Breaking New Ground for the Best Care for Life
For your today… for their future

2004-2005 ANNUAL REPORT
"It’s been a year of many accomplishments. I firmly believe we have raised the bar of excellence and I look forward to continuing to provide the patient population with the right care at the right time at the right place."

DR. ARTHUR T. PORTER
MUHC DIRECTOR GENERAL AND CEO
JANUARY 2005
For your today... for their future

DR. ARTHUR T. PORTER
MUHC DIRECTOR GENERAL AND CEO

DAVID CULVER
CHAIRMAN OF THE MUHC BOARD OF DIRECTORS

Two important milestones provided the bookends to the 2004-2005 year for our project to build a modern health centre at the Mountain and Glen campuses.

In April 2004 former Quebec premier Daniel Johnson and former Canadian prime minister Brian Mulroney confirmed the importance of the MUHC project and that of its sister University of Montreal project in an exhaustive report commissioned by the Quebec Government. Commenting on this report, a La Presse editorial stated on April 17, “These projects are necessary for the health of Quebecers.” On the same day, the lead editorial of the Montreal Gazette stated, “This city needs these hospitals.” Both newspapers urged the government to “get on with the job.” One year later, in March 2005, decontamination of the Glen campus site began, a task that is now being completed ahead of schedule and under budget. Whatever challenges lay ahead, the MUHC Redevelopment Project is now unstoppable.

The redevelopment of the MUHC is a means to an end—outstanding patient care at a research-driven health centre that stands among the very best in the world. McGill and its teaching hospitals have earned a deserved reputation as international leaders in medical science. We train some of the best clinicians and scientists in the world at the MUHC and we attract the very best to work here. This international synergy enables us to provide leading-edge care to our patients and world leadership in advancing medical science. We cannot afford, however, to rest on our laurels. Medical knowledge does not stand still and neither will the MUHC.

As we move forward, we will continue to make innovation the driving force behind our clinical and academic activities. This same spirit of innovation and willingness to think outside the box will also characterize how we manage our on-going operations, how we structure the MUHC Redevelopment Project and the links we establish with stakeholders in our immediate and international communities.

The people who work at the MUHC are a truly outstanding group of professionals. In this annual report, we are able only to feature a small fraction of the remarkable range of patient care, research and teaching endeavours of the MUHC provided by a group of dedicated professionals.

Their work is reinforced by the support we receive from the community. Important investments in activities and capital projects including new technology such as a state-of-the-art PET-CT scan at The Montreal General, a new angio-catheterization lab at The Montreal Children’s, a new MUHC catheterization lab located at the Royal Victoria, and a new GE-MRI at the Montreal Neurological Hospital would not have been possible without the support of our donors. On behalf of everyone at the MUHC, we thank them for their generous commitment to the best care for life for our patients. We also thank our many community volunteers from the people who devote time to providing extra care to our patients to those who serve on our boards and committees. The strength of this community-hospital partnership is a unique hallmark of the MUHC and an inspiration for the future.

A study, co-authored by Dr. Eric Fombonne, MUHC director of the Department of Psychiatry at The Montreal Children’s Hospital, concludes there is no link between MMR vaccination and autism.

A first-of-its-kind study of safety issues surrounding the medicinal use of cannabis is launched at the MUHC, known as the COMPASS study (Cannabinoids for the management of pain: assessment of safety study). The research initiative will follow 1,400 chronic pain patients, 350 of whom use cannabis as part of their pain management strategy, for a one-year period. The results of this study will inform the development of evidence-based guidelines for the medical use of cannabis.

Researchers at the Research Institute of the MUHC and McGill University identify a new gene in breast cancer. This gene, beta1-integrin, is shown to be critical in the initiation of tumour growth and development in a mouse model of breast cancer. When this gene is blocked, cancerous tumours cease to grow.

Researchers conducted by MUHC scientists find that Vioxx (an anti-inflammatory drug) increases risk of heart attack in elderly adults who have no previous history of heart attack. The MUHC receives a state-of-the-art CO2 surgical laser coupled with a microscope that makes ear, nose and throat surgery safer and less invasive to patients.

Dr. Joseph Ragaz, MUHC director of Strategy (adults), takes part in a 10-year follow-up of a randomized trial that finds that the addition of radiation therapy to patients with high-risk breast cancer treated with radical mastectomy and adjuvant chemotherapy leads to better survival outcomes with few long-term toxic effects.

Dr. Evnin Scher and Dr. Galitzy Harnd of the MUHC Research Institute are listed in the prestigious Quebec Science magazine’s Top Ten Innovators of 2004. Dr. Scher is recognized for his identification of new molecules that may be used to improve cancer treatment. Dr. Harnd is recognized for his identification of a new target for control of obesity.

Researchers at the Research Institute of the MUHC and McGill University identify a new gene in breast cancer. This gene, known as the COMPASS study (Cannabinoids for the management of pain: assessment of safety study), involves more than 5,000 people across Canada. The objective of COMPASS is to find other people in Canada from the threat of fractures.

Some highlights of the year

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The objective of CAMOS is to improve bone density, prevent fractures and limit the use of drug cocktails, which have side effects.

