



always prepared. always preparing.

24/7



Centre universitaire de santé McGill
McGill University Health Centre



annual report

2006-2007

Table of Contents

Best Care for Life	3	Research	
A year of tragedy & triumphs, large & small	4	An Interview with Dr. Papadopoulos	50
Message from the Chair of the Board of Directors	5	The Future MUHC	52
Message from the Associate Director General - Clinical Operations	6	Foundations	
Message from the Director General and CEO	7	MUHC Foundation	54
		MCH Foundation	56
		Friends of the Neuro	56
		MGH Foundation	56
		RVH Foundation	57
		Montreal Chest Institute (MCI) Foundation	57
Dawson Remembered		Community Volunteers	58
Introduction	8	Cedar Cancer Institute	60
Trauma Team	10	Cedar CanSupport	61
Emergency	12	Awards	62
ICU	14	MUHC Board of Directors	64
Mental Health	16	Financial Results	65
12th Floor –The Aftermath	18		
Cancer Care: The Birth of a Mission			
Introduction	20		
Cancer Care – Dr. A. Aprikian	22		
Accreditation –A. Saucier	23		
Radiation Oncology	24		
Molecular Basis of Breast Cancer	26		
Pediatric Brain Tumours	28		
Robotic Surgery and Prostate Cancer	30		
Stem Cell Transplants	32		
Cancer Nutrition Rehab Program	34		
Adolescent and Young Adult Oncology Program	36		
Innovation : Finding Better Ways			
Introduction	38		
Room Service	40		
Serving the Far North	42		
When Newborns Need Help	44		
Family Medicine Clinic	46		
Child Development Program	48		



Centre universitaire de santé McGill
McGill University Health Centre

The McGill University Health Centre (MUHC) is one of the most comprehensive academic health centres in North America. The MUHC represents five teaching hospitals affiliated with the Faculty of Medicine of McGill University: The Montreal Children’s, Montreal General, and Royal Victoria Hospitals as well as the Montreal Neurological Institute/Hospital, and the Montreal Chest Institute.

Best Care for Life

2006-2007

A year of tragedy and of triumphs,
large and small



The long road back

The Dawson tragedy left emotional as well as physical scars. MUHC mental health experts led the way in developing and implementing a mental health plan for Dawson's 10,000 students.



Enlisting robots to help with surgery

The newest member of the MUHC health care team is actually a machine – a surgical robot to be precise. Robotic surgery allows surgeons to perform prostate surgery more quickly and with greater precision, for faster recovery.



Helping children towards healthier development

The Child Development Program, based at the Montreal Children's Hospital, helps children who require special assistance with complex issues such as socio-emotional health, language or behaviour.



Family medicine comes to the community

Good family medicine starts with good access. That's why the MUHC Family Medicine Department relocated this year to a highly-accessible, extended-hours clinic in the heart of NDG.

Message from the Chair of the Board of Directors

Great hospitals and institutions are woven into the fabric of their communities. For nearly two hundred years, hospitals have been an integral part of the Montreal community.

This tradition is carried on today by a variety of institutions, including the MUHC, which this year celebrates the ten-year anniversary of the merger which created it.

As we develop new structures and plan for the future, we need to be constantly mindful that we are part of a rich and diverse community. The Montreal Children's Hospital currently functions in over 50 languages, reflecting the diverse backgrounds of Montreal's citizens. The Montreal General, which now constitutes the Mountain Campus, occupies an historic site on Mount Royal. As the MUHC proceeds with its Redevelopment Project, including integrating the Montreal Neurological Hospital into the Mountain Campus, we do so with sensitivity and respect for our natural surroundings and cultural heritage.

The MUHC has already won BOMA Go Green certification at the Mountain Campus for its environmental standards. On the Glen Campus, our plans call for developing a hospital which will also achieve Go Green certification. These goals reflect our environmentally and community-conscious approach.

Our Glen Campus will be uniquely accessible to Montrealers by multiple road, metro, rail and bus links. When completed, this environmentally-friendly site, with its leading-edge facilities, will be a welcome new community resource for the citizens of the surrounding area.

The MUHC strives to create a healing environment and, at the same time, constitutes a potent economic engine with its 14,000 committed individuals, each carrying out a key function of one kind or another. I am confident that the redeveloped MUHC will play a significant role in revitalizing nearby communities, bringing in new ancillary businesses and talent, and contributing to healthy, sustainable economic growth in the area.

As our great institution continues to evolve, we will pursue our long tradition of serving our communities at every level and enhancing the quality of life for people in the Montreal region and beyond.

The Hon. W. David Angus, QC
Chair of the Board of Directors



The Hon. W. David Angus, QC
Chair of the Board of Directors

Dawson Remembered



A year later, we still remember the horror. Yet we also remember the outstanding care provided at the MUHC on that terrible day – and in the weeks and months that followed.

Cancer Care for Young Adults



Adolescents and young adults have a lot to deal with: leaving home, starting university, and launching a career. For some, there is another life-altering source of stress: a diagnosis of cancer. Ready to help is the Adolescent and Young Adult Oncology Program.

Room Service lets patients choose



An innovative service at the Montreal General Hospital puts patients in charge of their food choices. Tasty, safe – and very popular.

MUHC. Dedicated to improving patient care

To view all MUHC press releases, visit www.muhc.ca



Ann Lynch
*Associate Director General of
Clinical Operations, MUHC*

What makes a great hospital great?

Teamwork is the key, according to Ann Lynch, Associate Director General of Clinical Operations. But, in addition to the excellent patient care delivered by its multidisciplinary teams, the MUHC is also an internationally recognized teaching facility and a centre for world-class research. In this video presentation, Ms Lynch discusses the many facets of the MUHC that, taken together, make it a truly great hospital.



To view the video of Ann Lynch go to
www.muhc.ca/annual_report/intro/ann_lynch

Message from the Director General and CEO

After years of careful preparation, our vision of the future MUHC is becoming reality.

In the last year, we moved from abstract planning to the most difficult and practical aspect of planning – financing. We made decisions on how our future home was to be built. We sent out our first request for qualifications. We began to make the dream come alive.

Our architects, engineers and project managers have now been hired. The Glen campus site is fully remediated. Our agreement with the Shriners is completed. We have created the Institute for Strategic Analysis and Innovation (ISAI), to conduct healthcare systems research so that, when we move to our new home, we deploy leading-edge processes in all areas.

Our clinical plan, our functional plan, and even the first year's operating budget for the new hospitals have been approved by all levels of government. As a top government official remarked, "there is no turning back."

Using the best research to provide the best care

The MUHC is a complex organization with several different mandates. Our objective is not only to deliver the very best clinical care, but to be an academic, integrated-

delivery health-care system. We do not segregate clinical know-how and research findings into separate "silos". Instead, we use all that we have learned through research when treating our patients, so that they have the best, most-up-to-date care.

To expand and focus our research enterprise, we recruited Dr. Vassilios Papadopoulos, formerly of Georgetown University, Washington DC. Already he has added further dynamism and focus to the MUHC.

Finally, the MUHC and its partner McGill University remain as the hubs of the RUIS (Réseau Universitaire Intégré de Santé). This vast healthcare organization is responsible for providing appropriate levels of care for people in more than 60 per cent of the land area of Quebec. This responsibility we take very seriously – and we work hard to fulfill.

A health care organization must always evolve and change. It must decide to lead – or to follow. For the MUHC, the choice has already been made.

Dr. Arthur Porter

Director General and CEO



Dr. Arthur Porter
Director General and CEO

Dawson Remembered

Garden Of Peace, Dawson College, September 2007



A year later,
we still
remember
the horror.

Yet we also remember the outstanding care provided at the Montreal University Health Centre on the day of the event and in the weeks and months that followed.

A designated level-one trauma centre, the MUHC treats more than 1700 trauma patients each year – victims of car crashes, urban violence or accidents. On that fateful day in September 2006, training and experience had prepared MUHC trauma teams to treat the 11 students who were rushed to the Montreal General Hospital with gunshot wounds.

As patients arrived, doctors, nurses, allied healthcare professionals, people from housekeeping and administrators worked

together as one superbly coordinated team. Patients were treated, surgical and diagnostic facilities made available and space freed up in intensive care. Rooms were cleaned, food was served, families were comforted.

In the days and weeks that followed, the wounded students slowly recovered. Normal hospital routines resumed. Thousands of other patients were treated in the MUHC's many clinics, wards and operating rooms – some for serious illnesses like cancer or heart disease, others for trauma suffered in car crashes or accidents.

Because bad things do happen, the MUHC is always preparing – upgrading procedures, looking for better treatments through research, staying at the leading edge of health care. And when bad things do happen, as they did that day at Dawson, we are prepared.



Trauma is:	An accredited level-one trauma centre must be able to:
<ul style="list-style-type: none"> • The leading cause of death for people under age 49 	<ul style="list-style-type: none"> • Assemble multi-disciplinary teams of specialists within minutes
<ul style="list-style-type: none"> • By far the leading cause of death in children 	<ul style="list-style-type: none"> • Respond any time of the day or night
<ul style="list-style-type: none"> • Caused primarily by car crashes, violence or accidents 	<ul style="list-style-type: none"> • Make sophisticated diagnostic and surgical facilities available within minutes

Teamwork was key to successful response, says MUHC Chief of Trauma

He was walking through the Intensive Care Unit at the Montreal General Hospital when his pager went off.

“One of our surgery residents, Amy Neville, told me there had been a shooting downtown but she didn’t have details,” recalls Dr. Tarek Razek, Chief of Trauma for the MUHC adult sites. “I was the trauma surgeon on duty, so I decided to go down to Emergency and check it out – and I entered the maelstrom.”

By the time Dr. Razek reached Emergency, the first patients had already arrived. Dr. Bruno Bernardin, the Trauma Team Leader that day, was already organizing the chaos. Ugly rumours were flying: mass casualties and multiple shooters on a campus of 10,000 students. “We were asking, ‘what’s happening?’” recalls Dr. Razek. “By its very nature, this kind of event is always chaos. You never know what’s going on. If you do know, it’s not a mass-casualty situation.”

Hundreds of people helped out
As the number of wounded students grew, Dr. Razek and his

colleagues mobilized multiple trauma teams. “Literally hundreds of people were involved,” recalls Dr. Razek. “Extra surgeons from a range of specialties, more ED staff, other trauma team leaders, nursing teams, Housekeeping – everyone helped out.

“We had 11 patients in the institution within 45 minutes, and we thought more might be on the way. Then, slowly, we started to realize we weren’t going to have to deal with a real nightmare scenario – 20 people or more with gunshot wounds. To everyone’s huge relief, the situation started to wind down.

“Overall, our response was excellent,” he says. “The entire MUHC functioned as a huge, well-trained team. Even so, in a sense we were lucky. The incident was in the middle of the day, so many of the right people were present. Also, the event occurred very close to the institution, so we were able to treat these patients quickly. We did well, but we were reminded just how important it is to be able to manage large-scale emergencies such as these. Unfortunately, we may be called upon to do it again.”

MANAGING TRAUMA AT LEVEL-ONE TRAUMA CENTRES

In 1993, the Quebec government designated four hospitals as *level-one trauma centres*. Two of these are McGill University Health Centre (MUHC) hospitals: The Montreal General Hospital and the Montreal Children’s Hospital. Both have the staff and equipment to treat even the most severe traumatic injuries – around the clock, seven days a week.

The MUHC Adult Trauma Centre treats over 9,000 trauma patients each year, including almost 1,500 who needed hospitalization. Last year, over 14,000 children were treated for trauma at the Montreal Children’s Hospital, and 600 were hospitalized.

At the MUHC, the trauma team leader – an expert in trauma resuscitation – arrives at the hospital no more than 20 minutes after being paged. He or she notifies the blood bank and assembles an interdisciplinary team that includes nurses, senior surgical residents, respiratory therapists and social workers – often before the patients arrive. The team leader then decides what must be done first and performs emergency procedures as needed.

