

**2005-2006 ANNUAL REPORT
CENTRE HOSPITALIER DE L'UNIVERSITÉ DE MONTRÉAL**

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**MESSAGE FROM THE
PRESIDENT OF THE BOARD
OF DIRECTORS AND
THE DIRECTOR GENERAL**

For the last four years, the Centre hospitalier de l'Université de Montréal (CHUM) has favoured an unconventional style of annual report. Its resolutely contemporary graphic format and enriched content made the report more like a magazine. The journalistic approach used to present the information also made it possible to report in detail on the CHUM's major achievements.

The CHUM is taking innovation yet another step further this time by producing a condensed annual report, accompanied by fact sheets devoted to news items which will be published regularly on line on the CHUM's Web site. Consequently, we invite you to check in often at www.chumontreal.qc.ca.

This new approach will allow us to quickly disseminate information about the major changes the CHUM is currently undergoing and will continue to undergo until its teams are finally together under one roof, the crowning achievement of a multi-year process. We would like to take this opportunity to acknowledge the dedication of the some 16,000 people who, directly and indirectly, are involved with the more than 500,000 patients the CHUM receives annually.



Patrick A. Molinari,
President, Board of Directors



Dr. Denis R. Roy,
Director General

Fiscal 2005-2006 began the day following the Government of Quebec's official announcement that the Centre hospitalier de l'Université de Montréal would be located at 1000 Saint-Denis Street by 2010. Planning then went into full swing, with the clinical master plan and the functional and technical plan forming the backdrop for this exercise.

The aim of CHUM 2010 is to enhance the quality, and facilitate the accessibility of, medical and hospital care; provide for the establishment of a skilled succession in health care in Quebec; make research and assessment of health care technologies and intervention methods part of a regular contribution to the knowledge industry; and, lastly, continue to expand health promotion. All of these components of the CHUM's mission have patients' well-being as their focus.

The CHUM 2010 team has entered into negotiations to take ownership as soon as possible of the facilities located on the site which will ultimately house hospital buildings. Further, it has been meeting regularly with officials from the City of Montreal and the borough of Ville-Marie to discuss zoning changes needed to consolidate the "health-knowledge district", the first phase in the establishment of a genuine technopole. CHUM 2010 is drawing from the latest architectural trends around the globe to ensure that it blends in with Montreal's urban fabric.

Lastly, the functional and technical program was the subject of a major consultation with CHUM decision makers and various sub-working groups from clinical, administrative and logistic areas in order to make sure one last time that the program is indeed in tune with prospective needs. The 12,000-odd-page consultation report with its technical specifications will serve as a bible for the architects and engineers who will be responsible for designing the plans.

TRANSITION PLAN

CHUM 2010 has been active on a number of fronts for many months now. Similarly, the delivery of clinical care and services has been an ongoing part of the changes that have already taken place at the CHUM. While construction has yet to begin, the transition process is already well under way. Throughout fiscal 2005-2006, the CHUM made significant progress toward establishing patient-centred groups and concentrating certain medical specialties at each of its three hospitals. Work to implement a clinical information system is also proceeding well.

Patient-Centred Groups

Further to consultancy and planning, the committee tasked with overseeing patient-centred health care management was given the green light to initiate planning for the chief phases involved in the establishment of these groups and transversal services and to assess their impact on the organization. At the end of fiscal 2005-2006, everything was finally ready for the establishment of the *Psychiatry and Mental Health* group, spearheaded by two co-managers who took up their posts in January 2006. The *Gynecology-Obstetrics* and *Environmental Medicine* groups should also be up and running shortly once the co-managers are on strength.

Concentration of Medical Specialities

The aim of this phase of the transition plan is to group together in a single facility certain major specialties that are now scattered across the CHUM's three hospitals. Thus, tertiary cardiology will be concentrated at the Hôtel-Dieu; neurosciences, orthopedics and psychiatry, at Hôpital Notre-Dame; and urology, at Hôpital Saint-Luc. Work in preparation for the establishment of the integrated cardiologic science centre began in 2005. By 2007, all cardiology-related services, i.e., hemodynamics, invasive and non-invasive electrophysiology, echocardiography, services provided by the coronary unit and outpatient clinics as well as cardiac surgery, will be offered at a single location.