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Two thousand and four - five was a year of achievement and challenges met. We are confident that next year and in the years ahead, we will confirm and enhance our role as a model academic health centre and an international leader in the provision of health care and the advancement of medical science. We will not compromise our capacity to excel, innovate, and grow to serve the many patients who depend on us.
37,177 AD MISSIONS PER YEAR
102 PER DAY

3,819,570 KILOGRAMS OF LAUNDRY WASHED PER YEAR

29,847 SURGERIES PER YEAR

667,910 AMBULATORY VISITS PER YEAR

6,000 SWITCHBOARD CALLS PER DAY

1,992,203 MEALS SERVED PER YEAR

8,884,102 DIAGNOSTIC TESTS PER YEAR

134,580 EMERGENCY DEPARTMENT VISITS PER YEAR

3,700 BIRTHS PER YEAR

3,700 BIRTHS PER YEAR

1,992,203 MEALS SERVED PER YEAR
TOGETHER

We are the MUHC

1,300 PHYSICIANS
AND DENTISTS

3,005 NURSES

2,157 SERVICE STAFF
(SUCH AS HOUSEKEEPING,
DIETETIC AIDES, KITCHEN HELPERS,
TRANSPORT ATTENDANTS,
PATIENT ATTENDANTS)

80 PHARMACISTS

446 ALLIED-HEALTH
AND OTHER
PROFESSIONALS

348 MANAGERS

1,074 RESEARCHERS

1,925 CLERICAL
SUPPORT STAFF

534 INTERNS
AND RESIDENTS

973 HOSPITAL
TECHNICIANS/
TECHNOLOGISTS

2,000 VOLUNTEERS

Left to right, Kevin Chan, volunteer,
Irma Franco, acting associate director
of Programs and Services Planning,
Dr. Kenneth Shaw, pediatric surgeon
and director of the MCH Emergency
Department and medical director of
MCH Trauma, Alain Pagi, Budget
manager, Barbara Towers, president of
the MUHC Council of Nurses and nurse
clinician at the Montreal Neurological Day
Hospital, and Hermina Cabantugan
Bittunes, housekeeper.
The MUHC

Our mission: patient care, research and teaching

Patient care—Our multidisciplinary teams of healthcare professionals provide tertiary and quaternary care to patients from across Quebec and elsewhere. We also provide primary and secondary care and trauma emergency services to adults and children in Montreal and surrounding regions. The six clinical missions of the MUHC are: Pediatric Medicine (The Montreal Children’s Hospital), Medicine, Surgery, Neurosciences, Women’s Health and Mental Health.

Research—The Research Institute of the MUHC is an internationally recognized biomedical and healthcare hospital research centre. The Institute supports over 500 researchers as well as 1,000 graduate and post-doctoral students. It operates more than 300 laboratories devoted to a broad spectrum of fundamental and clinical research. The close tie between research and clinical care is a hallmark of the MUHC and its Research Institute.

Teaching—The MUHC prides itself on the quality and rigour of its clinical and scientific training. Each year, close to 5,000 people train at the MUHC, including 825 medical and surgical residents, 1,075 nurses, 450 medical students and 525 allied-health students. Continuing education programs are also an integral part of providing best patient care. All physicians at the MUHC are cross-appointed to the McGill University Faculty of Medicine.

We sow the seeds of hope

Within the six missions of the MUHC—Pediatric Medicine (The Montreal Children’s Hospital), Medicine, Surgery, Neurosciences, Women’s Health and Mental Health—

Whether it is for the motorcycle accident victim being rushed into our Tertiary Trauma Program, a regional referral centre for all major trauma in downtown Montreal and surrounding communities; for the mother donating a kidney to her son in the Living Related Kidney Transplant Program, a leader in harvesting kidneys with a minimally invasive approach; for the woman seeking care at our Cedar’s Breast Cancer Centre, a place that provides women of all ages fully-integrated, “one stop” health care, including patient education, diagnostic testing, treatment and follow-up; or for the young child with retinitis pigmentosa, who is seen at The Montreal Children’s Ocular Genetics Clinic, a participant in clinical research trials to provide the best treatment possible to its patients. But we not only sow the seeds, we nurture them through a continuum of care throughout our specialized departments, where top-notch healthcare professionals provide patients with the best care available. Our research keeps us on the cutting edge of treatments allowing us to turn what is learned at the benchside into practice at the bedside. Technology permits us to practice medicine in a way that the human hand on its own is incapable of—taking us into the depths of the human body and propelling us to a new dimension of care. And teaching the next generation of healthcare professionals keeps us at the forefront of medical knowledge and makes us proud to contribute to the world’s caregivers. Here are some of our stories...
Sowing the seeds of hope for our patients with cancer...

Groundbreaking Oncology Program Helps Young Adults with Cancer

The MUHC’s Young Adult Oncology Program, one of the first of its kind in Canada, offers a wide range of medical and psychosocial interventions for young adults with cancer. Patients in the program have a wide variety of cancers; most frequent solid tumours are sarcomas, brain tumours and testicular cancer.

In addition to medical treatment, they may need help coping with the impact of cancer on their education, social life and career ambitions. Through the program, patients have access to social services and mental health experts, as well as a dedicated pivot nurse, to coordinate their care.

Patients in the program are candidates for clinical trials. They are often enrolled in social and psychological studies as well, to help them cope with the possibility of recurrences and the long-term effects of treatment.

Pivot Nurses Provide Seamless Care for Oncology Patients

To help ensure cancer patients at the MUHC and throughout the McGill Health Network (Réseau universitaire intégré de santé [Réseau]) receive seamless, coordinated care, selected oncology nurses are now designated as pivot nurses (infirmière pivot en oncologie).

Pivot nurses act as case managers, coordinating care and providing support to cancer patients and their families. Their primary roles are to guide patients through the complex system of cancer care and to make sure their healthcare needs are addressed. This is essential, because MUHC patients must often visit a number of different professionals in different settings to obtain the full spectrum of cancer therapy.

Pivot nurses also coordinate patient care through various services (hospitals, CSSCs and community organizations) and work with other healthcare professionals to ensure continuity of care. They follow patients from diagnosis, through treatment and even palliative care, when necessary.

