



CENTRE HOSPITALIER DE L'UNIVERSITÉ DE MONTRÉAL  
2010-2011 ANNUAL REPORT

*Giving Meaning  
to our  
Gestures*

## TABLE OF CONTENTS

<b>Message from the Chair of the Board of Directors and the Director General</b>	<b>3</b>
<b>Attestation of Reliability</b>	<b>3</b>
<b>Being in Good Hands</b>	<b>4</b>
About the CHUM	5
Main Characteristics of the public in the area served	5
Health Information	5
Our Mission	5
Board of Directors, Directors and Committees	6
<b>Building the future</b>	<b>10</b>
Strategic Planning: setting the course for 2015	11
Accreditation: a mobilizing undertaking	12
Art at the CHUM: for a more hospitable hospital centre	13
The new CHUM: tomorrow is not so far away	15
<b>Every action in the service of patients</b>	<b>16</b>
Care	17
Assessment of Healthcare Technologies and Intervention Methods: serving the decision makers	28
Teaching: a constant quest for excellence	29
Research: a motor of development	32
Health Promotion: everybody wins!	34
Pharmaceutical Services: everyday efficiency	36
Radiological Services: when quality and technology go hand in hand	37
Our Human Capital: the CHUM's source of strength	38
Technological Development: a necessity and exciting challenge!	40
Food Services: new and improved	41
Sustainable Development: top priority	42
Our Presence on the World stage	43
The CHUM in the news: sustained coverage	46
<b>Constant vigilance</b>	<b>49</b>
The Watchdog and Service quality Committee: constant scrutiny	50
The Quality and Risk Management Committee: continuous improvement	51
User's Committee: a year of change	52
Local Service Quality and Complaints Commissioner: tireless support	53
The Council of Nurses: making room for knowledge and efficiency	54
The Multidisciplinary Council: priority on dialogue	55
The Council of Physicians, Dentists and Pharmacists: quality assurance	56
<b>Working together</b>	<b>57</b>
The Fondation du CHUM: an exceptional year!	58
The RUIS of the Université de Montréal: an essential and effective partnership	66
Université de Montréal's Faculty of Medicine: a front-line partner	67
<b>Achieving performance goals</b>	<b>69</b>
Independent Auditor's Report on the Summary Financial Statements	71
Financial Statements	72
<b>Code of Ethics Governing the Board of Directors</b>	<b>92</b>

## **MESSAGE FROM THE CHAIR OF THE BOARD OF DIRECTORS AND THE DIRECTOR GENERAL**

Working in a university hospital centre means making meaningful gestures every day: a comforting hand laid on a shoulder, a friendly smile while passing in a hallway, care provided to patients and cordial contact with their loved ones.

This 2010–2011 Annual Report is a reflection of the activities that everyone at the Centre hospitalier de l'Université de Montréal (CHUM) carries out every day—positive gestures that help in moving toward wellness. Gestures that we make meaningful.

In the following pages, you will find key developments that have had an impact on our university hospital centre over the past financial year. Some of the major events that caught our attention include Accreditation Canada's visit and the obtaining of our accreditation following major mobilization within the organization to improve quality and safety of care; the start of our strategic planning exercise, which will enable us to establish our action priorities from 2011 to 2015; and the integration of arts and culture into the hospital, to provide a more hospitable and humane healthcare environment for our patients, employees and visitors by appealing to their emotions. And we can't forget the beginning of construction work on the new CHUM. Our annual report covers these important issues... and then some!

As well, for the CHUM, 2010–2011 was a year to draw closer to its partners. Among them, we highlight the importance of our Fondation, which supports us every day in living up to our mission and in our transformation into the new CHUM.

Finally, we wish to thank everyone who has worked with us one way or another in the realization of this 2010–2011 annual report of the CHUM. We invite you to read it carefully.

**M<sup>c</sup> Patrick Molinari**

Chair of the Board of Directors

**Christian Paire**

Director General and Chief Executive Officer

---

## **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 2010–2011 faithfully describe the institution's mission, mandates, values and strategic orientations. It presents the indicators used, targets established and results obtained. I attest that the information it contains is reliable, that is to say, objective, exempt from errors and verifiable, as are the related controls, and that it accurately reflects the situation for the financial year ended March 31, 2011.

**Christian Paire**

Director General and Chief Executive Officer

## **BEING IN GOOD HANDS**

### **The CHUM, a World-Class Institution**

Patients are our *raison d'être*. Our recognized expertise in several specialities is reassuring to everyone who passes through our doors. From there on in, they know they are in good hands!

## **ABOUT THE CHUM**

Composed of three hospitals, Hôtel-Dieu, Hôpital Notre-Dame and Hôpital Saint-Luc, the Centre hospitalier de l'Université de Montréal (CHUM) is the largest francophone university hospital centre in North America. It is a leader in the application of innovative approaches to care, the quest for new knowledge and the communication of knowledge to future and current health professionals.

In addition to caring for an adult clientele in its immediate coverage area, the CHUM receives patients from all over Québec in all the specialties in which it has recognized expertise: oncology, cardiovascular and metabolic diseases, neurosciences, addiction medicine, hepatology, organ transplant, plasty reconstruction, major burn care and chronic pain management.

The CHUM is resolutely turned toward the future, with construction now underway on its new facilities and research centre in downtown Montréal; overall, a \$2.5 billion project on a single site. The CHUM research centre will open its doors in 2013. This will be followed in 2016 by the opening of the new CHUM, a world-class university hospital centre that will seamlessly fit into its community, where it plays a significant role. To follow the progress of this major project, visit [www.nouveauchum.com](http://www.nouveauchum.com).

For more information about the CHUM, go to [www.chumontreal.com](http://www.chumontreal.com).

## **MAIN CHARACTERISTICS OF THE PUBLIC IN THE AREA SERVED**

Situated in the heart of Montréal, the CHUM provides specialized and ultraspecialized care to an adult clientele, mainly from the Greater Montréal region, but also from the province as a whole. Every year it receives approximately half a million patients.

## **HEALTH INFORMATION**

Key information on health with respect to the CHUM for the 2010–2011 financial year can be found in the Financial Statements section of this Report.

## **OUR MISSION**

The CHUM is a university hospital centre providing general, specialized and subspecialized hospital care and services to an adult clientele. These services include teaching, research, and the assessment of healthcare technologies and methodologies, and are provided within integrated networks. The CHUM also contributes to health promotion in continuity with front-line services.

### ***Care***

At the cutting edge of technology and proactive in a context of rapid change, the CHUM follows best practices in care and organization of services in order to fulfill its role as a centre of reference for other health institutions.

### ***Teaching***

At the CHUM, teaching is part of a continual learning process that runs from initial training to professional development. Every year, the CHUM welcomes over 5000 students and trainees who want to pursue careers in the healthcare sector.

### ***Research***

Benefiting from the most recent technologies, our researchers, some of whom are leaders in their field, generate very high quality scientific work. They also publish hundreds of scientific articles annually and participate in dozens of symposia and conferences all over the world, thus contributing to the advancement of knowledge, the efforts of the scientific community and the improvement of healthcare.

### ***Assessment of Healthcare Technologies and Intervention Methods***

With its expertise in a number of specialized and subspecialized sectors, the CHUM is able to adequately assess new healthcare technologies and intervention methods. Day after day, its contributions have a positive impact on the entire healthcare network throughout Québec.

### ***Health Promotion***

Every year, the CHUM publishes many documents promoting good health to a variety of groups. In the form of books or guides on diverse health-related subjects, and recommendations from our dieticians, all this literature has the goal of contributing to improving its clientele's lifestyles, in the interest of healthier living, both physically and psychologically.

## **BOARD OF DIRECTORS**

M<sup>c</sup> Patrick A. Molinari  
Chair of the Board  
Designated by the Health and Social Services Agency of Montréal

Serge Aubry  
Deputy Chair of the Board  
Co-opted Board Member

Christian Paire  
Secretary of the Board  
CHUM Director General

Claude Benjamin  
Co-opted Board Member

Marie-Claire Daigneault  
Co-opted Board Member

Michèle Bernard  
Designated by the Users' Committee

Sophie Lépine  
Designated by and from among the members of the Multidisciplinary Council

Maurice Charlebois  
Designated by the Health and Social Services Agency of Montréal

Philippe Côté  
Elected by the general public

Louisa Defoy  
Designated by the Users' Committee

Hélène Desmarais  
Designated by the Québec 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

Frédéric Thomas-Chaussé  
Designated by and from among the medical residents practicing at the CHUM

Yvon Provost  
Designated by and from among the staff members of the CHUM

Ékram Antoine Rabbat  
Designated by the Fondation du CHUM

Hélène Boisjoly  
Designated by the Université de Montréal

Raymond Lalande  
Designated by the Université de Montréal

Chantal Malo  
Designated by and from among the members of the Council of Nurses

## **DIRECTORS**

Christian Paire  
Director General

Serge Leblanc  
Associate Director General

Irène Marcheterre  
Chief of Staff and Director of Communications

Sylvain Villiard  
Assistant Director General–CRCHUM project, Legal and Institutional Affairs

Jocelyn Boucher  
Assistant Director General–Administration, Financial Resources And Economic Partnerships

Dr. André Lacroix  
Assistant Director General–Medical and Academic Affairs

Esther Leclerc  
Assistant Director General–Clinical Affairs

Pauline Maisani  
Director of Strategic Planning

Dr. Michèle de Guise  
Director of Health Promotion

Dr. Marie-Josée Dupuis  
Director of Teaching

Dr. Charles Bellavance  
Director of Professional Services

Angèle St-Jacques  
Director of Patient-Centred Groups

Myriam Giguère  
Director of Hospital Services

Dr. Luigi Lepanto  
Director of Assessment of Healthcare Technologies and Intervention Methods

Francine David  
Interim Director of Information Management and Quality Performance

Danielle Fleury  
Director of Nursing

Manon Paquin  
Director of Access to Medical Services

Jacques Turgeon  
Director of Research, CRCHUM

Renaud Vigneault  
Director of Human Resources

Jean Huot  
Director of Technological Resources

Frank Pigeon  
Director of Technical Services

Paul E. Landry  
Project Director

Gaétan Lemay  
Associate Director – Building Project

Sylvie Lavallée  
Associate Director – Clinical Project

## **COMMITTEES**

Geneviève Frenette  
Local Service Quality and Complaints Commissioner

Me Delphine Roigt  
Chair, Clinical Ethics Committee

Brigitte St-Pierre  
Chair, Research Ethics Committee

Francine David  
Chair, Risk Management Committee

Louisa Defoy  
Chair, Users' Committee

Jouamana Fawaz  
Chair, Council Of Nurses

Dr. Paul Perrotte

Chair, Council of Physicians, Dentists and Pharmacists

Stéphanie Émond  
Chair, Multidisciplinary Council

**THE FONDATION DU CHUM**

Gilles Dulude  
Chair of the Board of Directors

Ékram Antoine Rabbat  
President and Chief Executive Officer

## **BUILDING THE FUTURE**

### **Towards the Hospital of Tomorrow**

Above and beyond the cement and the technology, the CHUM is an important actor in its community. Constantly striving to improve, it is building not only an institution, but also a human environment.

## **STRATEGIC PLANNING: SETTING THE COURSE FOR 2015**

**In the context of the construction of the new hospital and the modernization of academic medicine, the CHUM has undertaken an in-depth, comprehensive strategic analysis to establish action priorities from 2011 to 2015.**

The strategic planning process began in June 2010 with a retreat attended by the organization's key actors to reflect on the vision for the new CHUM. Refocused on its subspecialized clinical activities, with a world-class research centre, founded on strong performance principles with respect to quality, safety and efficiency, the CHUM of tomorrow is banking on an exemplary patient experience.

From that vision emerged a major initiative, the first in the organization's history, implemented in January 2011. Headed by the new Strategic Planning Department, in close association with the administration and Board of Directors, the strategic planning exercise was supported by an advisory committee. Internal communication activities took place at regular intervals. Conceived with an outward orientation and broad internal participation, the process to develop the CHUM's strategic plan engaged and mobilized more than 1500 physicians, managers and employees.

Thirteen workshops attended by stakeholders from both within and outside the CHUM were organized in the spring, each dealing with an issue considered critical for the organization. The topics included preparing for the transformation of the current CHUM into the new CHUM, the evolution of our partnerships, and improving patients' experience.

A large-scale forum will be organized in June 2011 to share the thoughts of the 13 groups and to establish action priorities for the next five years.

The CHUM's strategic plan, to be finalized in November 2011, concentrates on the major issues. For each of them, it sets the key strategic objectives that will enable our various teams to move together to solidify our vision for the future. These issues include the improvement of clinical services, the strength of our commitment to research, teaching and assessment, the integration of health promotion and the improvement of patients' experience, the dynamic quality of our partnerships, the demands of performance (efficiency, safety and quality), the attraction and retention of human resources and the achievement of our transformation in accordance with our values.

This major exercise will help us set the course for 2015, guiding us in our choices and in what we hope to achieve.

## **ACCREDITATION: A MOBILIZING UNDERTAKING**

**In April 2010, all the teams at the CHUM had finalized their preparations for the Accreditation Canada assessment. Nine surveyors scrutinized the care units, the laboratories and every sector of activity to evaluate the safety and quality of health care and services.**

In May 2010, Accreditation Canada granted the CHUM accreditation with conditions. To comply with all of the requirements, we got down to work to be able to submit our proof of compliance by March 31, 2011, at the latest.

The teams rolled up their sleeves and engaged in the process of providing evidence of improvement in the provision of safe and high-quality health care and services. The CHUM then submitted a report to Accreditation Canada and the Board of Directors, respecting the deadline.

Over the course of the year, we also continued to implement the practice of medical reconciliation at admission and initiated its establishment for transfer or discharge, rolled out the safe surgery checklist and continued work on dangerous abbreviations.

There are still a number of challenges to be met in 2011–2012, including continuing strategic planning work, drafting our conceptual framework for quality and implementing our various training programs, such as on safety, or on perfusion pumps.

It is important to highlight the strengths noted by the Accreditation Canada surveyors on site, i.e., our focus on health promotion, the emphasis on ethics in our day-to-day activities, the integration of research into care, medical co-management and the recognition program set up by the Human Resources Department.

## **ART AT THE CHUM: FOR A MORE HOSPITABLE HOSPITAL CENTRE**

**The presence of art lessens the distress of the hospital experience. In appealing to the emotions of patients, staff and visitors, it makes for a more hospitable and humane care environment.**

The desire to incorporate arts and culture into the CHUM arose out of the vision of its Director General, Christian Paire. He believes that art buoys us up and helps us strengthen our mission of care. As well, incorporating arts and culture will open the hospital to the community by presenting it as an actor in the cultural and social life of its environment, in addition to highlighting the history, cultural and architectural heritage and the great accomplishments of the CHUM's founding hospitals. The credibility of this initiative rests on two fundamental precepts:

- Convincing, high-quality projects, in partnership with recognized organizations;
- Self-financing of activities, to ensure that funding destined for care and services is not touched.

### **Agenda 21C**

An initiative of the Ministry of Culture, Communications and the Status of Women (MCCCF), Agenda 21 for culture in Québec is a framework of reference that sets forth the principles and objectives to be reached to make culture a major component of society, integrated into the social, economic and environmental dimensions of sustainable development.

Christian Paire is the carrier of the vision for the social component of Agenda 21C. The following is a translation from his article, published in full (in French) at [www.agenda21c.gouv.qc.ca](http://www.agenda21c.gouv.qc.ca).

"The hospital is a living space where many different social groups converge. It is a place where knowledge, technology and compassion are at the service of the health and well-being of individuals. It is also an environment in which the atmosphere is often tinged with anxiety about suffering and death. By opening the hospital to arts and culture, we attempt to make it less distressful by recognizing and valuing the human dimension of each individual, over and above science, medical procedures and technical activities.

Building bridges between the cultural world and that of professionals, organizations and society is bound to result in reciprocal and collective enrichment. Seen in this light, the participative and inclusive process set forth by Agenda 21C is meaningful for Québec."

### **Important Issues in 2010–2011**

The CHUM's cultural initiative began with the visit of dancer-choreographer Sylvain Groud. He moved patients and employees with his sensitive performances in the care units. It also resulted in seven dancers taking a one-week training session and initial contacts being made with cultural organizations in Montréal. The creation of the position of cultural delegate is proof of the CHUM's commitment to move forward and take action. Below are some highlights.

- The beginning of the systematic installation of works of art on the walls of the CHUM, in partnership with the Art for Healing Foundation.
- Association of Christian Paire with Agenda 21C, as carrier of the vision.
- Visit of dancer-choreographer Sylvain Groud.

- Appointment of a cultural delegate.
- Establishment of an arts and culture working group.
- Mandate given to the artist Christine Bourcier to mount a photo exhibit for the CHUM's 15th anniversary.
- Partnership with UQAM's arts faculty.
- Partnership with the *Société pour les arts en milieux de santé* for the development of musical programming.

## THE NEW CHUM: TOMORROW IS NOT SO FAR AWAY

**In September 2013, phase 1 of the new CHUM, the CRCHUM and the CIEF will be completed, and by the spring of 2016, the new hospital will welcome its first patients, to provide them with the best care, research and teaching the world has to offer.**

Several crucial steps have been completed in the CHUM modernization project. The year was marked by the signing of a partnership agreement with Accès Recherche Montréal (ARM) for the research centre (CRCHUM) and the integrated teaching and training centre (CIEF), the reception of two technical and financial proposals in response to the Request for Proposals launched in March 2009, the evaluation of these proposals, and the choice of partner for the construction of the new hospital, the Collectif Santé Montréal consortium. The construction of the CRCHUM and the CIEF, in addition to the preparatory work on the future hospital, has advanced significantly. Some highlights:

- April 2010**                    **Transfer of the CRCHUM site.** In accordance with an agreement on preliminary work, ARM took possession of the site at the south block to begin the demolition of 300 Viger East.
- May 2010**                    **Signing of the partnership agreement with ARM** for the design, construction, financing and maintenance of the CRCHUM.
- Preparation of the CRCHUM site.** Backhoe loaders and other heavy machinery stormed the block delimited by Viger, Saint-Denis and Saint-Antoine streets and the Ville-Marie access ramp. The work is slated to take over three years.
- August 2010**                **Pile driving for the CRCHUM**—Beginning of construction work on the structure of the Viger and Saint-Antoine towers.
- September 2010**            **First public information session about the CRCHUM.** The session provided the opportunity for people to learn more about the project and the work being carried out, to ask questions and to air their concerns.
- November 2010**            **Preparatory work on the new CHUM.** The work will continue until winter 2011. Some buildings situated on the west side of Saint-Denis, between Viger and la Gauchetière, were demolished, and others dismantled.
- December 2010**            **Recovery of the stones of the Saint-Sauveur church and the Garth house.** The bell tower of the Saint-Sauveur church, situated on the corner of Saint-Denis and Viger, was carefully dismantled so that every stone could be recovered. They were then carefully stored so as to be integrated into the new CHUM. The stone from the eastern and southern facades of the Garth House, at 1020 Saint Denis, were also preserved for the same reason.
- PPP model confirmed.** Michelle Courchesne, Minister responsible for Government Administration and Chair of the Treasury Board, and Yves Bolduc, Minister of Health and Social Services, confirmed that the CHUM would be built as a public-private partnership (PPP).
- February 2011**              **Launch of work on the new CHUM** announced at a press conference.
- March 2011**                 **Creation of a committee to maintain operations at Hôpital Saint-Luc** to ensure quality of care and the tranquility of our patients, teams and the neighbourhood during the building of the new CHUM. The committee has been meeting every week since then.

## **EVERY ACTION IN THE SERVICE OF PATIENTS**

### **The Importance of Offering the Best**

Every CHUM team strives to do better. Whether at the patient's bedside or somewhere else, each action they take has an influence on the quality of services provided.

## **CARE: GIVE ONLY THE BEST!**

### **NURSING CARE: CRITICAL TO PATIENTS' LIVES**

**In a constant quest to improve the care and services provided, nursing staff plays a key role with patients.**

The year 2010–2011 was a significant one with respect to nursing care. The collaborative approach, training, accessibility and improvement to organizational practices were at the heart of their activities. What follows are the most salient:

- Improved transmission of information within the team;
- Development of a secure identification procedure for patients before any procedure;
- Set up of an interdisciplinary care program resulting from the protocol governing control and isolation measures: an awareness-raising campaign for clinical support professionals and staff, development of an electronic form on decision-making and follow-up of these measures, a pilot project in psychiatric care;
- Collaboration in ensuring accessibility of care, notably through the integration of nursing assistants in surgical suites and participation in determining the structures of teams in the medicine-surgery care units;
- Creation of clinical tools to support decision-making and the monitoring of long-term care patients.
- Roll-out of the allergies and clinical measures modules (vital signs, Braden scale) in the medicine-surgery units of Hôtel-Dieu;
- Online training (with certification) on perfusion pumps, given to over 895 nurses in several care sectors.

