



The MUHC. We're all about people



Centre universitaire de santé McGill
McGill University Health Centre

Annual Report 2007-2008

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The Best Care For Life



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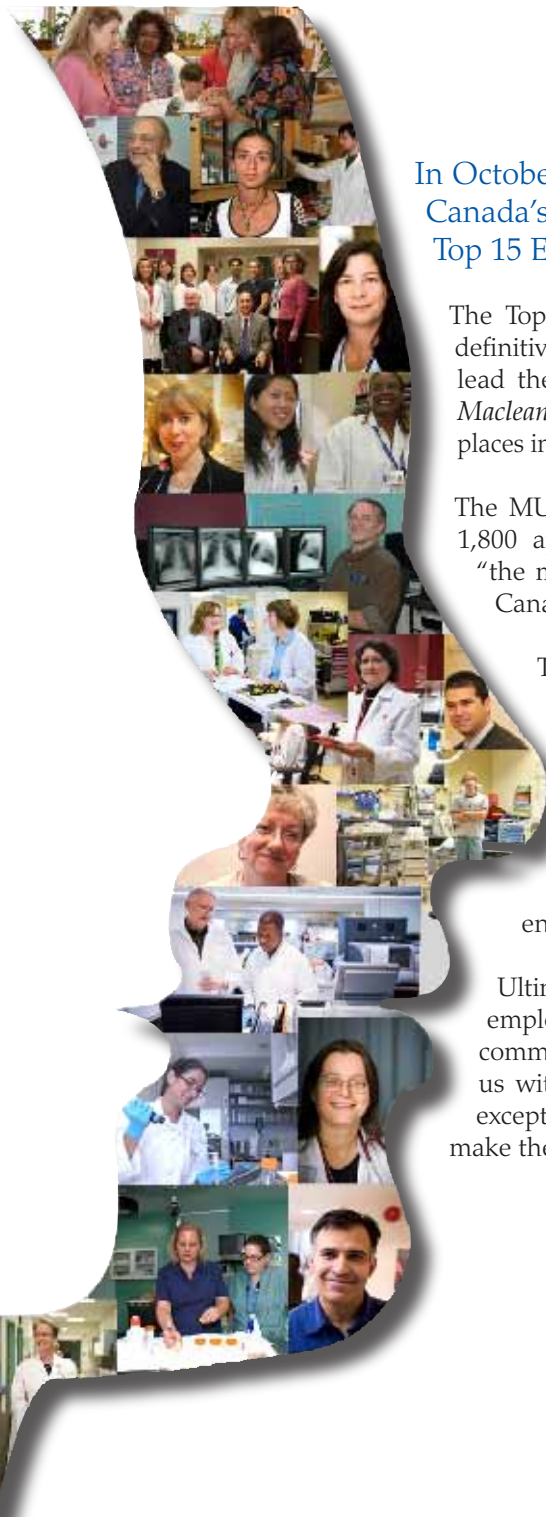
The McGill University Health Centre (MUHC) is one of the most comprehensive academic health centres in North America. The MUHC represents five teaching hospitals affiliated with the Faculty of Medicine of McGill University: The Montreal Children's, Montreal General, Royal Victoria, and Montreal Neurological hospitals, as well as The Montreal Chest Institute. The most recent member of the MUHC is The Lachine Hospital and Camille-Lefebvre Pavillion. Building on the tradition of medical leadership of these founding hospitals, the MUHC continues to shape the course of academic medicine by attracting clinical and research authorities from around the world and by training the next generation of medical professionals. And it continues to provide the best care for life to patients of all ages.



John A. Rae, chair of the Best Care For Life campaign, explains how your donations can make a real difference to health care in Montreal. To watch the video, visit: www.muhcfoundation.com/rae_video



Canada's Top 100 Employers



In October 2007, the MUHC was recognized as one of Canada's Top 100 Employers and one of Montreal's Top 15 Employers.

The Top 100 list, published in *Maclean's Magazine*, is the definitive guide to the companies and organizations that lead their industries in attracting and retaining employees. *Maclean's* describes the top 100 organizations as "the best places in Canada to build a career to fit your life and your goals."

The MUHC was selected for this year's award from among 1,800 applicants in a process that *Maclean's* describes as "the most in-depth analysis of human resources trends in Canada's public and private sectors available anywhere."