Bone Cancer Centre of Excellence Offers Specialized Diagnosis and Treatment

Since 2004, a team of more than 20 specialists at the MUHC Bone Cancer Centre of Excellence has been diagnosing and treating adult and pediatric patients with bone and soft tissue cancers. Treatment for these rare cancers is highly specialized and may include a combination of surgery, chemotherapy and radiotherapy. Specialists also oversee the sophisticated reconstruction of bone and soft tissue often needed after treatment. Specialized, leading-edge therapies have resulted in high cure rates for the Centre’s patients.

As the only designated Centre Hospitalier Universitaire (CHU) in this area of medicine, the Centre is also heavily committed to research. Centre specialists are working with a nation-wide network of scientists to better understand causes and treatments for these cancers.

PET/CT Scanner Revolutionizes Cancer Diagnosis at MUHC

A state-of-the-art PET/CT scanner at the MGH is revolutionizing cancer detection at the MUHC. This new equipment, among the most advanced in Quebec, allows doctors to diagnose more patients more accurately than ever before.

The PET (positron emission tomography) scanner detects early-stage tumours by pinpointing areas of abnormal metabolic activity associated with cancer. CT (computed tomography) technology is less accurate in highlighting cancer, but provides vastly superior images. Combining these two technologies into a single scanner has changed the face of cancer diagnosis.

The PET/CT scanner allows doctors to quickly detect tumours and pinpoint their exact location. As many as 12 patients per day can be diagnosed. High demand for this sophisticated tool means the new machine is in use seven days a week.

Eighteen-year-old Jonathan Whyte Potter-Möl is one of 36 patients undergoing chemotherapy treatment with the Young Adult Oncology Program. Since the program started in March 2003, it has seen 75 patients, who range from 18 to 35 years old. Dr. Petr Kavan, founder of the Program, realized the gap between pediatric and adult care.

“It was visible that this population was not being approached properly. There are adults with pediatric types of cancer, who require a pediatric oncology approach to their treatment,” says Dr. Kavan. “Before the development of this Program this group was also not involved in clinical trials to find better treatments so outcome was inferior.” In addition, psychological support is an important factor with this age group. Jonathan is doing well and looks forward to a future in music.
Sowing the seeds of hope for our HEART PATIENTS...

CLINIC OFFERS FULL SPECTRUM OF CARE FOR ADULTS WITH CONGENITAL HEART DISEASE. The multidisciplinary team at The McGill Adult Unit for Congenital Heart Disease provides a full spectrum of care and surveillance to about 500 adult patients with congenital heart disease. The centre (also known as the MAUDRE Unit after Dr. Maude Abbott, a Quebec pioneer in medical research), is one of the very few clinics in North America serving this patient population.

Thanks to modern medicine, most children with congenital heart disease—a common birth defect—can now live healthy lives. However, as adults, they are at higher-than-normal risk of heart, lung and kidney problems. Some eventually need heart surgery, or even a heart transplant.

With the opening of the MAUDRE Unit, the MUHC now offers people with congenital heart disease a continuum of care, from early infancy to adulthood.

THE HEART TRANSPLANT PROGRAM AT THE MONTREAL CHILDREN'S HOSPITAL PROVIDES A VITAL RESOURCE FOR CHILDREN NEEDING HEART TRANSPLANTS. Very few children need heart transplants—but when they do, it’s a matter of life and death. The Pediatric Heart Transplant Program exists to help these children and their families. In the last four years, the Program’s highly trained specialists have performed six transplants.

Recipient ranged in age from neonates to teenagers. All six are still alive and doing well.

The major challenge facing the Program is the shortage of organs. Children needing a heart transplant may wait from several weeks to several months for a suitable organ to become available, as a result the MUHC has also pioneered the use of mechanical hearts for small children.

LIPID PREVENTION CLINIC HELPS PATIENTS CUT CARDIOVASCULAR RISK. The Lipid Prevention Clinic offers high-risk patients a multidisciplinary approach to preventing atherosclerosis, a major cause of cardiovascular problems such as heart disease and stroke. More than 2,000 patients—most with established coronary disease or genetic lipid disorders—attend the clinic each year. There, they are screened for risk factors and genetic abnormalities.

Interventions range from lifestyle and dietary changes to medication. Because patients often have other risk factors in addition to high cholesterol, clinic staff tries to target the whole individual.

Clinic staff is also heavily involved in research, especially into the genetic causes of early-onset heart disease.

PATIENT CARE UPGRADED CARDIAC CATHETER LABS NOW SERVE ENTIRE MCGILL HOSPITALS. After major renovations, the MUHC cardiac catheter labs have been designated as The Pennsylvania Commonwealth Intervention Centre for the entire McGill Health Network. The Centre’s multidisciplinary team of cardiologists, nurses and specialized radiology technicians treat emergency cases around the clock, and elective patients during regular hours. As many as 4,500 patients per year can be treated.

Patients with coronary and valvular disease come to the Centre for diagnostic procedures or for therapeutic interventions such as angioplasty, a non-invasive procedure to widen clogged coronary arteries.

PATIENT SAFETY COORDINATOR HELPS MUHC MEET SAFETY GOALS. The MUHC is the first healthcare facility in Canada to employ a full-time Patient Safety Coordinator. The coordinator develops the MUHC patient safety plan, including the implementation of the Canadian Council on Health Services Accreditation’s patient safety goals and develops training programs in this area.

In addition, the coordinator investigates sentinel incidents—any unexpected occurrence involving risk of death or serious injury to a patient—and recommends realistic steps to prevent similar events in the future. The position of Patient Safety Coordinator was created to help ensure patient safety goals are met at all MUHC hospitals.
Sowing the seeds of hope for our

PATIENTS WITH DIABETES...

