

STRONGER AS A TEAM

2007
2008
ANNUAL
REPORT



**OUR
PRIORITY
IS YOU!**

2007-2008 ANNUAL REPORT
CENTRE HOSPITALIER DE L'UNIVERSITÉ DE MONTRÉAL

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ATTESTATION OF RELIABILITY

The reliability of the information included in the annual management and activities report of the Centre hospitalier de l'Université de Montréal falls within my responsibility.

The results and data for the financial year 2007–2008 faithfully describe the institution's mission, mandates, values and strategic orientations. It presents the indicators used, targets established and results obtained.

I attest that the information it contains is reliable, that is to say, objective, exempt from errors and verifiable, as are the related controls, and that it accurately reflects the situation for the financial year ended March 31, 2008.

A handwritten signature in black ink, consisting of a large, stylized loop followed by a smaller loop and a trailing flourish.

Serge LeBlanc
Acting Director General



FROM THE CHAIR OF THE BOARD OF DIRECTORS AND THE ACTING DIRECTOR GENERAL

The curtain has just fallen on the year of the tenth anniversary of the Centre hospitalier de l'Université de Montréal and all eyes are now on the CHUM downtown. Work on the CHUM of tomorrow is now well underway, but there is still much to say about the CHUM of today. Hundreds of teams take care of thousands of patients who come from not only Montreal, but all over Quebec, and sometimes, outside the province. Our institution's expertise is recognized and respected around the world. Students from Europe, the United States and other countries pursue their education at the CHUM in the specialties for which the institution has won acclaim. Our teams of researchers have also made their mark through discoveries that advance science.

It is thus with great pride that we present the annual report of the Centre hospitalier de l'Université de Montréal. It covers the strategic issues and major accomplishments of 2007–2008. We also invite you to consult our website so you can follow what the CHUM is doing day to day.

Patrick A. Molinari
Chair of the Board of Directors

Serge LeBlanc
Acting Director General

THE CHUM

TODAY AND TOMORROW

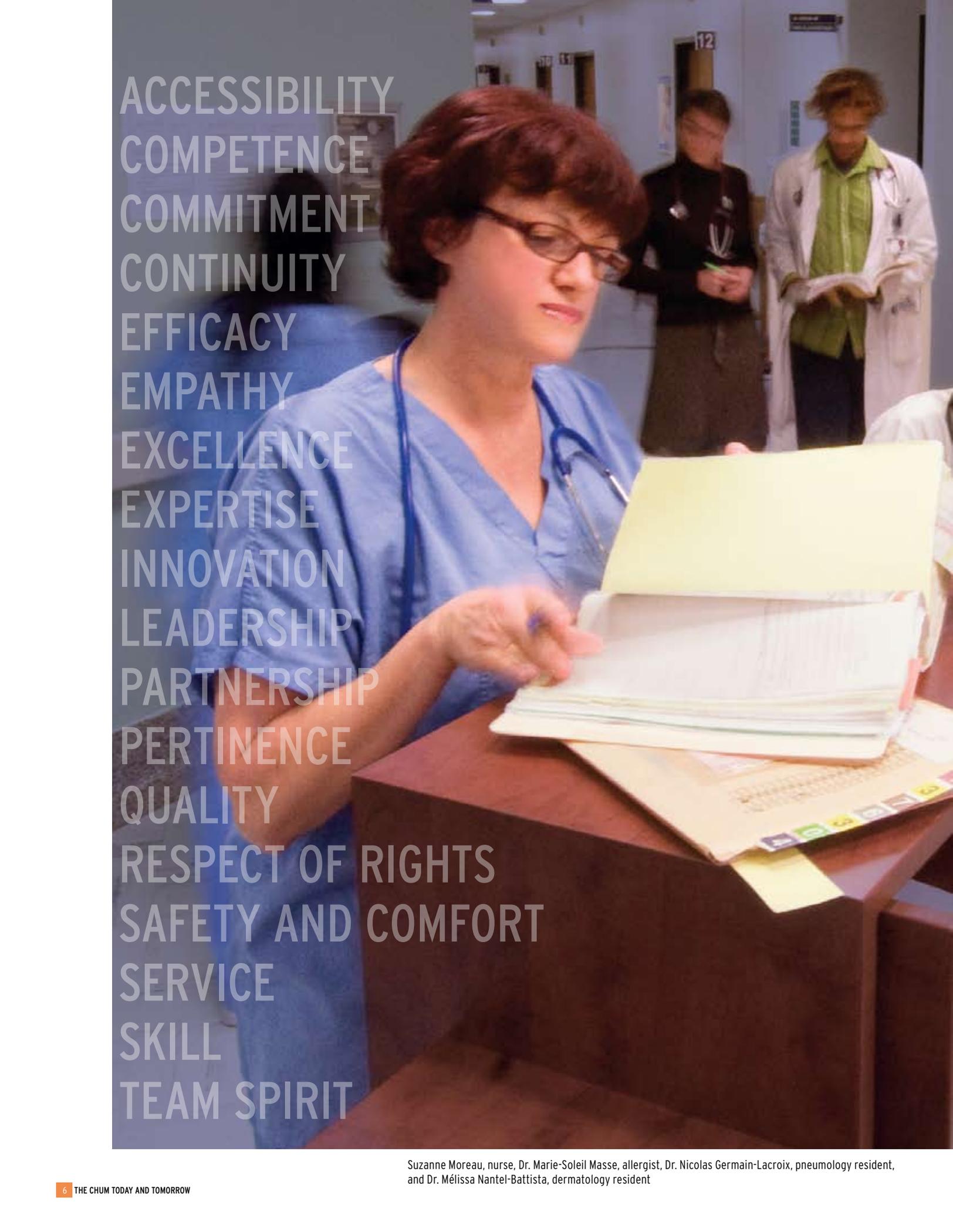


Dr. François Lavigne, otorhinolaryngologist, and Stephanie Lebeau, nursing assistant



FOR SEVERAL YEARS, MANY DECISIONS HAVE BEEN MADE AT THE CHUM IN TERMS OF THE FUTURE FACILITIES DOWNTOWN. THIS IS TRUE FOR THE THREE MAJOR PROJECTS THAT CONSTITUTE THE TRANSITION PLAN AND THAT ARE ALREADY CONTRIBUTING TO THE TRANSFORMATION OF THE CHUM THROUGH THE INTRODUCTION OF A NEW METHOD OF GOVERNANCE: THE CREATION OF PATIENT-CENTRED GROUPS, THE CONCENTRATION OF CERTAIN MEDICAL SPECIALITIES IN ONE OR ANOTHER OF THE THREE HOSPITALS, AND THE COMPUTERIZATION OF PATIENT RECORDS.

THE GOVERNMENT OF QUEBEC MADE THE MOST OF THE MODERNIZATION OF THE THREE UNIVERSITY HOSPITALS IN MONTREAL BY INVITING THEM TO WORK TOGETHER ON CONCRETE PROPOSALS REGARDING COMPLEMENTARITY. AS A RESULT, THE CHUM HAS DEFINED THE MAJOR CLINICAL SECTORS IT INTENDS TO INVEST IN OVER THE COMING YEARS.



ACCESSIBILITY
COMPETENCE
COMMITMENT
CONTINUITY
EFFICACY
EMPATHY
EXCELLENCE
EXPERTISE
INNOVATION
LEADERSHIP
PARTNERSHIP
PERTINENCE
QUALITY
RESPECT OF RIGHTS
SAFETY AND COMFORT
SERVICE
SKILL
TEAM SPIRIT

Suzanne Moreau, nurse, Dr. Marie-Soleil Masse, allergist, Dr. Nicolas Germain-Lacroix, pneumology resident, and Dr. Mélissa Nantel-Battista, dermatology resident



THE MISSION

- CARE
- TEACHING
- RESEARCH
- ASSESSMENT OF HEALTH CARE TECHNOLOGIES AND INTERVENTION METHODS
- HEALTH PROMOTION

THE MANDATES

PROVIDING THE IMMEDIATE POPULATION WITH DIAGNOSTIC AND THERAPEUTIC SERVICES, IN ADDITION TO MEDICAL CARE IN 35 SPECIALTIES—ALL THE SPECIALTIES RECOGNIZED BY THE COLLÈGE DES MÉDECINS DU QUÉBEC, WITH THE EXCEPTION OF PEDIATRICS—AND HEPATOLOGY, WHICH IS A SPECIALITY EXCLUSIVE TO THE CHUM.