This high level of readiness pays. In 1993, before level-one trauma centres were established, only half those with the most severe traumatic injuries survived. By 2002, the survival rate had increased to over 90 per cent – an almost unheard-of improvement in medicine.

Angie Valverde, Benoit Riendeau and Rubria Marines-Price, Trauma Nurses



Dr. Bruno Bernardin
Emergency and Trauma Specialist

Emergency Department is the hospital's “front line”, says Emergency and Trauma Specialist

“I got to Emergency just as the first patients were arriving ...”

“My beeper was showing a strange code,” recalls Dr. Bruno Bernardin, MUHC emergency specialist and Trauma Team Leader on the day of the Dawson shootings. “I called the trauma room, and was shocked to hear there’d been a shooting at Dawson College. I got to Emergency just as the first three patients were arriving.”

As Trauma Team Leader, Dr. Bernardin’s role was to direct and oversee patient care. “I was in overall charge of Emergency,” he explains. “Dr. Razek decided who would go where – to the ICU for instance, or the operating room – and Dr. Gursahaney co-ordinated admission to the ICU. All the patients were assigned a nurse and one or two physicians as soon as they came in.”

As they learned of the shooting, hospital staff – on-duty or at home – rallied around. “Three off-duty residents heard about the shooting, and all three immediately came to the MGH to help out,” recalls Dr. Bernardin. “So did on-duty residents from every specialty. Their only question was, ‘what can I do?’

“The Emergency nurses were superb, and we were especially lucky to have four senior Emergency nurses available. Many nurses from other floors also came down and pitched in,

doing whatever was needed. Porters were finding stretchers all across the hospital. Housekeeping was cleaning up the area as fast as they could, and the clerical staff were doing a super job.”

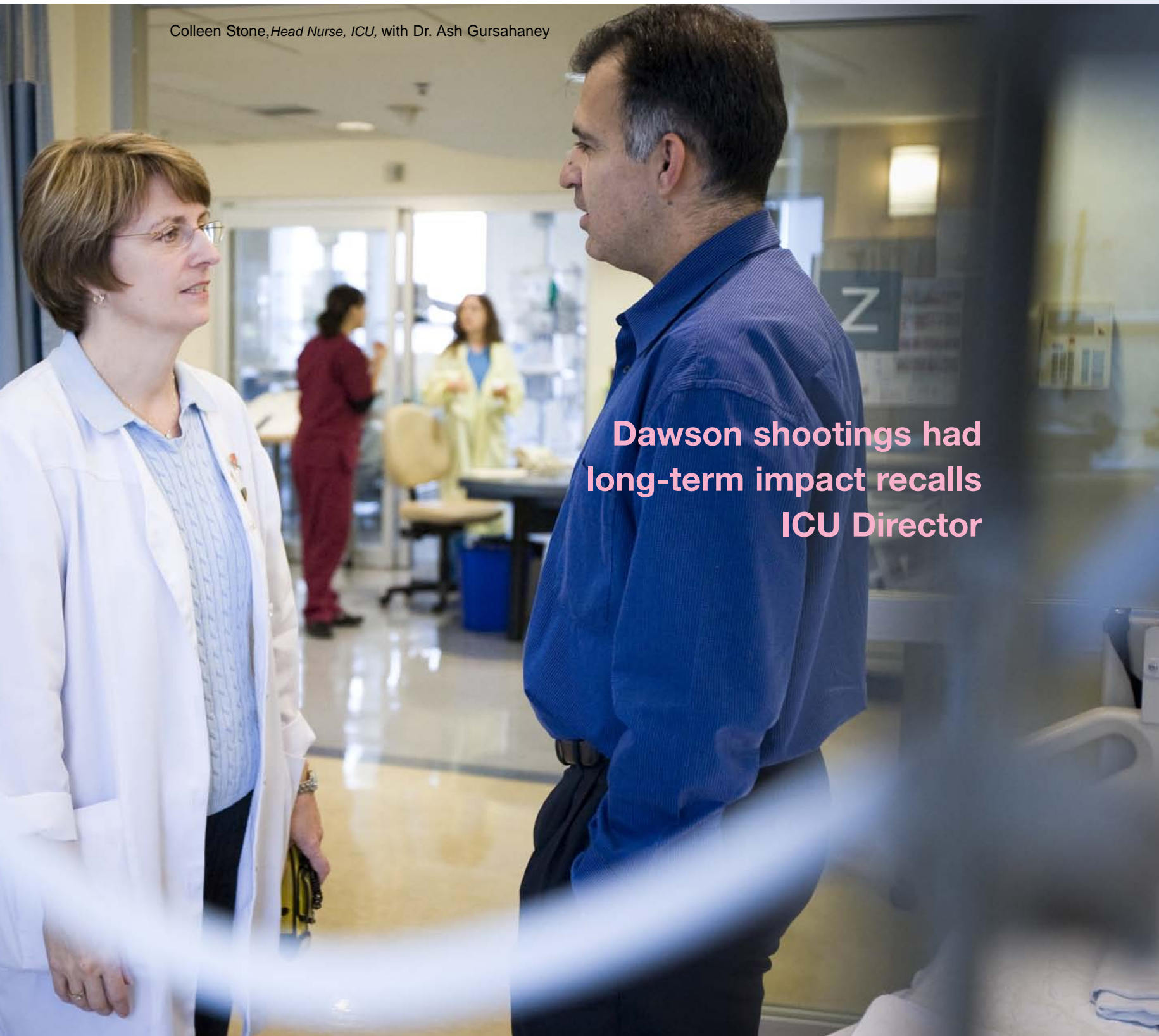
By 3:30, everything was relatively calm and under control. The most seriously wounded patients were being treated in the operating room or the Intensive Care Unit. “We had a very quiet evening – in fact, probably the most quiet evening of my career,” recalls Dr. Bernardin.

The tragic events at Dawson also highlighted the system’s strengths and weaknesses. “Our teamwork was superb,” says Dr. Bernardin. “Every part of the system contributed – and we couldn’t have done what we did without this. Take out one part and it would have crumbled. The Dawson incident also underlined the need to promote emergency and critical care nursing and to retain senior Emergency staff. The Emergency Department is our ‘front line.’ It’s where we succeed or fail in a crisis.”



Angie Valverde
Trauma Nurse

Denis Charbonneau
Emergency Unit Coordinator



Colleen Stone, Head Nurse, ICU, with Dr. Ash Gursahaney

Dawson shootings had long-term impact recalls ICU Director



Dr. Ash Gursahaney,
Director of Intensive Care

Dr. Patrizia Zanelli,
Internist

Dr Ash Gursahaney was returning to the hospital after doing lunchtime errands when Code Orange – the code for an external disaster – was called.

“I immediately went to the ICU to check if this was real or just another drill,” recalls Dr. Gursahaney, Director of the Intensive Care Unit at the Montreal General Hospital. It was no drill.

Dr. Gursahaney and Dr Patricia Zanelli, the other ICU doctor on duty, began to clear the hospital’s 24-bed ICU. “We identified patients who could leave, and within an hour, we were able to free up eight beds for the Dawson casualties.”

Concerned this might not be enough, Dr. Gursahaney discussed the possibility of transferring patients to MUHC’s Royal Victoria Hospital with his counterpart there. Then, he went to Emergency to direct ICU intake, while Dr Zanelli stayed in the ICU to manage incoming patients there.

By late afternoon, six of the most seriously wounded students had been admitted to the ICU. The immediate crisis had been dealt with. “I recall sitting around a table with some colleagues, and they were expressing relief,” recalls Dr. Gursahaney. “I reminded them that, at least in ICU, the challenges were just starting.

“People tend to think the Dawson incident was over within 24 hours, but from our point of view, the emergency continued for many days. We had to ramp up resources, because the world continues. The next day, all the usual needs of the ICU had to be met, as well as those created by the shooting.”

The next three weeks were very difficult for ICU staff. Security guards were posted at the door, the media waited outside, eager for news, and very sick patients – both from Dawson and elsewhere – still needed care.

“The long-term impact on the hospital hasn’t really been talked about much, or understood,” says Dr. Gursahaney. “Everyone did an amazing job, but the Dawson incident stretched our resources. When many people need intensive care all at once, the strain on our system is evident.”



Nola Young, Nurse



Sharon Smith, Nurse; Colleen Stone, Head Nurse, ICU



Dr. Warren Steiner
MUHC Psychiatrist-in-Chief



Students reflect on the Dawson tragedy

Massive mental health intervention helped students, families cope after Dawson tragedy

“The afternoon of the Dawson shootings, students were streaming into the hospital, and many were in acute psychological distress,” recalls Dr. Warren Steiner, MUHC Psychiatrist-in-Chief.



Life at Dawson
returns to normal

“We set up a meeting place for family members and another for members of the Dawson community. The Mental Health Mission also tasked mental health professionals from Social Work, Nursing and Psychology to work with families and with students who were clearly struggling.

“Everyone was in shock. It was difficult to get information, so part of the first afternoon was spent working with MUHC Communications to get news and updates to the families.”

Dr. Steiner and Dr. Nadia Szkrumelak, Director of the External Services of the MUHC

Mental Health Mission, met with senior Dawson administrators just a few hours after the shooting, and began the task of creating a mental health response plan. With 7,000 students and 1500 faculty and staff on campus, the task was mammoth. Other institutions – the CSSS network, IVAQ, and McGill and Concordia University Health Services – pitched in, providing professional staff for psychosocial

support and counselling. The mental health intervention continued for six months after the Dawson tragedy, professionals providing service on site at the college.

Therapists standing by when Dawson reopened

When Dawson students returned to school the Monday after the shooting, 95 health professionals were on hand. “Some of the kids were doing well, some were having panic attacks,” says Dr. Steiner. “We set aside a number of classrooms, where therapists stood by to assist anyone who needed help. In the first week alone, 400 people received individual assessments and counselling for problems ranging from acute stress disorder to panic attacks.”

A year later, life seems to have returned to normal at Dawson. “Our interventions appear to have worked,” says Dr. Steiner. “However, to really understand what effect we had, we’re launching a two-year research initiative, funded by the Quebec Ministry of Justice. We’ll study the efficacy of our response in terms of dropout rates, health care utilization and other measures. We will also develop a detailed response plan for schools and institutions, so we will know what to do if this happens again.”



Andrea Jones, Head Nurse, 12th Floor; Melgatha James-Richard, Nurse; Luba Chomiak, Nurse; Ranee Dwarka, Assistant Head Nurse, 12th Floor



12th Floor Team

12th Floor staff cared for most injured Dawson students – plus families and friends

“At one time or the next, we had every victim of the Dawson shooting except one on our unit,” recalls Andrea Jones, MUHC Nurse Manager, Orthopedics and Trauma. “One patient with very serious head injuries was cared for elsewhere, but every other patient came to the 12th Floor.”

Some of the injured Dawson students were sent there at once, while others arrived days later, after being discharged from ICU. The result was a month-long spike in activity. “We’re a 50-bed unit, but that first night we had 58 beds ready,” recalls Jones. “We also had extra nurses, PAB’s and unit coordinators come in. We just didn’t know what to expect.”

Families and friends accommodated

By the next morning, five Dawson patients had been sent to the 12th floor – and more arrived soon after. Injured students were grouped together in four-bed rooms. Two beds were occupied by students, while the other two were reserved for family or close friends.

With so many people coming and going, crowding became an issue. “We had security guards posted by the elevators,” says Jones. “Their job was to prevent too many people going to visit the injured students at once. Everyone was allowed to visit – it was a question of traffic control.”

Looking back, Jones is very proud of how her team met the challenges of that difficult time. “You do everything you can for every patient, but you only have so many resources,” she says. “What made this situation unique was that the injured students came en masse. It was hard to give all these young people what they needed, all at the same time. In the end, we did well. Our staff were more than willing, and people even came from other areas to help.”