### **The OPTIMAH Program: An Innovative Approach**

The OPTIMAH program (optimization of hospital care provided to elderly people) has the goal of improving care to the elderly in emergency and short-term care units, so that their hospital stay does not result in a functional decline or multiple complications, often unrelated to the initial condition that required hospitalization. Systematic interventions to prevent loss of independence have therefore been implemented.

The OPTIMAH program requires interdisciplinary participation, but nurses are specifically targeted because of the major role they play during hospitalization, especially during assessment and early intervention, as well as for their skills in mobilizing their teams and establishing partnerships with patients and their loved ones.

Throughout the year, the development and promotion of this program were a priority: developing clinical tools and benchmarks, setting up the program in a care unit and at the Hôtel Dieu emergency department, and staff training.

This program also serves as a model for other hospitals in Québec, and to that end, there have been four training sessions.

## **INTENSIVE CARE AND CARE TO MAJOR BURN VICTIMS: A HUMANE APPROACH**

**Intensive care patients are in the critical phase of their illness. The quality and safety of their care are our primary concerns.**

Intensive care and care to major burn victims are crucial for survival, but also for recovery and return home. Generally, patients and their loved ones acknowledge the expertise and compassion of the team serving them, even if, regrettably, the battle ultimately ends in death. In that sense, we witnessed some significant achievements in 2010–2011.

- Better definition of the roles and responsibilities of caregivers when patients in critical condition are moved: the working group was praised by the *Institut national d'excellence en santé et en services sociaux* (INESSS), which assessed the progress of work;
- The first removal of organs after neurological death was successful;
- In 2010, deployment of rapid intervention teams at the three CHUM hospitals, with the goal of improving patient safety and circumventing admissions to intensive care, thus enabling access to intensive care beds for people in dire need of them, in addition to keeping their conditions from deteriorating. This interdisciplinary achievement was a first in Québec;
- Reopening of the Burn Centre's procedures room and return to surgical activities in the winter of 2011; This huge project, to improve efficiency by not unnecessarily moving patients in critical condition to the surgical suite, was preceded by a feasibility study, which involved several staff members;
- Accessibility also means retaining staff and improving performance. The co-managers have pursued their three-year action plan, submitted in 2008, of which the main aspects are schedules that foster a work-life balance, the development of the professional role of nurses, collaboration between physicians and nurses, and recognition.

### **Teaching, a Constant Challenge**

- Reception of a large number of trainees from every discipline: medicine, pharmacy, respiratory therapy and nursing care;
- Day of training in continuous renal replacement therapy for nurses who must apply this technique during the critical period, carried out through a partnership with the Hospital Gambro Company.

In addition, in June 2010, the Burn Centre received confirmation of its accreditation as a centre of expertise for western Québec (*Centre d'expertise pour les personnes victimes de brûlures graves de l'ouest du Québec*).

## **EMERGENCY: EVERY MOVE COUNTS!**

**No matter whether they are dealing with a minor or major emergency, the professionals working in the emergency rooms make a point of respecting the dignity, confidentiality and safety of each of their patients.**

In 2010–2011, the clientele of the CHUM's emergency departments was able to benefit concretely from achievements in the emergency sector, with each program launched and every initiative taken, both with respect to improving the quality of care and ensuring accessibility of services. The following are some highlights.

- Adoption of collective prescriptions at triage;
- Launch of the OPTIMAH program (optimization of hospital care provided to elderly people);
- Initiation of discussions on the study of major emergency room users and the use of services, a medical, professional and community collaboration;
- Emergency committee headed by the Assistant Director General of Clinical Affairs with a representative from the Health and Social Services Agency and the CSSS;
- In cooperation with the medical groups, opening of appointment slots for rapid access (within 48 to 72 hours) to specialized outpatient consultations, for timely care after a visit to emergency, thus avoiding a second visit there;
- Creation of a continuous improvement committee in the emergency department, composed of social workers, physiotherapists, pharmacists, physicians and nurses (12 meetings a year);
- Creation of a triage committee made up of physicians, nurses, pharmacists, etc. (four meetings a year);
- Reception of a number of students from Université de Montréal and various colleges and significant recruitment within this cohort;
- Award from the Association des gestionnaires infirmiers d'urgence du Québec (AGIUQ) for the establishment of a day of recognition every year in the CHUM's three emergency rooms.

## **MEDICINE: AIMING FOR THE HIGHEST STANDARDS OF PRACTICE**

**The CHUM provides interdisciplinary outpatient and hospital services to an adult clientele who often have extremely complex medical problems.**

### **Contemporary Medicine**

The contemporary medicine group has 221 hospital beds in seven care units. Its outpatient clinics receive 80,000 visits, at a dozen different sites. In 2010–2011, among our achievements were the following:

- Improvement of clinical performance in the ambulatory care sectors;
- Administrative transfer of the family medicine clinic to the Jeanne Mance CSSS;
- Start up and implementation of the short stay unit;
- Organization and restructuring of ambulatory care activities in the three hospitals;
- Hospital unit for AIDS research, teaching and care (UHRESS): consolidation of the ambulatory care activities of Hôpital Saint-Luc and Hôpital Notre-Dame at the latter;
- Reception of several dozen trainees in all sectors of activity.

### **Metabolic Medicine**

The metabolic medicine group is a multidisciplinary team that treats chronic diseases and provides short-term care, both for outpatients and hospital patients. Here is a brief look at its accomplishments.

- Improvement of glycemic control and insulin prescriptions by the continuous quality improvement committee;
- Review of the management protocol for gestational diabetes;
- Launch of *Clinical Vision* software at the Notre-Dame and Saint Luc hospitals;
- Merging of all metabolic medicine hospital activities at Hôpital Saint-Luc;
- Accessibility to thyroid biopsies under ultrasound guidance for the clientele of Hôpital Saint-Luc's metabolic medicine clinic;
- Establishment of appointments for follow-up after a visit to emergency;
- Project to group outpatient clinic activities together at Hôtel-Dieu;
- Review of programming in the diabetes clinics.

## **BATTLING CANCER: A REPUTATION THAT EXTENDS BEYOND OUR BORDERS**

**The collaborative approach is one of our priorities. All aspects of the disease are taken into account: physical, psychological and nutritional, thus facilitating the development of a personalized treatment plan.**

At the CHUM, one of our priorities in oncology is to ensure that people with cancer and their loved ones have access to specialized and subspecialized oncology services and palliative care throughout the continuum of care, as shown by the following activities realized in 2010–2011.

- Review of accessibility procedures in the transfusional programs for the clientele of the outpatient clinic (decreased waiting times) and set up of a single location for consultation requests, to ensure access to different professionals and specialized medical teams;
- Monitoring of bacteremia, in cooperation with the infection prevention and oncology centres (action plan under development);
- Initiation of discussions with those in charge of the Cancer Centre, to improve governance;
- Implementation of a follow-up method to manage waiting lists, in conjunction with the gynaecology-oncology team;
- Implementation of a certification program in stem cell transfusion for nurses, in conjunction with the medical teams;
- Collaboration in setting up a study group for Canadian certification in oncology.

### **Cancer Centre**

The *Centre de lutte contre le cancer* (CLCC) accommodates the majority of cancer patients in Québec. The Centre and its 17 interdisciplinary oncology teams have the infrastructure to carry out their leading-edge clinical, teaching and in-service training activities.

- Recognition by various medical associations of the unique expertise of the gynaecology-oncology team in trophoblastic diseases (rare diseases affecting pregnant women), in particular, the setting up of a unit devoted to these diseases and a Québec registry, by **Dr. Philippe Sauthier**;
- Publication by nutritionists **Danielle Daunais** and **Daniel Lavoie** of a recipe book of purées for people with ORL cancers and those suffering from dysphagia;
- Publication by **Dr. Patrick Vinay**, head of palliative care, of the book *Ombres et lumières sur la fin de vie* (Shadows and light on the end of life). With great sensitivity, he discusses major issues of the day, such as euthanasia, assisted suicide and life-prolonging measures;
- **Dr. Louis Corales**, a postdoctorate student and the first Fondation Deloitte fellow in thoracic oncology, joined the interdisciplinary thoracic oncology team in the course of the year;
- Holding of colorectal cancer awareness-raising days in March 2011, and launch of an information kit for patients suffering from cancer, financed in part by the Fondation du CHUM;
- Introduction of new therapeutic applications in radiotherapy, notably use of the CyberKnife™ by members of the ocular cancer team;
- Semi-annual in-house training sessions: a seminar on ORL and oesophageal cancers in October 2010, and a seminar on digestive cancers involving the lower digestive tract and hepatobiliary/pancreatic cancer teams;
- Publication of the second edition of the *Guide d'accueil à l'intention des patients externes atteints de cancer et de leurs proches* (Guide for cancer outpatients and their loved ones), in collaboration with and through funding from the CHUM's users' committee. The electronic version of this guide (in French only) is available at <http://chumontreal.com/clcc> in the *Services et soutien* section;

- Partnership with the Ethics Service and the CHUM users' committee to publish a practical guide and an information tool for clientele, with the goal of supporting the oncology interdisciplinary teams in the determination of levels of care. A new advisory committee will work with the teams in finalizing these tools.

### **VIRAGE, a Support Group for People Suffering from Cancer and Their Loved Ones**

The Virage organization offers services, resources and activities and develops programs for people with cancer and their loved ones, to assist and support them throughout the course of the disease. Virage helps more than 3400 people and receives more than 16,000 calls a year. It also provides 7500 hours of free parking to its patients. Virage administers a portion of the Jason Fund to financially assist patients aged from 16 to 30 who are facing difficulties. Virage also helps the most disadvantaged patients.

Among its support activities, Virage publishes a monthly newsletter for patients and their loved ones, and provides a place to listen to music, in cooperation with the Health Promotion Division, for patients, their loved ones and the care staff.

To learn more: [www.viragecancer.org](http://www.viragecancer.org).

### **Palliative Care: Thirty Years of Humanity!**

The first francophone unit in the world, the CHUM's palliative care unit celebrated its 30<sup>th</sup> anniversary in April 2010 with a reception attended by all those working in the unit and everyone in oncology-related professions. In addition, the *Colloque de l'Estérel*, a seminar on palliative care, was renamed the *Colloque Yves Quenneville* in October 2010, in honour of the well-known psychiatrist who organized the first 11 events.

To carry out its mission and finance its activities, the unit counts on the financial assistance of the Fondation PalliAmi, a private non-profit organization created in 1981. A video on the unit's activities can be seen at [www.palliarni.org](http://www.palliarni.org).

#### **The 17 Interdisciplinary Teams**

Eye cancers	Haematological cancers
Skin cancers	Hepatobiliary and pancreatic cancers
Thyroid cancers	Neurological cancers
Adrenal gland cancers	Head and neck cancers
Cancers of the lower digestive tract	Thoracic cancers
Cancers of the upper digestive tract	Urological cancers
Breast cancers	Radio-oncology
Familial cancers	Palliative care
Gynaecological cancers	

## **SURGERY: NOTHING TO DO WITH ROUTINE!**

**The numerous specialized care units and ambulatory services ensure the continuum of care and services that patients need for their recovery.**

Often complex interventions require advanced knowledge and skills of physicians and nursing staff. Their expertise is honed through training in new approaches to care and ultraspecialized techniques, which are constantly changing.

### **Care Units**

The specialized care units receive patients when they leave the surgical suite. The thoracic surgery care unit, for example, has an intermediary area, where monitoring by nurses and physicians resembles that provided in intensive care. What follows are the principal activities of the past year:

- Acquisition of transanal endoscopic microsurgery (TEMS) equipment through the support of the *Fondation Claude et Michel Auger*, to perform laparoscopic intrarectal surgery on people with precancerous lesions or early-stage cancers;
- Development of a colorectal oncology kit for patients;
- Set up of a committee to improve quality of care;
- Meetings among families, physicians and the interdisciplinary team to assess the safety of patients when they are discharged;
- Optimization of the operating room schedule for traumatic orthopaedic surgery;
- Renovation of a care unit for the implementation of the OPTIMAH project, an innovative approach for elderly hospital patients;
- Set up of a private room adapted to terminally ill patients and their loved ones;
- Training in the supervision of opiates, hip fractures, blood glucose meters, and volumetric pumps;
- Increased staffing for the reimplantation program.

### **The Ambulatory Centre**

The outpatient consultation clinics cover the entire range of specialized medical services related to surgery. The achievements of the care teams, focused on the needs of their clientele, are proof of their commitment to always do better.

- Addition of a psychologist to the interdisciplinary team for major burn victims to fill the increasing need for psychological support;
- Ongoing process to provide access to care outside of normal clinic hours to patients who have been seen in emergency for plastic surgery;
- Installation of an automated system that displays wait times in the clinics.

## CARDIOVASCULAR DISEASES: A GLOBAL APPROACH

**The cardiovascular group favours a global and collaborative approach, through the provision of specialized prevention, investigation, management and treatment services, in addition to teaching and research.**

The year 2010–2011 was full of accomplishments for the cardiovascular group, in management, planning, clinical activities, provision of services, acquisition of equipment, as well as in raising its profile and increasing its visibility. The following activities contributed to improving accessibility and ensuring better follow-up of patients, especially with respect to relieving congestion in emergency rooms.

- Establishment of an area reserved for intermediary care beds in cardiac and vascular surgery;
- Reorganization of beds in the pre- and post-hemodynamic-EPS room and in other sectors;
- Management by appointment for urgent follow-ups, examinations and consultations;
- New clinical services, cryoablation and radiofrequency ablation in particular, for patients suffering from arrhythmia;
- Installation of a video system for real-time broadcasts to assist in the teaching of procedures performed in the hemodynamic and electrophysiology rooms (the first institution in Québec to use this advanced technology);
- Renewal of the stock of resting electrocardiogram units and the acquisition of 18 devices for various types of examinations;
- Launch of the *Rex by your side* program, which lets selected patients perform their coagulation tests at home using the CoaguChek XS® handheld device, while benefiting from regular monitoring by professionals;
- Launch of an information document entitled “*Un défibrillateur pour la vie*” (A defibrillator for life) for patients who have an implantable cardioverter-defibrillator;
- Collaboration in starting up the *Defib Ami* association for people who have these defibrillators;
- Creation of a teaching video for patients of the preventive cardiology centre;
- Cardiovascular disease awareness-raising days in November 2010;
- First annual cardiovascular centre convention in April 2010;
- Organization of the second cardiology career symposium in September 2010;
- Collaboration with the integrated university health network (RUIS) on best practices in the use of the collaborative approach;
- Collaboration with HEC researchers, interviews on co-management practices and the group’s model of governance;
- *Pacte santé* (“health pact”) partnership with Hôpital Haut-Richelieu, an innovative program in preventive cardiology and rehabilitation for patients suffering from heart disease;
- Agreement between the CHUM and the MSSS, and Hôpital Charles Lemoyne, for the transfer of a hemodynamic room to the latter institution, planned for the fall of 2012.

## **NEUROLOGICAL SCIENCES: A HIGH LEVEL OF CARE FOR COMPLEX PATHOLOGIES**

**One of the CHUM's strategic themes, neurological sciences includes the neurology hospitalization unit, neurosurgery, the centre of expertise for chronic pain, neuropsychology and the neurological sciences ambulatory centre.**

### **Teaching and Research**

The teams provide mainly tertiary and quaternary care, but also general care for the purposes of teaching. In fact, medical students from Université de Montréal do most of their neurology and neurosurgery residencies at the CHUM. Students from diverse disciplines also come for training in nursing care, physiotherapy, occupational therapy, nutrition, neuropsychology and speech therapy.

### **Neurology**

The CHUM's stroke unit meets best practices standards. The care provided to patients who have suffered a stroke is recognized both internally and externally, and the team is working to obtain its designation as a tertiary centre. The service provided has therefore refocused on more specialized activities, in collaboration with neuroradiology and neurosurgery.

### **Neurosurgery**

Neurosurgery can be divided into five main sectors: neurovascular, functional neurosurgery, epilepsy, complex spinal surgery and neuro-oncology. Of a supraregional scope, the CHUM's neuro-oncology clinic is one of the institutions admitting the highest number of patients in that discipline.

### **Neurosciences Ambulatory Care Centre**

In a single location with one appointment desk, the activities of the ambulatory care centre cover numerous pathologies affecting the brain, spinal cord, nerves and muscles. Many of the clinics in the centre are subspecialized: vascular neurology, movement disorders, migraines, multiple sclerosis, amyotrophic lateral sclerosis, epilepsy, neurogenetics, memory, neuromuscular, oculopharyngeal muscular dystrophy, etc.

### **Centre of Expertise for Chronic Pain**

In addition to specialized medical treatments such as pharmacology, nerve blocks and neuromodulation, the centre of expertise for chronic pain offers patients a therapeutic education program unique in Québec. Six half-day group sessions cover the most frequent problems: posture, drug management, sleep hygiene, psychological problems and energy management. A motor imaging program has been set up to promote the teaching of this technique to patients. This year, a dentist certified in oral medicine and a pharmacist joined the team.

### **Neurophysiology**

The Neurophysiology Service performs electroencephalograms (EEG), electromyographies (EMG) and evoked potentials, and works closely with the epilepsy monitoring unit.

## Key Achievements

- Creation of the integrated cerebrovascular disease centre;
- Designation as a centre of expertise for chronic pain;
- Gradual integration of neurosurgical outpatient consultations into the neurosciences ambulatory care centre;
- Contribution to relieving congestion in emergency departments;
- Questionnaire on client satisfaction with regard to outpatient services;
- Development of a program to integrate nurses into intermediary care in neurological sciences;
- Development of an action plan to reduce patient falls;
- Therapeutic education program at the centre of expertise for chronic pain;
- Targeted fundraising, with the Fondation du CHUM, to purchase a thermolesion device for specialized chronic pain treatments;
- Third *Cerveau en tête* week: awareness-raising activities for professionals, patients and their loved ones, and the general public, on a variety of topics related to neurological sciences;
- National Pain Awareness Week, to raise the awareness of patients, the general public and public decision makers;
- Creation of the Renata Hornstein Evaluation Centre for patients with Parkinson's, with the objective of maintaining patients at home as long as possible, through an interdisciplinary approach and support from the attending physician.

## WOMEN'S HEALTH: AN ESPECIALLY FERTILE YEAR

**The CHUM provides specialized care in women's health and health promotion services. Very active in clinical and basic research, the Gynaecological Oncology Service fully deserves its credentials as a "provincial benchmark."**

The year 2010–2011 was full of accomplishments in obstetrics-gynaecology. Here is an overview:

- 2275 deliveries (including C-sections) at the birthing centre;
- Health promotion pilot project, funded by the Chagnon Foundation, including the revision of written documentation destined for our clientele and the Web site of the birthing centre. The services of a health educator are also available for our pregnant patients;
- Collaboration in two national research projects: QUARISMA (Quality of Care, Management of Obstetrical Risks and Birthing Mode in Québec) and IRNPQEO (Integrated Research Network in Perinatology for Québec and East of Ontario);
- Establishment of the skin-to skin contact method for newborns after a normal delivery or elective Caesarean;
- Implementation of the MORE<sup>OB</sup> (Managing Obstetrical Risk Efficiently) program and training of all employees;
- Continuation of the partnership with the Jeanne-Mance CSSS to enable midwives to deliver babies at the CHUM;
- Expansion of dietetic services for patients;
- Set up of outpatient consultation rooms in gynaecology to facilitate anaesthetic monitoring and to enable the performance of minor procedures;
- Appointment of **Dr. Jacques Kadoch** to the position of director of the future assisted reproduction clinic and approval of the Minister's business plan;
- Creation of the URIC (colposcopy investigation and research unit);
- Set up of a trophoblastic diseases registry in Québec, by **Dr. Philippe Sauthier** and his team, to facilitate management of these diseases throughout Québec.

### Awards

Dr. Philippe Sauthier, gynaecologist-oncologist, received the following awards:

- Esculape Award, from CHUM residents to the best gynaecology and obstetrics professor;
- Dr. Sadok Besrouer Award, from the Fondation du CHUM, for the remarkable transfer of knowledge to residents;
- Teacher of the year award, from trainees in the gynaecology-obstetrics program at Université de Montréal;
- Carl Nimrod Educator Award.

## **ASSESSMENT OF HEALTHCARE TECHNOLOGIES AND INTERVENTION METHODS: SERVING THE DECISION-MAKERS**

**Assessment is an important step in the quest for excellence, because it helps increase efficiency, the optimal use of resources and the adoption of best practices.**

The assessment of healthcare technologies and intervention methods plays a key role in our hospital's mission to foster innovation. The reports that are published assist executives in making informed and rigorous decisions.

