



# Travailler mieux ensemble

# Working Smarter Together

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RAPPORT  
ANNUEL  
ANNUAL  
REPORT

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2012-  
2013

Centre universitaire  
de santé McGill



McGill University  
Health Centre




# **Claudio F. Bussandri**

Chairman, MUHC Board of Directors





# Chairman's Remarks

- 92.9% rating from Accreditation Canada
  - Committees Up and Running
- 

## Legislated Committees and Councils

### Committees

Governance and Ethics  
(181 HSSS Act)

Vigilance Committee  
(181.0.1 HSSS Act)

Research Ethics Committee  
(Quebec G.O. Avis juridique  
29/08/1998 No. 35)

Audit  
(181 HSSS Act)

Finance  
Sub-Committee

Quality and Risk Management  
(COQAR)  
(183.1 HSSS Act)

Safety Sub-Committee

Users' Committee  
(209 HSSS Act)

### Councils

Council of Physicians, Dentists  
and Pharmacists (CPDP)  
(213 HSSS Act)

Council of Nurses  
(219 HSSS Act)

Multidisciplinary Council  
(226 HSSS Act)

## Non-Legislated Committees and Councils

### Committees

Real Estate Committee

Human Resources and  
Organizational Culture  
Committee

Lachine Hospital  
Committee

Nominating Committee

Adhoc Committee  
(Clinical Operations)

Adhoc Committee  
(Organizational Structure)

Communications Committee

### Councils

Council for Services to  
Children and Adolescents  
(CSCA) - MCH


Council of Non Clinical  
Personnel (CNCP)

Advisory Council  
Montreal Neurological  
Hospital

# THE BOARD COMMITTEES




# Chairman's Remarks

- 92.9% rating from Accreditation Canada
  - Committees Up and Running
  - Budget Equilibrium
  - Transparency
  - Redevelopment
    - Glen: On budget and on time
    - Neuro moving in 2019
    - MGH and Lachiine redevelopment
  - Community involvement is key
  - McGill/MAHN
- 



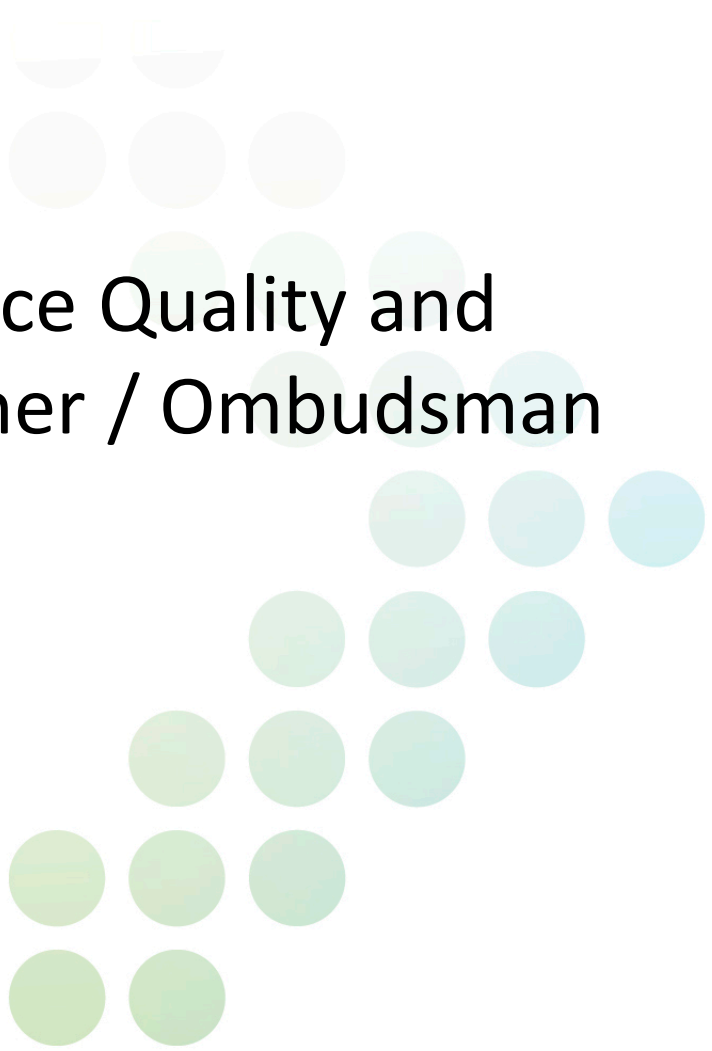
# MUHC Annual General Meeting agenda

- Ombudsman's Report: Lynne Casgrain
  - Finance Report: Stephane Beaudry
  - Research Institute Report: Miguel Burnier
  - Clinical and Operational Report: Ann Lynch
  - Dr. Morin presentation on "PAIN FREE" quality improvement initiative
  - Director General & CEO's Report: Normand Rinfret
- 



# Lynne Casgrain

Office of the Local Service Quality and  
Complaints Commissioner / Ombudsman  
MUHC





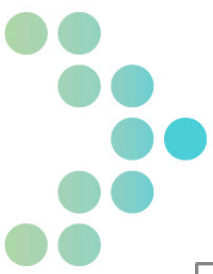
## **Mandate:**

- Receive and manage complaints as per the Health Act
- Equitable, impartial, diligent and compassionate while investigating and resolving complaints

