



CARE

RESEARCH

HEALTH  
PROMOTION

TEACHING

ASSESSMENT OF HEALTH CARE  
TECHNOLOGIES

AND INTERVENTION METHODS

2008-2009 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 2008–2009 faithfully describe the institution's mission, mandates, values and strategic orientations. It presents the indicators used, established targets 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, 2009.



Serge LeBlanc

Acting Director General

**MESSAGE FROM THE CHAIRMAN OF THE BOARD OF DIRECTORS AND THE ACTING DIRECTOR GENERAL**

It is with immense pride that we present this document, which is much more than an annual report. Interviews with key figures illustrate each of the five facets of the mission of the Centre hospitalier de l'Université de Montréal: care, teaching, research, assessment of healthcare technologies and intervention methods, and health promotion.

Space has also been given to our various teams because more than anyone, these women and men know how much their every gesture, large or small, helps to reassure patients when illness makes them temporarily vulnerable.

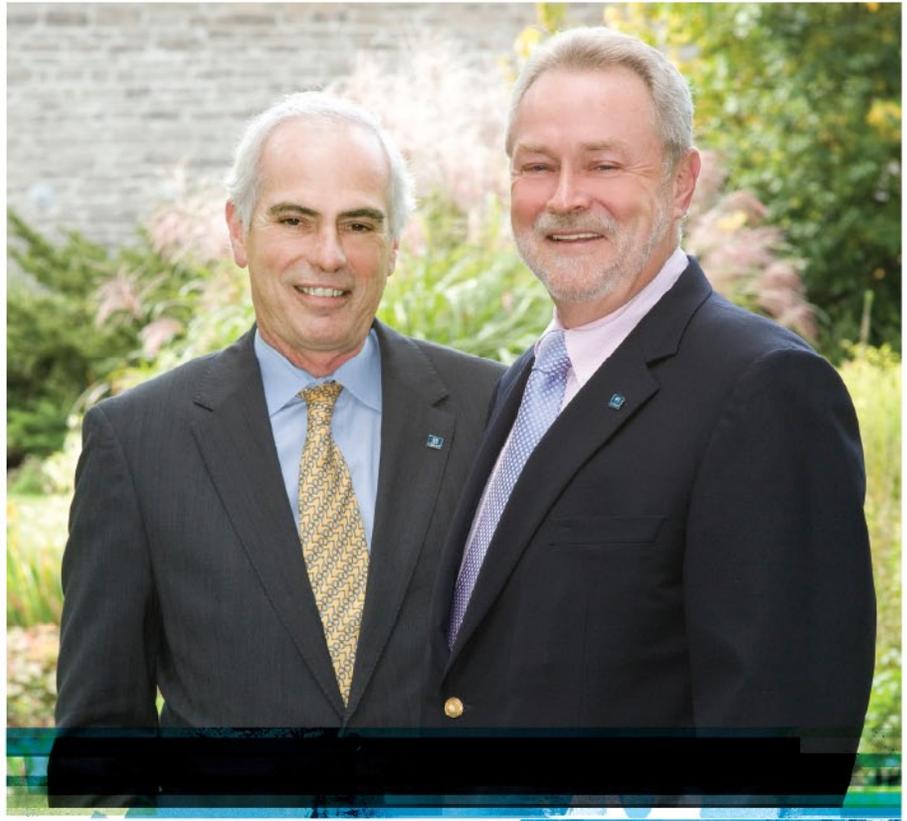
The CHUM is a North American leader in radio-oncology; one of its physicians has given sight to blind patients; it is a trailblazer in Quebec through its integration of nursing assistants in the operating rooms; almost all its interdisciplinary oncology teams have received a supra-regional designation.

Close to 5,000 trainees come to study at the CHUM every year; nurses who want to study at university have access to an innovative program; medical students are able to learn more about patients by volunteering.

One researcher has discovered a genetic syndrome; a second has perfected an invention that analyzes and assesses knee function; a third has become the holder of a prestigious research chair... it's no surprise that the Fonds de recherche en santé du Québec has rated the research centre as "exceptional"!

There are a multitude of innovations as well. The CHUM is the first hospital centre in Quebec to use pulmonary echoendoscopy. It introduced hemodiafiltration, a technique still not in wide use throughout the world. Midwives have begun practicing at Hôpital Saint-Luc. Geriatric teams have formed a community of practice to improve care to elderly people. Spiritual care has been adapted to the multicultural reality of the 21<sup>st</sup> century.

By the time you have turned the last page of this document, you will have understood why the CHUM has earned an enviable reputation for itself on the national and international stage. You will have also understood why we can say loud and clear that the CHUM of tomorrow is today!



**M<sup>e</sup> PATRICK A. MOLINARI**  
CHAIRMAN OF THE BOARD OF DIRECTORS

**SERGE LEBLANC**  
ACTING DIRECTOR GENERAL

# THE CHUM DOWNTOWN



## Reference model for the downtown Centre hospitalier de l'Université de Montréal

A reference model is an architectural rendering used solely to show the possibility of integrating all the planned functions laid out in the Functional and Technical Program. The drawing shown above is thus not an illustration of the future CHUM. The consortium chosen at the end of the Request for Proposals process will have the responsibility of submitting the definitive plans.

## GREEN LIGHT

Improvements were made to the CHUM downtown project during the last financial year, and the Quebec government gave it the green light by officially launching the Request for Proposals on March 30, 2009. The CHUM's Board of Directors had previously recommended that the Department of Health and Social Services adopt the amended Functional and Technical Program. It includes the addition of 72 beds, 9 operating suites, 2,000 m<sup>2</sup> to the ambulatory centre, doctors' offices and 952 parking spaces. Also planned are the demolition of the current Hôpital Saint-Luc and the construction of a new building that will be an integral part of the hospital complex.

To keep the public updated on the project's progress, in 2008–2009, the CHUM published a special edition of the *CHUM* journal and monthly supplements, as well as a chronology of the major steps involved in the project. Available at [www.chumontreal.qc.ca](http://www.chumontreal.qc.ca), CHUM centre-ville, Publications.

## IT'S UNDERWAY!

The CHUM launched the Request for Proposals for the construction of its research centre on May 29, 2008. After submissions are received from the two proponents, the best one will be chosen. Work can then get underway, because the completion date for demolition of 333 Saint-Antoine, which began on November 27, 2008, is April 2009.

With a floor area of 46,500 m<sup>2</sup>, the new research centre will bring together the 1,300 employees now working in six separate buildings. With all of them together in a research centre that is already rated as exceptional by the Fonds de recherche en santé du Québec, they will be able to accomplish even more scientific advances and attract the best researchers from all over the world.

The Request for Proposals in May 2008 also applied to the layout of 300 Viger Avenue East. The integrated teaching and training centre and the simulation laboratories, the outpatient clinics and administrative offices of the CHUM will be located in this approximately 20,000 m<sup>2</sup> building.





“CHUM centre-ville will help with the development of telemedicine and the optimization of videoconferencing.”

— Dr. Marie-Josée Hébert, nephrology-transplant physician and researcher at the CHUM research centre.

“As patients will be hospitalized in individual rooms, their privacy will be preserved and the risks of propagation of infection reduced.”

— Dr. Rafaël Bélanger, chief of the Department of Medicine.

Reference model: view from Saint-Denis Street

## FOCUSED ON THE PATIENT

AT THE CHUM, PATIENTS COME FIRST. AND STAFF WILL BE ABLE TO DO EVEN MORE FOR THEM WHEN ALL MEDICAL CARE IS PROVIDED IN A SINGLE BUILDING, THANKS TO THE CONFIGURATION OF THE SITE AND PROXIMITY TO SERVICES.



“Bringing respiratory care and services together will foster a continuum of care and the patient will be the big winner.”

— Dr. Charles Poirier, head of Respiratory Service and medical director of the CHUM lung transplantation program.

Extracts of the interviews with doctors Hébert, Bélanger and Poirier in the *CHUM* journal. To read the complete interviews, go to [www.chumontreal.qc.ca](http://www.chumontreal.qc.ca), CHUM centre-ville, Publications, Journal CHUM centre-ville.

#### 1000 SAINT-DENIS STREET IN A FEW FIGURES

The hospital centre: 124,402 m<sup>2</sup> net floor area and 220,137 m<sup>2</sup> gross floor area

The research centre: 46,500 m<sup>2</sup>

772 individual patient rooms

15 medical and surgical care units

11 specialized care units (e.g., isolation, major burns)

30,000 hospitalizations per year

21,000 surgeries per year

65,000 emergency visits (51 gurneys)

345,000 visits to outpatient clinics

# AT YOUR SERVICE!



EFFICACY

SKILL

LEADERSHIP

Daniel Tourangeau, foreman for day labour, carpentry and painting; Guy Marcil, foreman of the thermal power plant and plumbing; Alain Samson, instrumentation and control technician; Marc Thibeault, electrician; Yvon Touchette, electrodynamic technician

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

860 physicians, dentists and pharmacists;

9,300 employees:

4,000 nurses, auxiliary nurses and orderlies,

1,500 health professionals other than physicians and nurses,

325 managers,

3,425 other employees;

1,300 researchers, investigators and other staff at the research centre;

5,000 students and trainees;

670 volunteers.



Catherine Bouchard, radiology technologist specialized in angiography; Dr. Alain Weill, radiologist; Johanne Caza, training coordinator; Marc Giguère, radiology technical assistant; Sylvie Roussel, radiology technologist

# MANDATES

Providing the immediate population with diagnostic services and medical care, and, as a referral centre, providing specialized and ultra-specialized care to people throughout the entire province.

## THE CHUM OFFERS 35 MEDICAL SPECIALTIES:

- All those recognized by the Collège des médecins du Québec, with the exception of pediatrics;
- A speciality exclusive to it: hepatology, which deals with liver diseases.

# CLINICAL SECTORS

The CHUM has defined its priority clinical sectors by basing itself on the expertise developed by its teams in numerous leading spheres.

CARDIOVASCULAR AND METABOLIC DISEASES

NEUROSCIENCES

TRANSPLANTATION (KIDNEY, LIVER, LUNG, PANCREAS)

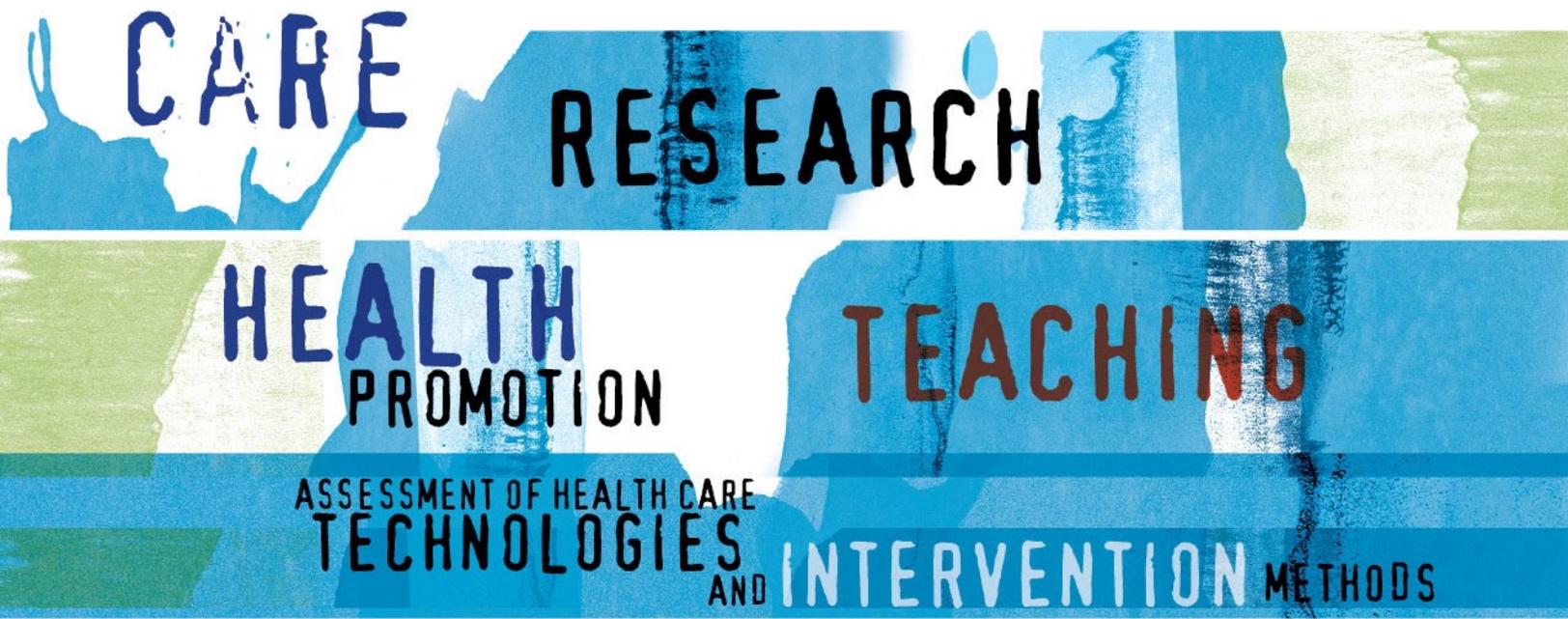
ONCOLOGY

PLASTY RECONSTRUCTION,  
INCLUDING REPLANTATION AND MAJOR BURN TREATMENT

ADDICTION MEDICINE

These sectors cover a wide range of diseases and disorders, such as atherosclerosis, hepatitis, multiple sclerosis, diabetes, endocrinal diseases, AIDS and high blood pressure.

# MISSION



# CARE



## UNIVERSITY HOSPITAL CENTRES LEAD THE WAY IN MEDICINE

“University hospital centres rely on a huge concentration of professional expertise to provide the public with ultraspecialized care. The CHUM is not only the sole health institution in Quebec doing lung transplants, but it is also a referral centre for limb transplants. Its professionals are responsible for a number of sectors such as liver, kidney and pancreas transplants, complex oncology, interventional neuroradiology and movement disorders. Our institution is a leader in the implementation of new care protocols, and it can count on state-of-the-art technology to fulfill its role as a medical front-runner in Quebec.”

— **Dr. Charles Bellavance**, Director of Professional Services



## BETWEEN SCIENCE AND EMPATHY

“A university hospital centre is a highly scientific environment, at the cutting edge of discoveries in the medical field. Although it is familiar ground for health professionals, it is less so for patients, who are often very sick and very vulnerable. We must therefore never lose sight of the importance of human contact and empathy. Our health teams are large and include all the health disciplines, which is an advantage for patients, because they have access to all our resources: physicians, nurses, social workers, psychologists, nutritionists, occupational therapists, physiotherapists, etc. Our greatest challenge is to get them to work in real interprofessional collaboration, meaning one with the other instead of one beside the other.”

— **Danielle Fleury**, Director of Nursing Care



#### **BEHIND THE SCENES, BUT ALWAYS PRESENT**

“Hospitalized patients see physicians and nurses all the time, but they aren’t really aware of how many people are working for them behind the scenes. But when they have a blood test, a biochemist makes sure that the laboratory results provide the right diagnosis. When they get an x-ray, a biomedical engineer ensures that the radiologist has access to clear and precise medical images. Before they receive their meal, a dietician has verified that there is no salt or potassium, if that is what their physician prescribed. And while robots perform work in the pharmacy, it is supervised by technical assistants. In other words, the 1,340 employees in the diagnostic, therapeutic and food sectors have a single priority: patients’ safety!”

— **Myriam Giguère**, Director of Hospital Services



#### **GROUPING CLIENTS TOGETHER TO PROVIDE BETTER CARE**

“A few years ago, the CHUM instituted patient-centred management, like other university hospital centres in Quebec. We set up care and services for patients with common characteristics and needs. Our care teams have the right skills and knowledge and they have acquired very specialized expertise. Despite the interdisciplinary work style, we want the professionals in the team to keep their individuality and bring their own contributions, as this constitutes an additional asset for the patient.”

— **Angèle St-Jacques**, Director of Patient-centred Groups

# PATIENT-CENTRED GROUPS

## YEAR ONE FOR PATIENT-CENTRED GROUPS

The 11 patient-centred groups and the three co-managed cross-cutting services (see box) were implemented progressively, from the beginning of 2006 to the end of 2007. Financial year 2008–2009 was the first full year for the new type of management, in which patients suffering from similar diseases and who have common needs are grouped together in the same units.

As decentralization is a tenet of this management method, the groups are headed by two co-managers. Decision-making and implementation of activities are thus shared between the medical and clinical-administrative co-managers.

Being physicians themselves, medical co-managers have easy access to all the available medical information. Because they are involved in making decisions and analyzing situations, they are keenly aware of problems related to financial and human resources, and are able to inform their medical colleagues about decisions made and to explain the reasons behind them.

While medical co-managers devote the equivalent of one day a week to this role, the clinical-administrative co-managers take care of daily management on a full-time basis. Nurses for the most part, they compile pertinent data, are familiar with their clientele, can gauge changing needs, and act as a bridge with other groups. In order to guarantee the stable workforce needed for the well-being of patients, they ensure adequate recruitment of human resources and the integration of the new employees into the teams.

## CROSS-CUTTING SERVICES: FOR ALL THE GROUPS

Cross-cutting services are managed according to the same co-management model as the patient-centred groups, with the difference that they provide support to a number of disciplines and respond to the needs of all the groups. Thus, all surgeries are performed in the surgical suite of each of the hospitals, whatever the medical specialty required. Moreover, patients whose lives are in danger are directed towards intensive care units, no matter their health problem.

Management of the Emergency Department, one of the three cross-cutting co-managed services, remains a colossal challenge. Over the past year, the Patient-centred Groups Division reviewed all of the processes that could help improve performance in Emergency and implemented mechanisms to reduce overcrowding. The housekeeping crews are also doing their part so that new patients can quickly get a bed in a care unit.

The closing of long-term care units at Hôpital Notre-Dame and Hôpital Saint-Luc, which responds to a demand of the provincial Health and Social Services Department, has led to a more rapid turnover of beds in the short-term care units and, consequently, the gurneys in the ER. At the same time, the implementation of special measures that anticipate loss of autonomy in the elderly, including the OPTIMAH program (see page 25), shorten the duration of hospitalization for this group of clients.