The year 2010–2011 was pivotal in this sector. There was a renewal of the team and new members will be joining it in the coming months. The increasing numbers of projects submitted for assessment require additional resources for it to continue to fulfill its crucial role in reaching the CHUM's objectives. In addition, it seeks to consolidate its role as advisor to CHUM decision-makers and is steadily increasing its visibility in the network through working with all its partners.

### **Research projects**

- Pertinence of replacing scintigraphy with PET/CT to detect bone metastases of primitive lung and breast cancers;
- Treatment of drug-resistant epilepsy through stimulation of the vagus nerve (in publication);
- Percutaneous closure of the left atrial appendage to prevent stroke in patients with atrial fibrillation who have contraindications to anticoagulants (in publication);
- Assessment of a technology used for sedation of pain during colonoscopy (underway);
- Assessment of ozone therapy to treat musculoskeletal disorders of the spine (underway);
- Assessment of the implementation of the approach adapted to the elderly in a hospital setting (RUIS project underway);
- Assessment of the OPTIMAH approach (underway);
- Assessment of different methods of *in situ* hybridization used in the detection and localization of DNA and RNA sequences in cells and tissue (underway);
- Use of DC Beads<sup>®</sup> in the treatment of hepatocellular carcinomas.

The team presented the results of its studies at the annual symposium of the Canadian Agency for Drugs and Technologies in Health, held in Halifax in April 2010. The two subjects, presented in the form of posters, dealt with transanal endoscopic microsurgery and Da Vinci robot-assisted surgery in oncological gynaecology.

## **TEACHING: A CONSTANT QUEST FOR EXCELLENCE**

**An integral part of the CHUM's mission, teaching helps our health professionals move forward, to the benefit of our patients.**

With respect to teaching, the year was marked by a rise in the number of students and practicums, in addition to the reception of high school students for career exploration internships in the scope of the *Jeunes explorateurs d'un jour*, Student Business and *Valorisation Jeunesse* programs (intercultural networking). What follows are the highlights of the year:

- Work related to the Inter-divisional Partnership Committee – CHUM CIP file
  - Creation of a conceptual/theoretical framework
  - Development of a management model and determination of issues
  - Realization of an interprofessional training reference
  - Development of the first version of an educational tool kit and resources
  - Support to clinical pilot projects and evaluative research
- Computerization of leave management for residents, in partnership with the Université de Montréal, university hospital centres and affiliated centres;
- Development of the teaching information management system (Siense) through the integration of every category of practicum, including nursing, health professions, professional development and observations;
- New structure for the registrar's and student affairs offices to serve all student clienteles in the health professions, and standardization of reception and the services offered;
- Procurement of three mannequins and fitting out of three rooms;
- New computerized procedure to assess the level of satisfaction among trainees in nursing and the interdisciplinary sector;
- Development of the Division's website;
- Project with the Université de Montréal to increase awareness of health professions other than those of medicine;
- First celebration of teaching (*Fête de l'enseignement*) in June 2010: awarding of fellowships, Esculape awards highlighting the influence of teaching physicians on residents, and the Dr. Sadok Besrouer and Fondation du CHUM grand prizes.

### **Documentation Centre**

- Participation in the integrated university health network (RUIS) forum and in numerous external committees;
- Restructuration of the centre's technical services, expanding the range of services offered and obtaining the rights to use the legal information access centre (CAIJ);
- Addition of an information professional to work with teams and to optimize the documentation services;
- Exclusive acquisition of a wage subsidy from Young Canada Works—heritage sector, to draw up an inventory of service points.

**FTS TRAINEES**

Mentorship	MD residencies	Clerkships	Nursing	Health professionals
24.35	395.84	132.08	144.76	136.76
3%	48%	16%	17%	16%

**NUMBER OF "UNIQUE" TRAINEES**

Research	MD residencies	Clerkships	Nursing	Health professionals	Mentorship
645	876	674	2130	964	305
12%	16%	12%	38%	17%	5%

**SUMMARY OF THE CHUM'S TEACHING ACTIVITIES  
PRACTICUMS AND FTS FOR 2010–2011**

**MEDICAL PRACTICUMS<sup>1</sup>**

	<b>No. practicums</b>	<b>FTS</b>
Medicine – Clerkship	1717	132.08
Medicine – Residency	5045	388.08
<b>TOTAL</b>	<b>6762</b>	<b>520.16</b>

<b>PRACTICUM DAYS</b>	<b>No. practicum days</b>	<b>FTS</b>
-----------------------	---------------------------	------------

**University**

Preclinical Medicine	6015	24.35
Medicine – Continuing Education/Observation/ CMQ evaluation	1918	7.77
Nursing	6949	28.13
Health professionals (other than physicians and nurses)	17,853	72,28
Sub-total	32,735	132.53

**CEGEP, High School and others**

Nursing	28,806	116.62
Health professionals (other than physicians and nurses)	15,926	64.48

Sub-total	44,732	181.10
-----------	--------	--------

<b>TOTAL</b>	<b>77,467</b>	<b>313.63</b>
--------------	---------------	---------------

<b>GRAND TOTAL</b>	<b>833.79</b>	<b>779.23</b>
--------------------	---------------	---------------

CHUM MDs/UNIVERSITY PROFESSORS		842
--------------------------------	--	-----

---

<sup>1</sup> For the purpose of this report, a practicum period lasts four weeks, for 13 periods annually.

## RESEARCH: A MOTOR OF DEVELOPMENT

**The CHUM research centre plays a front-line role in improving care through research into solutions to actual health problems and the needs of the public.**

The activities of the CHUM research centre (CRCHUM) are representative of one of the five aspects of the CHUM's mission, that of improving health through a high-quality continuum of academic research. In this way, the CRCHUM fosters the development, implementation and assessment of new preventative, diagnostic and therapeutic strategies. It also offers a stimulating training environment, thus ensuring a committed succession.

At the CRCHUM, more than 360 researchers—35% in basic research, 55% in clinical research and 24% in public health research<sup>2</sup>—and almost 450 students contribute to scientific production that is recognized internationally. In 2010–2011, more than 675 articles in peer-reviewed journals, chapters, books, reports and papers were published (close to 2000 publications over the past three years).

The CRCHUM benefited from a budget of \$10.2 million, the same as in 2009–2010 and \$1 million more than in 2008–2009, making it the largest research centre in Canada in the biomedical sciences and healthcare sector. Its research revenues of \$57.6 million, an increase of \$4.5 million compared to 2009–2010, include subsidies, clinical research contracts, donations and other income.

March 2010 saw the start of construction of the new CHUM and a new research centre. The new CRCHUM is the first phase of the project, and will open its doors in September 2013. Situated in the heart of Montréal's health district, just steps from the Palais du Congrès, and equipped with the latest technology, the new CRCHUM will bring together the researchers, masters, doctoral students and postdoctoral fellows who are currently working in six different locations. With its 48,000 m<sup>2</sup>, the CRCHUM will be one of the most impressive research centres in North America and one of the first to unite public health research, basic research and clinical research under the same roof.

### Philanthropic activities

Three major events marked 2010–2011.

- The **Défi CRCHUM**, a walkathon/semi-marathon, in collaboration with the Scotia Charity Challenge. The 155 walkers raised \$75,585 (the objective was to raise \$50,000), which earned us a prize of \$5000 for the organization raising the largest amount. The money was used, among other things, to fund the Défi CRCHUM fellowships, granted to graduate students, and to create a biostatistics consultation service to help our researchers and students.
- The **Grand Labo du CRCHUM** ([www.legrandlabo.com](http://www.legrandlabo.com)), a fundraising gala, at which the guest of honour was Françoise Barré-Sinoussi, winner of the Nobel Prize for her discovery of HIV, the virus responsible for AIDS. The event enabled us to raise \$471,000, which was used to create three fellowships, to provide new researchers with start-up funds and to maintain our technological infrastructure.
- **CRCHUM HIV Day**, a scientific day in which Professor Françoise Barré-Sinoussi participated as guest of honour. Over 250 people were present at the event, which raised the profile of the work of a number of students and postdoctoral fellows.

---

<sup>2</sup> The total adds up to over 100%, because some researchers work in several fields of research.

## **RESEARCH THEMES**

Cancer  
Cardiometabolic diseases  
Infection, immunity and inflammation  
Musculoskeletal disorders  
Neurosciences  
Risks to health  
Global health  
Health care systems and services

The eight research themes were established according to the CHUM's clinical activities. To learn more, go to [www.chumontreal.com](http://www.chumontreal.com).

## **HEALTH PROMOTION: EVERYBODY WINS!**

**Health promotion at the CHUM means helping every member of the community move towards better physical and psychological well-being.**

Health promotion activities go far beyond simply promoting good eating habits and physical activities, as you can see by the following.

### ***Ensemble vers la santé (together towards health) Program***

The aim of this participative process is to provide employees with a holistic vision of health. The program deals with lifestyles, in addition to discussing stress, sleep and management parameters, which are determining factors in psychological health. A second phase will be rolled out in the fall of 2011, in particular, in the intensive care unit of Hôpital Saint-Luc and radio-oncology at Hôpital Notre-Dame.

### **Information and Education Program for Patients' Health**

Set up in 2009, the main goal of this project is to help patients and their loved ones better understand the oral and written information they receive from health professionals. It also supports the health professionals in assessing their patients' needs and in drafting information and educational sheets. A number of sheets have already been published, and some of them have been validated with patients in order to better adapt them to their needs. A style guide for the sheets is in production.

### **Systematic Approach to Smoking Cessation**

The goal of this project is to systemize the assistance provided to patients who want to quit smoking while they are hospitalized and later when they are discharged, and to direct them towards the iQuit helpline. Facilitators receive training, especially in motivational interviews, to help their patients' progress. The project was successfully launched in the cardiology and digestive medicine units. Committee members have set themselves the challenge of developing more succinct information tools adapted to varying needs and situations.

### ***Être en équilibre, a Process of Healthy Weight Management***

Since 2009, this project has been helping employees at the three CHUM institutions manage their weight and lead healthy lifestyles, using a holistic approach of balance and well-being. The project won the health promotion award from the CHUM Multidisciplinary Council and the *Blé d'or* award from the Ordre professionnel des diététistes du Québec.

### **Birthing Centre**

A number of health promotion projects were carried out at the birthing centre as a result of needs expressed by the clientele and staff.

- Changing the waiting room into an educational environment for pregnant women and their families: seven posters, 200 video capsules on the plasma screen and two resource directories were installed;
- Revision of the health education documents given to the clientele;
- Development of the centre's Internet site (underway);

- New health educator at the obstetrics clinic to work with pregnant women and their spouses, in a spirit of motivation, to assess their lifestyles, issue recommendations and direct them towards the appropriate resources;
- Reorganization of the post-birth nurse clinic in order to offer the clientele group sessions moderated by a nurse and health educator, followed by individual consultations with each of these professionals;
- Creation of a quarterly newsletter (*L'échographe*) for the centre's staff to facilitate communication and to inform them about the progress of various projects;
- Training (updating) in perinatal substance abuse offered to all the nursing staff;
- Raising the CHUM's profile with respect to perinatal substance abuse: participation in a scientific committee, annual public-health day, presentation at six symposiums, contribution to three scientific journals and creation of links with numerous partners in the community.

### **Other Activities**

In partnership with Volunteer Services, CHUM employees were offered apples in the fall, a simple gesture that reflects our concern for employee health.

The organizers of the second health week paid particular attention to evening and night shift employees. Over 250 employees were able to relax and receive chair-massages. Some took advantage of soothing music, muted lighting, flameless candles, healthy snacks and herbal teas in lounge areas. Over 500 employees took part in the activities, especially in the smoothie, art therapy and zoo therapy workshops.

The second talk on serving healthy meals that are sure to please (*Recevoir en santé sans décevoir*) in collaboration with the ITHQ, attracted over 250 employees. Chefs concocted entrées under the vigilant eyes of Hélène Laurendeau, well-known nutritionist and columnist.

## **PHARMACEUTICAL SERVICES: EVERYDAY EFFICIENCY**

**The CHUM's Pharmacy Department possesses the most impressive technological facilities in Canada and plays a pivotal educational role in that sector in Québec.**

The Pharmacy Department's activities touch on every aspect of the CHUM's mission: care, teaching, research, health promotion and the assessment of healthcare technologies and intervention methods. The department is also accredited to train masters' students by the Université de Montréal's pharmacy faculty.

The services are dispensed from three pharmacies, one in each hospital, as well as from 12 satellite pharmacies serving intensive care, the emergency department, the operating rooms, oncology and the research centre. These pharmacies are entirely automated and operate with barcodes to ensure safe and secure distribution (2 robots, 2 carousels, 3 packagers, 52 automated medication dispensing units and 1 automated pump for total parenteral nutrition).

The drug assessment and information unit evaluates new drugs when they are registered, assesses pharmaceutical drug use, participates in the therapeutic drug management program (pooling the joint evaluation projects of Québec's five university hospital centres), and disseminates and transmits information on drugs to various care providers from the pharmacologic-therapeutic information centre.

The following is an overview of the activities that stood out in 2010–2011.

- Implementation of a new management structure geared toward innovation and automation;
- Comparative drug assessment pilot project;
- Finalization of the functional and technical plan for the research centre and participation in workshops;
- New CHUM: participation in the evaluation of proponents' projects, in preparatory work and in various workshops;
- Establishment of the Louis-Sabourin research chair in women's health;
- Assessment of the new robotic i.v. station for sterile compounding;
- New technical assistant for triage in Hôtel Dieu's emergency department;
- Establishing a satellite pharmacy in intensive care at Hôtel-Dieu;
- Holding of the first pharmaceutical research recognition gala;
- Preparatory work for installing the new GR Centricity pharmaceutical software;
- Refurbishing the satellite pharmacy at Hôpital Notre-Dame's oncology walk-in centre and bringing it up to standards;
- Development and broadening of the role of experienced technical assistants;
- Participation in more than 30 external committees, more than 20 internal committees and in 10 clinical committees at the CHUM;
- Realization of 19 research projects;
- Realization of 15 training activities at the CHUM, in Canada and abroad.

### **A few figures about drug distribution:**

- Annual budget of \$36 million
- Almost 1,200,000 prescriptions per year
- Over 5 million oral doses and 500,000 sterile preparations per year
- Chemotherapy doses for an average of 70 patients per day (24,000 treatments per year)

## **RADIOLOGICAL SERVICES: WHEN QUALITY AND TECHNOLOGY GO HAND IN HAND**

**The Radiology Department of the CHUM maintains its specialized equipment at the cutting-edge of technology for the benefit of patients.**

In the radiology sector, 2010–2011 was full of activities. What follows is an overview of the key achievements.

### **Training in interprofessional collaboration**

- Creation of a committee
- Creation of a newsletter
- Presentation of three speakers
- Holding of two training sessions in April 2011

### **Quality management process recommended by Accreditation Canada**

- Development of the project
- Review of the administrative sector's human resources structure (support)
- Creation of the central quality management committee (CCGQ)
- Beginning of work in the spring of 2011 (review of information provided to patients)

### **Improvement in access to radiological services**

- Complete review of waiting list management
- Harmonization of waiting lists
- Prioritization of examinations
- Review of examination protocols

### **Digitization of the Breast Imaging Centre—Designated Referral Centre (CRID)**

- Replacement of the two analogue (film) mammography units with two digital mammography units
- Addition of high-definition monitors
- Rollout of six high-definition PACS reading workstations
- Inauguration of technological transfer

### **Maintenance of specialized medical equipment**

- Replacement of two MRI scanners
- Replacement of four ultrasound systems
- Replacement of three mobile x-ray units

## **OUR HUMAN CAPITAL: THE CHUM'S SOURCE OF STRENGTH**

**More than 12,000 people are directly or indirectly involved in serving patients at Hôtel-Dieu, Hôpital Notre-Dame and Hôpital Saint-Luc.**

With respect to human resources, the year was marked by two major projects.

### **Implementation of a Recognition Policy**

- Recognition of executives
- Recognition of teaching
- Recognition of orderlies and of nursing care

### **Project 109**

This consultative process between the CHUM and local employability organizations enables individuals from their pool of candidates to be matched to the CHUM's needs. The initiative reflects our commitment to sustainable development, especially through socio-economic spinoffs.

### **Employees' Recommendation Program (PRE)**

This program recognizes the contribution of employees who recommend someone from their entourage for jobs. These recommendations help the CHUM find the best candidates, especially regarding nurses and orderlies, two job categories for which there are severe shortages. This year, among the 645 referrals received, 250 people who made recommendations were eligible to enter the contest and 57 candidates were hired.

### **Distribution of Human Resources**

- 881 physicians, dentists and pharmacists;
- 4273 nurses, nursing assistant and orderlies;
- 1458 health professionals other than physicians and nurses;
- 330 managers;
- 3394 other employees;
- 1300 researchers, investigators, students and postdoctoral fellows, and other members of the CRCHUM;
- 530 volunteers (64,000 hours of volunteering).

In 2010–2011, the CHUM received 5594 students and trainees from universities, colleges and vocational schools, in nursing, medicine and other health fields.

### **Volunteers: A Quiet Strength**

As soon as you step through the doors of one of the three CHUM hospitals, a volunteer is there to welcome you. When people are hospitalized, volunteers are there to listen and to provide comfort. In the clinics, they guide and reassure patients. *Volunteer Action Week* provides the perfect opportunity for us to thank them.

Volunteer Services prioritize training in issues of confidentiality, active listening, infection prevention, the emergency measures plan (PMU) and the respect of ethical codes. In cooperation with the Users Committee, a video on confidentiality was made for volunteers in the health network.

Under the supervision of recreational technicians Julie Paquet and Jean-Christoph Farrell, a number of activities are organized for the various clientele, especially those in geriatrics, psychiatry and hemodialysis. The two technicians also participated in the OPTIMAH project, an innovative approach for elderly people who are hospitalized.

## **TECHNOLOGICAL DEVELOPMENT: A NECESSITY AND AN EXCITING CHALLENGE!**

**Among the hundreds of IT projects carried out every year at the CHUM, some are the result of collaboration with the McGill University Health Centre, Montréal's Health and Social Services Agency and the ministère de la Santé et des Services sociaux.**

### **Support and Training**

During the year, the various IT projects were the subject of 35 presentations in several CHUM forums. Users affected by the rollout of new technological tools received support and training. Overall, almost 250 physicians responded to the invitation for support and coaching in the use of new information technologies.

### **The Oacis Clinical Information System**

The CHUM is now an electronic environment. Every medical record is digitized and can be accessed at all three hospitals. With the new record-scanning module integrated into the Oacis system, our clinicians are able to access new clinical information added to patients' medical records anytime, anywhere, without having to request their paper records. In order to quickly access data essential to patient care, the module has been also equipped with a module to document allergies and intolerances. Clinical documentation continues with the entering of vital signs, weight, height, and assessment scales and codes.

The rising statistics on connection to the new module are proof of its usefulness. In fact, 3700 individual clinicians have accessed it (physicians, residents, nurses and other health professionals). The IT support team responded to almost 5700 calls per month related to the use of material or computer applications.

Medical record scanning is essential to the CHUM's development as it moves to a single building. Like other technological transition projects, record scanning contributes to gathering clinical information together, to the greater benefit of patients and those who care for them.

### **Opération Chirurgicale Inventory Management**

Linked to the Opera Surgical Management System, the Opération application, in use since 2011, has enabled intelligent management of surgical suite and operating room inventories (material, splints, prostheses, etc.).

### **SIURGE Emergency Management Clinical Information System**

The SIURGE system was technologically enhanced in 2011. Teams made up of clinicians and members of the Technological Resources Division worked to prepare new clinical functionalities.

### **GESRISK Accident and Incident Report Management System**

The establishment of GESRISK, a local register of incidents and accidents, has made it possible for CHUM managers to send official reports to the Ministère de la Santé et des Services sociaux (MSSS). The register also assists in identifying areas of risk and protecting patients and staff.

### **Improving the Network**

In order to adapt the information-carrying capacity to the rising needs of the various IT systems, the CHUM has equipped itself with the latest technological innovations in networking. This operation, which ensures the migration of IT systems to the new CHUM, affected every sector: administration, research, clinics and critical care units.