The patients and their families also deserve credit, adds Jones. “The students and their parents were strong. As Canadians, we live protected lives most of the time – but when we have to rise to an occasion, we do.”

The MUHC will work to prevent cancer, ensure timely access to coordinated, continuous care and – if necessary – provide end-of-life care.

Cancer Care. Announcing the Birth of a Mission.

Creating the Cancer Care Mission is one more way the MUHC is taking a leadership role in the many-faceted struggle to tame this deadly disease.

Jessica Gluszco, Mélanie Graveline, Radiation Technologists



William Parker, Medical Physicist, Radiotherapy;
Fleur Huang, Resident Radiotherapy

The goal of the new mission is to provide a full spectrum of interdisciplinary cancer care services across the lifespan.

Thanks to advances in genetic and molecular medicine, researchers know more than ever before about cancer: how it develops and spreads, and how it can be stopped. With that knowledge comes the promise of completely new cancer treatments – a promise already being fulfilled.

At the same time, existing treatments – radiotherapy, chemotherapy and surgery – have evolved rapidly, and become far more effective. The fight against cancer is making steady progress on many fronts.

But treating cancer requires the skills of many different healthcare professionals – experts in surgery, radiotherapy, chemotherapy and specialized nursing. Patients may need follow-up care, lifestyle counseling, or help returning to the community. To provide this range of specialized services, the MUHC has rationalized and integrated its array of cancer care activities into a new multidisciplinary mission.

The Cancer Care Mission is dedicated to preventing cancer, ensuring timely access to coordinated, continuous care and – if necessary – providing end-of-life care. Providing a full spectrum of cancer-related services is the most effective way to combat this complex disease.



Dr. Armen Aprikian,
*Director of MUHC
Cancer Care Mission*

Cancer Care

Dr. Armen Aprikian, head of the MUHC Cancer Care Mission, presents an overview of the new mission – what it is, why it was created and how it will help cancer patients.



To view the video of Dr. Aprikian go to
www.muhc.ca/annual_report/cancer_care/intro/



Andréanne Saucier,
*Associate Director of Nursing for
Oncology, Palliative Care and
Respiratory Services*

Accreditation

The Cancer Care Mission – all about accreditation

Andréanne Saucier, Associate Director of Nursing for Oncology, Palliative Care and Respiratory Services, explains the process of gaining accreditation for the Cancer Care Mission, and how this accreditation will help the MUHC deliver even better cancer care to patients.



To view the video of A. Saucier, go to
www.muhc.ca/annual_report/cancer_care/accreditation



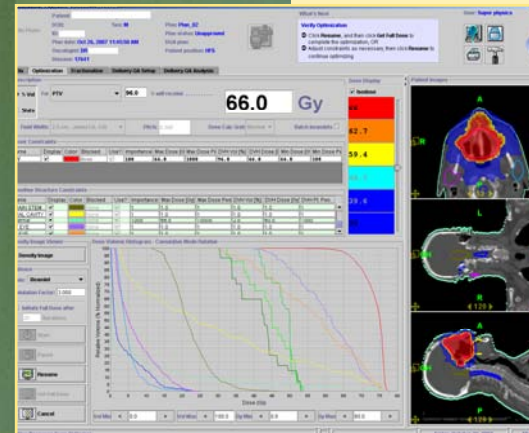
Dr. Carolyn Freeman
MUHC Chief of Radiation Oncology



Carole Gingras
Manager - Radiation Oncology Department



Pierre McManus, Radiotherapy Technologist



Rubina Sidi, Luc E. Telisma,
Radiation Technologists

MUHC continues to lead the way in advanced radiotherapy for cancer

Long a mainstay of cancer treatment, radiation therapy is steadily becoming more effective as techniques and equipment improve.

The MUHC Radiation Oncology Program has always been – and remains – a leader in this rapidly evolving field.

In the 1980s, McGill University and Harvard became the first centres to use linac-based radio-surgery to eliminate cancerous and other lesions in the brain with precise, high-dose radiation. Last year, radiotherapy at MUHC evolved even further, with the advent of body radiosurgery.

“This advanced form of radiation therapy allows us to eliminate small, hard-to-reach lesions, for example tumours adjacent to the spinal cord, or in the lungs or liver,” explains Dr. Carolyn Freeman, MUHC Chief of Radiation Oncology. “We target the tumour very precisely and can deliver high doses of radiation.”

Private donations allowed purchase of advanced equipment

“Until recently, this kind of precision was only possible when treating brain tumours, because we could not immobilize patients well enough to allow the very precise targeting needed for radiosurgery. Now, thanks to several generous donations, we were able to purchase the advanced equipment we needed to offer this form of therapy.”

The MUHC also offers high-dose rate brachytherapy – treatment in which a radiation source is placed very near a tumour – for unusual sites. “Of course, we offer brachytherapy for conventional sites too,” says Dr. Freeman. “In recent years, however, we have been using high dose brachytherapy to treat cancer of the rectum. This is a very innovative program, and unique in Quebec.”

State-of-the-art equipment is important in radiotherapy, but people are even more so. “We remain leaders in radiotherapy thanks to our very strong team of radiation oncologists, medical physicists and therapists,” says Dr. Freeman. “We also have very strong educational programs. Across the board, we’re doing exciting things in radiation oncology. We’ve been pioneers in the past – and we’re still out there in front.”



Dr. Morag Park
MUHC oncology researcher

Treatment options explained to patient



Self-examination boosts
chances of early detection



Molecular 'snapshots' of
tumour tissue help predict
responses to therapies

Better tests to predict outcomes of breast cancer therapy may lead to "tailor-made" treatments



Why do some of the 22,000 Canadian women diagnosed with breast cancer last year respond well to treatment, while others do not?

Dr. Morag Park, MUHC Oncology Researcher, is working to understand this baffling phenomenon. Her research may help pave the way for breast cancer treatments that can be tailored to the needs of the individual.

"All breast cancers are not the same," explains Dr. Park. "Many subtypes exist. Some are less aggressive than others. By studying these tumours at a genetic level, we are beginning to learn why this is."

One important factor influencing the growth of a tumour is its microenvironment – the cells around it. In some women, the microenvironment may actually support the tumour's growth. In others, the environment blocks the tumour's development. Dr. Park and her colleagues hope to learn more about the role of the microenvironment in promoting or suppressing tumour growth, thereby improving women's response to treatment.

Molecular "snapshots" show differences in tumours

"Using new technologies, based on recent advances in genetics, we can now take molecular 'snapshots' of tumour tissue from patients," she explains. "These show the differences between tumours. Using this information we have been able to develop a test that predicts responses to some therapies."

"If we could reliably predict treatment outcomes, we'd be in a better position to choose the best treatment strategy. Once we are able to identify women likely to have positive outcomes, we can, in theory, spare them intensive treatments associated with more severe side effects. Some of these predictive tests may be available within the next few years. This is, ultimately, the future of breast cancer treatment: personalized therapy."



Cancer survivors and cancer caregivers
at Dragonboat race



Researchers are gaining important insights into pediatric cancer



Dr. Nada Jabado
MUHC Researcher

Researcher on trail of new treatments for deadly childhood tumour

“We need better treatments for brain tumours,”

says Dr. Nada Jabado, researcher at the Montreal Children’s Hospital of the MUHC. “These tumours, including one particular type of brain tumour (pediatric glioblastoma or pGBM), have replaced leukemia as the leading cause of cancer death in children. At the moment, we know very little about it.”

While pGBM is not common – about one in 300,000 children will develop this disease – it is very serious. Treatment is not always successful, and usually involves brain surgery and radiation therapy – both potentially damaging to the patient.

International network created to analyze tumour samples

“We need to understand how this tumour occurs and progresses,” says Dr. Jabado. “Then we can try and stop the progression. To study pGBM, we have created an international network to collect and analyze tumour samples. We are looking for gene abnormalities and potential targets for new therapies.”

Institutions in this network include the NRC Biotechnology Research Institute in Montreal and Toronto’s Brain Tumour Research Centre. Other network partners are located in Western Europe, Hungary, Poland and Mexico.

While this research is still in an early stage, it has already born fruit. Dr. Jabado and her colleagues have identified at least two distinct subsets of pGBM. Also, they have shown that pGBM and the adult form (aGBM) are genetically distinct. This is important because adult treatment is sometimes given to children, with poor results. “The pediatric tumour turns out to be a completely different tumour from the adult one,” says Dr. Jabado. “Until quite recently, people didn’t understand this.”

The ultimate goal of Dr. Jabado’s research is to find an effective treatment for pGBM – but the quest could take as much as 10 years. “Developing novel therapies for this tumour will be a time-consuming process”, she says. “The important thing is, we are on the way. Just two or three years ago, we weren’t. Now we are.”



Dr. Armen Aprikian
Director of MUHC
Cancer Care Mission



Benefits of robotic surgery include greater
precision and faster healing

da Vinci robot and Console

Precision, speed of robotic surgery mean less pain, faster recovery for patients

The newest member of the MUHC health care team is called da Vinci – and “he” is actually a machine – a surgical robot to be precise.

Robotic surgery is the newest form of minimally invasive surgery, and it allows surgeons to perform a range of operations more quickly, with less blood loss, less pain and quicker recovery times. The MUHC Cancer Care Mission is taking advantage of the da Vinci’s capabilities to perform prostatectomy surgery for prostate cancer.

In minimally invasive surgery, a small camera is inserted into the surgery site through a small incision. The surgeon then performs the operation, using specially designed instruments, also inserted into the body through small incisions.

Robot manipulates tools, surgeon manipulates robot

“Now, the da Vinci robot adds a further level of sophistication,” says Dr. Armen Aprikian, Director of the MUHC Cancer Care Mission. “The approach to surgery

is the same, except that the robot manipulates the instruments with very great precision – and the surgeon, seated in front of a three-dimensional display console, controls the robot. Benefits include much better visualization and more precise, finer surgery.”

Because of their high cost, surgical robots are not yet a common sight in hospitals. At the moment, Montreal’s Sacre Coeur Hospital, owner of the only robot in Quebec, allows MUHC surgeon, Dr. Assaad El-Hakim, to do prostatectomies on selected MUHC patients using its da Vinci robot. However, the MUHC plans to acquire a surgical robot and to develop the robotic surgical program, not only for prostate surgery, but for a variety of different specialties including female pelvic surgery and cardiac surgery.

“Because the robot is controlled by a computer interface, in the future we’ll be able to add software which will allow it to do much more than it can today,” adds Dr. Aprikian. “The future of robotic surgery is very exciting – and we plan to be part of it.”

MUHC CANCER CARE

THE NUMBERS TELL THE STORY*

7,879

adult patients treated
in oncology day centres

19,000

chemotherapy treatments
given to adult patients

3,465

adult cancer surgeries
performed at RVH and MGH

6,054

pediatric patient visits

1,031

pediatric chemotherapy
treatments

34,000

radiation treatments given
to 2,433 patients of all ages

* latest figures available



Dr. Margaret Warner
Hematologist, MUHC

Stemming cancer: MUHC accredited as Centre of Excellence for stem cell transplants

What's all the fuss about stem cell therapy?

Ask any one of the 150-plus cancer survivors who recently gathered at the MUHC to celebrate their good health. Most of them will answer that stem cell therapy for blood cancers – a treatment pioneered at the MUHC – saved their lives.

Stem cells are immature, unformed cells found in the bone marrow. They have the remarkable ability to grow into almost any kind of normal adult cell. Stem cells have recently been making headlines for their potential in treating a range of diseases. However, these versatile cells have been used for almost 30 years to treat blood cancers such as lymphoma and leukemia.