## THE ELEVEN GROUPS

ALLERGY, RESPIRATORY AND DIGESTIVE MEDICINE

CARDIOLOGY

OBSTETRICS AND GYNECOLOGY

MUSCULOSKELETAL

CONTEMPORARY MEDICINE

METABOLIC MEDICINE

ONCOLOGY-HEMATOLOGY

PSYCHIATRY-MENTAL HEALTH

NEUROLOGICAL SCIENCES

SURGICAL SERVICES

TRANSPLANTATION-HEPATOLOGY

## THE THREE CROSS-CUTTING SERVICES

SURGICAL SUITES, DAY SURGERY AND PREADMISSION

INTENSIVE CARE AND MAJOR BURNS

EMERGENCY

# OACIS

## COMPUTERIZING PATIENT RECORDS WITH OACIS

To consolidate patients' clinical data into individual electronic files that are easily accessible to caregiving teams and to improve the quality of care in their institutions, the CHUM and the McGill University Health Centre (MUHC) launched a joint technological transition project a few years ago. This is the first time that Canadian institutions have partnered to carry out an information technology reform that was not initially mandated by the government.

The implementation of the Oacis system (Open Architecture Clinical Information System) is the largest technological integration project ever undertaken in a Quebec health institution. The implementation process has been so effective that it has generated interest from coast to coast. In fact, Jean Huot, director of Technological Resources for both hospital centres, was appointed program chair of the e-Health 2009 Conference, organized by Canada's Health Informatics Association.

## TENS OF MILLIONS OF TRANSACTIONS

The clinical information system processes tens of millions of transactions annually, but its rate of deployment follows the pace of its users, a critically important approach to ensuring safety of care.

By the end of fiscal 2008–2009, more than 800 clinicians were using the Oacis system regularly, and their numbers are increasing day by day. The system's best exponents are those who understand the advantages of using a system that answers clinical needs and provides quick, confidential access to patient records regardless of which of the three CHUM hospitals provided the care. Confidentiality is ensured through biometrics, a technology that recognizes a user's fingerprint and is more secure than a password.

## OACIS GRADUALLY EXPANDING

The CHUM and the MUHC are proud of their collaboration and the partnerships they are progressively forging with the Montreal and Lanaudiere health and social services agencies. Hospitals in these two regions will have access to Oacis now that a contractual agreement has been signed with the supplier, Telus. The system will continue expanding gradually throughout Quebec, following this outstanding pattern of collaboration.

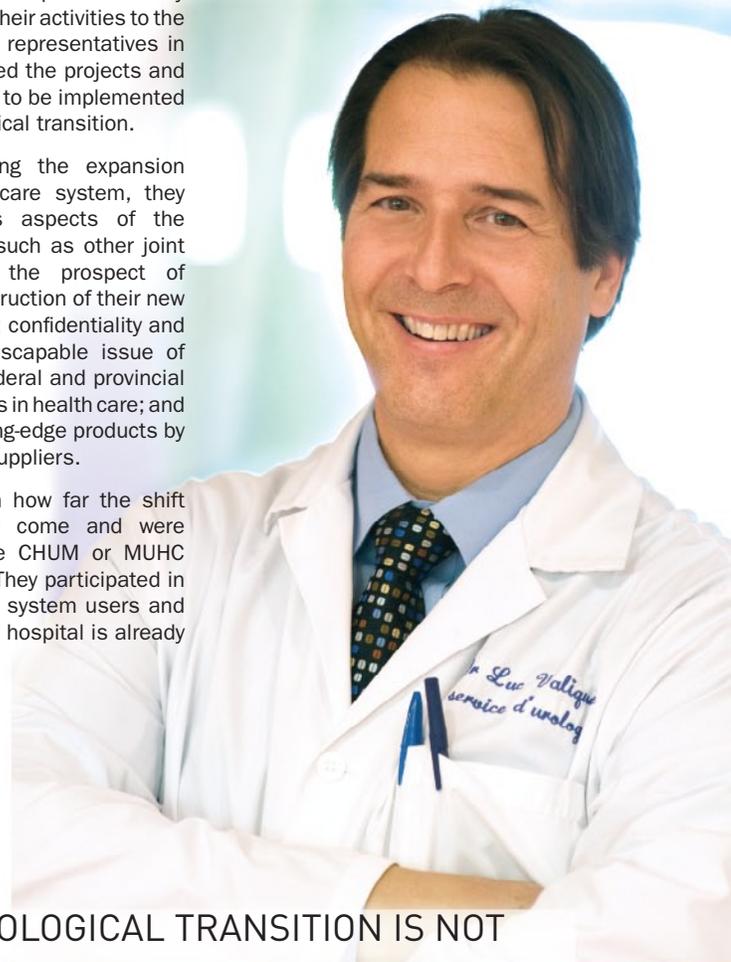
To highlight the successful implementation of this new computer tool, the Fondation du CHUM presented the Oacis team with the 2008 Innovation and Patient Services Award, administrative and support sector.

## THE DIGITAL HOSPITAL IS TAKING SHAPE

The CHUM and the MUHC held a first conference on June 5 and 6, 2008, to share the results of their experience. They presented a summary of their activities to the 400 health-care network representatives in attendance and introduced the projects and mechanisms that remain to be implemented to support the technological transition.

In addition to describing the expansion of Oacis in the health-care system, they also discussed various aspects of the technological transition such as other joint CHUM-MUHC projects; the prospect of collaborating in the construction of their new university health centres; confidentiality and security issues; the inescapable issue of change management; federal and provincial computerization initiatives in health care; and the development of cutting-edge products by information technology suppliers.

Participants were shown how far the shift to computerization had come and were even invited to visit the CHUM or MUHC hospital of their choice. They participated in a discussion period with system users and could see that the digital hospital is already taking shape.



“TECHNOLOGICAL TRANSITION IS NOT SIMPLY AN INFORMATION TECHNOLOGY PROJECT; IT IS, MORE IMPORTANTLY, A WIDE-RANGING CLINICAL PROJECT. ALL OUR TEAMS ARE WORKING ON REINVENTING HEALTH-CARE DELIVERY. BY EMPHASIZING TECHNOLOGY, WE CAN OPEN UP INFINITE POSSIBILITIES FOR OUR PATIENTS.”

— Dr Luc Valiquette, urologist and head clinical consultant for technological transition at the CHUM

# THE FIGHT AGAINST CANCER



Odette Perreault and Dr. Danielle Charpentier, respectively coordinator and medical director of the CLCC. Dr. Charpentier is also head of the Hematology-Oncology Service.

## THE 17 INTERDISCIPLINARY TEAMS

The CHUM's Centre de lutte contre le cancer receives the highest number of cancer patients in Quebec. The following is a list of the interdisciplinary teams, with details of some the cancers treated by them between parentheses.

EYE CANCERS  
SKIN CANCERS (MELANOMA)  
THYROID CANCERS  
ADRENAL GLAND CANCERS  
LOWER DIGESTIVE TRACT CANCERS (COLON, RECTAL)  
UPPER DIGESTIVE TRACT CANCERS (ESOPHAGEAL, STOMACH)  
BREAST CANCERS  
FAMILIAL CANCERS (ONCOGENETIC)  
GYNECOLOGICAL CANCERS (OVARIAN, UTERINE)  
HEMATOLOGICAL CANCERS (BLOOD, BONE MARROW)  
HEPATOBILIARY CANCERS (LIVER)  
AND PANCREATIC CANCERS  
NEUROLOGICAL CANCERS (BRAIN)  
HEAD AND NECK CANCERS (PALATE, TONGUE)  
THORACIC CANCERS (LUNG, PLEURA)  
UROLOGICAL CANCERS (PROSTATE, BLADDER)  
RADIO-ONCOLOGY  
PALLIATIVE CARE

For more information on each of these teams, go to [www.chumontreal.com/clcc](http://www.chumontreal.com/clcc)

## ONCOLOGY: A GLOBAL APPROACH

Of the 17 interdisciplinary teams at the CHUM's cancer centre (Centre de lutte contre le cancer/CLCC), 14 have received a supra-regional designation. To obtain this designation, a team must be made up of physicians and ultra-specialized professionals from a number of disciplines, have state-of-the-art technological infrastructure, a high volume of activities, and carry out continuing education and training activities. It must also stand out through its clinical, evaluative and fundamental research programs in oncology.

The CLCC meets all of these requirements. It brings together the resources and expertise of the three CHUM hospitals: Hôtel-Dieu, Hôpital Notre-Dame and Hôpital Saint-Luc. Interdisciplinarity is a guarantee of excellence, as all aspects of the disease, physical, mental or nutritional, are taken into account. Each team is reinforced by a cancer therapies committee, a structure that facilitates the development of personalized treatment plans, and by interdisciplinary meetings in which individualized interdisciplinary intervention plans are developed.

Affiliated with the integrated health network of the Université de Montréal (RUIS de l'UdeM), the CHUM receives 40% of the students from that university registered in medicine, nursing sciences, pharmacy and other health sciences. It also receives students from other educational institutions in Quebec and the rest of Canada, in addition to foreign physicians doing postdoctoral studies. Many of them choose the CLCC to acquire or perfect their knowledge because of its high degree of expertise.

A fertile environment for clinical, fundamental and epidemiological research, the CHUM has close links with other cancer research organizations, including the Montréal Cancer Institute, the Réseau de recherche sur le cancer (a unit of the Fonds de la recherche en santé du Québec), and the National Cancer Institute of Canada. A number of its physicians and researchers hold cancer research chairs affiliated with the Université de Montréal.

**RADIO-ONCOLOGY:  
CHUM AT THE HEAD OF THE CLASS**

In 2008, the Radiotherapy Oncology Group announced that of the 260 North American university health centres that are members of its organization, the CHUM had recruited the most patients for clinical trials in that specialty in 2007. The CHUM has regularly been a front-runner, but this was the first time it had taken the lead. For the privilege of belonging to the Group, institutions must observe stringent clinical and laboratory practices, treat a specific number of patients annually and prove that their technological radio-oncology equipment is of high calibre.

**OVARIAN CANCER,  
A DEVASTATING DISEASE**

In affiliation with the CHUM and the CHUM research centre, the Institut du cancer de Montréal held the 4<sup>th</sup> Canadian Conference on Ovarian Cancer Research in May 2008. **Doctors Anne-Marie Mes-Masson**, molecular biologist, virologist and researcher, and **Diane Provencher**, head of the Gynecological Oncology Service, co-chaired the conference.

Some 150 researchers and clinicians among the most active in the field presented the latest advances in ovarian cancer research. This devastating disease kills half the women affected with it, as it can progress without any sign or symptom. The event aimed to give hope to people whose lives have been affected by this cancer.

**LYMPHOMA, WIDESPREAD  
YET LITTLE KNOWN**

Although little known, lymphoma is the fifth most common cancer in Canada. Its two most common forms are Hodgkin lymphoma, also known as Hodgkin's disease, and non-Hodgkin lymphoma, which can be further subdivided into 30 distinct strains. The CHUM marked World Lymphoma Awareness Day on September 15, 2008 by organizing an information campaign at the Radio-oncology Department's clinic and at the oncology clinic. The objective of the activity was to inform the public about the signs and symptoms of this cancer, which closely resemble run-of-the-mill health problems.

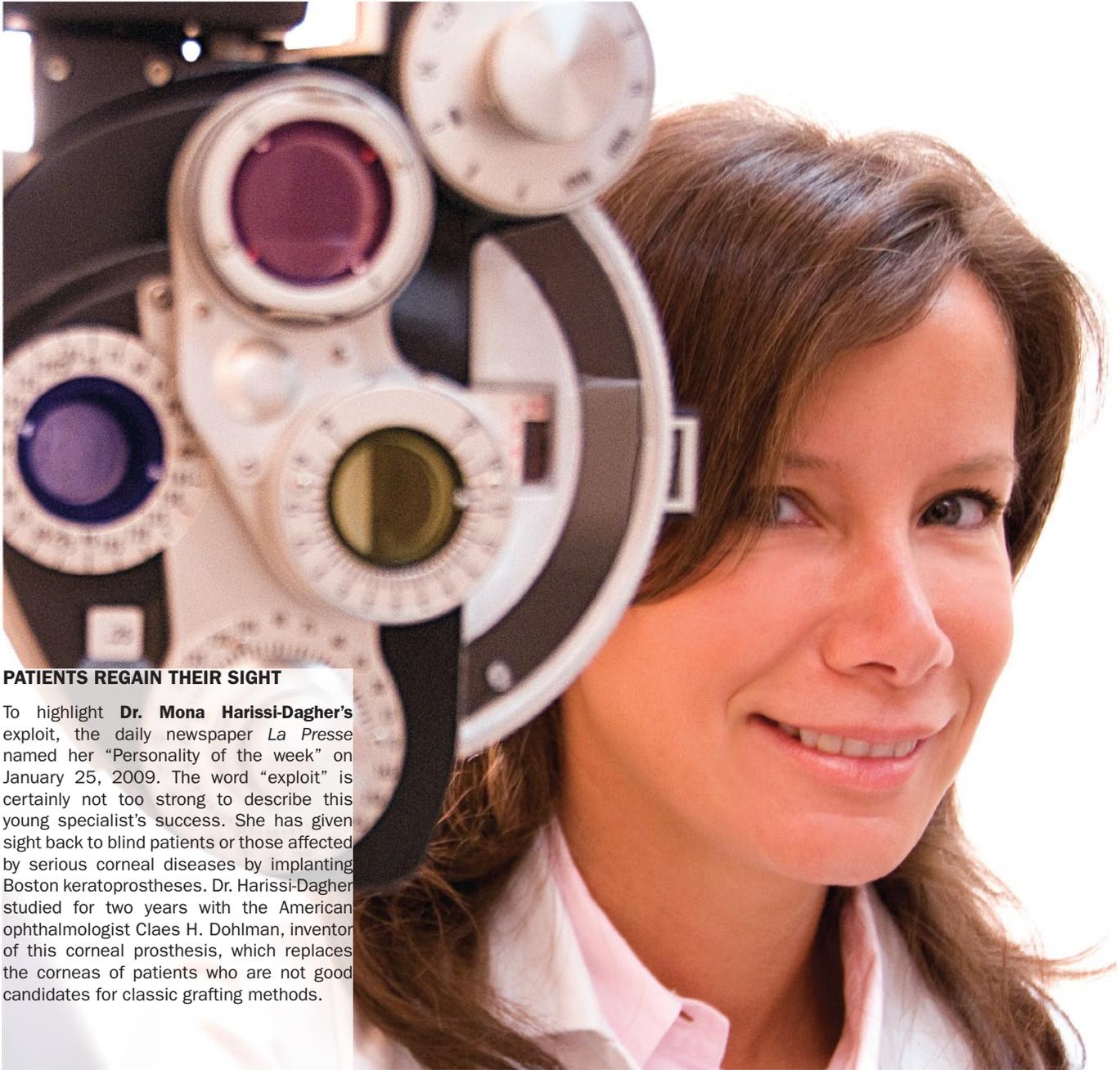
**RAISING AWARENESS  
TO SAVE LIVES**

To inform the public about the second highest cause of cancer mortality in Quebec, the CHUM held colorectal cancer awareness days on March 18 and 19, 2009 at Complexe Desjardins, in Montreal. In 2008, this form of cancer affected 3,100 men and 2,500 women in Quebec. Over the two days, the colorectal oncology team estimates that they interacted with some 5,000 people interested in learning about the causes, risk factors, symptoms and treatment for this disease, and how to prevent it.



“THE SURVIVAL RATE FOR COLORECTAL CANCER CAN BE HIGH WHEN IT IS DIAGNOSED EARLY, WHICH IS WHY PEOPLE SHOULD GET SCREENED.”

— **Dr. Carole Richard, medical spokesperson for the activity and head of the Digestive Surgery Service**



#### **PATIENTS REGAIN THEIR SIGHT**

To highlight **Dr. Mona Harissi-Dagher's** exploit, the daily newspaper *La Presse* named her "Personality of the week" on January 25, 2009. The word "exploit" is certainly not too strong to describe this young specialist's success. She has given sight back to blind patients or those affected by serious corneal diseases by implanting Boston keratoprotheses. Dr. Harissi-Dagher studied for two years with the American ophthalmologist Claes H. Dohlman, inventor of this corneal prosthesis, which replaces the corneas of patients who are not good candidates for classic grafting methods.

"For the surgery to be successful, the retina and other structures of the eye must be functional. Once all these conditions are met and the corneal graft found, we implant the keratoprosthesis in the patient."

— **Dr. Mona Harissi-Dagher, ophthalmologist**



#### **MIDWIVES AT HÔPITAL SAINT-LUC**

Thanks to a renewable two-year agreement reached in February 2009, the four midwives from CSSS Jeanne-Mance can now assist women and couples who choose to give birth at home or at the Hôpital Saint-Luc birthing centre. For women whose pregnancy presents risks or complications, the CHUM provides a consultation service as well as support from physicians and nurses and transfer to the hospital, if necessary. An estimated 100 women will have used this service by the end of 2009.

“As the CHUM is a teaching hospital, the midwives’ arrival will provide a perfect opportunity to teach trainees, such as residents and medical and nursing students, how to work in interdisciplinarity.”

— **Dr. Marie-Josée Bédard, head of the Obstetric-Gynecology Department**

## GERIATRICS: ANOTHER KIND OF CARE

Elderly people hospitalized for heart attack, cancer, hip surgery or any other problem often present with delirium, which changes their behaviour. In a single day, for instance, a patient may suddenly begin to have memory problems, become agitated or mix up dates, places or people. The SAGe project (Systematization of the Geriatric Approach), launched at the CHUM in December 2008, has the objective of supporting caregiver teams and teaching them new approaches.



“The geriatric teams at the CHUM formed a community of practice to improve interprofessional collaboration geared toward patients suffering from chronic diseases and hospitalized in our short-term geriatric units. Their first target was the issue of delirium.”

— Dr. Thieng Tuong Minh Vu, geriatrist responsible for the SAGe project



**SPIRITUAL MENU, À LA CARTE**

Although the Catholic Church is no longer the bedrock of Quebec society, spirituality is still embraced in many forms. “Patients need to be offered a spiritual menu, known today as religion à la carte” says Michel Nyabenda, head of the Spiritual Care Service.

To better understand this trend and adapt services to the new needs of clients, the CHUM has created a spiritual care training and intervention centre. The longstanding clinical internship program is now enhanced by advanced internships, a residency program, exploration activities and professional development.

The Spiritual Care Service is innovating further by proposing a study aimed at answering some of the questions raised in spiritual thinking today: Does prayer contribute to healing, as some claim? How should spiritual intervention be managed in light of the range of religions followed by patients and the fact that some patients do not believe in any of them? In a hospital setting that advocates overall health, what can spiritual intervention contribute?