## **FOOD SERVICES: NEW AND IMPROVED**

**In order to respond to the reference framework for health institutions, which consists of reviewing menu distribution and management, and offering more healthy foods, the CHUM has significantly improved food quality, in accordance with new nutritional criteria.**

At the end of a study about the food on offer, a business plan was submitted to the committee and its implementation began in April 2010. The plan included the following:

- The environment and the food policy;
- Review of the food offered to patients and in the cafeterias;
- Review of catering services and establishment in September 2010: competitive offer, high-quality products for official meetings, formal receptions, etc.;
- Development of plans and estimates for the renovation and adaptation of the cafeterias to modern needs: service areas, eating area, lounge, preliminary steps for calls for tenders;
- Acquisition of a system to manage cash registers equipped with monitors, to further the goal of continuous quality improvement;
- Improvement of performance through the review of distribution processes and menu management in the three hospitals;
- Sustainability through the use of recyclable dishes;
- Implementation of a marketing plan and maximization of the human potential of staff through reorganization;
- Introduction of a business culture;
- Implementation of a hygiene and cleanliness policy, in accordance with new standards: mandatory training of staff and application of much more rigorous hygiene rules.

## **SUSTAINABLE DEVELOPMENT: TOP PRIORITY**

**Aware of the necessity of making the transition to sustainability, the CHUM is increasing its efforts to make its environment greener and healthier.**

In 2010–2011, the CHUM started up a steering committee and developed a sustainable development policy. As can be seen by the following accomplishments, the CHUM is demonstrating its willingness to do its part in respecting the environment.

### **Energy Efficiency**

Conscious of the advantages of using “green” energy sources, the CHUM is looking into the possibility of using geothermal energy to heat and cool Hôpital Notre-Dame. Throughout 2010–2011, the CHUM’s concern for the environment has been expressed through a number of concrete actions.

- Setting up an energy savings program at Hôtel-Dieu;
- Modernizing electric water heaters at the L. C. Simard pavilion of Hôpital Notre-Dame to reduce operation and maintenance costs, in addition to noise pollution;
- Energy impact assessment to define the most efficient technologies and to obtain precise information on energy consumption;
- Implementing the commissioning policy (MES), which details the optimal operation of equipment and energy systems;
- Holding *Energy Efficiency Week* in November 2010.

### **Go Green Certification**

An application to obtain *Go Green* certification from Boma Québec is being prepared. To meet the selection criteria, the CHUM is currently gathering data. The methodology necessary to obtain this accreditation will help the CHUM contribute to conserving natural resources and minimizing the environmental footprint of its activities through the implementation of procedures and best practices. For example, a program to recycle and recover 70% of construction and renovation waste has been established.

### **CRCHUM: Double LEED Silver Certification**

The construction and the operation of a building the size of the CHUM research centre have repercussions on the natural environment, the economy, health and productivity. The CHUM and its partners (designers, builders and operators) will incorporate advances in building science and technology to erect a high-performance, environmentally friendly building. The CHUM is aiming for two *LEED® Canada Silver* certifications, one for new construction (NC), and one for existing buildings (EB). To reach this goal, it must implement measures to ensure sustainable site development, water savings, energy efficiency, good air quality, sustainable material and resources selection, as well as the quality of the indoor environment.

## OUR PRESENCE ON THE WORLD STAGE

**The medical breakthroughs, awards, numerous publications, and lectures given here and abroad are proof of the CHUM's dynamism and its leadership on the international scene.**

Every year, hundreds of research projects lead to medical breakthroughs that are often rewarded, thanks to the involvement of our physicians, researchers and professors in prestigious committees and research chair holders. As can be seen from the many research projects listed below, 2010–2011 was no exception.

### Medical Breakthroughs

The researchers at the CHUM research centre (CRCHUM) and professors in the Université de Montréal medical faculty, **Drs. Nicolas Noiseux, Samer Mansour and Louis-Mathieu Stevens**, in conjunction with colleagues from Hôpital Maisonneuve-Rosemont, assessed the safety, feasibility and functionality of intramyocardial injection of stem cells into the hearts of patients undergoing bypass surgery. These cells can help improve healing and heart function. This Canadian first was the subject of presentations in Paris and Stockholm.

**Jack Siemiatycki**, epidemiologist at the CRCHUM and professor at the Université de Montréal, carried out an epidemiologic study, in cooperation with a team of researchers from the INRS-Institut Armand Frappier and McGill University, on men with a history of asthma or eczema and cancer risk. The results were published in the *Annals of Allergy, Asthma & Immunology*.

A study led by **Manuela Santos and Diane M. Provencher**, CRCHUM researchers, showed that the identification of a genetic mutation could be used to predict the risk of contracting ovarian cancer and outcomes. The results were published in the online edition of the *International Journal of Cancer*.

Research work directed by **Dr. Guy Rouleau**, professor at the Université de Montréal, Director of the CHU Saint Justine research centre and CRCHUM researcher, to evaluate the rate of genetic mutations in people with autism and schizophrenia, revealed that family history is not always a good indicator. The results were published in the *American Journal of Human Genetics*.

A study from the University of Toronto and the Université de Montréal, co-written by **Jennifer O'Loughlin**, professor in the department of social and preventative medicine of the Université de Montréal and CRCHUM researcher, was the subject of an article in the specialized journal, *Addictive Behaviors*. The study reveals that smoking increases depressive symptoms in adolescents.

According to two CRCHUM researchers, **Dr. Nathalie Auger and Jennifer O'Loughlin**, socioeconomic status and impulsivity contribute to the early onset of pathological gambling in youth. The results of their study were published in *Addiction*.

Variants in a protein may play a major role in natural defences against HIV. This was the finding of a study by **Dr. Cécile Tremblay**, CRCHUM researcher, director of the AIDS hospital research, teaching and care unit (UHRESS) at the CHUM and professor at Université de Montréal, published in the online version of *Science*.

A major study headed by **Dr. Guy Rouleau**, CRCHUM researcher, to better understand the causes of amyotrophic lateral sclerosis (ALS), or Lou Gehrig's disease, led to the discovery of new genetic pathways. The main author of the study is **Dr. Hussein Daoud**, also a CRCHUM researcher. The results were published in the online version of *Archives of Neurology*.

The non-conclusive results of the world's largest study on the potential links between cell phone use and brain tumours were published in the *International Journal of Epidemiology*. The Québec portion of the study, entitled *Case-control study of cellular phone use and risk of tumors of the brain, parotid gland and acoustic nerve*, was led by **Jack Siemiatycki**, epidemiologist at the CRCHUM and professor at Université de Montréal.

**Dr. François Lespérance**, head of the Psychiatric Department and professor at Université de Montréal, published the results of the largest clinical trial ever undertaken in the treatment of depression with Omega-3s in the online edition of the *Journal of Clinical Psychiatry*.

### Scientific Breakthroughs in Biochemistry

Thanks to a technological shift that required significant investment in high-tech equipment, the Biochemistry Department is now playing a front-line role in Québec and Canada.

- Canadian centre of reference for plasma metanephrine (hormone) assays using LC/MS/MS methodology: with the new equipment, we are now able to perform this test, which was previously only available in the United States, and which is used for differential diagnosis of high blood pressure in treatment-refractory patients. **Dr. Luce Boulanger**, a clinical biochemist, is a North American expert in this area.
- Provincial centre of reference for the plasma creatinine standardization program: the new equipment will enable the standardization of creatinine test readings, indispensable in the evaluation of renal function. **Dr. Pierre-Olivier Héту**, clinical biochemist, has gained expertise in that field.
- Provincial leader in the management of a data bank for assessing new performance indicators: this new bank, unique in Québec, provides the entire scientific community of the CHUM and the other university hospital centres in Québec with access to the biochemical health profiles of the public they serve. **Dr. Claude PetitClerc**, physician and biochemist, is responsible for the bank's management.

### Awards and Appointments

- **Dr. André Lacroix**, Assistant Director General for Medical and Academic Affairs: Robert Volpé Distinguished Service Award from the Canadian Society of Endocrinology and Metabolism, to highlight his exceptional contribution to endocrinology in Canada;
- **Dr. Pavel Hamet**, physician, researcher, holder of the Canadian research chair in predictive genomics and professor at the faculty of medicine of the Université de Montréal: award for scientific work;
- **Dr. Isabelle Trop**, radiologist: Bernadette Nogrady award from the Société canadienne française de radiologie, for her remarkable contribution to research, teaching and quality of care;
- **Dr. Dominique Tessier**: Award of Excellence from the College of Family Physicians of Canada for her contribution to continuing education and scientific popularization;
- **Dr. Pierre Drouin**, gynaecologist-oncologist and director of the gynecology-oncology academic program at the Université de Montréal and the Royal College of Physicians and Surgeons of Canada: the *Médecin de Coeur et d'action* award, in surgery (AMLFC);
- **Dr. André Robidoux**, clinical investigator: NSABP *Lifetime Achievement Award*, for his exceptional contribution to the success of the breast and bowel cancer research group; appointment as the NSABP Principal Liaison Officer for Canada; member of the Board of Directors of the Canadian partnership against cancer; *British Journal of Surgery Lecture Award* from the British Association of Surgical Oncology;

- **Jacques Turgeon**, pharmacist and research director: the Louis-Hébert award, presented by the Ordre des pharmaciens, for his remarkable contribution to the profession as a teacher, author and researcher;
- **Dr. Philippe Sauthier**, gynaecologist-oncologist: Carl Nimrod Educator Award and the Esculape grand prize (Dr. Sadok Besrouar award), presented by residents;
- **Dr. Pascuale Ferraro**, general surgeon: sponsored as a Canadian Traveler for the James IV Association of Surgeons, for 2012. Dr. Ferraro will present the results of his research and teaching experience at the Université de Montréal in several Commonwealth countries;
- **Cardiovascular Centre team**: recognition award for the reception and teaching of nursing care trainees;
- **Chronic pain centre of expertise**: therapeutic education program rewarded by a poster at the 7<sup>th</sup> Pain in Europe Congress in Hamburg, and by a presentation at the 1<sup>st</sup> *International Pain Education Symposium* (a satellite symposium of the 13<sup>th</sup> *World Congress on Pain*), in Toronto;
- **Josée Poirier**, nurse clinician at the neurological sciences walk-in centre: award of merit from the Multiple Sclerosis Society of Canada, for her involvement with patients with the disease;
- **Silvio Rioux**, coordinator of interdisciplinary services: appointment as the first deputy chairperson to the executive committee of the Ordre des travailleurs sociaux et des thérapeutes conjugaux and familiaux du Québec;
- **Nancy Latulippe**, speech therapist: on the dean's honour list of the faculty of medicine, as an exceptional student;
- **Michelle Laganière**, head technologist at the consolidated laboratory of Hôtel-Dieu: Méritas mentor award (health profile) bestowed by the MR3 Montréal Relève organization, for the supervision, generosity and quality of the activities offered to a young trainee, in the scope of the Classes Affaires program, which aims to raise high school students' awareness of the importance of persevering at school and graduating;
- **Martin Pitre**, biomedical engineering technician: Governor General's Academic Medal for his outstanding scholastic achievement at the Institut Teccart;
- **Marc Blouin**, photographer: second place in one of the contests of the 41<sup>st</sup> Annual Educational Program of the *Ophthalmic Photographers' Society* of Chicago, where some 5000 photographers specialized in ocular imaging displayed their work.

## THE CHUM IN THE NEWS: SUSTAINED COVERAGE

**The extensive coverage of our hospital centre in the news is proof of our reputation and our importance within the community.**

The CHUM is constantly distinguishing itself through its innovative projects, the expertise of its specialists, and its research activities, which often lead to medical breakthroughs worthy of coverage. What follows are some of the activities that garnered the attention of various media outlets in 2010–2011.

2010

### April

The IMPACT-CABG protocol, surgically healing the heart with stem cells: the announcement of this research project, carried out in cooperation with Hôpital Maisonneuve-Rosemont, was cited some 40 times in the national media (**Drs. Samer Mansour and Nicolas Noiseux**).

### May

Canadian diffusion of the Interphone International Study Group's research results. Over 30 references to it in the national media (**Jack Siemiatycki, PhD**).

CRCHUM-HIV day: from the laboratory to the patient and public health. The keynote speaker for the event, **Françoise Barré Sinoussi** (co-recipient of the Nobel prize for medicine in 2008 for her discovery of the virus responsible for AIDS in 1983), was interviewed by Paul Arcand on 98,5 FM.

### June

*L'art de rendre l'hôpital hospitalier* (The art of making hospitals hospitable): In this major interview in the daily newspaper *La Presse*, the CHUM's Director General, **Christian Paire**, explained how he hoped to integrate arts and culture into Montréal hospitals.

Taking Omega-3 in the form of supplements is effective in patients suffering from major depression who do not have anxiety disorders. The results of the study were published in the *Journal of Clinical Psychiatry* and were cited over 200 times in various national and international media outlets (**Drs. François Lespérance and Élise St-André, and Nancy Frasure-Smith, PhD**).

### July

The CHUM's expertise in chronic pain was recognized by a number of Québec media outlets over the year, particularly in an article published on July 19, 2010, in *La Presse*, entitled “À l'école de la douleur” (At the school of pain) (**Drs. Aline Boulanger and Grisell Vargas-Schaffer, and Manon Choinière, PhD**).

### August

Family history is not always a good indicator for predicting the presence of the mutations that predispose people to autism or schizophrenia. The results of the study, codirected by **Dr. Guy Rouleau**, were discussed in various media sources.

Smoking increases the symptoms of depression in adolescents. The results of the study, carried out conjointly by researchers from the CRCHUM, Université de Montréal, and the University of Toronto, were covered by various Canadian and international media outlets (**Jennifer O’Loughlin, PhD**).

## **September**

The unveiling of Insight Arthro VR<sup>®</sup>, a highly-specialized surgical skills simulator, with which orthopaedic residents at the CHUM can now carry out virtual knee and shoulder arthroscopies, was covered by various media (**Dr. Véronique Godbout**).

## **October**

*Les témoins périphériques* (peripheral witnesses): Agnès Gruda, a journalist at *La Presse*, spent several work shifts with hospital couriers at Hôpital Notre-Dame, including with Suzanne Myre, who is also an author. She wrote about their experiences in an article dated October 2.

The socioeconomic factors of impulsive behaviour contribute to the premature appearance of pathological gambling in young people. Published in the journal *Addiction*, the results of the study were discussed on Radio-Canada (**Dr. Nathalie Auger** and **Jennifer O’Loughlin, PhD**).

The CHUM’s OPTIMAH program was discussed several times, among others, in a report by Harold Gagné (TVA news) and by Caroline Jarry (Radio-Canada) (**Dr. Annik Dupras** and **Sylvie Lafrenière, nurse**).

The Royal Bank of Canada donated \$4 million to the joint fund-raising campaign of the Fondation du CHUM and the McGill University Health Centre (MUHC) Foundation. Covered by most of the major Québec media outlets.

## **November**

Cardiovascular disease awareness days received good coverage in the Québec media, notably on RDI, V télé and Radio-Canada (**Dr. George Honos**).

Integration of arts and culture into the hospital environment: the CHUM welcomed French choreographer Sylvain Groud, accompanied by professional dancers from Québec, for a week of immersion in the care units. Covered in *La Presse* and *Le Devoir* (**Christian Paire**).

On Radio-Canada television, the program *Découverte* reported on the cholera epidemic in Haiti, realized with **Dr. Julio C. Soto**.

## **December**

CHUM patients with cystic fibrosis who are waiting for lung transplants raised the public's awareness about organ donation through the media: TVA news, *Le Journal de Montréal*, *Le Journal de Québec* and *La Presse* (**Drs. Annick Lavoie** and **Michel R. Pâquet** and patients Daniel Despatie, Bernard Cyr, Audrey MacDonald Morency, Barbara Maheu and Marie-Josée Ouimet).

Québec media followed the progress of preparatory work on the construction of the new hospital: deconstruction of the Saint Sauveur church belfry and demolition of various buildings, including the Roland-Bock pavilion of Hôpital Saint-Luc.

2011

### **January**

The CHUM welcomed TVA into the emergency department of Hôpital Notre-Dame, to explain how it was dealing with the increase in the number of patients in the emergency rooms during the flu season (**Dr. Emmanuelle Jourdenais** and **Chanel Asselin, nurse**).

### **February**

The launch of work on the new hospital by **Christian Paire**, accompanied by Premier Jean Charest and several ministers, was the subject of significant coverage in the media in Québec and outside of the province.

*Voir l'aorte du coeur en 3D grâce à un nouveau logiciel:* A report on the TVA program, *Le Code Chastenay*, about the new A3D MAX software program developed by a team of researchers, including **Dr. Gilles Soulez**, which enables physicians to see the aorta of the heart in three dimensions.

### **March**

Founder of Hôtel-Dieu (today a CHUM hospital) and cofounder of Montréal: Jeanne Mance has finally been recognized! In presence of the Director General of the CHUM, **Christian Paire**, the Mayor of Montréal, Gérard Tremblay, announced the launch of a process to have Jeanne Mance recognized as a cofounder of Montréal, with Paul de Chomedey, sieur de Maisonneuve. The news interested a number of Québec media outlets.

The Minister of Health and Social Services, Yves Bolduc, took stock of the computerization of the health network at Hôpital Saint-Luc, where the most recent functions integrated into the Oacis clinical information system were also presented (**Dr. Luc Valiquette**).

Colorectal cancer awareness days also were well covered by a number of Québec media sources: CKOI, CIBL, Cyberpresse and Radio-Canada radio (**Dr. Carole Richard**).

## **CONSTANT VIGILANCE**

### **Committees, Those Bodies That Guide Us**

Under the watchful eye of our committees, the CHUM prioritizes quality, safety and continuous improvement, in order to provide the best to its patients.

## **THE WATCHDOG AND SERVICE QUALITY COMMITTEE: CONSTANT SCRUTINY**

**Reporting to the CHUM's Board of Directors, the Watchdog and Service Quality Committee is more relevant than ever, with the quality and safety of patient care remaining our priority.**

The Watchdog and Service Quality Committee is made up of two committees: the **Watchdog Committee**, required by legislation and composed of five voting members, and the **Quality Committee**, composed of five nonvoting members. Its mission is as follows:

- To ensure the follow-up, with the Board of Directors, of the recommendations made by the Local Service Quality and Complaints Commissioner or the Health and Social Services Ombudsman regarding complaints and interventions that fall within the jurisdiction of these authorities;
- To coordinate all the activities of the other authorities established within the institution so as to exercise responsibilities related to the quality, safety or effectiveness of services rendered, the respect of users' rights and the handling of their complaints, and to ensure that their recommendations are followed up;
- To ensure the follow-up of recommendations formulated by external accreditation bodies and by professional orders; and ultimately
- To rely on the Board of Directors in order to effectively fulfill its responsibilities related to the quality of services.

In 2010–2011, the Committee continued its work, including following up on recommendations made by Accreditation Canada in April 2010. The members of the Committee also carried out discussions on how to improve and optimize their role.

## THE QUALITY AND RISK MANAGEMENT COMMITTEE: CONTINUOUS IMPROVEMENT

**The mission of the Quality and Risk Management Committee is to seek, develop and promote ways to ensure safety and to eliminate any risk in the provision of care.**

In addition to its six regular meetings and the review of its composition, including the appointment of a new chair, the Committee carried out the following activities:

### **Incident/accident management**

- Review and update of documents related to incidents/accidents, nosocomial infections, management of alerts, reminders and notices;
- Inter-divisional harmonization of the vocabulary of risk management;
- Set up of a working group responsible for reviewing reports from the coroner's office;
- Approval of policies and procedures for the management of alerts, reminders and notices by the Supervisory Committee: from now on, the Risk Management Committee is responsible for all alerts and reminders related to the CHUM that require long-term and/or corrective action. A marked reduction in the time taken to close cases has been noted, thanks to the diligence of the interdisciplinary stakeholders concerned;
- Promotion of incident and accident reporting and planning for the implementation of GESRISK, our new local register of incidents and accidents;
- Continued analysis of incident/accident reports and implementation of recommendations: the most frequent reports are for falls (26%) and drugs (42%);
- Aggregate analysis of nonconformities in laboratory analyses and submission of the principal findings, work undertaken and the action plan being implemented.

### **Infection prevention**

- Review of reference documents and dissemination of key messages on prevention, both for patients and caregivers;
- Installation of antibacterial product dispensers in all patients' rooms in high-risk units (to be installed in the other units and departments next year);
- Audits with care personnel on the application of additional precautions taken for targeted clientele, circulated among head nurses and in the Housekeeping Department;
- The incidence rate of multidrug-resistant bacteria and associated disease has been continuously and closely monitored for several years. For screening of MRSM (methicillin-resistant *Staphylococcus aureus*) and VRE (vancomycin-resistant *Enterococci*), a collective prescription is used when there is a request for admission. Screening for MRSM is also carried out for all patients on the care wards. For CDAD (*Clostridium difficile* associated diarrhoea), we participate in the provincial monitoring system and follow a protocol. To date, we have noted that for
  - *C. difficile*, the annual incidence is about the same as in 2009-2010. However, the situation at Hôtel Dieu is proving more difficult to control;
  - MRSM, there is a marked decrease in incidence rate;
  - VRE, there is a decrease in the incidence rate.