The first phase, which took place between May 2005 and January 2006, consisted in the construction and/or renovation of three cardiac surgery suites at the Hôtel-Dieu. New equipment was added and infrastructure refurbished to bring the suites in line with the technical standards of the 21st century.

Clinical Information System

Several working groups paved the way for the impending launch of the clinical information system (CIS) following the acquisition of the Open Architecture Clinical Information System (Oacis). The latter provides a single point of access to patient information, creating a virtual patient record by centralizing all electronic clinical data, regardless of which CHUM hospital patients are being treated at or whether they are treated in hospital or on an outpatient basis.

The CIS will meet the needs of physicians and other members of the care team wishing to access, either wholly or in part, clinical data on patients being treated at one of the CHUM's three hospitals. Clinical teams are continuing to work with information systems experts to ensure that the system is user-friendly and practical.

THE CHUM'S DAY-TO-DAY MISSION

The following section examines some of the steps taken by the CHUM in fiscal 2005-2006 to achieve the five components of its mission. Health promotion has officially become the fifth component, with the others being care, teaching, research and assessment of health-care technologies and intervention methods.

Detecting Arthrosis Early

Dr. Jean-Pierre Pelletier and Dr. Johanne Martel-Pelletier, internationally renowned experts in their field, are co-incumbents of the Université de Montréal's Arthrosis Chair. On October 9, 2005, *La Presse* reported on their research on the early detection of arthrosis using magnetic resonance imaging. With this method, the disease can be diagnosed before cartilage is destroyed and measures taken before chronic pain sets in.

Two Research Chairs Officially Inaugurated

Since its inception in 1998, the Foundation of the Centre hospitalier de l'Université de Montréal has been providing financial support for the creation of the Université de Montréal's research chairs housed at the CHUM. Accordingly, the Foundation committed to contributing \$500,000 for each of the two chairs officially inaugurated in 2005-2006:

- The Claude-Bertrand Chair in Neurosurgery, so named in honour of the founder of the CHUM's Neurosurgery Department. Doctor Bertrand, who attended the inauguration, stated that by promoting dialogue between researchers and clinicians, theory can be brought directly to the aid of practice. The chair incumbent is Richard Béliveau, a biochemist and professor with the CHUM's Surgical Department. According to Mr. Béliveau, the research findings will enhance the quality of patient care and shorten the length of hospital stays. This research, combined with the development of new technologies, will lead to more radical, albeit less invasive, approaches to treating complex diseases of the nervous system.
- The Chair in Transfusional Medicine, a partnership between the Association des bénévoles du don de sang, Héma-Québec and Bayer. This innovative project is designed to promote the advancement of knowledge and enhance physician training in the area of blood products. Increasingly, these products are being used in medicine and surgery, particularly in heart surgery, transplants, hemato-oncology and the delivery of emergency services. The chair's incumbent is Dr. Jean-François Hardy, an anaesthesiologist with the CHUM and a renowned hematology researcher. At the inauguration, Doctor Hardy indicated that the primary objective of the chair is to develop a program for conducting research on the optimum clinical use of blood products and, if applicable, their derivatives.

Partnering with Patients in Teaching

As part of the mentorship program for future physicians, fictitious and real patients take part in the internships of first and second year medical students. These persons agree to answer questions and undergo a physical examination so that the interns can practise making diagnoses and developing treatment plans. They were recruited because they have or have previously had the condition the students must diagnose, in which latter case they are able to simulate the relevant symptoms. The internships take place at all of the hospitals affiliated with the Université de Montréal. The CHUM is the hub, since the registry of these partner patients is centralized at Hôpital Saint-Luc.

In 2005-2006, this registry quickly grew from 200 to 1161 patients, thanks to a nurse educator in charge of recruitment. Since one of the roles of a university hospital centre is to further educational interaction, partner patients will be receiving training including role playing involving various clinical situations.