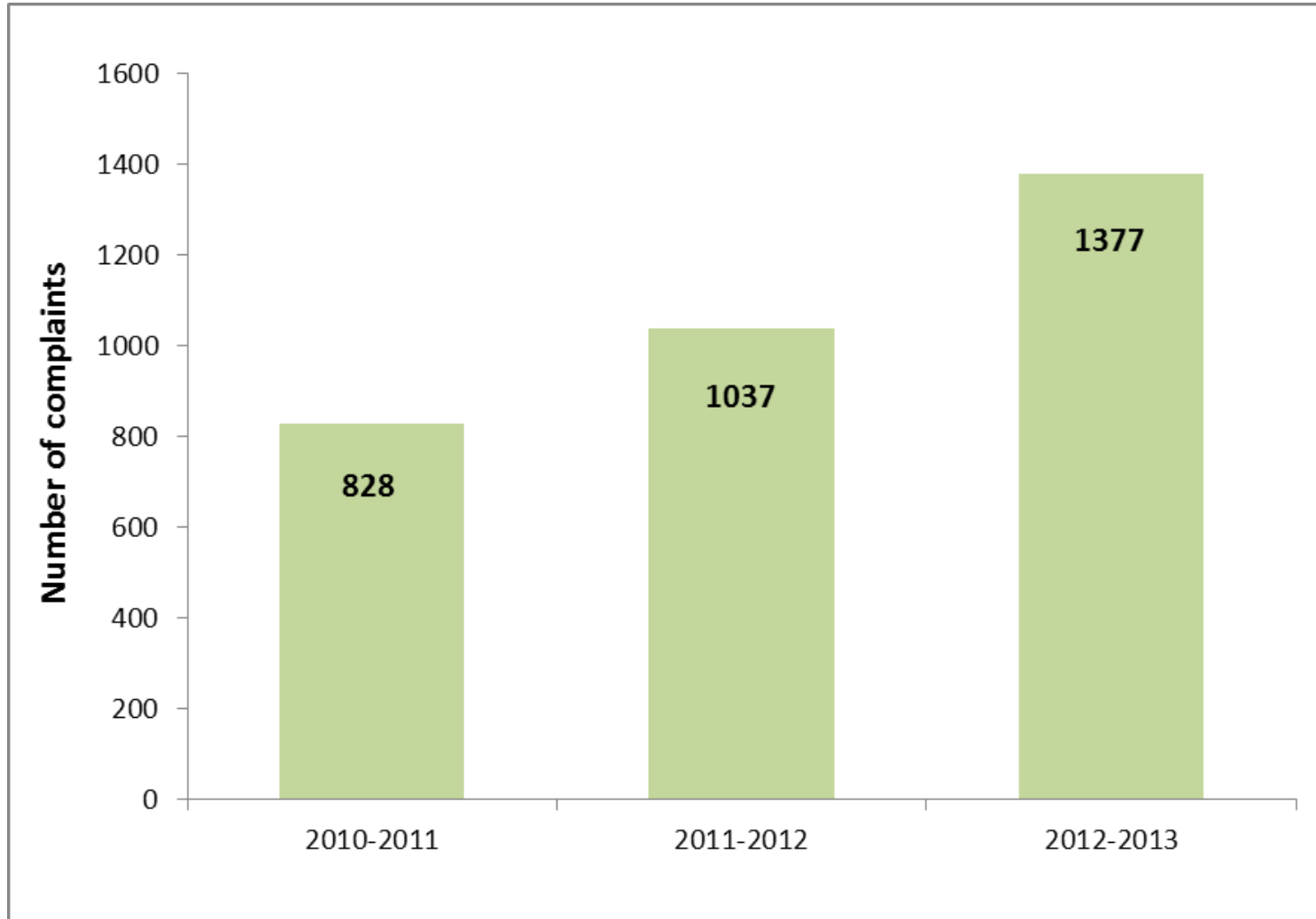
## **Focus:**

- The patients, the representatives and the front line staff.
- 

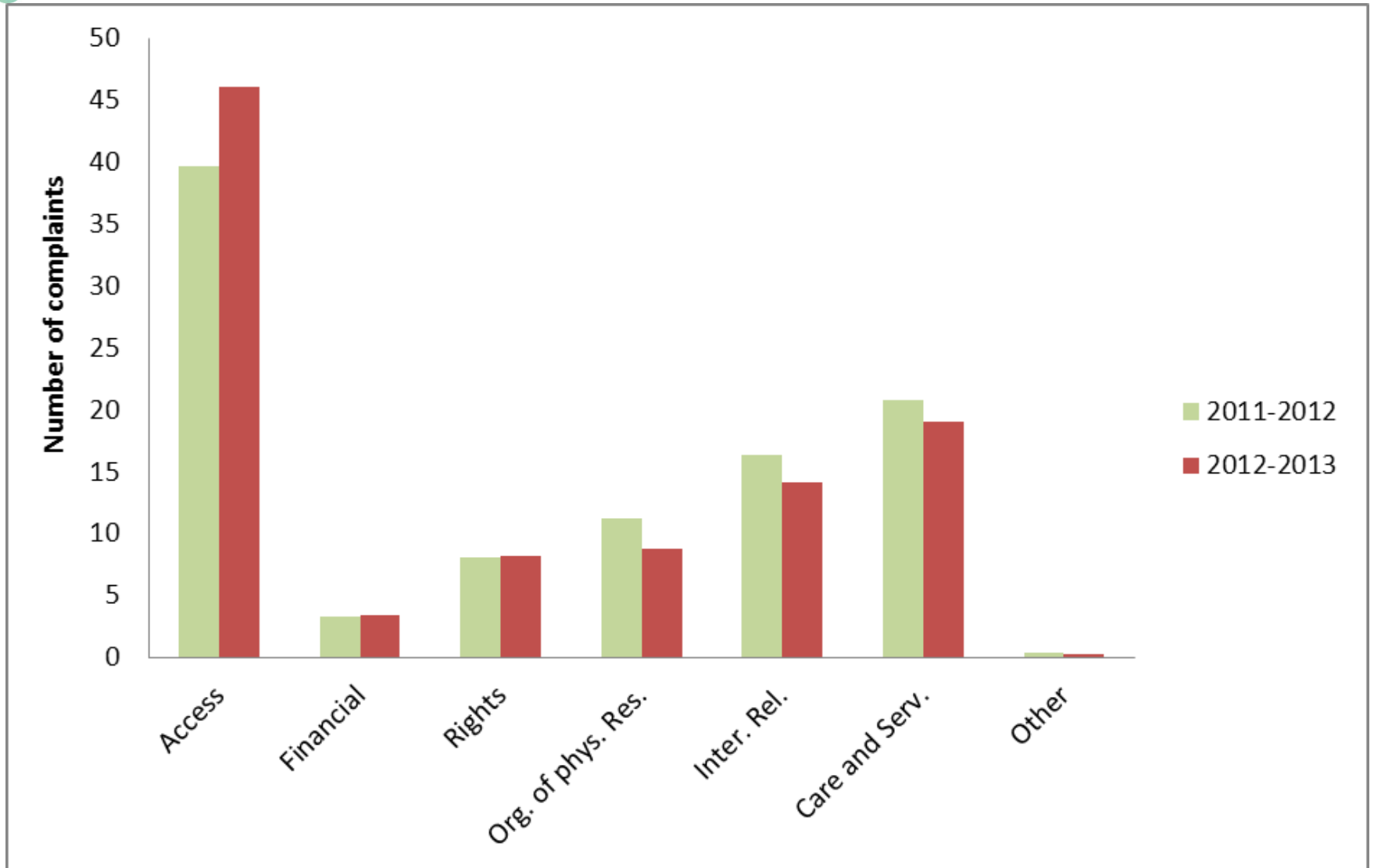


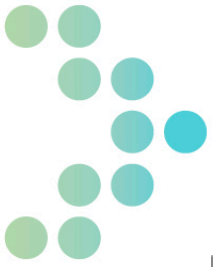


# Complaints Commissioners Complaints 2010-2013

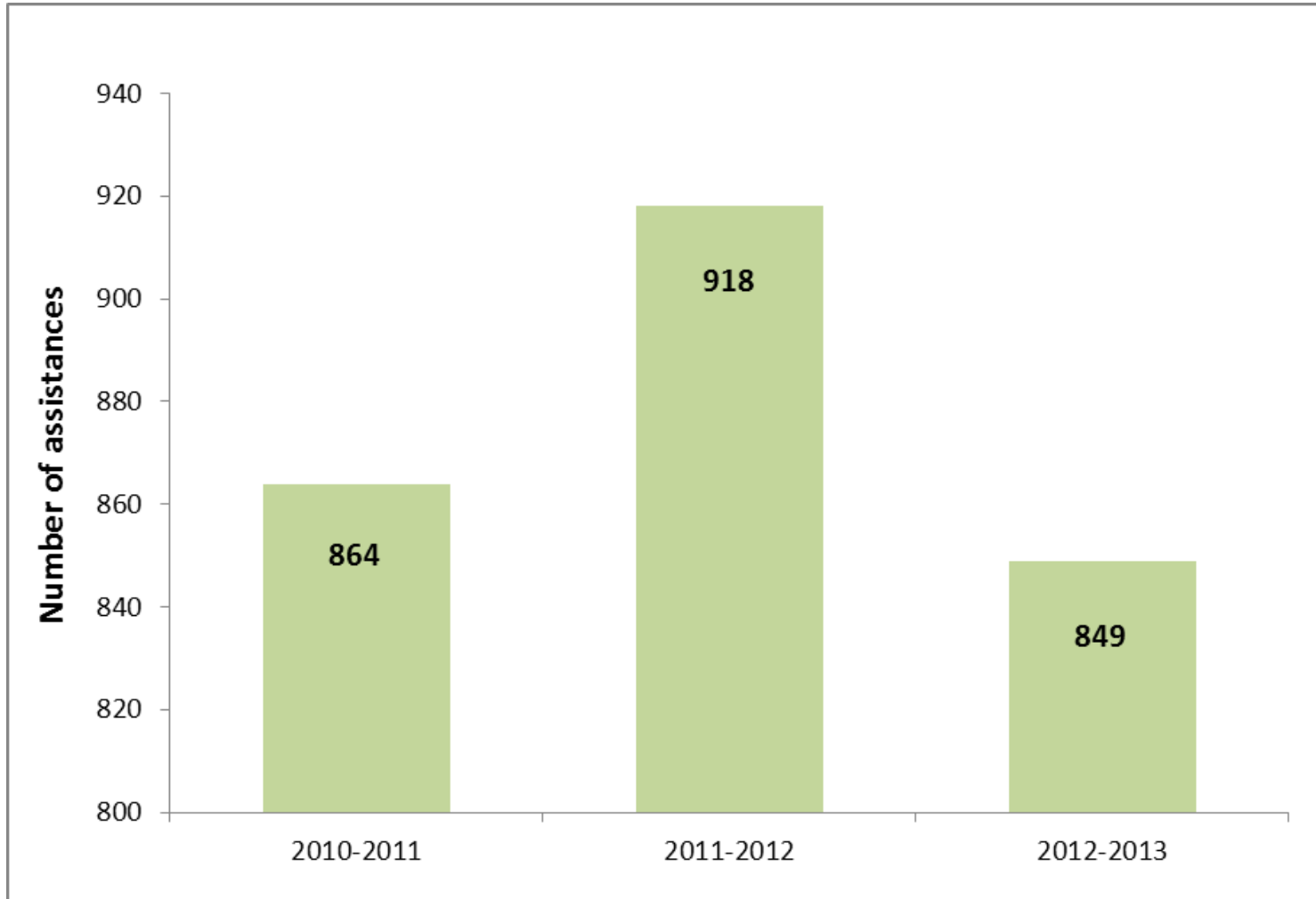


# Complaints Commissioners - complaint categories 2011 - 2013



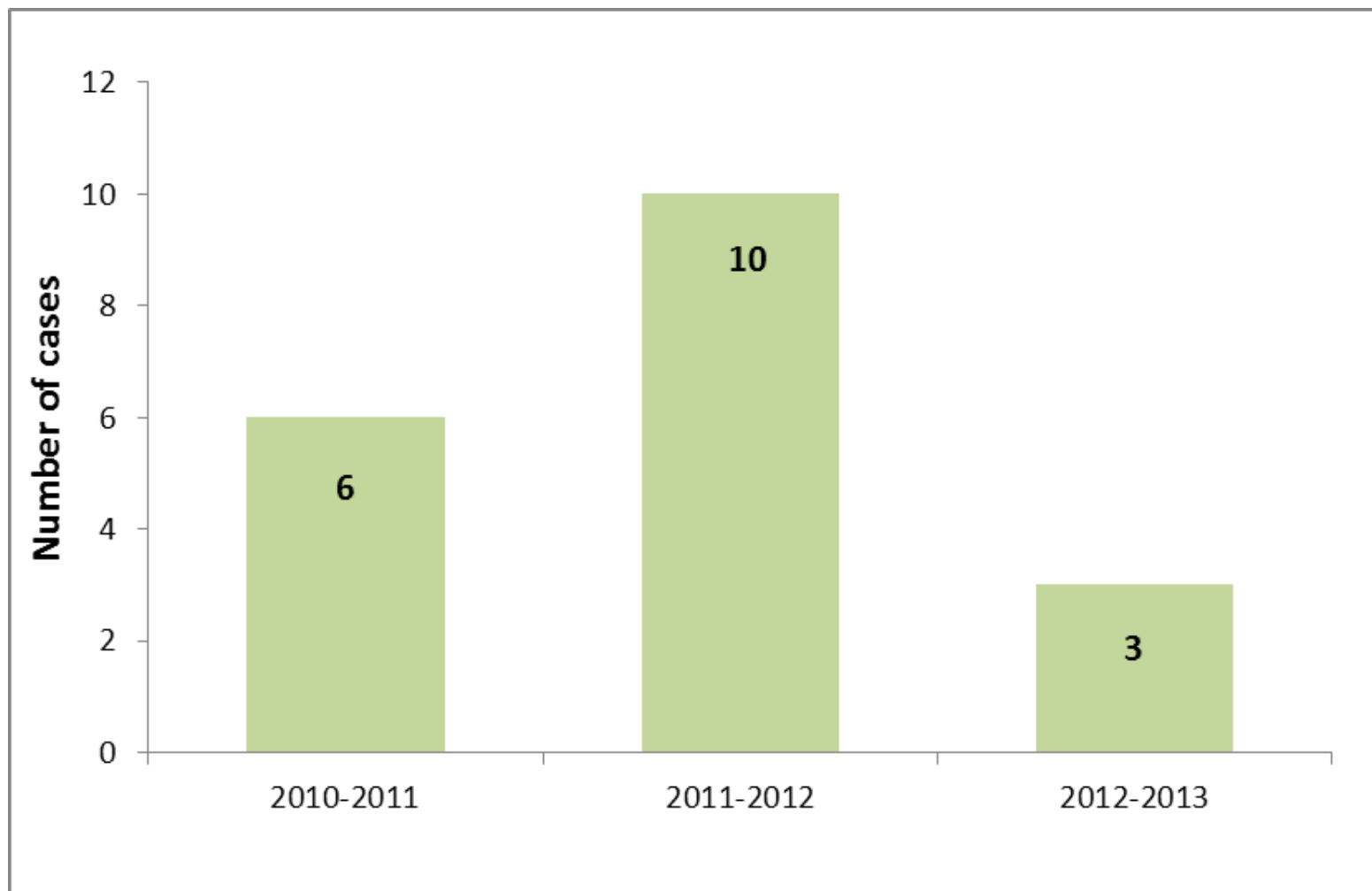


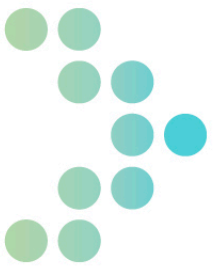
# Complaints Commissioners Assistances 2010-2013