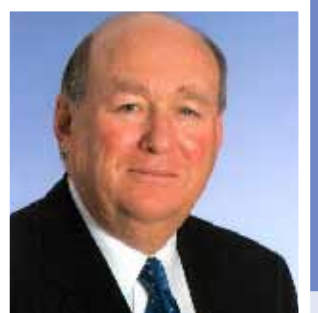
There are many reasons why the MUHC was included in the 9th edition of the prestigious top 100 list. Our organization has been commended on its flexible staff work options, our day-care facilities, and our vacation plans and continuing education programs. Those who visit the MUHC testify to the commitment of staff members in supporting our ultimate goal: the best care and the best environment for our patients.

Ultimately our recognition as one of Canada's top employers is all about the people at the MUHC and their commitment to excellence. This annual report provides us with the perfect opportunity to introduce some of the exceptional staff members, physicians and volunteers that make the MUHC one of the best health centres in the world.



Centre universitaire de santé McGill
McGill University Health Centre

Message from the Chair of the Board of Directors



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

The McGill University Health Centre (MUHC) is fortunate to have healthcare experts, researchers and support personnel whose stellar professionalism has earned them the trust of their community.

Such trust demands not only compassionate, exemplary patient care, meaningful research and outstanding teaching, but also strong governance and best practices in quality and safety.

I am therefore pleased that the 2007-2008 Annual Report provides me with the opportunity to acknowledge the rigour with which our Board operates and the commitment of our volunteer members. I am equally proud to recognize our Director General and CEO and his management team who are overseeing the day-to-day operations of our hospitals, including assuring a balanced budget, whilst preparing our institution for the future.

What a future it will be! With the support of municipal, provincial and federal governments, funding agencies, and

generous donors, the MUHC and the Research Institute of the MUHC will have the means and the impetus required to truly change the quality of life of patients and their families. In-patient facilities will promote healing, respect privacy and enhance safety while the model we will finally be able to adopt will be that of fully integrated patient care, research and teaching. This is a model that will benefit patients throughout their life cycle, from birth to the golden years, and maximize the investments in our health-care system.

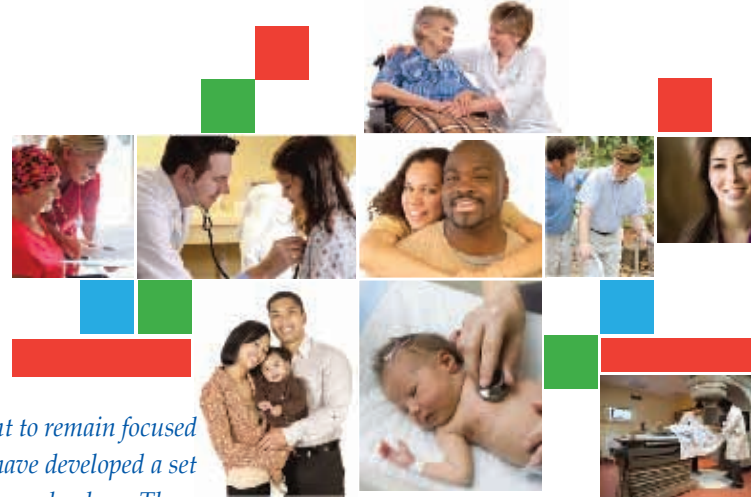
In my capacity as Chairman of the MUHC Board of Directors, I salute the accomplishments highlighted in this Annual Report and all others that made the 2007-08 year a collective success. I consider it a privilege to serve our community by helping to ensure that our hospitals fulfill their mission and that we continue to deserve your trust and support.

The Honourable W. David Angus Q.C.
Chairman, MUHC Board of Directors



To view a video of the Hon. W. David Angus visit:
www.muhc-mediaportal.mcgill.ca/rpt0708angus

Mission, Vision, Values



In a diverse organization like the MUHC, it is important to remain focused on our core values and beliefs. To achieve this goal we have developed a set of clear, simple statements outlining our mission, vision and values. These statements serve to guide us, and to remind us of what is really important to us, our colleagues, and most of all our patients and their families.

Our vision :

Exceptional and integrated patientcentric care, research and teaching; the MUHC is one of the world's foremost academic health centres and it is highly committed to its community.