NUMBER OF PRACTICUMS*	2005-2006	2004-2005	2003-2004
University			
Medecine Externship	1,709	1,629	1,595
Medecine Residence	4,375	4,145	3,635
Total	6,084	5,774	5,230

NUMBER OF STUDENTS			
University			
Preclinical Medecine	309	351**	328**
Medecine Externship	515	452	479
Medecine Residence	645	595	523
Medecine Continuing Education and Observation	75	89	102
Research	513	483	447
Nursing**	550**	610**	312**
Pharmacy	119	71	73
Stomatology	9***	98	89
Other Health Disciplines	367	387	279
Sub-total	3,102	3,136	2,632
CEGEP and Secondary School			
Nursing**	2,509**	1,896**	1,924**
Other Health Disciplines	357	382	379
Sub-total	2,866	2,278	2,303
Total	5,968	5,414	4,935

* For the purpose of this report, a practicum lasts four weeks.

** Unit of measure given in number of student-days, not number of people.

*** The aggregate data for this specialty were not available for 2005-2006.

A Major Breakthrough in the Care Environment

The new hemato-oncology and gynecology unit and the oncology clinic, officially inaugurated at Hôpital Notre-Dame in June 2005, constitute a major breakthrough in terms of the patient care environment. The unit on 6th AB accommodates immune-suppressed patients as well as hematology and oncology patients, hence the need for a high-power ventilation system to ensure optimum air purity so as to balance comfort with safety. It is also equipped with a leading-edge computer system, a radiology protection room and a videoconferencing room. Immune-suppressed patients now feel more at home, thanks to the addition of bath tubs, microwaves and small refrigerators in the isolation rooms. The Division of Strategic Planning and Technical Services began renovating the unit in May 2004. The work, which took just under one year to complete, cost \$1.5 million. The CHUM Foundation took part in this stunning transformation by contributing \$150,000, equal to the amount donated by pharmaceutical companies.

Appointment: Health Technology Assessment

On October 24, 2005, Dr. Denis R. Roy, Director General of the CHUM, and Dr. Arthur Porter, Director General and CEO of the McGill University Health Centre (MUHC), announced the appointment of Dr. James Brophy to the post of Director of the joint CHUM/MUHC Assessment of Health Care Technologies and Intervention Methods Division. Doctor Brophy's appointment is testimony of the desire of both university hospital centres for adults in Montreal to work together and cooperatively forge new partnerships to enhance Quebec's health-care system. Doctor Brophy is no stranger to either facility, having worked as a cardiologist at Hôpital Notre-Dame from 1997 to 2001 before being appointed director of the MUHC Technology Assessment Unit in 2001. He continues to practise cardiology and is the recipient of a research fellowship from the Fonds de recherche en santé du Québec.

Immunology

HIV: A New Breakthrough A study developed by the team led by Dr. Emil Toma, a microbiologist and infectious disease specialist, was conducted at Hôtel-Dieu with the help of researchers from the CHUM, the Research Centre of the Centre hospitalier universitaire (CHU) Sainte-Justine, McGill University and the Canadian HIV Trials Network. The study, spread out over five and one-half years, revealed that interrupting anti-HIV treatment for extended periods and using a complex strategy including administration of a vaccine can be an option in the case of adults who have been living with the disease for a long time. Drug holidays reduce toxicity and metabolic complications, enhance quality of life and lower treatment costs.

HCV Epidemiology Preventing hepatitis C infections is fraught with numerous challenges, since there is still no vaccine for the disease. Nonetheless, transmission can be prevented through measures aimed at those groups most at risk. The 12th International Symposium on Hepatitis C Virus, held in September 2005, was hosted by the CHUM and its research centre to give participants an opportunity to update their knowledge of research issues and develop a greater awareness of the urgent need to make prevention a part of care and treatment.

A First in Biomedical Engineering and Radiology

A new piece of medical imaging equipment installed at Hôpital Notre-Dame and CHU Sainte-Justine in March 2006 marked a first in North America. With EOS™, a two- and three-dimensional imaging device, frontal and profile X-rays of osteoarticular structures may be taken simultaneously using very low doses of radiation, a definite advantage for patients. This radiography technique means improved follow-up and treatment of pathologies such as scoliosis, arthrosis and osteoporosis.

Climbing Mountains in the Name of Pneumology Research

The CHUM's Sleep Clinic, part of the Pneumology Services, treats disorders typically related to sleep such as apnea, insomnia and snoring. Researchers there are also studying the effects that sleep can have on lifestyle. To take this research even further, Dr. Pierre Mayer, service head and clinic manager, climbed to the top of Mount Kilimanjaro to study the key role of the response to lack of oxygen during sleep. The purpose of the experiment was to develop a reliable test for counselling adventure tourism aficionados and persons who work at high altitudes.