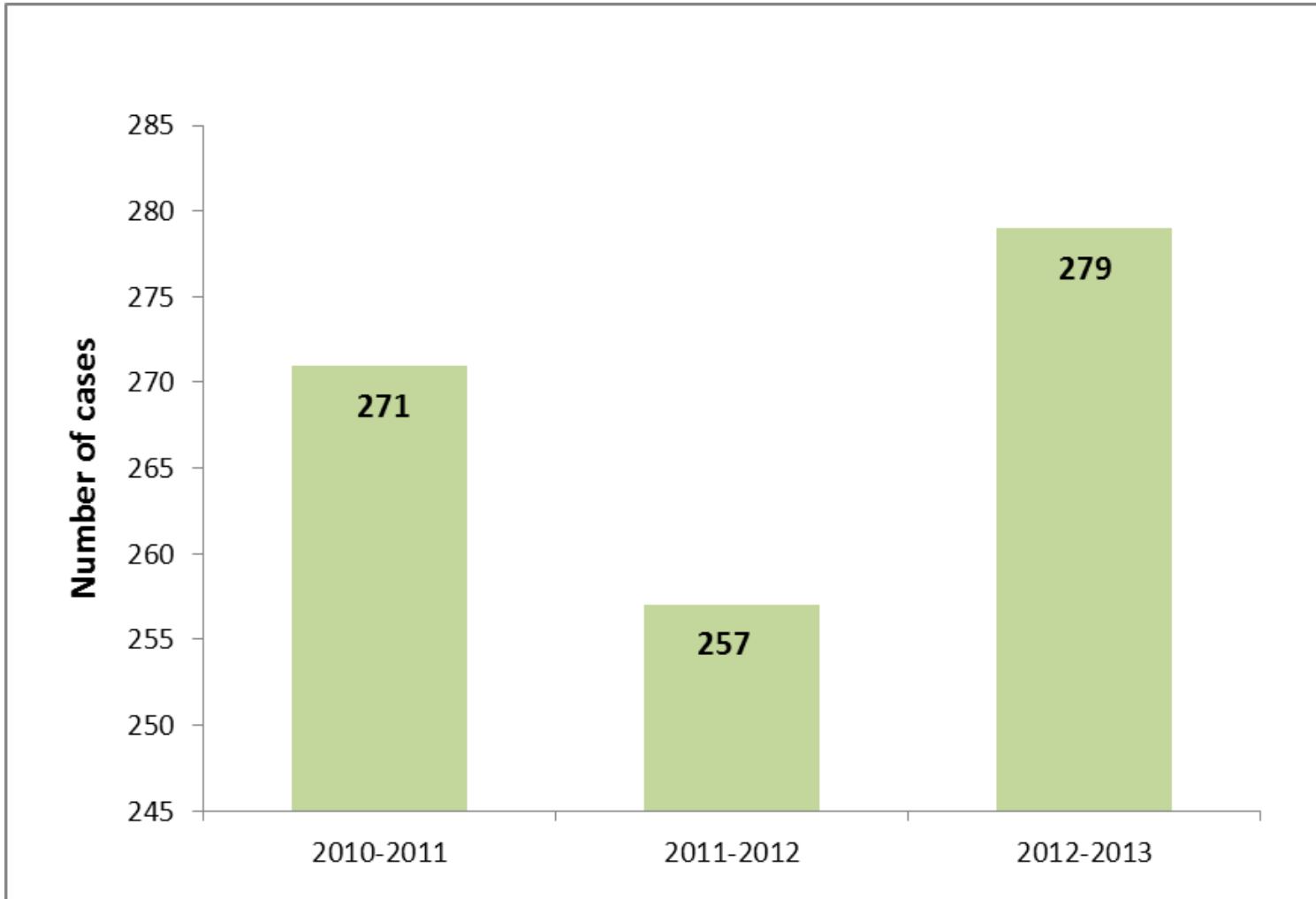


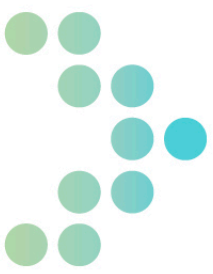
# Protecteur du citoyen cases 2010-2013



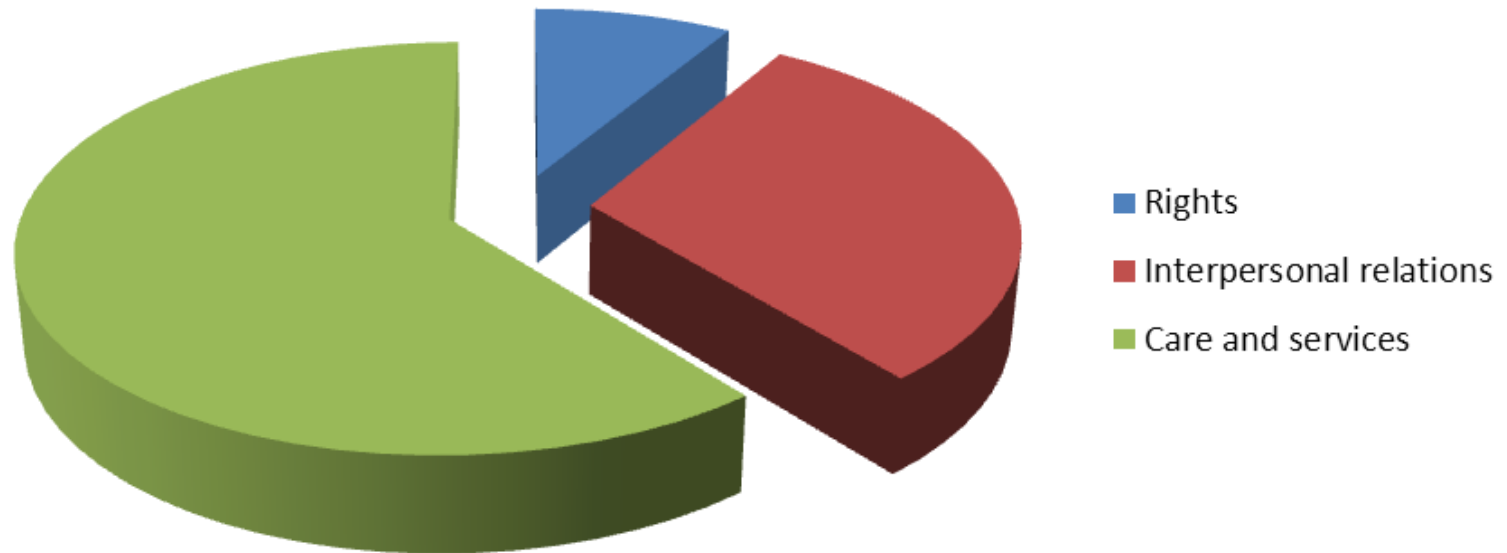


# Medical Examiners - Complaints 2010-2013



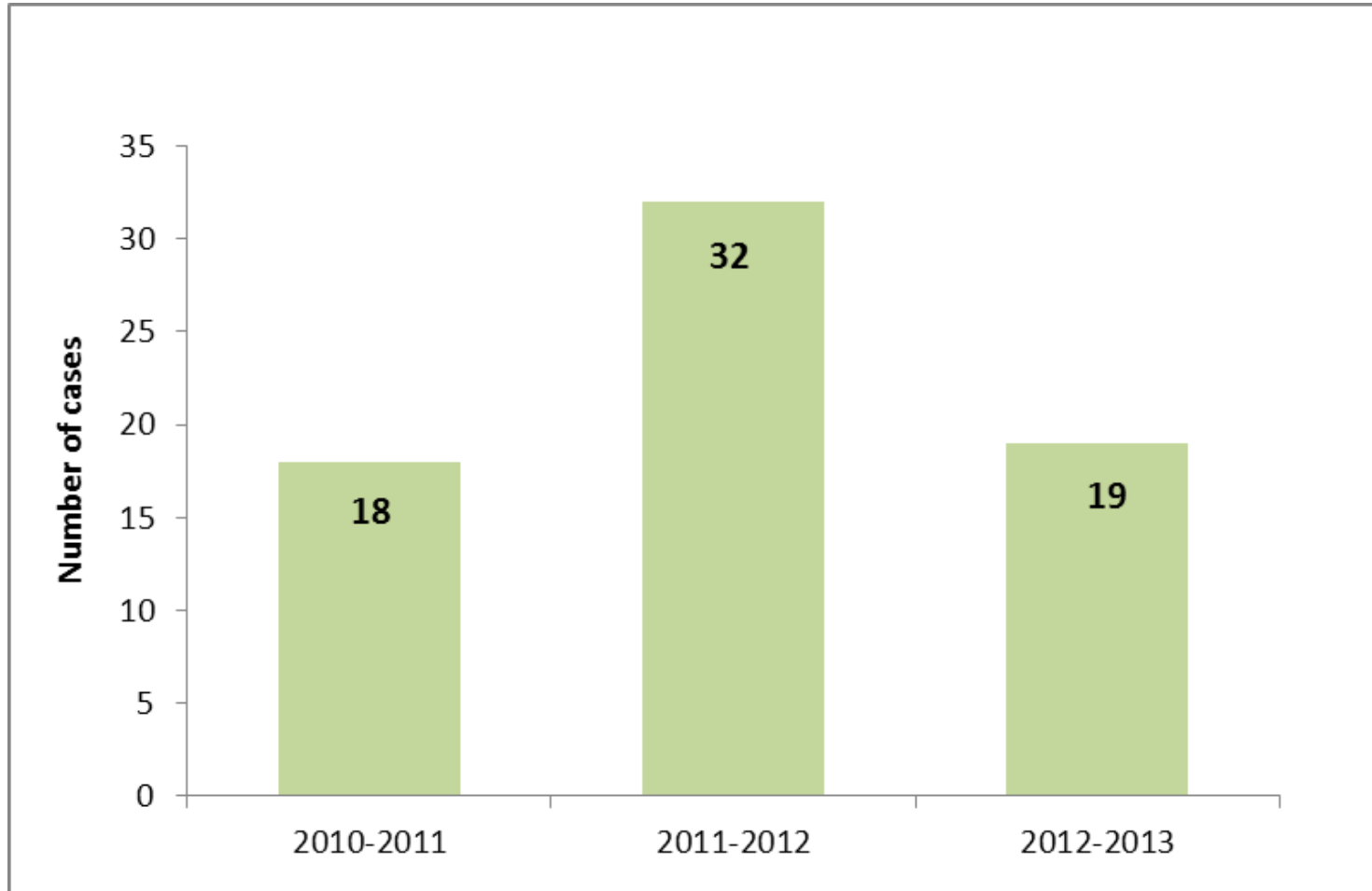


# Medical Examiners - Complaint categories 2012 - 2013






# Review Committee 2010-2013



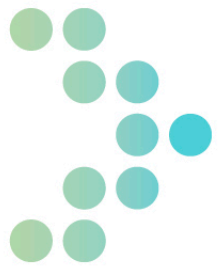


# Stéphane Beaudry

Associate Director General, Financial  
Resources, Procurement & Biomedical  
Engineering, MUHC







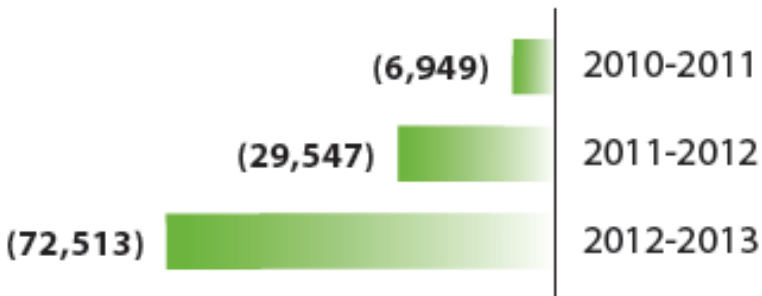
# Résultats financiers | Financial Results

