

Centre universitaire  
de santé McGill



McGill University  
Health Centre

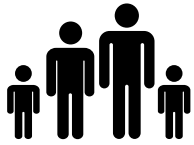
# OUR TRANSFORMATION!

## THE MUHC 2014-2015 Annual Report





# WE'VE BEEN BUSY



**39,147**

ADMISSIONS  
PER YEAR



**32,489**

SURGERIES  
PER YEAR



**10,000**

ADULT TRAUMA CASES  
PER YEAR



**17,500**

PEDIATRICS TRAUMA  
CASES PER YEAR



**177,955**

EMERGENCY  
DEPARTMENT VISITS  
PER YEAR

**687,782**

AMBULATORY  
VISITS PER YEAR



**2,340,356**

MEALS SERVED  
PER YEAR



**3,851,235**

KILOGRAMS  
OF LAUNDRY WASHED  
PER YEAR

## DIAGNOSTIC AND THERAPEUTIC TESTS AND PROCEDURES

**11,706,935**

Clinical Laboratory tests

**34,920**

Nuclear Medicine tests and procedures

**512,501**

Medical Imaging tests

**2,705**

Positron Emission Tomography (PET) exams

**154,551**

Electrocardiogram (ECG) tests

**32,278**

Radiation oncology treatments

**11,412**

Electroencephalogram (EEG)  
and Electromyography (EMG) tests

**13,607**

Cardiac Catheterization Lab  
and Interventional Electrophysiology  
tests and procedures

# OUR DIRECTORS

## EXECUTIVE MESSAGES

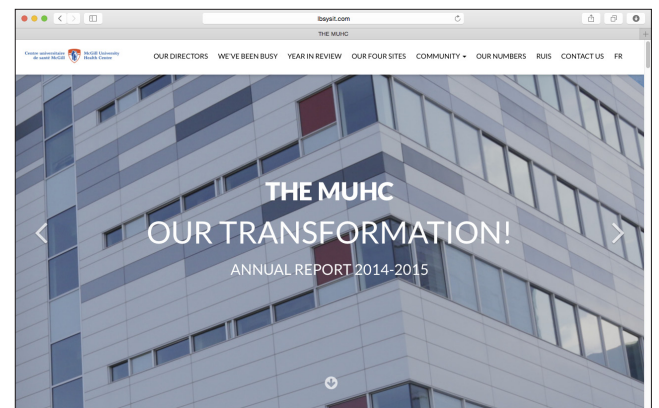
**Claudio Bussandri | Chairman, Board of Directors**

On behalf of the Board of Directors of the McGill University Health Centre (MUHC), I am pleased to endorse this 2014-2015 annual report, which reflects the organization's commitment towards being an effective and responsible academic health centre. Thanks to tremendous engagement on the part of senior management, clinical missions and departments, the MUHC carried out flawlessly the transfers of patients to the Glen site and optimized its operating model to function on four sites.

At the same time, the organization balanced its operating budget—a daunting task that it achieved over a period of two fiscal years. These remarkable accomplishments speak volumes to the calibre of leadership across the organization. As no stone was left unturned, the MUHC seems well positioned to implement the changes required to fulfil the core mission of a leading academic health centre (predominance of tertiary/quaternary care, research and education) as well as to ensure the success of an integrated healthcare network. With the Glen site now operational, I wish to underscore the tenacity and dedication of all those who encouraged and worked to achieve this impressive healing environment, including the generous members of our community through the *Best Care for Life* campaign. As the MUHC's President and Executive Director will attest, the transformation of the MUHC is far from complete, but the organization's governance structure is better able to support the important decisions that lie ahead.



To read the full MUHC 2014-15 Annual Report, visit: <http://ar2015.muhc.ca>



# OUR DIRECTORS

## EXECUTIVE MESSAGES

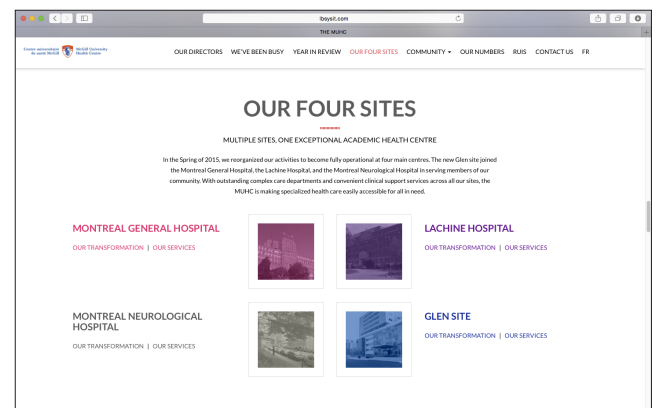
**Normand Rinfret | President and Executive Director**

The 2014-2015 fiscal year was one of exceptional intensity. Already abundant challenges were augmented by the exhaustive preparation for the opening of the Glen site and the redeployment of our clinical services on four sites.