“In leukemia, cancer cells grow and multiply in the bone marrow,” says MUHC hematologist Dr. Margaret Warner. “We treat this form of blood cancer by eliminating the cancerous cells – and most normal ones as well – using chemotherapy. Then, we repopulate the bone marrow, using stem cells, which grow into normal adult bone marrow cells.”

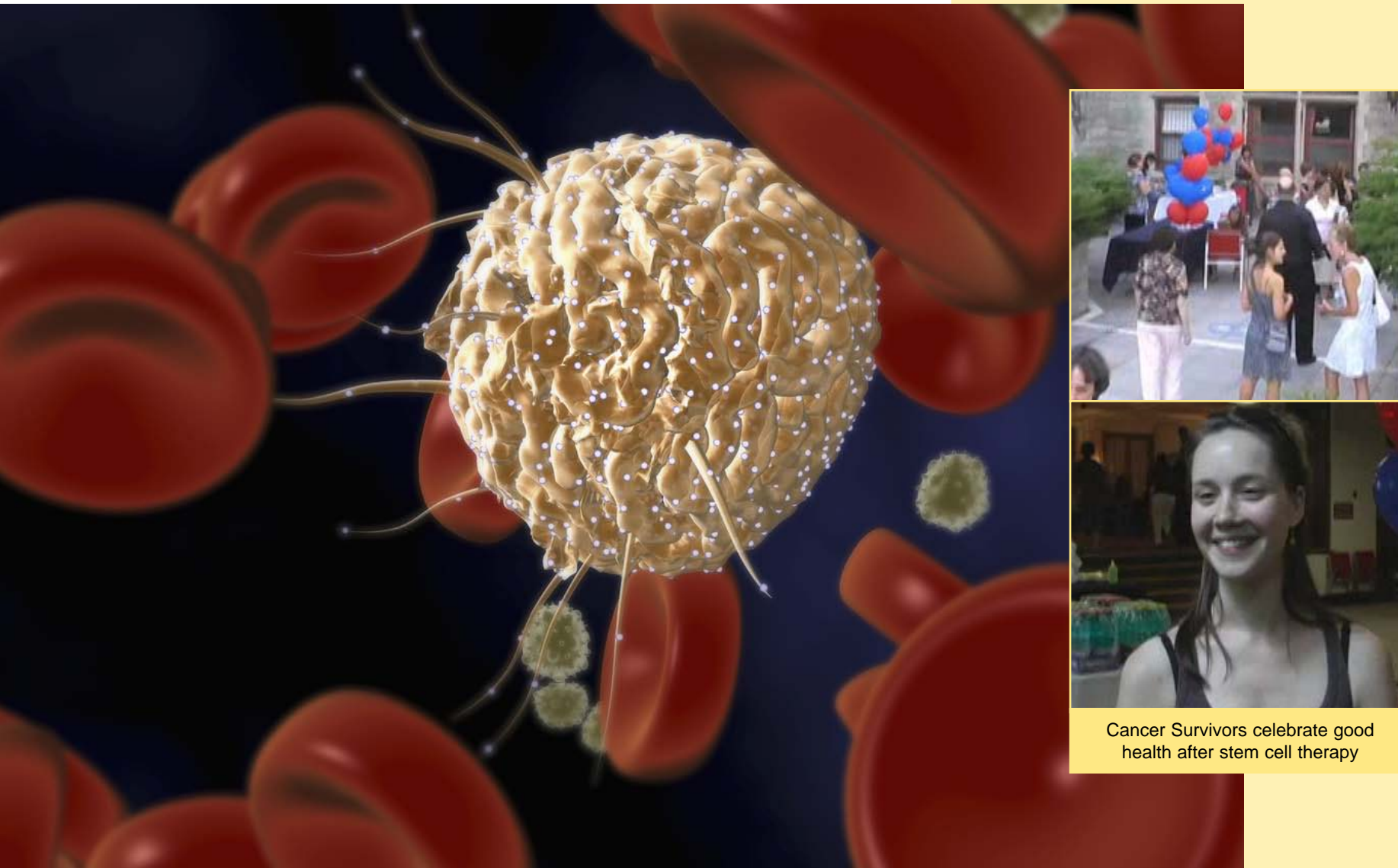
Stem cell therapy evolving rapidly

While it may sound simple in theory, transplants are complex procedures that

require sophisticated expertise and technology. “Our increasing success with transplants is largely due to use of new and better technology,” says Dr. Warner. “Since we began this form of therapy, we have developed better methods of collecting and storing cells. We have also improved our control over side effects.”

Stem cell transplant programs in North America must now meet standards set by The Foundation for Accreditation of Cellular Therapy (FACT). Last year the McGill Stem Cell Transplant Program, after a collaborative effort led by Transplant Director Dr. Ahmed Galal, and involving hematologists from the Royal Victoria Hospital, Montreal General Hospital and the Jewish General Hospital, achieved FACT accreditation, one of only six institutions in Canada with this designation. Upon accreditation, the MUHC was also designated by Quebec as a Centre of Excellence for stem cell transplants.

Dr. Galal is working to expand the transplant program in the coming years. “There will be an increasing demand for this technology to treat a range of diseases,” Dr. Warner explains. “We will continue to evolve to meet these new challenges.”



Cancer Survivors celebrate good health after stem cell therapy

Stem Cell

Cancer survivors gather to celebrate stem cell program

Stem cell therapy has saved the lives of many cancer patients over the last two decades. In this video, cancer survivors talk about stem cell treatment and what this life-saving therapy has meant to them personally.



To view the video go to www.muhc.ca/annual_report/cancer_care/stemcells



Dr. Martin Chasen,
Clinical Director
CNR Program



Dr. Martin Chasen and
Dr. Neil MacDonald

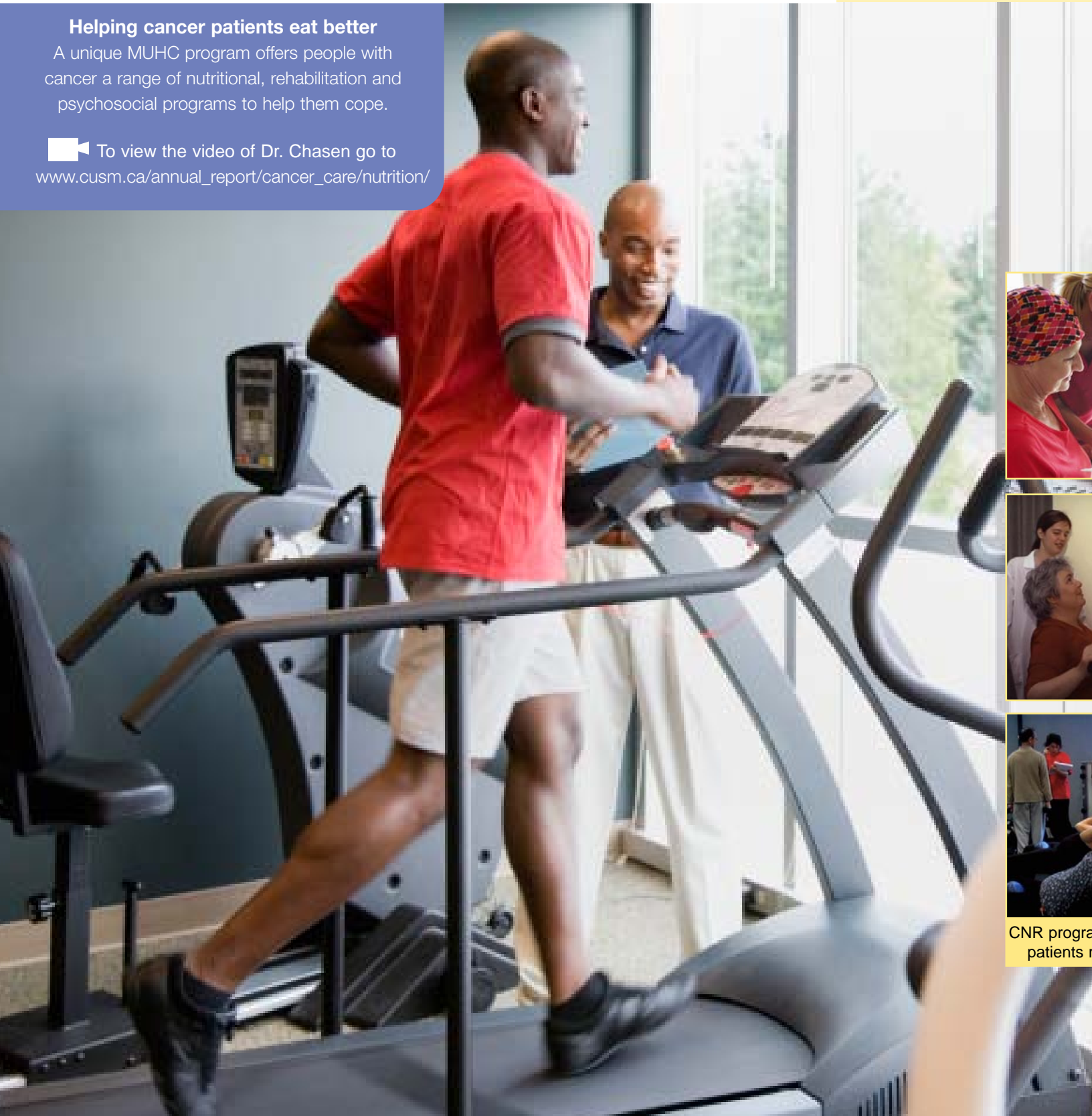


CNR Multidisciplinary Team

Helping cancer patients eat better

A unique MUHC program offers people with cancer a range of nutritional, rehabilitation and psychosocial programs to help them cope.

To view the video of Dr. Chasen go to
www.cusm.ca/annual_report/cancer_care/nutrition/



Unique program helps cancer patients regain control of their lives

A diagnosis of cancer can leave people feeling helpless, and unable to control their own destinies. Now, an innovative MUHC program helps cancer patients regain some measure of control by educating them about healthy eating and exercise choices, and offering psychosocial support.

“Cancer patients often don’t have good appetites,” says Dr. Martin Chasen, Clinical Director of the Cancer Nutrition-Rehabilitation (CNR) Program. “The location of the tumour – for example in the throat or esophagus – can make it hard to eat. On top of that, the side-effects of chemotherapy can suppress appetite. Or, the cancer itself can cause sensations of bloating or fullness. For some patients, the result can be malnutrition, weight loss, fatigue and reduced ability to function.”

Multidisciplinary approach put range of skills at patients’ disposal

The MUHC’s unique CNR program, launched in 2006, offers people with cancer a range of nutritional,

rehabilitation and psychosocial programs to help them cope. “We take a multidisciplinary approach,” says Dr Chasen. “Our teams include nurses, doctors, nutritionalists, occupational therapists and psychologists. Each team member makes a unique and important contribution and brings a different skill set to the task.

“When we first see patients, we do a physical and psychological evaluation. We do this again at eight weeks. Overall, we see improvements, and increased patient satisfaction. We’re now trying to establish if our interventions keep patients out of hospital and out of emergency units. Preliminary results look good.”

While the program does include a research component, Dr. Chasen stresses that it is primarily service-oriented. “We’ve got the tools to help patients, and their levels of satisfaction show our approach works,” he says. “Through this program we can empower patients to take control of their lives.”



CNR program helps cancer patients regain control



Dr. Petr Kavan
AYA Oncology
Program Director



Christine Leblanc,
Nurse Pivot, Key member
of a multidisciplinary team



Dr. Kavan speaks with cancer patient in the Adolescent
and Young Adult (AYA) Oncology Program

Serving the special needs of young adults with cancer

Adolescents and young adults have a lot to deal with: leaving home, starting college or university, and launching a career. For some, there is yet another life-altering source of stress: a diagnosis of cancer.