Health Promotion/Preventive Medicine and Public Health

In 2005-2006, the CHUM established the Health Promotion Division and the Preventive Medicine and Public Health Department. Its aim in doing so was to provide a full range of closely related services. Following are three examples of activities which are conducive to disease prevention and healthy living and show that health promotion is already firmly established in the CHUM psyche.

Taking Prevention to Heart The Preventive Cardiology Centre, founded by Dr. Michèle de Guise, opened in 1994. The Centre aims to show that by changing certain daily habits, people's quality of life can be enhanced considerably. This preventive approach is aimed at persons having sustained a cardiovascular event and those at risk of such events over the next 10 years. Read more about this topic on the Web, at www.chumontreal.qc.ca under *CHUM en mouvement (La mission au quotidien* tab).

Taking Eating to Heart as Well The Pacini Restaurant chain, aware that trans fats cause irreparable damage to the cardiovascular system, decided to banish them completely from their menus. To that end, they enlisted the CHUM's help. Dr. Guy Leclerc, head of Cardiology Services, provided them with the services of a nutritionist, who scrutinized the restaurant chain's revamped menu offerings. With healthy eating the focus at Pacini since November 2005, there is no longer a single artificial trans fat being served up! Pacini will donate \$25,000 annually for four years to the CHUM Foundation.

Prostate Cancer Awareness Days March 2006 marked the third edition of Prostate Cancer Awareness Days, held once again at Complexe Desjardins, in downtown Montreal. The event is an opportunity for men to undergo confidential screening tests on site without an appointment. Each year, these awareness days result in the detection and subsequent treatment of a number of prostate cancer cases. Read more about this topic on the Web, at www.chumontreal.qc.ca under *CHUM en mouvement (La mission au quotidien* tab).

Radio-Oncology

\$3.3 Million Invested The Quebec Department of Health and Social Services gave the CHUM a \$3.3 million contribution for the purchase of specialized equipment. More than 80% of the money will be used to purchase a twelfth linear accelerator for the Radio-Oncology Department. The CHUM is renowned as a leader in the field of radiotherapy care in Quebec and ranks as the second-largest radiotherapy centre in Canada.

Expansion of the Radio-Oncology Department After three years of work, the physical restructuring of the Radio-Oncology Department is now complete. The new facilities, which required investment to the tune of \$18 million for construction and \$15 million for equipment, were officially inaugurated on November 21, 2005. Twice as large as their predecessors, the new facilities can now accommodate 5000 patients annually, i.e., a third of all Quebec patients, including all of the children from CHU Sainte-Justine. The multidisciplinary team consists of 17 radio-oncologists, 80 technicians, 18 physicists, and 22 resident physicians, as well as nurses, nutritionists, speech therapists, administrative technicians and clerks, who work to address the needs of the 200 patients who are treated daily in the department's 11 units.

Innovations in the Fight Against Prostate Cancer

Two methods used to treat prostate cancer, namely permanent-implant brachytherapy and gold seed implantation, were used for the first time at the CHUM in summer 2005. The CHUM is the only hospital centre in Montreal offering these techniques, thanks to the subspecialty expertise acquired by Dr. Daniel Taussky at Toronto's Princess Margaret Hospital.

Research

We invite our readers to check in regularly at the CHUM's web site to learn more about the many basic and clinical research projects that are being conducted at the CHUM. The three examples below made headlines in 2005-2006.

Mental Disorders and Addictions Early summer 2005 marked the beginning of a project called NAOMI, which stands for North American Opiate Medication Initiative. NAOMI consists in random clinical trials designed for opium addicts who have not responded to conventional treatments. The project involves some 470 subjects and is taking place in Montreal, Toronto and Vancouver. Dr. Suzanne Brissette and Dr. Pierre Lauzon, of the CHUM, and Serge Brochu, a researcher with the Université de Montréal's International Centre of Comparative Criminology, are spearheading the project in Montreal, where 160 addicts will be recruited. Participants must meet strict eligibility criteria and undergo a medical assessment. Half of the subjects will receive methadone, and the other half, controlled injections of pharmaceutical heroin. The clinical trial should help improve our knowledge of mental disorders and addictions to opiates.