## Fonds d'exploitation | Operating Fund

### Surplus | Deficit

Milliers de \$ | Thousands \$

	2010-2011	2011-2012	2012-2013
● Produits Revenue	1,002,502	1,018,574	1,059,866
● Charges Expenses	1,009,451	1,048,121	1,132,379
<b>SURPLUS   (DEFICIT)</b>	<b>(6,949)</b>	<b>(29,547)</b>	<b>(72,513)</b>



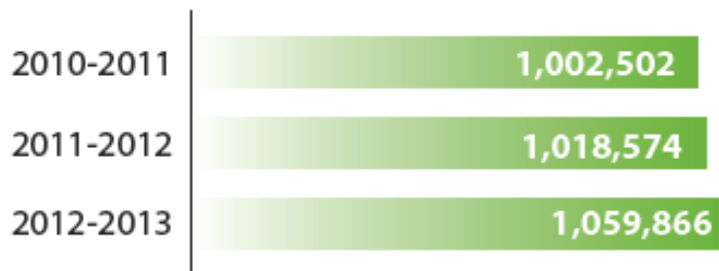
# Résultats financiers | Financial Results

## Fonds d'exploitation | Operating Fund

### Produits | Revenue

Milliers de \$ | Thousands \$

	2010-2011	2011-2012	2012-2013
● Agence de la santé et des services sociaux de Montréal Health and Social Services Agency of Montreal	747,932	773,617	811,249
● Ventes de services et recouvrements Sales of services & recoveries	26,662	31,780	33,580
● Usagers Patients	22,905	26,691	23,390
● Recherche Research	82,962	83,359	79,826
● Autres Other	122,041	103,127	111,821
<b>TOTAL</b>	<b>1,002,502</b>	<b>1,018,574</b>	<b>1,059,866</b>



# Résultats financiers | Financial Results

## Fonds d'exploitation | Operating Fund

### Charges | Expenses

Milliers de \$ | Thousands \$

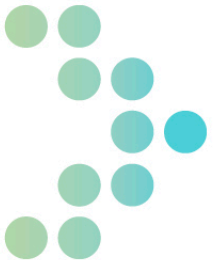
	2010-2011	2011-2012	2012-2013
● Soins infirmiers Nursing care	230,076	248,028	255,362
● Services diagnostiques & thérapeutiques Diagnostic & therapeutic services	369,161	380,822	390,193
● Services techniques et de soutien Technical and support services	165,141	157,881	168,844
● Administration Administration	54,116	56,953	56,029
● Autres Other	190,957	204,437	261,951
<b>TOTAL</b>	<b>1,009,451</b>	<b>1,048,121</b>	<b>1,132,379</b>





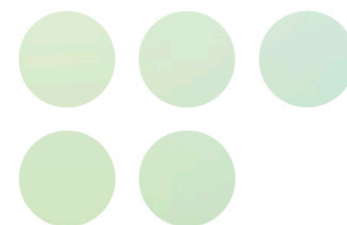
# A reward for our fiscal discipline

- Anticipated deficit for 2013-2014 of ~~\$20.3m~~:
  - \$14.5m operational deficit
  - + \$5.5m Research Institute deficit
  - \$20m
  - + ~~\$12.3m~~ deficit authorized by the Agence
- The MSSS has paid the \$12.3m authorized deficit for 2013-14 and announced that our budget base will be increased by \$12.3m for the future



# The importance of maintaining our fiscal discipline – period 6

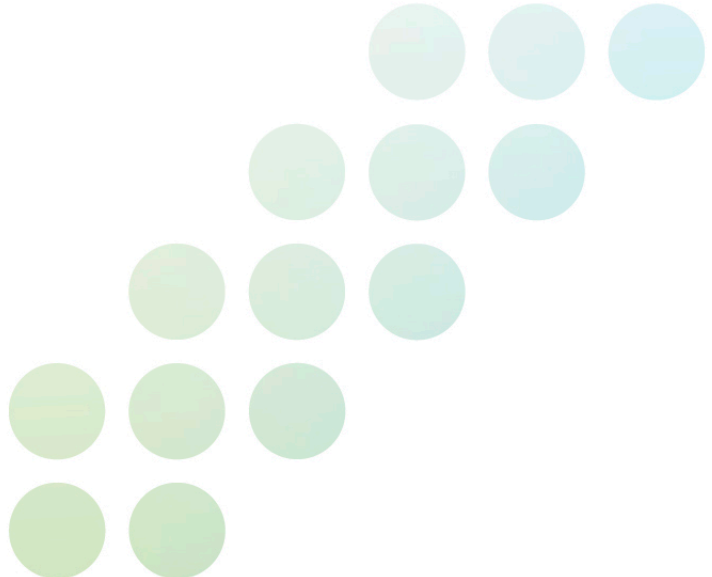
- Our financial results demonstrate that the deficit is below the anticipated amount by \$4m :
  - Positive variance of \$2.6m on clinical operations
  - Positive variance of \$1.3m for the Research Institute
- There are however, four sectors with negative variance:
  - Logistics: improving as of period 6
  - Cardiology: additional funding received, but deficit still expected due to elevated volumes
  - Lachine: budget review and GPO in progress
  - SYSCOR: delay related to an agreement with the Agence's TechnoCentre
- The 2013-2014 budget includes a reduction plan of \$37.4m. Of this amount, \$8.6m is connected to the *grands projets d'optimisation* (GPO). Certain delays in implementation may cause a negative variance of \$3m





# **Dr. Miguel Burnier**

General Director, Clinical Research and  
Training, Research Institute of the MUHC  
(RI-MUHC)





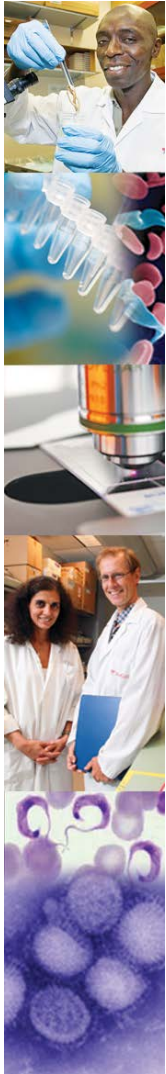
# RI-MUHC at the Glen

Research Institute



- A transformative, world-class, research institute bridging the gap between biomedical research and clinical medicine.
- An environment that accelerates the translation of basic discoveries to public uses while providing the basis for novel public health policies.
- To bring together pediatric and adult research programs and focus on improving the health of individual patients throughout their life cycle.
- Set the stage for the transition to individualized medicine: the successful personalized care and treatment

# The RI-MUHC in numbers



- **2<sup>nd</sup>** research hospital centre in Canada and top research hospital in Quebec
- **550** researchers (fundamental, clinical and health outcomes research)
- **1,200** graduate students, post-doctorates and clinical fellows
- **1,700** peer-reviewed scientific publications annually
- Over **1,900** clinical research studies are conducted each year
- More than **\$170 million** in funding received



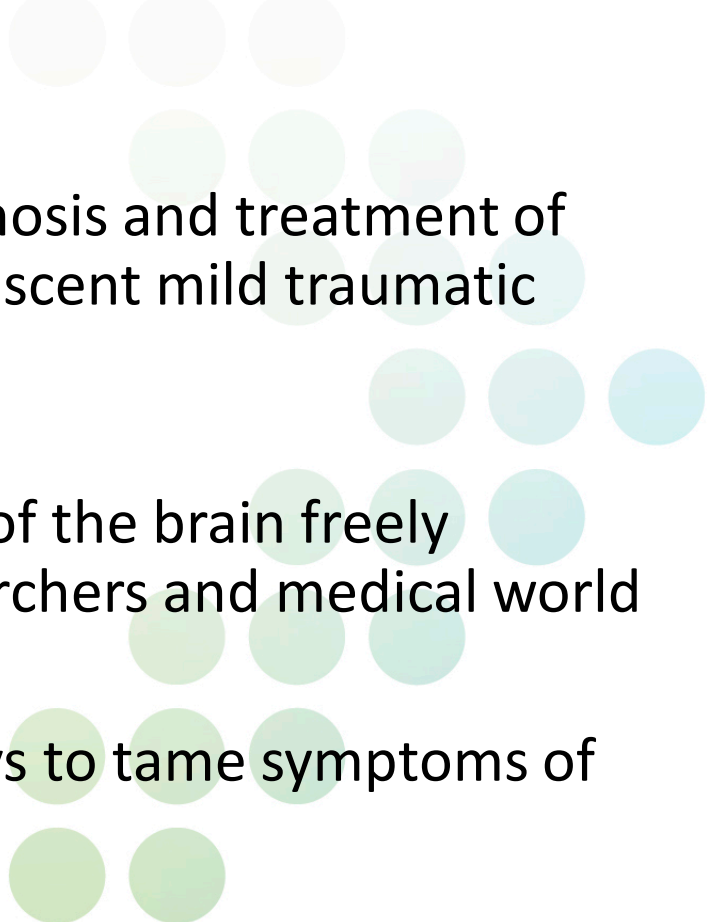


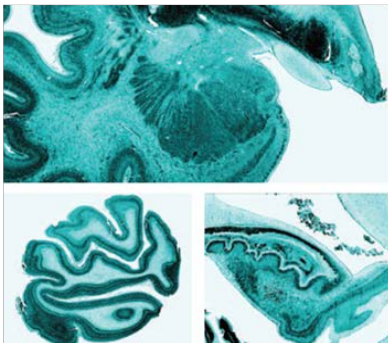
# Research Highlights



- Major player in CLSA, one of the most comprehensive studies ever conducted on aging

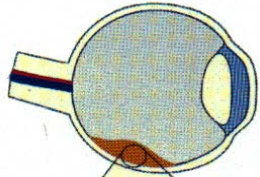


- Improved the diagnosis and treatment of pediatric and adolescent mild traumatic brain injury
  - First-ever 3D atlas of the brain freely accessible to researchers and medical world
  - Explored novel ways to tame symptoms of Parkinson's disease
- 