“By enhancing training and including intervention assessments in our department, we can be more effective with patients. In a society where profound changes are occurring, it is often through religious beliefs that we can manage diversity.”

— Michel Nyabenda, head of the Spiritual Care Service

INTERVENTIONAL  
BRONCHOSCOPY

HEMODIALYSIS

VERSATILE  
NURSING ASSISTANTS

INTERVENTIONAL  
RADIOLOGY

OPTIMA

IMMUNE SYSTEM

VITAMIN D



**ADI ELENE DOCUZ**  
Nursing assistant

### NURSING ASSISTANTS IN THE OPERATING ROOMS

More nursing assistants have been working in the operating rooms at the CHUM since 2003, while in 90% of Quebec 's hospitals there were still none there at the start of 2009. Until recently, nursing assistants could only work as scrub nurses, where their role was to hand instruments to the surgeon. However, after receiving the appropriate training and all the support necessary, two nursing assistants per surgical suite now have the skills required to also work as circulating nurses, where their tasks include preparing the material and products or medication required for surgery, except for that administered by intravenous. Strict regulations govern these activities, guaranteeing their quality and patients' safety. The versatility of nursing assistants contributes to improving the organization of work. One nurse per operating suite evaluates the patient's needs and assigns the various tasks to be carried out during the surgery. First undertaken in gynecology, otorhinolaryngology, and general surgery, the experience has been so successful that it will be extended to other specialities and to all nursing assistants in the surgical suites.

### MINIATURE CAMERAS HELP DIAGNOSE LUNG CANCER

Lung cancer kills more men and women in Quebec than breast, prostate, colon and rectum cancer together (see table opposite). And while screening tests for those forms of cancer can save lives, the same does not hold true for lung cancer. No research on modern screening methods has ever looked into lung cancer screening tests. "According to studies carried out in the 1970s and 1980s, using sputum samples and lung x-rays, lung cancer screening is not acknowledged as being useful," explains **Dr. Rita Jean-François**, head of CHUM's Interventional Bronchoscopy Service and pioneer in these exploration methods using an optical system and the light source. She was honoured in November 2008, on the occasion of the 10th anniversary of the first interventional bronchoscopy centre in Quebec.

For the past ten years, it has been possible to introduce miniaturized instruments into the lungs. For example, cryotherapy can be used to destroy an endobronchial tumour or reopen bronchial passages collapsed by cancer. Interventional bronchoscopy is also used to treat lung transplant patients. A little over a year ago, the CHUM added pulmonary echoendoscopy to its therapeutic arsenal. Digestive echoendoscopy is well known, but it was only when pulmonology instruments could be miniaturized that it became possible to use them to diagnose lung cancer. This technique also enables the stage of the cancer and the appropriate treatment to be determined.

The CHUM is the first health centre in Quebec and one of the first in Canada to use this technological advance. It has gained an international reputation in this field. Most pulmonology residents in Quebec and many foreign physicians come here to train as part of their practicum in lung transplantation.

## ECHOENDOSCOPY IS ADDED TO THE THERAPEUTIC ARSENAL OF INTERVENTIONAL BRONCHOSCOPY

Cancer site	Estimated number of deaths in Quebec in 2008
Lung	6,100
Colon and rectum	2,400
Breast	1,300
Prostate	800
Total number of case from these three site	4,500

Source: translated from *Données d'incidence et de mortalité pour les principaux sièges de cancer au Québec - projections 2008*, Institut national de santé publique du Québec, 3<sup>rd</sup> quarter, 2008.



“THE UNIQUE CHARACTER OF THE HEMODIAFILTRATION UNIT MAKES IT AN EXCELLENT TRAINING GROUND FOR NEPHROLOGY RESIDENTS. THE KNOWLEDGE THEY ACQUIRE HERE WILL HELP THEM IMPROVE THE QUALITY OF CARE WHEREVER THEY PRACTICE.”

— Dr<sup>e</sup> Renée Lévesque, nephrologist

## HEMODIAFILTRATION: AN AVANT-GARDE TREATMENT

Hemodialysis is the most commonly used renal replacement therapy to treat end-stage renal disease (ESRD). However, for over a year, patients affected by the disease at the Centre hospitalier de l'Université de Montréal have been able to benefit from an avant-garde treatment: high-efficiency on-line hemodiafiltration using ultrapurified water.

The treatment, which has been used in Europe for over 20 years and in Japan more recently, is a blood purification process that more closely resembles natural kidney function in that it eliminates larger metabolic waste molecules from the blood than classic hemodialysis. Increased purification and the use of much higher quality dialysis solutions contribute to reducing chronic inflammation and long-term complications in patients undergoing dialysis.

## EXPERTISE AND DEDICATION

**Dr. Renée Lévesque** studied this innovative technique in Montpellier, France, the birthplace of hemodiafiltration. She was in charge of its implementation at the CHUM, with the support of **doctors Jean Éthier and André Lacroix**. She was also able to rely on the expertise and dedication of professionals from a variety of disciplines. For instance, the system to produce ultrapure water, indispensable in the preparation of the reinjection solution administered intravenously, was validated and installed in collaboration with **Luc Dubé, Richard Archambault and Brian Cyr** of the biomedical engineering team. Bacterial analyses of water and solutions are essential to ensure the highest standards of quality control. **Dr. Jean Vincelette** and technician **Danielle Sasseville**, assistant head of the CHUM microbiology service,

are responsible for applying new analytical procedures. And under the supervision of **Josée Rivard**, the nursing staff received the training needed to master this technique. Nurses can thus better respond to patients questions, whether they are undergoing hemodiafiltration or classic hemodialysis.

## NUMEROUS BENEFITS FOR THE PATIENT

Still not in widespread practice throughout the world, on-line hemodiafiltration is now the subject of an international multicentre randomized clinical trial to compare morbidity and mortality rates between it and classic hemodialysis. The CHUM, which was the first North American health centre to participate in the trial, has the highest number of randomly-selected patients enrolled. According

to Dr. Lévesque, the treatment holds numerous advantages for patients, such as helping reduce medication required and some of the long-term complications related to classic hemodialysis. It will also help patients tolerate their dialysis treatments more and to feel better between sessions. In addition, patients are hospitalized less often, improving their quality of life.

Dr. Lévesque's expertise will help everyone undergoing dialysis in Quebec. In fact, she convinced the Quebec Public Health Laboratory (LSPQ) to review its methodology for analyzing dialysis water samples, which has led to the production of a superior quality of dialysis water and solutions.

### **CARDIOLOGY: NURSE PRACTITIONERS KEEPING THE BEAT**

As the "orchestra conductors" of the heart failure outpatient clinic, the two cardiology nurse practitioners have a better baton with which to keep the beat since the adoption of regulations respecting medical care and the use of medication, giving them more autonomy. They can now change the prescriptions of patients whose care they manage at the clinic or who call them when they note a change in their health, without having to ask for a physician's signature every time. Their close contact with patients reduces frequent visits to the emergency and hospitalization. The nurse practitioners work in close cooperation with the physicians and other health professionals in order to keep patients in their own surroundings for as long as possible, while giving their loved ones the support that they need.

### **OPTIMIZING CARE FOR THE ELDERLY**

In December 2008, the interdisciplinary emergency teams and the internal medicine unit of Hôpital Notre-Dame pioneered the optimization of care for elderly people who are hospitalized (OPTIMA). This approach screens for the decline in certain functions related to the hospitalization of seniors, such as confusion and loss of functional autonomy. Over the next three years, the OPTIMA approach will be implemented in all the care units at the CHUM.

### **NEW HIGH TECHNOLOGY INSTRUMENTS IN THE LABORATORY**

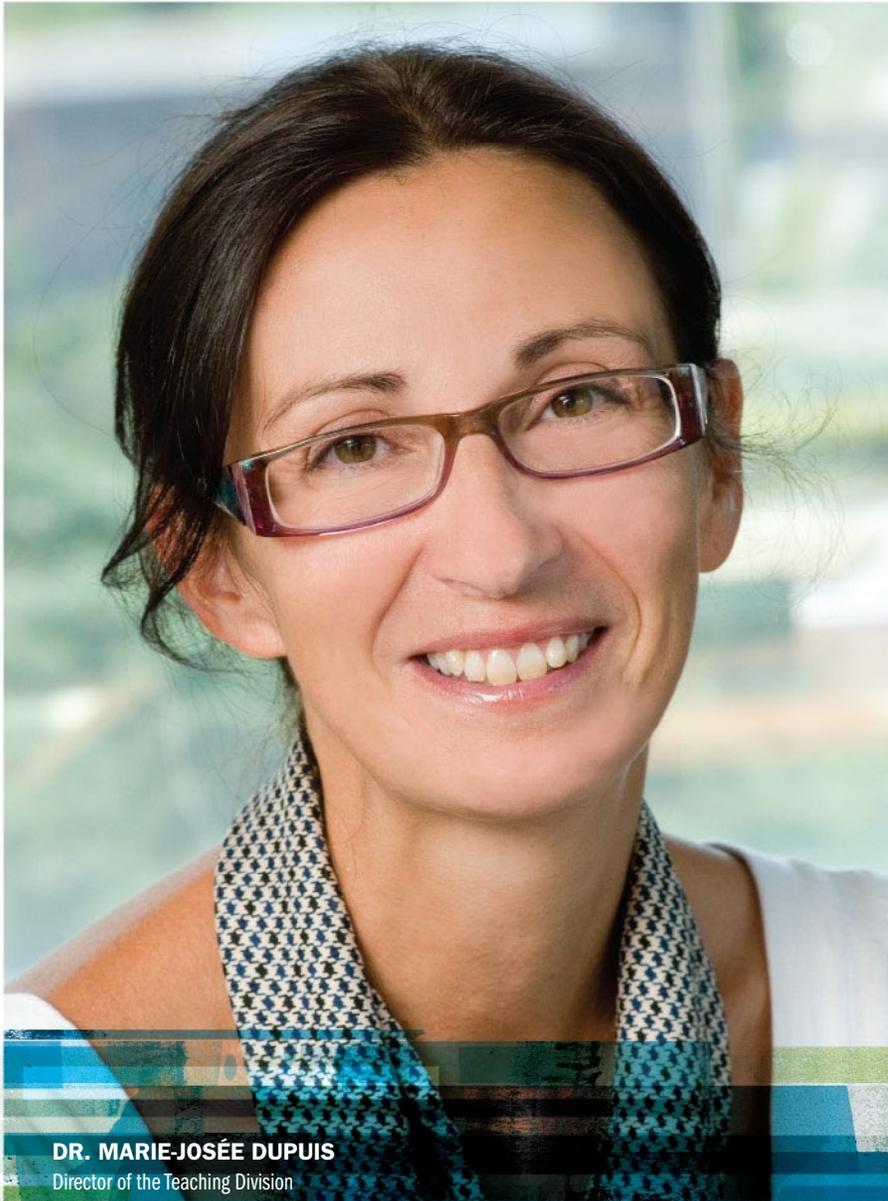
The role of vitamin D in protecting bones and building the immune system are now known. Physicians often request laboratory analyses to check the levels of this vitamin in patients' blood and prescribe them supplements if necessary. At the CHUM, the number of such requests by physicians has exploded from approximately 2,500 requests ten years ago to 20,000 today. That is why the biochemistry laboratory of Hôpital Saint-Luc recently purchased a high-performance liquid chromatography instrument coupled with tandem mass spectrometry (LC-MSMS), which will triple the number of daily analyses. Physicians will also receive results more rapidly, and patients will be able to begin treatment sooner. A second LC-MSMS instrument will be used to develop new tests, such as the assay of plasma metanephrines, a substance whose presence confirms the diagnosis of pheochromocytomas, or tumours of the adrenal glands. These instruments will be used to determine levels of vitamin D and metanephrines as soon as the methods are validated.

### **INTERVENTIONAL RADIOLOGY REQUIRES POST-PROCEDURE FOLLOW-UP OF CLIENTS**

In the past, radiology was used mainly for diagnoses, as in the case of X-rays, for example. Today, radiologists perform procedures guided by medical imaging, often for therapeutic uses, such as uterine artery embolization, varicocele and gastrostomy. This is called interventional radiology, and it requires hospitalization of the patient for a day and systematic follow-up.

The follow-up varies from one patient to another, but the objective is always the same: to reassure patients, provide information and answer their questions. Given the progress of this speciality, it was imperative to create a nursing position to deal with post-procedure follow-up of clientele in radiology, which was done during financial year 2008–2009. Nurses already have similar positions in many other of the CHUM's sectors of activity.

# TEACHING



**DR. MARIE-JOSÉE DUPUIS**  
Director of the Teaching Division

## MAKE WAY FOR INTERPROFESSIONAL COLLABORATION

The expression “interprofessional collaborative patient-centered practice,” which is also referred to as “collaborative practice,” describes more clearly the new manner of providing service to a hospital clientele requiring specialized care than the term “interdisciplinarity.” This philosophy, which is radically transforming the culture of care-giving, guides Dr. Marie-Josée Dupuis, director of the Teaching Division at the CHUM, in everything she does. “Today, individual performance is not enough; the notion of teamwork is indispensable. The CHUM must position itself as a leader by adopting different and innovative operational modes, which take into account the new context of care. It is not enough for physicians, nurses and all the other health care professionals to play their individual roles; they must work synergistically, in complementarity. They thus push their expertise to the limit for the benefit of the patient.”

Interprofessional collaborative patient-centered practice is already integrated into a number of teaching programs. Much like other university hospital centres, the CHUM has the responsibility of providing students with training environments in which they can put their knowledge into practice. It is therefore imperative to ensure that health care professionals are aware of this new reality. The Teaching Division is working closely with several other divisions in the hospital and with the trainers now in place to support the teams, which must themselves learn to provide care in a collegial manner.

In creating the integrated teaching and training centre, as well as hosting a symposium on teaching interprofessional collaborative patient-centered practice, the CHUM proves its commitment to this shift.

PROFESSIONALS PUSH THEIR  
EXPERTISE TO THE LIMIT FOR  
THE BENEFIT OF THE PATIENT.

## FROM THE INTEGRATED TEACHING AND TRAINING CENTRE TO TEACHING INTERPROFESSIONAL COLLABORATIVE PATIENT-CENTRED PRACTICE

Situated in a building beside the CHUM research centre, the Centre intégré d'enseignement et de formation, or CIEF (Integrated Teaching and Training Centre), was so named because it will provide both teaching to trainees and continuing education to clinical staff. Everything learned by healthcare professionals in every discipline must be updated only a few years after the end of their studies. Health care institutions, and university health centres all the more so, have the duty to ensure that their staff constantly updates its knowledge.

At the CIEF, the objective of simulation exercises is to build teams and improve the provision and safety of care. When a critical situation occurs, teams must be able to react at the right time, in the right manner and in the right order. Even though these situations are not frequent, the impact could be extremely serious if they fail; therefore, proper preparation is essential.

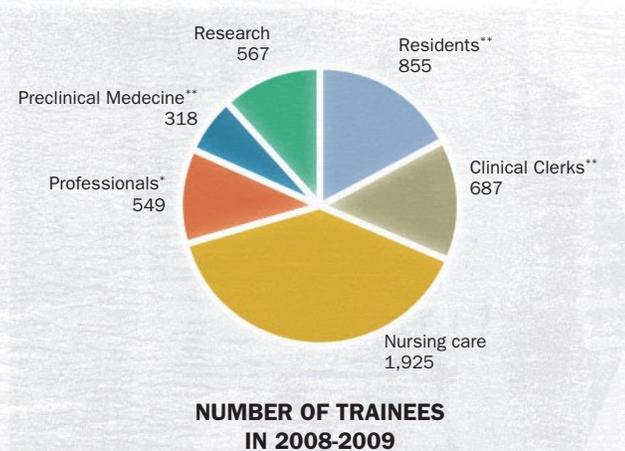
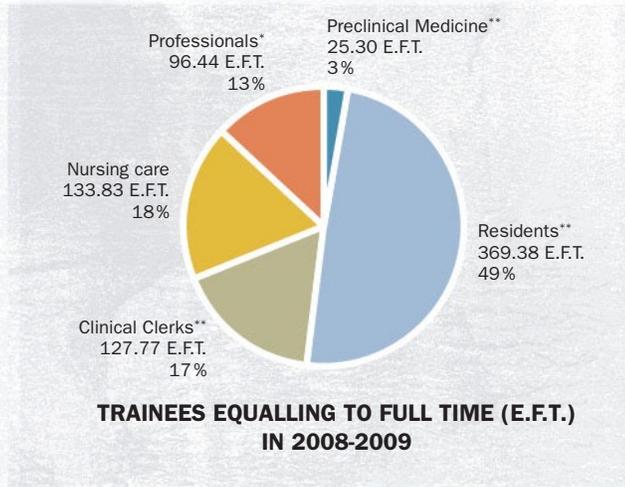
Pushing the concept of collaborative practice even further, the CHUM and Hôpital Maisonneuve-Rosemont (HMR) have jointly organized the first symposium on interprofessional collaborative patient-centred practice. The event was held in both institutions, in order to reach 200 health care workers and to raise their awareness of the new approach, which improves communication. Patients and their loved ones feel reassured when the information they receive from hospital staff is clear and consistent. At the symposium, care teams presented the results of their research projects. The HMR's project dealt with diabetes, while the CHUM's was on geriatrics.

### STUDYING AT THE CHUM, WORKING ALL OVER QUEBEC

The Teaching Division coordinates the some 5,000 trainees who arrive at the CHUM every year. These future physicians, nurses and professionals from every health discipline, as well as students from diverse backgrounds, such as management and communications, will someday work at the CHUM or another health care institution in Quebec.

Trainees are extraordinarily valuable to the patient and to the progress of professional practices. Empathetic towards patients, they are trained to put the well-being of their patients and their safety first. They are eager to learn and aspire to become the best in their field. The questions they ask give their teachers and supervisors pause for thought.

The Teaching Division has prepared an introductory and referral guide to help support these precious resources as soon as they arrive at the CHUM. It contains all the information trainees need to integrate into their new environment and continue their apprenticeship.