Meeting the special needs of people with cancer between 18 and 29 years of age is the mission of the McGill University Health Centre (MUHC) Adolescent and Young Adult (AYA) Oncology Program, the first of its kind in Quebec.

“Young adults may not have the same type of cancers as adults and they do not fare as well with adult treatment protocols,” says AYA Oncology Program Director, Dr. Petr

Kavan. “Cancer patients between ages 15 and 30 have worse rates of prolonged survival than either younger or older patients. In addition, their tumours change approximately every five years. A tumour diagnosed at age 18 will be slightly different at age 25 or 30.”

Age and tumour type considered when choosing treatment

Dr. Kavan and his colleagues must weigh many factors when deciding on the best treatment option for young patients.

“If we’re treating a typical pediatric tumour, then we tend to follow pediatric guidelines, even if the patient is older,” explains Dr. Kavan. “If it’s a typical adult tumour, then we follow adult protocols. However, we also factor in the patient’s age when deciding on treatment.”

The AYA Program, developed with significant input from Nurse Pivot Christine Leblanc, has a multidisciplinary team of physicians, nurses, oncologists and psychologists to help meet all its patients’ physical and psychosocial needs as they make the transition from adolescence to adulthood.

AYA patients also participate in the MUHC’s Cancer Nutrition-Rehabilitation Program, which is specially designed to help patients and families manage symptoms better through lifestyle modifications. “Being part of the MUHC network allows us to address many of the factors affecting the well-being of our young patients,” adds Dr. Kavan. “This helps us provide the best care, as do the generous donations of our many supporters.”



Innovation at the MUHC:
Finding better ways

24/7



MUHC leads the way in providing specialized, multidisciplinary care

How can we do this better? That's the question constantly being posed in the clinics, offices, labs and wards of the MUHC. From that question springs innovation.

Some innovations improve hospital processes and procedures. For instance, *At Your Request*, a new and very popular service, now allows patients at the Montreal General Hospital to order the food they want, when they want – while ensuring they make healthy and appropriate choices.

Other innovations explore new ways of delivering health care. MUHC health professionals are working to make specialized care available to the resi-

dents of Nunavik (part of the MUHC RUIS) — right in their own communities. Closer to home, the MUHC recently opened a family health clinic in NDG.

Innovation also means improving existing services. MUHC healthcare professionals are working to offer more to children with developmental issues and their families. They are streamlining techniques for bringing newborns with serious health problems to the Montreal Children's Hospital for care.

The list of innovations is long – and growing all the time, as members of the MUHC team prepare for tomorrow's challenges by pioneering new and better ways of doing things today.



Built-in checks ensure meal requests meet patient's nutrition requirements



Paula Rozanski
MUHC Director of Diagnostic and
Therapeutic Services



Lana Danielis, Martin Lapointe
and chef Norbert Beauchesne

Food, glorious food! MUHC serves up individualized meals for patients

Improvements in menus and food preparation were the order of the day for the launch of At Your Request (AYR) – a room-service program offered to patients at the Montreal General Hospital (MGH).

This unique program delivers appetizing and healthy choices, from grilled vegetables, fruit plates, pasta and salmon to special orders, such as kosher and vegetarian meals to patients. A quick phone call, and Foodservice delivers hot food to the bedside within 60 minutes.

“One of the greatest benefits of this service is that patients can control the timing of their meals,” says MUHC Director of Diagnostic and Therapeutic Services, Paula Rozanski. “This is empowering for those who have few other choices during their hospital stay.”

Safety is built into new system

“Multiple checks ensure safety,” says MUHC Food Services Coordinator, Lana Danielis.

“A nutrition technician receives patient orders by phone and checks all choices, using a special software program. This ensures meals meet patients’ nutrition requirements, given their health condition and treatment regimen. In addition, a nutrition technician conducts a final check for accuracy and presentation before each tray is sent.”

The AYR program is cost-effective. Since patients can order the food they want, when they want, there is less wastage. “This is not a static program,” says Danielis. “Our menu has recently been modified for the third time, reflecting our growing understanding of patient preferences.”

“We are the first teaching hospital in Canada to implement a program of this sort,” adds Rozanski. “The process has been rewarding and the program a success with patients, family members and staff. We intend to put it into place at the Glen campus, providing an additional comfort for our patients.”



Dr. Barbara Young
Coordinator,
Adult Specialty Services



Nunavik facts

Nunavik lies north of the 55th parallel, bordered by Hudson Bay to the west, Hudson Strait and Ungava Bay to the north and Labrador to the east

Area: 443,684 square km
(approximately 30 per cent of Quebec)

Population: approximately 11,600

Permanent health centers
Ungava coast
Hudson coast

Adults in Nunavik receiving more specialized care in their own communities

Taking a long trip is about the last thing most people want to do when they're sick. But until recently, most residents of Nunavik had to travel to Montreal if they needed specialized medical care.

MUHC internist Dr. Barbara Young, Coordinator, Adult Specialty Services for Nunavik, is working to change that. "We're helping people in Nunavik receive appropriate medical treatment in their own communities," says Dr. Young.

"Our mandate is to improve the quality of specialized care in Nunavik, while decreasing its cost. We've been working full time on this since the beginning of 2007 – recruiting more physicians to go up north and finding creative ways to improve quality of care for patients who remain on-site, using tools such as telehealth or telephone consultations. Already, we are making significant progress and realizing significant savings."

Anesthesiologists urgently needed

Nunavik has about a dozen GPs scattered over its 14 villages, but no resident specialists. "We're working on getting McGill specialists to commit to provide service," says Dr. Young. "We've made big

headway with obstetrics and gynecology, one of the most needed specialties. We still urgently need anesthesiologists to make more surgeries possible."

While more specialists are needed, residents of Nunavik already have access to a range of services. "We're providing minor orthopaedic surgery, ORL services, respiratory services, and delivering cardiology services such as echo-cardiograms and stress tests to Nunavik residents," says Jim Gates, Interim Director of the McGill Health Network Office. "McGill is also helping the health centres in Nunavik with things like the reorganization of lab services."

In the first six months of the initiative, Dr. Young was able to help 150 patients avoid the long, arduous trip to Montreal by finding a way to provide necessary medical services in Nunavik. "For most people in Nunavik, going to Montreal is disruptive and stressful," she says. "They favor anything that's going to cut down on traveling, and they're grateful when specialists come to see them where they live."



Diane Lalonde
Neo-natal Nurse Educator
and Program Co-founder



Maria Fernandez, Neo-natal Nurse; Cherine McCrory, Respiratory Therapist



Because babies need the best possible care



Specially equipped incubator designed for ambulatory travel



Neonatal ambulance transports babies from community hospitals to the MCH

Neonatal Transport Team on 24-hour alert to help seriously ill babies

Every baby needs TLC – but some need more than that. Infants with serious health problems need specialized care. Sometimes that care is not available locally. Standing by to help – 24/7, every day of the year – is the MCH's Neonatal Transport Team.

"When we receive a request from a community hospital, a two-person team sets out to bring the infant safely back to the Children's," explains Dr. Louis Beaumier, Medical Director of the Neonatal Transport Program. "Each team is made up of a specially trained nurse and a respiratory therapist (RT)."

Care starts as soon as the team arrives in the host hospital. Young patients are monitored, treated and given special support while they are transported back to the Children's. Last year, about 380 infants were transported by the team and hospitalized.

Young patients come from all over Quebec

The Neonatal Transport Team is dispatched almost daily to help infants around Montreal, or

as far away as Mont Laurier or Trois Rivières. "We even get babies from the Abitibi region," says Diane Lalonde, neo-natal nurse educator and program co-founder. "They are flown into Montreal, where we pick them up."

In addition to managing the program, Lalonde is responsible for training transport nurses and upgrading their skills. Newcomers receive formal training in neonatal transport, and then work for as much as a year with an experienced transport nurse. The team's RTs also receive special training.

Being a team member is demanding. Patient numbers have steadily increased, and patients tend to be even sicker than before. "We get the most serious cases, because referring hospitals are able to keep sick infants longer, thanks to improvements in their own facilities," explains Dr. Beaumier.

Working on the Transport Team also has huge rewards. "Team members enjoy the responsibility and autonomy of the job," Lalonde says. "Naturally, babies' parents are extremely appreciative – and of course there's the extraordinary satisfaction of helping a sick infant through a difficult time."



Dr. Martin Dawes
Chief of Family Medicine, MUHC



Family Medicine Team

Family Medicine Department moves to new community-based clinic

To improve access to primary care, the MUHC Family Medicine Department recently moved to a new home at the Queen Elizabeth Health Complex in NDG. The move, completed in the summer of 2006, brought the MUHC's family medicine clinics at the Royal Victoria and Montreal General Hospitals together in one community-based facility, just steps away from the site of the future MUHC Glen Campus.

"By relocating these clinics, we have made family medicine more accessible," says Dr. Martin Dawes, Chief of Family Medicine for the MUHC. "Of course, our patients continue to have excellent access to specialist care and lab services through the new clinic."

"It's a real success story"

The challenge of merging two busy clinics into a single, smoothly functioning unit was met

with flying colours, thanks to the enthusiasm of the staff. "The commitment was terrific," says Dr. Dawes. "At one point, people from the planning office actually got down on their hands and knees and assembled furniture for us. We enjoyed huge support from the MUHC administration, as well as from IT and all the other departments. Staff from the two founding clinics are now working together smoothly. It's a real success story."

Since opening, the clinic has grown rapidly, increasing its staff, and adding an Urgent Care Clinic for patients who need immediate medical attention. The Urgent Care Clinic may help take the pressure off Montreal's hospital emergency departments. "For instance, an asthmatic patient who has run out of his inhalers might come to this clinic instead of going to Emergency," says Dr. Dawes.

Recently accredited as a GMF (Groupe de Médecine de Famille) facility, the clinic has extended its hours to serve patients even better. "Good primary care starts with good access," Dr. Dawes emphasizes. "We're making primary care available, for extended hours, right in the heart of the community. This is a very tangible, positive step."



A full service offering, from general checkups to specialized care and lab services



Serving the entire community, from pediatrics to geriatrics



Developing children have a wide range of different needs

Childhood Development Program Clinics 2006-2007	
Clinic	Children treated
Developmental Progress Clinic	178
Learning Progress Clinic	88
Developmental Behaviour Assessment and Continuity Clinic	107
Feeding Program	1200



Dr. Emmett Francoeur
Director, MUHC Child
Development Program

Child Development Program helps children with hard-to-diagnose developmental disorders

It's a fact of nature that kids grow up – but sometimes they need a little help.

"When people think of children and hospitals they tend to think of physical ailments like broken legs," says paediatrician Dr. Emmett Francoeur, Director of the MUHC's Child Development Program. "While we are acutely aware of children's physical health and genetic makeup, we focus on other parameters such as socio-emotional health, physical and motor movements, language, behaviour and cognition."

The Child Development Program, based at the Montreal Children's Hospital, helps children who require specialized care, assessing and referring them to community-based health professionals for long-term management. Because children have such a wide range of different needs, four clinics have evolved to serve them.

Younger children who are delayed in language or emotional and social interaction are referred to the Developmental Progress Clinic. For children ages 6 to 12 who aren't doing well in school,

there is the Learning Progress Clinic, which assesses learning problems. The Developmental Behaviour Assessment and Continuity Clinic assesses children with hard-to-define problems such as sleeping, soiling or gender identity, while the Feeding Program helps children who have difficulty eating, thriving or swallowing.

Multidisciplinary team brings range of skills to process

Assessing children with developmental difficulties can be challenging. "We're often dealing with complex issues that don't fit into the traditional medical model," says Dr. Francoeur. "This is one reason we always operate as a multidisciplinary team, bringing many different skill sets to the process of assessment."