# Integrated Studies on Metastatic Disease



Ocular Pathology Laboratory  
Uveal Melanoma



MUHC-RI Melanoma  
Research Program



Blood Dissemination  
of Cancer Cells

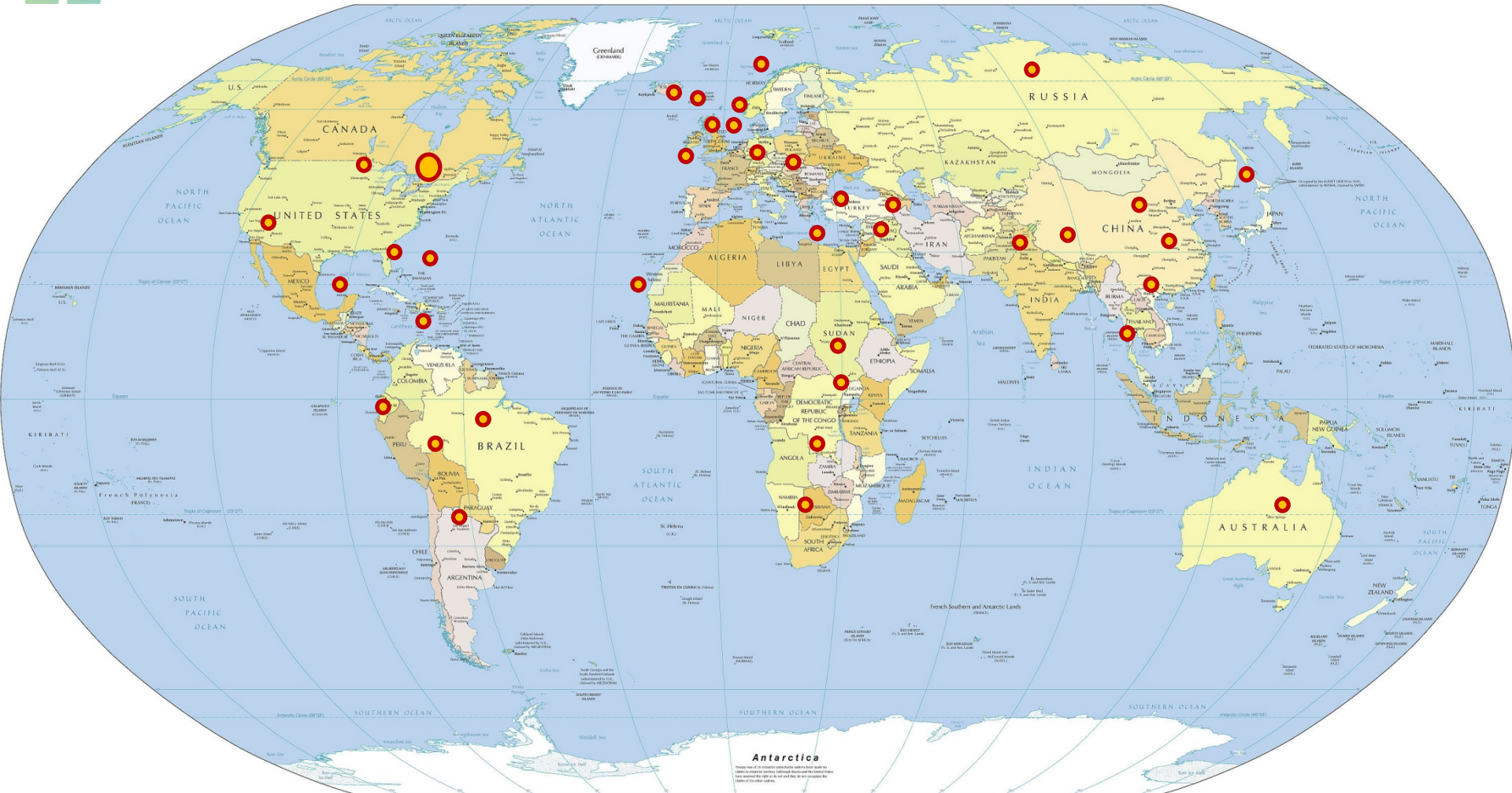


Liver Metastases

- Ophthalmology
- Pathology
- Dermatology
- Oncology
- Experimental Medicine
- Surgery



# International visibility of the RI-MUHC



**Collaborations with more than 35 countries worldwide**

***"We don't do research as an intellectual exercise. We do research because there is a patient at the end of the day".***





# **Ann Lynch**

Associate Director General, Clinical  
Operations, Adult Sites, MUHC





# Statistical Data

## Usagers admis | Inpatients

2008-09    2009-10    2010-11    2011-12    2012-13

### Lits dressés (incluant les berceaux) | Bed Set-up (including bassinets)

Courte durée - adultes   Acute Care - Adults	945	928	931	956	886
Courte durée - enfants   Acute Care - Children (note 1)	134	134	132	104	107
Nouveau-nés - soins généraux   Newborns - General Care	26	26	26	26	26
Nouveau-nés - soins intensifs   Newborns - Intensive Care	55	55	55	50	50
Longue durée - adultes   Chronic Care - Adults	256	256	239	243	170
<b>Total</b>	<b>1,416</b>	<b>1,399</b>	<b>1,383</b>	<b>1,379</b>	<b>1,239</b>



# Statistical Data

## Usagers admis | Inpatients

2008-09    2009-10    2010-11    2011-12    2012-13

### Admissions | Admissions

Courte durée - adultes   Acute Care - Adults	27,355	27,822	28,833	29,276	29,911
Courte durée - enfants   Acute Care - Children	6,346	5,705	5,643	5,657	5,484
Nouveau-nés - soins généraux   Newborns - General Care	3,309	3,499	3,679	3,704	3,564
Nouveau-nés - soins intensifs   Newborns - Intensive Care	699	778	857	728	751
Longue durée - adultes   Chronic Care - Adults	527	490	488	257	162
<b>Total</b>	<b>38,236</b>	<b>38,294</b>	<b>39,500</b>	<b>39,622</b>	<b>39,872</b>



# Statistical Data

## Usagers admis | Inpatients

2008-09    2009-10    2010-11    2011-12    2012-13

### Jours-présence | Patient Days

Courte durée - adultes   Acute Care - Adults	265,945	263,610	277,729	282,624	279,730
Courte durée - enfants   Acute Care - Children	30,413	30,624	31,404	31,861	30,012
Nouveau-nés - soins généraux   Newborns - General Care	7,657	7,907	7,814	7,601	6,955
Nouveau-nés - soins intensifs   Newborns - Intensive Care	13,855	14,257	14,411	14,693	15,397
Longue durée - adultes   Chronic Care - Adults	113,037	102,497	91,722	82,449	74,234
<b>Total</b>	<b>430,907</b>	<b>418,895</b>	<b>423,080</b>	<b>419,228</b>	<b>406,328</b>





# Statistical Data

## Usagers admis | Inpatients

2008-09    2009-10    2010-11    2011-12    2012-13

### Durée moyenne de séjour | Average Length of Stay

Courte durée - adultes   Acute Care - Adults	9.72	9.47	9.63	9.65	9.35
Courte durée - enfants   Acute Care - Children	4.79	5.37	5.57	5.63	5.47
Nouveau-nés - soins généraux   Newborns - General Care	2.31	2.26	2.12	2.05	1.95
Nouveau-nés - soins intensifs   Newborns - Intensive Care	19.82	18.33	16.82	20.18	20.50
Longue durée - adultes   Chronic Care - Adults	214.49	209.18	187.95	320.81	458.23
<b>Total pondéré   Weighed Total</b>	<b>11.27</b>	<b>10.94</b>	<b>10.71</b>	<b>10.58</b>	<b>10.19</b>



# Statistical Data

## Alternatives à l'hospitalisation Alternative Care to Hospitalization


2008-09    2009-10    2010-11    2011-12    2012-13

### Services ambulatoires (visites) | Ambulatory Services (visits)

Bloc d'urgence   Emergency	171,944	170,935	169,283	178,070	173,200
Consultations externes   Outpatient Clinics	668,161	671,075	681,918	690,279	688,361
Planification familiale   Family Planning	27,066	24,755	30,189	46,142	46,805
<b>Total</b>	<b>867,171</b>	<b>866,765</b>	<b>881,390</b>	<b>914,491</b>	<b>908,366</b>



# MUHC Quality Review

- Quality Plan (Missions / Departments)
  - Patient Experience Measurement
    - HCAHPS (Inpatient)
    - AOPSS (Oncology Ambulatory)
  - Clinical Outcome Benchmarking
    - NSQIP
  - Initiation of the First Annual Challenge  
Q+ Quality Project
- 



# Suzanne Morin

Division of Internal Medicine, Department  
of Medicine, MUHC



# Improving **PAIN** control following **FR**actures; towards an **Elder-friendly Emergency** department (**PAINFREE**)

Suzanne Morin, MD MSc  
Team Lead

Maryse Godin, MSc N

Marie-Andrée Jacques, BSc N

Maral Koolian MD

Danièle Lamarche, MSc N

Nadine Larente, MD

David Lussier, MD

Christian Machuca, BSc N

Chantal Ranallo, BSc N

Brenda MacGibbon-Taylor, PhD

Jean-Marc Troquet, MD

Eric Villeneuve, PharmD

Michelle Wall, MSc

Isabelle Assouline, MA

Project Coordinator

December 2013

**PAINFREE**  
initiative

# Rationale

- Skeletal fractures are frequent in older adults.
- Pain is a major component of a patient's experience following a fracture.
- Fracture and pain, constitute major physiological and psychological stressors for patients.
- There is room for improvement in the management of pain in our institution.

# Objective

To improve acute pain management for older adults (75 years and older), including those with cognitive impairment, who present to the Emergency Department with a fracture

*In partnership with the foundations of the MUHC and*



## PAIN FREE initiative wins MUHC Challenge Q+ award

Interdisciplinary team to use \$150,000 prize to improve continuum of care for seniors who present to the Emergency Department with fractures

Nov 29, 2012

The McGill University Health Centre (MUHC) granted \$150,000 to fund a creative new project during the 2012 Challenge Q+ award ceremony last night. The Challenge Q+ is a new MUHC quality improvement initiative created to encourage innovation and creativity in patient care. The money will be used by the MUHC adult Emergency Departments (ED) to develop a program to help seniors with bone fractures cope with their pain and reduce the chances of adverse medical complications.

"The goal of the PAIN FREE project, which stands for Improving **PAIN** control following **FR**actures, towards an **Elder-friendly E**mergency department, is to improve acute pain management for older adults, including those with cognitive impairment, who arrive in the ED with a low-trauma bone fracture," said Dr. Suzanne Morin of the MUHC Division of General Internal Medicine, who submitted the winning application with her team. "The specific objectives are to estimate the extent to which a multifaceted intervention will improve pain management and reduce the incidence of adverse events such as delirium, side effects of medication, prolonged length of stay in the ED and 'bounce-back' visits."