It is therefore deeply satisfying to know that the Government of Quebec recognized the rigour and discipline with which the McGill University Health Centre (MUHC) addressed its myriad priorities, including strengthening our governance structure, balancing our operational budget and assuring the quality and safety of our services and work environment. Being a centre for excellence in patient care, research, teaching and healthcare administration underpins the MUHC's future. It is thus important to know that we will encourage continuous improvements, evaluate the pertinence of clinical choices, finalize the transformation of ambulatory services and complete the implementation of our clinical plan. Modernization of the Lachine and Montreal General hospitals must occur, as must the relocation of the Neuro to the Glen site circa 2020. In this way, we will support the Ministry of Health and Social Services' strategic orientations while respecting our vision, mission and values.



**You can read all about the transformation and the clinical services on our four sites on our MUHC 2014-15 Annual Report web version, visit: <http://ar2015.muhc.ca>**





# OUR MOVE AS SEEN BY THE MEDIA

From January to June 2015, the MUHC undertook the biggest healthcare transformation in North America. The word “success” resonated from start to end.



## Technology of the future at the new MUHC

Nearly 28,000 new biomedical devices have made their way into the McGill University Health Centre's (MUHC) Glen site. Here are three innovations combining cutting-edge technology, accuracy and speed of response:

### 1. The CyberKnife M6, a cybernetic knife

Joined to a robotic arm in a large room of the Cancer Centre, this small linear accelerator works on the patient, bringing radiation therapy to hard to reach areas, such as the brain, neck or lungs. From a control centre, care staff operates the machine. This is the first to be installed in Canada and ensures the tumour is precisely centered in the radiation beam.

### 2. The Zeego robot, a wizard of interventional radiology

With its 3D medical imaging system, this robotic arm allows operators to see inside the patient in less than 10 seconds. On images transmitted to the big screen, they can see the targeted area and the instruments that have been inserted inside the patient. This facilitates the work of physicians in interventions requiring tiny, highly accurate incisions such as those needed for biopsies, arterial angioplasty and uterine fibroids treatments.

### 3. A larger than life operating area

Twice as large as a traditional operating room, the hybrid operating area designed for vascular surgery includes a highly accurate medical imaging system as well as screens and machines that are suspended in the air.

## A historic move and a new chapter for the MUHC and the Montreal community

For months MUHC staff prepared for the historic move to the Glen site in Montreal's Notre-Dame-de-Grâce neighbourhood. They sorted through their things, tossed anything they wouldn't need anymore and packed boxes until the very last minute.

“It could be paper, furniture, films in medical imaging, for example,” said Sandra Hamelin of the MUHC's medical imagery department. Weeks before the Royal Victoria Hospital's transfer – the first of three hospital moves – big pieces of medical equipment and files were transported to the new site. On April 26 at 5 a.m., the RVH's emergency room doors shut down permanently, and the move started. By the time the last ambulance arrived at the Glen site at 12:27 p.m., 154 patients had been successfully transferred. The following moves went just as smoothly.

In total, four MUHC institutions were relocated to the Glen site— the Montreal Children's Hospital, the Research Institute of the MUHC, the Royal Victoria Hospital and the Montreal Chest Institute. It was the largest operation of its kind in Canadian history.

Source: CBC | Montreal CTV News





## Reminiscing before the move to the Glen: MCH holds sweet memories for the Orsini family

As employees, patients and families prepared for the big move of the Montreal Children's Hospital of the McGill University Health Centre (MCH-MUHC) to the Glen site, many reminisced and shared heart-warming stories about their connection to the Children's.

For the Orsini family, the MCH-MUHC is a workplace – Lili Orsini has worked there as a coordinator for the General Surgery Department for 39 years – but it's also where she and her husband Aldo "met" their children.