AS A REFERRAL CENTRE, PROVIDING THE PUBLIC THROUGHOUT QUEBEC WITH SPECIALIZED OR ULTRASPECIALIZED CARE.

CLINICAL SECTORS

IN THE INTERESTS OF COMPLEMENTARITY, THE OBJECTIVES OF WHICH WERE DEFINED BY THE TABLE DE CONCERTATION SUR LA MODERNISATION DE LA MÉDECINE UNIVERSITAIRE À MONTRÉAL, THE CHUM HAS CHOSEN TO INVEST IN SIX MAJOR CLINICAL SECTORS IN WHICH IT HAS MADE ITS MARK:

- CARDIOVASCULAR AND METABOLIC DISEASES
- ADDICTION MEDICINE
- NEUROSCIENCES
- ONCOLOGY
- PLASTY RECONSTRUCTION
(INCLUDING REPLANTATION AND MAJOR BURN TREATMENT)
- TRANSPLANTATION

TO LEARN MORE, VISIT THE WEBSITE

www.msss.gouv.qc.ca, Documentation, Dossiers de presse, Modernisation des centres hospitaliers universitaires de Montréal, Rapport Baron.

THE TEAMS

DIRECTLY OR INDIRECTLY, ALMOST
16,000 PEOPLE ARE AT THE
SERVICE OF CHUM PATIENTS AT
HÔTEL-DIEU, HÔPITAL NOTRE-DAME
AND HÔPITAL SAINT-LUC.





880 PHYSICIANS, DENTISTS AND PHARMACISTS

4000 NURSES AND OTHER NURSING STAFF

1600 OTHER HEALTH PROFESSIONALS

300 MANAGERS

3400 OTHER EMPLOYEES

270 RESEARCHERS

5000 STUDENTS AND TRAINEES

700 VOLUNTEERS

Geneviève Cayer, nurse clinician, Lucie Trottier, nurse, team leader,
and Drs. Rita Jean-François and Charles Poirier, pneumologists

DAY AFTER DAY, OUR TEAMS ARE
WORKING TOWARD THE TRANSITION
TO THE DOWNTOWN CHUM.

TRANSITION PLAN

PATIENT-CENTRED GROUPS

With the establishment of the eleventh and final patient-centred group and the implementation of all the transversal services, the financial year 2007–2008 was devoted to fine-tuning and acclimatization. Medical and clinical-administrative managers familiarized themselves with a type of management in which care and services are organized differently to respond to the needs of a specific clientele. More than ever, the patient is at the heart of all decisions.

“The management of patient-centred groups enables health professionals to better integrate the provision of care and services right now, in anticipation of the reunification of teams downtown. This new mode of governance also helps them harmonize their practices, even when their medical specialty is not centralized at one or the other of our hospitals.”

— Yves Masse,
Assistant General Director, Administration



CONCENTRATING MEDICAL SPECIALTIES

In order to better integrate their activities, university hospital centres with a number of separate facilities centralize certain high-volume medical specialties. Bringing human and technical resources together fosters interdisciplinarity and contributes to improving the efficiency of clinical care, teaching and research programs. In line with this worldwide trend, the CHUM has moved 80% of its tertiary cardiology activities to Hôtel-Dieu.

“Although specialties are concentrated in one of our hospitals, consultation services and technical facilities are maintained in the other two, in order to respond to the basic needs of all patients. Those who require more specialized care are directed towards the hospital where the interdisciplinary team is concentrated.”

— Dr André Lacroix,
Director, Medical and Academic Affairs



COMPUTERIZING PATIENT'S RECORDS

The first phase of implementation of the Open Architecture Clinical Information System (Oacis) has been a resounding success. On a daily basis in 2007–2008, more than 1300 clinicians consulted the results of laboratory analyses and diagnostic examinations carried out at the three CHUM hospitals. They also had access to the pharmaceutical profiles of patients, and the history of their visits and hospitalizations. Tight management of use of the system guarantees confidentiality of patient records.

“The Health and Social Services Department has shown its confidence in us by rapidly investing in new information technologies, to prepare for our arrival to our new facilities. We are working in close collaboration with the McGill University Health Centre and we can already say that the computerization of patient records is a complete success.”

— Jean Huot,
Director, Technological Resources



TO LEARN MORE
ABOUT THE CONCENTRATION OF CARDIOLOGY
AND CARDIAC SURGERY SERVICES:
www.chumontreal.qc.ca, CHUM en mouvement,
English, Day-to-day Mission.



MAJOR STEPS TOWARD CHUM DOWNTOWN



THE CHUM HAS PUBLISHED A DOCUMENT DESCRIBING THE MAJOR STEPS TAKEN IN 2007–2008, FROM THE ANNOUNCEMENT THAT THE PROJECT WILL TAKE THE FORM OF A PUBLIC-PRIVATE PARTNERSHIP AND THE REQUEST FOR PROPOSALS STAGE, TO DRILLING ACTIVITIES AND ARCHAEOLOGICAL DIGS.

COME IN!

COMFORT, PEACE AND QUIET AND PRIVACY ARE ASSURED IN THE INDIVIDUAL PATIENT ROOMS OF THE FUTURE HOSPITAL COMPLEX. PRIVATE ROOMS CONTRIBUTE TO REDUCING THE RISK OF INFECTION IN A FUNCTIONAL AND SAFE ENVIRONMENT. TAKE A VIRTUAL TOUR OF A TYPICAL ROOM ON THE WEBSITE.



TO LEARN MORE, VISIT THE WEBSITES

www.chumontreal.qc.ca, CHUM centre-ville, English, About and Visuals/Preliminary project, virtual patient room



STRATEGIC ISSUES



THE CHUM CERTIFIED FOR THREE YEARS

PREVENTING INFECTIONS: A FIGHT TO THE FINISH

EMERGENCY: A PILOT PROJECT BLAZES THE TRAIL FOR A MAJOR SHIFT

THE ENVIRONMENT: GOING GREEN

THE SAFETY OF CARE AND SERVICES: ASSUMING OUR RESPONSIBILITIES

RISK MANAGEMENT: A RESOLUTELY PROACTIVE APPROACH



**THE
CHUM
CERTIFIED
FOR
THREE
YEARS**

IN APRIL 2007, SURVEYORS FROM THE CANADIAN COUNCIL ON HEALTH SERVICES ACCREDITATION (CCHSA) MET WITH 25 CLINICAL TEAMS AT THE THREE CHUM HOSPITALS AND, FOR THE FIRST TIME, WITH THE LABORATORY, BLOOD BANK AND TRANSFUSIONAL SERVICE TEAMS. THEY ALSO MET WITH FOUR SUPPORT TEAMS—LEADERSHIP AND PARTNERSHIP, ENVIRONMENTAL MANAGEMENT, INFORMATION MANAGEMENT, HUMAN RESOURCES MANAGEMENT—AND WITH FOUR DISCUSSION GROUPS MADE UP OF USERS, EMPLOYEES AND COMMUNITY PARTNERS. AT THE END OF THE PROCESS, THE CHUM RECEIVED ITS ACCREDITATION FOR THREE YEARS.

THE CCHSA QUALIFIED THE CHUM'S INFECTION CONTROL AND PREVENTION INITIATIVES, ESPECIALLY WITH RESPECT TO THE CLEANING OF SMALL PIECES OF EQUIPMENT, AS A LEADING PRACTICE. THIS DISTINCTION IS THE RESULT OF THE MULTIDISCIPLINARY TEAM'S CONTINUOUS IMPROVEMENT PROCESS IN A NUMBER OF SERVICES AND SECTORS OF ACTIVITY. THE OPERATION HAD THREE OBJECTIVES: TO ENSURE THE CLEANLINESS OF CARE EQUIPMENT SO AS TO LIMIT INFECTION TRANSMISSION; TO ENSURE THE SAFETY OF PATIENTS AND STAFF; AND TO MAINTAIN THE INTEGRITY OF SURFACES BY PROVIDING AN APPROPRIATELY CLEAN AND SANITARY ENVIRONMENT FOR ALL PATIENTS.

AT THE REQUEST OF THE CCHSA, A FOLLOW-UP REPORT WAS DRAFTED IN JANUARY 2008. IT DEALT WITH TWO SUBJECTS: THE MEASURES TO BE TAKEN TO AVOID MIXING CLEAN AND SOILED MATERIAL TOGETHER AND THE IMPLEMENTATION OF RECOMMENDATIONS FORMULATED BY THE RISK MANAGEMENT COMMITTEE FOLLOWING A PROSPECTIVE ANALYSIS TO DISCERN WEAKNESSES IN THE PREPARATION AND ADMINISTRATION OF CERTAIN DRUGS IN THE CARE UNITS.