\* Health care professionals other than physicians and nurses  
 \*\* Medical students



**LISE PETTIGREW  
AND JO-ANN TAILLON**

Responsible for an innovative pilot project

**TESTIMONIAL**

“Making the effort to ask patients if they will agree to a visit from a medical student is a very respectful approach. Going through the process as a volunteer right from the preparatory year is useful, because it gives us the chance to get closer to the patients. Thanks to this very enriching experience, I was able to talk with patients about their concerns, and to gain some insight into the annoyances that they experience in a hospital environment. The volunteering I did helps me now that I’m in first year because it prepared me for the interviews that I’ll be doing during my clinical practicums.”

— Marianne Filion, medical student

**TEACHING AND VOLUNTEERISM:  
FOR A SPECIAL CONTACT WITH  
THE PATIENT**

As part of a social intervention course, students registered in the preparatory year in medicine at Université de Montréal must do 100 hours of volunteering. Jo-Ann Taillon, administrative technician in the Teaching Division, and Lise Pettigrew, head of the Volunteering Service at Hôpital Notre-Dame and responsible for volunteer coordination at the CHUM, designed a pilot project for the students to make them more aware of patients’ perceptions when they are asked to respond to inexperienced students’ questions.

Three young students volunteered for the project. Their job was to recruit hospitalized patients to meet with trainees who wanted to perfect their interview technique, a skill that will help them become physicians capable of communicating with their clientele. About 30 first- and second-year medical students met with some 140 patients. The operation was carried out in the spring of 2008 at Hôpital Notre-Dame, with the approval of the chiefs of the care units. Pleased with the results, the Teaching Division decided to offer the program to students in the three CHUM hospitals as of the fall 2008 session.

## TRAINING ON PARKINSON'S DISEASE

In the fall of 2008, the multidisciplinary team of the André Barbeau Movement Disorder Unit (UTMAB) provided training sessions on Parkinson's disease. The first took place in Rimouski, in cooperation with the Parkinson Society Quebec—Lower St. Lawrence region, and the second at the CSSS of southern Lanaudière. More than a hundred physicians and other health care professionals participated. The UTMAB intends to repeat the experience in 2009 and 2010.



The training team from left to right: **Nathalie L'écuyer**, case management nurse; **Mai Pham**, physiotherapist; **Stéphanie Émond**, speech therapist; **Élise Lafleur-Prud'homme**, physiotherapist; **Luc Bergeron**, occupational therapist; **Line Beaudet**, specialized care counsellor and doctorand; **Ginette Mayrand**, nurse, Parkinson Society Quebec; **Dr. Sylvain Chouinard** and **Dr. Michel Panisset**, neurologists and co-directors of the UTMAB.

## UPTODATE : AN ELECTRONIC ENCYCLOPEDIA

CHUM employees can consult an electronic encyclopedia from any computer. The *UpToDate* application is an evidence-based online information source that provides access to clinical information related to the management of treatment. Without being, strictly speaking, a clinical judgment support tool, it provides clinical recommendations that are graded according to guidelines of the American College of Physicians, and its content is approved by recognized professional associations. By providing this tool, the Teaching Division aims to make pertinent information available at patients' bedsides instantly, whatever the time of day or night.

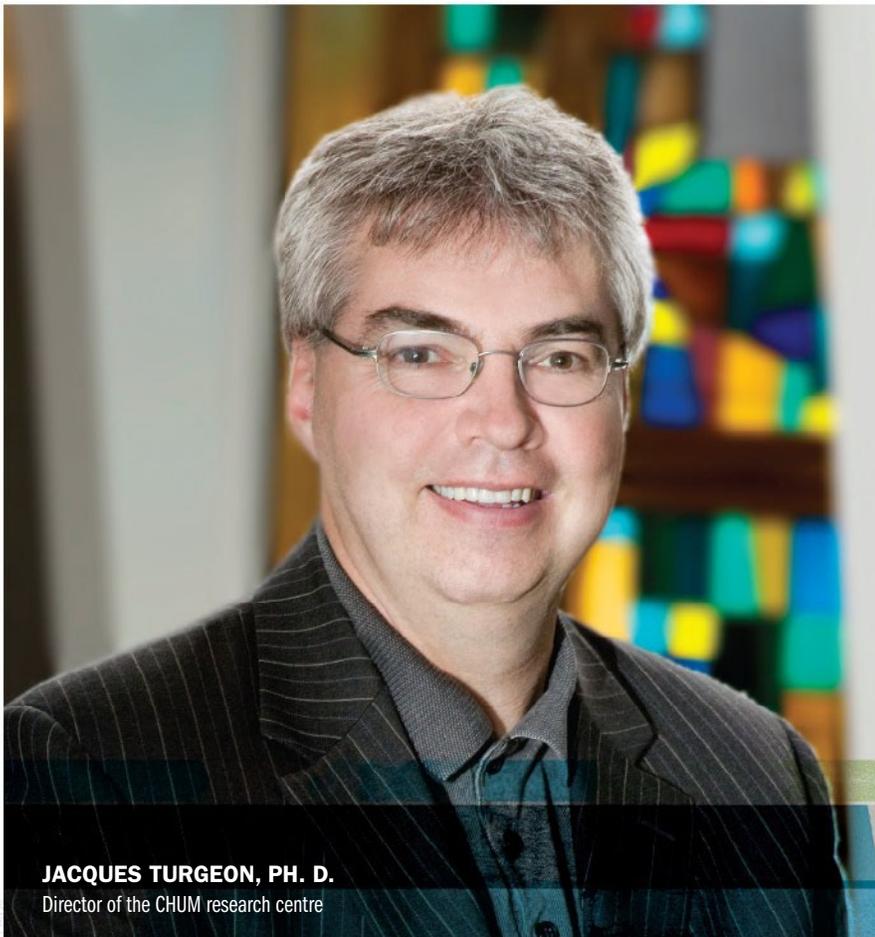
## BUILDING TEAM STABILITY THROUGH TRAINING

In October 2008, the Nursing Care Division launched an innovative three-pronged program to encourage university studies.

The CHUM grants scholarships, up to a maximum of \$5,000, to nurses and candidates for the profession who finish the bachelor of nursing science program in two years. The CHUM also supports nurses and candidates for the profession registered in the coop education stream of the DEC-BAC program at the faculty of nursing sciences of the Université de Montréal. The student nurses will receive 70% of their salaries during their study terms and while working full-time. After receiving their degree, they reimburse half of the amount invested by the CHUM to provide them with a stable income. Those who benefit from one of these programs commit themselves to working at the CHUM for the same number of years as the institution supported them financially, thus reinforcing the stability of care teams.

Finally, in cooperation with the union, the CHUM reimburses the tuition fees of one to three courses per session to nurses, nursing assistants, perfusionists and respiratory therapists who study at university part-time in nursing sciences or cardiorespiratory care.

# RESEARCH



**JACQUES TURGEON, PH. D.**  
Director of the CHUM research centre

## **PATIENTS COME FIRST**

Employing some 1,300 people, the CHUM research centre's volume of activity is 40 times greater than those of other research centres affiliated with the Université de Montréal. The work of its 270 researchers and investigators is closely linked to the clinical mission of the CHUM because, in a university hospital centre, there is a very fine line between pure and applied research. Researchers are usually interested in seeing their work go "from bench to bedside." The director of the CHUM's Research Centre, Jacques Turgeon, explains it in another way. "Someone who is ill presents a problem which raises a number of questions. We research, research, research, until we've understood the problem, then we discover a new therapeutic approach, which we test and evaluate before sharing it."

Because the CHUM provides specialized and ultra-specialized care, and because it is a designated centre for several specialities, researchers have access to patients with rare diseases, stimulating their interest. There are also enough patients with the same disease to form cohorts, or groups of subjects, which help them make discoveries that contribute to advancing knowledge.

Within the limits of the rules of ethics that apply to them, North American researchers have a great deal of freedom of action. However, as independent workers, one of their more little known tasks is to find the funding necessary to carry out their work. In an extremely competitive environment, they must respect the demands of peer review programs and constantly stand out. If they want to receive grants, they must prove that their original and innovative ideas can lead to technological transfers and a return on investment. The CHUM's researchers, from the youngest to the most experienced, have a track record that speaks for itself.

THE ULTIMATE GOAL OF RESEARCH  
IS TO FIND THE MEANS TO CARE FOR  
AND CURE PATIENTS.

## RESEARCH RESTS ON SOLID FOUNDATIONS

At the CHUM, research rests on four pillars: understanding of the mechanisms of disease; therapeutic innovation (i.e., the discovery of drugs and approaches that foster healing); disease prevention, health promotion and prediction according to risk factors; knowledge transfer and commercial development of results (through publication, copyright and presentations in specific fora).

Those four principles guide the CHUM's researchers in all their work—fundamental, clinical, epidemiological and evaluative—no matter the theme. These themes target different health problems, and often intersect. For example, the results of research into immunity could be applied to needs related to organ transplant as well as combating AIDS. And research into inflammation could be as useful to a patient suffering from rheumatoid arthritis as to someone with a cardiovascular disease.

While they have access to a high volume of patients, the researchers do not work in isolation. Their research is often carried out in collaboration with other hospitals in Quebec and elsewhere, such as if they need to enlarge the pool of patients when they are studying a very rare disease. Moreover, as the CHUM is the head of the Université de Montréal's integrated university health network (RUIS), it has the duty of developing new practices and ensuring that they are assessed and then transferred into other health care environments in the network.

## THE CHUM RESEARCH CENTRE RECEIVES AN "EXCEPTIONAL" RATING FROM THE FRSQ

One of the main research funding bodies in Québec, the Fonds de recherche en santé du Québec (FRSQ), has renewed its funding to the CHUM research centre for a period of four years. When the FRSQ gave it the initial grant of \$4 million for the 2008–2009 financial year, it also rated the institution as "exceptional." It is the FRSQ's highest scientific rating, and one that few health institutions can boast. The organization's evaluation committee pointed to the dynamism and vision of the centre's directors, who know how to mobilize the researchers. It also reiterated its confidence in the feasibility of the research centre's reorganization plan as well as in its researchers and staff, key players in the success of the transformation begun in anticipation of opening of the new facilities.

## THE RESEARCH THEMES

CANCER

CARDIOMETABOLIC

INFECTION, IMMUNITY, INFLAMMATION

MUSCULOSKELETAL DISEASES

NEUROSCIENCE

RISKS TO HEALTH

GLOBAL HEALTH

HEALTH CARE SYSTEMS AND SERVICES

The research centre's eight themes were established in accordance with the clinical activities of the CHUM. More information on the fields of researchers working in each of these themes is available at [www.chumontreal.qc.ca](http://www.chumontreal.qc.ca), Centre de recherche, English, Research Themes.

EXCEPTIONAL

## NEW BREATH FOR THORACIC SURGERY

**Dr. Pasquale Ferraro** performs about 30 transplants every year, with the help of a multidisciplinary team. He became the first holder of the Alfonso Minicozzi & Family in Thoracic Surgery and Lung Transplantation Research Chair in May 2008. Through the work it does, the Chair is able to train new surgeons in this field, such as by providing ultra-specialized training grants to young surgeons. In addition, it will further clinical and fundamental research activities on preservation of transplant organs and on post-transplantation pulmonary oedema. With a two million-dollar fund, the Chair is financed by private donors to the Thoracic Surgery Research Foundation of Montreal as well as by the Fondation du CHUM.



“Research has already enabled us to greatly increase the survival rate of transplant patients. The Chair’s work will help us gain better understanding of the mechanisms in play during and after lung transplants. We can thus contribute to increasing the quality of life of our patients even more.”

— **Dr. Pasquale Ferraro, thoracic surgeon.**



## **HEROIN UNDER MEDICAL CONTROL: PROMISING RESULTS**

Dr. Suzanne Brissette, a specialist in addiction and a researcher, leads the Montreal component of the North American Opiate Medication Initiative (NAOMI). This randomized clinical trial aims to compare which of two substitution treatments—injectable pharmaceutical heroin or methadone—is more efficient in improving the health and quality of life of chronic opiate users, and reducing their participation in illicit activities. The preliminary results are promising. In the past, the participants (59 in Montreal and 192 in Vancouver) had been treated unsuccessfully for drug addiction. In the scope of the NAOMI project, most of those who received injections of pharmaceutical heroin persevered until the end of treatment. Their illegal consumption of heroin dropped significantly and their health improved. In addition, their illicit activities and the amounts of money they spent on drugs considerably decreased, benefiting the entire community. At the end of 2008–2009, the internationally renowned *New England Journal of Medicine* published the results of the study.

“Treatment through injection of pharmaceutical heroin can improve the social condition, health and quality of life of opiate dependant persons, especially because it reduces their risk of contracting serious infections and helps them reintegrate into society.”

— Dr. Suzanne Brissette, head of the Addiction Medical Service



## REDUCING BREAST CANCER MORTALITY RATES

The CHUM's breast cancer research group (Groupe de recherche en cancer du sein—GRCS) has an international reputation for excellence and high-quality clinical research. It counts on the expertise of specialized clinician researchers and devoted professionals to have access to clinical studies at every stage of the disease. Set up in 1980, the GRCS has the mission of reducing the mortality rates linked to the disease through a research program focused on prevention and treatment. Research enables treatments to be optimized in complementarity with early screening, better diagnostic tests and targeted therapies. In the fall of 2008, the spokesperson for the

group's funding campaign, Janette Bertrand and her daughter Dominique Lajeunesse, spoke forcefully of their experiences during a press conference that received a great deal of media attention. After having both been diagnosed with breast cancer in 2006, they were cared for by the GRCS, "a very experienced team that put our well-being first," affirms Ms. Bertrand.

**Dr. André Robidoux**, director of the GRCS and also one of its spokespeople, was named "Personality of the week" in *La Presse* on November 2, 2008.



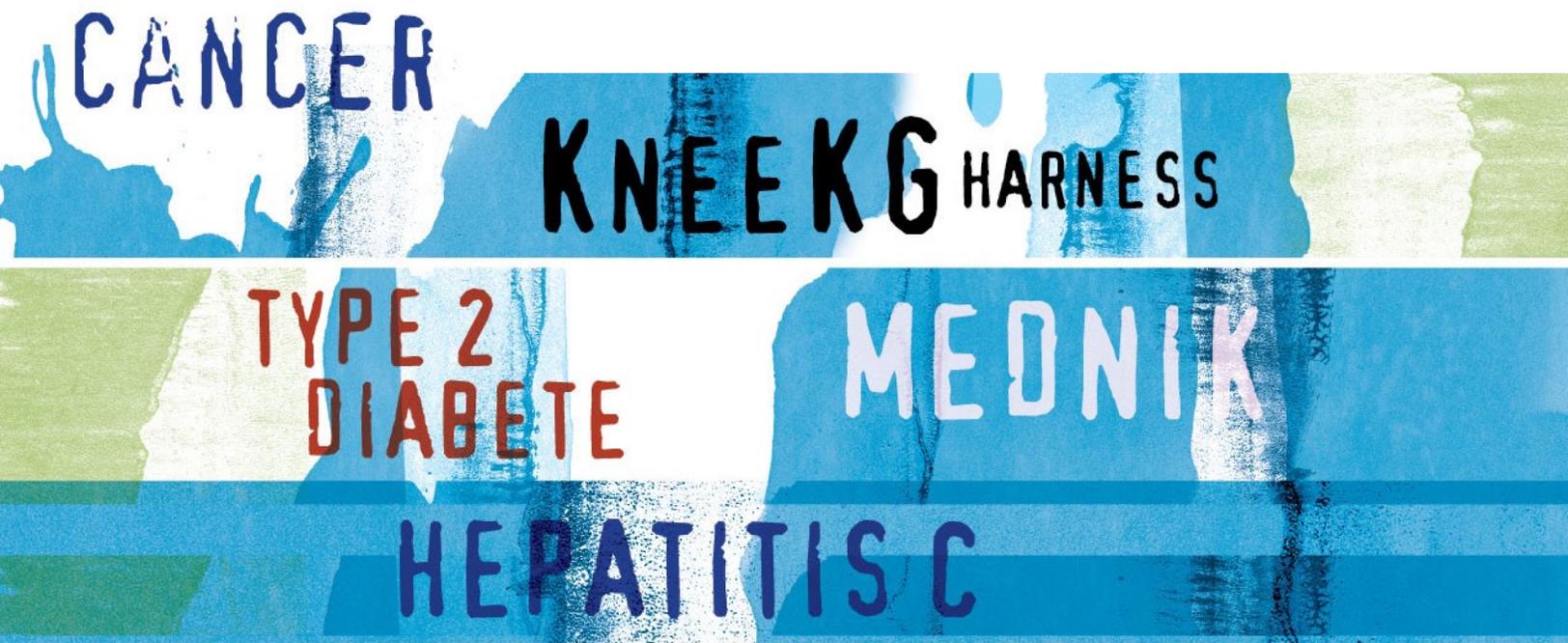
The three spokespersons for the Groupe de recherche en cancer du sein: Dominique Lajeunesse, Dr. André Robidoux and Janette Bertrand.

**DR. PAVEL HAMET**  
**DOUBLY HONOURED**

Internationally renowned researcher and physician at the CHUM, **Dr. Pavel Hamet** received two noteworthy awards in June 2008. He was admitted with the title of officer to the Ordre national du Québec, the highest distinction bestowed by the government. This title is given every year to people who have made an exceptional mark on Quebec, or who have contributed to its renown. Dr. Hamet, who is originally from the Czech Republic, said he was especially moved by this honour. The researcher also received the International Okamoto Award for his work in molecular biology and genetic epidemiology, and in particular, for his major discoveries in the fields of hypertension and atherosclerosis. This award, one of the most prestigious in Japan, is granted by the Japan Vascular Disease Research Foundation once a year.



## Publicizing Researchers' Work



*Research CRCHUM* is a new quarterly publication in which the CHUM research centre publicizes its work. The following summary of articles from the two first issues provides a glimpse into its rich content. To learn more, go to [www.chumontreal.qc.ca](http://www.chumontreal.qc.ca), Centre de recherche, English, Research CRCHUM newsletter.

## EARLY TREATMENT OF HEPATITIS C

Without antiviral treatment, the Hepatitis C virus (HCV) replicates itself in the liver and causes damage that can lead to fibrosis, cirrhosis, and cancer of the liver. However, if treatment is administered three to six months following HCV infection, the percentage of patients cured rises from 50% to 80%. Indeed, the results of a study conducted by **Naglaa Shoukry**, Director of the Viral Hepatitis Research Group at the CRCHUM, in collaboration with **Dr. Julie Bruneau**, physician and clinical researcher at Hôpital Saint-Luc, reveal that early treatment restores patients' immune response. This has opened new therapeutic horizons for maximizing treatment effectiveness.