First came Christopher, a baby born with medical problems who was adopted by the Orsinis when he was three months old. A year later, surgeon Dr. Luong Nguyen introduced Lili to Jessica, a two-day-old baby who was in the neonatal intensive care unit (NICU). "Having seen her, I had no choice. I became bonded, bonded. It was instant," says Lili, who signed the adoption papers with her husband soon afterwards.

Nowadays, both Jessica and Christopher work part-time at the Children's while completing their studies.

As she says goodbye to her home away from home, Jessica finds it hard to part with so many family memories.

## The RI-MUHC at the Glen: an interactive environment with infinite potential for discovery

"The highly interactive facilities of the Research Institute of the McGill University Health Centre (RI-MUHC) at the Glen will allow us to remain at the forefront of research and excel in our mission to improve the health of the population," said Dr. Vassilios Papadopoulos, executive director of the RI-MUHC, in February 2015, a few days before the inauguration of the 400,000-square-foot infrastructure equipped with cutting-edge equipment and advanced computer systems.

The five-storey building houses open-concept lab modules that promote a continuous flow of communication. Researchers employing methodologies that cross the spectrum from basic to clinical and evaluative research will be grouped in new research programs with an interdisciplinary focus in such areas as child health and human development, respiratory medicine, infectious diseases and immunity, experimental therapeutics and metabolism, and cancer. Furthermore, research in pediatric and adult sectors will be coordinated to foster the study of disease onset and outcomes across the lifespan.

"The new biomedical and research facilities, together with the redesigned and renovated laboratories and clinical research units at the Montreal General Hospital (MGH-MUHC), will redefine how researchers, post-doctoral fellows and students conduct innovative research at the RI-MUHC," said Dr. Papadopoulos.





<b>INPATIENTS</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>
<b>Bed Set-up (including bassinets)</b>					
Acute Care - Adults	931	956	886	851	761
Acute Care - Children (note 1)	132	104	107	107	95
Newborns - General Care	26	26	26	26	22
Newborns - Intensive Care	55	50	50	50	52
Chronic Care - Adults	239	243	170	156	134
<b>TOTAL</b>	<b>1 383</b>	<b>1 379</b>	<b>1 239</b>	<b>1 190</b>	<b>1 064</b>
<b>Admissions</b>					
Acute Care - Adults	28 833	29 276	29 911	29 569	29 987
Acute Care - Children	5 643	5 657	5 484	5 199	5 026
Newborns - General Care	3 679	3 704	3 564	3 555	3 223
Newborns - Intensive Care	857	728	751	884	853
Chronic Care - Adults	488	257	162	74	58
<b>TOTAL</b>	<b>39 500</b>	<b>39 622</b>	<b>39 872</b>	<b>39 281</b>	<b>39 147</b>
<b>Patient Days</b>					
Acute Care - Adults	277 729	282 624	279 730	276 398	263 447
Acute Care - Children	31 404	31 861	30 012	29 698	30 575
Newborns - General Care	7 814	7 601	6 955	7 077	6 203
Newborns - Intensive Care	14 411	14 693	15 397	15 066	15 841
Chronic Care - Adults	91 722	82 449	74 234	59 580	49 275
<b>TOTAL</b>	<b>423 080</b>	<b>419 228</b>	<b>406 328</b>	<b>387 819</b>	<b>365 341</b>
<b>Average Length of Stay</b>					
Acute Care - Adults	9.63	9.65	9.35	9.35	8.79
Acute Care - Children	5.57	5.63	5.47	5.71	6.08
Newborns - General Care	2.12	2.05	1.95	1.99	1.92
Newborns - Intensive Care	16.82	20.18	20.50	17.04	18.57
Chronic Care - Adults	187.95	320.81	458.23	805.14	849.57
<b>WEIGHED TOTAL</b>	<b>10.71</b>	<b>10.58</b>	<b>10.19</b>	<b>9.87</b>	<b>9.33</b>
<b>Average Occupancy</b>					
Acute Care - Adults	81.73 %	81.00 %	86.50 %	88.98 %	94.85 %
Acute Care - Children (note 1)	65.18 %	83.93 %	76.85 %	76.04 %	88.18 %
Newborns - General Care	82.34 %	80.09 %	73.29 %	74.57 %	77.25 %
Newborns - Intensive Care	71.79 %	80.51 %	84.37 %	82.55 %	83.46 %
Chronic Care - Adults (note 2)	105.14 %	92.96 %	119.64 %	104.64 %	100.75 %
<b>WEIGHED TOTAL</b>	<b>83.81 %</b>	<b>83.29 %</b>	<b>89.85 %</b>	<b>89.29 %</b>	<b>94.07 %</b>

**Note 1:** In 2011-2012, there was an evaluation process that modified the number of bed set-up (acute care - children).

