins on the way), being able to receive specialized transplant care close to home makes a world of difference both in terms of finances and overall burden." - Sarah Ward

Five years and 600 kilometres later, Laura and her family remain connected to their transplant team in Alberta through their cardiac team in Saskatchewan. The WCCHN's travelling specialist program goes a long way to support cardiac kids and their families close to home.

“ I think that the annual joint transplant clinic in Saskatoon is very valuable, both to us as physicians and to our patients. Having trained in transplant/heart function in Edmonton, it is very close to my heart. We all look forward to it every year. It is an effective way of doing an annual review with a multidisciplinary team. We all value [Dr. Urschel's] expertise and it is also a good opportunity for knowledge sharing. It is a great example of team work and truly enhances patient care. All our patients are very appreciative of [WCCHN's Travelling Specialist Program].

Thank you very much, WCCHN!

Dr. Gitanjali Mansukhani, Pediatric Cardiologist, Jim Pattison Children's Hospital

“ [This year's] clinic went very well. We were able to see and discuss all the patients. I learned something very valuable and new from the pharmacist over there that had direct impact on our patient care, so it really is information exchange that we all benefit from. The families appear very appreciative of the joint clinics and it is great for us, too, to stay involved and see how they do after having been through very difficult times with them.

Dr. Simon Urschel, Director, Pediatric Cardiac Transplant, Pediatric Cardiologist, Associate Professor of Pediatrics and Immunology



CVRI Evans Family Research Team Grant in Pediatric Cardiovascular Research

There are several subgroups of pediatric heart disease where close outpatient monitoring is critically necessary to detect clinical deterioration and prevent death. This type of care and close surveillance is usually delivered through specialized hospitals with programs that provide services to large geographical areas. This model creates challenges for children with heart disease, especially for those living in remote locations and for families of low socioeconomic status—both limit the ability to access care.

Congratulations to Dr. Jennifer Conway, Dr. Andrew Mackie and their team for success with their proposal titled “Development and evaluation of virtual care programs for vulnerable children with heart disease”. Awarded \$300,000 over two years, the projects in this grant will focus on the need to design and implement novel virtual platforms for outpatient management and remote physical monitoring to combat disparities in access to care for children with heart disease.

As an organization that prioritizes both collaboration and equity of access, any work that uses an interdisciplinary approach to advancing innovation to remedy disparity in access is of great importance to us. It very much aligns with WCCHN’s organizational mission which is to provide the highest standard of care to all cardiac children in Western Canada. Our vision is for all children in Western Canada to have equal and timely access to care: any patient, anytime, anywhere.

WCCHN was pleased to offer Drs. Conway and Mackie a letter of engagement supporting this important work. WCCHN recognizes that after piloting this work locally, these advances could hold a great deal of potential for broader application across the western provinces and territories. We wish Drs. Conway and Mackie the best of luck in their pursuit of improved outpatient care for children with heart disease.

Across Western Canada with Jen Siran, Manitoba

Imagine being told your ten-day-old baby has a lifelong congenital heart defect. Less than 24 hours later, you find yourself on a plane headed to another province for life-saving surgery.

This was the reality for Jen Siran and her family. Over the last ten years, her son Thaddeus has received care at three of the five Network sites including surgical procedures at both the Stollery Children's Hospital and the BC Children's Hospital (BCCH). Throughout all of it, they were continuously supported by WCCHN clinicians - even if they didn't realize it at the time.

"When my son first got sick, I was not aware of the Western Canadian Children's Heart Network, although I recognize I may have been told and not remembered. I now know that without the WCCHN uniting all of these specialists, critical pieces of my son's very challenging case could have gotten lost." - Jen Siran

During their time in British Columbia, Thaddeus received care through the BCCH Cardiology Partnership Program where cardiologists offer regular clinics in smaller cities without requiring families to travel as far as Vancouver for each follow-up appointment.

"It is an amazing program that BCCH has set up to assist families who live outside the Greater Vancouver area. I was encouraged and comforted knowing that they were also talking to Thaddeus' original cardiologist in Winnipeg." - Jen Siran



Jen has partnered with WCCHN in the development of their new website which has a particular focus on answering the question "Why do I have to travel for surgery?" Pointing families to trusted resources and educational materials, a collection of resources is also available to parents and families including educational videos created by WCCHN affiliates, and information on the different congenital heart defects. The new website will continue to point cardiology families to provincial support networks, like the Circle of Hearts network Jen joined in Manitoba when she was looking to connect with other families. Visit the new website today at wccn.ca.

Jen's wish is that all cardiac physicians and nurses inside the WCCHN would regularly tell families about the WCCHN's new website, not only as a starting point but as an integral tool to help navigate the experience of accessing specialized services across the Network.

If you or your family are facing an upcoming heart surgery, check out Jen Siran's book titled "When Your World Stops: Finding Hope in Your Child's Medical Journey". She'll take you through short, experience-filled stories that cover hospital rounds, postpartum depression, roles of medical teams, updating friends and family, and so much more. You don't have to be alone.