During its 25-plus year history, the program has steadily grown and evolved. "Initially, we were regarded with scepticism by some," recalls Dr. Francoeur. "However, people soon realized we were dealing with complex questions that not everyone was trained to deal with. Our multidisciplinary approach to child development issues is now widely accepted in the hospital community."



Dr. Vassilios Papadopoulos
Director of the MUHC Research Institute

Research

Integrating research and patient care

With over 360 investigators and \$120 million in grants and contracts for advanced research into disease, the MUHC Research Institute is already a world-class operation. The Institute's next challenges, says Dr. Vassilios Papadopoulos, Director of the MUHC Research Institute, are to further integrate patient care and research and to identify areas of special expertise.



To view the video of Dr. Papadopoulos, visit :
www.muhc.ca/annual_report/research/interview/

To find out more about the Research Institute of the MUHC, visit:
www.muhc.ca/research



Leading edge facilities for the best patient care



Artist's rendering of Atrium



Soil remediation of the Glen Campus is completed on time and under budget



The Québec Ministry of Sustainable Development, Environment and Parks certifies that clean up of the Glen Campus exceeds environmental standards for hospital construction

The Future MUHC

April 2006

The Quebec Government announces its commitment to build the Mountain Campus and The Montreal Children's Hospital as a conventional public infrastructure project; commissions a study of merits of a public-private partnership (PPP) for the remainder of the Glen Campus.

June 2006

MUHC launches a Call for Tenders for project management, architecture and engineering teams to help develop the Glen and Mountain campuses.

June 2006

The MUHC presents its Functional and Technical Program to the Ministry of Health and Social Services and other agencies. The program outlines the MUHC's future needs for space, equipment and other operational requirements. The MUHC is commended for its innovative approach and concern for quality, safety, efficiency and the environment.

September 2006

The Clinical Plan, a roadmap for 2015 and beyond, is completed. The plan is based on a two-campus model, each with state-of-the-art facilities where clinical care, research and teaching are fully integrated into daily operations.

September 2006

The soil remediation of the Glen Campus is completed on time and under budget, using best practices in sustainable development. This means 95 per cent of demolition debris was recycled while tableland runoff and storm water were used for dust control, saving 3.67 million litres of potable water. Completion of this phase of redevelopment contributes to the MUHC's LEED (Leadership in Energy and Environmental Design) accreditation by the Canada Green Building Council.

November 2006

Award-winning architects accept the challenge of designing the MUHC's Mountain and Glen campuses. The consortium of architects chosen includes the well-known Quebec firms of Les architectes Lemay et associés, Jodoin Lamarre Pratte et associés architectes, André Ibghy Architectes and Menkès Shooner Dagenais Letourneux. Several international firms are also asked to participate.

December 2006

The consulting firm of PricewaterhouseCoopers submits the business case outlining benefits and risks of the conventional and PPP methods of procurement and construction of the Glen Campus so that the Quebec Government can decide its preferred financing model.

December 2006

The Ministère des Transports du Québec (MTQ) completes a new off-ramp from the Décarie Expressway southbound at de Maisonneuve Boulevard. Construction of this exit is the first step in enhancing highway access to the Glen Campus.

January 2007

The Quebec Ministry of Sustainable Development, Environment and Parks certifies that cleanup of the Glen Campus exceeds environmental standards for hospital construction.



Centre universitaire de santé McGill
McGill University Health Centre

Foundations

Foundations mark another year of achievement

In 2006 – 2007, our Foundations continued their vitally important work on behalf of the MUHC. These foundations – and the individuals who support them with their time and generous donations – make possible the outstanding patient care delivered by our healthcare teams. They also help ensure that lifesaving medical research continues to flourish here. It's no exaggeration to say these foundations make it possible for the MUHC to deliver *The Best Care for Life*.

To find out more about the MUHC Foundations, visit:
www.muhc.ca/about/foundations

MUHC Foundation

During the campaign year, the McGill University Health Centre (MUHC) Foundation continued to work with its partner Foundations to advance the \$300 million *Best Care for Life* campaign. Thanks to the generosity of our donors and the contributions of partners, the campaign has moved past the halfway point. The MUHC Foundation is also engaged with the CHUM Foundation in the organization and implementation of the Joint Corporate campaign, a partnership that aims to raise \$150 million from the corporate sector. Planning for the \$75 million Community, or public campaign is well underway and several of its components have already made considerable contributions, chief among these being the valuable efforts of the Cedars Cancer Institute and the Women's Health Mission of the MUHC.

Several leadership-level gifts were generously committed to *The Best Care for Life* through the MUHC Foundation during this period, representing total donations of more than \$8,875,000. In addition to these leadership supporters, many other donors have stepped forward to make major gifts to support the improvement of our existing sites and the forthcoming creation of new facilities at the Glen Campus.

The MUHC Foundation has also seen encouraging success through the internal Family campaign, which is aimed at giving MUHC employees the opportunity to participate in

and contribute to the campaign. This year, the MUHC Foundation launched a popular employee lottery and sold nearly 4,500 tickets. Equally successful was the Employee Auction, held in November 2006, where staff enthusiastically volunteered their support. The Foundation is grateful for this support from the extended MUHC family, which is vital in demonstrating to our community how important the campaign is to our institution.

The MUHC Foundation also continued to promote the MUHC and its achievements throughout our community, partnering with generous third parties such as the Montreal International Auto Show, the organizers of the Texas Hold 'Em Charity Tournament and the Cedars Cancer Institute for high-profile events. Furthermore, the Foundation proudly helped sponsor the MUHC Research Institute's *From Microscope to Stethoscope* lecture series and organized another round of the enormously successful *New Faces, New Ideas* speakers' series, which brings the MUHC's talent to different venues and audiences across the city.

The future looks promising as the MUHC Foundation continues to promote and advance the MUHC, the redevelopment project and the *Best Care for Life* campaign, and to support the MUHC both for its current needs and for its future projects.

In Praise of Donors

Donors are the unsung heroes of the MUHC. For the most part, they keep a low profile. They are content to know that their donations make a difference. And, their generosity truly does make a difference. Their gifts, large and small, enable the MUHC to purchase urgently-needed equipment, to staff and supply vitally needed clinics, and to research revolutionary treatments for a whole spectrum of diseases. Private philanthropy makes it possible for us deliver the very best care for life to our patients. To these generous individuals and organizations – thank you, on behalf of us all.



Centre universitaire de santé McGill
McGill University Health Centre

Foundations

MCH Foundation

The year 2006-2007 was once again marked by great achievements for The Montreal Children's Hospital Foundation. Donations from thousands of donors and from 300 fundraising events and volunteer groups clearly demonstrated the community's unwavering support of The Children's.

Thanks to the generosity of its many donors, the Foundation was able to help the Hospital staff respond to the growing needs of its young patients. Among the renovation projects completed was Phase II of the MCH Emergency Room expansion. A variety of special programs were funded, notably the expansion of the MCH Trauma Prevention Program (\$300,000). The Foundation also established The Shire BioChem Inc. Attention Deficit Hyperactivity Disorder (ADHD) Endowment Fund (\$2.5 million) as well as The Dorothy Williams Chair in Pediatric Surgery.

The Foundation invested \$6.1 million in medical equipment and services. Major equipment purchases included 300 syringe pumps (\$1.5 million), a ventriculoscope for the Neurology Department (\$50,000) and an echo-archiving system for the Cardiology Division (\$350,000).

The Foundation celebrated many milestones in 2006-7. The fourth annual *Caring for Kids* Radiothon broke

records yet again with an outstanding \$2.4 million raised. For its 15th edition, the Foundation's longest running flagship event, *Pedal for Kids*, successfully generated \$625,000 for urgently-needed cardiology equipment and special projects. The 10th annual *Montreal Children's Hospital Foundation Golf Tournament* generated \$655,000 for research into pediatric surgery and the *ABC Awards Ball for the Children's* was attended by more than 500 guests and raised more than \$600,000.

In addition to responding to the Hospital's most urgent needs, the Foundation ensured the success of *The Best Care for Children Capital Campaign* in anticipation of the construction of the new Children's on the Glen Campus. As of March 31, 2007, this campaign, chaired by Mr. Marc Courtois, had reached an impressive \$49 million.

Friends of the Neuro and Volunteer Services

For a quarter of a century, the Friends of the Neuro, a non-profit group of dedicated volunteers, has raised money for the hospital and helped patients and their families. Through numerous fundraising activities and the proceeds of the Café Neuro, the Friends purchase hospital equipment, fund bursaries for nurses, support the Patients' Committee, and do much more. Friends of the Neuro can be

found assisting patients in the resource centre, Info Neuro, or offering a variety of personal items and reading material to patients and their families.

MGH Foundation

The Montreal General Hospital Foundation is pleased to report another record year of fundraising, under the chairmanship of Bertin Nadeau, and with the support of a dedicated Board of Directors and thousands of generous donors. The MGH Foundation continues to be a leader in soliciting support for the *Best Care for Life* campaign, highlighted by a leadership commitment of \$12 million from the Molson Foundation. A portion of this wonderfully generous gift was dedicated to the reconstruction and enhancement of the Emergency Department, an essential element of the Redevelopment of the MGH as a Level 1 Trauma Centre.

During the past year, the MGH Foundation has committed funds for numerous projects as part of the Redevelopment Plan of the MUHC. At March 31, 2007, approximately \$8.3 million was committed to projects important to the Hospital. These projects included the 64 slice CT Scanner (\$1.5 million); magnetic resonance simulator installation (\$800,000); continuing enhancements to the Minimally Invasive Surgery Suites (\$666 thousand); infrastructure for the Research Institute of the MUHC

(\$1 million); renovation to Radio-oncology (\$200 thousand); trauma equipment (\$135 thousand) as well as an initial investment for the Cardiac Intensive Care Project. Support was also provided for other important projects in cardiology, orthopaedics, ophthalmology and geriatric medicine as well as palliative care and special nursing initiatives. This year, the MGH Foundation also presented some 75 Research Awards to our leading medical and nursing professionals.

We continue to benefit from the generosity of a record number of donors for which we are immensely grateful.

The RVH Foundation

The RVH Foundation is pleased to report another record year of fundraising, thanks to the dedication of its Board members and Chairman Glenn Rourke, as well as the thoughtful generosity of thousands of donors.

The RVH Foundation was able to support a number of important projects in 2006-2007 — all priorities of the Best Care for Life campaign for the redevelopment of the MUHC. Among them, thanks to a contribution of \$670,000 from the RVH Foundation, the Surgical 9 West patient ward received a complete overhaul, enabling patients in Ophthalmology, Otolaryngology and General Surgery to enjoy much better surroundings. In addition, the RVH Dental Clinic reopened its doors in

September, following the replacement of an outdated sterilization centre and ventilation corrections to address infection control issues, and the ICU West Side Patient Care Unit is undergoing renovations to provide additional isolation rooms due to a \$600,000 grant from the RVH Foundation. Also, a Hematology Day Hospital will be created on E2 following a \$550,000 investment from the Foundation.

The RVH Foundation looks to the future with pride—a future that will see the Royal Victoria Hospital relocated to the Glen Campus in facilities far more conducive to its mission of promoting excellence in patient care, education and research. In the meantime, the Foundation will continue to focus on the Hospital's most pressing needs and work to foster a climate that supports medical innovation.

Over the past year, the RVH Foundation maintained its commitment to patient support services in Oncology through its contributions to the Cancer Nutrition and Rehabilitation Program and the funding of a part-time psychologist at the Cedars Breast Clinic.

RVH Foundation contributions also supported the hard-working nurses of the MUHC, through the C.N.A. bursary program, as well as a number of essential equipment purchases in Cardiology, Gastroenterology, the Intensive Care Unit and the Emergency Room, among many others.

In addition, it maintained its commitment to medical and scientific breakthroughs by funding fellowships and scholarships at the MUHC Research Institute.