## GENERAL PRACTICE IN CRISIS

Family medicine is in urgent need of modernization. This is the incontestable conclusion of a study on the quality and accessibility of front-line general medicine services in Canada, published in July 2008 in the prestigious *Social Science & Medicine* journal. The study, directed by **Dr. Marie-Dominique Beaulieu**, holder of the Dr. Sadok Besrouf Family Medicine Research Chair, takes an in-depth look at the situation and offers some innovative ideas for the future of the profession.

## UNDERSTANDING AND TREATING TYPE 2 DIABETES

**Marc Prentki**, a CRCHUM researcher, and Director of the Montreal Diabetes Research Centre, led the way to new lines of investigation and the development of innovative treatments. Much of his research focuses on the causes of Type 2 diabetes (T2D). He was the first researcher to study glucolipototoxicity, a notion that led to major changes in our understanding of this form of diabetes.

## CANCER RISK FACTORS

Holder of the Guzzo Environment-Cancer Research Chair and the Canada Research Chair in Environmental Epidemiology and Population Health, **Jack Siemiatycki** has been conducting epidemiological studies of non-genetic cancer risk factors, upon which we can more readily intervene, for the past 30 years. His work has led to the creation of databases able to shed light on the possible relationships between many cancers and several hundred carcinogens present in our surroundings and related to our lifestyles, mainly those present in the workplace.

## A GENETIC SYNDROME DISCOVERED IN QUEBEC

**Dr. Patrick Cossette** is a CRCHUM researcher. He heads the Canadian team that discovered a genetic syndrome in a group of families from the Kamouraska region of Quebec with a common ancestor. Caused by a mutation in the human AP1S1 gene, the syndrome was baptized MEDNiK, an acronym for its characteristics of mental retardation, enteropathy, deafness, peripheral neuropathy, ichthyosis and keratoderma. The study is available at [plosgenetics.org](http://plosgenetics.org).

## KNEEKG, A FEAT OF BIOMEDICAL ENGINEERING

**Jacques de Guise**, a CRCHUM researcher and director of the Imaging and Orthopaedics Research Laboratory, is also a professor at the École de technologie supérieure, and holder of the Canada Research Chair in 3D Imaging and Biomedical Engineering. With his team, he developed the KneeKG, a harness studded with electro-magnetic motion captors to analyze and evaluate the knee's articular mechanics. In allowing for real-time analysis of the knee while supporting the body's weight, the device could even delay the need for early surgical intervention. The Fonds de la recherche en santé du Québec rates it as one of the 15 most promising inventions of 2008.

## DIABETES AND CYSTIC FIBROSIS

Cystic fibrosis (CF) is a deadly genetic disorder for which there is no known cure. However, thanks to the development of comprehensive treatment programs, life expectancy of people with CF has increased from 4 years old in the 1960s to around 40 years old today. The bad news is that this relative longevity can come at a heavy price: 20 to 40% of people with CF develop cystic fibrosis-related diabetes (CFRD). The work of **Dr. Yves Berthiaume**, a CRCHUM researcher and member of CHUM's Respiratory Medicine Service and CF clinic, and his team is geared toward discovering the causes and consequences of this form of diabetes and to evaluate current detection methods.

## SHOULD PROSTATE CANCER BE TREATED WHEN IT FIRST APPEARS?

Medical specialists are faced with tricky questions like this on a daily basis. They must objectively assess the risk of cancer progression in their patient before proposing an appropriate treatment strategy. Sponsored by the Terry Fox Institute, **Dr. Fred Saad**, holder of the Université de Montréal's Research Chair in Prostate Cancer, heads up a pilot project to identify biomarkers that could inform clinicians on the probable progression of cancer in each of their patients.



Research CHUM  
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# ASSESSMENT OF HEALTH CARE TECHNOLOGIES AND INTERVENTION METHODS



**DR. LUIGI LEPANTO**  
Radiologist and Director of the Assessment of Health Care Technologies and Intervention Methods Division

THIS FIELD OF STUDY REFERS NOT ONLY TO INSTRUMENTS, BUT ALSO TO MEDICATION, TREATMENT AND ORGANIZATION OF SERVICES.

## EXPERTS AND ALLIES

The primary mission of the Assessment of Health Care Technologies and Intervention Methods Division (DETMIS) is to advise decision-makers in their choice of technologies. “This vast field of study does not refer only to equipment, but includes medication, treatment and organization of services,” explains its director, Dr. Luigi Lepanto.

To formulate their recommendations, Dr. Lepanto and his team’s rely on evidence-based data, that is, current scientific knowledge. Their role is therefore to gather all published studies and the opinions of experts about a given technology, whether it is new or already in use, and then to carry out an objective and rigorous analysis. They may also be consulted when a manager is faced with making a decision about whether a tried-and-true technology or a promising new one is best for patients.

In a university hospital setting, physicians and caregivers are inclined to be innovative. Often pioneers in their respective disciplines, they are ready to test new technologies. However, it is not enough to use an instrument for a year to be able to arrive at a conclusion. By involving the DETMIS team from the start, physicians and other health professionals ally themselves with dependable experts to accompany them throughout the process, from drafting of the appropriate evaluation methodology to making the final decision.

## THE CHUM ON THE INTERNATIONAL STAGE

Before the CHUM adopts a given technology or technique, Alain Lapointe and Mouhcine Nassef review everything that has been written on the subject in order to verify its effectiveness, safety and costs. Six of these evaluations have been made public to date by the Assessment of Health Care Technologies and Intervention Methods Division. The most recent assessment deals with transanal endoscopic microsurgery, a technique used to treat cancerous colorectal tumours and improve the quality of life of patients.

In 2008, Lapointe and Nassef contributed to heightening the reputation of the CHUM when they presented the results of their work to Quebec's scientific community at the annual public health days and at the workshops run by the Agence d'évaluation des technologies et des modes d'intervention en santé. They also presented the results of their work internationally, notably at the conferences of Health Technology Assessment International and the Association latine d'analyse des systèmes de santé.



**Mouhcine Nassef**, research officer,  
and **Alain Lapointe**, advisor

The publications, slide shows and posters may be consulted at [www.chumontreal.qc.ca](http://www.chumontreal.qc.ca). Notre équipe, les directions, La direction de l'évaluation des technologies et des modes d'intervention en santé, Publications or Activités scientifiques.

# HEALTH PROMOTION



**DR. MICHÈLE DE GUISE**, director of the Health Promotion Division, and  
**and CLAUDE CHAGNON**, president and chief operating officer of the Lucie and André Chagnon Foundation

WITH A STRONG PRESENCE IN THE COMMUNITY, THE LUCIE AND ANDRÉ CHAGNON FOUNDATION HAS THE MISSION OF CONTRIBUTING TO THE DEVELOPMENT AND IMPROVEMENT OF HEALTH THROUGH PREVENTION OF POVERTY AND DISEASE. CHILDREN AND THEIR PARENTS ARE THE FOCUS OF THE FOUNDATION'S ACTIVITIES, WHICH IS WHY IT FINANCIALLY SUPPORTS THE CHUM IN THE CREATION OF A CENTRE OF EXCELLENCE IN HEALTH PROMOTION AT THE BIRTH CENTRE.

## **AN INTEGRATED APPROACH TO HEALTH PROMOTION**

The concept of health promotion, which advocates a holistic approach, contributes to physical and mental well-being. The CHUM subscribed to this concept by including it in its mission and by integrating it into its structure, its organizational culture and the practices of its health care professionals.

As a member of the Montreal Network of Health Promoting Hospitals and CSSS, a network initiated by the World Health Organization, the CHUM has made it its duty to provide patients, families, employees, physicians and the community at large with the means to gain more control over their own health and to improve it. At the CHUM, health promotion is everybody's business. The Health Promotion Division therefore works hand in hand with several of the hospital's other divisions when setting up health projects.

"If we want to transmit a message promoting health to patients and their families, we must take care of the health of the CHUM's staff first," maintains Dr. Michèle de Guise, director of the Health Promotion Division. "By working in an environment that fosters their well-being, they will be more inclined to transmit the same values to their patients. Our actions then have a multiplying effect."

That is why the CHUM management provides staff, physicians and volunteers with a pleasant environment in which healthy eating habits and physical activity are strongly encouraged, and gives them access to health education programs.

## THE CHUM JOINS THE ALLÉGO PROGRAM

The CHUM has joined the ranks of some 50 businesses and organizations in the public and private sector that support the *allégo* program, an initiative of the AMT (the Metropolitan Transit Agency). The institution wants to offer alternatives to one-person-per-car commutes, such as public transit, car pooling, walking or cycling, to employees, physicians, researchers and volunteers.

In the spring of 2009, the Health Promotion Division struck a committee to implement a program as a result of a survey to which 1,600 employees responded in the fall of 2008. Made up of representatives from a number of divisions, the council of nurses and the Fondation du CHUM, the committee carried out a feasibility study that will lead to the proposal of measures encouraging staff to adopt new transportation habits.

## HEALTHY SHIFT IN FOOD SERVICES

Food services at the CHUM have embarked on a shift towards healthy eating that targets three vital areas: modifying the service offered, training staff and educating various groups in nutrition. Posters announcing the shift to the promotion of healthy eating habits are already up on the walls of the three CHUM cafeterias. Staff and visitors can read the information about the new healthy choices offered at the cafeteria.

## BIRTH CENTRE: SUPPORT FOR BREASTFEEDING

During World Breastfeeding Week, the **Lucie and André Chagnon Foundation** donated \$350,000 to the birth centre. The money will be used to improve the support provided to new mothers by increasing the number of lactation consultants. The CHUM will also be able to take the measures necessary to fulfill the World Health Organization's ten steps to successful breastfeeding with a view to becoming a Baby-friendly Hospital. At the CHUM, almost 90% of new mothers attempt breastfeeding. Among them, 45% continue breastfeeding as their infants' exclusive form of nourishment for a few months. The Foundation's donation is on top of the almost one and a half million dollars that it provided last year to create a Centre of excellence in health promotion at the CHUM birth centre.



“THE FIRST ADVICE GIVEN TO A MOTHER WHEN SHE BEGINS TO LEARN HOW TO BREASTFEED IS CRUCIAL. EVERYONE ON STAFF SHOULD BE ABLE TO PROVIDE THIS INFORMATION SPONTANEOUSLY, NOT ONLY AFTER THE BIRTH BUT ALSO DURING PREGNANCY.”

— Nadège Staco, head nurse of the Birth Centre Unit

## IN PARTNERSHIP WITH HUMAN RESOURCES

OCCUPATIONAL HEALTH AND SAFETY HAS TRADITIONALLY FOCUSED ON ACCIDENT PREVENTION AND WORKER COMPENSATION. AT THE CHUM, IT HAS TAKEN ON AN ADDED DIMENSION SINCE THE HEALTH PROMOTION AND HUMAN RESOURCES DIVISIONS TEAMED UP TO EXPAND HEALTH SERVICES, RESULTING IN THE FOLLOWING JOINT ACHIEVEMENTS IN 2008-2009.

SEMINARS

HEALTHY COOKING

ENERGY BREAK VIDEO

HEALTH EDUCATION  
CENTRE

EMPLOYEE  
QUALITY OF LIFE

NUTRITION

KINESIOLOGY CLINIC

ACTI-SANTÉ

### PERSONAL HEALTH AWARENESS

During the year, CHUM staff members were invited to take part in activities aimed at increasing their awareness of the importance of staying in good health. These included healthy cooking seminars, presentations on breast cancer prevention in collaboration with the CHUM's cancer-prevention program, and activities on obesity prevention. Employees were encouraged to use public transit for their commute and to be active participants during En ville sans ma voiture, the city's leave-your-car-at-home day. Other health initiatives were carried out, such as new fitness programming at the Acti-Santé centre and the improvement of fitness facilities. These activities helped motivate employees to take better care of their health while getting more acquainted with co-workers.

### THREE NEW EMPLOYEE SERVICES

Three new services were added in October 2008 to benefit everyone who works or practices at the CHUM. The health education centre began offering free lifestyle assessments along with action plans focused on motivation and coaching. These services are available by appointment only. Two other services are available for an hourly fee: NUTRIUM, the Université de Montréal's nutrition referral centre, began offering a nutrition clinic as well as a personalized assessment and follow-up of eating habits, and the CHUM's kinesiology clinic began offering basic and personalized fitness assessments and personal training either at home or at work.

### CREATION OF THE EMPLOYEE QUALITY OF LIFE FUND

The Office of the Director General and the Fondation du CHUM jointly launched the Employee Quality of Life Fund in September 2008. They each contributed an initial investment of \$250,000 to finance projects to improve employees' quality of life. The Fund has supported various health promotion activities such as the installation of 258 bicycle racks near the three CHUM hospitals to encourage cycling as a form of transportation. The Fund also supports the three new employee services that were launched in the fall of 2008. The CHUM and the Fondation are working on ensuring the Fund's longevity and look forward to other innovative health promotion projects.

### ENERGY BREAKS!

In January 2009, the Human Resources and Communications Divisions launched ten short "energy break" videos starring Olympic Champions Annie Pelletier and Jean-Luc Brassard. The clips demonstrate how to do short stretching and strengthening exercises at work to get rid of tension and reduce stress. The videos were downloaded more than 3,800 times in the first three months of the launch.



**OLYMPIC CHAMPIONS  
JEAN-LUC BRASSARD AND ANNIE PELLETIER**

# THE CHUM, IN SHORT

RUIS

SAFETY

PHARMACY

NURSING ASSISTANTS

GREEN FUTURE

[WWW.CHUMONTREAL.QC.CA](http://WWW.CHUMONTREAL.QC.CA)

MAJOR BURNS UNIT

INTERCHUM SHUTTLES

ENVIRONMENT

## MINISTER YVES BOLDOC AT THE CHUM

In February 2009, Yves Bolduc, Minister of Health and Social Services, visited the Emergency Department of Hôpital Notre-Dame as part of a tour of 11 hospitals with regularly overcrowded emergency departments. He noted the efforts deployed in bed management, including the plan to close long-term care beds, which he sees as a solution to free up emergency departments. At the same time, he acknowledged the problem of a lack of resources.

Mr. Bolduc was accompanied by David Levine, President Executive Director of Montreal's Health and Social Services Agency (ASSS de Montréal), and Dr. Pierre Savard, Quebec Emergency Room Director. Visitors had the opportunity to visit areas of the hospital such as the operating suites, the intensive care and long-term care units, the core laboratories and food services. They also met with some of the CHUM's executives. Other meetings are planned throughout the year.

This was not the Minister's first visit to the CHUM. He had already attended a presentation on the implementation of Oacis (open architecture clinical information system). The presentation highlighted the collaboration between the CHUM and the McGill University Health Centre and the complexity and size of the project. Mr. Bolduc particularly appreciated the concrete results of this example of cooperation between the two institutions and with the ASSS de Montréal, which aims to install Oacis in all the health institutions in the region.

### Closure of Long-term Care Units

In the perspective of "the right patient at the right place at the right time," the Department of Health and Social services anticipates that five years from now hospitals whose mission is to provide short-term care will no longer be providing long-term care. In January 2009, measures were taken with the ASSS de Montréal to move some 130 patients who are losing their independence and who were being cared for in the long-term care facility at Hôpital Notre-Dame or at Hôpital Saint-Luc to their respective CSSS. New patients whose conditions are stable will be sent to a facility attached to their CSSS within 72 hours. The closure of these two units was planned for the spring of 2009. The same measures will be adopted at Hôtel-Dieu du CHUM in 2009-2010, and in all other hospital centres in the Quebec network over the next few years.



Dr. André Lacroix, Assistant Director General—Medical and Academic Affairs; Dr. Harold Olney, head of the Hematology—Transfusional Medicine Department; Pierre Savard, Quebec Emergency Room Director; David Levine, President Executive Director of Montreal's Health and Social Services Agency; Yves Bolduc, Minister of Health and Social Services; Esther Leclerc, Assistant Director General—Clinical Affairs

# CHUM ON THE MOVE

The CHUM published two series of its *CHUM on the Move* pages in 2008-2009. The first one focused on the winners of the 2008 Fondation du CHUM recognition awards, and the second, on the teams of the Cardiology Centre and the Cardiac Surgery Service. Opposite, you can read summaries of the pages, available in French and English, at [www.chumontreal.qc.ca](http://www.chumontreal.qc.ca). À découvrir.

## **A GUARDIAN ANGEL**

A volunteer in the long-term care unit at Hôpital Saint-Luc, Ronald Cinq Mars has been faithfully on the job four days a week for the past ten years. He suggests recreational activities that complement the care plans and takes the time to listen to patients and offer words of encouragement.

## **INFORMATION TECHNOLOGY AND CLINICS GO HAND IN HAND**

The implementation of an information system bringing together clinical data produced by the three CHUM hospitals improves the quality of the working environment and ensures a continuum of care to patients—a remarkable technological advance. The Oacis team supports and trains the clinical units.

## **AN ELITE GROUP OF NURSES**

Nurses starting out in emergency and in intensive care, including in the major burns unit, need to be trained and supervised. Designated monitoring nurses, who have years of experience in the three CHUM hospitals, are skilled in passing on their knowledge.

## **PATIENTS' FIRST**

Every year, the members of the interdisciplinary teams of the Radio-oncology Department receive some 4,300 patients suffering from cancer. They have agreed to extend their working hours dedicated to treatment in order to shorten waiting lists. The patients appreciate the staff's empathy and the high quality of the care received.

## **MODELS OF CONSISTENCY AND EXCELLENCE**

The four inspiring and committed people who make up the molecular pathology laboratory team are models of consistency and excellence every day. They have been able to translate knowledge about the human genome and the genes responsible for a number of diseases into practical applications to screen for certain types of cancer.

## **PSYCHIATRY AT THE SERVICE OF CARDIAC PATIENTS**

The leadership of Dr. François Lespérance, chief of the Psychiatry Department, is undeniable. With a colleague, he set up a research program in the field of psychiatric care for cardiac patients. Their innovative studies were the first to demonstrate links between depression and cardiac disease.

## **THE HÔTEL-DIEU CARDIOVASCULAR CENTRE**

In 2008, the cardiovascular centre brought 80% of the CHUM's tertiary cardiology activities to Hôtel-Dieu. In addition to the care given to patients, specialists train future cardiologists and supervise young researchers by teaching them the principles of good research practices.