Our mission :

The MUHC is the adult and pediatric university hospital that is partnered with McGill University. Our mission is to:

- Offer our pediatric and adult patients as well as their families compassionate exemplary care, with a specific commitment to treating complex cases;
- Extend the limits of health knowledge through research and integrate this new knowledge to our clinical and teaching practices;
- Provide outstanding health science education to healthcare providers, administrators and the community; and
- Assess and develop new technologies and procedures to prevent, assess and manage medical conditions.

We value :

Service: Patients and their families are our raison d'être. We provide compassionate multidisciplinary care throughout a person's life. We relate to patients and their families in a transparent way that respects their dignity as well as their cultural and linguistic needs.

Innovation: We foster a culture of inquiry and innovation. We make evidence-informed decisions. We strive continuously to improve our efficiency and efficacy.

Leadership: We develop, use and disseminate continuously new knowledge and expertise that can benefit patients locally and globally. We exercise our influence with a view to improving the functioning of the healthcare system at the local, regional, national and international levels.

Partnership: We work in collaboration with our employees, our ambassadors, as well as our health network partners to ensure comprehensive integrated services across the continuum of care for the population we serve.

Message from the Director General and CEO



The Hon. Dr. Arthur T. Porter
Director General and CEO

As Director General and Chief Executive Officer of the McGill University Health Centre (MUHC), I am proud to endorse the 2007-08 Annual Report.

This past year was filled with challenges, opportunities and significant achievements. While our Redevelopment Project progressed, we upgraded our existing facilities to improve the quality of care, inaugurating modern patient rooms and other hospital space and equipment. While hospitals across the country faced the strains of personnel shortages, we managed to recruit and retain nurses, inhalation therapists, technicians and other professionals, including the world's first robotic anesthesiologist. Finally, our team continued to raise the bar of excellence in patient care, research and teaching.

This brings me to the heart of the MUHC: our people, our team. I am tremendously proud to lead this team. They are a dedicated, compassionate, talented and loyal group of people. Indeed, we have a Quarter Century Plus Club of 358 members who've been part of the MUHC family for 25, 30, 40 and even 50 years. Such a group makes the MUHC strong. These individuals represent

a powerful lever for change, based on knowledge transfer, inspiration, mentorship and vision.

As an institution, we've worked hard to create the kind of environment where professionals in all fields of health care would want to build their careers. We recognize years of service, individual and group contributions, as well as innovative ideas, which get implemented thanks to our Innovation Bursary and other programmes. I am therefore extremely pleased to see our institution recognized as one of Canada's Top 100 Employers. This achievement helps shine a bright light on our MUHC team, in addition to the City of Montreal, the governments of Quebec and Canada, as well as our funding institutions. I am convinced that leadership and innovation at the MUHC contribute to our nation's well-being, as well as our country's standing on the world stage.

As you review our latest annual report, may you realize that, above all, our team raises the bar of excellence in the name of *The Best Care for Life*.

*The Honourable Arthur T. Porter C.P. MD
Director General and Chief Executive Officer*



To view the video message of the Hon. Dr. Arthur T. Porter visit:
www.muhc-mediaportal.mcgill.ca/rpt0708porter

2007-2008

The year in review



New ICU at the Chest

Work on the new Intensive Care Unit (ICU) at the Montreal Chest Institute of the MUHC is now complete. The new ICU includes individual rooms with flat-screen TVs, patient lifts and an enhanced ventilation system and nursing monitoring station. The \$1.8 million project was financed by the Montreal Chest Institute Foundation through the "Best Care For Life" campaign.



To see a video of the new ICU visit:
www.muhc-mediaportal.mcgill.ca/icu-mci



New insight into genetics of diabetes

Dr. Constantin Polychronakos' discovery of a new gene involved in insulin dependent (type I) diabetes brought us one step closer to a cure for a disease that afflicts over 100,000 people in Canada. The identification of genes helps advance research on both prevention and treatment.

MUHC recognized as one of Canada's top employers

Following a rigorous selection process examining best practices in employee recruitment and retention, the MUHC was named one of Canada's Top 100 Employers. The MUHC was particularly commended for its flexible work options, employee training programs and on-site day care facilities.



Microscope to Stethoscope lecture series enters second year

The MUHC Public Relations and Communications Department continued to promote scientific research to the general public through the second annual Microscope to Stethoscope public lecture series in the fall. Dr. Ron Olivenstein, Dr. Lawrence Rosenberg and Dr. Vassilios Papadopoulos presented their research to a packed auditorium at the Montreal General Hospital of the MUHC.