The RVH Foundation was associated with a number of special events. Among them was the 2nd annual gala dinner of the MUHC Division of Adult Endocrinology and Metabolism, which raised \$150,000 to sustain its insulin pump program, the largest in Quebec, as well as to provide state-of-the-art retinal camera screening for patients with diabetes. Also, the 2nd annual Jump for Hope saw breast cancer survivors, newly trained in horseback riding, compete in a special competition. This was followed by a gala dinner and auction that raised close to \$150,000 in support of the development of a Breast Cancer Patient Navigation Kit for newly diagnosed patients.

www.royalvic.com

The Montreal Chest Institute (MCI) Foundation

The Montreal Chest Institute (MCI) Foundation funded renovation of the MCI's ICU at a cost of \$1,550,000. The grand opening of the new ICU in May, 2007 was hosted by Senator David Angus, Chairman of the MUHC. In addition to this renovation, the Foundation also funded improvements to the MCI day-hospital and emergency rooms.

Community Volunteers

In 2006-2007, nearly 1,200 volunteers donated over 100,000 hours to support and assist patients and families who came to the adult sites of the MUHC.

Nevine Fateen, Director of Volunteer Services of the adult hospitals of the MUHC says, “After 23 years at the MUHC, I am still pleasantly surprised by our ‘hidden jewels’ here. I often meet volunteers on the job and at special events and I still marvel at how much time and energy they devote to the well-being of our patients and families. It is both humbling and inspiring.

“Where would we be without all our volunteers in the Auxiliaries and on the fundraising committees, be it Cedars, Organ Transplant Fund or the Kidney Fund? We get some of our best ideas from our volunteers because they are on the front lines and they see where the needs are. Volunteers make the most delicious sandwiches in the Hospitality Corner and they serve them with the warmest smile. They care for our tiniest patients in the Cuddles Program and they sit by our dying patients in Palliative Care. They give so much, to so many, it is truly remarkable.”

Volunteers at the Montreal Chest Institute

For the past decade and more, a dedicated group of six ladies (Mary Phung, Mary Tosoni, Myrtle Neel, Renata Kozina, Anna Jovanovich, Theresa O'Donnell) have been faithfully gathering each Friday at the Montreal Chest Institute to create wonderful pieces of handwork. They knit baby clothes, hats, scarves, mitts, dolls, socks; they sew pillows, quilts, aprons, bibs, Christmas decorations, and dozens of other items too numerous to mention. All of these products are then sold at the annual fall bazaar in October and again at a Christmas bazaar in December which raises much-needed funds for the Patient Recreation Fund for long-term care patients.

Their skills in sewing and knitting are matched by their culinary skills. The bake table at the bazaar is filled with their mouth-watering desserts, cookies, squares, and cakes. Mary Phung's famous samosas are a bazaar favorite.

During the spring and summer months these same volunteers are responsible for organizing two garage sales. Last year's profits from all of these events raised more than \$4,500 for the Therapeutic Recreation Department.

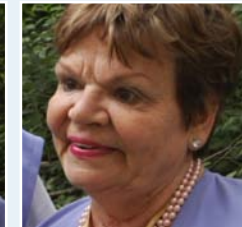
Says Recreologist Pat Kadowaki, “These ladies tirelessly give their time and efforts year round. With our limited budget, we would never be able to offer our patients the quality of activities that we do, were it not for these extra funds. Our patients and staff are forever grateful for their selfless work.”



Marguerite Choquette



Margaret Wallace



Victoria Wagner



Volunteers at the Royal Victoria Hospital



To view a video of our volunteers go to
www.muhc.ca/annual-report/perennials/volunteers/

Allied Health Services at the Montreal Children's Hospital

On-going learning opportunities

These are monthly mini conference sessions (90 min) on a variety of topics related to the volunteer experience. Five conferences were held during the past year. We will re-implement it in the fall based on volunteers' suggestions.

Meet and Greet Program

This pilot project was initiated by Public Relations in collaboration with the Volunteer Service. It offers guided tours for families who are here for their visits. ACM nurses refer these families. The program will be reassessed in the fall to better meet the needs of the families.

Change in volunteer orientation

Volunteers are now orientated in groups of up to 10, instead of a one-on-one basis. This has been time-efficient for Volunteer Services.

Volunteer Coverage during peak times

Volunteers gave invaluable help to MCH ER staff during the Holiday Season, providing extra coverage in the waiting areas and during the spring period.

Story Time on the Wards

An experienced volunteer storyteller now comes to visit children here on a one-to-one basis every Tuesday.

Cedars Cancer Institute

The Cedars Cancer Institute of the MUHC was founded in 1966. It was created in fulfillment of a pledge made by Joseph Chamandy to do all he could to ease the suffering of cancer patients, provide support for them and their families and raise vital funds for cancer care and leading-edge equipment at the MUHC.

Mr. Chamandy made this pledge to honour the memory of his beloved son Harley, whom he had lost to cancer.

The tradition of caring begun by Joseph Chamandy has been maintained by the hardworking Board and staff of the Cedars, by its medical advisors and volunteers and by the generosity of its many supporters. Since 1966, Cedars donors have raised over \$24 million for cancer care at the MUHC.

Cedars provides comprehensive cancer care to patients at adult sites – the Royal Victoria Hospital (RVH) and Montreal General Hospital (MGH) – and to Pediatric Oncology through the Sarah Cook Fund at the Montreal Children’s Hospital (MCH). It helps the MUHC purchase of state-of-the-art diagnostic oncology equipment and improve treatment and care facilities. The Institute also supports cancer research, fellowships for visiting professors and public education and lectures.

Through its Henry R. Shibata Scholarship Program, Cedars provided grants to the following MUHC oncology doctors and scientists: Dr. Dana Faingold, Dr. Philip Wong, Dr. Hidehisa Shimizu, Dr. Claudia Martins, and Dr. Nicholas Bertos.

 To visit the Cedars Cancer Institute website go to www.cedars.ca

Cedars also supports Cedars CanSupport, a support program which offers cancer patients and their families free psycho-social, practical and humanitarian assistance.

In 2007, Cedars’ commitments to the MUHC totalled more than \$1.5 million. Proceeds from the *Cedars Annual Golf Tournament* helped purchase vital equipment and advance much-needed renovations at the new MGH Oncology Pharmacy. Funds raised by the 2007 *Cedars Raffle and Abracadabra Auction* helped to purchase state-of-the-art molecular pathology equipment for the MUHC Department of Pathology. This equipment will significantly improve cancer diagnosis and support cancer care by enhancing healthcare providers’ ability to provide molecular testing for patients.

Financial support from Cedars in 2007 also helped the MUHC to:

- Purchase computers for the Department of Oncology (MGH)
- Support research into breast cancer tumour cells (Dr. C. Mihalciou)
- Renovate the E. J. Tabah Oncology Day Centre (RVH)
- Support the Ovum Preservation Program (Dr. S. L. Tan)
- Renovate the Quiet Room (Cedars Breast Clinic)
- Purchase a hand-held gamma probe (Cedars Breast Clinic)

Cedars CanSupport

Cedars CanSupport offers free, easily-accessible psychosocial, practical and humanitarian support services for MUHC cancer patients and their families. Support services are tailored to newly-diagnosed patients, people receiving treatment and caregivers.

Educational and emotional support services include:

- Tips for Caregivers
- Mind-Body Connection (relaxation workshops)
- Young Adult Creative Therapy Group
- Web Navigation
- Peer Pal (one-on-one support by cancer survivors)
- Refreshments
- Activities for in-patients
- Friendly Visiting
- Information Guides

This past year, Cedars CanSupport’s dedicated, trained and supervised volunteers, many of them former cancer patients, offered over 21,000 hours of compassionate care, friendly visits and helpful support to patients and their families. Any person wishing to become a CanSupport volunteer is cordially invited to join us.

CanSupport strives for excellence and relevance. Volunteers are important members of the MUHC’s multi-disciplinary cancer care team. Our goal is to reach all newly diagnosed patients and their families to provide psychosocial support and help them understand and cope with this challenging illness.



Arthur Legault, Caroline Dreluch, Dora Rosenblum-Barrett, John Bishop and Pierrette Teolis

MUHC awards: 2006 – 2007

The following is a partial listing of awards and honours received by MUHC staff, units and teams over the last year. The number and diversity of these awards reflect the extensive contributions made by the MUHC to clinical care, teaching and medical research.

Dr. Eva Andermann, head of the Neurogenetics Unit at the MNI, was awarded the Ambassador for Epilepsy Award from the International League against Epilepsy and the International Bureau for Epilepsy. The award honours outstanding international contributions to activities advancing the cause of epilepsy.

Dr. Frederick Andermann was appointed Officer of the Order of Canada. Dr. Andermann received this honour in recognition of his significant work in the diagnosis and treatment of epilepsy.

Dr. Irving M. Binik, MUHC psychologist with the Sex and Couple Therapy Clinic, received the Masters and Johnson Award for lifetime achievement.

The Intensive Ambulatory Care Service (IACS) of the MCH won the newly created Rotman Award for Paediatric Home Care Innovation.

Dr. George Karpati was awarded the Prix Wilder Penfield, a prize that honours researchers for outstanding contributions in the field of biomedical science.

Yasmin Khalill, Clinical Nurse Specialist in the Brain Tumor Program, was awarded the Brain Tumor Foundation Award by the Canadian Association of Neuroscience Nursing for her paper, Ongoing Transitions: The Impact of a Malignant Brain Tumor on patient and family.

Dr. Srinivasan Krishnamurthy received the Association of Professors of Obstetrics and Gynaecology of Canada's APOG Educator of the Year Award.

Diane Lowden, Clinical Nurse Specialist in Multiple Sclerosis at the MNH, was awarded the Eureka! Fellowship in Nursing Research.

Dr. Sarkis Meterissian, Director of the Cedar's Breast Cancer Centre, received the Association for Surgical Education Outstanding Teacher Award. This is the first time in more than 10 years that an individual from the MUHC has received this award.

Gary Pেকেles, MUHC Director of the Northern and Native Child Health Program, was awarded the Hildes Medal, the highest award of the International Union for Circumpolar Health.

Dr. Ervin Podgorsak, MUHC Director of Medical Physics, was awarded the 2006 William D. Coolidge Award by the American Association of Physicists in Medicine. This is the Association's highest honour.

Dr. Janet Rennick, Nursing Consultant for Research at the MCH, received a New Investigator Award from the SickKids Foundation and the Institute of Human Development, Child and Youth Health-CIHR.

Dr. Judith Ritchie, MUHC Associate Director of Nursing Research was awarded the Prix Florence de l'OIIQ Recherche en sciences infirmières Ministère de la Santé et des Services sociaux for advancing university hospital-based research, knowledge, and practical nursing methodologies.

Patricia Rose, MUHC clinical nurse specialist in the Intensive Care Unit at the RVH, was awarded the New Investigator Award for outstanding achievement in research into pressure ulcer prevention and management. Maida Sewitch, MUHC cancer researcher, was awarded the Lamont Award by the National Cancer Institute of Canada for her contribution to research in cancer control.

Dr. Sam Shemie, Pediatric Critical Care Unit (MCH), received the Canadian Society of Transplantation and Canadian Association of Transplantation 2007 Recognition Award for significant contributions to organ and tissue donation.

Dr. Emil Skamene, former Scientific Director of the RI-MUHC , was awarded the title of Master of the American College of Physicians (MACP) by the Board of Regents of the American College of Physicians.

Toni Vitale, Clinical Nurse Specialist, received the Codman Award from the Canadian Nursing Association of Neuroscience's for her research paper The Hope Experience in ALS.

Georgina Walter, MUHC Nurse Clinician, was presented with the National Gastroenterology Nurse of the Year for her exemplary national and international promotion of gastroenterology.

(Please note: the above list is only a representative sampling of awards won by members of the MUHC team. Space does not permit a full listing. The MUHC extends sincere congratulations to all those who received awards and honours in 2006 – 2007.)