“All the employees, physicians, volunteers, trainees and researchers at the CHUM should be proud of their accomplishments in the 2007 certification process. The CCHSA surveyors noted that we put patients first and that their safety is a priority at every level of the organization. Quality management is becoming increasingly better integrated within our teams and by our partners.”

— Anne Lemay,
Assistant to the Director General
and Director of Information
Management and Quality Performance



PREVENTING INFECTIONS: A FIGHT TO THE FINISH





THE CHUM WAS ONE OF THE FIRST HOSPITALS IN QUEBEC TO CONFORM TO THE RATIO OF ONE INFECTION CONTROL AND PREVENTION NURSE PER 100 BEDS, AS ESTABLISHED BY THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES (MSSS).

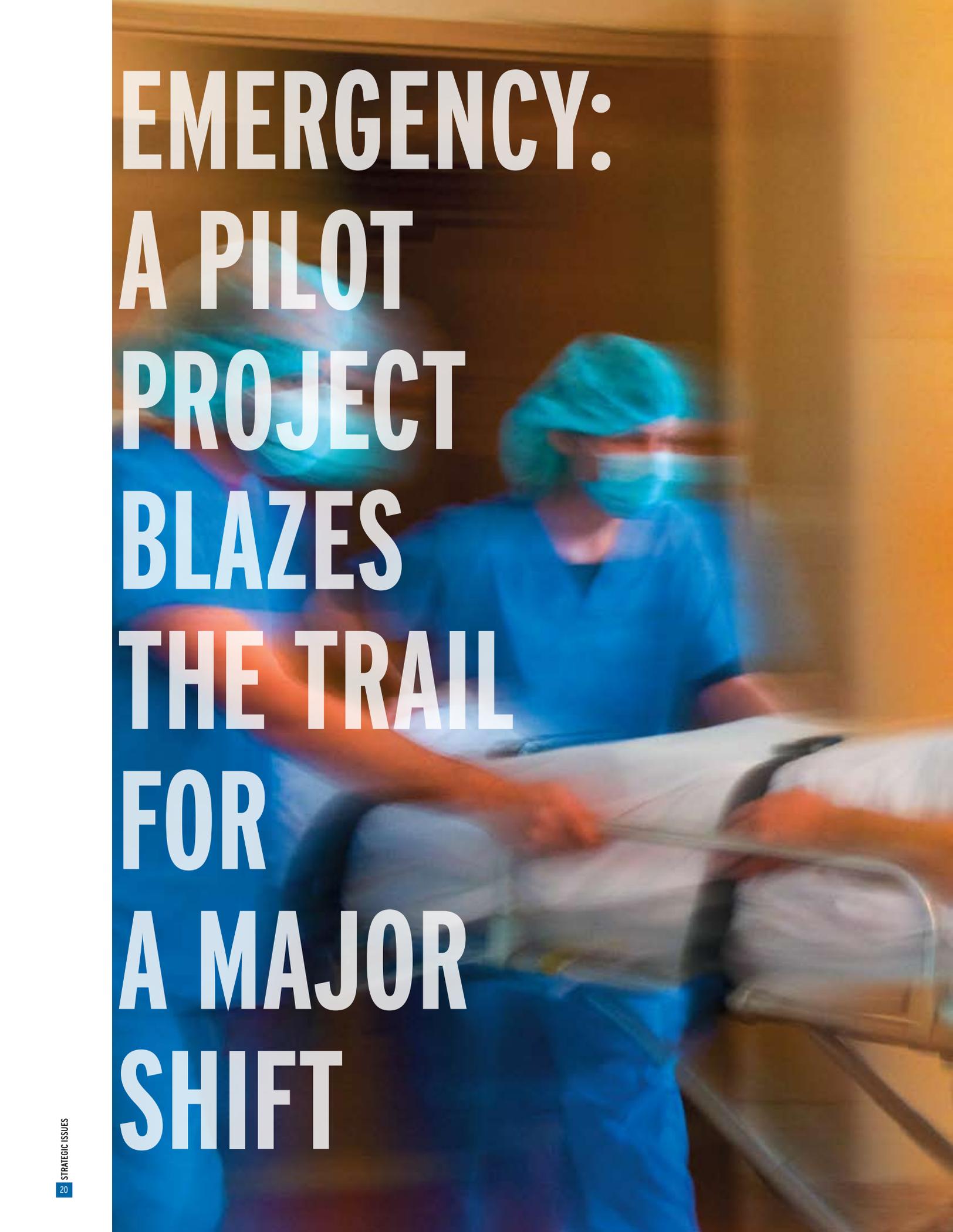
SUPPORTED BY THE INFECTION PREVENTION COMMITTEE, THE MEMBERS OF THE INFECTION CONTROL AND PREVENTION OPERATIONAL TEAM HAVE INITIATED AN ACTION PLAN THAT IS IN COMPLETE CONFORMITY TO THAT OF THE MSSS.

THE CHUM MONITORING PROGRAM HAS LED TO A CONSIDERABLE REDUCTION IN THE INCIDENCE OF *CLOSTRIDIUM DIFFICILE* INFECTIONS IN ITS THREE HOSPITALS. FROM 2004-2005 TO 2007-2008, THE RATE FELL FROM 15.5 TO 6.7 INCIDENCES PER 10,000 PATIENT DAYS.

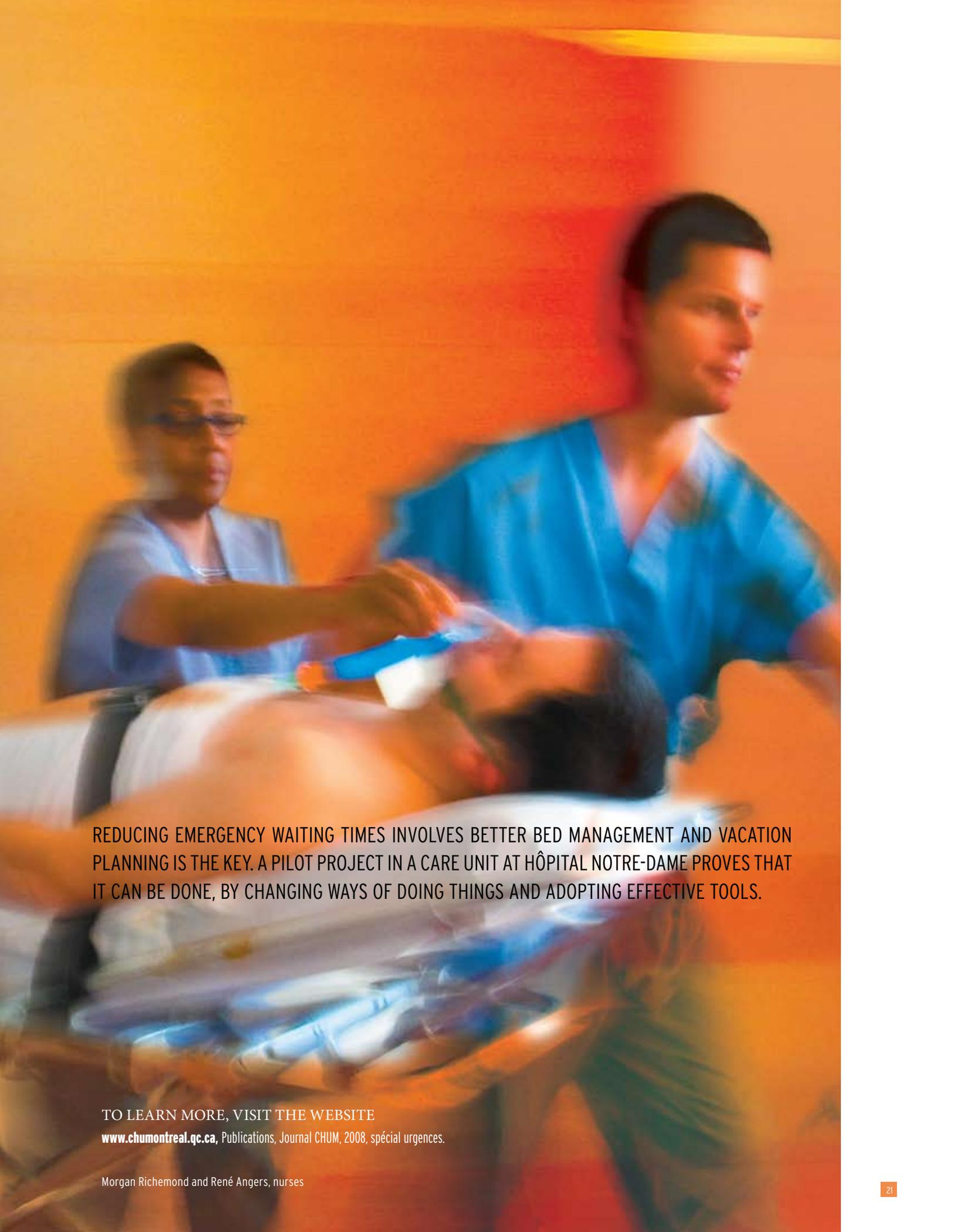
THE COLLABORATION OF HYGIENE AND SANITATION SERVICES COUPLED WITH BASIC TRAINING AND THE UPDATING OF KNOWLEDGE ARE ESSENTIAL FACTORS IN THE PREVENTION AND CONTROL OF BACTERIA.