To see the videos of the Microscope to Stethoscope lecture series visit:
www.muhc-mediaportal.mcgill.ca/category/micro-stetho



Coffee and a chat

This winter saw the launch of a unique new public education and debate event – the MUHC's Café Scientifique. In the relaxed setting of a downtown coffee shop, the public came to meet MUHC experts and discuss the latest medical breakthroughs in the world of scientific research over a hot "cup of joe."

Café
Scientifique



To see the videos of Café Scientifique visit:
www.muhc-mediaportal.mcgill.ca/category/cafe-scientifique



Glen Campus PPP initiative gains momentum

In June 2007, backed by the Government of Quebec, the MUHC launched the Public Private Partnership (PPP) process for the Glen Campus. Groupe immobilier santé McGill and Partenariat CUSM were the two consortia chosen to move forward in the MUHC's selection process. In December, Mr. St. Clair Armitage, a former Executive Director of the Peterborough Hospital in the United Kingdom, with extensive public-private-partnership experience, was recruited as Project Director.



Green mountain campus designs submitted

In January, the MUHC submitted a new preliminary design to the Ville-Marie borough for the development of the Montreal General Hospital. The new design ensures improved integration with the urban environment for the hospital, while preserving the view of Mount Royal. The MUHC also reinforced its commitment to the protecting the natural and architectural heritage of Mount Royal by signing the Pacte patrimonial du Mont Royal.



Introducing "McSleepy"

The world's first robot anesthesiologist, "McSleepy", joined the surgery team this year. The MUHC-developed technology constantly monitors patients during surgery and adjusts and administers anesthetic drugs, allowing its human colleagues to focus more on other aspects of direct patient care.



To see coverage of McSleepy on Radio Canada's Découverte visit:
www.muhc-mediaportal.mcgill.ca/mcsleepy



Predicting breast cancer outcomes

The environmental conditions provided by our body play a crucial role in the determining whether breast cancer cells flourish or fade away, according to a groundbreaking new study by MUHC researcher Dr. Morag Park. Her research, published in *Nature Medicine*, attracted national and international media coverage this spring.



Cancer cells spread by releasing "bubbles"

MUHC researcher Dr. Janusz Rak eavesdropped on cancer cell communication this year in his new study published in *Nature Cell Biology*. "Cancer cells are able to communicate with their more healthy counter-parts by releasing vesicles," explained Dr. Rak, whose findings could change our view on how cancerous tissues function, leading to major clinical innovations.



Lifesaving new procedure a resounding success

In a world's first, surgeons at the MUHC, led by Dr. Renzo Cecere, implanted a minimally-invasive cardiac support system, called the Impella 5.0, into a patient suffering from acute rejection after a heart transplant. The life saving operation allowed the patient's condition to stabilize and respond to anti-rejection medications.

The MUHC – We're all about people

As one of the most comprehensive university health centres in North America, the MUHC's strength lies in the thousands of diverse and dedicated employees, physicians, and volunteers who share our vision of excellence in health care.

The MUHC attracts the very best, and is a leader in employee retention. Last year approximately 400 staff members received recognition awards for going above and beyond the call of duty and over 350 employees have now celebrated a quarter century of service. For many, the MUHC is more than a job – it is a way of life.

Good teamwork, innovation, and leadership are at the heart of everything we do at the MUHC. These qualities extend beyond the frontline clinical care team to the many talented people who provide crucial support services.

Our people define our institution, as the stories that follow illustrate. Of course, the care of each patient involves many more people than can be listed in these pages. To all these women and men, our sincere thanks for making this a leading health centre and a great place to work.

Patients are our raison d'être. Together we can provide the best care for life.



Transplant *the gift of life*

Kidney transplantation at the MUHC has a long and distinguished history, particularly at the Royal Victoria Hospital, where the first successful kidney transplant in Canada was conducted 50 years ago, in 1958. Today, the multi-organ transplantation program at the MUHC is one of the largest and most comprehensive in Canada, performing 150 kidney, liver, pancreas, and heart transplants annually. As many as 100 MUHC health care professionals may be involved in the care of a single transplant patient, demonstrating outstanding teamwork and organization.