CANADA’S FIRST PEDIATRIC INSULIN PUMP CENTRE  An increasing number of children with Type 1 diabetes use insulin pumps, which offer much better control of their disorder. To serve these young people, and to help other children make the switch from daily injection to insulin pumps, The Montreal Children’s Hospital of the MUHC recently opened The Pediatric Insulin Pump Centre—the first of its kind in Canada.

The centre’s multidisciplinary team includes endocrinologists, a nurse and a dietician. In addition to serving young patients, healthcare professionals at the centre also conduct research into treatment satisfaction, measures of metabolic control and the impact of insulin pumps on quality of life.

Other centres are already soliciting the expertise of the centre’s staff, both as mentors for their healthcare professionals, and as consultants for patients.

SEXUAL DYSFUNCTION CLINIC HELPS MEN WITH DIABETES OVERCOME SEXUAL DIFFICULTIES  Over the long run, diabetes can damage blood vessels and nerves. For males, one disturbing result may be erectile dysfunction (ED). According to some estimates, as many as 70 per cent of diabetic men may have ED. Helping these men is an important focus of the Sexual Dysfunction Clinic run by the MUHC’s Department of Urology.

Clinic doctors first ensure patients’ diabetes is well controlled. Then, each patient is thoroughly evaluated to clearly define the medical and psychological causes of sexual dysfunction. In most cases, medications can be used as a first-line therapy.

RESEARCH

THRIVING RESEARCH  Research success is usually judged by the number of publications and the number of researchers able to obtain grants within any given institution. At the Research Institute (RI) of the MUHC, in the 2004-2005 period, 418 publications were produced by 533 researchers and clinicians, and close to $100M in funding was obtained from external sources. This includes 24 RI scientists receiving salary awards from both the federal Canadian Institute of Health Research (CIHR) and the Fonds de la recherche en santé du Québec. Operating grants from the CIHR from two separate competitions (spring and fall) saw sixty-two investigators awarded grants. The RI’s success rate for both competitions was as usual, higher than the national average. The Canada Foundation for Innovation (CFI) also gave awards to seven RI investigators.

Internal awards have been handed out for more than ten years and are used to provide financial support to our brightest new recruits and young investigators. Generously supported by both MGH and RHF Foundations, 85 internal awards were presented to RI investigators at the annual awards dinner held in October 2004—over $2,000,000 was awarded!

There is no doubt that we are a research-driven healthcare institution.

THE MUHC—PATIENT CARE, RESEARCH AND TEACHING

3. The Montreal Children’s Hospital of the MUHC recently opened The Pediatric Insulin Pump Centre—the first of its kind in Canada. The MCH has been at the forefront of both the recommendations for use and utilization of pediatric insulin pump therapy in Quebec, since starting its first patients in 2000. Its patients now represent approximately 12 per cent of its clientele, and the number is increasing.
Sowing the seeds of hope for our
PATIENTS WITH
NEUROCOGNITIVE DISORDERS...

PREVENTING STROKE IS TOP PRIORITY AT MULTIDISCIPLINARY CLINIC
At the MUHC Stroke Prevention Clinic, a specialized team of healthcare professionals evaluates and treats more than 2,500 patients each year, helping them avoid the devastating consequences of stroke. Clinic patients are at high risk because of their medical history, or because they have risk factors such as diabetes or high blood pressure.

Interventions often include counseling to promote healthy eating, smoking cessation and other lifestyle improvements. A specially trained clinic nurse helps people make these lifestyle changes. Many patients also require medication, while a few are referred for surgery to unblock clogged carotid arteries.

Clinic staff also conducts research, looking for new ways, new drugs or new interventions to prevent strokes.

ADULT TRAUMA PROGRAMS DRAMATICALLY CUT DEATH RATES FOR MUHC PATIENTS
Traumatic Brain Injuries (TBI) can be fatal or disabling if patients do not receive expert care immediately. Each year, about 500 adults are treated for this dangerous type of injury through the MUHC Adult TBI Program.

Most trauma-related deaths occur within an hour of injury. Because the MUHC trauma team possesses the expertise and resources to treat complex multiple injuries often seen in trauma patients the team can respond within just 15 minutes.

Trauma—any kind of injury—is the most common cause of death for patients aged 45 or younger. Since it started in 1993, the MUHC Adult Trauma Program has reduced death rates for the most severely injured trauma patients from 50 per cent to just nine per cent.

UNIQUE AUTISM STUDY
A unique MUHC study at the Montreal Children’s Hospital known as Pathways to Better Outcomes is breaking new ground in the study of children with autism. Autism affects about one in every 170 youngsters.

Children with autism don’t develop normal communication skills or engage in normal social interactions. Researchers will track more than 400 children with autism from initial diagnosis (usually between ages two and four) to entry into school.

Until now, few studies have looked at the transition from preschool to early school-age years. In addition to collecting medical information, MUHC researchers will pay close attention to social factors, such as parental interactions.

One important study goal is to identify factors that explain why some autistic children develop skills more quickly than others. This could help psychiatrists tailor autism programs to individual patients.

THE MUHC—PATIENT CARE, RESEARCH AND TEACHING

PATIENT CARE AND TECHNOLOGY

STATE-OF-THE-ART EQUIPMENT BENEFITS PATIENTS WITH NEUROLOGICAL DISORDERS
New magnetic resonance imaging (MRI) and angiography equipment is helping MUHC healthcare providers diagnose and treat patients with neurological disorders more effectively. Patients with brain tumors, blood vessel abnormalities and aneurysms (weak spots in the artery wall, which can break open and bleed if not treated) are benefiting from this improved technology.

The MRI and angiography equipment, housed in separate suites, produce different types of imaging. However, sophisticated software allows technicians to “fuse” images from the two sources. The resulting three-dimensional image shows the structures of the brain in relation to blood vessels—and provides an unsurpassed tool for planning neurological surgery.