THE CHUM IS ALSO RECOGNIZED AS A LEADER IN TERMS OF STANDARDS FOR PHYSICAL FACILITIES, ESPECIALLY DURING THE CONSTRUCTION AND RENOVATION PHASES, WHICH PRESENT RISKS TO THE HEALTH OF PATIENTS AND STAFF.

TO LEARN MORE, VISIT THE WEBSITE
www.chumontreal.qc.ca, Publications, Bulletin CHUM.



EMERGENCY: A PILOT PROJECT BLAZES THE TRAIL FOR A MAJOR SHIFT



REDUCING EMERGENCY WAITING TIMES INVOLVES BETTER BED MANAGEMENT AND VACATION PLANNING IS THE KEY. A PILOT PROJECT IN A CARE UNIT AT HÔPITAL NOTRE-DAME PROVES THAT IT CAN BE DONE, BY CHANGING WAYS OF DOING THINGS AND ADOPTING EFFECTIVE TOOLS.

TO LEARN MORE, VISIT THE WEBSITE
www.chumontreal.qc.ca, Publications, Journal CHUM, 2008, spécial urgences.

Morgan Richemond and René Angers, nurses



THE ENVIRONMENT: GOING GREEN



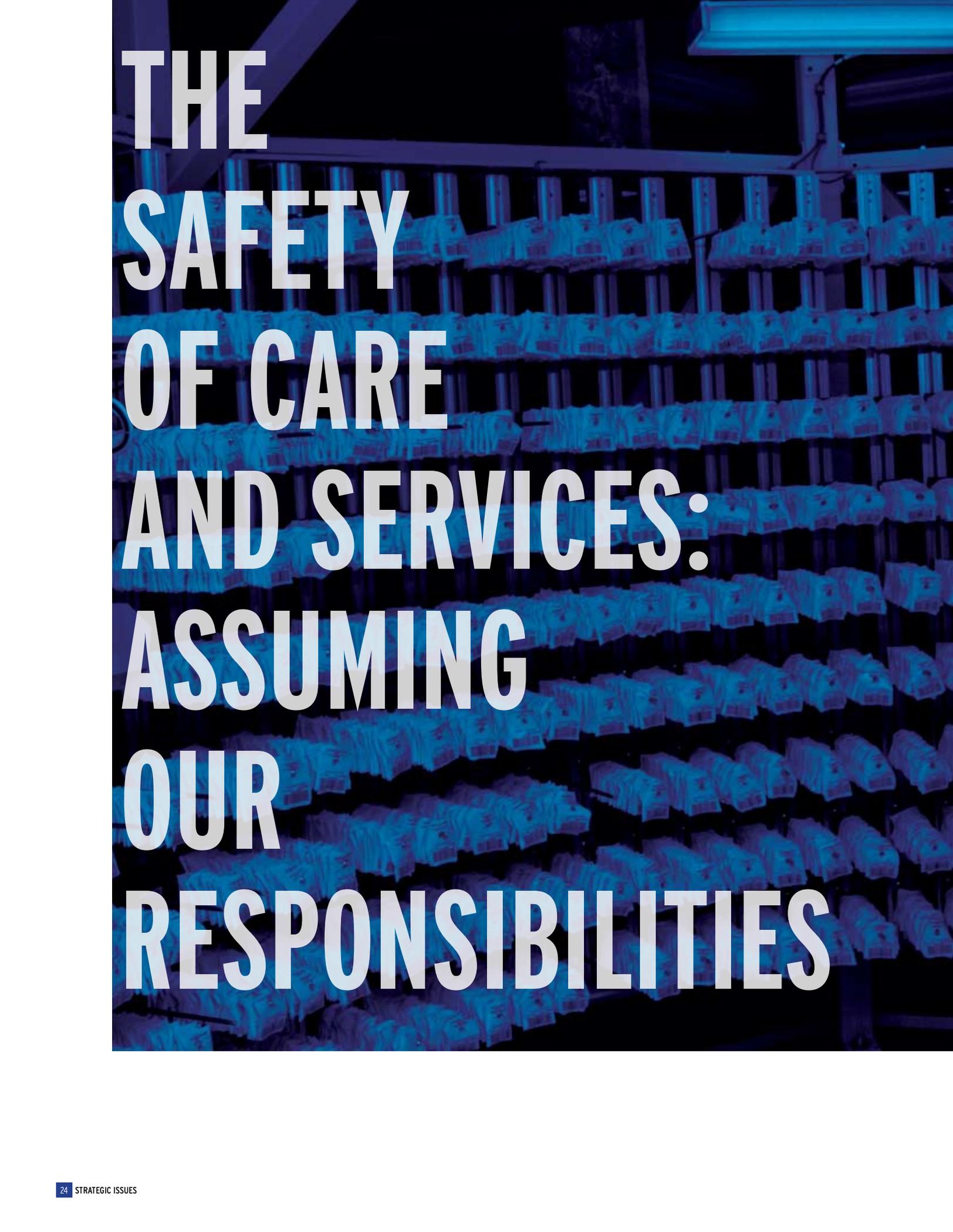
FOR A NUMBER OF YEARS, THE STRATEGIC PLANNING AND TECHNICAL SERVICES DIVISION (DPSST) HAS BEEN REDOUBLING ITS EFFORTS TO REDUCE ENERGY CONSUMPTION AND TO IMPROVE THE QUALITY OF THE ENVIRONMENT AT THE CHUM. HERE ARE THREE EXAMPLES THAT SHOW THE CHUM'S INTENTION TO GO GREEN.

MODERNIZATION OF THE CHILLED WATER PLANTS AND THE ESTABLISHMENT OF A HEAT RECOVERY NETWORK AT HÔTEL-DIEU ARE ELEMENTS IN THE CHUM'S GLOBAL POLICY TO REDUCE ENERGY CONSUMPTION, DECREASE GREENHOUSE GAS EMISSIONS AND IMPROVE THE SURROUNDING ENVIRONMENT.

WITH THE RAPID RISE IN THE PRICE OF HEATING OIL, THE INSTALLATION OF A SATELLITE HEATING PLANT AT HÔPITAL NOTRE-DAME AVERTED A SPENDING INCREASE OF MORE THAN \$650,000. THE ENVIRONMENTAL IMPACT IS ALSO IMPRESSIVE, BECAUSE PARTICULATE EMISSIONS INTO THE ATMOSPHERE DECREASED BY 77%!

AND LAST BUT NOT LEAST, A DPSST TEAM WORKED ON PLANS FOR A ROOFTOP PATIO AT HÔPITAL SAINT-LUC, SO THAT PATIENTS AND STAFF MAY ENJOY A GARDEN IN THE HEART OF MONTREAL.

TO LEARN MORE, VISIT THE WEBSITE
www.chumontreal.qc.ca, Publications, Infotravaux, mai 2008.



THE SAFETY OF CARE AND SERVICES: ASSUMING OUR RESPONSIBILITIES



AFTER SETTING UP AN AWARENESS RAISING AND TRAINING PROGRAM FOR REPORTING INCIDENTS AND ACCIDENTS, THE PROFESSIONAL ASPECTS ARM OF THE QUALITY AND RISK MANAGEMENT SERVICE DEVELOPED A COMPUTERIZED MANAGEMENT TOOL AND MADE IT ACCESSIBLE TO THOSE MANDATED TO ENSURE MANAGEMENT OF THE REGISTER.