 In 1958 Dr. John Dossetor made medical history when he pioneered the first organ transplant in the Commonwealth at the Royal Victoria Hospital of the MUHC. To view CTV coverage of the 50th Anniversary Transplant Gala visit: www.muhc-mediaportal.mcgill.ca/rpt0708trans



Dr. Roman Mangel



Cathy McIntyre



Dr. Liane Feldman



Dr. Steven Paraskevas



Caroline Beauchamp



Lorraine Peters



Dominic (patient)

"I was terrified," says Dominic, recalling the moment he discovered his kidneys had failed. "A kidney transplant sounded like science fiction and I was concerned about losing my independence and becoming a burden on my family." Finding a suitable donor, whose kidney matches both physically and genetically is a tricky task, with some patients waiting months for a suitable donor. Incredibly, Dominic's wife Christine was compatible. "We were ecstatic," recalls Christine. "It was like a miracle." Today Dominic and Christine enjoy an active retirement together in north Montreal. "My wife is now literally my better half," jokes Dominic.

Dr. Roman Mangel, Nephrologist

From: Krakow, Poland - 40 years at the MUHC

By the time he was referred to Dr. Mangel at the Royal Victoria Hospital of the MUHC, Dominic – a long-time kidney patient – clearly required a transplant. "We always prefer transplantation over dialysis because it's the closest thing we have to a cure," says Dr. Mangel. Of all the transplant options, donation between a husband and wife works best. "Couples have so much to gain," says Dr. Mangel. "It's wonderful to see Dominic and Christine enjoying life together and to have played a part in this experience."

Cathy McIntyre

Medical Technologist in the Tissue Typing Laboratory

From: Montreal, Quebec - 30 years at the MUHC

Medical technologists in the tissue typing lab may never actually meet the patients, but they are involved in their care from the outset. "Our first responsibility for transplant patients is to conduct a human leukocyte antigen (HLA) test," says Cathy McIntyre. "This identifies the body's unique 'signature,' allowing us to search for a suitable donor." To test potential compatibility, medical technologists mix the donor's blood cells with the recipient's blood serum in the lab and observe and interpret the results. If the substances "co-exist" peacefully – as in the case of Dominic and Christine – then compatibility is confirmed. If they engage in "test-tube warfare," then a transplant would most likely result in rejection.

Dr. Liane Feldman Surgeon

**From: Montreal, Quebec
18 years at the MUHC**

The operating room teams of Dr. Liane Feldman and Dr. Steven Paraskevas worked seamlessly in a back-to-back six-hour surgical procedure to transplant Dominic's new lifesaving kidney. First, using minimally invasive surgery (MIS), Dr. Feldman delicately removed Christine's kidney; then

Dr. Steven Paraskevas Surgeon

**From: Winnipeg, Manitoba
20 years at the MUHC**

Dr. Paraskevas took over and carefully implanted the organ. MIS, a state-of-the-art technique, allows surgeons to operate through small incisions, using a miniature camera and instruments. "MIS may be more complicated for the surgical team, but its benefits to the patient are unquestioned," says Dr. Feldman. "Compared to conventional surgery, MIS reduces risk, promotes recovery, and leaves only small scars." Christine was out of bed the day after her surgery and eager to assist in her husband's care. Both surgeons agree working in transplantation is incredibly rewarding. "The results are overwhelmingly positive," says Dr. Paraskevas. "It's a privilege to take part in an event that marks both a physical and psychological turning point in the lives of patients."

Caroline Beauchamp, Clinical pharmacist

From: Montreal, Quebec - 8 years at the MUHC

Transplant patients like Dominic require a complex blend of medications, including numerous anti-rejection and anti-infection drugs. Caroline Beauchamp and her fellow pharmacists work closely with the clinical care team to ensure patients like Dominic receive the best medication at the most effective dosage. "It's challenging," says Caroline Beauchamp. "But the sheer variety and complexity of cases at the MUHC are among the things I love most about working here."

Lorraine Peters, Transplant coordinator nurse

From: Montreal, Quebec - 32 years at the MUHC

Transplant coordinators do it all – from organizing the care and treatment of patients to providing education and training. Lorraine Peters has been Dominic's nurse coordinator since he became an out-patient after his surgery. She will continue coordinating his care into the future. "It's always a thrill to help restore a patient's quality of life," says Lorraine, who has worked in heart, liver and kidney transplant during her 30 years of MUHC service. "This is why transplant is so important, and why donation is such a special gift."