## USERS' COMMITTEE: A YEAR OF CHANGE

**The many achievements of the Users' Committee clearly demonstrate the commitment of its members to CHUM users.**

The Users' Committee defends the interests of users, informs them of their rights and obligations, works to improve their living conditions and assists them in filing complaints with the CHUM. Its members represent the CHUM's patients in the various committees and bodies of the institution, including the Board of Directors. Their activities are focused on the respect of patients' rights, their safety, their level of satisfaction and the quality of services provided.

The marketing plan completed in 2009–2010 showed that the Committee's existence and mission needed to be made better known. An "open house" event was held at its new premises in Hôtel-Dieu to promote its services. The Committee's new slogan, *Votre allié* (your ally), will contribute to reaching that objective. The slogan represents its vocation and will now serve as its signature in all communications. The Committee also carried out the following activities:

- Held 10 regular meetings, three special meetings and the annual general meeting;
- Adopted a communication plan to position the Committee within the CHUM and to raise its profile among both the institution's users and staff;
- Revised the Committee's bylaws, which dated from 2002;
- Participated in a conference entitled *Vers un approche intégrée* (toward an integrated approach) (Education Department/UdeM);
- Participated in the conference of the Conseil pour la protection des malades;
- Financially contributed and participated in the publication of two guides: one for cancer outpatients and their loved ones (*Guide d'accueil à l'intention des patients externes atteints de cancer et de leurs proches*) and the other for hospitalized patients (*Guide d'accueil à l'intention des patients hospitalisés*);
- Participated in a program dealing with respect of confidentiality in the volunteer service;
- Participated in the symposium of the Regroupement provincial des comités des usagers;
- Hosted and sponsored Me Jean-Pierre Ménard, a speaker for Canadian Patient Safety Week;
- Held discussions with the Maison du Père concerning the deaths of homeless people;
- Improved the reception of long-term care patients;
- Improved communication with users at test centres when a prescription is not in compliance;
- Deep involvement in the "patient as partner" program.

The year was also marked by legislative changes to the funding of users' committees, in particular, a \$20,000 reduction to the annual budget. The Ministry of Health and Social Services (MSSS) had demanded the remittance of budget surpluses from the institution's administration for the acquisition of equipment. The Committee therefore gave \$95,075 to the CHUM, contributing to the improvement of the care and services provided. The detail of this payment is found in the section on financial statements in this document.

To learn more about the Users' Committee, go to [www.chumontreal.com](http://www.chumontreal.com).

## **LOCAL SERVICE QUALITY AND COMPLAINTS COMMISSIONER: TIRELESS SUPPORT**

**Every day, we witness the complexity of the healthcare environment, but even more, we witness the commitment of our staff, managers, physicians and volunteers to provide the best.**

With our new Local Service Quality and Complaints Commissioner taking office, internal processes have been updated and working methods have been harmonized. Other significant achievements in 2011 include the introduction of a formalized quarterly follow-up of commitments and recommendations and an analysis of recommendations issued from 2006 to 2010. The new Assistant Local Service Quality and Complaints Commissioner responsible for Hôpital Notre-Dame also took up his position. In addition, a promotional tour of all of the divisions helped staff learn about the local commissioners' roles and duties.

### **Annual Program for Systemic Action**

In collaboration with Urgences Santé, the Montréal Health and Social Services Agency, Transbus and the CHUM's emergency departments, an initiative aimed at preventing the departure of hospitalized patients without appropriate clothing, particularly in cold weather, was undertaken for the first time. The partnership led to awareness-raising activities with ambulance attendants from Urgences Santé and users.

### **Dealing with Dissatisfaction**

For several years, the number of open dissatisfaction files has basically remained stable. The primary cause of dissatisfaction has to do with accessibility; especially with respect to the time it takes to access services. This is followed by problems respecting care and services, including continuity, and finally, interpersonal relationships. Complaints can be broken down as follows:

	<b>2010–2011</b>	<b>2009–2010</b>	<b>2008–2009</b>
Hôtel-Dieu	428	391	400
Hôpital Notre-Dame	683	525	670
Hôpital Saint-Luc	454	495	407

The time it takes to process complaints remains reasonable, given the volume, and efforts are being made to reduce delays as much as possible. For example 72.83% of clinical-administrative complaint files are handled within the 45 days provided for under legislation. However, 27.18% took longer than that, given that some complex cases take longer to resolve. With respect to recourse to the Ombudsman, seven files were opened this year.

### **Requests for Assistance and Consultation**

In 2011, patients made 559 requests for assistance regarding care or services. We received 42 requests for consultation from CHUM staff. We encourage consultation by our managers and staff so as to support them in their efforts to ensure that patients' rights and obligations are respected. To that end, we have begun compiling data. The primary reason for consultation concerns specific rights (decision made by a user, right to be accompanied, etc.).

## THE COUNCIL OF NURSES: MAKING ROOM FOR KNOWLEDGE AND EFFICIENCY

**A forum for discussions, mobilization and engagement, the Council of Nurses is the voice of its members on the Board of Directors.**

This year, in addition to its regular meetings and the annual general meeting, the Council of Nurses (CII) has been active on every front. What follows are some of its major achievements:

- **Assessment of the quality of nursing acts**
  - Support to the emergency nurse recognition program;
  - Study of the results of the evaluation of the quality of nursing care;
  - Support to the Nursing Division (DSI) for the recognition of nurses and nursing assistants;
  - Approval of the interdisciplinary care program regarding the application of the protocol governing control and isolation measures;
  - Discussions on the changes to the collective prescription for the administration of naloxone;
  - Discussions on the changes to the rule for monitoring patients receiving opiates and on nursing assistants' contribution to intravenous therapy;
  - Drafting of the questionnaire on sources of errors in drug administration.
  
- **Provision of care**
  - Recommendations for and follow-up of dissemination of the "do not use" list of dangerous abbreviations, symbols and dose designations;
  - Collaboration in preparations for the professional inspection of the OIIQ and the OIIAQ;
  - Discussion on the prevention of nosocomial infections;
  - Recommendation to the Council of Physicians, Dentists and Pharmacists (CMDP) to remind their members to ensure the conformity of prescriptions for blood work.
  
- **Scientific and technical organization**
  - Representing CII members in the activities of various divisions;
  - Discussions on setting up an inter-council committee in partnership with the CMDP and the Multidisciplinary Council (CM);
  - Participation in the *Hospitalis* project, a computer platform enabling nurses and technicians to access information related to care methods, procedures, medical orders and even online training and clinical advisories.
  
- **Evaluation and maintenance of nursing skills**
  - Dissemination of information on Canadian certification in the specialties of nursing practices;
  - Organization of an appreciation dinner for nurses who have passed Canadian certification exams;
  - Preparation of the CII-DSI convention in October 2010.
  
- **Other activities**
  - Participation in activities at the CHUM during National Nursing Week;
  - Meeting with the Director General to discuss the mandates and achievements of the CII, professional development of nurses and nursing assistants in the context of budgetary restraints, greater involvement of the CII in discussions and decision-making, and the nurse's role in a university hospital centre;
  - Participation in the organization of the seventh CII-DSI convention for the CHUM's nurses and nursing assistants;
  - Raising nurses' awareness of and assisting them in the organization of their portfolios;
  - Promotion of the *Journée du savoir infirmier*.

## **THE MULTIDISCIPLINARY COUNCIL: PRIORITY ON DIALOGUE**

**The CHUM Multidisciplinary Council represents 1600 members in over 35 health professions.**

By ensuring the quality of professional services, encouraging the sharing of knowledge and promoting joint committees, the Multidisciplinary Council (CM) contributes to fulfilling the CHUM's mission. In 2010–2011 it moved forward on the following priorities.

- Visibility campaign and organization of the day devoted to the Multidisciplinary Council (*Journée CM*);
- Development of the inter-council committees project with the CII and the CMDP;
- Organization of the *Rendez-vous du CM* noon-hour lectures;
- Development and continuation of research projects supported by the CM;
- Support of CM professionals in teaching;
- Follow-up of inter-professional collaboration with the Education Division;
- Establishment of a more formal relationship with the CII, CMDP and the CM of other university hospitals in Québec.

The CM is also responsible for forming the joint committees needed to assess and improve the quality of the professional activities of its members. Made up of professionals from the same discipline, these joint committees have the mandate of fostering the development of the profession to ensure that the services provided to users are of high quality.

### **The main achievements of the CM Executive Committee**

- Participation in the Fondation du CHUM's fellowship selection committee by providing matching funds;
- Renewal of membership in the Association des conseils multidisciplinaires du Québec (ACMQ);
- Holding of 10 regular meetings, a special meeting and a videoconferenced annual general meeting of the three hospitals, which included a presentation of the CHUM's vision by the director general, Christian Paire, as well as the launch of the CM leaflet;
- *Journée CM 2010*, with the theme of the essential role of research in improving quality;
- Participation in the annual ACMQ day;
- Participation in the 2010 CM conference, which focused on the importance of working together, adapting and moving forward, with a presentation of the CM's activities at the CHUM;
- Review of the list of CM liaison officers and department heads;
- Publication of six issues of the *Multipresse* newsletter;
- Organization of the visit of high school and college guidance counsellors to the CHUM, at the request of UdeM, to promote healthcare careers;
- Research projects in speech therapy, biochemistry, occupational therapy and psychology:
  - Lyne Labrecque, biochemist: position of investigator-researcher at the CRCHUM;
  - Tokiko Hamasaki, occupational therapist and researcher: \$500 grant from the CM;
  - Nicole Reeves, psychologist and researcher: \$900 grant from the CM.

## **THE COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS: QUALITY ASSURANCE**

**The CMDP oversees the quality of medical, dental and pharmaceutical acts carried out at the CHUM, and assesses the competence of the physicians, dentists and pharmacists who practice there.**

### **Main activities of the CMDP executive committee (CECMDP)**

- 22 regular meetings and eight *in camera* meetings regarding medical complaints;
- Planning and organization of clinical services;
- Medically assisted reproduction project;
- Organization of the emergency department (procedures, duration of stays, etc.);
- Department head selection committee (radio-oncology, general medicine, pathology, psychiatry, stomatology);
- New CHUM: review of the functional and technical programs, and the development of a transition/transformation plan;
- Digitalization of the Oacis files and computer system;
- Selection committee to choose the winners of recognition awards from the Fondation du CHUM ;
- Integration of the Nuclear Medicine and Radiology departments;
- Regional physician resource plans (PREM).

### **Improvement in the quality of medical acts**

- Reduction in the number of files not completed to an acceptable level;
- Reduction in the number of undictated operative reports, in cooperation with the department heads;
- Management of crises due to the shortage of medical staff in intensive care and in the surgical suites;
- Decrease in emergency wait times and optimization of hospitalization periods.

### **Main activities of CMDP and its committees**

- Two regular general meetings and one extraordinary general meeting to present the new CHUM and its medical activities;
- Medical Evaluation Committee, Credentials Committee, and Pharmacological Committee;
- Recommendations concerning improvements to operation of the institution and the quality of care and services, adopted and recommended by the CECMDP;
- Recommendation for 53 appointments (46 active members and 7 associated members), 17 changes in status, 6 changes to privileges, 1 refusal of candidacy, adopted and recommended by the CECMDP to the Board of Directors;
- Granting of temporary privileges by the Director of Professional Services;
- Recommendation to add 10 products to the CHUM drug list, adopted by the CECMDP and sent to the Associate Director General.

### **Handling of Complaints**

- Formation of five disciplinary boards and follow-up on recommendations resulting from complaints, in conformance with the recommendations of the CHUM's medical examiners.

## **WORKING TOGETHER**

### **Never Without Our Partners!**

The unwavering commitment of the CHUM's partners to improve the quality of care and to advance teaching unites us more than ever in the same cause: the patient.

## **THE FONDATION DU CHUM: AN EXCEPTIONAL YEAR!**

**The Fondation du CHUM is a valuable partner. It enables us to respond to the immediate and urgent needs of patients, who are its primary focus. The Fondation's support is imperative to the development and sustainability of our hospital.**

While our gaze is turned toward the future of our institution, we continue to work every day with the Fondation to provide the best possible care to our patients. Together, we support research, teaching, and excellence in health care and promotion. The year 2010–2011 was exceptional: thanks to its many donors, the Fondation handed over more than \$8 million to the CHUM.

The Fondation, whose mission is to financially support the CHUM, was created through the merger of the foundations of Hôpital Notre-Dame, Hôpital Saint-Luc and Hôtel Dieu de Montréal, when the CHUM was formed. It officially launched its activities on May 1, 1998. Whether they are used to purchase state-of-the-art equipment, support research projects that will lead to the development of promising treatments, help in training new medical recruits or supporting health promotion, the monies raised directly contribute to providing better and better care to patients. Since its creation, the Fondation has given \$81 million dollars to the CHUM.

### **The Fondation du CHUM's Clinics, a Unique and Solid Business Model for Québec**

The **Clinique Santé Voyage**, a standard for over 30 years, takes care of close to 30,000 savvy travelers every year. With the expertise of a team experienced in travel health, the clinic responds to the needs of every type of traveler, both before they leave and after they return. It provides specific vaccinations, consultations, advice, and it even has a small shopping area, where nomads can purchase a variety of products, such as insect repellent, sunscreen, water purifiers and first aid kits. The clinic also provides booster shots for basic immunizations, even for those who are staying put.

To learn more: [santevoyage.com](http://santevoyage.com)

The **Clinique Santé-préventive** (formerly known as the Centre d'évaluation de santé) provides complete medical check-ups, therapeutic treatments, kinesiology services, sports therapy, in addition to skincare, such as micro-dermal infusion, and treatment of acne, and pigmented and vascular lesions. Thanks to its state-of-the-art equipment, the team of professionals provides safe, high-quality treatment.

To learn more: [sante-preventive.com](http://sante-preventive.com)

All the profits generated by these renowned clinics finance the Fondation's operations.

**100% of every donation to the Fondation is handed over to the CHUM!**

## **\$8,331,486 to the CHUM!**

RESEARCH: \$3,741,762 (45%)

The CHUM research centre (CRCHUM), with its new site scheduled to open in 2013, received \$1.25 million in support from the Fondation in 2010–2011. Over and above that, the Fondation is committed to providing \$500,000 every year to the Université de Montréal to help fund research and teaching chairs.

Family medicine, neurosurgery, nephrology, transplantation and renal regeneration are some of the disciplines in which the Fondation invests so that CHUM researchers can use their expertise and continue research into and discovery of innovative treatments, with a constant focus on improving patient care.

In April, Jean-Paul Tremblay, a 59-year-old patient, had stem cells injected into his heart by **doctors Nicholas Noiseux**, cardiac surgeon, and **Samer Mansour**, cardiologist, CRCHUM researchers, in addition to Dr. Denis-Claude Roy, director of the cellular therapy laboratory and the research centre at Hôpital Maisonneuve-Rosemont. Three months after his treatment, Mr. Tremblay was doing wonderfully. This was a first in Canada, the result of work that has been ongoing for several years.

In June, **Dr. François Lespérance**, assistant scientific director, clinical research, at the CRCHUM and professor at the Université de Montréal, presented the results of the most important clinical trial ever carried out in treating depression with omega-3 supplements. In fact, omega-3 was found to be effective in treating patients suffering from major depression without anxiety disorder. His research work has benefited from the Fondation du CHUM's financial support.

In November, through the Fondation du CHUM, **Dr. Louis-Georges Ste-Marie** received a donation of \$80,000 from the Amgen pharmaceutical company to support the bone histomorphometry laboratory, which contributes to screening and research into metabolic bone diseases such as osteoporosis. This laboratory has unique expertise in Canada in adult bone diseases.

TEACHING: \$802,776 (10%)

Teaching is of capital importance to the CHUM, the largest medical training facility in Québec, as it is to the Fondation. With the sharing of knowledge being an integral part of the CHUM's mission, its teaching activities contribute to the continual improvement of the quality of care provided to the public. Thus, pride and recognition were front and centre at the first celebration of teaching, held in June 2010, the perfect occasion to present fellowships and the Esculape Award.

## **Fellowships: \$514,582**

Thanks to support from the Fondation, the Council of Physicians, Dentists and Pharmacists (CMDP), the executive direction and some of the CHUM's departments, \$1 million in fellowships and continuing education grants are awarded annually. In 2010–2011, the Fondation's contribution to these fellowships was over \$500,000. These grants enable some 20 CHUM recruits to continue their training outside the province and for young foreign physicians to complete their subspecialties in one of the CHUM's areas of expertise.

## Esculape Award: \$15,000

The Esculape Awards are presented every year to some 20 physicians who volunteer their time in clinical teaching. The Fondation presents three major Esculape Awards and provides \$15,000 in grants. This year, the recipients are

- **Dr. Philippe Sauthier**, gynaecologist-oncologist:  
Dr. Sadok Besrouer award and a \$10,000 grant;
- **Dr. Francine Morin**, psychiatrist, and **Dr. Richard Dubuc**, dermatologist:  
Fondation du CHUM award and a \$2500 grant to each.

## CARE AND HEALTH PROMOTION: \$3,786,948 (45%)

Providing the CHUM with modern state-of-the-art equipment to improve the well-being and comfort of patients while facilitating the work of health professionals is the very essence of the Fondation's mission.

The Fondation provided \$1,350,240 for the acquisition of C-ARM, an imaging system used during surgical procedures, specifically, cardiac, vascular, neurological and orthopaedic surgery. This instrument, shaped like the letter 'C', provides great flexibility in positioning, magnifies the image and emits less radiation than traditional equipment. Patients and health professionals are thus less exposed to these useful rays, which are potentially harmful.

On February 18, 2011, François Brault, 84 years old, became the first patient in Canada to undergo surgery using the GreenLight 180 W laser for benign hypertrophy of the prostate. Mr. Brault, whose surgeon was **Dr. Kevin Zorn**, urologist and specialist in robotic surgery at the CHUM, went home the next day. "The operation went very well and I'm very happy to be able to return home so quickly and without a catheter," he remarked.

A navigation kit, for patients who have received a colorectal cancer diagnosis, was launched in March 2011 during the *Colorectal cancer awareness raising days*. This kit, created with financial support from the Fondation du CHUM, includes information to help patients in their combat against the disease.

All together, the Fondation provided \$25,000 for the *Colorectal cancer awareness-raising days* and \$3000 to the *Chronic pain awareness-raising days*. These events aim to educate the public about specific pathologies through a variety of activities, including lectures given by professionals from the CHUM, information booths, screening tests and medical check-ups.

## Acquisitions Supported by the Fondation

- Portable ultrasound device—internal medicine: \$38,775
- Ultrasound device—hemodialysis unit of the Nephrology Service: \$36,634
- KNS SP FibroScan probe, which instantly and noninvasively quantifies hepatic fibrosis—Hepatology Service: \$30,344
- SonoSite ultrasound device and three probes—departments of Nuclear Medicine and  
Physiatrics: \$38,466
- Digitization components for the CRID for medical imagery and digital converter for  
film mammograms—Radiology Service: \$127,844

## **Our Major Events**

The gourmet dinner and the golf classic are more than just benefits for the Fondation du CHUM, they are genuine traditions. These two prestigious events provide unique and enjoyable opportunities to socialize, make new friends and, above all, to raise the greatest amount of money possible in the interest of changing the lives of CHUM patients.

The golf classic, held on September 13, 2010, celebrated its 10th anniversary and to crown it all off, \$1,566,000 was raised. In ten years, the golf classic has raised over \$10 million.

On June 9, 2010, at the *Pleasures of Bordeaux*-themed gourmet dinner, held at the Centre CDP Capital, the generosity of the some 225 guests helped the Fondation raise \$617,525.

## **A Tradition of Generosity**

Since 2002, the Fondation Antoine Turmel has supported the internationally recognized research of Dr. Martin Desrosiers, otorhinolaryngologist at the CHUM, work that has enabled concrete advances in understanding the mechanisms involved in the development of sinusitis.

A program to support health education for CHUM patients was initiated through the contribution of \$1.25 million by Pfizer Canada. To date, the pharmaceutical company has donated more than \$2 million to improve care, promote health and research.

Brault & Martineau and its foundation, created in 2004, has donated almost \$500,000 to the Fondation du CHUM since 1998. The Brault & Martineau foundation is an indispensable ally, since its president, Marie-Berthe Des Groseillers, is personally involved in the Fondation du CHUM, as a member of the Board of Directors since December 2009, in addition to co-chairing the gourmet dinner and golf classic in 2010.