## **SPECIALIZED NURSE PRACTITIONERS**

The ever-increasing needs of clientele in certain specialties prompt health professionals to acquire new knowledge. Two specialized nurse practitioners are members of the cardiovascular centre team. They collaborate closely with the cardiologists and the interdisciplinary team.

## **YOUNG CARDIOLOGISTS**

Three young cardiologists talk enthusiastically about their respective specialties: echocardiography, heart regeneration using stem cells, and circumferential pulmonary vein ablation in patients with atrial fibrillation.

## **IN THE BEAT: CARDIAC SURGERY**

The cardiac surgery service team is made up of forward-thinking, audacious professionals determined to move their speciality forward. Some of the major firsts realized over the past 25 years in this field, which has made giant strides, have been accomplished at the CHUM.

# THE CHUM PLAYS A CENTRAL ROLE IN THE RUIS DE L'UdeM

Experts from the CHUM train teams from the Saint-Jérôme CSSS so that they can manage the care of patients who have returned to their region after undergoing kidney transplants in Montreal. Others go to Joliette to perform surgery, so that patients don't have to travel by ambulance to the CHUM. These are two examples of the CHUM's contribution to the RUIS de l'UdeM—the integrated health network of the Université de Montréal—which covers the Lanaudière, the Laurentians, Laval, the Mauricie, the northeast Montérégie and the east of the island of Montreal.

Three million people—40% of the population of Quebec—benefit from the concerted efforts of the health faculties of the Université de Montréal and the related health and social service agencies and health institutions. All the partners of the RUIS de l'UdeM work together to improve access to ultra-specialized care. They also advance teaching, research and the assessment of health care technologies and intervention methods.

As a university hospital centre for adults of the RUIS de l'UdeM, the CHUM plays a central role in this huge network. The CHUM's acting director general, Serge LeBlanc, is its vice president, and team members manage major projects. Dr. Charles Bellavance, director of professional services, supervises the development of the centre that coordinates requests for transfer and training; this centre is run by his assistant, Manon Paquin, also from the executive office of the RUIS de l'UdeM. Dr. Aline Boulanger, director of the pain clinic, has worked hard to set up a veritable network to improve management of chronic pain. Dr. Jean Chalaoui, head of the cardiothoracic radiology section, acts as co-president for the project to deploy a digital imaging network throughout the territory.

Some 20 other members of the CHUM are involved in committees whose recommendations are translated into gains for the public in the territory covered by the RUIS de l'UdeM. Find out more by going to [www.ruis.umontreal.ca](http://www.ruis.umontreal.ca).

RÉSEAU UNIVERSITAIRE  
INTÉGRÉ DE SANTÉ



Université   
de Montréal

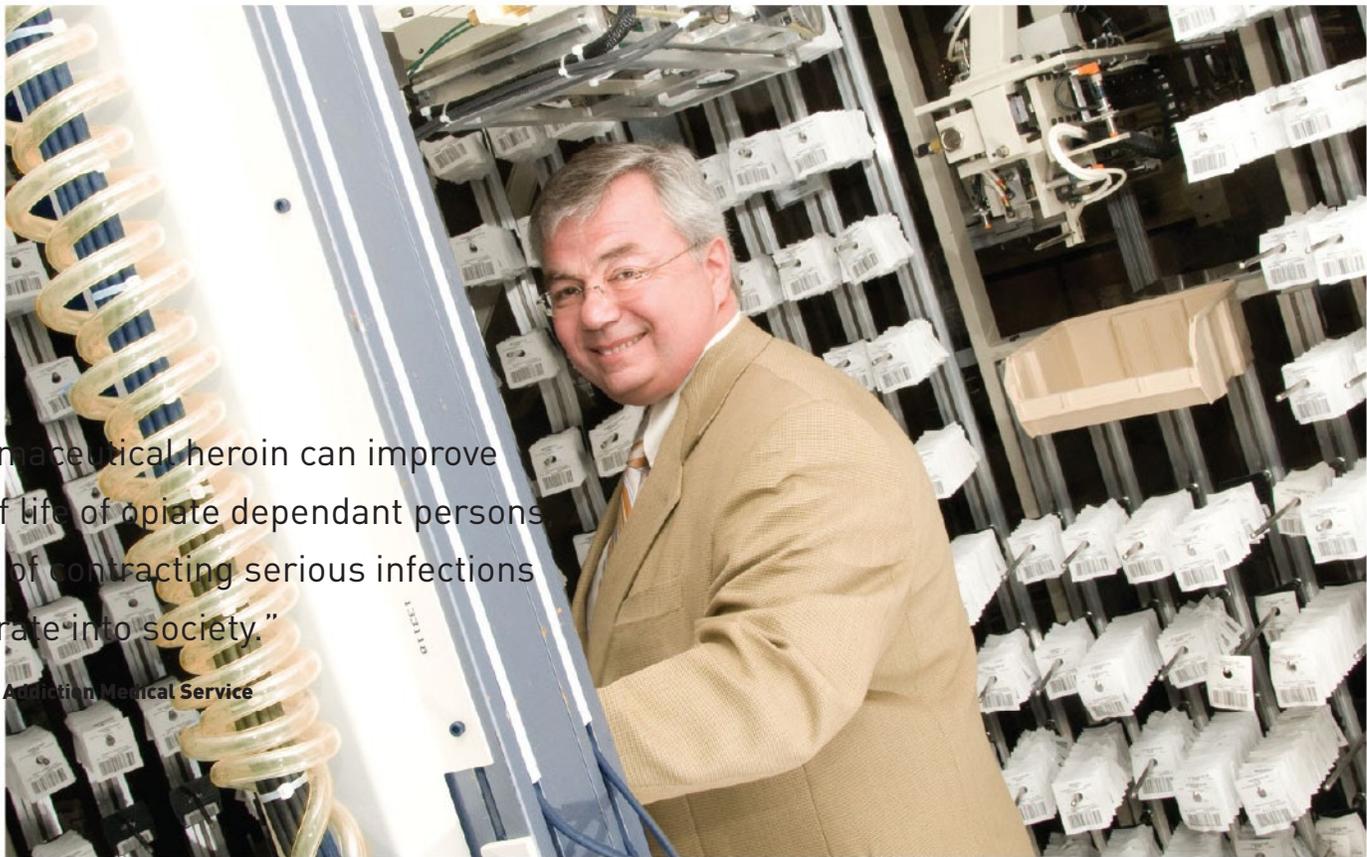
## THE CARGO PROGRAM

The CARGO program, offered by the divisions of Nursing and Human Resources, in cooperation with La Capitale and Collège de Maisonneuve, encourages a return to studies three days a week for nursing assistants who wish to become nurses. Candidates may receive credit for their previous training, meaning that it is possible to obtain a nursing degree in slightly over two years.

As students will work a maximum of four days per two weeks, they will be eligible for financial support from La Capitale. In February 2009, some 60 nursing assistants applied to enter the program.

NURSING  
ASSISTANTS

# WATCHWORD: SAFETY



pharmaceutical heroin can improve quality of life of opiate dependant persons and reduce the risk of contracting serious infections and reintegrate into society.”

Head of the Addiction Medical Service

“WE ALWAYS RECOGNIZE THAT OUR HUMAN RESOURCES ARE AN INTEGRAL PART OF TECHNOLOGICAL TRANSFORMATION. WE THEREFORE PUT THE ACCENT ON TRAINING AND FOLLOWED UP WITH A CONTINUING COMMUNICATION PLAN DESIGNED FOR ALL OUR EMPLOYEES.”

— Denis Bois, head of the Pharmacy Department

## THE MODERNIZATION OF THE DRUG DISTRIBUTION SYSTEM

More than 4,000 prescriptions per day, 5 million doses per year... the number of drugs administered annually by the CHUM is phenomenal and errors are possible. This fact led the institution's executive to modernize the medication distribution system and to implement a unidose distribution method in its three hospitals.

To ensure the success of this major move, the teams had to be trained and supported. Through the combined efforts of several departments—pharmacy, hospital services, nursing care, human resources, technological resources, communications—and the supplier, McKesson Canada, the CHUM was able to bring to term this cutting-edge project of

more than \$6.5 million, financed conjointly by the institution and Montreal's health and social services agency.

### REVIEWING PRACTICES

The primary objective of the operation was to improve the safety of care provided to patients, but it also aimed to review practices throughout the institution, both in the pharmacy and in nursing care, to reorganize drug distribution and administration methods and to reduce the nursing staff's workload related to preparation and distribution.

The unidose system is not a new concept. It is its use on a large scale, using bagging machines and barcodes, which enable us to qualify it as innovative. At Hôpital Notre-

Dame and Hôpital Saint-Luc, robots precisely execute all of the repetitive tasks related to distribution activities. A different automated system—but which distributes drugs in single doses using bagging machines and barcodes—was adopted by Hôtel-Dieu, because of the building's configuration.

In the past, the pharmacy would deliver a four-to seven-day supply of bottles of medication to the care units. A nurse then had to prepare the doses in a cramped space near the workstation, and make the rounds of the rooms with a distribution tray. Now, a cart with pre-packaged bags is delivered daily to each care unit. In the emergency department and intensive care units, decentralized cabinets act as automatic distributors, an additional guarantee of safety.

## REDUCING THE RISK OF ERROR

The new distribution method has fostered the adoption of even safer practices for administering drugs, such as the use of medication administration records, and preparing drugs for and administering them to one patient at a time, which helps reduce the risk of error. The review of practices also met expectations with respect to efficiency. Before, auxiliary nurses spent 50 to 60 minutes per work shift in preparing and administering medication. Since the new system was installed, the time required for this task has been reduced by half.

The pharmacy staff, which carried out a colossal job, and the nursing care teams, who were totally invested in carrying this project through, see only advantages for the clientele, not only with respect to improved safety of services, but the care personnel has more time to devote to each patient.

## ONE MORE ROBOT AT THE PHARMACY

After major surgery or because of serious gastrointestinal problems, patients may have to be fed intravenously for a time. These patients can now benefit from one of the safest technologies available: the Baxa pump, which is used in the preparation of parenteral nutrients. Recently purchased by the Pharmacy Department, the pump automatically compounds a complex and individualized mix of some 15 nutrients. The pharmacist ensures that the compound corresponds to the patient's needs and the mini robot does all the calculations required. An optical reader digitizes the barcode for each of these nutrients, minimizing the risk of human error.

## RAPID RESPONSE SPARES STAYS IN INTENSIVE CARE

The CHUM is the first hospital centre in Quebec to have set up rapid response teams (RRT) with the mandate of supporting the staff in the medicine/surgery health units when a patient's health deteriorates. The teams, made up of physicians, respiratory therapists and nurses, are available around the clock, seven days a week at Hôtel-Dieu. The objective of the RRT is not only to improve the quality of care but to promote teamwork, foster personal development and encourage the sharing of knowledge. Because it anticipates complications and is able to stabilize patients' conditions, the RRT have spared transfers to intensive care in 75% of cases since they began in June 2008.

The quality and the success of the project are such that preliminary work to set up an RRT in the two other CHUM hospitals has already started. Other health institutions in the Montreal region have also shown the desire to receive training from the CHUM implementation committee. The RRT was set up in the scope of the Quebec campaign *Together, Let's Improve Healthcare Safety*.

## CANADIAN PATIENT SAFETY WEEK

The Information Management and Quality Performance Division set up information stands in the three CHUM hospitals during Canadian Patient Safety Week in the fall of 2008, to raise the awareness of staff and physicians of the importance of medication reconciliation (Med Rec).

Med Rec consists of establishing a complete list of all the drugs taken by patient, in order to compare it to the prescriptions issued at admission, transfer and discharge. It is one of 10 strategies adopted to reduce the number of preventable adverse drug events in the scope of the Quebec campaign *Together, Let's Improve Healthcare Safety*.

In addition, patients and their loved ones were encouraged to ask their pharmacists to provide them with a prescription record. The record gives them better understanding of their medication, enabling them to inform their physician or other health professionals that they consult.

INFECTION  
PREVENTION

## SPECTACULAR RESULTS IN THE MAJOR BURNS UNIT

The rigorous application of a plan to reduce the rate of methicillin-resistant *Staphylococcus aureus* (MRSA) infections in the major burns unit has led to spectacular results. The rate has gone from 120.4 cases per 10,000 patient days in 2005–2006 to 110.6 in 2006–2007 and 69.0 in 2007–2008. The incidence of nosocomial infections, i.e., those contracted during a hospital stay, have fallen just as dramatically, from 101.1 per 10,000 patient days to 94.2, then to 24.4 over the same period.

The preventative action plan consisted of more frequent and thorough cleaning of the environment and equipment in common areas, including the physiotherapy and occupational therapy rooms, as well as in patients' rooms. The hydrotherapy room was limited to patients with burns over less than 20% of their body, given that this treatment presents more risks for patients with more extensive burns. The additional resources required were provided and complex coordination was maintained among the orderlies and housekeeping services teams. The work tools designed by the infection prevention unit to protect against outbreaks of *Clostridium difficile* were adapted and used for this project.



# ENVIRONMENT



## INTERCHUM SHUTTLE SERVICE: TRANSIT BETWEEN THE HOSPITALS

In the fall of 2008, the CHUM set up a shuttle service for physicians and employees who must frequently travel between the three hospitals. The following January, the INTERCHUM shuttles were also available for autonomous patients. Six months after launch of the transit system, over 27,000 trips had been made. Users responding to a survey said they were very satisfied. The initiative considerably reduces travel costs by taxi or private vehicle, and reflects the institution's desire to protect the environment.

## PURCHASING SHIFTS INTO GREEN

Conscious of the need to go green, the Purchasing Service has made some positive steps:

- After the necessary adaptation period, the use of recycled ink cartridges for certain printer and fax models and the return of empty cartridges to the supplier has become common practice, without affecting print quality.
- The table napkins in all the cafeterias are now made of recycled paper. Even better, simple posters have led to reducing the number of napkins used by four million units, a saving of 50% for the institution and good news for the environment!
- Technical services tested and then adopted a line of environmentally-friendly, low VOC Green Seal certified paint that does not emit unpleasant odours. Lowering the VOC (volatile organic compound) level in paints contributes to improving overall air quality.
- The CHUM makes transactions electronically with its major suppliers, with the result that hard copy orders now represent only 2% of all purchases.

Representatives of the Purchasing Service are members of the CHUM environmental committee and CAP Approvisionnement-Montréal's purchasing and environmental practices committee. They receive training and participate in symposiums to keep themselves up-to-date in this field.

## THE CHUM, DÉFI CLIMAT PARTNER

The CHUM participated in the Défi Climat, a province-wide campaign to raise awareness about climate change and to mobilize the public into reducing their greenhouse gas emissions by changing their lifestyles and their transportation habits. Starting on March 23, 2009, for one month, a few hundred employees, physicians, researchers, students, trainees and volunteers at the CHUM participated in the challenge. They made concrete gestures for the environment in their everyday lives: more than 90% put recyclable material in recycling bins; 69% lowered the thermostat by 3°C at night or by 1°C during the day; and 59.7% walked or took public transit instead of a taxi at least once a week. Défi climat is an initiative of the Conseil régional Environnement Montréal in partnership with Équiterre and the Conférence régionale des élus de Montréal. The CHUM environmental management committee ran the campaign within the institution.

# THE FONDATION DU CHUM



## A UNANIMOUS CHOICE FOR SPOKESPERSON

**Yvon Deschamps** is, without a doubt, the most beloved humorist in Quebec. Besides being very funny, his often provocative monologues provide food for thought. They are the reflection of a man deeply engaged in society. In February 2009, he generously agreed to act as spokesperson for the Fondation du CHUM because, as he says, "Illness affects us all, young and old, rich and poor alike. Sooner or later, we will all need a university hospital centre like the CHUM, which treats the most complex health problems with the most competent staff and the most up-to-date equipment!" The humorist supports the Fondation in a number of ways, such as speaking about the CHUM and its Fondation on talk shows or in interviews. He also wrote a delightful monologue called Donner... qu'ossa donne? (Giving... what's it good for?), which can be seen on the Fondation's brand-new website at [fondationdutchum.com](http://fondationdutchum.com).

## SILENT BUT ACTIVE

When the Quebec government announced that the three hospitals of the CHUM would be merged together in downtown Montreal, it asked the Fondation to raise \$200 million to finance the acquisition of modern equipment and to support research and teaching in the new facilities. In order to respond to the CHUM's current needs as well, the Fondation raised the bar to \$300 million over a period of 10 years.

The funding campaign is currently in the silent phase. But that doesn't mean that nothing is happening! Potential donors have been targeted, from corporations and private foundations to individuals who have reputations for being generous philanthropists. Discussions are underway and many donations have been received, especially in the scope of its joint corporate campaign with the McGill University Health Centre Foundation.



## DONATIONS TO THE FONDATION

### FOR THE ANDRÉ BARBEAU MOVEMENT DISORDERS CLINIC

The CHUM is a leader in the treatment and monitoring of neurological diseases. Patients or those close to people who have received care at the André Barbeau Movement Disorders Clinic (UTMAB), the most important of its kind in Quebec, wanted to support its activities.

In honour of Dubo Électrique's 50<sup>th</sup> anniversary, RBC Royal Bank offered to make a donation on behalf of the company's directors, Sylvie and Johanne Boileau, to the organization of their choice. They opted for the Parkinson Society of Greater Montreal, which then gave \$15,000 to the Fondation du CHUM. The money was passed on to the UTMAB in memory of the Boileau sisters' father, who was treated by **Dr. Sylvain Chouinard**, neurologist and coordinator of the Clinic.

Claude Rivard, also one of Dr. Chouinard's patients, gave the Fondation \$10,000 to support a training program on movement disorders, directed toward general practitioners. The funds were raised in Amqui, at the Promutuel golf tournament organized for the Parkinson Society in the Lower St. Lawrence region.

For their 50<sup>th</sup> wedding anniversary, Jean-Guy Faucher and his spouse Thérèse asked their guests to help them make a donation to the UTMAB. For the past 12 years, Ms. Derome-Faucher has received treatment there for Parkinson's disease. They were thus able to give \$5,000 to the Fondation to provide care to people affected by movement disorders. What an original way to support a cause!

### FOR THE ORL SERVICE

The Zeller Family Foundation supports philanthropic or charitable projects, in particular, those related to medicine. A \$115,000 donation to the Hôpital Notre-Dame's Otorhinolaryngology Service was used to purchase specialized equipment to screen for abnormalities in people suffering from loss of balance or dizziness. The CHUM's expertise in audiology and speech therapy is renowned.