MAUDE Unit

options for high risk heart patients

The multidisciplinary team at the MAUDE Unit (the McGill Adult Unit for Congenital Heart Disease Excellence) provides a full spectrum of care for about 500 patients with congenital heart disease. Percutaneous Aortic Valve Implantation – one of many state-of-the-art cardiac procedures performed at the MAUDE Unit – involves the replacement of worn-out heart valves using a non-invasive technique. The entire procedure, conducted via a blood vessel in the leg, avoids the need for potentially risky open-heart surgery. The MAUDE Unit, which was created in 2000, is one of only a few clinics in North America capable of performing this complex procedure.



Dr. Giuseppe Martucci



Melissa Charbonneau




Nathalie Comtois



Danielle Cusson



Dr. Wail Al-Kashkari

 To view a video of Dr. Martucci and Dr. Al-Kashkari conducting a procedure in the Maude Unit Cath lab, visit: www.muhc-mediportal.mcgill.ca/rpt0708cath



Lorraine (patient)

"I had my surgery on Monday morning. Now it's three days later and I could be going home," says Lorraine with a smile. Lorraine has had a heart murmur her entire life, but two years ago her aortic valve also started to narrow, making it difficult for her to breathe. Typically, open-heart surgery is required to repair a narrowing aortic valve, but Lorraine also has liver and kidney disease. If she underwent open-heart surgery, the risks would be high. Her only option was Percutaneous Aortic Valve Implantation. "As soon as I woke up from the surgery I felt better," she says. "I was able to breathe!"

Dr. Giuseppe Martucci Interventional cardiologist and Director of the Percutaneous Aortic Valve Implantation Program From: Montreal - Quebec 3 years at the MUHC

Dr. Martucci is pioneering Percutaneous Aortic Valve Implantation. This minimally invasive approach to heart surgery replaces the aortic valve using catheters instead of open-heart surgery. Dr. Martucci's intensive training in catheterization and congenital heart disease has made him the perfect person to perform this procedure. Currently, the MUHC is one of only four centres across Canada using this cutting-edge approach, which is still in a trial phase. If results are good, it could become the standard of care for patients at high surgical risk. "This procedure provides another treatment modality for patients with severe cardiac disease," says Dr. Martucci, who performed his sixth successful implantation on Lorraine in September.

Melissa Charbonneau, Medical secretary From: Montreal - Quebec 2 years at the MUHC

Melissa receives the calls from all new patients for the Percutaneous Aortic Valve Implantation procedure, and sets up their consultations with Dr. Martucci. She also arranges necessary clinical work, such as imaging and blood tests, and prepares a letter explaining what patients should expect and how they should prepare for surgery. A day before the procedure, Melissa calls the patients to ensure they are ready—but often, to also lend an ear. "Some patients need a little reassurance," she says. "I talk to each of them, sometimes for as long as an hour."

Nathalie Comtois, Nurse From: Joliette, Quebec - 2 years at the MUHC

"As a nurse of the Percutaneous Aortic Valve Implantation Program, I screen all of the patients," says Nathalie. This includes a head-to-toe assessment, involving numerous tests. Every second week, she meets with a committee of cardiologists and cardiac surgeons and presents patients'

medical cases. This is where decisions are made regarding percutaneous, surgical or medical management. "I become the patient's advocate," she says. Nathalie assists with the preparation of the valve as well as with post care. "I coordinate tests post-surgery and help determine whether the patient requires follow-up care, such as rehabilitation," says Nathalie, who was involved in Lorraine's care from start to finish and who is just a phone call away for her patients.

Danielle Cusson, Echocardiogram technician From: Montreal - Quebec 19 years at the MUHC

Danielle performs echocardiogram imaging exams on patients before and after their Percutaneous Aortic Valve Implantation procedure. Part of the exam includes measuring the aortic valves, assessing their function and recording the dimensions and the anatomy of the heart. She also checks the state of the heart muscle and that no valves are leaking. Danielle performs the exams pre and post surgery to provide a before-and-after comparison of the heart for the surgeons. "I really like what I do, especially with all of the technologies associated with echocardiogram imaging," she says. "It also makes me feel good that I am helping people like Lorraine."