Funding of the Research Centre

	2005-2006	2004-2005	2003-2004
Competitive funding	46.5 M\$	30.0 M\$	27.6 M\$
Industrial funding	12.0 M\$	13.4 M\$	12.2 M\$
Other	8.9 M\$	7.3 M\$	6.3 M\$
Total	67.4 M\$	50.7 M\$	46.1 M\$

Hypertension In May 2005, Quebec researchers announced the creation of a genetic database paving the way for improved diagnosis and treatment of hypertension, a health problem that affects the lives of some 5 million Canadian adults. A team from the CHUM Research Centre, led by Dr. Pavel Hamet in partnership with Dr. Daniel Gaudet of Saguenay, has studied the genome of 120 French-Canadian families from the Saguenay—Lac-Saint-Jean region in order to pinpoint hypertension indicators on their chromosomes. The researchers discovered 46 significant chromosomal areas linked to hypertension and its cardiovascular and metabolic effects. This marks a major scientific advance, providing hope that one day, the genetic cause of hypertension may be determined by way of a simple blood test.

Mental Health and Omega-3 In January 2006, the CHUM made news in all the media when it announced that it was conducting the biggest study ever on unconventional treatments for depression, a condition which affects one million Canadians, including 250,000 Quebecers, annually. The study will help to ascertain the effectiveness of omega-3 in the treatment of major depression, not only among patients taking antidepressants, but also among those who cannot tolerate them or who refuse to take them despite their doctors' recommendations. The scientific community has great hopes for this clinical study, since it is thought that by 2020, depression will be the second-leading cause of morbidity and mortality in the world. It is currently in fourth place. It has been clearly shown that depression is a complicating factor in the progression of most diseases, such as myocardial infarctions. It is even believed to be responsible for the early development of certain physical conditions and considerably increase the risk of suicide.

Nursing

Implementation of a Model for Professional Practice Esther Leclerc, Director of Nursing, is part of the first cohort of the Executive Training for Research Application (EXTRA) program. A project to implement a model for professional practice in the care units was given a boost by a grant of more than \$400,000 from the Quebec Department of Health and Social Services. The project, which was launched in one unit at each of the CHUM's three hospitals, will serve as a model not only for the other units, but also for nursing throughout Quebec. The process involves the restructuring of team work so as to free up time for nurses, thereby enabling them to assess the health of all of the patients in their charge and to develop and oversee the implementation of care plans. Working at a university hospital centre requires specialized skills. This project fosters the development of those very skills by making each nurse responsible for their professional development and by giving nurses renowned as experts the opportunity to assist with the training of their colleagues.

CN/ND First Symposium The Council of Nurses (CN) and the Nursing Division (ND) of the CHUM held their first joint symposium under the theme Partners in Better Care. The some 200 participants—nurses, licensed practical nurses, nurse managers and professors—upgraded their skills in patient discharge planning and team work through active educational methods, which included role playing and video presentations.

Best-Seller: Second Edition The *Guide clinique en soins infirmiers* (clinical nursing manual) has become a bible at teaching institutions. Published by the CHUM, the manual covers all of the basic subjects in day-to-day nursing practice and the major tenets of care. At more than 500 pages, the second edition has been bulked up from its 200-page predecessor. It consists of some 70 chapters, several of which are brand new or were thoroughly revised. The manual, by contributing directly to the enhancement of nursing practice throughout Quebec, is eloquent proof of the CHUM's commitment to teaching.

Palliative Care: Accompanying Life

Palliative care is given to people whose lives are nearing an end. It provides the physical, emotional and spiritual support that patients and their families need. A team consisting of family members, friends, health-care professionals and volunteers see to patients' needs while respecting their personal choices, which are recorded in their end-of-life plans. In that regard, the CHUM organized a National Palliative Care Week in co-operation with the Centre de santé et de services sociaux Jeanne-Mance. The theme of this second edition, which took place in early May 2006, was *Accompanying Life*. Through lectures, participants had an opportunity to learn more about a variety of topics, including the significance and meaningfulness of accompaniment, multiculturalism, spirituality, the suffering of caregivers and relief of pain and other symptoms. A number of professionals from the CHUM were also invited to share their expertise at the 15th convention of the Quebec palliative care network, which was held a few weeks later in Chicoutimi.