## **Inestimable Support**

In October 2010, the Royal Bank of Canada (RBC) donated \$4 million to the joint fund-raising campaign of the Fondation du CHUM and the McGill University Health Centre Foundation.

## DONATIONS FROM INDIVIDUALS AND FAMILY FOUNDATIONS

### \$500 to \$999

Anonymous (26)  
Amal Abdel Baki  
André Angélic  
Paul Arcand  
Jean-Luc Arseneau  
Richard Ashby  
Serge Aubry  
Henri Audet  
Dr. Paul Bayardelle  
Adeline Beaudoin  
Dr. Marie-Dominique Beaulieu  
Reine Beauregard  
Serge Beausoleil  
Carla Beltrami  
Roger Bernier  
Carmel-Antoine Bessard  
Michel Biron  
Denis Boudrias  
Dr. Pierre Bourgouin  
Kevin Boyle  
Gilles Breton  
Jean-Pierre Brunet  
Dr. Jean-François Cailhier  
Dominique Champagne  
Richard Chartier  
Dr. Jean-Louis Chiasson  
Sylvain-Yves Cliche  
Clinique Médicale La Cité  
Place du Parc  
Dr. Patrick Cossette  
Michel Côté  
Samira Courgi  
Dr. François Coutlée  
Dr. Benoît Coutu  
Jacqueline Cusson Petel  
Raymond Décarie  
Giuseppina Del Vecchio  
Maurice Deschamps  
Thérèse Demers-Leblanc  
Rita Desjardins Baril  
Doris Desmarchais  
Mélanie Diamond  
René Donais  
Francine Doray  
Rachel Dubois  
Yvan Dubois  
Denis Dumas  
Dr. Pierre Duquette  
Sophia Economides  
Elaine Hagopian and Vicki Goyette  
Dr. Stéphane Elkouri  
Kamal Farag Rizkalla  
Jean-Guy Faucher

Panayote Flessas  
Fondation Claude Beaulieu  
BMO Employee Charitable  
Foundation  
Guy Forcier  
Richard Fortin  
Jean-Marc Fortin  
Dr. Claude Fortin  
Dr. Christiane Gaudreau  
Dr. Lise Gauvin  
Jean-Maurice Gignac  
Michel Goyet  
Pierre Goyet  
Denis Goyet  
Raymond Gref  
Ba Ha  
Jacques Hamel  
Pierre Hébert  
Marielle Hubert  
Jo-Anne Hudon  
Institut Sœurs de l'Immaculée  
Dr. Didier Jutras Aswad  
Jean-Paul Labelle  
Dr. Louise-Geneviève Labrecque  
Albert Lallouz  
Michel Lamarche  
Dr. François Lamothe  
Antonio Larouche  
Marc Laurendeau  
Luc Lauzière  
Thérèse Lavoie Dionne  
Serge LeBlanc  
Monique Leclair  
Pierre Lefebvre  
Loyola Leroux  
Manon Livernois  
Mark Long  
Zenaide Lussier  
Jean Macleod  
Magella and Carmen L. Girard  
Dr. François Marcotte  
Claire Martin  
Jacqueline Martineau  
Caroline Matte  
Thérèse Mauger  
Michel Maurier  
Heather McAuley  
Hélène McCarry  
Thérèse M. McDonald  
Jean Meilleur  
Patrice Meloche  
Guy Meunier  
Dr. Véronique Michaud  
Rose-Aimée Michaud

Suhayla Mukaddam-Daher  
Ziad Naccour  
Nathalie Nahmiash  
Dr. Dang Khoa Nguyen  
Manh Phat Nguyen  
Nicolas Noiseux  
Jacques Normand  
Elias Noujaim  
Œuvres caritatives des Filles  
de Jésus  
Normande Olivier  
Michèle Leblanc and Paul Cormier  
Dr. Denis Phaneuf  
Mathieu Picard Bigras  
Albert Piché  
Denis Pilon  
Pierre Pinard  
Guiseppe Pircio  
Dr. Pierre Pizem  
Dr. Michel Poisson  
Marc Prentki  
Dr. Diane Provencher  
Georges Quentin  
Agnès Râkel  
Dr. Paolo Renzi  
Hugo Rivard-Royer  
Maryse Robillard  
Claudette Robitaille  
Dr. Michel Roger  
Dr. Danielle Rouleau  
Louis-Charles Routhier  
Robert Roy  
Louis Saint Jacques  
Dr. Patrice Savard  
Danny Sbrissa  
Dr. Jean-Luc Sénécal  
Evangelos Sideras  
Dr. Gilles Soulez  
Dr. Pierre St-Antoine  
Dr. Lise St-Jean  
Serge St-Vincent  
Dr. Shih-Hann Su  
Estate of Raymond Aubry  
Sylvie Thérien Doyle  
Jean Thompson Beauchamp  
Dr. Emil Toma  
André Tranchemontagne  
Emilio Travisano  
Raymond Tremblay  
Daniel Tremblay  
Dr. Johanne Tremblay  
Jean-Paul Trépanier  
Raynald Turgeon  
Dr. Fernand Turgeon

Louise L. Valiquette  
Dr. Luc Valiquette  
Jean-Guy Vanier  
Florence L. Vincent  
Mylinh Vu Tremblay  
Yves Didier Womba  
Ching Kang Wu  
André Zanga

#### \$1000 to \$9999

Anonymous (8)  
Rollande C. Archambault  
Fun Au Yeung  
Hedwidge Barbeau  
Georges Bardagi  
Nicolas Beaudin  
Dr. Gilles Beauregard  
Steve Bellavance  
Laura Benoît  
Mahmoud Bensalem  
Dr. Christina Bernier  
Hélène Bissonnette  
Jacques Blais  
M<sup>e</sup> Suzanne P. Boivin  
J.R. André Bombardier  
Dr. Ghassan Boubez  
Dr. Joseph Bou-Merhi  
Richard Bourbonnais  
Lucy Breetvelt  
Joel Brouillette  
Dr. Julie Bruneau  
Madeleine Brunelle Gravel  
Sylvie Buisson  
Pierre Campeau  
Denyse Chartrand  
Laurent Chevrier  
Dr. Hugo Édouard Ciaburro  
Fleurette Corbeil  
Viviane Cossette  
Jean-Baptiste Côté  
Dr. José Côté  
Edmundo Da Silva  
Hubert D'Amours  
Claude Dandurand  
Danielle and Jean-Pierre Robert  
Dr. Alain Danino  
Dr. Jacques A. De Guise  
Paul Desmarais Jr.  
Joseph and Domenic Di Bacco  
Rose Distilio  
Richard Dorval  
M<sup>e</sup> Pierre Dozois  
Alexandre Drasse  
Daniel Dubeau  
Louisette Dufour  
Louise Dumont

Dr. Louise Duranceau  
Charles Eklove  
Fédération des médecins  
spécialistes du Québec  
Danielle Fleury  
Fondation Adolphe and  
Roger Ducharme  
Fondation Denise et Robert Gibelleau  
A. Pizzagalli Family Foundation  
Fondation Jean B. Migneault  
Fondation Jean-Louis Tassé  
Libermont Foundation  
Sibylla Hesse Foundation  
Fonds Dr. Gaétan Carrier et  
Marielle Guimont of the  
Canadian Medical Foundation  
Angela Forlini-Sergi  
Fortier-Setlakwe  
Jeanne d'Arc Fortin  
Lise Fortin Paquet  
Stéfane Foumy  
Chantal Fournier  
Henri Fox  
Florence Fu Yung Fan  
Dr. Alain Gagnon  
Raymond Gaudet  
Benoit Goyet  
Noella Goyet  
Paul-André Guillotte  
Dr. Patrick Harris  
Dr. Marie-Josée Hébert  
Gilles Henrichon  
Monique Héroux  
Johan Heuvel  
Jonathan Hopkins  
Renée Houde  
Islam Huhijaj  
Peter W. Hutchins  
Hon Huynh  
Ara Kermoyan  
Johanne Labadens and Yvan Gagnon  
Dr. Nadim S. Korban  
Dr. André Lacroix  
Marguerite Lafontaine  
Benoit Laliberté  
Dr. Louis Lapierre  
Francine Laporte  
Roger Laporte  
Paul L'Archevêque  
Esther Leclerc  
Dr. Francine Lefebvre  
Jean Lemay  
Dr. Claude Lemieux  
Dr. Caroline Lepage  
Les Frères Maristes  
Dr. François Lespérance

Michel Levert  
Gisèle Loiseau  
Pierre Lortie  
Rosemary Maratta  
Maurice Marois  
René Massicotte  
Michèle and Jean-Claude Rompré  
Jean-Guy Moses  
Dr. Thu-Van Nguyen  
Thi Mui Nguyen  
Dr. Stephen Nicolaidis  
Nicole and Pierre Brodeur  
Oeuvres Régis-Vernet  
Renzo Orsi  
André Pageau  
Dr. Jacques Papillon  
Micheline Paradis  
Dr. Jean-Pierre Pelletier  
Dr. Johanne Pelletier  
Dr. Isabelle Perreault  
Alain Plante  
Dr. Vincent Poitout  
Marc Portelance  
Ékram Antoine Rabbat  
Dr. Eugenio Rasio  
Ginette Raynault  
Dr. Marie-France Raynault  
Raymond Richard  
Richard & Edith Strauss Canada  
Foundation  
Marie D. Roberge  
Johanne Robichaud  
Louis Charles Routhier  
Dr. Jean-Denis Roy  
Emanuele Saputo  
Gisèle Sarrazin Locas  
Michel Saucier  
Michel Savaria  
Benjamin Shirazipour  
Louise Simard Massicotte  
Angèle St-Jacques  
Estate of Audrey Reymond  
Estate of Donatina Vespa  
Estate of Germaine Laurin  
Estate of Jean Bouteille  
Estate of Léonne Dussault  
Estate of Marcelle David  
Estate of Renée Dupuis Angers  
Estate of Rolland St-Jean  
Estate of Yvette B. Duchastel  
Tasia and Photios Kalantzis  
Pierre Teasdale  
Thi-Phuonk  
Thao Huynh  
The Birks Family Foundation  
Bich Quan Tran

M<sup>e</sup> Valérie Tremblay  
Dr. Cécile Tremblay  
Gilles Trudel  
Maria de Jesus Viana  
Jean-Luc Vigneault  
Renaud Vigneault  
Sylvain Villiard  
Dr. Jean Vincelette

#### \$10,000 to \$49,999

Denis Babary  
Léonard Bolduc  
Hélène Caillé Bossé  
Canadian Liver Foundation  
Céline Dion Foundation  
Fondation Dr. Sadok Besrouer  
Fondation J.B.J. Fortin  
Fondation Paul A. Fournier  
Francyne Furtado  
Dr. Guy Leclerc  
Luigi Liberatore  
Josée Martin  
Dr. Paul Perrotte  
Estate of Delcourt Soucy  
Estate of Jacques Brossard  
Estate of Mariette Laplante  
The Cedars Cancer Institute  
The Jack Herbert Charitable  
Foundation  
Marc Verreault

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

Anesthésie CHUM HND  
Mina Drimaropoulos  
Fondation Jeanne-Mance  
Estate of Carmelle Dubois

#### \$100,000 to \$499,999

Anonymous (1)  
CHUM Council of Physicians,  
Dentists and Pharmacists  
Fondation Antoine-Turmel  
Fondation Caroline Durand  
Fondation Jacques & Michel Auger  
Fondation Jean-Louis Lévesque  
Fondation Lucie et André Chagnon  
CHUM Cardiology Service

### **DONATIONS FROM BUSINESSES AND BUSINESS FOUNDATIONS**

#### \$5000 to \$9999

Anonymous

Acciona Infrastructures Canada Inc.  
Apotex Inc.  
Baxter  
Beckman Coulter Canada Inc.  
Boehringer Ingelheim (Canada) Ltd.  
Boston Scientific Ltd.  
BPYA Architectes en consortium  
Courchesne Larose Ltd.  
Covidien  
Datavalet Technologies Inc.  
Draximage  
Emergis  
EZEM Canada  
Fiera Axiom Infrastructure Inc.  
General Electric Canada  
Jean Coutu Group (PJC) Inc.  
Groupement Cima-Tecsult  
Honeywell Ltd.  
HPV 2010 Montréal Inc.  
Janssen Inc.  
Kbs+p Montréal  
L. Simard Transport Ltd.  
La Compagnie Financière  
Edmond de Rothschild  
La Jean-René Internationale  
Corporation Inc.  
Lantheus Medical Imaging  
Productions Feeling Inc.  
Les Productions Jean Lamoureux Inc.  
Letko, Brosseau & Associates Inc.  
Logibec Groupe Informatique ltée  
McKesson Canada  
Medical Consulting  
Metafore Technologies Inc.  
Métro Richelieu Inc.  
Novo Nordisk Canada Inc.  
Nycomed Canada Inc.  
Philips Healthcare  
Pomerleau Inc.  
Sepacor Pharmaceuticals Inc.  
Sid Lee  
Siemens Canada Ltd.  
Sunovion Pharmaceuticals Inc.  
Teknika HBA Inc.

#### \$10,000 to \$49,999

Anonymous (2)  
152245 Canada Inc.  
Accès Recherche Montréal s.e.n.c.  
Montréal Port Authority  
AGFA Inc.  
Allergan Inc.  
Astellas Pharma Canada Inc.  
Laurentian Bank of Canada  
National Bank of Canada  
BCF s.e.n.c.l. / LLP

Brault & Martineau  
Bristol-Myers Squibb Canada  
Dessau Inc.  
Elekta Canada Inc.  
EMD Serono Canada Inc.  
Enertrak  
Excel-Tech Ltd  
Fédération des caisses Desjardins  
du Québec  
Fiera Sceptre  
Sun Life Financial  
Fondation des Gouverneurs de l'espoir  
Foundation of Greater Montréal  
Genzyme Canada Inc.  
Gestion André Bolduc Inc.  
Groupe Alfid - Gestion 500  
Place d'Armes Inc.  
Heenan Blaikie  
Hydro-Québec  
Le réseau des Sports (RDS)  
Loto-Québec  
Merck Canada Inc.  
Monette Barakett avocats s.e.n.c.  
Norton Rose OR s.e.n.c.r.l., s.r.l.  
Novartis Pharma Canada Inc.  
Pfizer Canada Inc.  
Productions J Inc.  
Johnson & Johnson Medical Products  
Quebecor Inc.  
Raymond Chabot Grant Thornton  
RBC Foundation  
Shire Canada Inc.  
Smith & Nephew Inc.  
SNC-Lavalin Inc.  
Société des Alcools du Québec  
Société Générale de  
Financement du Québec  
Société PharmaLogic P.E.T.  
de Montréal  
Solotech Inc.  
TELUS  
Teva Canada Ltd.  
UCB Canada Inc.  
Université de Montréal

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

AstraZeneca Canada Inc.  
Mylan Canada  
Sanofi-Aventis Canada Inc.  
Servier Canada Inc.  
St-Jude Medical Canada Inc.

#### \$100,000 to \$499,999

Abbott Vascular  
Alcon Canada Inc.  
Amgen Canada

Fondation des pompiers du  
Québec pour les grands brûlés  
Leucodystrophies Foundation  
Hoffmann-La Roche Ltd.  
Industrial Alliance  
Medtronic of Canada Ltd.  
Provincial Medical Supplies Ltd.

**\$500,000 and over**

Anonymous (2)  
Bell Canada

**Thank you for your support!**

*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.*

## **THE RUIS OF THE UNIVERSITÉ DE MONTRÉAL: AN ESSENTIAL AND EFFECTIVE PARTNERSHIP**

**Together, we work to improve access to ultraspecialized care and to advance teaching, research and the assessment of health care technologies and intervention methods.**

As the principal hospital centre for adults affiliated with the Université de Montréal, the CHUM is central to the integrated health network of the Université de Montréal (RUIS de l'UdeM). In addition to the CHUM, this impressive network of cooperation brings together other hospital centres affiliated with the UdeM, its four health faculties as well as a number of other partners. Three million Quebecers are served by the territory of the RUIS de l'UdeM, which covers six regions: Lanaudière, Laurentides, Laval, Mauricie, the northeast of the Monterégie and the east of the island of Montréal.

Throughout the 2010–2011 financial year, the RUIS de l'UdeM, through its numerous committees, continued work on a number of major projects, and the CHUM team played a central role. In January, the Director General assumed the role of President. Up until then he had served as Vice-president. Among the 325 members of committees, no less than 30 executives, physicians and other hospital professionals are continually involved in accomplishing the network's mission.

In 2010–2011, the RUIS de l'UdeM

- opened its coordination and referral centre to facilitate inter-institutional transfers and training, and to coordinate the creation of bidirectional and interregional service corridors, in addition to teleconsultation and teletraining;
- began installing 100 videoconference systems throughout its territory, to double the network's teleconsultation and teletraining capacity;
- created the Centre of expertise for chronic pain to reduce waiting lists and improve practice;
- undertook a massive collection of data on patients treated for ST-elevation acute myocardial infarction (STEMI) in the scope of the IM-Québec project, with the goal of accelerating care and treatment of heart attacks throughout the territory. The data are of vital importance: in March, over 2000 cases of STEMI were reported.

Other work focused on collaborative practices, in partnership with the patient and family, strokes, home care, better geriatric practices, the assessment of technologies and intervention methods, and communications on research.

To learn more about the activities of the RUIS de l'UdeM, go to [www.ruis.umontreal.ca](http://www.ruis.umontreal.ca).

## UNIVERSITÉ DE MONTRÉAL'S FACULTY OF MEDICINE: A FRONT-LINE PARTNER

**With its 6000 students enrolled at the bachelors, masters or doctoral level, the Faculty of Medicine of Université de Montréal has the highest concentration of health programs in Canada and trains half of the medical labour force in Québec.**

The Université de Montréal's Faculty of Medicine is the third largest medical faculty in North America and the largest in Canada for the number of admissions to medicine, rehabilitation, speech therapy and audiology. Through the CHUM, it has access to a large pool of teachers, researchers and patients to help it carry out its mission of advancing knowledge through teaching and research, with the goal of improving health care. What follows is an overview of the activities carried out in 2010–2011 in the scope of this partnership.

- Homage to **Dr. Serge Carrière's** contributions, in February 2011. Nephrologist at the CHUM, the former Director of the Department of Physiology and Dean of the Faculty from 1989 to 1995, Dr. Carrière played an important role in the creation of a number of chairs and philanthropic funds to benefit medical research in pharmacogenomics, family medicine, ophthalmology, and thoracic and oncological surgery;
- Acquisition of the Insight ARTHO VR® training simulator to train orthopaedic residents from the CHUM in knee and shoulder arthroscopy;
- Creation of the Bureau facultaire de l'expertise patient partenaire (faculty office for patient partner expertise), under the direction of **Vincent Dumez**, to support the faculty and its hospital partner network in the major shift toward seeing patients as partners in care and moving to a new collaborative vision in which patients and health professionals redefine their relationship.

### International Health Unit

The International Health Unit mobilizes the expertise of the CHUM and UdeM to improve the health of people in developing and transitional countries. This huge pool of experts, researchers and teachers makes IHU the only North American francophone organization able to combine training, expertise, technical support and research activities. Through its relationship with both the CHUM and UdeM, the IHU contributes to the international reputation of both institutions, as illustrated by the projects carried out in the following countries.

- **Mali:** The work carried out under the global health theme of the CRCHUM in maternal health has led to the initiation of intervention projects.
- **Gabon:** The support provided to the management of Oyem regional hospital since 2003 will continue in 2012 in the form of a project, run by UdeM, to train regional healthcare managers.
- **Haiti:** 250 managers have been trained since 2006 with the support of UdeM's Faculty of Medicine. Currently, several hospital management projects involving the CHUM's expertise in that field are being prepared.
- **Burkina Faso:** A number of research projects carried out by the CRCHUM under the global health theme resulted from the institutional support provided by UdeM to the Higher Institute of Population Sciences of the Université de Ouagadougou.

To learn more: [www.santeinternationale.ca](http://www.santeinternationale.ca).