ONE OF THE IMPORTANT ACTIVITIES RELATED TO USE OF THIS TOOL, THE CREATION OF AN INTERFACE WITH THE LABORATORIES' INFORMATION SYSTEM, CONTRIBUTED TO ALMOST QUADRUPLING THE NUMBER OF REPORTS IN 2007-2008 COMPARED TO THE PREVIOUS YEAR. COMPUTERIZATION IS, OF COURSE, ESSENTIAL FOR RISK MANAGEMENT, BUT THE RESULTS WOULD NEVER HAVE BEEN POSSIBLE WITHOUT THE EXCEPTIONAL CONTRIBUTION OF PEOPLE WHO, IN A RESPONSIBLE MANNER, REPORTED AN INCIDENT OR ACCIDENT AT THE CHUM.

THE SERVICE ALSO CARRIED OUT A SECOND SURVEY ON THE CULTURE OF SAFE PROVISION OF CARE AND SERVICES IN EVERY SECTOR OF THE ORGANIZATION. THE RESULTS REVEALED A POSITIVE EVOLUTION OF BELIEFS, ATTITUDES AND BEHAVIOURS SINCE 2005.



**RISK
MANAGEMENT:
A
RESOLUTELY
PROACTIVE
APPROACH**



THE 22 MEMBERS OF THE RISK MANAGEMENT COMMITTEE CONCENTRATED THEIR WORK ON FOUR MAJOR FILES:

AN APPROACH THAT ENABLES THE CAUSES OF ACCIDENTS AND INCIDENTS TO BE TRACED THROUGH AN ANALYSIS OF EVENTS RELATED TO FALLS AND MEDICATION HAS BEEN TESTED. THE COMMITTEE WILL SHORTLY DEVELOP A POLICY BASED ON THIS IN-DEPTH ANALYSIS METHOD.

WITH THE SUCCESSFUL IMPLEMENTATION OF THE LOCAL REGISTER OF INCIDENTS AND ACCIDENTS, THE COMMITTEE CAN NOW USE THE INFORMATION GENERATED FROM IT TO ENSURE THAT INCIDENTS AND ACCIDENTS DO NOT REOCCUR.

AN ANALYSIS OF DISCLOSURE CONFORMITY HAS BEEN CARRIED OUT FOR ALL EVENTS THAT HAVE HAD SERIOUS CONSEQUENCES THROUGH INFORMATION RECORDED IN PATIENTS' RECORDS.

TO ENSURE THE SAFE USE OF MEDICINES, THE COMMITTEE MANDATED WORKING GROUPS TO ESTABLISH CLINICAL CRITERIA WITH RESPECT TO ACCEPTABLE DRUG ADMINISTRATION SCHEDULES. THE IMPROVEMENT OBJECTIVES SET FORTH IN THE SELF-ASSESSMENT TOOL OF THE INSTITUTE FOR SAFE MEDICATION PRACTICES CANADA HAVE THUS BEEN MATERIALIZED. THE COMMITTEE HAS ALSO IMPLEMENTED A PLAN FOR ENHANCING THE SAFE USE OF NARCOTIC (OPIOID) MEDICATIONS.

SOME MAJOR ACCOMPLISHMENTS

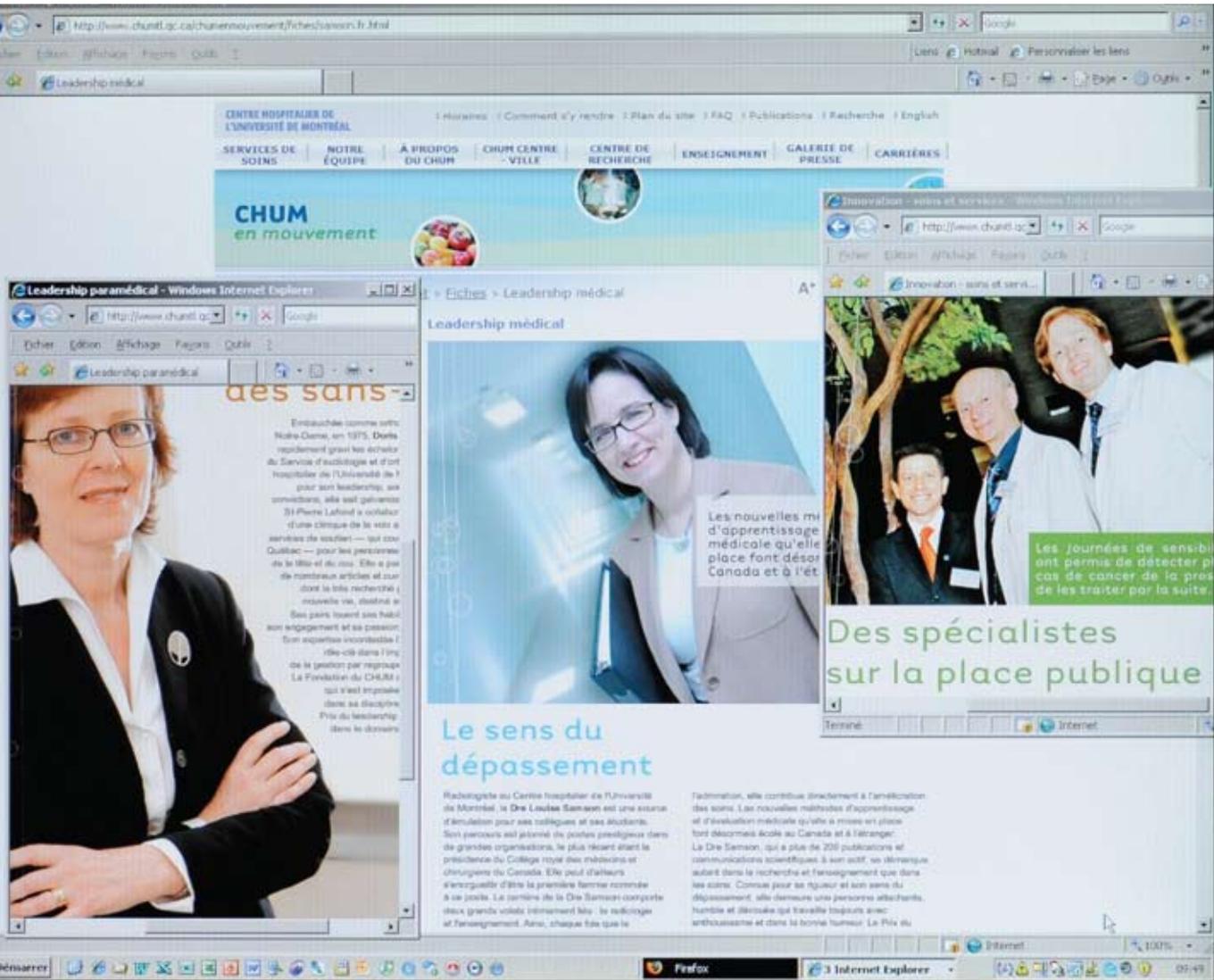




THROUGHOUT THE YEAR, CONSULT
WWW.CHUMONTREAL.QC.CA TO FOLLOW
WHAT'S HAPPENING AT THE CHUM:

GALERIE DE PRESSE (SOME AVAILABLE IN ENGLISH)
PUBLICATIONS (SOME AVAILABLE IN ENGLISH)
CHUM EN MOUVEMENT (AVAILABLE IN ENGLISH)

Dr. Michèle De Guise, director of Health Promotion, and, from the CHUM birth centre, Nadège Staco, head nurse, and Marielle Venne, social worker



REPORTS ONLINE



THE GOAL OF THE CHUM ON THE MOVE
PAGES IS TO PROVIDE UPDATES TO
INFORMATION IN PREVIOUS ANNUAL
REPORTS AND TO PUBLICIZE THE
NOTABLE ACTIVITIES OF ITS TEAMS
IN A TIMELY MANNER.

DRS. DENIS MARLEAU AND RÉAL LAPOINTE

The CHUM's liver transplant program is the second largest in Canada because of the determination and tenacity of these two physicians.

DORIS ST-PIERRE LAFOND

Chief of the Audiology and Speech Therapy Service, she helped set up a voice clinic at the CHUM and two support services for people suffering from head and neck cancer.

ALPHA/BIRTH CENTRE TEAM

By providing systematic screening of psychosocial problems related to maternity, this team helps improve the care of pregnant women and those who have just given birth.

DR. PATRICK D'AMICO

This doctor has been training future physicians for over 30 years and his teaching still influences the practices of his former students.

DR. LOUISE SAMSON

The new learning and medical evaluation methods that she has developed and implemented are now taught throughout Canada and abroad.