Leading-edge Technology

\$2.15 Million in Investment Under the program to invest in leading-edge medical technology, the Quebec Department of Health and Social Services provided Hôpital Saint-Luc with a contribution of \$2.15 million to develop a new angiography room and purchase an echocardiograph equipped with a transesophageal probe. Most of the money, \$1.9 million, was used to set up a diagnostic angiography and intervention room so as to provide even better-quality service. For its part, the echocardiograph will allow anesthetists to monitor heart operations as they unfold and keep an eye on patient physical parameters throughout surgery. These investments will considerably reduce the length of patient stays.

Two Foundations Join Forces The Fondation Brault & Martineau and the CHUM Foundation split the \$200,000 cost of a Doppler preoperative echocardiograph. The device, a vital tool in surgeries involving the liver, bile ducts and pancreas, provides detailed information to surgeons right when they are operating, enabling them to make immediate changes if necessary. It can be used for invasive and laparoscopic surgeries performed by the hepatobiliary and pancreatic surgical unit at Hôpital Saint-Luc.

Telehealth, Learning and Experimentation

The CHUM/MUHC foundations have received \$10 million from Bell Canada. Each facility will be responsible for a subproject. The CHUM will oversee a project involving a telehealth technology learning and experimentation centre, which will simulate and test remote health services before they are rolled out, thereby ensuring their soundness and reliability.

THE CHUM FOUNDATION

The Centre hospitalier de l'Université de Montréal can always count on the support of the Foundation and its generous donors. Thanks to the Foundation's fundraising activities, CHUM patients regularly reap the benefits of new, leading-edge equipment as well as of the spinoffs that research projects ultimately generate in terms of care and of the expertise that CHUM residents and Foundation fellows acquire by pursuing postdoctoral studies abroad. In 2005-2006, this support amounted to more than \$7 million broken down as follows:

	In dollars
Specialized equipment (including an echoendoscopy camera in gastroenterology and a lithotrite in urology)	1,198,625
Research (grants, fellowships and chairs)	1,123,051
Construction (Research Centre and Emergency Department, Hôpital Saint-Luc)	22,355
Subspeciality fellowships	122,500
Small equipment and discretionary funds	297,617
CHUM-capital investment (including refurbishment of PET camera and Hemodynamic Services facilities)	661,151
Sums allocated to departments, units and/or specific projects, at the request of given donors	3,662,746
Total	7,088,045

FINANCIAL AND OTHER DATA

OPERATING FUND

SUMMARY STATEMENT OF OPERATIONS

For the Year Ended March 31, 2006

	2005-2006 (in dollars)	2004-2005 (in dollars)
REVENUES		
Principal Activities		
Agence de la santé et des services sociaux (the Agency)	513,724,540	469,941,203
Patients	14,274,534	14,602,360
Sales	10,284,632	9,401,187
Recoveries	4,238,461	4,116,505
Other	14,031,492	6,536,748
Ancillary Activities		
Public and parapublic funding	64,676,238	47,471,988
Commercial revenues	899,151	878,307
Revenues from other sources	28,888,537	27,038,540
Total Revenues	651,017,585	579,986,838

EXPENSES

Principal Activities

Salaries	252,961,426	246,119,702
Employee benefits	67,491,654	69,330,625
Payroll taxes	36,936,607	36,164,460
Medications	33,472,697	30,374,612
Blood products*	14,221,918	0
Medical and surgical supplies	59,483,922	54,216,511
Foodstuffs	6,175,677	5,899,241
Other	98,665,672	83,688,187

Ancillary Activities

Salaries	31,613,142	29,530,011
Employee benefits	6,288,424	5,876,150
Payroll taxes	5,074,945	4,590,595
Other	51,232,256	34,884,751

Total Expenses **663,618,340** **600,674,845**

DEFICIT** **(12,600,755)** **(20,688,007)**

* Expense previously assumed by Héma-Québec.

** The Health and Social Services Department sets budget overrun limits for hospitals; the CHUM remained within the allowed deficit limit.