### HELPING COMBAT PREJUDICE AGAINST MENTAL DISEASE

In the hope of helping to vanquish many prejudices that still exist against mental disease, the Genpharm pharmaceuticals company donated \$100,000 to purchase teaching equipment for residents, clinical

clerks, and trainees in the Psychiatric Department. Students now have access to two rooms equipped with cameras and microphones for group and individual therapy. They are able to observe the behaviour of patients in consultation through a monitor linked to a recording system, and can freely discuss and analyze the therapeutic approach of their peers. The new equipment will also make it possible for students' performances to be thoroughly evaluated. This donation adds to Genpharm's \$50,000 contribution made two years ago.

### DONATIONS CAN TAKE MANY FORMS

Sometimes, the Fondation receives donations in kind. For example, Willie and Georgette Feyen donated a condominium apartment worth \$382,000 in remembrance of Dr. Jacques Cantin. Ms. Feyen has lasting memories of this eminent oncological surgeon from Hôpital-Dieu who cared for her a few years ago. The proceeds from the sale of the apartment, situated in old Montreal, will enable the Fondation to make a contribution that will benefit the CHUM's patients.

### PROFITABLE ACTIVITIES

The Fondation's golf classic gets better every year. In September 2008, it raised \$1,563,100 to assist the CHUM in fulfilling its mission. "It is the most lucrative golf classic organized by a hospital foundation in Canada," states **Dr. Guy Leclerc**, CHUM cardiologist and honorary co-chair of the event.

The Fondation raised \$550,000 at its 2008 benefit show, starring Gregory Charles and guests. Organized in partnership with the National Bank Financial Group, the activity had a double purpose. In addition to raising funds for the CHUM, it honoured people and teams who are remarkable for their accomplishments and their devotion. More details on these recognition awards can be found on the *CHUM on the Move* section in this report (page 46).

The annual gourmet banquet, with the theme "The roads of Tuscany," generated profits of \$686,550.

In February 2009, five hospital foundations, including that of the CHUM, raised \$343,405 at the Charity Preview of the Montreal International Automobile Show.

For more information, go to [fondationdutchum.com](http://fondationdutchum.com). Fundraising activities.

## THE FONDATION DU CHUM SUPPORTS

HEALTH CARE AND PROMOTION  
\$2,379,948

Over the past year, the Fondation contributed to the purchase of state-of-the-art equipment for several departments and services. For example, thanks to the support of a generous donor, the Ophthalmology Department was able to purchase Boston keratoprostheses. These ocular prostheses enable patients suffering from severe corneal blindness to regain their sight.

The Fondation also backs the “health promotion” aspect of the CHUM’s mission. In the spring of 2009, it participated in the first edition of colorectal cancer awareness days.

TEACHING  
\$1,080,330

The Fondation supports teaching at the CHUM in a number of ways. For example, in cooperation with the council of physicians, dentists and pharmacists, it was able to provide 24 postdoctoral students with \$526,250 from the 2008 scholarship program. In fact, the students received over \$1 million in total because, for each scholarship granted, an equivalent amount was given to the scholarship holder by the service or department that had submitted his or her candidature. The program greatly contributes to increasing the CHUM’s influence and enables young physicians and other health professionals to acquire a subspecialty.

RESEARCH  
\$3,055,259

To support fundamental, clinical and epidemiological research, the Fondation gives \$1 million every year to the CHUM research centre, which has cutting-edge technological platforms and an international network of affiliated institutions and partners from the university, public and private sector. Its support to research is also demonstrated in many ways, for example, it contributes to funding research chairs of Université de Montréal, held by physicians and other health professionals at the CHUM.

## CLINICAL SERVICES

The Fondation du CHUM manages clinical services and uses the profits to increase its support to the CHUM.

### THE TRAVEL CLINIC

In addition to a complete range of vaccinations and health services for travelers, including babies and young children, the travel clinic (Clinique Santé-voyage) provides the basic vaccinations insured by the Régie de l’assurance maladie du Québec (RAMQ), intradermal rabies vaccination and influenza vaccinations. It also administers *Gardasil*, the vaccine against HPV (human papilloma virus), which can cause cervical cancer. This vaccination is recommended for girls and young women from 9 to 26 years old. Since 2008, girls from 9 to 17 have been receiving it for free.

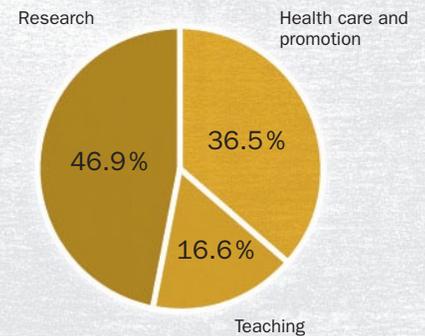
Businesses also benefit from a wide range of services, including workplace vaccination and customized travel health conferences. The clinic’s new website ([santevoyage.com](http://santevoyage.com)), launched in February 2009, includes up-to-date information on diseases and their occurrences around the world.

### THE HEALTH EVALUATION CENTRE

Among the services provided by the Centre d’évaluation de santé are complete checkups and blood tests. Clients now also have access to made-to-measure health services, updating of basic vaccinations, ambulatory blood pressure monitoring (ABPM), and ambulatory electrocardiogram monitoring (*Holter*). Furthermore, the centre has partnered with health and well-being consultants, including a physical trainer and a kinesiologist. More information at [fondationduchum.com](http://fondationduchum.com), Services cliniques, Le Centre d’évaluation de santé.

### TWO CLINICS, ONE ADDRESS

The Clinique Santé-voyage and the Centre d’évaluation de santé are now conveniently located at the same address: 1001 Saint-Denis Street, in Montreal.



**IN 2008-2009, THE FONDATION  
HANDED OVER \$6,515,537**

## DONATIONS FROM INDIVIDUALS AND FAMILY FOUNDATIONS

### \$250,000 AND OVER

Willy and Georgette Feyen  
Fondation Lucie et André Chagnon  
Estate of Gaétan Barry

### \$100,000\$ TO \$249,999

Anonymous (1)  
Fondation Antoine-Turmel  
Fondation Jean-Louis Lévesque

### \$50,000 TO \$99,999

Fondation Jean B. Migneault  
Francyne Furtado  
Estate of Claire Marguerite  
Irène Marchand

### \$25,000 TO \$49,999

Jean-Yves Chaput  
Dr. Champlain Charest  
Fondation J. B. J. Fortin  
Monique Leduc  
Estate of Claude Viau

### \$10,000 TO \$24,999

Anonymous (1)  
Louise Boudreau  
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Fondation des Gouverneurs de l'espoir  
Fondation Jacques Francoeur  
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Leucodystrophies Foundation  
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Marielle Robitaille  
Gisèle Sarrazin Locas  
Estate of Richard Malouin

### \$5,000 TO \$9,999

Marielle Beaulieu  
Birks Family Foundation (The)  
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Fondation Paul A. Fournier  
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Félix Gauthier  
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Johanne Labadens and Yvan Gagnon  
Dr. Guy Leclerc  
Ékram Antoine Rabbat  
Lucie Rouette Gauthier  
Benjamin Shirazipour

### \$2,500 TO \$4,999

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Geneviève Biron  
Régis Bossé  
Jacques Canin  
Yvon Deschamps  
Fondation Denise et Robert Gibelleau  
Daniel Gravel  
Luc Guérard  
Gilles Lafrance  
David Le Houx

Dr. Caroline Lepage  
René Massicotte  
Jean M. Maynard  
Elias Noujaim  
Dr. Paul Perrotte  
Claudia Roy  
Dr. Jean-Denis Roy  
Louise Simard Massicotte  
Carole St-Charles

### \$1,000 TO \$2,499

Anonymous (5)  
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Rollande C. Archambault  
Dr. Alexis Armour  
Hedwidge Barbeau  
Rita Baril  
Robert Bédard  
Dr. Charles Bellavance  
Georges Bergeron  
Guy Bibeau  
Justine Boulet  
Richard Bourbonnais  
Madeleine Brunelle Gravel  
Dr. Jean-Paul Brutus  
Centraide of Greater Montreal  
Denyse Chartrand  
Italian-Canadian Community Foundation (The)  
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Dr. Hugo Ciaburro  
Jean-Baptiste Côté  
Robert Courval  
Claude Cusson  
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Michael D'Ambra  
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Louise Duranceau  
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Fondation de Gaspé Beaubien  
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Constantin Stanciu  
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Estate of Rita Plouffe  
Estate of Suzanne Bourret  
Gilles Trudel  
Georges Vacher  
Dr. Luc Valiquette  
Jean-Luc Vigneault  
Sylvain Villiard  
Dr. Jean Vincelette  
Tony Young

### \$500 TO \$999

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Henri Audet  
Jean-François Babin  
Alfred Basin  
Anne Basin  
Jean Thompson Beauchamp  
Lise Beauchamp  
Louis Beaudet  
Nicolas Beaudin  
Galal Behna  
Bellini Foundation (The)  
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Guy Bibeau  
Ivan Bisailon  
Gyslène Blais Remy  
Suzanne Blanchet  
Jacqueline Bourassa Landry  
Dr. André Brosseau  
Jean-Pierre Brunet  
Jean Bureau  
Serge Cantin  
Louise Caron Séguin  
Johnny Carrier  
Paolo Catania  
Louis-Pierre Chauvin  
Jean-François Clément  
Céline Corriveau  
Viviane Cossette  
Yvon Cousineau  
Benoît Coutu  
Marion Currie  
Daniel Cutti  
Dr. Pierre Daloz  
Diane D'Amato  
José A. De Jésus  
Gilles De La Rochelle  
Chantal Deleuil  
Marc Deschênes  
Doris Desmarchais  
Louis Deumié  
Scot Diamond  
Daniel Dubois  
Solange Duhamel  
Denis Dumas  
Michael Eng  
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Jean-Guy Faucher  
Fondation Raymond Gaudreault  
Guy Frenette  
Huguette Frost  
Louis Gaudreau  
France Généreux  
Marc Généreux  
Magella Girard  
Hanka Gordon  
Martine Goyet  
Raymond Gref  
Claudine Harnois  
Bernadette Heath  
Pierre Hébert  
Gilles Henrichon  
Viateur Héту  
Dr. Georges Honos  
Jo-Anne Hudon Duchesne  
Michel Hylands  
Ludger Joyal  
Photios Kalantzis  
Jean-Paul Labelle  
Marie-Christine Labege  
Dr. André Lacroix  
Jacques Landreville  
Mathieu Langlais  
Michel Languedoc  
Antonio Larouche  
Michel Laurence  
André Leblanc  
Dr. Louise-Hélène Lebrun  
Guy Lebuvis  
Pierre Lefebvre  
Louis Lefort  
Raymond Lemay  
Jean Le Menn  
Jean C. Lemieux  
Marc-André Lemire  
Thérèse L'Heureux  
Léonard Lighter  
Éric Loisselle  
Guy Lortie  
Pierre Lortie  
Jean Macleod  
Jacques Martin  
Thérèse Mauger  
Patrice Meloche  
Dr. Stephen Morgan  
Nathalie Nahmias  
Jacques Normand  
Paul Ostiguy  
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Marie-Hélène Pagé  
André Pageau  
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Lina Perrotta  
Michel Picciano  
Pierre Pinard  
Richard Pinsonnault  
Alain Plante  
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Olivier Prat  
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Stéphanie Robert  
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G. Gary Slight  
Branko Sojic  
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Werner Stolper  
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Hélène B. Tessier  
Lucille Touchette Fortier  
Jean-Paul Trépanier  
Réal Trudel  
Vicky Tsokalos  
Dr. Fernand Turgeon  
Dr. Jacques Turgeon  
Raynald Turgeon  
Raymond Waterbury  
Jack Zwibel

## DONATIONS FROM BUSINESSES AND BUSINESS FOUNDATIONS

### 1 MILLION DOLLARS AND OVER

Pfizer Canada Inc.

### \$500,000 TO \$999,999

Anonymous (1)

### \$250,000 TO \$499,999

Bell Canada

Medtronic of Canada Ltd.

### \$100,000 TO \$249,999

Abbott Vascular

Hoffmann-La Roche Ltd.

National Bank Financial Group

Produits médicaux Johnson & Johnson

Sanofi-aventis Canada Inc.

### \$50,000 TO \$99,999

Amgen Canada Inc.

Anesthésie CHUM HND

EMD Serono Canada Inc.

Fondation de la CCAM

Genpharm Inc. Pharmaceuticals

Jean Coutu Group (PJC) Inc. (The)

Smith & Nephew Inc.

### \$25,000 TO \$49,999

Anonymous (1)

AstraZeneca Canada Inc.

Brault & Martineau

Enertrak

Fondation des pompiers du Québec

pour les grands brûlés

Gestion Maguy Itée

Hydro-Québec

Merck Frosst Canada Ltd.

RBC Foundation

Schering-Plough Canada Inc.

Servier Canada Inc.

Siemens Medical Solutions Diagnostics Inc.

St. Jude Medical Canada Inc.

### \$10,000 TO \$24,999

Abbott Laboratories

Amyotrophic Lateral Sclerosis society of Quebec

Artopex inc.

Astellas Pharma Canada inc.

Boston Scientific Ltd.

Bard Canada Inc.

Bayer Inc.

BCF s.e.n.c.r.l.

Beckman Coulter Canada Inc.

Bracco Diagnostics Canada Inc.

Bristol-Myers Squibb Canada Co.

C.M.C.

Construction Vergo inc.

Cook (Canada) Inc.

Emergis

Fonds de solidarité FTQ

Laboratoire Médical Biron

Mentor

Mouvement des caisses Desjardins

Novartis Pharma Canada Inc.

Novo Nordisk Canada Inc.

Nycomed Canada Inc.

Placements Martin Couture inc.

Quebecor inc.

Raymond Chabot Grant Thornton

Roche Diagnostics

Simard-Beaudry Construction inc.

SNC-Lavalin inc.

Sorin Group

Stryker

Systematix – Technologie de l'information inc.

Transelect inc.

Université de Montréal

### \$5,000 TO \$9,999

Anonymous (1)

Alcon Canada Inc.

Aliments Prolimer inc.

Amo Advanced Medical Optics

Association des greffés du Québec

Bouthillette, Parizeau & Associés inc.

BPYA, architectes en consortium

Caisse de dépôt et placement du Québec

Canadian Lung Transplant Study Group

Canadian Medical Foundation

Cima +

Collège des médecins du Québec

Coloplast

Corporation Baxter

Courchesne Larose Itée

Draximage

Entreprises Cloutier & Gagnon (1988) Itée (Les)

Fédération des médecins spécialistes du Québec

Fondation Libermont (La)

Fondation Richelieu

Fondation de la sclérose en plaques des Bois-Francis

Fonds de développement Hémodynamie (CHUM)

GlaxoSmithKline Inc.

Groupe Axor Inc.

Groupe Cloutier inc.

Groupe Darche inc.

Heenan Blaikie srl

Hôpital inc.

J. Raymond Couvreur inc.

Jodoin, Lamarre, Pratte et associés, architectes

Logibec Groupe Informatique Itée

McGill University Health Centre

McKesson Canada

Metro inc.

Monette Barakett avocats S.E.N.C.

National Bank Financial Group

Oryx Pharmaceuticals Inc.

Pentax Canada Inc.

Pharmalogic P. E. T.

Philips Healthcare

Pomerleau inc.

Productions têtes d'affiche inc. (Les)

RBC Royal Bank

Restaurants Pacini inc.

Sanofi Pasteur

Société générale de financement du Québec

Sodexo Canada

Teknika HBA Inc.

Telus

Tiitures Hogue inc. (Les)

Trium mobilier de bureau inc.

### SPONSORS

9038-2276 Québec inc.

Abbott Vascular

Agfa Canada

Bell Canada

Biotronik Canada Inc.

Bouthillette, Parizeau & Associés inc.

BPYA, architectes en consortium

CIMA +/Tecsult

Courchesne Larose Itée

Emergis

FMT 2001 Inc.

Foire des Marchands (La)

Fondation Brault & Martineau

Groupe Axor

Heenan Blaikie srl

Hydro-Québec

IBM, Microserv et Lenovo

Industrielle Alliance Pacific

J.B. Laverdure inc.

Medtronic du Canada

National Bank Financial Group

Pharmalogic P. E. T.

Philips Healthcare

Pomerleau

Raymond Chabot Grant Thornton

Restaurants Pacini inc.

Roche Canada

Sagelex

SAQ

Service de cardiologie du CHUM

SITQ inc.

SNC-Lavalin

Société générale de financement

du Québec

St. Jude Medical

Telus

Tigertel Communications Inc.

Trium mobilier de bureau inc.

*Our sincere thanks to every individual, business and foundation that has made a donation to the Fondation du CHUM. 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.*

# GIVE... IT DOES A WORLD OF GOOD!

# THE CHUM IN NUMBERS

FISCAL 2008-2009  
WAS A TRANSITION YEAR  
FOR FINANCE AND  
SUPPLY MANAGEMENT



**JOCELYN BOUCHER**

Assistant Director General—Administration, Financial Resources and Economic Partnerships

## TO THE DIRECTORS OF CENTRE HOSPITALIER DE L'UNIVERSITÉ DE MONTRÉAL

The enclosed financial information is drawn from the Annual Financial Report of the Centre hospitalier de l'Université de Montréal as at March 31, 2009, for which we have issued on this date our auditor's report, hereinafter.

In order to better understand the financial position of the Institution and the results of its operations, this financial information should be read in conjunction with the audited Annual Financial Statement contained in the Annual Financial Report.

*Raymond Chabot Grant Thornton LLP<sup>1</sup>*

Montreal,  
June 12, 2009

## AUDITOR'S REPORT

To the Members of the Board of Directors of the Centre hospitalier de l'Université de Montréal

We have audited the financial statements, complementary information, data and appendices listed in the table of contents of the Annual Financial Report of the Centre hospitalier de l'Université de Montréal (the Institution) for the year ended March 31, 2009, which has been presented in the format prescribed by the Ministère de la Santé et des Services sociaux du Québec, in accordance with Section 295 of the *Act Respecting Health Services and Social Services*. This Annual Financial Report is the responsibility of the Institution's management. Our responsibility is to express an opinion on this Annual Financial Report and the items described in Appendix 1 of the *Règlement sur la gestion financière des établissements et des conseils régionaux* based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance as to whether the Annual Financial Report and the items described in Appendix 1 of the *Règlement sur la gestion financière des établissements et des conseils régionaux* are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Annual Financial Report. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall Annual Financial Report presentation.