Centre universitaire de santé McGill
McGill University Health Centre

The MUHC Board of Directors

Elected by the population:

- **Pierrette Khan Yong Wong (Treasurer)**
- **Mary Anne Ferguson**

Designated by the Central Patients Committee:

- **Leonard Macdonald**
- **Maria Mastracchio-Lafontaine**

Designated by the Council of Physicians,
Dentists and Pharmacists:

- **Dr. Alan Barkun**

Designated by the Council of Nurses:

- **Patricia O'Connor**

Designated by the Multidisciplinary Council:

- **Michelle Milos**

Elected by non-clinical personnel:

- **Demetra Kafantaris**

Designated by the Foundations:

- **Eric Maldoff**
- **Claude Forget**

Designated by the Corporations:

- **Calin Rovinescu**
- **Claudio Bussandri (Vice Chair)**

Designated by McGill University:

- **Dr. Richard Levin**
- **Dr. Wendy Thomson**
- **Robert Rabinovitch**

Elected by the Residents:

- **Dr. Hady Saheb**

Designated by the Minister of Health
and Social Services:

- **Senator W. David Angus (Chairman)**

Designated by the Agence de santé et
des services sociaux de Montréal:

- **Alex Paterson**
- **Marc Courtois**

Coopted

- **Barry Scott**
- **Raymond Royer**
- **Maggie Emudluk**

Ex-Officio

Dr. Arthur T. Porter, CEO (Secretary)



Centre universitaire de santé McGill
McGill University Health Centre

Financial Results

Financial Results

EXPENSES

(Thousands\$)

	2004-2005	2005-2006	2006-2007
Nursing care	162,884	164,264	172,077
Diagnostic & therapeutic services	228,810	280,863	294,794
Technical and support services	117,917	120,277	125,637
Administration	37,071	38,345	39,906
Other	163,150	161,867	205,762
Total	709,832	765,616	838,176



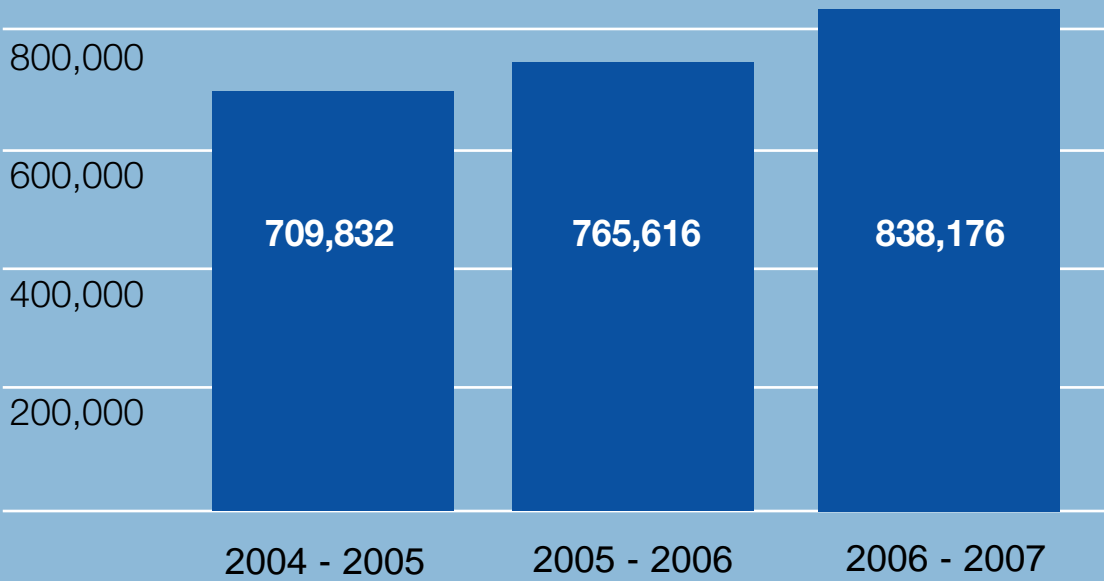
2004 - 2005



2005 - 2006



2006 - 2007

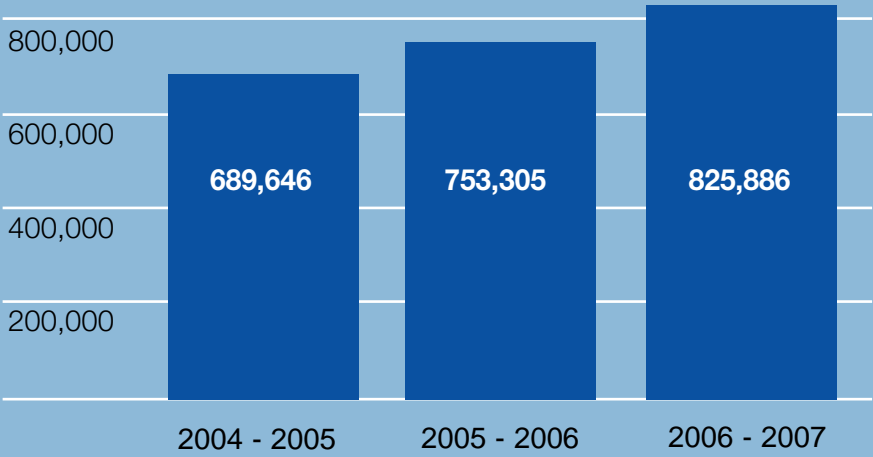


Financial Results

REVENUE

(thousands \$)

	04-05	05-06	06-07
Regional Health and Social Services Board	497,524	563,202	623,268
Sales of services & recoveries	18,901	25,659	25,214
Patients	19,555	17,048	19,758
Research	71,758	64,427	62,671
Other	81,908	82,969	94,975
TOTAL:	689,646	753,305	825,886



2004 - 2005



2005 - 2006

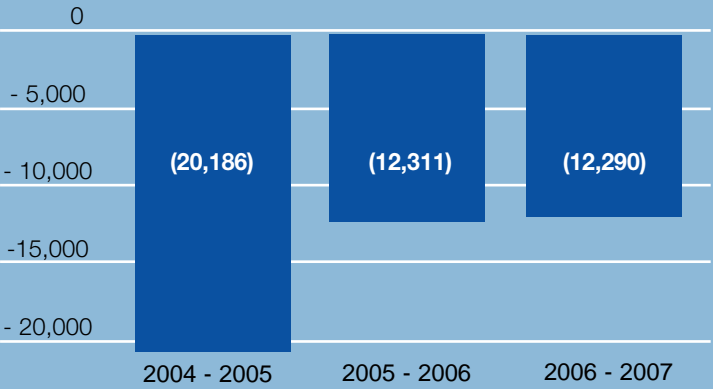


2006 - 2007

SURPLUS (DEFICIT)

(thousands \$)

	04-05	05-06	06-07
Revenue	689,646	753,305	825,886
Expense	709,832	765,616	838,176
SURPLUS (DEFICIT)	(20,186)	(12,311)	(12,290)



Summary of significant Statistical Data						Summary of significant Statistical Data					
Inpatients						Alternative Care to Hospitalization					
Statistical Data	2002-03	2003-04	2004-05	2005-06	2006-07	Statistical Data	2002-03	2003-04	2004-05	2005-06	2006-07
Bed Set-up						Ambulatory Services (visits)					
Acute Care - Adults and Children	1,094	1,079	1,041	1,029	1,029	Emergency	131,619	132,083	134,580	138,484	142,348
Newborns - General Care	26	26	26	26	26	Outpatient Clinics	657,943	668,482	644,131	634,953	630,262
Newborns - Intensive Care	55	55	55	55	55	Family Planning	20,757	22,625	19,365	20,341	24,248
Chronic Care - Adults	115	115	117	117	117						
Total	1,290	1,275	1,239	1,227	1,227	Total	810,319	823,190	798,076	793,778	796,858
Admissions						Day Care Medicine (treament day)					
Acute Care - Adults and Children	32,331	33,509	32,593	33,959	32,949	Physical Disease	62,758	67,002	68,387	86,652	85,112
Newborns - General Care	3,378	3,497	3,484	3,518	3,589	Parenteral Nutrition	7,045	6,293	6,257	6,835	6,158
Newborns - Intensive Care	664	740	699	741	757	Oncology and Haematology	16,976	20,162	21,821	21,732	22,545
Chronic Care - Adults	400	422	401	424	442						
Total	36,773	38,168	37,177	38,642	37,737	Total	86,779	93,457	96,465	115,219	113,815
Patient Days						Day Hospital (attendance)					
Acute Care - Adults and Children	299,192	296,719	284,006	286,235	288,388	Geriatrics	2,183	2,372	2,084	3,811	3,605
Newborns - General Care	8,295	8,485	8,483	8,359	8,700	Psychiatry	12,949	13,458	11,794	11,272	8,394
Newborns - Intensive Care	13,627	15,327	14,070	13,723	14,214						
Chronic Care - Adults	48,152	42,930	45,747	48,616	48,789	Total	15,132	15,830	13,878	15,083	11,999
Total	369,266	363,461	352,306	356,933	360,091	Nursing Day Care					
Average Length of Stay						Day Surgery (patient)	18,453	18,857	17,212	16,703	14,607
Acute Care - Adults and Children	9.25	8.85	8.71	8.43	8.75	Endoscopy and Cystoscopy (treatment)	19,861	20,917	21,452	23,005	23,322
Newborns - General Care	2.46	2.43	2.43	2.38	2.42						
Newborns - Intensive Care	20.52	20.71	20.13	18.52	18.78	Total	38,314	39,774	38,664	39,708	37,929
Chronic Care - Adults	120.38	101.73	114.08	114.66	110.38	Others (treatment)					
Weighed Total	10.04	9.52	9.48	9.24	9.54	Hemodialysis	43,652	44,800	45,543	46,082	44,878
Average Occupancy						Peritoneal Dialysis	24,543	20,107	19,022	17,670	17,658
Acute Care - Adults and Children	74.93%	75.34%	74.75%	76.21%	76.78%	Interventional Radiology	7,255	8,713	9,352	12,333	14,047
Newborns - General Care	87.41%	89.41%	89.39%	88.08%	91.68%	Cardiac Angiography	4,176	4,193	4,002	3,791	3,578
Newborns - Intensive Care	67.88%	76.35%	70.09%	68.36%	70.80%	Lithotripsy	807	711	758	876	894
Chronic Care - Adults (note 1)	114.72%	102.28%	107.12%	113.84%	114.25%	Total	80,433	78,524	78,677	80,752	81,055
Weighed Total	78.43%	78.10%	77.90%	79.70%	80.40%	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%.					



Centre universitaire de santé McGill
McGill University Health Centre

MUHC HOSPITALS

514.934.1934
www.muhc.ca

MONTREAL CHILDREN'S HOSPITAL
2300 Tupper Street,
Montreal, Quebec, H3H 1P3

MONTREAL GENERAL HOSPITAL
1650 Cedar Avenue,
Montreal, Quebec, H3G 1A4

MONTREAL NEUROLOGICAL INSTITUTE/HOSPITAL
3801 University Street,
Montreal, Quebec, H3A 2B4

ROYAL VICTORIA HOSPITAL
687 Pine Avenue West,
Montreal, Quebec, H3A 1A1

MONTREAL CHEST INSTITUTE
3650 St-Urbain,
Montreal, Quebec, H2X 2P4

MUHC Annual Report 2006-2007

Published by: MUHC Public Relations and Communications Department

Editor: Chris Atack

Contributing Writer: Christine Zeindler

Web Manager: Cindie Bilodeau

Graphic Design and Production: T2 Marketing & Communications

Photography/Videography: Daniel Oleary, Claudio Calligaris, Tango Photographie

Translation: Louise Raymond-Dandonneau, Alex Fretier