## Research and Publications

- A new milestone in the research being carried out by the team of **Dr. Nicholas Noiseux**, Faculty professor, CHUM cardiac surgeon and CRCHUM researcher. For the first time in Canada, the team used stem cells in the treatment of heart failure. This procedure is less invasive and costly than transplantation.
- Book launch, in May 2010, of *DMLA—La dégénérescence maculaire liée à l'âge* (AMD—age-related macular degeneration), aimed at facilitating understanding of the effects of the disease. The book was the result of collaboration between **Dr. Jean-Daniel Arbour**, ophthalmologist at the CHUM and Director of the Department of Ophthalmology at UdeM, Francine Behar-Cohen, ophthalmologist at Hôtel-Dieu de Paris, Pierre Labelle, ophthalmologist at Hôpital Maisonneuve-Rosemont and Florian Sennlaub, ophthalmologist at INSERM.
- Book launch, in April 2010 of *Précis de pharmacologie*, an important educational tool summarizing many aspects of pharmacology, published under the direction of **Dr. Pierre Beaulieu**, professor at the departments of pharmacology and anaesthesiology of UdeM and clinical researcher at the CHUM, and **Dr. Chantal Lambert**, professor at the Department of Pharmacology of UdeM.
- Publication of the results of the largest study to have ever been carried out in the world on the possible link between cell phone use and brain tumours, by **Jack Siemiatycki**, professor at the Department of Social and Preventive Medicine and epidemiologist at CRCHUM, in the *International Journal of Epidemiology*.
- Publication, in November 2010, of the second edition of *Alternatives to Blood Transfusion in Transfusion Medicine*. Co-edited by **Dr. Jean-François Hardy**, holder of the Fondation Héma-Québec–Bayer Chair in Transfusion Medicine at UdeM, professor in the Department of Anaesthesiology and anaesthesiologist at the CHUM, Alice Maniatis, haematologist at the Henry Dunant Hospital in Athens, and Philippe Van der Linden, anaesthesiologist at the Brugmann CHU of Brussels, this edition covers all aspects of transfusion medicine in various clinical environments, with an emphasis on transfusion options.

## Grants and Bursaries

- **Dr. Guy Rouleau**, professor in the Faculty of Medicine and Scientific Director at CRCHUM: major grant from the *National Alliance for Research on Schizophrenia and Depression*, for his study, *Whole Exome Sequencing to Identify Schizophrenia Genes*;
- **Dr. Anita Koushik**, professor in the Department of Social and Preventive Medicine and researcher at CRCHUM: \$498,997 from the Canadian Cancer Society to study ovarian cancer;
- **Areej Al Rabea**: the first Jean and Terry Lavoie-Dionne bursary for research into idiopathic pulmonary fibrosis at the CHUM.

## Awards

- **Dr. Philippe Sauthier** (obstetrics, gynecology): **Dr. Sadok Besrouf** Award in clinical teaching;
- **Dr. Claude Julien**: Atlas Medic Award for excellence in clinical teaching in physiotherapy;
- **Drs. Audrey Laprise-Demers, Antoine Halwagi and Alain Lamontagne**: awards for research projects by anaesthesiology residents;
- **Dr. Anne-Marie Mes-Masson**, PhD researcher award for 2009-2010;\*
- **Drs Pierre-Marc Chagnon, Jean-François Lizé and Diem-Quyen Nguyen**: meritorious teaching professor awards, chosen by residents;
- **Drs Catherine Kissel, Louise-Hélène Lebrun and Pierre Poitras**: awards for meritorious careers in teaching in 2009–2010.\*

\*These awards were presented in December 2010, for contributions in 2009–2010.

## **ACHIEVING PERFORMANCE GOALS**

### **Maintaining High Standards Without Compromising Quality**

At the CHUM, no effort is spared to maintain our performance while reaching a balanced budget. It is through these sustained efforts that we are able to optimize all the institution's activities.

## **REAPING WHAT WE HAVE SOWN**

**Our report reflects the importance attached to the evaluation of the institution's activities, the continuing development of the management information system, financial re-engineering and relationships with external stakeholders.**

For the eighth consecutive year, the CHUM has respected the budget target set by Montréal's Health and Social Services Agency. "We succeed in reaching the targeted objectives by the end of every financial year through significant effort. Achieving such results requires rigorous oversight of productivity, control and follow-up of the actions set forth in the annual plan," states Jocelyn Boucher, Assistant Director General—Administration, Financial Affairs and Economic Partnerships.

### **The Watchword: Rigour**

The realization of an ongoing optimization plan on the order of \$10 million marked the 2010–2011 financial year. The determination of Québec's auditor general to act as the external auditor has been very profitable for the CHUM as well. It has resulted in fruitful exchanges that have helped improve the institution's structure of governance and some of its financial reporting processes.

## INDEPENDENT AUDITOR'S REPORT ON THE SUMMARY FINANCIAL STATEMENTS

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

The accompanying summary financial statements, which comprise the summary balance sheets for the Operating, Capital, Endowment and Special Purpose funds to March 31, 2011, and the summary statements of Operating Fund results for the year ended on that date, in addition to the related notes and other explanatory information, are derived from the audited financial statements of the Centre hospitalier de l'Université de Montréal for the year ended on March 31, 2011. We expressed a qualified opinion on these financial statements in our report dated June 14, 2011 (October 20, 2011 for Note 11 (page 270-08), pages 362, 391-05 and 635) (see below). These financial statements, and the summary financial statements, do not reflect the effects of events that occurred subsequent to the date of our report on these financial statements.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for the public sector. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the Centre hospitalier de l'Université de Montréal.

#### *Management's responsibility for the summary financial statements*

Management is responsible for the preparation of a summary of the audited financial statements, in accordance with the criteria set forth in Note 1.

#### *Auditor's responsibility*

Our responsibility is to express an opinion on these summary financial statements, based on procedures that were conducted in accordance with Canadian Auditing Standard (CAS) 810 "Engagements to Report on Summary Financial Statements."

#### *Opinion*

In our opinion, the summary financial statements, derived from the audited financial statements of the Centre hospitalier de l'Université de Montréal for the year ended on March 31, 2011 present fairly a summary of these financial statements, on the basis of criteria described in Note 1. However, the summary financial statements contain material misstatements equivalent to those of the audited financial statements of the Centre hospitalier de l'Université de Montréal for the year ended on March 31, 2011.

The misstatements found in the audited financial statements are described in the qualified opinion formulated in our report dated June 14, 2011 (October 20, 2011 for Note 11 (page 270-08), pages 362, 391-05 and 635). Our qualified opinion is based on the following facts:

- Liabilities related to the obligations regarding employees on parental leave and receiving disability insurance and the severance pay payable to eligible senior administrators at the end of their engagement are not recorded on the statement of operations or the combined balance sheet, which constitutes a departure from Canadian accounting standards for the public sector. The impact could not be determined because the information is not available from the Institution.
- The Institution recorded subsidy revenue of \$160,938,437 in the operating fund as at March 31, 2011, and adjusted the balance of the amounts to be received from the MSSS to the amount of \$160,938,437, without restatement of the financial statements as to March 31, 2010. In order to conform to Canadian accounting standards for the public sector, the subsidy income related to the deficit balance of the operating fund as at April 1, 2008 in the amount of \$160,938,437, representing the amount set by Order-in-council 257-2010, should have been retroactively recorded with restating of the financial statements for the fiscal year ended March 31, 2010.
- The institution recorded a write-off of capital assets of \$48,115,989 and a subsidy revenue from the MSSS in the same amount in the results of the operating fund for the fiscal year ended March 31, 2011. This accounting treatment has no impact on the results and on the fund balance of the capital fund. In order to conform to Canadian accounting standards for the public sector, those elements that are not derived from new facts should have been recorded retroactively with a restatement of the financial statements for the fiscal year ended March 31, 2010.

Our qualified opinion is that, except for the effects of the problems described, the financial statements present fairly, in all material aspects, the financial position of the Centre hospitalier de l'Université de Montréal as at March 31, 2011, and the results of its operations, the variation of its net debt and cash flows for the year then ended, in accordance with Canadian accounting standards for the public sector.

Our opinion includes a paragraph to the effect that the Centre hospitalier de l'Université de Montréal adopted Canadian accounting standards for the public sector on April 1, 2010. As our mission did not include reporting on comparative information for March 31, 2009 and 2010, they were not audited.

Acting Auditor General  
Michel Samson, CPA auditor, CA  
Montréal, May 23, 2012

**OPERATING FUND  
SUMMARY STATEMENT OF OPERATIONS**

For the year ended March 31, 2010

	<b>2010-2011</b> <b>(in dollars)</b>	<b>2009-2010</b> <b>(in dollars)</b>	<b>2008-2009</b> <b>(in dollars)</b>
<b>REVENUES</b>			
<b>Principal Activities</b>			
Agence de la santé et des services sociaux	622,863,338	611,740,292	588 347,533
Patients	12,668,454	13,503,860	15,422,747
Sales	12,806,105	12,964,403	12,712,197
Recoveries	5,737,135	5,979,514	5,767,595
Other	4,758,673	3,237,007	2,799,922
<b>Ancillary Activities</b>			
Public and parapublic funding	68,573,894	63,318,299	62,466,736
Commercial revenues	1,285,691	1,459,698	1,314,324
Revenues from other sources	29,910,647	32,361,464	30,832,854
<b>Total revenues</b>	<b>758,603,937</b>	<b>744,564,537</b>	<b>719,665,908</b>
<b>EXPENSES</b>			
<b>Principal Activities</b>			
Salaries	301,260,380	300,140,306	292,040,207
Employee benefits	82,309,781	82,542,888	78,587,859
Payroll taxes	41,578,147	42,158,916	41,770,101
Drugs	35,173,325	35,110,616	34,155,513
Blood products	18,099,241	17,157,586	15,630,412
Medical and surgical supplies	75,340,991	71,423,755	65,377,141
Foodstuffs	6,432,507	6,636,076	6,985,339
Other	106,186,397	103,468,364	106,984,666
<b>Ancillary Activities</b>			
Salaries	41,605,964	39,535,761	37,892,778
Employee benefits	7,646,272	8,259,110	7,224,555
Payroll taxes	6,790,803	6,645,004	6,087,101
Other	44,640,425	43,376,081	43,718,397
<b>Total Expenses</b>	<b>767,064,233</b>	<b>756,454,463</b>	<b>736,454,069</b>
<b>DEFICIT *</b>	<b><u>(8,460,296)</u></b>	<b><u>(11,889,926)</u></b>	<b><u>(16,788,161)</u></b>

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

Source : Division of Financial Resources and Economic Partnerships

**OPERATING FUND  
BALANCE SHEET**

For the year ended March 31, 2011

	<u>2010-2011</u> <u>(in dollars)</u>	<u>2009-2010</u> <u>(in dollars)</u>	<u>2008-2009</u> <u>(in dollars)</u>
<b>ASSETS</b>			
<b>Short-term</b>			
Cash balance	24,571,581	1,108,812	-
Due from the Agency and the MSSS	151,160,632	11,423,54	5,266,416
Accounts receivable	15,815,255	14,145,081	12,890,045
Prepaid expenses	1,960,698	1,566,59	1,562,159
Stocks	4,906,702	4,871,336	4,653,888
Interfund loans	19,524,193	7,940,857	26,826,98
Other assets	4,357,192	5,667,488	2,946,083
<b>Total short-term assets</b>	<b>222,296,253</b>	<b>46,724,187</b>	<b>54,145,389</b>
Grant receivable–accounting reform	51,288,520	50,429,223	51,381,442
Other assets	2,017,550	2,203,149	2,265,17
<b>Total assets</b>	<b>275,602,323</b>	<b>99,356,559</b>	<b>107,792,448</b>
<b>LIABILITIES</b>			
<b>Short-term</b>			
Bank overdraft			5,554,731
Loans payable	183,900,000	163,900,000	149,522,382
Accounts receivable	125,835,406	120,593,278	122,570,446
Deferred revenues–Principal activities			
Agency	780,952	875,434	1,183,248
Other	90,195	112,993	137,726
Deferred revenues–Ancillary activities			
Other	1,053,085	1,440,944	1,629,255
Other liabilities	726,913	439,129	389,129
<b>Total Short-term Liabilities</b>	<b>312,386,551</b>	<b>287,361,778</b>	<b>280,986,917</b>
Other liabilities	715,661	909,487	763,784
<b>Fund Balance</b>	<b>(37,499,889)</b>	<b>(188,914,706)</b>	<b>(173,958,253)</b>
<b>Total Liabilities and Fund Balance</b>	<b>275,602,323</b>	<b>99,356,559</b>	<b>107,792,448</b>

Source: Division of Financial Resources and Economic Partnerships

**CAPITAL FUND  
BALANCE SHEET**

For the year ended March 31, 2011

	<b>2010-2011</b> <b>(in dollars)</b>	<b>2009-2010</b> <b>(in dollars)</b>	<b>2008-2009</b> <b>(in dollars)</b>
<b>ASSETS</b>			
<b>Short-term</b>			
Cash	12,250,250	1,726,393	13,900,549
Due from the Agency and the MSSS	0	2,900,729	3,792,536
Other accounts receivable	16,160,078	8,212,197	6,549,471
<b>Total Short-term Assets</b>	<b>28,410,328</b>	<b>12,839,319</b>	<b>24,242,556</b>
<b>Capital assets</b>			
Capital assets	673,551,191	566,021,600	534,399,375
Grant receivable-accounting reform	121,292,239	39,852,339	10,750,299
Other Assets	343,256		
<b>Total Assets</b>	<b>823,597,014</b>	<b>618,713,258</b>	<b>569,392,230</b>
<b>LIABILITIES</b>			
<b>Short-term</b>			
Other accounts receivable	7,314,054	6,424,852	9,638,371
Interfunds debt	19,524,193	7,940,857	21,628,155
Current portion of long-term debt	34,784,600	40,183,415	60,755,131
Other liabilities	669,626	445,747	353,838
Accrued interest payable	3,396,579	2,900,729	3,859,424
<b>Total Short-term Liabilities</b>	<b>65,689,052</b>	<b>57,895,600</b>	<b>96,234,919</b>
<b>Long-term</b>			
Temporary financing and decentralized envelopes			-
Obligations and other elements	739,038,784	546,820,616	459,021,800
Deferred revenue	12,348,417	7,376,681	8,548,350
Government sinking fund	(697,200)	(597,600)	(1,630,800)
<b>Total Long-term Liabilities</b>	<b>750,690,001</b>	<b>553,599,697</b>	<b>465,939,350</b>
<b>Total Liabilities</b>	<b>816,379,053</b>	<b>611,495,297</b>	<b>562,174,269</b>
Fund Balance	7,217,961	7,217,961	7,217,961
<b>Total Liabilities and Fund Balance</b>	<b>823,597,014</b>	<b>618,713,258</b>	<b>569,392,230</b>

Source: Division of Financial Resources and Economic Partnerships

**ENDOWMENT FUND  
BALANCE SHEET**

For the year ended March 31, 2011

	2010-2011 (in dollars)	2009-2010 (in dollars)
<b>ASSETS</b>		
<b>Short-term</b>		
Cash	103,986	103,150
Other accounts receivable	97	31
<b>Total Assets</b>	<b>104,083</b>	<b>103,181</b>
<b>LIABILITIES</b>		
<b>Short-term</b>		
<b>Long-term</b>		
Deferred revenues		
<b>Total liabilities</b>		
<b>Fund balance</b>	<b>104,083</b>	<b>103,181</b>
<b>Total liabilities and fund balance</b>	<b>104,083</b>	<b>103,181</b>

**SPECIAL PURPOSE FUND  
BALANCE SHEET**

For the year ended March 31, 2011

	2010-2011 (in dollars)	2009-2010 (in dollars)
<b>ASSETS</b>		
<b>Short-term</b>		
Cash	253,377	43,358
Temporary investments	14,529,583	12,556,321
<b>Total assets</b>	<b>14,782,960</b>	<b>12,599,679</b>
<b>LIABILITIES</b>		
<b>Short-term</b>		
Other creditors		
<b>Long-term</b>		
Deferred revenues	14,782,960	12,599,679
<b>Total liabilities</b>	<b>14,782,960</b>	<b>12,599,679</b>
<b>Fund balance</b>		
<b>Total liabilities and fund balance</b>	<b>14,782,960</b>	<b>12,599,679</b>

## **NOTE 1**

### **PRESENTATION OF THE SUMMARY FINANCIAL STATEMENTS**

The summary financial statements present an overview of the financial situation of the Centre hospitalier de l'Université de Montréal (CHUM), on the basis described in Appendix 2 of circular 2011-030 (03.01.61.19), published by the Ministère de la Santé et des Services sociaux du Québec (MSSS). They are derived from the complete audited financial statements as at March 31, 2011 presented in the CHUM's Annual Financial Report (AS-471) as at March 31, 2011. The complete Annual Financial Report can be obtained from either the CHUM's management or the MSSS.

The summary financial statements contain all the information deemed important by management, as well as the notes to the complete financial statements.

Management is of the opinion that these financial statements are a fair summary of the complete audited financial statements.

For **PRINCIPAL ACTIVITIES**, the results of operations are dealt with as follows:

The results of operations for **PRINCIPAL ACTIVITIES** bring the excess of expenses over revenue to \$7,547,064. This amount is charged to the balance of principal activities and is subject to the policy for freeing up the surplus;

The results of operations for **ANCILLARY ACTIVITIES** bring the excess of revenue over expenses to \$913,232. This amount is charged to **EQUITY**;

The comprehensive income (deficit of \$8,460,296) is in keeping with the framework agreement for a return to a balanced budget, with a maximum target of \$9,525,000.

## **NOTE 2**

### **STATUS AND NATURE OF TRANSACTIONS**

The Institution was incorporated by letters patent issued under the *Act Respecting Health Services and Social Services*. Its mandate is to offer diagnostic services and general and specialized medical care (section 81-R.S.Q., c. S-4.2). In addition to carrying out the activities inherent in its mission statement, the CHUM, designated as a university hospital centre by the MSSS, provides subspecialized services in several medical disciplines, evaluates health care technologies and methodologies, participates in medical education in several specialties and manages a research centre (section 88-R.S.Q., c. S-4.2).

In light of that legislative framework, the CHUM reworded its mission statement as follows:

The CHUM is a university centre that provides specialized and ultra-specialized services to a regional and supra-regional clientele. Within its more immediate coverage area, it also provides general and specialized hospital care and services. The CHUM uses an integrated network model to carry out its mandate for teaching, research, assessment of technologies and health care methodologies, as well as the promotion of health, in continuity with its primary care services.

Located in Montreal, the CHUM is composed of three major hospitals: Hôtel-Dieu de Montréal, Hôpital Notre-Dame and Hôpital Saint-Luc.

The Institution is not subject to income tax under the provisions of federal and provincial income tax legislation.

### **NOTE 3 CHANGE IN ACCOUNTING POLICIES**

#### **Change in accounting framework**

In December 2010, the Public Sector Accounting Board amended the Introduction to Public Sector Accounting Standards to direct public sector not-for-profit organizations to follow either the Public Sector Accounting Handbook of the Canadian Institute of Chartered Accountants (CICA) including sections PS 4200 to PS 4270, or the CICA Public Sector Accounting Handbook without these sections, for fiscal years beginning on or after January 1, 2012.

At the request of the MSSS, the CHUM implemented an earlier adoption of the Public Sector Accounting Handbook without sections PS 4200 to PS 4270 (accounting standards that apply uniquely to public sector not-for-profit organizations) for its Annual Financial Report for the year ended March 31, 2011.

In addition, this Annual Financial Report was prepared by CHUM management in accordance with Canadian accounting standards for the public sector, with the exception of the following:

- Liabilities related to the obligations regarding employees on parental leave and receiving disability insurance and the severance pay payable to eligible senior administrators at the end of their engagement are not recorded on the statement of operations or the combined balance sheet, which constitutes a departure from Canadian accounting standards for the public sector.

For the year ended March 31, 2010, the Annual Financial Report was prepared in accordance with the accounting policies outlined in the Financial Management Manual (Manuel de gestion financière) published by the MSSS, which are based on Canadian accounting standards for the public sector.

Other than the above-mentioned exceptions, the operating fund income statement for the year ended March 31, 2010 should have included income from an MSSS subsidy regarding assumption of the operating fund deficit as at April 1, 2008, as mentioned in Note 5, in accordance with Canadian accounting standards for the public sector.

The change in accounting framework had no other impact on the previous year's results.

### **NOTE 4 DESCRIPTION OF MAIN ACCOUNTING POLICIES**

#### **Accounting policies**

The Annual Financial Report has been prepared in accordance with Canadian accounting standards for the public sector.

#### **Use of estimates**

The preparation of the Annual Financial Report requires management to make estimates and assumptions. These estimates and assumptions affect the reported amounts of assets and liabilities and disclosure of

contingent assets and liabilities as at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results may differ from the best estimates made by the management.

### **Accrual accounting**

The accrual accounting method is used both for financial information as well as for quantitative non-financial data.