Dr. Wail Al-Kashkari, Medical fellow From: Saudi Arabia - 8 months at the MUHC

"I finished my training in cardiology at the University of Toronto," says Dr. Al-Kashkari. "I then chose to do my fellowship in adult congenital and structural intervention at the MUHC because few teaching centres worldwide offer this training. Plus, Dr. Martucci is the best in Canada." For the Percutaneous Aortic Valve Implantation Program, Dr. Al-Kashkari examines patients like Lorraine to see if they are good candidates and assists during their surgery. "I am very happy here. I am involved in every case, I see a wide variety of patients and Dr. Martucci is an excellent teacher," says Dr. Al-Kashkari.

MCH Insulin Pump Centre

helping kids be kids

Since April 2005, the Montreal Children's Hospital (MCH) has been home to the Pediatric Insulin Pump Centre, Quebec's first freestanding insulin pump education centre. An insulin pump is a small, computerized device that delivers insulin to the body at a steady rate through a thin catheter. Research shows that insulin pumps improve diabetes control and quality of life. Patients are taught how to use the device and how to give extra insulin when they eat. The MCH follows patients until age 18, when they are old enough to be cared for at the adult hospitals of the MUHC.



Dr. Robert Barnes



Anne Bossy



Evelyne Pytka



Helene Dubois



Rosanna D'Orazio

Dr. Robert Barnes, Pediatric physician

From: Montreal, Quebec - 10 years at the MUHC

Dr. Barnes works closely with the diabetes team to ensure each child is set on the right path. This includes meeting with patients and their families every three months. The focus is blood sugar control and making necessary adjustments to insulin levels. "Once a year I also perform a full, head-to-toe check-up," he says. But Dr. Barnes also sees a bigger picture. "From the day I chose this specialty," he says, "it has been about more than just managing insulin doses. The more significant part of my job is assisting families to live with their child's diabetes as a constant companion."

Anne Bossy, Nurse

From: Montreal, Quebec - 15 years at the MUHC

Patients are often first diagnosed with diabetes in the Emergency Room. "A nurse then meets with the family and begins the counseling process," says Anne. "We discuss disease management, including what diabetes is, how to give an insulin shot, and how to check blood glucose levels". The nurse is available daily, in case of questions or concerns. Calls often come frequently for the first couple of weeks as the family adjusts. There's a little more homework involved for those who wish to graduate from daily injections to an insulin pump like Dylan, but there are many benefits.

Evelyne Pytka, Nutritionist

From: Toronto, Ontario - 10 years at the MUHC

"I prefer not to be called a dietitian because 'diet' implies restricted eating," says Evelyne. "I help my patients and their families—as I did with Dylan's family—learn how to balance food, insulin and activity to achieve the best possible diabetes control." According to Evelyne, many parents worry about avoiding certain foods and fear for their child's future

health; she helps them understand that all foods can fit in the context of eating healthy. "And I tell them that good blood sugar management leads to good health for their child in the long-term." As a person who lives with diabetes herself, Evelyne is living proof that this formula works.

Helene Dubois, Medical Secretary

From: Montreal, Quebec - 8 years at the MUHC

A medical secretary, Helene greets patients and their families as they arrive at the clinic, organizes appointments and compiles the patients' medical details for the doctors. "I also arrange in-clinic blood work," says Helene. "And I prepare the transfers of 18-year-old patients from the Children's Hospital to the adult centres." But Helene's job is more than behind-the-scenes logistical work. "I get to know all of our 600-plus patients and their parents very well," she says. "These families are special to me. If our team is at a loss for a patient's name, I'm the one they often turn to."

Rosanna D'Orazio, Social Worker

From: Montreal, Quebec - 9 years at the MUHC

"We social workers help our patients and their families reach their goals, despite hurdles along the way," says Rosanna. This includes supporting children and their parents, and ensuring they have access to the diabetes information they need. Managing logistical concerns, such as helping people overcome language difficulties and ensuring they have a place to stay if they live outside the city, are also aspects of their job. But always, their focus is the well being of the patient — ensuring the child gets the best care. They also act as advocates for families and children. "We don't just take care of the illness," says Rosanna. "We take care of the whole person."

Dylan (patient)

Dylan was two years old when he was diagnosed with Type 1 (juvenile) Diabetes. "I knew something was wrong when he stopped sleeping through the night," says mom Sabrina. When Dylan started to cry non-stop and vomit after eating, he was rushed to the MCH Emergency Room and admitted to the Intensive Care Unit, where he stayed for 24 hours. Over the next few days, mom and dad were put through a training session on how to manage Dylan's diabetes. Earlier this year, Dylan's family decided to switch from injections to the new insulin pump. Today, Dylan's sugar levels are stable and he's been given back his childhood.