DR. PIERRE DALOZE

A tireless researcher, he has been the principal investigator for numerous preclinical and multicentre clinical studies. He is also the author of more than 600 scientific communications.

DOMINIQUE LOUISE PRUD'HOMME

This speech therapist has participated in many research projects aimed at reducing the unpleasant side effects of radiotherapy and chemotherapy.

PREVENTIVE CARDIOLOGY TEAM

Focused on health promotion, the team provides a program of interdisciplinary services to anyone hospitalized for coronary problems.

DR. PAUL PERROTTE'S MULTIDISCIPLINARY TEAM

The Awareness Days have given the CHUM's health professionals the opportunity to educate the public about prostate cancer.

METABOLIC SYNDROME

To raise the public's awareness of what can be done to prevent metabolic syndrome, the CHUM held Metabolic Syndrome Awareness Days at Complexe Desjardins, Montreal.

IN REMISSION

René Blanchet, a CHUM patient, accepted our request to accompany him through the various steps of his care, from the biopsy of cancerous tissue to the news that he is in remission.

ARCHIVE MANAGEMENT

A classification plan and a retention schedule enable more efficient management of the massive quantity of documents that the CHUM produces and receives.

JEAN-MARIE DUMESNIL

An attentive and empathetic listener, this dedicated volunteer is always on the lookout for anything that can improve patients' comfort.

GUY MARSOLAIS

For over 18 years, this volunteer has been generous with his time, as well as with his smiles, which warm the hearts of patients at the CHUM's Hôpital Notre-Dame.

CURRENT AFFAIRS AT THE CLICK OF A MOUSE

CARDIOLOGY AND STEM CELLS

In December 2007, the CHUM introduced the media to the first patient successfully treated in the scope of a double-blind clinical trial, whose objective was to regenerate the myocardium after acute myocardial infarction (heart attack) by injecting stem cells harvested from bone marrow. The medical and scientific team for this project, directed by **Dr. Samer Mansour**, interventional cardiologist and clinician scientist, and **Dr. Nicolas Noiseux**, principal co-investigator, includes other renowned experts: **Dr. Guy Leclerc**, chief of the CHUM's Cardiology Service, **Dr. François Reeves**, interventional cardiologist at the CHUM, and **Dr. Denis-Claude Roy**, director of the research centre at Hôpital Maisonneuve-Rosemont.

BIRTH CENTRE: A CENTRE OF EXCELLENCE IN HEALTH PROMOTION

Future moms will benefit from specific programs to improve the health and development potential of their unborn children through the establishment of the centre of excellence in health promotion, at the CHUM birth centre. More than 2500 women give birth there annually. Of that number, one in five presents with psychosocial risk factors such as drug addiction, violence or single parenthood. The **Fondation Lucie et André Chagnon** generously contributed to the creation of the centre of excellence, whose objective is to promote health and prevent disease for families.

TEACHING AND VIDEOCONFERENCING

Set up in cooperation with the Teaching Division in 2002, the Videoconference Service has reached cruising speed. Approximately 30 videoconferences per week fill every time slot, from morning to evening. This technology lets students receive training, and professors to provide it, without having to travel between the three hospitals of the CHUM or even between Montreal, Quebec City, Sherbrooke and elsewhere. Everyone involved can thus get back to their activities as soon as the class ends. Videoconferencing also helps young surgeons learn, because they are able to watch operations being performed or be supervised by remote during their first surgical interventions.

ASSESSMENT OF HEALTH CARE TECHNOLOGIES AND INTERVENTION METHODS: THREE NEW STUDIES

Studies by the Assessment of Health Care Technologies and Intervention Methods Division at the CHUM are always carried out conjointly with the McGill University Health Centre (MUHC)

Technologies Assessment Unit. Three assessments were carried out in 2007–2008, one of which dealt with waiting times in some services of the CHUM's Department of Medicine. Its objectives were the same as those of the study carried out in the other services and for which results were published last year. The CHUM will use every means possible to reduce wait times, which affect all the hospital services studied to date. The second evaluation dealt with sacral neuromodulation, a technique used in the treatment of urinary incontinence. The authors of the report recommended its adoption, as they did last year for the treatment of fecal incontinence. Finally, the most recent study, carried out in 2007–2008, compared liquid-based cytology with conventional cytology. The results demonstrated that the advantages of the new technique are not statistically significant and that the costs would be considerably higher. The joint CHUM and MUHC team therefore recommends that systematic use of liquid-based cytology not be adopted at the two institutions at this time. The reports (executive summaries in English) can be read at www.chumontreal.qc.ca, by clicking successively on Notre équipe, Les directions, La Direction de l'évaluation des technologies et des modes d'intervention en santé, Publications, 2008.

HEALTH PROMOTING HOSPITAL

Since April 2007, the CHUM has been a certified member of the Montreal Network of Health Promoting Hospitals and Health Services, affiliated with the World Health Organization. This movement began in Europe 15 years ago. Its aim is to integrate health promotion into the culture, practice, activities and organizational structures of its members. Its objective is to raise the awareness of the public, patients and staff of the importance of taking their health in hand.

HUMAN IMMUNODEFICIENCY: MAJOR DISCOVERY

How does a protein present in the DNA of some people protect them against deadly immunodeficiency diseases? **Rafick-Pierre Sékaly**, researcher at the CHUM and France's Institut national de la santé et de la recherche médicale (Inserm), and professor at the Université de Montreal, is the principal investigator of the Canada-US team that has solved this genetic mystery. The researchers have discovered how the key protein FOXO3a is vital to the survival of central memory T-cells that are defective in HIV-infected individuals, even when they are undergoing treatment. Read the results in the online edition of *Nature Medicine* at www.nature.com/nm/journal/v14/n3/full/nm1728.html.

NEUROLOGY: AN EVALUATION CENTRE UNIQUE IN CANADA

On May 2, 2007, the CHUM announced the creation of the Renata Hornstein Evaluation Centre (CERH) at the André-Barbeau Movement Disorder Clinic, which is to open its doors in 2009. The first of its kind, the centre will deal exclusively with the evaluation of Parkinson's disease and its related syndromes in order to help people to maintain or regain some independence. The CERH is being established through the generosity of businessman **Michal Hornstein**.

ONCOLOGY: THE CHUM BECOMES A SUPRA- REGIONAL BREAST CANCER CENTRE

The Department of Health and Social Services (MSSS) designated the CHUM's integrated breast cancer centre as a quaternary supra-regional breast cancer centre in November 2007. It is the highest distinction granted to a health institution following an MSSS evaluation of clinical activities, teaching and research activities of various care teams treating people affected by the same type of cancer. To qualify for this designation, teams must be composed of ultraspecialized professionals from several disciplines, have a cutting-edge technological infrastructure, a high volume of activities and masters- and PhD-level teaching activities. The CHUM team stands out in terms of its clinical, evaluative and basic oncological research programs.

ONCOLOGY, A NEW RESEARCH CHAIR

In September 2007, the Université de Montréal announced the creation of the Roger Des Grosseillers Hepatobiliary and Pancreatic Surgical Oncology Chair. The objectives of the chair include prevention, screening and treatment of cancers of the liver, the hepatic duct and the pancreas, in addition to the development and support of basic, clinical and evaluative research. **Dr. Réal Lapointe**, head of the Hepatobiliary and Pancreatic Surgery Service of the CHUM, holds this chair, and its work will be carried out at Hôpital Saint-Luc.

PHYSIATRY: A NEW EDITION OF AN INVALUABLE REFERENCE BOOK

The CHUM was very proud to present the second edition of *Pathologie médicale de l'appareil locomoteur*, in February 2008. Physiatrists **Yves Bergeron**, **Luc Fortin** and **Richard Leclaire** were responding to a pressing need, as the first edition was over 20 years old. Destined first and foremost for general practitioners, the book will help them establish their diagnoses and better treat their patients. It will also become a reference tool for teaching, because no other document brings together so much information about the musculoskeletal system.

PROFESSION: NURSE—A SUCCESSFUL SYMPOSIUM

In the context of a glaring shortage of nurses, the professional practice must be rethought to ensure a continuum of adequate care. In September 2007, the CHUM organized a symposium around the theme *Un souffle nouveau pour la pratique infirmière* (giving nursing a new lease on life), attended by 300 people from a number of hospitals. One of the aims of the lectures, roundtables and workshops was to foster the sharing of knowledge, experience and technologies.