The angiography suite is also used to perform interventions such as a ceiling, a procedure used to block off aneurysms before they rupture.

Christina Jones is a 76-year-old patient with Multiple Sclerosis at the Montreal Neurological Hospital, which is a focal point in the fight against MS. The MNH MS clinic is the oldest in Canada, with over 4,000 patients registered and including close to 2,200 patients annually, which adds up to about 18 per cent of all Canadians who are estimated to have MS. Specialists and researchers see patients and apply their state-of-the-art knowledge to the diagnosis and treatment of their disease at the Clinic. Christina, who is happy with her care at the MNH, was diagnosed later in her life and she says she only recently started to use a cane.
REVOLUTIONARY EGG FREEZING TECHNIQUE ALLOWS WOMEN TO PRESERVE THEIR FERTILITY

A revolutionary technique to freeze human eggs was pioneered at the McGill Reproductive Centre of the MUHC. Known as vitrification, this technique eliminates the drawbacks and low survival rates associated with conventional methods. Used along with a proprietary device called the McGill Cryoleaf, vitrification increases the survival rate of frozen eggs to over 90 per cent.

Vitrification has been used to store the eggs of over 26 women worldwide—among them young women with cancer—so that they can continue their fertility before undergoing chemotherapy and radiotherapy. These women are able to continue their fertility journey with the treatment of cancer. Some women, with no medical explanation for pelvic pain, have achieved a 40 per cent pregnancy rate in patients—undergoing chemotherapy and radiotherapy—and some are being diagnosed with cancer to preserve their fertility before undergoing hormonal stimulation for fertility treatment. Of these women, Centre specialists have achieved a 40 per cent pregnancy rate in patients—nearly as high as when fresh eggs are used.

The McGill Cryoleaf device is designed to catch and hold the eggs, ensuring they arrive at the Centre in perfect condition. The device is connected to a proprietary computer program, which closely monitors the eggs’ temperature during the entire process. The eggs are then stored in liquid nitrogen, where they remain in a state similar to that of a solid diamond.

The McGill Cryoleaf is a key component of the MUHC’s state-of-the-art vitrification laboratory. The Centre’s experts are able to store eggs for up to 12 months, depending on the patient’s needs. The eggs can be retrieved and used at any time, providing patients with a sense of control and reassurance.

Many Canadians live too far from fertility centres. For these people, the MUHC offers a transport IVF service. The Centre’s experts fly the eggs to the patient’s hometown in a special incubator, allowing them to be fertilized and frozen. The fertilized eggs are returned to the MUHC, where they are transported to the patient’s hometown, to be frozen and stored.

The Centre’s experts use the latest technology, including advanced computer programs, to monitor the eggs’ progress throughout the process. This allows them to ensure that the eggs are stored in the best possible condition, and that they can be retrieved and used at any time.

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Looking Ahead

The Future MUHC

The MUHC is stewarding a future model of academic medicine built on two campuses—new facilities at the Glen Campus, which borders the City of Westmount and the Côte-des-Neiges-Notre-Dame-De-Grâce borough at the top of the St-Jacques Street escarpment, and fully modernized and expanded facilities at the Montreal General Hospital site or the Mountain Campus, located in the heart of Montreal on Pine and Cedar Avenues. The redeveloped MUHC will provide the best possible environment for patient care and academic medicine. Our vision is a MUHC for the next century where patients receive the most advanced and complex care and where medical research and teaching are integrated into all of our activities. The goal is to attract and retain the very best healthcare experts and have state-of-the-art technology at our disposal, as well as be capable of adapting as the field of medicine evolves. Remaining true to our values and our academic mission will allow us to provide leading-edge tertiary and quaternary health care within the McGill Health Network (Réseau universitaire intégré de santé McGill), while also continuing to be a reference of excellence around the world.

The future campuses will have...

- Single rooms that provide patients with a restful haven to promote recovery, respect privacy and improve safety. Family members will also be able to stay overnight comfortably.
- Facilities that will reflect the needs of different age groups, and those cognitively or physically impaired. They’ll also contain elements of positive distraction, such as nature, art and music.
- Dedicated family areas for social interaction and support, as well as space for educating family members and extended caregivers on follow-up care.
- Inpatient-care units that are pod shaped with cul-de-sac and multidisciplinary workstations, which are more efficient for caregivers and quieter for patients.
- Easier to understand and clear signage so people quickly reach their destination and with increased adjacent services.
- A design that will support the constantly evolving delivery of patient care and breakthroughs in research and technology. This will help us attract and retain experts in fields where we excel.

The MUHC is stewarding a future model of academic medicine built on two campuses—new facilities at the Glen Campus, which borders the City of Westmount and the Côte-des-Neiges-Notre-Dame-De-Grâce borough at the top of the St-Jacques Street escarpment, and fully modernized and expanded facilities at the Montreal General Hospital site or the Mountain Campus, located in the heart of Montreal on Pine and Cedar Avenues. The redeveloped MUHC will provide the best possible environment for patient care and academic medicine. Our vision is a MUHC for the next century where patients receive the most advanced and complex care and where medical research and teaching are integrated into all of our activities. The goal is to attract and retain the very best healthcare experts and have state-of-the-art technology at our disposal, as well as be capable of adapting as the field of medicine evolves. Remaining true to our values and our academic mission will allow us to provide leading-edge tertiary and quaternary health care within the McGill Health Network (Réseau universitaire intégré de santé McGill), while also continuing to be a reference of excellence around the world.
FOUNDATIONS

Over 2004-05 the MUHC Foundations continued to play a crucial role in ensuring the delivery of quality care and services for our patients. We are proud and grateful for the ongoing tradition of private philanthropy that supports outstanding patient care, medical research and teaching for the best care for life at the MUHC.