Front row left to right:

Valerie Shannon, Chair of the MGH Corporation, Maryse Godin, Clinical Nurse Specialist, Emergency Department, Montreal General Hospital, Dr. Suzanne Morin, Division of Internal Medicine, Department of Medicine, MUHC, Mrs. Brenda McGibbon-Taylor, representing the MUHC Patients' Committee

Back row left to right: Normand Rinfret, Director General and CEO, Richard Lachance, VP Development and Assistance, Québec Blue Cross, Claudio Bussandri, Chair, MUHC Board of Directors, Patricia Lefebvre, Director of Quality, Patient Safety and Performance, MUHC

<http://muhc.ca/newsroom/news/pain-free-initiative-wins-muhc-challenge-q-award>

**PAINFREE**  
initiative

# How did we develop the intervention?

## 1. Review of Medical Records

Patient electronic records and medical charts

- Montreal General Hospital
- Royal Victoria Hospital
- Lachine Hospital

## 2. Survey Administration

Emergency Department healthcare professionals

- Nurses
- Physicians

Patients with previous visits to the Emergency for fractures

## 3. Analysis of Results



# Committees

## 1. Branding Committee

Django Design<sup>©</sup>

## 2. Patient Representatives Committee

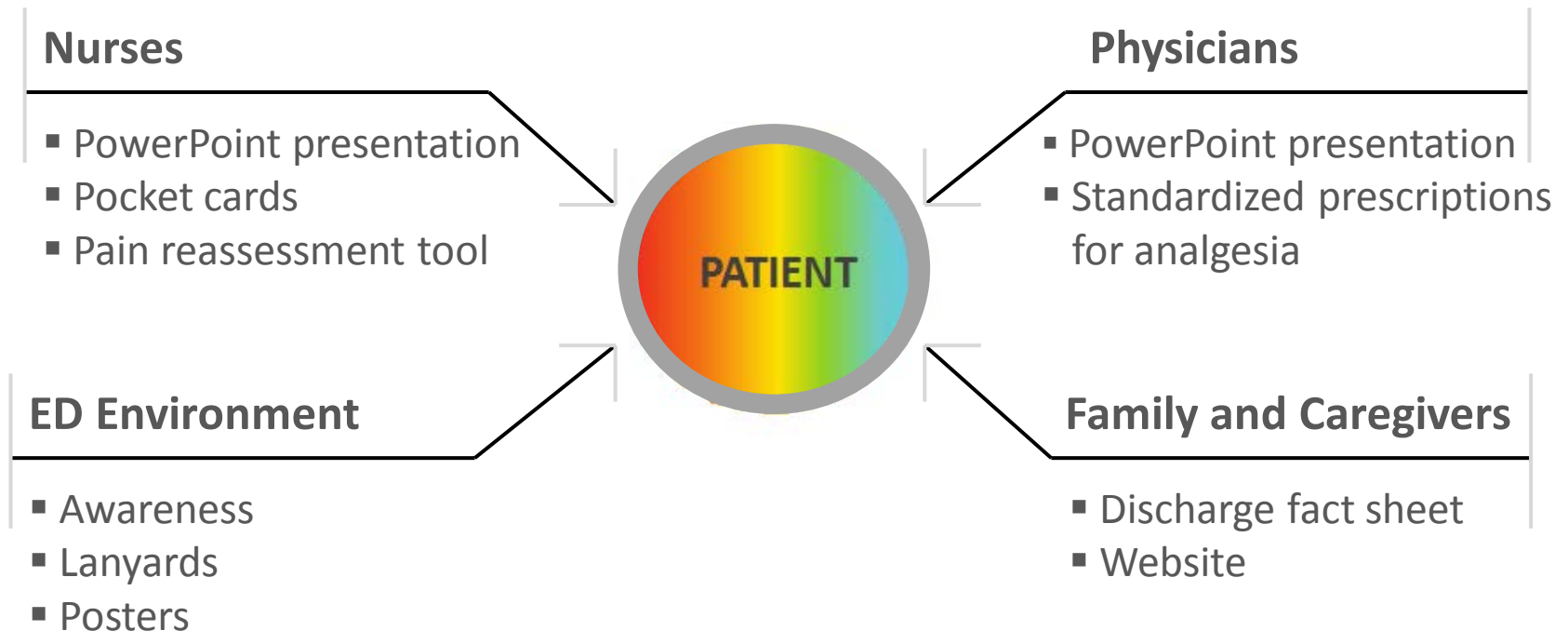
## 3. ED Nurses Committee

## 4. ED Physicians Committee

## 5. MUHC Patient Education Committee

# Intervention

## The PAINFREE Initiative's Patient-Centered Intervention



# Intervention

## ED Healthcare Professionals

### Nurses:

- Educational PowerPoint presentations
- Pocket cards
- Pain reassessment tool



	PAINFREE			PAINAD
	0	1	2	TOTAL SCORE : /10
Breathing	Normal	Occasional labored, Short period of hyperventilation	Noisy labored, Long period of hyperventilation, Cheyne-Stokes	
Negative Vocalization	None	Occasional moaning, Low-level mumbling, whining	Repeated calling out, Loud moaning, Crying	
Facial Expression	Smiling or inexpressive	Sad, Frightened, Frown	Grimacing	
Body Language	Relaxed	Tense, Distressed pacing, Fidgeting	Rigid, Fists clenched, Pulling or pushing away	
Consolability	No need to console	Distracted or reassured by voice or touch	Unable to console, distract, or reassure	

### Physicians:

- Educational PowerPoint presentations
- Standardized prescriptions for analgesia

# Intervention

## Patients & Families/Caregivers

- Discharge fact sheet
- Website  
[www.painfreeinitiative.org](http://www.painfreeinitiative.org)
- Follow-up appointments



## You have broken a bone. ARE YOU EXPERIENCING PAIN?

This fact sheet provides important information to help you and your family better understand and treat your pain once you leave the Emergency Department.

### Why is it important for me to treat my pain?

- Treating your pain early can help improve your well-being.
- It will help you move and breathe more easily; eat and sleep better; return to your independence.
- The faster you recover, the sooner you can get back to your regular everyday activities!

### How long can I expect my pain to last?

- Depending on the type of fracture you have experienced, it is possible for your pain to last between 6 weeks and 6 months.

### What pain medication have I been prescribed?

- Doctors prescribe different medications for different levels of pain.
- Use the pain scale to assess your pain level and follow the guidelines below:

#### For severe pain (7-10), take:

*What?* Opioid (a stronger medication)  
such as Dilaudid or Morphine combined with Tylenol.  
*When?* Regularly **every 4 hours**.

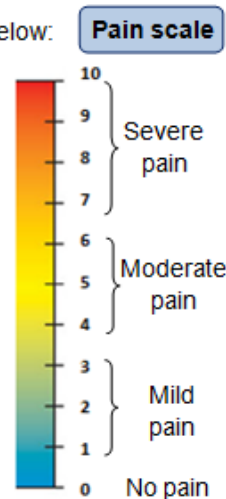
#### For moderate pain (4-6), take:

*What?* Opioid (a stronger medication)  
such as Dilaudid or Morphine combined with Tylenol.  
*When?* Regularly **every 6-8 hours**.

#### For mild pain (1-3), take:

*What?* Acetaminophen such as Tylenol.  
*When?* Regularly **every 6 hours**.

*Note: If you are taking Dilaudid or Morphine, make sure that you are also taking a laxative. Ask your pharmacist or physician, he can recommend one.*



### What appointment(s) should I make after leaving the Emergency Department?

- A check-up with your **family doctor**. If you do not have a family doctor, contact your **local CLSC**.
- A follow-up appointment at the **orthopedic clinic** (if applicable).



### Who should I contact with important questions and/or concerns?

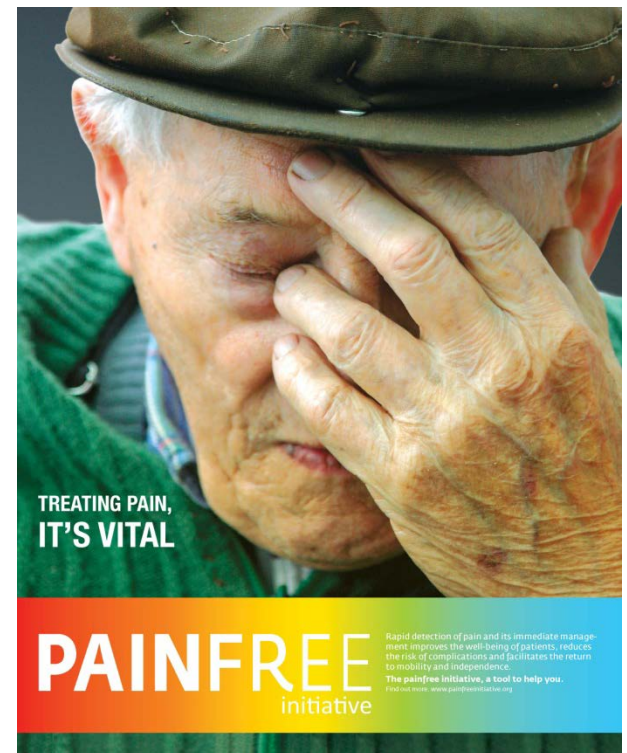
- **Orthopedic clinic** (if you have already been seen): Montreal General Hospital / Royal Victoria Hospital: (514) 934-8041 / Lachine Hospital: 514 934-1934 ext.77110
- Your **family doctor** or **CLSC**
- Info-santé: 8-1-1

For more information, visit [www.painfreeinitiative.org](http://www.painfreeinitiative.org)

# Intervention

## ED Environment

- Posters
- Colored lanyards
- Plasma screen advertisements
- Pamphlets



# Timeline

## **Intervention development**

Medical records review, survey administration, analysis of results, preparation of all materials and tools

## **Intervention launch 1: MGH & RVH**

Educational presentations and use of tools

## **Intervention launch 2: LH**

Educational presentations and use of tools

## **Data collection and analysis**

**Intervention launch 3: MGH other nursing units** Orthopedics, Medicine

## **Presentations to the scientific community**

**On-going use of tools in the Emergency Department**



# The PAINFREE Initiative

- Importance of internal funding opportunities
- Multidisciplinary collaboration at the MUHC
- Ability to export the intervention to other departments and institutions
- Importance of involving the patient in the improvement of care





**TREATING PAIN,  
IT'S VITAL.**

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Centre universitaire  
de santé McGill



McGill University  
Health Centre


**PAINFREE**  
initiative



# **Normand Rinfret**

Director General and CEO, MUHC





“La tradition, c’est le progrès  
dans le passé ; le progrès, dans  
l’avenir, ce sera la tradition.”

*Edouard Herriot (1872-1957)*



# The MUHC – a rich history

1877

Introduction du système antiseptique de Lister  
T. G. Roddick

1890

Développement de la culture du bacille de la diphtérie  
W. G. Johnston

1932

Identification des hormones pituitaires et placentaires  
J. B. Collip

1965

Premier genou prothétique au monde  
J. Miller

1969

Découverte d'un antigène carcinoembryonnaire comme marqueur tumoral dans le cancer  
P. Gold et S. Freedman

1970

Preuve d'une relation entre les maladies des petites voies aériennes et l'usage de la cigarette  
P. Macklem

Développement de la technologie de la TEP

1972

Présence de récepteurs de l'hormone peptide dans des tissus cibles connus  
B. Posner  
Isolement de la prolactine dans la glande pituitaire humaine et réalisation du premier essai  
H. Friesen et H. Guyda

1957

Invention de la cellule artificielle  
T. Chang  
Première greffe rénale en Amérique du Nord  
K. McKinnon et J. Dossetor  
Découverte du GABA, un neurotransmetteur  
KAC Elliott, H. McLennan et al.

1953

Démonstration de l'effet antiparkinsonien marqué, mais temporaire, de la lévodopa  
T. Sourkes

1952

Découverte du rôle des phospholipides dans la signalisation hormonale  
M. et L. Hokin

1950

Découverte des risques de malformations congénitales associés à certains médicaments administrés aux femmes enceintes  
C. Fraser  
Description des propriétés élastiques du poumon  
R. Christie et M. Becklake  
Premier traitement neurochirurgical de l'épilepsie  
W. Penfield et al.