COMMUNITY OUTREACH

The second edition of Metabolic Syndrome Awareness Days, held in October 2007, and the fifth edition of Prostate Cancer Awareness Days, in March 2008, were both great successes once again. The CHUM takes pride in having created these activities, which provide it with the opportunity to promote health and disease prevention at Complexe Desjardins, in downtown Montreal. Every year, thousands of passers-by stop to get information and take completely confidential detection tests on the spot.

MULTIPLE SCLEROSIS: TWO MAJOR ADVANCES

There is no longer any doubt that TH17 lymphocytes play a role in the mechanism of pathogenesis in inflammatory diseases. However, the work of **Dr. Alexandre Prat**, neurologist, CHUM researcher and professor at Université de Montréal, and his team, has clarified the specific contribution of these lymphocytes in the development of the lesions characteristic of multiple sclerosis. The results of the study were published in the October 2007 issue of *Nature Medicine*. Another study undertaken by Dr. Prat's team, published in the February 2008 issue of *Nature Immunology*, sheds more light on the role of new adhesion molecules in the pathogenesis of multiple sclerosis and suggests other possible therapeutic targets.

LUNG TRANSPLANTATION: 10 YEARS ALREADY!

Some 35 lung transplants are carried out every year at the CHUM and over 200 patients are monitored by the transplantation program team. Set up 10 years ago, this program, unique in Quebec, is classed as second in Canada and is among the 12 most important in North America. Doctors **Charles Poirier**, pneumologist, **Pasquale Ferraro**, thoracic surgeon, and **Nicolas Noiseux**, cardiac surgeon, always work in interdisciplinarity with other health professionals of the team.

THE CHUM FOUNDATION





THE MISSION OF THE FOUNDATION OF THE CENTRE HOSPITALIER DE L'UNIVERSITÉ DE MONTRÉAL IS TO ENSURE THAT THE CHUM HAS A CONTINUAL SOURCE OF PRIVATE FUNDS, AS A COMPLEMENT TO ITS PUBLIC FUNDING.

Geneviève Forget, nurse, Clinique Santé-voyage, Nathalie Lampron, officer, Donor Relations, and Véronique Bomal, assistant, Fundraising Division



WHERE DO THESE FUNDS COME FROM?

The generosity of the Foundation's sponsors, volunteers and its thousands of donors provides the CHUM with additional sources of funds to continue to improve the quality of care, acquire the latest equipment and support its research, teaching and health promotion activities.

DONORS

The Foundation receives donations from patients pleased with the care they have received and from individuals targeted in our mail campaigns, in addition to donations made in remembrance of a loved one who has died or as bequests. Corporations or private foundations that want to support the CHUM also provide substantial amounts. Whatever the source, every donation is important and contributes to improving the care of patients at the CHUM.

FUNDRAISING ACTIVITIES

Every year, the Foundation organizes increasingly popular activities, including a benefit concert, a gourmet banquet and a golf tournament. The 2007 golf classic alone raised \$1,800,000, making it the most lucrative hospital foundation golf tournament in Canada. The Foundation also benefits from funds raised by the Charity Preview of the Montréal International Automobile Show. A number of draws and lotteries are also organized as part of a global public awareness and fundraising strategy.

CLINICAL SERVICES

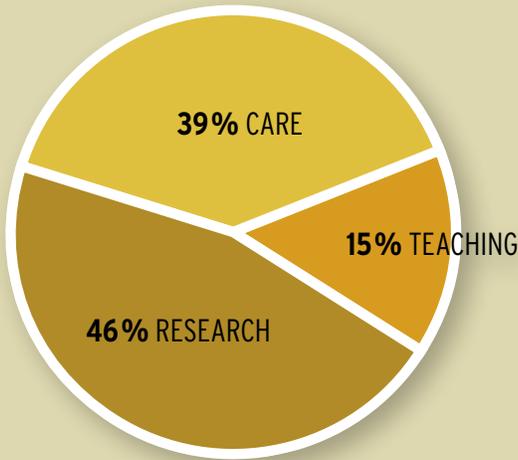
The Foundation manages clinical services and complementary activities, the profits of which cover all of its administrative costs. The Foundation can thus provide the CHUM with 100% of the funds collected. The travel clinic is a good example. One of the largest clinics of its kind in North America, it has been at the service of travellers since 1978. The Foundation also provides medical checkups at its health evaluation centre.

TO LEARN MORE, VISIT THE WEBSITES

www.santevoyage.com and

www.fondationduchum.com, Le Centre d'évaluation de santé.

WHERE DO THE FUNDS GO?



IN 2007-2008,
THE FOUNDATION
HANDED
\$6,313,971
OVER TO
THE CHUM

CARE, EQUIPMENT AND HEALTH PROMOTION: \$2,454,665

A number of services and departments of the CHUM have been able to acquire equipment that improves the accuracy of diagnoses and increases the effectiveness of treatment. Three examples: an ultrasonic aspirator used in stereotactic neurosurgery, which enables brain injuries to be examined and treated with more precision and with less risk of damage to surrounding tissue, compared to other surgical techniques; an endobronchial ultrasound instrument, used to diagnose bronchopulmonary tumours and to evaluate their progression; a hemodiafiltration instrument, which purifies the blood more effectively than conventional dialysis for patients suffering from chronic kidney disease.

The Foundation also contributed to financing the CHUM's awareness days. These provide unique opportunities for the public to learn from health experts and to take tests to detect prostate cancer or metabolic syndrome. The latter is a combination of disorders that increase the risk of developing diabetes or cardiovascular disease.

SUPPORT TO RESEARCH: \$2,911,502

Improving patient care depends a great deal on clinical research and fundamental research. That is why the Foundation supports the work of the CHUM research centre and participates in financing some 15 research chairs at Université de Montréal, in areas such as orthopaedics, osteoarthritis, breast cancer, hepatology and family medicine. Through its investment in these chairs, the Foundation is one of the largest donors to the University.

SUPPORT TO TEACHING: \$947,804

The Foundation's bursary and fellowship programs contribute to training a new generation of highly qualified professionals. Twenty young health professionals from the CHUM were among the beneficiaries of these programs in 2007-2008. They received fellowships to go abroad to advance their knowledge in a number of specialties, including neurosurgery, radio-oncology and cardiological intensive care.

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Our sincere thanks to every individual, business and foundation that has made a donation to the CHUM Foundation. We do our best to ensure that the information published is correct. Please contact us if you have a correction to make. Call 514 890-8077, extension 36192.

DOES A WORLD OF GOOD!

FINANCIAL AND STATISTICAL INFORMATION

IN ACCORDANCE WITH THE 2007-2008 MANAGEMENT AND ACCOUNTABILITY AGREEMENT, THE CHUM WAS TO RESPECT CERTAIN INDICATORS THAT HAVE A DIRECT INFLUENCE ON ITS FINANCIAL SITUATION, ESPECIALLY WITH RESPECT TO VOLUMES OF ACTIVITY IN FOUR SURGICAL CATEGORIES. FUNDING FROM THE MONTREAL HEALTH AND SOCIAL SERVICES AGENCY VARIES ACCORDING TO THIS VOLUME.

THE NUMBER OF SURGERIES WAS HIGHER THAN THE OBJECTIVE SET IN THREE CATEGORIES (CATARACT SURGERY, DAY SURGERY AND HIP AND KNEE ARTHROPLASTY), BUT BELOW THE OBJECTIVE ESTABLISHED FOR SURGERY WITH HOSPITALIZATION, WITH THE EXCLUSION OF HIP AND KNEE SURGERY. GIVEN THESE RESULTS, THE AGENCY CUT \$2.6 MILLION FROM ITS FUNDING TO THE CHUM.

NEVERTHELESS, THE CHUM RESPECTED THE MAXIMUM TARGET FOR OVERSPENDING OF THE AUTHORIZED BUDGET, SET AT \$12.7 MILLION, AS THE 2007-2008 FINANCIAL YEAR ENDED WITH A DEFICIT OF \$10.2 MILLION.