MUHC FOUNDATION

The MUHC Foundation continued to advance the $300 million Best Care for Life campaign, successfully moving forward with the campaign’s quiet phase and preparing for the public launch, which took place in September 2005. In addition, the Foundation worked with the Cedars Cancer Institute to raise $2 million in support of oncology services at the MUHC through its annual golf tournament, and organized the Bid For Life auction, which raised $184,000 for essential nursing equipment.

In other contributions, the MUHC Foundation donated $2.6 million to support critical projects across the sites, including donations to cardiac care, mental health and palliative care. The Foundation also provided $300,000 to purchase equipment for the liver transplant program, $100,000 to purchase a CO2 laser for otorhinolaryngology, and $48,200 for research in radiation oncology.

MCH FOUNDATION

Community support for The Children’s was unequalled during 2004-05 as the Hospital celebrated “100 years of medical breakthrough, hope and hugs.” The Foundation was able to meet most of the Hospital’s current needs, including 244 new pieces of medical and surgical equipment. Some of the donations include: a “Giraffe” Incubator for the NICU ($55,000), a state-of-art incubator combined with a radiant warmer, which provides superior care to premature newborns who have a very low birth weight; four Pediatric Laryngoscopes ($32,000 each), an instrument that provides illumination to the glottis to facilitate passing an endotracheal tube through the patient’s vocal cords and can also be used to examine many pathologies (edema, bleeding, polyps, fibrosis); a multi-detector Gamma Camera ($700,000), which operates in conjunction with other imaging units such as ultrasound, CT-Scan and magnetic resonance imaging (MRI), allowing for superior sensitivity in the imaging of patients. In the coming year, The Montreal Children’s Hospital Foundation and its donors will also embark on a new venture: that of building the new Montreal Children’s Hospital on the Glen site. Within the Best Care for Life campaign, the Montreal Children’s Hospital Foundation will lead the Best Care for Children campaign.

MCI FOUNDATION

The MCI Foundation, the smallest of the MUHC Foundations, had a successful year, and was able to fund clinical research, $156,168, the Clinical Respiratory Epidemiology Unit, $661,068, and improve MCI patient areas, including patient bathrooms and new beds and tables with $310,172. It continues to help support The Best Care for Life campaign.

MVH FOUNDATION

The Montreal General Hospital Foundation is pleased to report another record year of fundraising under the Chairmanship of Bob Swidler. The MGH Foundation continues its important role, in concert with John Rae, in soliciting major gifts for the Best Care for Life campaign, highlighted by a leadership commitment of $12 million by the Molson Foundation. Among many of the projects made possible by the MGH Foundation, a few include the expansion and reconstruction of the Emergency Department, a $4 million project, the first PET-CT in Montreal, a $7.5 million project made possible through the collaboration of the Saku Koivu and MGH Foundations, which became fully operational in Spring 2004, three Minimally Invasive Operating Theatres—included in this project are new facilities for the Post Anesthesia Care Unit, and the Pain Centre—and the complete reorganization and enlargement of the Division of Gastroenterology began in 2004-05, with a preliminary commitment of $770,000 made by the MGH Foundation.

RVH FOUNDATION

During the 2004-05 fiscal year, the RVH Foundation raised all the funds necessary for the installation of the very first MRI ($800,000) and a new CT Scan ($1.6 million) at the RVH. It also provided generously for the construction of the Cathereterization Laboratory on Surgical 4 as well as the integration of outpatient services for Mental Health at the Allan Memorial Institute. The Foundation also donated $300,000 to support the MRI and Angiography projects at the Montreal Neurological Hospital. These are all priorities of the $300 million Best Care for Life campaign, and the RVH Foundations will continue to work closely with its partners to ensure its success.

The RVH Foundation provided $890,000 for the relocation of the Bone Metabolism Clinic to E1 and $750,000 for the renovation of the E2 Clinics, a project that was also supported by the RVH Auxiliary and the Medical Clinics Fund. And as usual, the Foundation supported fellowships and studentships for the MUHC Research Institute as well as CNA Certification Bursaries, a program for which the MUHC earned the Canadian Nurses Association 2005 Employer Recognition Award.
The MUHC financial year ended March 31, 2005 and resulted in an operating deficit of $20,186,000 on a total revenue of $689,646,000. This deficit represents less than 3 per cent of revenue. The MUHC deficit was under the targeted deficit of $20,200,000, approved by the “Agence de développement de réseaux locaux de services de santé et de services sociaux de Montréal.” On the following pages is the MUHC financial and operational data summary for the past three financial years.