1993

Clonage du gène BCG chez les souris et chez l'humain  
P. Gros, E. Skamene, S. Vidal et D. Malo  
Découverte d'un gène associé à la neurofibromatose  
G. Rouleau  
Découverte d'un gène associé à la maladie de Lou-Gehrrig  
G. Rouleau  
Découverte d'un gène associé à l'athérosclérose précoce  
R. Rozen

1995

Identification du BRCA2, gène de prédisposition au cancer du sein  
P. Tonin et S. Narod  
Première carte physique du génome humain  
T. Hudson et al.  
Identification d'un gène associé à la dystrophie musculaire localisée  
G. Rouleau  
Identification d'un gène associé à la dissémination métastatique des tumeurs  
P. Brodt et al.

1999

Mise au point d'un vaccin pour la stimulation de la régénération nerveuse  
S. David  
Développement d'une thérapie génique faisant appel au récepteur X rétinolide dans le cancer  
R. Kremer

1998

Développement d'un test génétique du BRCA1 et du BRCA2 pour les Canadiennes françaises présentant des risques de cancers héréditaires du sein et de l'ovaire  
P. Tonin et S. Narod

1994

Identification du BRCA1, gène de prédisposition au cancer du sein  
P. Tonin et S. Narod

1992

Identification de la fonction des cellules îlots pancréatiques dans la stimulation des protéines  
L. Rosenberg

1990

Nouvelle technique chirurgicale pour les cœurs faibles  
R. Chu-Jeng Chiu

1980

Preuve scientifique de la régénération des neurones dans le cerveau  
A. J. Aguayo  
Première greffe de moelle osseuse pratiquée sur un enfant au Canada  
HME

1979

Utilisation de la radioautographie au microscope électronique pour l'identification de nouvelles cibles hormonales  
B. Posner, M. Van Houten et J. Bergeron

2001 - 2002

Identification d'un gène lié à une forme de SLA juvénile  
G. Rouleau et al.  
Constitution du consortium HapMap pour la cartographie des pathologies humaines  
T. Hudson et al.  
Généralisation de la cartographie de l'épilepsie et des méthodes d'évaluation, de diagnostic, de pronostic et de traitement de la maladie  
G. Rouleau et P. Cossette  
Découverte d'une protéine associée à la guérison des plaies et à la progression du cancer  
A. Philip  
Réalisation par ingénierie tissulaire de cellules îlots pancréatiques  
L. Rosenberg  
Découverte d'un gène de l'épilepsie  
G. Rouleau et P. Cossette  
Développement d'une nouvelle technique de procréation assistée  
R. C. Chian  
Découverte d'un gène associé à l'obésité  
T. Hudson, J. Engert et al.  
Identification des cibles médicamenteuses pour les infections fongiques  
B. Turcotte

2003

Découverte d'un gène de prédisposition à la tuberculose  
P. Gros, L. Mitsosand et al.  
Développement d'un test d'immunodiagnostic de la paratuberculose chez l'humain  
M. Behr et M. Semret  
Premier essai clinique de l'usage du cannabis pour le traitement de la douleur chronique au Canada  
M. Ware, G. Bennett, J. P. Collet, A. Gamsa, Y. Shir, S. Shapiro et T. Huynh  
Découverte d'un gène associé à la cirrhose du foie  
T. Hudson  
Découverte d'une protéine associée à la croissance vasculaire dans le cancer  
M. Park et C. Saucier  
Développement de nouvelles thérapies de première intention pour la fibrose kystique  
L. Lands et al.  
Usage chez les souris de cellules souches obtenues par ingénierie génétique  
A. Peterson

2005

Preuve du caractère héréditaire de certains cancers du côlon  
J. Jass  
Utilisation de l'interleukin 1 (IL-1) pour traiter la maladie de Crohn  
D. Franchimont  
Développement de la prévention électronique des erreurs d'ordonnance  
R. Tamblin, A. Huang et al.  
Découverte d'un gène associé au vieillissement prématuré  
D. Goltzman et D. Miao  
Développement d'un dispositif de prélèvement des ovules dans la procréation assistée  
S. L. Tan et W. Buckett

2006

Description des risques associés à l'usage des inhibiteurs de Cox-2  
L. Lévesque, J. Brophy et B. Zhang

2007

Identification du centre d'ordonnancement du cerveau  
M. Petrides  
Naissance du premier enfant au Canada conçu à l'aide d'un ovule congelé et porté à maturation en laboratoire  
S. L. Tan  
Découverte d'un gène du diabète  
C. Polychronakos et R. Sladek

Les découvertes de l'IR-CUSM

2009

Découverte d'un mécanisme fondamental de communication des cellules cancéreuses  
J. Rak et al.  
Découverte d'un nouveau gène de la rétine impliqué dans la cécité des enfants  
R. Koenekoop et al.  
Création de l'anesthésie informatisée  
T. Hemmerling et al.

2008

Identification de l'apo B comme meilleur indice de l'efficacité d'une thérapie de réduction du LDL-cholestérol  
A. Sniderman

2004

Développement d'une méthode de préservation de la fécondité chez les jeunes femmes atteintes du cancer  
S. L. Tan  
Identification de gènes de prédisposition à la lèpre  
E. Schurr, A. Alter, M. Mira et M. Orlova  
Élaboration d'un test diagnostique de l'infection au trypanosome Cruzi  
B. Ward et M. Ndao  
Développement du Cryoleaf, dispositif de protection pour la congélation des ovules et des embryons  
S. L. Tan et R. C. Chian  
Découverte d'anticorps associés au lupus  
J. Rauch et R. Suban  
Identification d'une cible médicamenteuse pour le contrôle de la douleur  
G. Rouleau  
Découverte d'un marqueur biologique de l'obésité  
A. Sniderman et K. Cianfione



# From the dream to reality



...but then came...



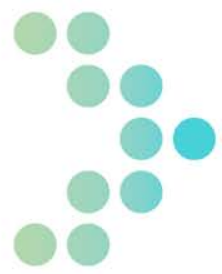
# The Perfect Storm



UPAC

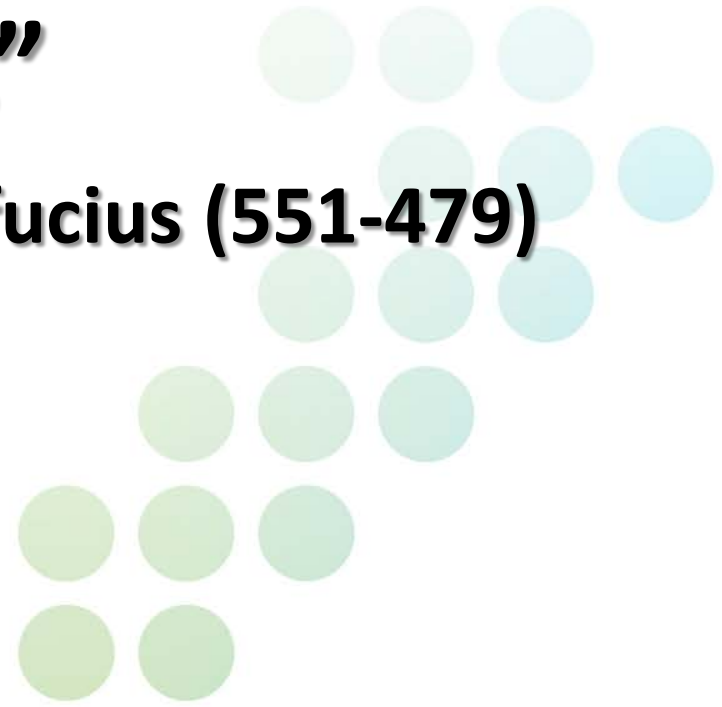
Alleged Fraud

Accompagnateur



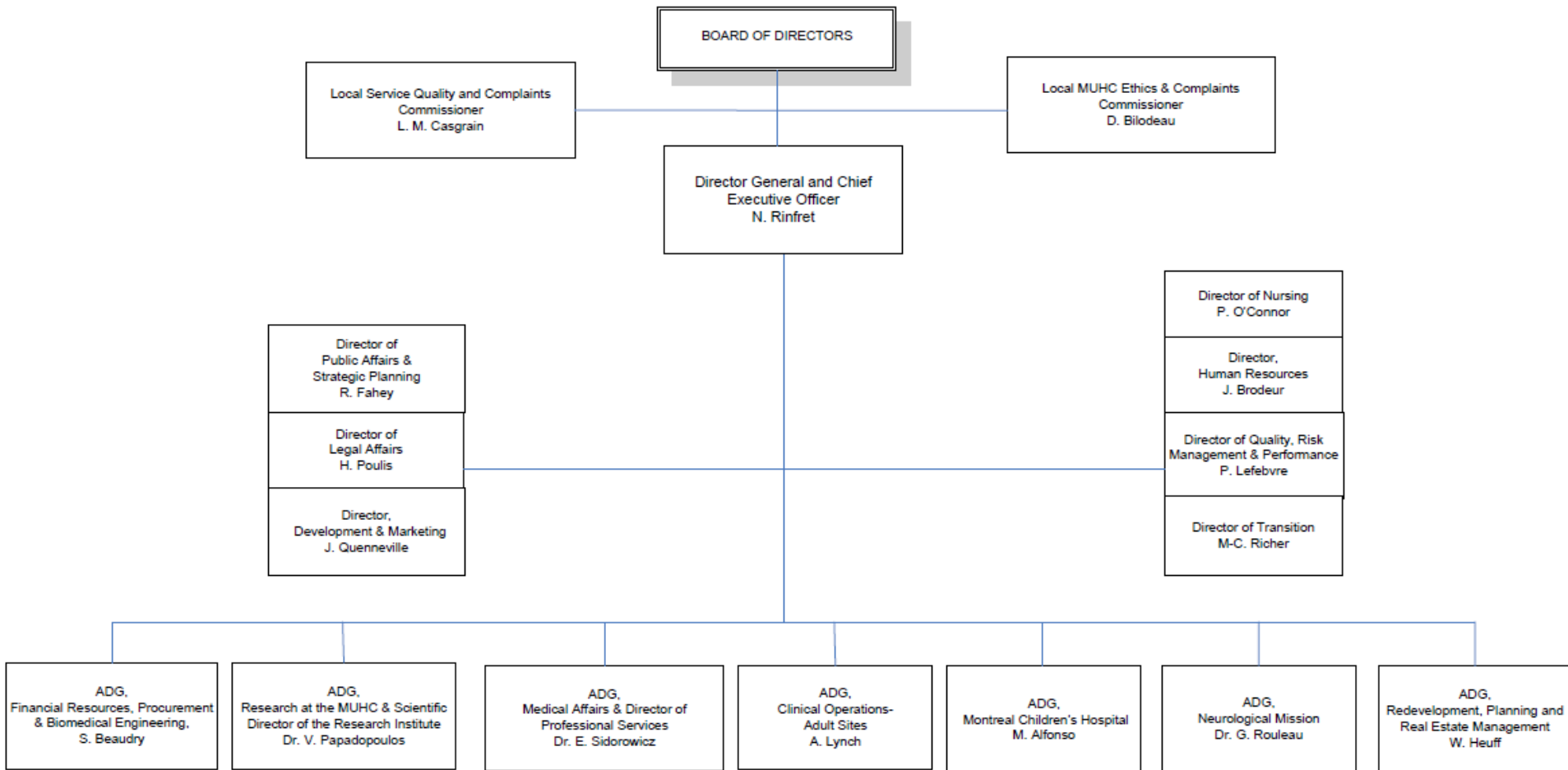
**“Our greatest glory is not in never falling, but in rising every time we fall.”**