OPERATING FUND SUMMARY STATEMENT OF OPERATIONS

For the year ended March 31, 2008

	2007–2008 (in dollars)	2006–2007 (in dollars)
REVENUES		
Principal Activities		
Agence de la santé et Services sociaux (the Agency)	565,475,210	574,924,487
Patients	13,960,300	14,487,646
Sales	11,874,009	11,318,860
Recoveries	4,817,583	3,602,571
Other	26,833,023	17,678,008
Ancillary Activities		
Public and parapublic funding	68,396,440	61,197,006
Commercial revenues	943,741	989,537
Revenues from other sources	34,962,049	28,944,593
Total Revenues	727,262,355	713,142,708
EXPENSES		
Principal Activities		
Salaries	278,313,955	260,374,889
Employee benefits	77,576,716	71,420,939
Payroll taxes	38,569,100	37,078,019
Medications	33,644,172	35,117,910
Blood products	15,065,190	14,419,512
Medical and surgical supplies	61,987,596	59,659,323
Foodstuffs	6,627,777	6,452,816
Other	121,433,558	150,182,984
Ancillary Activities		
Salaries	36,719,292	34,685,633
Employee benefits	7,546,031	6,852,135
Payroll taxes	5,939,122	5,489,166
Other	54,028,161	44,037,697
Total Expenses	737,450,670	725,771,023
DEFICIT *	(10,188,315)	(12,628,315)

* The Department of Health and Social Services authorizes a cost overrun for some institutions, setting them an annual maximum target. Once again this year, the CHUM respected its target.

Source : Division of Financial Resources and Economic Partnerships

OPERATING FUND BALANCE SHEET

For the year ended March 31, 2008

	2007–2008 (in dollars)	2006–2007 (in dollars)
ASSETS		
Short-term		
Cash	4,224,559	1,830,060
Due from the Agency and the MSSS	12,682,070	12,001,255
Accounts receivable	13,792,593	12,366,535
Prepaid expenses	1,270,017	844,444
Stocks	4,666,125	4,569,351
Interfund loans	15,371,287	18,844,433
Other assets	2,395,120	1,398,816
Total Short-term Assets	54,401,771	51,854,894
Other assets	2,325,417	2,472,854
Total Assets	56,727,188	54,327,748
LIABILITIES		
Short-term		
Bank overdraft	147,200,000	121,300,000
Loans payable	66,043,572	79,543,342
Deferred revenues— Principal activities		
The Agency	1,842,427	1,905,501
Other	188,838	386,398
Deferred revenues— Ancillary activities		
Other	1,248,663	1,326,826
Other liabilities	383,645	333,645
Total Short-term Liabilities	216,907,145	204,795,712
Other liabilities	758,480	539,799
Fund Balance	(160,938,437)	(151,007,763)
Total Liabilities and Fund Balance	56,727,188	54,327,748

Source: Division of Financial Resources and Economic Partnerships

CAPITAL FUND BALANCE SHEET

For the year ended March 31, 2008

	2007–2008 (in dollars)	2006–2007 (in dollars)
ASSETS		
Short-term		
Cash	12,114,426	3,718,897
Due from the Agency and the MSSS	10,499,861	26,732,593
Other accounts receivable	5,367,253	2,680,511
Total Short-term Assets	27,981,540	33,132,001
Capital assets	801,108,943	729,124,228
Other assets	35,213,024	33,594,616
Total Assets	864,303,507	795,850,845
LIABILITIES		
Short-term		
Other accounts receivable	5,909,021	5,639,007
Interfunds debt	10,937,134	18,844,433
Other liabilities	2,546,914	1,149,448
Total Short-term Liabilities	19,393,069	25,632,888
Long-term		
Temporary financing— decentralized envelopes	65,335,659	74,841,395
Obligations and other liabilities	375,066,877	291,534,005
Total Long-term Liabilities	440,402,536	366,375,400
Total Liabilities	459,795,605	392,008,288
Fund balance	404,507,902	403,842,557
Total Liabilities and Fund Balance	864,303,507	795,850,845

Source: Division of Financial Resources and Economic Partnerships

OPERATING FUND OPERATIONAL DATA

For the year ended March 31, 2008

	2007–2008	2006–2007
Patient Days (Hospital)		
General wards	250,938	253,760
Semi-private rooms	56,732	63,460
Private rooms	1,693	2,292
TOTAL	309,363	319,512
Patient Days (Long-Term Care)		
Residential and long-term care	60,101	60,793
Hospital Admissions		
	27,678	27,699
Authorized Beds		
Hospital	1,217	1,217
Residential and long-term care	170	170
Bed Set-up		
Hospital	969	972
Residential and long-term care	166	170
Average Length of Hospital Stay		
General and specialized care	9.84	10.04
Psychiatric care	21.10	20.51
Natality—average stay of mother	2.69	2.52
Natality—average stay of newborn	2.96	2.91
Detoxification	8.25	9.12
Percentage of Average Bed Occupancy*		
Hospital	69.45	71.93
Residential and long-term care	96.59	97.97
Active Physicians		
Specialists	656	640
General practitioners	153	148

* Based on the number of authorized beds.

Source: Division of Financial Resources and Economic Partnerships

HUMAN RESOURCES

For the year ended March 31, 2008

	2007–2008	2006–2007
PERMANENT STAFF		
(Principal activity)		
Managerial Staff		
Number of full-time staff	271	243
Part time		
Number of staff	17	20
Full-time equivalent	8	9
Staff with employment stability	0	4
Regular Staff		
Number of full-time staff	4,299	4,342
Part time		
Number of staff	2,513	2,332
Full-time equivalent	1,459	1,357
Staff with employment security	1	1
<hr/>		
NON-PERMANENT STAFF		
(Casual)		
Number of hours remunerated in fiscal year	2,779,198	3,343,177
Full-time equivalent	1,515	1,829

Source: Division of Financial Resources and Economic Partnerships

OTHER STATISTICS

For the year ended March 31, 2008

	2007–2008	2006–2007
CLINICAL ACTIVITIES		
Emergency (visits)	112,257	116,108
Outpatient clinics (visits)	421,974	429,333
Surgical procedures	12,288	12,433
Day surgeries	18,049	15,717
Cardiac procedures	916	943
Childbirths	2,346	2,500
Neuroradiology (patients)	390	293
Organ donnors	55	44
Organ transplants	159	148
Hemato-oncology (visits)	55,951	56,580
Endoscopy (examinations)	40,740	40,238
Hemodialysis (treatment)	68,652	68,761
Prostheses (hip and knee) (including revisions)	353	274
Lithotripsy (patients)	1,406	1,306
Medical imaging (examinations)	398,946	398,297
Laboratory analyses	9,151,199	8,970,749
Kilograms of linen processed	3,293,009	3,455,457
Meals served and sold	2,961,274	2,778,912
OCCUPANCY RATE ACCORDING TO BED SET-UP		
Hospital	86.6%	86.6%
Residential and long-term care	98.9%	99.5%

Source: Division of Information Management and Quality Performance

SUMMARY OF TEACHING ACTIVITIES

	2007–2008	2006–2007
NUMBER OF PRACTICUMS*		
University		
Medecine Externship	1,658	1,667
Medecine Residence	4,598	4,493
Total	6,256	6,160
NUMBER OF STUDENTS		
University		
Preclinical Medecine	302	292
Medecine Externship	619	593
Medecine Residence	715	695
Medecine Continuing Education and Observation	60	77
Research	560	550
Nursing	249**	529***
Pharmacy (including residents)	109	135
Stomatology (including residents)	94	99
Other Health Disciplines	457	474
Sub-total	3,165	3,444
CEGEP and High School		
Nursing	1,365**	2,075***
Other Health Disciplines	422	419
Sub-total	1,787	2,494
Total	4,952	5,938

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

**For 2007–2008, the measurement used is the absolute number of students and not the number of times students were present, which is why the number is lower than in previous years.

***For the years before 2007–2008, the measurement used was the number of times students were present.

Source: Teaching Division

FUNDING OF THE RESEARCH CENTRE

	2007–2008	2006–2007
Competitive funding	\$38.2 M	\$39.1 M
Industrial funding	\$11.7 M	\$11.2 M
Other	\$14.6 M	\$9.7 M
Total	\$64.5 M	\$60.0 M

Source: Division of Financial Resources and Economic Partnerships

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.

TO LEARN MORE, VISIT THE WEB SITE
www.chumontreal.qc.ca, Notre équipe, Conseil d'administration.
The entire code is available (in French only).

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THANKS TO EVERYONE
WHO HELPED GIVE
THE ANNUAL REPORT
A HUMAN FACE BY
ACCEPTING TO BE
PHOTOGRAPHED

Cover

From left to right, Dr. Nicolas Germain-Lacroix, pneumology resident,
Ginette Joly, administrative officer, Sylvie Gauthier, nursing assistant,
Dr. Claude Girard, dermatologist

Back cover

Dr. Mélissa Nantel-Battista, dermatology resident, Dr. Marie-Soleil Masse,
allergologist, and, from the back, Marie-Josée Poitras, orderly

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