In our opinion,

- The Institution has complied with the above-mentioned Act and the relevant regulations to the extent they apply to its revenues or expenses, or its volume of services or activities, with the exception of Note 1 in the Appendix of the Auditor's Report;

- The Institution has complied with the explanations and definitions relating to the preparation of the Annual Financial Report;

- The Institution's accounting practices are consistent with the standards and definitions of the *Manuel de gestion financière* published by the Ministère de la Santé et des Services sociaux du Québec, with the exception of Note 2 in the Appendix of the Auditor's Report;

- The units of measure used by the Institution are consistent with the definitions in the *Manuel de gestion financière* published by the Ministère de la Santé et des Services sociaux du Québec;

- The methods for recording and controlling quantitative data followed by the Institution on which we rely in designing our audit procedures for the Annual Financial Report are valid;

- The Institution's internal control procedures relating to financial data on which we rely in designing our audit procedures for the Annual Financial Report are valid;

- The Institution has complied with the administrative instructions issued by the Ministère de la Santé et des Services sociaux du Québec and by the Agence de la santé et des services sociaux de Montréal, with the exception of Note 3 in the Appendix of the Auditor's Report;

- With the exception of the notes included in the Appendix of the Auditor's Report, the Annual Financial Report presents fairly, in all material respects, the financial position of the Institution as at March 31, 2009 and its revenues and expenses, the changes in its financial position and financial and quantitative data of its activity centres for the year then ended, in accordance with the accounting principles described in Note 3.

The Annual Financial Report, which has not been, and is not intended to be, prepared in accordance with Canadian generally accepted accounting principles, is solely for the information and use of the Institution's directors, and the Ministère de la Santé et des Services sociaux du Québec and the Agence de la santé et des services sociaux for complying with Section 295 of the *Act Respecting Health Services and Social Services*. This Annual Financial Report is not intended to be and should not be used by anyone other than the specified users or for any other purpose.

*Raymond Chabot Grant Thornton LLP<sup>1</sup>*

Montreal  
June 12, 2009

## COMMENTS

1. The financial results for the year is an excess of expenses over revenues of 12 737 907 \$ for principal activities including contributions to other funds. This sum is charged to accumulated deficit.

The net deficit which includes the results from other activities amounts to 12 696 971 \$ which is to be compared to a maximum deficit of 12 700 000 \$ as determined in the master agreement.

2. The institution has recorded a receivable of 100 000 \$ from "Agence de la santé et des services sociaux de Montréal" (the Agency) for the year 2008-2009 for skin culture.

There are ongoing discussions with the Agency and the Ministry to have this amount recognized and paid.

3. This institution has paid 2 396 487 \$ and 1 015 158 \$ respectively to physicians for compensation regarding administrative tasks and regarding certain special clinical tasks.

These amounts were recorded in "other direct charges principal activities" and an "extraordinary charges".

1. Chartered accountant auditor permit no. 9266

## GOOD GOVERNANCE

The team of the CHUM's Financial Resources and Economic Partnerships Division is one of the largest in the health and social services network, a status that comes with certain responsibilities. In fact, university hospital centres have a duty to provide leadership in all areas, including administration.

For the past six years and more, the CHUM has conformed to the budget targets set by Montreal's Health and Social Services Agency. "When you are responsible for managing nearly 750 million dollars in expenses, which represents the combined budgets of the hospital centre and the research centre, you have a duty, as a team, to ensure good governance," says Jocelyn Boucher, Assistant Director General—Administration, Financial Resources and Economic Partnerships. "To accomplish this, productivity is tracked very closely. We adopted an internal control mechanism to help us reach stated objectives, and we produce very specific, transparent information on a timely basis. These decision-making tools are very much appreciated by managers."

## A TRANSITIONAL PERIOD

The province's Department of Health and Social Services has revised the guidelines in its *Manuel de gestion financière* and now requires institutions to systematically record their revenues and expenses using the accrual method of accounting. The new guidelines, which came into effect on April 1, 2008, are in conformance with generally accepted accounting principles (GAAP), as published by the Canadian Institute of Chartered Accountants. In the wake of this accounting reform, it may be difficult to compare certain financial statement data for fiscal 2008-2009 to data from the previous fiscal year.

The CHUM has also implemented the new supply management regulation that came into force on October 1, 2008, pursuant to the adoption of the *Act respecting contracting by public bodies*. The Act directs institutions to display a high level of transparency in contracting processes and to publish the relevant information on a secure website.

## OPERATING FUND SUMMARY STATEMENT OF OPERATIONS

For the year ended March 31, 2009

	2008-2009 (in dollars)
<b>REVENUES</b>	
<b>Principal Activities</b>	
Agence de la santé et des services sociaux (the Agency)	588,324,795
Patients	15,422,747
Sales	12,712,197
Recoveries	5,767,595
Other	8,222,997
<b>Ancillary Activities</b>	
Public and parapublic funding	62,466,736
Commercial revenues	1,314,324
Revenues from other sources	30,716,195
<b>Total Revenues</b>	<b>724,947,586</b>

### EXPENSES

<b>Principal Activities</b>	
Salaries	292,040,207
Employee benefits	78,587,859
Payroll taxes	41,770,101
Medications	34,155,513
Blood products	15,630,412
Medical and surgical supplies	65,377,141
Foodstuffs	6,985,339
Other	108,641,666
<b>Ancillary Activities</b>	
Salaries	37,892,778
Employee benefits	7,224,555
Payroll taxes	6,087,101
Other	43,251,885
<b>Total Expenses</b>	<b>737,644,557</b>

**DEFICIT\*** (12,696,971)

\*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.

A comparison of the 2008-2009 report with the previous financial year is not required by the Department of Health and Social Services, because of changes made to accounting policies.

This information is from the audited annual financial report.

Source: Division of Financial Resources and Economic Partnerships

## OPERATING FUND BALANCE SHEET

For the year ended March 31, 2009

	2008-2009 (in dollars)
<b>ASSETS</b>	
<b>Short-term</b>	
Due from the Agency and the MSSS	5,266,416
Accounts receivable	12,890,045
Prepaid expenses	1,540,013
Stocks	4,653,888
Interfund loans	26,826,798
Other assets	2,946,083
<b>Total Short-term Assets</b>	<b>54,123,243</b>
Grant receivable - accounting reform	44,852,200
Other assets	2,265,617
<b>Total de l'actif</b>	<b>101,241,060</b>

### LIABILITIES

<b>Short-term</b>	
Bank overdraft	5,554,731
Loans payable	149,522,382
Accounts receivable	115,696,213
Deferred revenues- Principal activities	
Agency	1,183,248
Other	137,726
Deferred revenues - Ancillary activities	
Other	1,629,255
Other liabilities	389,129
<b>Total Short-term Liabilities</b>	<b>274,112,684</b>
Other liabilities	763,784
<b>Fund Balance</b>	<b>(173,635,408)</b>
<b>Total Liabilities and Fund Balance</b>	<b>101,241,060</b>

A comparison of the 2008-2009 report with the previous financial year is not required by the Department of Health and Social Services, because of changes made to accounting policies.

This information is from the audited annual financial report.

Source: Division of Financial Resources and Economic Partnerships

## CAPITAL FUND BALANCE SHEET

For the year ended March 31, 2009

	2008-2009 (in dollars)
<b>ASSETS</b>	
<b>Short-term</b>	
Cash	13,900,549
Due from the Agency and the MSSS	3,792,536
Other accounts receivable	6,549,471
<b>Total Short-term Assets</b>	<b>24,242,556</b>
Capital assets	534,399,375
Grant receivable - accounting reform	10,750,299
<b>Total Assets</b>	<b>569,392,230</b>
<b>LIABILITIES</b>	
<b>Short-term</b>	
Other accounts receivable	9,638,371
Interfunds debt	21,628,155
Current portion of long-term debt	60,755,131
Other liabilities	353,838
Accrued interest payable	3,859,424
<b>Total Short-term Liabilities</b>	<b>96,234,919</b>
<b>Long-term</b>	
Obligations and other elements	459,021,800
Deferred revenue	8,548,350
Government sinking fund	(1,630,800)
<b>Total Long-term Liabilities</b>	<b>465,939,350</b>
<b>Total Liabilities</b>	<b>562,174,269</b>
Fund balance	7,217,961
<b>Total Liabilities and Fund Balance</b>	<b>569,392,230</b>

A comparison of the 2008-2009 report with the previous financial year is not required by the Department of Health and Social Services, because of changes made to accounting policies.

This information is from the audited annual financial report.

Source: Division of Financial Resources and Economic Partnerships

## OPERATING FUND OPERATIONAL DATA

For the year ended March 31, 2009

	2008-2009
<b>Patient Days (Hospital)</b>	
General wards	253,383
Semi-private rooms	45,189
Private rooms	1,157
<b>TOTAL</b>	<b>299,729</b>
<b>Patient Days (Long-Term Care)</b>	
Residential and long-term care	56,368
<b>Hospital Admissions</b>	<b>28,104</b>
<b>Authorized Beds</b>	
Hospital	1,217
Residential and long-term care	170
<b>Bed Set-up</b>	
Hospital	976
Residential and long-term care	83
<b>Average Length of Hospital Stay</b>	
General and specialized care	9.43
Psychiatric care	22.95
Nativity - average stay of mother	2.70
Nativity - average stay of newborn	2.95
Detoxification	8.07
<b>Percentage of Average Bed Occupancy*</b>	
Hospital	67.48
Residential and long-term care	90.84
<b>Active Physicians</b>	
Specialists	643
General practitioners	138

\* Based on the number of authorized beds.

A comparison of the 2008-2009 report with the previous financial year is not required by the Department of Health and Social Services, because of changes made to accounting policies.

This information is from the audited annual financial report.

Source: Division of Financial Resources and Economic Partnerships

## HUMAN RESOURCES

For the year ended March 31, 2009

	2008-2009	2007-2008
<b>PERMANENT STAFF (Principal activity)</b>		
<b>Managerial Staff</b>		
Number of full-time staff	284	271
Part time		
Number of staff	17	17
Full-time equivalent	9	8
Staff with employment stability	2	0
<b>Regular Staff</b>		
Number of full-time staff	4,329	4,299
Part time		
Number of staff	2,550	2,513
Full-time equivalent	1,527	1,459
Staff with employment stability	1	1
<b>NON-PERMANENT STAFF (Casual)</b>		
Number of hours remunerated in fiscal year	3,607,325	2,779,198
Full-time equivalent	1,974	1,515

This information is from the audited annual financial report.

Source: Division of Financial Resources and Economic Partnerships

## FUNDING OF THE RESEARCH CENTRE

For the year ended March 31, 2009

	2008-2009	2007-2008	2006-2007
Competitive funding	\$40.8 M	\$38.2 M	\$39.1 M
Industrial funding	\$12.4 M	\$11.7 M	\$11.2 M
Other	\$11.1 M	\$14.6 M	\$9.7 M
<b>Total</b>	<b>\$64.3 M</b>	<b>\$64.5 M</b>	<b>\$60.0 M</b>

Source: Division of Financial Resources and Economic Partnerships

## PRINCIPAL ACQUISITIONS IN 2008-2009

A robotic radiosurgery system (radio-oncology)	\$4 million
Two medical imaging instruments (radio-oncology)	\$6 million

Source: Division of Financial Resources and Economic Partnerships

## OTHER STATISTICS

For the year ended March 31, 2009

	2008-2009	2007-2008
<b>CLINICAL ACTIVITIES</b>		
Emergency (visits)	110,699	112,257
Outpatient clinics (visits)	434,288	421,974
Surgical procedures	12,167	12,288
Day surgeries	18,595	18,049
Cardiac procedures	833	916
Childbirths	2,308	2,346
Neuroradiology (patients)	388	390
Organ donors	57	55
Organ transplants	147	159
Hemato-oncology (visits)	59,110	55,951
Endoscopy (examinations)	39,165	40,740
Hemodialysis (treatment)	65,896	68,652
Prostheses (hip and knee) (including revisions)	403	353
Lithotripsy (patients)	1,356	1,406
Medical imaging (examinations)	405,865	398,946
Laboratory analyses	9,805,180	9,151,199
Kilograms of linen processed	3,672,525	3,293,009
Meals served and sold	2,947,987	2,961,274

### OCCUPANCY RATE ACCORDING TO BED SET-UP

Hospital	85.0%	86.6%
Residential and long-term care	98.7%	98.9%

Source: Division of Information Management and Quality Performance

## SUMMARY OF TEACHING ACTIVITIES

	2008-2009	2007-2008
<b>NUMBER OF PRACTICUMS*</b>		
<b>University</b>		
Medicine Externship	1,661	1,658
Medicine Residence	4,802	4,598
<b>Total</b>	<b>6,463</b>	<b>6,256</b>
<b>NUMBER OF STUDENTS</b>		
<b>University</b>		
Preclinical Medicine	318	302
Medicine Externship	687	619
Medicine Residence	807	715
Medicine Continuing Education and Observation	48	60
Research	567	560
Nursing	305	249
Health professionals (other than medicine and nursing)	341	660**
Sub-total	3,073	3,165
<b>CEGEP and High School</b>		
Nursing	1,620	1,365
Health professionals (other than medicine and nursing)	208	422**
Sub-total	1,828	1,787
<b>Total</b>	<b>4,901</b>	<b>4,952</b>

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

\*\*For the year 2007-2008, the measure used was the number of times students were present.

Source: Teaching Division

## **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.

The entire code is available, in French only, at [www.chumontreal.qc.ca](http://www.chumontreal.qc.ca), Notre équipe, Conseil d'administration.

## BOARD OF DIRECTORS

### **PATRICK A. MOLINARI**

Chair of the Board  
Designated by the Health and Social Services Agency of Montreal

### **FRANCINE GIRARD**

Deputy Chair of the Board  
Designated by the Université de Montréal

### **SERGE LEBLANC**

Secretary of the Board  
CHUM Acting Director General

### **CLAUDE BENJAMIN**

Chair of the disciplinary measures evaluation committee  
Co-opted Board Member

### **MARIE-CLAIRE DAIGNEAULT**

Chair of the quality assurance committee (overseeing services provided to patients)  
Co-opted Board Member

### **VACANT**

Chair of the budget and finance committee  
Co-opted Board Member

### **MICHÈLE BERNARD**

Designated by the users' committee

### **ÉRIC CARDIN**

Designated by and from among the members of multidisciplinary council

### **MAURICE CHARLEBOIS**

Designated by the Health and Social Services Agency of Montreal

### **PHILIPPE CÔTÉ**

Elected by the general public

### **LOUISA DEFOY**

Designated by the users' committee

### **HÉLÈNE DESMARAIS**

Designated by the Quebec government

### **GILLES DULUDE**

Designated by the Fondation du CHUM

### **KARINE FARRELL**

Elected by the general public

### **JOSEPH HUBERT**

Designated by the Université de Montréal

### **DR. EDGARD NASSIF**

Designated by and from among the members of the council of physicians, dentists and pharmacists

### **DR. CAROLYN NESSIM**

Designated by and from among the medical residents practising at the CHUM

### **YVON PROVOST**

Designated by and from among the personnel members

### **ÉKRAM ANTOINE RABBAT**

Designated by the Fondation du CHUM

### **DR. JEAN-LUCIEN ROULEAU**

Designated by the Université de Montréal

### **FRANCE ROY**

Designated by and from among the members of the council of nurses

## DIRECTORS

### **SERGE LEBLANC**

Acting Director General

### **NICOLE BEAULIEU**

Director of Communications

### **DR. CHARLES BELLAVANCE**

Director of Professional Services

### **JOCELYN BOUCHER**

Assistant Director General—Administration, Financial Resources and Economic Partnerships

### **DR. MICHÈLE DE GUISE**

Director of Health Promotion

### **DR. MARIE-JOSÉE DUPUIS**

Director of Teaching

### **DANIELLE FLEURY**

Director of Nursing

### **MYRIAM GIGUÈRE**

Director of Hospital Services

### **JEAN HUOT**

Director of Technological Resources

### **DR. ANDRÉ LACROIX**

Assistant Director General—Medical and Academic Affairs

### **ESTHER LECLERC**

Assistant Director General—Clinical Affairs

### **GAÉTAN LEMAY**

Director of Strategic Planning and Technical Services

### **DR. LUIGI LEPANTO**

Director of Assessment of Health Care Technologies and Intervention Methods

### **ANGÈLE ST-JACQUES**

Director of Patient-Centred Groups

### **JACQUES TURGEON**

Director of Research

### **RENAUD VIGNEAULT**

Director of Human Resources

### **SYLVAIN VILLIARD**

Assistant Director General—CHUM centre-ville

## CLINICAL ETHICS COMMITTEE

### **DELPHINE ROIGT**

President

## RESEARCH ETHICS COMMITTEE

### **CHRISTINE TRUESDELL**

Chair

## RISK MANAGEMENT COMMITTEE

### **ANNE LEMAY**

Chair

## USERS' COMMITTEE

### **LOUISA DEFOY**

Chair

## LOCAL SERVICE QUALITY AND COMPLAINTS COMMISSIONER

### **DIANE-ISABELLE POIRIER**

## COUNCIL OF NURSES

### **JOSÉE DORVAL**

Chair

## COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS

### **DR. PAUL PERROTTE**

Chair

## MULTIDISCIPLINARY COUNCIL

### **STÉPHANIE ÉMOND**

Chair

## THE FONDATION DU CHUM

### **GILLES DULUDE**

Chairman of the Board of Directors

### **ÉKRAM ANTOINE RABBAT**

President and Chief Executive Officer

THANKS TO EVERYONE  
WHO GENEROUSLY  
ACCEPTED TO BE  
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THE CHUM WEBSITE  
**[www.chumontreal.qc.ca](http://www.chumontreal.qc.ca)**

THE CHUM FOUNDATION WEBSITE  
**[fondationduchum.com](http://fondationduchum.com)**

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## VOLUNTEERISM: UNITED BY GENEROSITY

Women and men, students, business people and retirees, the CHUM counts on some 670 volunteers who come from all over Quebec, and even from around the world! The new smock, recently adopted by the three hospitals of the CHUM, enables patients to easily distinguish volunteers from employees and health care professionals.

Would you like to join this group who are united by generosity? Consult the *Guide d'accueil des bénévoles* at [www.chumontreal.qc.ca](http://www.chumontreal.qc.ca), Futur bénévole.



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[www.chumontreal.qc.ca](http://www.chumontreal.qc.ca)