**Confucius (551-479)**





# New MUHC Structure







# Accreditation Canada surveyor's observations

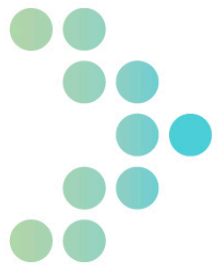
- Overall evaluation of 92.9%
- Commitment of the Board for the quality and safety of care
- Staff, Physicians and Volunteers Dedication
- Passion and Engagement of the Community
- Level of Client Satisfaction
- Focus on Transformation
- Resilience of the Organization and its People

*“Some of your patients described you as miracle workers and as far as quality endorsement it just doesn't get any better than that.”*

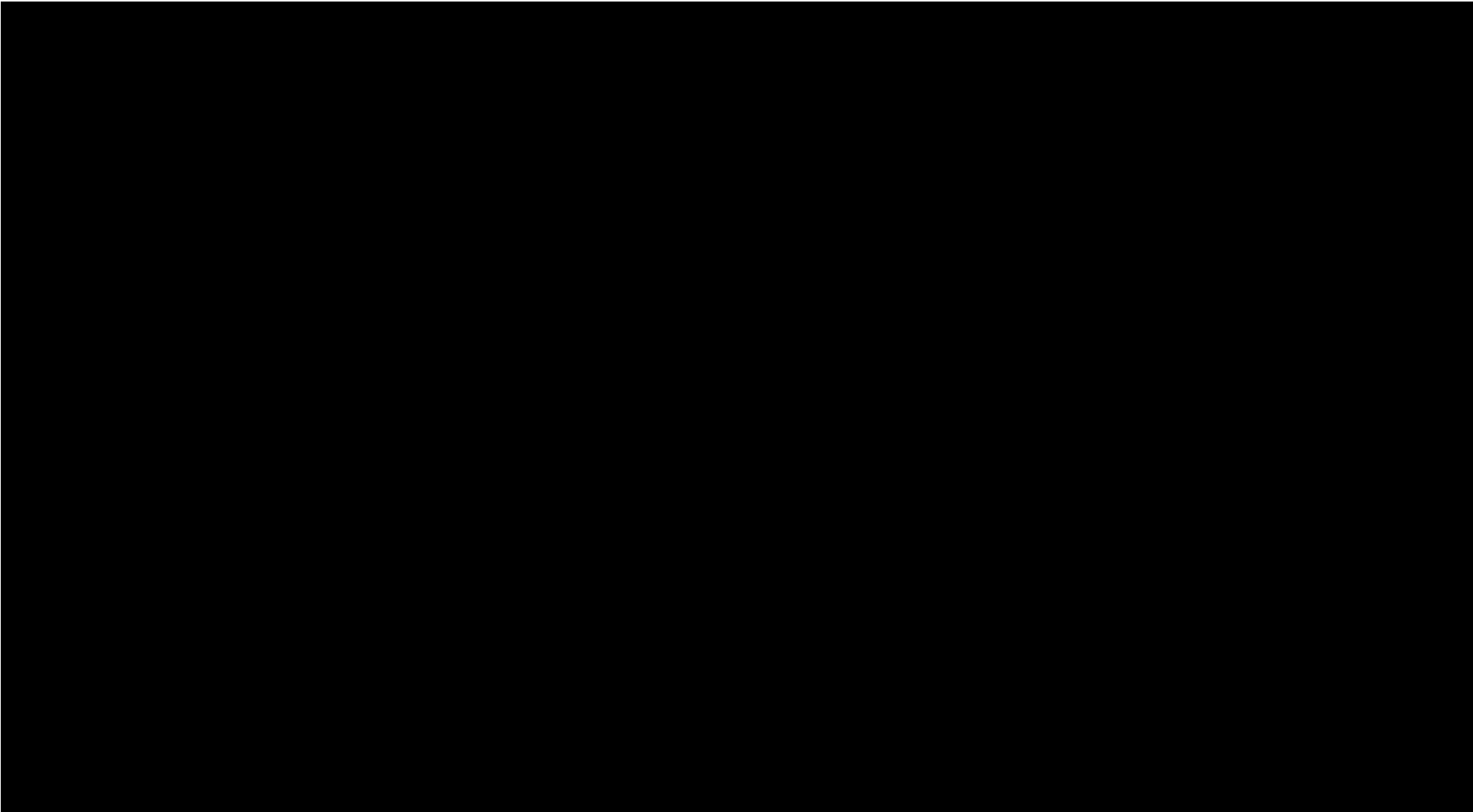


# Shelo's story





# Shelo's story





# **The most significant transformation in the history of the MUHC and the network**





# The Glen Site



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McGill University  
Health Centre

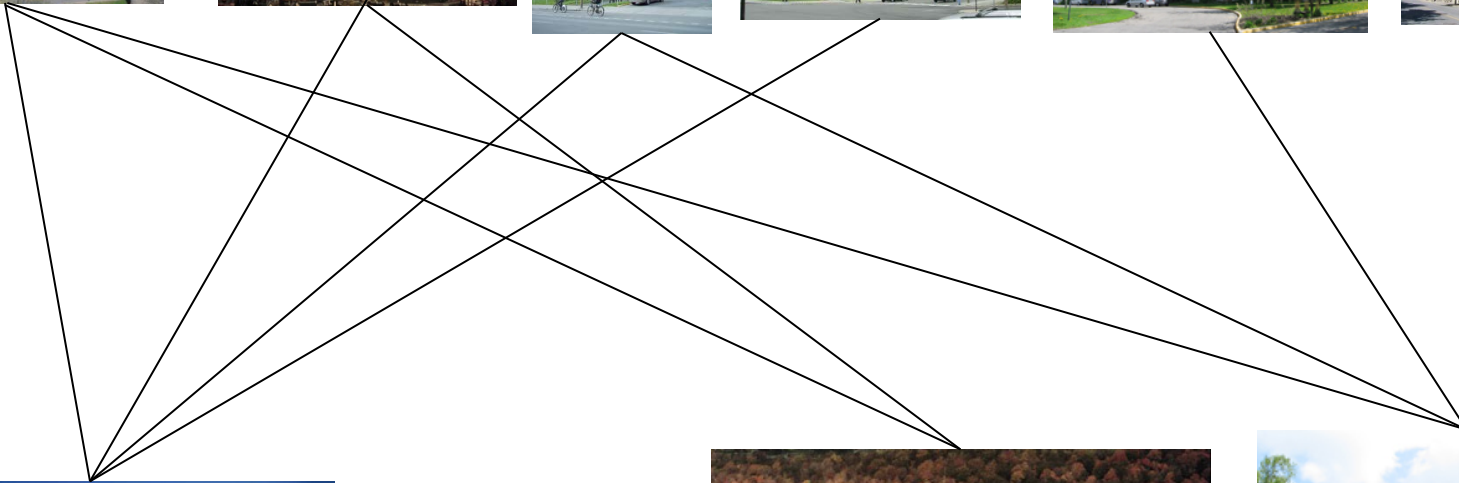




# The Glen site

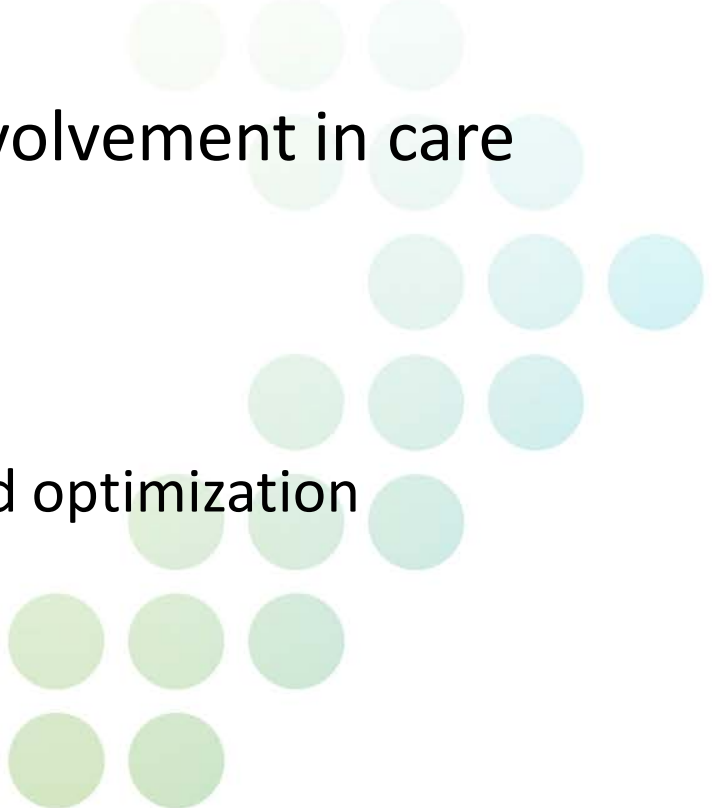
- 500 individual patient rooms;
  - More than 25 centralized outpatient clinics;
  - The latest equipment, providing the most advanced treatments and tailored to individual patients;
  - Two emergency departments
    - One for children and the other for adults;
  - Surgical facilities grouped for greater efficiency;
- 

# MUHC 2015 : Transfers





# Shaping Quebec's Healthcare Future – The MUHC

- Patient-centred, university-affiliated, research-based health care
  - Providing ultra specialized and complex quality patient care across the lifespan
  - Patient engagement - Patients involvement in care and decision-making
  - Transition and transformation
    - Lean, Six Sigma
    - Standardization, harmonization and optimization
    - Ethics
- 





# Leading Practices

Accreditation Canada recognizes Leading Practices in Canadian care organizations that are innovative solutions to improving quality.

**This year, four Leading Practices were identified at the MUHC**

**1. Impact of a Local Low Cost Rapid Response Team**

Led by: Dr. Dev Jayaraman – Co-Director of Quality Improvement,  
Department of Medicine and Director of Quality Improvement,  
Department of Critical Care

**2. MUHC surgical recovery (SURE) program**

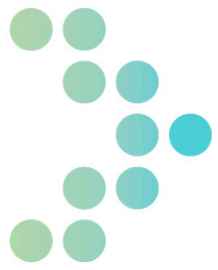
Led by: Dr. Liane Feldman – Director of the Division of General Surgery

**3. Ethics and Advanced Communication Simulation Workshop**

Led by: Lori Seller – Clinical Ethicist, MCH

**4. Mass Casualty Simulation (Code Orange 2012)**

Led by: Stephen P. Black – Manager of Training and Prevention

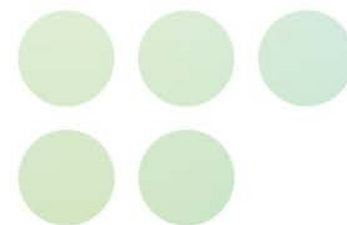


# **MUHC Leading Practices video**



**Change is the law of life. And  
those who look only to  
the past or present are certain  
to miss the future.**

*John F. Kennedy*



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