Family to Family with Kristina McGuire, Calgary

Imagine learning how to best support your child while having all the supplies and resources of a hospital right beside you. Perhaps the most important resource are the people in those hospitals: the social workers, the nurses, the doctors, the dieticians...

Now imagine bringing your child home. It's just you and your little one. Your regular cardiology follow-up appointment is coming, but all of a sudden you have so many questions that you didn't have before! Where do you turn with all of the little questions you have?

"My first introduction to WCCHN was when my son was four months old and our nurse gave me a printed copy of the Heart and Soul resource binder. Eight years later, I still go back and look at it. It offers parents reassurance that what we're going through has happened before." - Kristina McGuire

While Kristina and her family appreciated the book, they needed more than a book to learn about what to expect for their son, Sam. They needed connections with other people, with other families, and with all the right clinicians. Kristina chose to get involved with her local hospital's Family Advisory Council and became a family-to-family peer mentor. Kristina also connected with Heart Beats, the support network for congenital heart families in Southern Alberta.

"When you are at home you are on your own. There is still a lot of learning and connecting you need to do as a parent, especially as kids grow and things change—the needs are different as they get older. It's reassuring to know there are other families dealing with similar issues and how they handled it." - Kristina McGuire



The WCCHN does more than just give out resource books and facilitate collaboration amongst medical teams. The WCCHN builds connection. Kristina is one of the volunteers reviewing the WCCHN website from a family and patient perspective. By sharing her own experience, and the insights gained from her local support group, she is helping WCCHN to meet the goal of creating an online space where all Western Canadian heart families can make the connections and find the information they need to support themselves and their kids—wherever they might be.

If you need to talk with someone, and need a hand making the connection, reach out to wcchn@ahs.ca.

New Clinic & Cath Lab



Congratulations to Manitoba on the successful opening of their new Travis Price Children’s Heart Centre! Spearheaded by the Children’s Hospital Foundation of Manitoba, this brand new clinic offers a rigorous update to the aging technology and infrastructure that was originally set up in the 80’s, and will better handle the increased number of patients accessing services (which has nearly tripled since inception of the original clinic).

This comes on the heels of the new pediatric catheterization lab at HSC’s Children’s Hospital, which opened in January 2020. The new lab will help to visualize arteries and chambers of the heart to evaluate heart function and detect abnormalities. As many as 80 children each year will benefit, helping to keep specialized services close to home.



GERRY PRICE, PRESIDENT AND CEO OF THE PRICE GROUP OF COMPANIES, SPEAKS AT A NEWS CONFERENCE AT THE CHILDREN’S HOSPITAL. HIS FAMILY CONTRIBUTED TOWARD THE NEW PEDIATRIC CATHETERIZATION LAB IN MEMORY OF THEIR SON.

Here’s what families have to say about it:

“The new [clinic] is 🌟. It’s more roomy, bright, more cheery!”

“I love the new space with the large windows and the wonderful tree in the middle. It creates a space that is inviting and fun and for a moment you forget you are in a hospital which is exactly what my daughter loves as well. I have always loved the staff but she is even more excited now to go to appointments.”

Statement of Finances

FINANCIAL OPERATING STATEMENT AS AT MARCH 31, 2022

MINISTRY OF HEALTH FUNDING BY PROVINCE	2020/21	2021/22
British Columbia	235,727	235,727
Alberta	314,303	314,303
Saskatchewan	78,576	78,576
Manitoba	157,152	157,152
Total Revenue	785,758	785,758
Carry Forward	220,925	281,407

STATEMENT OF RESULTS AS AT MARCH 31, 2022

EXPENDITURE	2020/21	2021/22
Operating Costs	19,296	16,966
Travel and Meetings	775	3,811
Data Platform	22,995	39,221
Contracted Services	267,375	217,411
Salary and Benefits	414,836	443,947
Strategic Projects	n/a	50,013
Total Expenditure	725,277	771,369

Together we can do so much more

To learn more about why the Western Canadian Children's Heart Network is important to congenital heart patients and families, clinicians, and operational leaders, check out our digital story called "Imagine" on our YouTube channel. To learn more about co-creating your own digital story, or how to tell your story through photography, visit heart mama Kristy's website at kristywolfephotography.com.

For any WCCHN opportunity mentioned in this report or elsewhere, email WCCHN@ahs.ca or check out our new website at wcchn.ca to learn more.



Western Canadian Children's Heart Network

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Vancouver, BC V6H 3V4



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Edmonton, AB T6G 2B7

Alberta Children's Hospital



Alberta Children's Hospital
28 Oki Drive NW
Calgary, Alberta T3B 6A8



Jim Pattison Children's Hospital
103 Hospital Drive
Saskatoon, SK S7N 0W8



Children's Hospital, HSC
JM 476 - 820 Sherbrook Street
Winnipeg, MB R3A 1R9