Source: Division of Financial Resources and Economic Partnerships

OPERATING FUND

BALANCE SHEET

As at March 31, 2006

	2005-2006 (in dollars)	2004-2005 (in dollars)
ASSETS		
Short-term		
Cash	0	0
Due from the Agency and the MSSS	12,438,411	5,032,790
Accounts receivable	14,105,785	11,990,723
Prepaid expenses	802,658	3,677,585
Stocks	4,540,923	4,142,203
Interfund loans	19,254,642	15,154,051
Other assets	2,958,569	460,964
Total Short-term Assets	54,100,988	40,458,316
Other assets	2,812,076	3,237,149
Total Assets	<u>56,913,064</u>	<u>43,695,465</u>

LIABILITIES

Short-term

Bank overdraft	9,372,670	310,410
Loans payable	129,188,485	108,129,800
Accounts receivable	53,247,125	58,344,927
Deferred revenues – principal activities		
The Agency	2,350,259	2,450,795
Other	178,939	61,069
Deferred revenues – ancillary activities		
Other	995,566	501,689
Other liabilities	283,645	254,600

Total Short-term Liabilities **195,616,689** **170,053,290**

Other liabilities 672,244 498,649

Fund Balance **(139,375,869)** **(126,856,474)**

Total Liabilities and Fund Balance **56,913,064** **43,695,465**

Source: Division of Financial Resources and Economic Partnerships

CAPITAL FUND BALANCE SHEET

As at March 31, 2006

	2005-2006 (in dollars)	2004-2005 (in dollars)
ASSETS		
Short-term		
Cash	2,959,363	9,850,865
Due from the Agency and the MSSS	19,652,482	8,606,414
Other accounts receivable	7,669,746	2,403,664
Total Short-term Assets	30,281,591	20,860,943
Capital assets	677,822,895	655,597,281
Other assets	32,098,564	31,076,387
Total Assets	<u>740,203,050</u>	<u>707,534,611</u>
LIABILITIES		
Short-term		
Bank loans	0	1,800,000
Other accounts receivable	5,737,562	8,621,711
Interfund debt	18,254,642	13,154,051
Current portion of long-term debt	337,588	578,723
Other liabilities	1,070,598	925,842
Total Short-term Liabilities	<u>25,400,390</u>	<u>25,080,327</u>
Long-term		
Temporary financing – decentralized envelopes	112,321,862	114,950,518
Obligations and other liabilities	196,873,028	166,430,704
Total Long-term Liabilities	309,194,890	281,381,222
Total Liabilities	334,595,280	306,461,549
Fund balance	405,607,770	401,073,062
Total Liabilities and Fund Balance	<u>740,203,050</u>	<u>707,534,611</u>

Source: Division of Financial Resources and Economic Partnerships

OPERATING FUND OPERATIONAL DATA

For the Year Ended March 31, 2006

	2005-2006	2004-2005
Patient Days (Hospital)		
General wards	254,292	259,424
Semi-private rooms	68,608	72,495
Private rooms	3,716	2,851
TOTAL	326,616	334,770
Patient Days (Long-Term Care)		
Residential and long-term care	61,548	61,865
Hospital Admissions	29,559	30,389
Authorized Beds		
Hospital	1,217	1,217
Residential and long-term care	170	170
Bed Set-up		
Hospital	1,046	1,044
Residential and long-term care	170	170
Average Length of Hospital Stay		
General and specialized care	9.49	9.52
Psychiatric care	23.75	24.97
Natality—average stay of mother	2.60	2.65
Natality—average stay of newborn	3.11	2.94
Detoxification	8.80	8.38
Percentage of Average Bed Occupancy*		
Hospital	73.53	75.36
Residential and long-term care	99.19	99.70
Active Physicians		
Specialists	656	644
General practitioners	155	138

* Based on the number of authorized beds.