**Note 2:** Due to the fact that the bed utilization exceeds the number of chronic beds declared in the official AS-478 report, the occupancy rate of the chronic care adults exceeds 100%.

ALTERNATIVE CARE TO HOSPITALIZATION	2010-11	2011-12	2012-13	2013-14	2014-15
<b>Ambulatory Services (visits)</b>					
Emergency	169 283	178 070	173 200	177 638	177 955
Outpatient Clinics	681 918	690 279	688 361	669 992	638 475
Family Planning	30 189	46 142	46 805	46 859	49 307
<b>TOTAL</b>	<b>881 390</b>	<b>914 491</b>	<b>908 366</b>	<b>894 489</b>	<b>865 737</b>
<b>Day Care Medicine (treatment day)</b>					
Physical Disease	88 461	86 657	88 128	88 911	97 300
Parenteral Nutrition	7 820	8 129	8 967	9 922	10 140
Oncology and Haematology	23 302	23 593	23 582	23 499	23 731
<b>TOTAL</b>	<b>119 583</b>	<b>118 379</b>	<b>120 677</b>	<b>122 332</b>	<b>131 171</b>
<b>Day Hospital (attendance)</b>					
Geriatrics	5 896	5 961	5 376	5 502	5 636
Psychiatry	7 051	5 585	7 138	8 172	7 283
<b>TOTAL</b>	<b>12 947</b>	<b>11 546</b>	<b>12 514</b>	<b>13 674</b>	<b>12 919</b>
<b>Nursing Day Care</b>					
Day Surgery (patient)	19 297	20 887	20 639	22 074	19 618
Endoscopy and Cystoscopy (treatment)	30 382	31 359	31 816	31 362	30 728
<b>TOTAL</b>	<b>49 679</b>	<b>52 246</b>	<b>52 455</b>	<b>53 436</b>	<b>50 346</b>
<b>Others (treatments)</b>					
Hemodialysis	46 284	46 282	43 729	45 025	44 994
Peritoneal Dialysis	17 165	18 458	18 732	16 717	14 801
Interventional Radiology	17 842	17 928	19 322	20 207	20 060
Cardiac Angiography	4 032	3 939	3 819	4 075	3 942
Lithotripsy	816	1 291	1 421	1 419	1 443
<b>TOTAL</b>	<b>86 139</b>	<b>87 898</b>	<b>87 023</b>	<b>87 443</b>	<b>85 240</b>

## ENFORCEMENT OF BILL 15

The objective of the Act Respecting Workforce Management and Control within government departments, public sector bodies and networks and state-owned-enterprises, enforced in December 2014, is to enhance management and control mechanisms of public bodies' staff.

**At the MUHC, Service Contracts exceeding \$25,000.00 (with companies and individuals) from December 18, 2014 to March 31, 2015 are as follows:**



Number of Service Contracts with Companies exceeding \$25,000.00: **26**  
Value of Services Contracts concluded with Companies (including options): **\$3,840,858.25**

Number of Service Contracts with Individuals exceeding \$25,000.00: **1**  
Value of Services Contracts concluded with Individuals (including options): **\$120,000.00**






Overall Number of Service Contracts concluded (including options): **27**  
Overall total of Services Contracts concluded (including options): **\$3,960,858.25**








## OPERATING FUND

<b>SURPLUS (DEFICIT)</b> Thousands \$	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>
 REVENUE	1 059 866	1 054 553	1 068 286
 EXPENSES	1 132 379	1 067 713	1 069 213
<b>SURPLUS (DEFICIT)</b>	<b>- 72 513</b>	<b>- 13 160</b>	<b>-927</b>

## FINANCIAL RESULTS

<b>REVENUE</b> Thousands \$	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>
 Health and Social Services Agency of Montreal	811 249	796 374	818 158
 Sales of services & recoveries	33 580	34 135	28 214
 Patients	23 390	23 468	23 008
 Research	79 826	86 365	80 840
 Other	111 821	114 211	118 066
<b>TOTAL</b>	<b>1 059 866</b>	<b>1 054 553</b>	<b>1 068 286</b>