### **Fund accounting**

The Institution follows the principles of fund accounting. The following funds appear in the financial statements of the Institution and therefore are of particular significance:

- **Operating fund:** This fund includes current operating functions (principal and ancillary activities).
- **Capital fund:** This fund includes operations related to capital assets, short and long term debt, grants and all forms of financing related to those assets. These operations include all donations or legacies transferred from the special purpose fund or the endowment fund that are presented as deferred revenue and amortized over the useful life of the corresponding assets. The objective is to ensure a matching between the benefits received from these contributions and the use of the capital asset. In addition, non-capitalizable expenses financed by decentralized envelopes are presented under capital income.
- **Endowment fund:** This fund consists of donations, legacies, subsidies or other contributions given with the express condition to provide the Institution with capital that must be preserved for a determinate or indeterminate period. With regard to capital to be preserved for a determinate period, both income from said capital and the capital itself may be used. This fund excludes subsidies or other contributions from the Québec government or from departments and agencies for which operating expenses are assumed by the consolidated revenue fund.
- **Special purpose fund:** This fund consists of donations, legacies, subsidies or other contributions made to the Institution for specific purposes. This fund excludes subsidies or other contributions from the Québec government or from departments and agencies for which operating expenses are assumed by the consolidated revenue fund.

The following funds are presented in the complete Annual Financial Report only.

- **Allocated fund:** This fund consists of subsidies granted exclusively by the Agency or the MSSS. These subsidies are always tied to specific programs or services and may only be used for the purposes for which they were granted.
- **Trust fund:** This fund consists of amounts belonging to third persons for which the Institution assumes administration for the exclusive benefit of the owners of these funds.
- **Parking fund:** This fund consists of net income from parking lots operated by the Institution. The establishment and use of this fund are subject to specifically defined rules.

With regard to consolidation, in order to avoid double-counting of revenues and expenses, transfers between the funds of an institution are added directly to the balance of the funds concerned. However, for the purposes of presentation in the income statement, the operating fund takes into account revenues

before and after the transfers, with the amounts subsequently presented in the summary statement of operations.

### **Classification of activities**

The classification of activities of an institution takes into consideration the services that it can offer within the limits of its powers, mission and sources of funding. The activities are classified into two groups:

- **Principal activities:** The principal activities include the operations that derive from the delivery of services that an institution is called upon to provide and which are essential to the achievement of its mission within the framework of its operating budget approved by the Agency;
- **Ancillary activities:** The ancillary activities include the services that an institution provides within the limits of its mission and powers over and above the delivery of services that it is called upon to deliver.

### **Activity centres**

The following funds are presented in the complete Annual Financial Report only.

Further to the presentation of the income statement by type of expense, and except for specific provisions, most of the expenses incurred by the institutions within the framework of their principal and ancillary activities are distributed according to their objectives within the activity centres. Each of these centres is an entity grouping together the expenses related to activities having similar objectives and characteristics with regard to services rendered by the Institution. Certain activity centres are sub-divided into sub-centres.

### **Subdivisions of ancillary activities**

Ancillary activities are sub-divided into complementary activities and commercial activities.

Complementary ancillary activities are not related to the delivery of services as per the mission statement of the Institution. However, they can make a contribution to the health and social services network. The required funds for self-funding of these operations are provided by the Agency, other government departments, government boards, public bodies, etc. The most frequent activities involve medical education, research and workplace health initiatives.

Commercial ancillary activities encompass all types of commercial activities. These activities are not directly related to the delivery of services to users.

### **Units of measure**

The following funds are presented in the complete Annual Financial Report only.

A unit of measure is a piece of non-financial quantitative data compiled in a specific manner for a given activity centre or a sub-centre, with the objective of providing an indication of its level of activity.

An activity centre or sub-centre could be asked to measure its data according to one or two units of measure, Unit A and Unit B. The definition of the units of measure and the method of compilation are identified in each activity centre or sub-centre. Their compilation enables the Institution to establish a per unit production cost for products or services related to direct adjusted gross costs when referring to Unit

A, while Unit B allows the Institution to determine a per unit consumption cost, related to direct adjusted net costs.

### **Inventory**

Inventory is evaluated at the lower of cost or net realizable value. Cost is determined in accordance with the average cost method.

### **Capital assets**

Capital assets are carried at cost. They are amortized on a straight-line method based on their estimated useful life:

<b>Asset Class</b>	<b>Amortization Period</b>
Land improvements	10 to 20 years
Buildings	20 to 50 years
Leasehold improvements	Remaining lease period
Material and equipment	3 to 15 years
Specialized equipment	10 to 25 years
Rolling stock	5 years
Software development	5 years
Telecommunications network	10 years
Capital lease	Over the life of the lease or agreement

### **Issuance costs, discounts and premiums related to loans**

Issuance costs related to loans are accounted for as deferred expenses and are amortized over the duration of each loan using the straight-line method. The discount or premium on loans are accounted for as deferred expenses or revenues and are amortized according to the effective rate on each loan.

### **Equity**

The equity is composed of the results of ancillary activities, the portion of the excess of revenues over expenses of the principal activities from prior years liberated by the Agency. When the results of the principal activities amount to an excess of expenses over revenues, this amount is imputed in totality to the equity. The public institution's property (equity) may not be used for other purposes than those relating to the carrying out of the mission of a centre it operates (section 269.1-R.S.Q., c. S-4.2 *An Act Respecting Health Services and Social Services*). However, its use may be subject to approval by the Agency. The use of the equity must not have the effect of placing the balance of the equity in a deficit situation.

### **Revenues**

Revenues are accounted for on an accrual basis, meaning during the year in which the operations took place or were deemed to have taken place.

### **More specifically:**

These amounts, which include the operating budget and the post-budget adjustments for an organization within the government reporting entity, agencies, MSSS, etc., are recognized and recorded as revenues in

the fiscal year during which the event giving rise to them occurs, provided they are authorized, the eligibility criteria are satisfied (if applicable), and the amounts can be reasonably estimated.

Amounts received or to be received, which are to be earned in a subsequent year, can be recorded as deferred revenues in the case where the amounts must be designated for specific purposes (development, compulsive gamblers, etc.) and for which the expenses will be incurred at a future date.

Amounts received from an organization outside the government reporting entity are recognized and recorded as revenue in the fiscal year during which they are used for the purposes set out in an agreement (nature of the expense, intended use or period during which the expenses are to be incurred). Before being used, the amounts received must be presented as deferred revenue until such time as said amounts are used for the purpose set out in the agreement.

When the amounts received exceed the costs of carrying out the project or activity, with regard to the purposes set forth in the agreement, the surplus must be recorded as revenue in the fiscal year during which the project or activity has been completed, except where the agreement provides for the balance to be used for other purposes, if applicable. Moreover, if a new written agreement is concluded between the parties, it is possible to record deferred revenues, if said agreement provides for the balance to be used for other purposes.

### **Revenue from users**

Revenues contributed by users are decreased for deductions, exonerations and exemptions granted to some of them.

### **Other revenue**

Amounts received as donations, legacies, subsidies or other contributions without conditions attached to them, excluding amounts granted by the Québec government and its departments or the agencies for which the operating expenses are borne by the consolidated revenue fund, are recorded as revenues of principal activities as soon as they are received and are thereafter presented in the statement of operations.

### **Interest revenue**

Interest earned on cash and investments are an integral part of each fund and, in the specific case of the operating fund, interest is distributed between principal and ancillary activities. In the case of an inter-fund loan, interest earned on cash and investments from a loan belong to the lending fund.

### **Debt subsidized by the Government of Québec**

Amounts received to provide for the reimbursement of subsidized debt at its due date are accounted for in the results of the fund for which the debt was destined. The same is true in the case of reimbursements that are made directly to creditors by the Québec Finance Department. As well, the annual adjustment for grants receivable or received in advance with regard to funding for capital assets will be accounted for in the current year revenue of the capital fund. The adjustment of the grant is determined by the Institution to ensure that the fund balance for the capital fund corresponds, at the end of the financial year, to the accounting value of lands presented in the capital fund. The offsetting entry should be accounted for as an accounts receivable or revenue received in advance.

### **Inherent costs in sales of services**

The amounts of these expenses are determined in such a way as to equally distribute the corresponding revenue amounts.

### **Financial analysis**

The Institution did not receive the financial analyses for the fiscal years 2008–2009 and 2009–2010.

### **NOTE 5**

#### **SUBSIDY FOR ASSUMPTION OF OPERATING FUND DEFICIT AS AT MARCH 31, 2008**

In keeping with circular 2011-024 regarding assumption of the operating fund deficit as at April 1, 2008, which was published on May 11, 2011 by the MSSS, the Institution recorded revenue of \$160,938,437 in the operating fund and adjusted the opening balance of the amounts to be received from the MSSS for the same amount in order to reimburse the operating expenses for several fiscal years prior to March 31, 2008. The comparative data for the year ended March 31, 2010 were not restated to take the subsidy revenue into account.

### **NOTE 6**

#### **PENSION PLANS**

The personnel of the Institution participate in the Government and Public Employees Retirement Plan (RREGOP), in the Civil Service Superannuation Plan (RRF), or in the Managerial Personnel Retirement Plan (RRPE). These multi-employer pension plans are defined benefit plans and include guarantees upon retirement and upon death. Defined contribution plan accounting is applied to government multi-employer-defined benefit plans because the Institution has insufficient information to apply defined benefit plan accounting. The Institution's contributions for the year for these government plans are paid by the MSSS and are not presented in the Annual Financial Report.

### **NOTE 7**

#### **CONTAMINATED LAND EXISTING AS AT MARCH 31, 2008**

A study indicates that the CHUM is responsible for some contaminated land. Pursuant to environmental laws, the CHUM could be required to carry out decontamination work. The cost has been estimated at \$11,254,000. However, no liability has been recorded for this work in the financial statements of CHUM, as the Québec government has indicated that it will assume the costs associated with decontamination and will record the estimated liability.

### **NOTE 8**

#### **STATEMENT OF CHANGE IN NET DEBT**

The statement of change in net debt is not presented in the financial statements. However, information on the net debt is recorded in previous financial statements and the accompanying explanatory notes.

**NOTE 9  
CONTINGENCIES**

The Institution has been faced with the following contingencies:

Settlement of current grievance files for a total of approximately \$250,000.

Two lawsuits have been filed by professionals who had worked on the modernization project of the new CHUM. To date, no estimates for amounts can be made with regard to these claims.

**NOTE 10  
EVENTS SUBSEQUENT TO THE DATE OF THE FINANCIAL STATEMENTS**

The CHUM concluded a partnership agreement on June 13, 2011, with the consortium Collectif santé Montréal, for a duration of 39 years. This partnership agreement covers the construction, financing and maintenance of the new CHUM.

**NOTE 11  
CONTRACTUAL OBLIGATIONS**

The financial statements as at March 31, 2011, which were approved by the Board of Directors on June 14, 2011, and for which an independent auditor's report was prepared on the same date, contained an omission regarding the disclosure of contractual obligations presented on pages 362, 391-05 and 635. As a result, these pages have been modified to accurately reflect the omitted information regarding contractual obligations pursuant to the public-private partnership agreement for the construction and maintenance of the CRCHUM.

**OPERATING FUND****Operational Data (unaudited)**

For the year ended March 31, 2011

	<u>2010- 2011</u>	<u>2009- 2010</u>	<u>2008- 2009</u>
<b>Patient Days (Hospital)</b>			
General wards	273,752	263,610	253,383
Semi-private rooms	37,021	38,831	45,189
Private rooms	939	780	1,157
<b>TOTAL</b>	<b>311,712</b>	<b>303,221</b>	<b>299,729</b>
<b>Patient Days (long-term care)</b>			
Residential and long-term care	5,190	18,481	56,368
<b>Hospital Admissions</b>	<b>30,762</b>	<b>28,036</b>	<b>28,104</b>
<b>Authorized Beds</b>			
Hospital	1,199	1,199	1,217
Residential and long-term care	60	60	170
<b>Bed Set-up</b>			
Hospital	993	993	976
Residential and long-term care	0	46	83
<b>Average Length of Hospital Stay</b>			
General and specialized care	9.74	9.60	9.43
Psychiatric care	22.68	22.02	22.95
Nativity—average stay of mother	2.63	2.54	2.70
Nativity—average stay of newborn	3.08	2.90	2.95
Detoxification	7.71	7.42	8.07
<b>Percentage of Average Bed Occupancy*</b>			
Hospital	71.23	69.29	67.48
Residential and long-term care	23.70	84.39	90.84
<b>Active Physicians</b>			
Specialists	659	660	643
General practitioners	150	136	138

\* Based on the number of authorized beds.

Source: Division of Financial Resources and Economic Partnerships

**Human Resources**  
**(unaudited operational data)**

For the year ended March 31, 2011

	<u>2010-2011</u>	<u>2009-2010</u>	<u>2008-2009</u>
<b>PERMANENT STAFF</b>			
<b>(Principal activity)</b>			
<b>Managerial Staff</b>			
Number of full-time staff	290	291	284
Part time			
Number of staff	17	16	17
Full time equivalent	9	8	9
Staff with employment stability	1	1	2
<b>Regular Staff</b>			
Number of full time staff	4,365	4,324	4,329
Part time			
Number of staff	2,619	2,579	2,550
Full time equivalent	1,598	1,542	1,527
Staff with employment stability			1
<b>NON-PERMANENT STAFF</b>			
<b>(CASUAL)</b>			
Number of hours remunerated in fiscal year	3,676,327	3,740,183	3,607,325
Full-time equivalent	2,012	2,047	1,974

Source: Division of Financial Resources and Economic Partnerships

**SUMMARY OF TEACHING ACTIVITIES  
(unaudited operational data)**

<b>NUMBER OF PRACTICUMS*</b>	<b>2010-2011</b>	<b>2009-2010</b>
<b>University</b>		
Medicine—Clerkship	1,717,00	1,679
Medicine—Residency	5,045	5,070
<b>Total</b>	<b>6,762</b>	<b>6,749</b>
 <b>NUMBER OF STUDENTS</b>		
<b>University</b>		
Preclinical Medicine	305	292
Medicine—Clerkship	674	672
Medicine—Residency	819	758
Medicine—Continuing Education/Observation/CMQ Evaluation	57	60
Research	645	610
Nursing	306	292
Health professionals (other than physicians and nurses)	476	432
<b>Sub-total</b>	<b>3,282</b>	<b>3,116</b>
 <b>CEGEP and High School</b>		
Nursing	1,824	1,586
Health professionals (other than physicians and nurses)	488	446
<b>Sub-total</b>	<b>2,312</b>	<b>2,032</b>
<b>TOTAL</b>	<b>5,594</b>	<b>5,148</b>

\*In this table, a practicum period lasts four weeks.

Source: Teaching Division, October 2011

## OTHER STATISTICS

For the year ended March 31, 2011

	2010-2011	2009-2010	2008-2009
<b>Clinical activities</b>			
Emergency (visits)	113,115	114,197	110,699
Outpatient clinics (visits)	426,397	449,806	434,288
Surgical procedures with hospitalization	12,199	12,150	12,167
Day surgeries	19,243	18,339	18,595
Cardiac procedures	876	850	833
Childbirths	2,275	2,291	2,308
Neuroradiology (patients)	435	395	388
Organ donors	61	57	57
Organ transplants	146	152	147
Haematology-oncology (visits)	58,878	60,043	59,110
Endoscopy (examinations)	46,439	41,765	39,165
Hemodialysis (treatment)	64,419	65,371	65,896
Prostheses (hip and knee) (including revisions)	355	355	403
Lithotripsy (patients)	1,141	1,261	1,356
Medical imaging (examinations)	377,360	389,495	405,865
Laboratory analyses	10,176,313	10,080,573	9,805,180
Kilos of linen processed	3,558,415	3,538,895	3,672,525
Meals served and sold	2,809,677	2,845,349	2,947,987
<b>Occupancy rate according to bed set-up</b>			
Hospital	89%	86.7%	85%
Residential and long-term care*	-	96.8%	98.7%

\*Note that, for 2010-2011, we no longer calculate long-term care occupancy rate, because the last patients in this category left in October 2010.

Source: Information Management and Quality Performance Division

## FUNDING OF THE RESEARCH CENTRE

For the year ended March 31, 2011

	2010–2011	2009–2010	2008–2009
Competitive funding	\$47.3 M	\$40.8 M	\$40.8 M
Industrial funding	\$10.5 M	\$12.5 M	\$12.4 M
Other	\$10.0 M	\$12.0 M	\$11.1 M
<b>Total</b>	<b>\$67.8 M</b>	<b>\$65.3 M</b>	<b>\$64.3 M</b>

Source: Division of Financial Resources and Economic Partnerships

## PRINCIPAL ACQUISITIONS IN 2010–2011

(From April 1, 2010 to March 31, 2011)

- Gamma camera with two detectors: \$345,622
- 21 automated medication dispensing cabinets: \$605,728
- Upgrade of the cardiac mapping system: \$180,210
- Hemodynamic data management system: \$343,214
- 2 digital mammography units: \$809,576
- 12 endoscope washers: \$882,981
- 12 beds with therapeutic surfaces: \$409,025
- Electroretinography device: \$106,858
- Orthovoltage X-ray treatment unit: \$287,058
- Magnetic resonance unit with screen (upgrade): \$2,515,958
- 4 multi-purpose ultrasound units: \$677,880

Source: Division of Financial Resources and Economic Partnerships

**USERS' COMMITTEE**  
**2010-2011 Surplus Expenses**

**Centre of expertise for chronic pain, Algology Service**  
(Over 10,000 patients/year)

Radiofrequency thermoablation \$20,000

**Cystic Fibrosis Clinic**

Equipment to measure diabetes in patients \$1,500

Impedance scale \$5,000

Proneb nebulizers and compressors \$2,400

6 chairs adapted to relieve pain \$1,500

**OPTIMAH clinical project**

600 wall-mounted frames for calendars \$11,400

**Cancer Centre**

4 armchairs for the recreation room \$3500

5 armchairs for oncology treatment \$2500

**Volunteers' Service**

Ice machine for Hôpital Notre-Dame \$4000

Thermally insulated trolleys \$1600

Case carts and games for the recreational technicians \$3500

DVD players and films \$3300

Musical equipment \$3100

Articles for oncology patients  
(headscarves, breast prostheses, hats) \$3000

Woollens and fabrics for nursery \$1500

Display at the reception of Hôtel-Dieu \$4775

**Health Promotion Division**

Home monitoring units for 50 diabetic patients  
(for 3 months) \$10,500

**Geriatrics Department**

Television for the patients' common room \$2000

EXTRACT OF THE MINUTES OF THE ORDINARY MEETING OF THE BOARD  
OF DIRECTORS OF THE CENTRE HOSPITALIER DE L'UNIVERSITÉ DE  
MONTRÉAL, HELD ON JUNE 14, 2011, IN MONTRÉAL.

---

BUDGET OF THE USERS' COMMITTEE – Use of the surplus

- GIVEN THAT the MSSS has issued a circular to define new parameters with respect to the determination of the budget of the Users' Committee and its funding;
- GIVEN THAT the budget of the Users' Committee has been reduced to \$80,000 at the CHUM;
- GIVEN THAT the Users' Committee can no longer accumulate a surplus above 50% of its annual budget, or \$40,000;
- GIVEN THAT all excess surplus must be used before June 30, 2011, to purchase equipment in order to improve the quality of services provided to the clientele;

On motion duly seconded,

**R/CA 2011-06-1759**

IT IS UNANIMOUSLY RESOLVED, upon recommendation by the Users' Committee, to adopt the equipment procurement list totalling \$95,075, as submitted and appended to this resolution.

The Secretary of the Board of Directors,

Christian Paire

Certified true copy  
Montréal, June 15, 2011

## **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.com](http://www.chumontreal.com).

PRODUCTION  
Irène Marcheterre

COORDINATION, RESEARCH AND EDITING  
Johanne Piché

SPECIAL CONTRIBUTION: EDITING  
Sandra Aubé, Éloi Courchesne

REVIEW COMMITTEE  
Ève Blais, Annie Kobril, Camille Larose, Sylvain Villiard

TRANSLATION  
Janis Warne

PHOTOGRAPHY AND PHOTO SHOOT COORDINATION  
Luc Lauzière

SPECIAL CONTRIBUTION: PHOTOGRAPHY  
Stéphane Lord

GRAPHIC DESIGN  
André Bachand

HÔTEL-DIEU  
3840 Saint-Urbain Street  
Montréal, Québec  
H2W 1T8

HÔPITAL NOTRE-DAME  
1560 Sherbrooke Street East  
Montréal, Québec  
H2L 4M1

HÔPITAL SAINT-LUC  
1058 Saint-Denis Street  
Montréal, Québec  
H2X 3J4

514 890-8000  
[chumontreal.com](http://chumontreal.com)  
[fondationduchum.com](http://fondationduchum.com)

ISSN 1493-0471  
Legal deposit  
Bibliothèque nationale du Québec, 2012  
National Library of Canada, 2012