Source: Division of Financial Resources and Economic Partnerships

HUMAN RESOURCES

As at March 31, 2006

	2005-2006	2004-2005
PERMANENT STAFF		
(Principal activity)		
Managerial Staff		
Number of full-time staff	247	250
Part time		
Number of staff	20	19
Full-time equivalent	9	9
Staff with employment security	3	4
Regular Staff		
Number of full-time staff	4,286	4,276
Part time		
Number of staff	2,347	2,312
Full-time equivalent	1,368	1,316
Staff with employment security	5	5
NON-PERMANENT STAFF		
(CASUALS)		
Number of hours remunerated in fiscal year	3,171,192	3,112,857
Full-time equivalent	1,736	1,703

Source: Division of Financial Resources and Economic Partnerships

OTHER STATISTICS

For the Year Ended March 31, 2006

	2005-2006	2004-2005
CLINICAL ACTIVITIES		
Emergency (visits)	117,576	116,312
Outpatient clinics (visits)	441,664	445,053
Surgical procedures	30,185	29,979
Day surgeries	17,417	16,739
Cardiac procedures (bypass and valve surgery)	992	1,083
Childbirths	2,382	2,481
Neuroradiology (patients)	250	283
Organ donors	69	55
Organ transplants	157	140
Hemato-oncology (visits)	58,751	54,493
Endoscopy (examinations)	41,853	40,598
Hemodialysis (treatment)	70,561	68,222
Prostheses (hip and knee)	413	455
Lithotripsy (patients)	1,338	1,314
Medical imaging (examinations)	400,349	384,024
Laboratory analyses	8,906,768	7,871,001
Kilograms of linen processed	3,642,392	3,649,336
Meals served and sold	2,678,200	2,640,639
OCCUPANCY RATE ACCORDING TO BED SET-UP		
Hospital	85,5 %	88,0 %
Residential and long-term care	99,2 %	99,7 %

Source: Division of Information Management and Quality Performance

BOARD OF DIRECTORS

Patrick A. Molinari

President
Co-opted Board Member

Marie-Claire Daigneault

Vice-President
Quality of Patient Services
Agence de la santé et des services
sociaux, Other than Montreal

Pierre Desbiens

Vice-President
CHUM Foundation

Ékram Antoine Rabbat

Vice-President
Finance and Capital
CHUM Foundation

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Secretary
Director General

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Co-opted Board Member

Maurice Charlebois

Agence de la santé et des services
sociaux de Montréal

Gilles Dulude

CHUM Foundation

Jean-Marie Dumesnil

Users' Committee

Karine Farrell

Population

Vacant post

Government of Quebec

Marie-Hélène Gagné

Multidisciplinary Council

Céline Goulet

Université de Montréal

Isabelle Hudon

Co-opted Board Member

Marc Laviolette

Population

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Council of Physicians, Dentists
and Pharmacists

Johanne Morin

Council of Nurses

Yves Poirier

Co-opted Board Member

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Université de Montréal

Jacques Turgeon

Université de Montréal

Dr. Thomas Vandemoortele

Resident

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Director General

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Director of Clinical Nutrition
and Support Services

Nicole Beaulieu

Director of Communications

Dr. Charles Bellavance

Director of Professional Services

Jocelyn Boucher

Director of Financial Resources
and Economic Partnerships

Dr. James Brophy

Director of Assessment of
Health Care Technologies and
Intervention Methods

Pierrette Gervais

Director of Patient-Centred Groups

Dr. Pavel Hamet

Director of Research

Jean Huot

Director of Technological Resources

Serge LeBlanc

Director of Hospital Services

Esther Leclerc

Director of Nursing

Anne Lemay

Assistant to the Director General
and Director of Information
Management and Quality
Performance

Gaëtan Lemay

Director of Strategic Planning
and Technical Services

Yves Masse

Assistant Director General

Renaud Vigneault

Director of Human Resources

Sylvain Villiard

Assistant Director General—
CHUM 2010

COMMITTEES

Jean-Marie Dumesnil

Chair
Users' Committee

Diane-Isabelle Poirier

Local Service Quality Commissioner

Gisèle Besner

President
Council of Nurses

Dr. Edgard Nassif

President
Council of Physicians,
Dentists and Pharmacists

Stéphanie Émond

Chair
Multidisciplinary Council

CHUM FOUNDATION

Pierre Laurin

Interim President of the Board
of Directors

Ékram Antoine Rabbat

President-Director General

Incumbents as at March 31, 2006

**CODE OF ETHICS
GOVERNING THE BOARD
OF DIRECTORS**

In accordance with point 43 of the *Code of Ethics Governing the Board of Directors*, the annual report attests to the fact that:

- none of the board members have had a complaint filed against them;
- none of the board members have been involved in a case of professional misconduct;
- none of the board members have had a penalty imposed on them;
- none of the board members have been suspended or relieved of their duties.

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