<b>EXPENSES</b> Thousands \$	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>
 Nursing care	255 362	238 303	245 506
 Diagnostic & therapeutic services	390 193	386 508	387 428
 Technical and support services	168 844	164 537	155 343
 Administration	56 029	56 044	54 465
 Other	261 951	222 321	226 471
<b>TOTAL</b>	<b>1 132 379</b>	<b>1 067 713</b>	<b>1 069 213</b>

# GOING THAT EXTRA MILE

The McGill University Health Centre and the RUIS-McGill

RUIS McGill covers a large and varied territory of Quebec, stretching from Montreal to Nunavik in the far north – over half the province's area. Nearly 1.8 million people from different communities and all walks of life are served by RUIS McGill. This story illustrates the MUHC's relationship and responsibility as the healthcare facility that delivers complex care to our patients and families across this vast region:

## MUHC PHYSICIANS FLY TO NORTHERN VILLAGE TO SAVE A YOUNG GIRL FOLLOWING A GUNSHOT WOUND TO HER NECK

In a northern village in Nunavik, Quebec, nine-year-old Elisapie was accidentally shot in the neck while her brother and his friends were preparing for a hunting trip. She was transported to her local hospital, but the swelling around her wound was so severe that doctors found it impossible to intubate her. Dr. Lily HP Nguyen was the Otolaryngology – Head and Neck Surgeon on call that day at the Montreal Children's Hospital of the McGill University Health Centre (MCH-MUHC). "I got the go-ahead from senior management to head up north, but I needed backup. One of my colleagues had to cover my call and we also needed expertise from Anesthesia," says Dr. Nguyen. When pediatric anesthesiologist Dr. Marie-Pier Malenfant-Rancourt heard what had happened, she volunteered. The two doctors immediately got on the phone with the local hospital in Nunavik to coordinate the equipment they needed to bring. They then spoke to the medical team on the Quebec government's Challenger jet, which is used for medical transport, including moving patients from remote areas to city centres in emergency situations.

As soon as they arrived, Elisapie went from bad to worse. Four hours had passed since she was shot, but she was still awake and had just started to vomit. She could barely open her mouth, and they were worried she would start choking. "I tried looking into her mouth, but the swelling was horrible," says Dr. Nguyen. "Her trachea was displaced and her anatomy inside and outside was unrecognizable. I couldn't tell what was what."

Breathing was becoming very difficult for Elisapie. Dr. Nguyen had to find a way to establish the airway—and quickly. Working with Dr. Malenfant-Rancourt, she began to run a flexible tube through Elisapie's nose and down into her trachea to help her breathe. "The poor girl was awake during all of this and she didn't move a single muscle," says Dr. Nguyen. "She was so brave." Once the tube was well-positioned, the team began to manually pump air into her lungs and then hooked her up to a ventilator. While Dr. Malenfant-Rancourt was stabilizing Elisapie, Dr. Nguyen called the team at the Children's to give them an update. They then boarded the Challenger jet with their young patient and flew back to Montreal. "An army of people were waiting for us. The PICU, ED, Trauma, General Surgery, OTL-HNS, Radiology, Respiratory Therapy— everyone was there," says Dr. Malenfant-Rancourt. "We were also able to get in touch with Elisapie's mother who was receiving care at the Montreal General Hospital." The Trauma department immediately took over to make sure that Elisapie hadn't suffered any spinal or brain injuries, and once she was stabilized, they sent her for a CT scan. Elisapie was transferred to the PICU immediately afterwards and underwent multiple surgeries with Dr. Sabrina Cugno, a pediatric plastic surgeon. Her mother was also transferred to the Royal Victoria Hospital so she could be closer to her daughter for the next 10 weeks.





# FOUNDATIONS

The generous support of our donors and volunteers makes it possible for us to offer more and better services to our patients and help keep the McGill University Health Centre at the forefront of medical expertise and compassionate care. Their support is much appreciated.

- McGill University Health Centre Foundation
- Cedars Cancer Institute
- Montreal Children's Hospital Foundation
- Montreal General Hospital Foundation
- Royal Victoria Hospital Foundation
- Montreal Chest Institute Foundation
- Montreal Neurological Institute and Hospital Development Office
- Lachine Hospital Foundation

[muhc.ca/cause](http://muhc.ca/cause)





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# OUR TRANSFORMATION!

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