RENÉ CARIGNAN
CHIEF FINANCIAL, ADMINISTRATIVE
AND CLINICAL SUPPORT OFFICER

THE MUHC
Financial Report
INPATIENTS

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Bed Set-up</strong></td>
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<tr>
<td>Acute Care – Adults and Children</td>
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<td>1,079</td>
<td>1,094</td>
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<td>Newborns – General Care</td>
<td>26</td>
<td>26</td>
<td>26</td>
<td>26</td>
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<tr>
<td>Newborns – Intensive Care</td>
<td>55</td>
<td>55</td>
<td>55</td>
<td>55</td>
<td>55</td>
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<tr>
<td>Chronic Care – Adults</td>
<td>117</td>
<td>115</td>
<td>115</td>
<td>115</td>
<td>115</td>
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<tr>
<td><strong>Total</strong></td>
<td>1,239</td>
<td>1,275</td>
<td>1,290</td>
<td>1,252</td>
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<td><strong>Admissions</strong></td>
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<tr>
<td>Acute Care – Adults and Children</td>
<td>32,593</td>
<td>33,509</td>
<td>32,331</td>
<td>31,356</td>
<td>33,933</td>
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<td>Newborns – General Care</td>
<td>3,484</td>
<td>3,497</td>
<td>3,378</td>
<td>3,340</td>
<td>3,344</td>
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<td>Newborns – Intensive Care</td>
<td>699</td>
<td>740</td>
<td>664</td>
<td>702</td>
<td>650</td>
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<td>Chronic Care – Adults</td>
<td>401</td>
<td>422</td>
<td>400</td>
<td>336</td>
<td>399</td>
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<tr>
<td><strong>Total</strong></td>
<td>37,177</td>
<td>38,168</td>
<td>36,773</td>
<td>35,734</td>
<td>38,326</td>
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<tr>
<td><strong>Patient Days</strong></td>
<td></td>
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<tr>
<td>Acute Care – Adults and Children</td>
<td>284,006</td>
<td>296,719</td>
<td>299,192</td>
<td>299,610</td>
<td>307,794</td>
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<tr>
<td>Newborns – General Care</td>
<td>8,483</td>
<td>8,485</td>
<td>8,295</td>
<td>8,350</td>
<td>8,025</td>
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<tr>
<td>Newborns – Intensive Care</td>
<td>14,070</td>
<td>15,327</td>
<td>13,627</td>
<td>12,889</td>
<td>13,811</td>
</tr>
<tr>
<td>Chronic Care – Adults</td>
<td>45,747</td>
<td>42,930</td>
<td>48,152</td>
<td>42,475</td>
<td>44,725</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>352,306</td>
<td>363,461</td>
<td>369,266</td>
<td>363,324</td>
<td>374,355</td>
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<tr>
<td><strong>Average Length of Stay</strong></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Acute Care – Adults and Children</td>
<td>8.71</td>
<td>8.85</td>
<td>9.25</td>
<td>9.56</td>
<td>9.07</td>
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<tr>
<td>Newborns – General Care</td>
<td>2.43</td>
<td>2.43</td>
<td>2.46</td>
<td>2.50</td>
<td>2.40</td>
</tr>
<tr>
<td>Chronic Care – Adults</td>
<td>114.08</td>
<td>101.73</td>
<td>120.38</td>
<td>126.41</td>
<td>112.09</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>114.08</td>
<td>101.73</td>
<td>120.38</td>
<td>126.41</td>
<td>112.09</td>
</tr>
<tr>
<td><strong>Weighted Total</strong></td>
<td>9.48</td>
<td>9.52</td>
<td>10.04</td>
<td>10.17</td>
<td>9.77</td>
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<tr>
<td><strong>Average Occupancy</strong></td>
<td></td>
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</tr>
<tr>
<td>Acute Care – Adults and Children</td>
<td>74.75%</td>
<td>75.34%</td>
<td>74.93%</td>
<td>77.73%</td>
<td>79.48%</td>
</tr>
<tr>
<td>Newborns – General Care</td>
<td>89.39%</td>
<td>89.41%</td>
<td>87.41%</td>
<td>87.99%</td>
<td>84.56%</td>
</tr>
<tr>
<td>Newborns – Intensive Care</td>
<td>70.09%</td>
<td>76.35%</td>
<td>67.88%</td>
<td>64.20%</td>
<td>68.80%</td>
</tr>
<tr>
<td>Chronic Care – Adults</td>
<td>107.12%</td>
<td>102.28%</td>
<td>114.72%</td>
<td>102.19%</td>
<td>106.55%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>77.90%</td>
<td>78.10%</td>
<td>78.43%</td>
<td>78.51%</td>
<td>81.59%</td>
</tr>
</tbody>
</table>

Note 1: 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%.

FINANCIAL REPORT
March 31, 2005

EXPENSES
March 31, 2005

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Nursing Care</td>
<td>162,884</td>
<td>163,205</td>
<td>166,149</td>
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<tr>
<td>Diagnostic and Therapeutic Services</td>
<td>228,810</td>
<td>221,811</td>
<td>211,346</td>
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<tr>
<td>Technical and Support Services</td>
<td>117,917</td>
<td>116,035</td>
<td>116,076</td>
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<tr>
<td>Administration</td>
<td>37,071</td>
<td>35,254</td>
<td>33,294</td>
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<tr>
<td>Other</td>
<td>163,150</td>
<td>156,948</td>
<td>139,591</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>709,832</td>
<td>693,253</td>
<td>666,456</td>
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Note: (thousands $)
### REVENUE

**March 31, 2005**

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Agency</td>
<td>497,524</td>
<td>479,504</td>
<td>457,114</td>
</tr>
<tr>
<td>Sales &amp; Recoveries</td>
<td>18.901</td>
<td>22.895</td>
<td>22.900</td>
</tr>
<tr>
<td>Patients</td>
<td>19,555</td>
<td>19,409</td>
<td>16,713</td>
</tr>
<tr>
<td>Research</td>
<td>71,758</td>
<td>67,005</td>
<td>59,295</td>
</tr>
<tr>
<td>Other</td>
<td>81,908</td>
<td>78,874</td>
<td>70,914</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>689,646</td>
<td>667,687</td>
<td>626,936</td>
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</table>

(Thousands $)

### SURPLUS (DEFICIT)

**March 31, 2005**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Agency</td>
<td>-40,000</td>
<td>-30,000</td>
<td>-20,000</td>
</tr>
<tr>
<td>Sales &amp; Recoveries</td>
<td>-25,566</td>
<td>-25,566</td>
<td>-20,186</td>
</tr>
<tr>
<td>Patients</td>
<td>-10,000</td>
<td>-10,000</td>
<td>-10,000</td>
</tr>
<tr>
<td>Research</td>
<td>-10,000</td>
<td>-10,000</td>
<td>-10,000</td>
</tr>
<tr>
<td>Other</td>
<td>-10,000</td>
<td>-10,000</td>
<td>-10,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>-10,000</td>
<td>-10,000</td>
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</table>

(Thousands $)

### ALTERNATIVE CARE TO HOSPITALIZATION

**2004-2005**

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<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Ambulatory Services (visits)</td>
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<td></td>
<td></td>
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<tr>
<td>Emergency</td>
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<td>132,083</td>
<td>131,619</td>
<td>133,821</td>
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<tr>
<td>Outpatient Clinics</td>
<td>644,131</td>
<td>668,482</td>
<td>657,943</td>
<td>645,557</td>
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<td>Family Planning</td>
<td>19,365</td>
<td>22,625</td>
<td>20,757</td>
<td>21,333</td>
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<td><strong>Total</strong></td>
<td>798,076</td>
<td>823,190</td>
<td>810,319</td>
<td>800,711</td>
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<tr>
<td>Day Care Medicine (treatment day)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Disease</td>
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<td>67,002</td>
<td>62,758</td>
<td>57,960</td>
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<td>Parenteral Nutrition</td>
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<td>6,293</td>
<td>7,045</td>
<td>6,693</td>
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<tr>
<td>Oncology and Hematology</td>
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<td>20,162</td>
<td>16,976</td>
<td>18,982</td>
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<tr>
<td><strong>Total</strong></td>
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<td>93,457</td>
<td>86,799</td>
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<tr>
<td>Day Hospital (attendance)</td>
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<td>Geriatric</td>
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<td>2,372</td>
<td>2,183</td>
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<td>Psychiatry</td>
<td>11,794</td>
<td>13,458</td>
<td>12,949</td>
<td>13,582</td>
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<td><strong>Total</strong></td>
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<td>15,830</td>
<td>15,132</td>
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<tr>
<td>Day Surgery (patient)</td>
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<tr>
<td>Endoscopy and Cystoscopy (treatment)</td>
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<td>20,917</td>
<td>19,861</td>
<td>19,887</td>
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<td><strong>Total</strong></td>
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<td>39,774</td>
<td>38,314</td>
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<tr>
<td>Others (treatment)</td>
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<td>Hemodialysis</td>
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<td>78,524</td>
<td>80,433</td>
<td>79,132</td>
</tr>
</tbody>
</table>

(Thousands $)
AWARDS

Just a few of the awards received over the 2004-2005 year as recognition of the outstanding contribution many of the people who work at the MUHC have made worldwide.

DR. FREDERICK ANDERMANN, director of the MSH/MNI’s Seizure Service and Epilepsy Clinic, and a professor in Neurology and Neurosurgery, and Pediatrics, received the 2004 Ross Award from the Canadian Pediatric Society (CPS). This award was established in 1976 and is the most prestigious honour given by the CPS. It recognizes excellence in the field of pediatric research, education and child health and advocacy.

DR. SAMUEL BENAVERA was among the recipients of the Canadian Society of Internal Medicine 2004 Osler Award. The award is presented annually to individuals demonstrating excellence in achievement in the field of General Internal Medicine, either in clinical practice, research, medical education or specialty development.

DR. CHAIKRI BENKELER, MUHC research director in the Department of Psychiatry, and professor of psychiatry in the Faculty of Medicine at McGill University was presented with the Distinguished Investigator Award by The National Alliance for Research on Schizophrenia and Depression.

CAROL BURNETT, local nurse of the Oncology Day Centre and Medical Nursing Services, received the first CANO Award of Excellence in Hematology and Oncology Nursing for her years of dedication and work in advancing care and treatment of oncology patient.

JANE CHAMBERS-EVANS, MUHC nursing practice consultant and clinical ethicist, was honoured with the Order of Nurses’ Prix Florence for Clinical Practice. The award recognizes nurses in such categories as clinical practice, leadership and research. The nominees are chosen by their peers as “exceptional” nurses, sources of inspiration and initiators of change.

RUTH GESSER, a MUHC speech-language pathologist at the MGH, was awarded the 2004 membership award from the Canadian Association of Speech-Language Pathologists and Audiologists. She received the award for her outstanding work in her many roles as clinician, teacher, mentor, and clinical supervisor, particularly in the area of voice disorders.

DR. DAVID GOLTZMAN, professor of the department of Medicine at McGill University and MUHC senior physician in the division of Endocrinology and the director of Calcium Research Laboratory, received the Canadian Society of Clinical Investigation (CSCI) Distinguished Service Award. This award recognizes extraordinary service to the CSCI in their efforts to promote clinical research across the nation.

DR. CÉLÈSTE JOHNSTON, MUHC nurse scientist (honorary) and a James McGill professor at McGill University, was awarded the Prix Florence by the Ordre des infirmières du Québec for her exceptional contributions in the advances of nursing knowledge in the field of pain management in newborns and young children.

PATRICIA LEFEBVRE, MUHC pharmacist-in-chief, received the status of Fellow of the Canadian Society of Hospital Pharmacists (CSHP). This honour recognizes her exemplary achievements and outstanding contributions to CSHP and to the profession.

DR. ANNE-MARIE MACLELLAN, MUHC assistant director, Medical Education Division, was the recipient of the Quebec Pediatric Association’s Prix Lepistland 2004, for her exceptional work and distinguished academic career in pediatrics.

DR. NANCY TANNEUNBAUM, full professor in the departments of Pediatrics and Neurology and Neurosurgery at McGill University and director of the Neuropeptide Physiology Laboratory at the MUHC Montreal Children’s Hospital Research Institute, received the McGill Association of University Teachers Award in recognition of outstanding contributions to the McGill Association of University Teachers (MAUT).

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“Staff have an ongoing overall commitment to the clients and families.”

“The organization integrates research findings into the delivery of care.”

“Ethics expertise is present and available. The preoccupation related to ethics is visible throughout the organization.”