Neuro-oncology

taking on a deadly tumour

The Montreal Neurological Hospital (MNH) of the MUHC treats around 300 brain tumour patients annually – more than anywhere else in the province. The Neuro-Oncology Division consists of 14 health professionals, including surgeons, nurses, oncologists, rehabilitation therapists and a social worker. Together, they follow patients from diagnosis, through treatment to recovery and rehabilitation. In March 2008, the team was awarded a level 4 “supra-regional” status – the highest designation awarded by la lutte contre le cancer, the Quebec accreditation body of the Ministry of Health and Social Services.



Dr. Richard Leblanc



Maria Hamakiotis



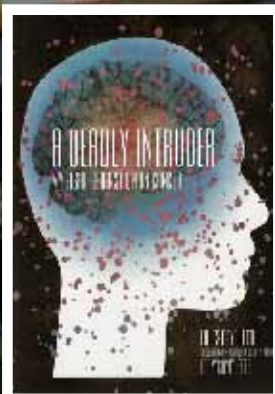
Eileen Beany Peterson



Priscilla Lam Wai Shun & Mathieu Simard



Dr. Rolando Del Maestro



Gilles (patient)

Life was great for 53 year-old Gilles – he had a great career, a wonderful family, and he had always been healthy. However, in the space of a single day, his life would change completely. After a routine check-up, Gilles learnt that a large cancerous brain tumour called glioblastoma multiform (GBM) was threatening his life. “An operation was scheduled for the following day. I couldn’t believe it,” says Gilles. “Things happened so fast it was hard to comprehend the full scope of my situation. I felt afraid and helpless.” The prognosis is often poor for people with brain cancer, and considerable challenges are faced during treatment and rehabilitation. Gilles beat the odds, and on his journey to recovery wrote a book called *A Deadly Intruder*, detailing his experiences and providing strength and hope to others going through the same life-changing ordeal.

Dr. Richard Leblanc

Director of Neuro-oncology and brain surgeon
From: Hull, Quebec - 30 years at the MUHC

Gilles was placed under the care of MUHC neurosurgeon Dr. Richard Leblanc, who would be responsible for the surgical removal of the tumour. Few medical procedures are more delicate and demanding than brain surgery, which is why Dr. Leblanc is thankful to have access to the latest in imaging technology, developed at the MNI’s Brain Imaging Centre. “This new software allows us to map the brain in three dimensions,” says Dr. Leblanc. “These images are then used to guide the surgery, making it safer, more efficient and more complete.” Dr. Leblanc is quick to credit his team’s success to their interdisciplinary approach. “Our team is exceptional in the way we work together to optimize health care,” he says. “I’m incredibly grateful to be surrounded by such dedicated health professionals.”

Maria Hamakiotis, Clinical nurse specialist

From: Montreal, Quebec - 11 years at the MUHC

“Everything moves rapidly once the patient has been diagnosed,” says clinical nurse specialist (CNS) Maria Hamakiotis. “Within a few weeks they will have had surgery and begun chemotherapy and radiotherapy.” Many people are involved in the care of a single patient at the Montreal Neurological Hospital, but the CNS is their main contact throughout. The CNS is responsible for coordinating every aspect of care from providing patient and family support and counselling to the mobilization of medical and community resources. Making the “medical machine” run smoothly requires significant skill, particularly as a CNS may handle as many as 100 active cases simultaneously.

Eileen Beany Peterson

Medical librarian at the Patient Resource Centre
From: Philadelphia, USA - 10 years at the MUHC

The goal of the Patient Resource Centre is to provide information about neurological problems, including brain cancer, to patients and their families. “Brain cancer is a frightening disease,” says Beany. “Few people know anything about it when they arrive, but all are anxious to learn.” Over the years Beany has amassed

many books, pamphlets and internet resources on the subject. Some are in English, some are in French; most are in simple straightforward language patients can understand. “We now have Gilles’ book in our collection,” says Beany. “It’s a very important addition because it’s a personal account that provides hope and inspiration. Many people get solace from his words.”

Mathieu Simard

Physiotherapist
From: Chicoutimi, Quebec
4 years at the MUHC

Rehabilitation is mentally and physically challenging for patients, so a coordinated approach is essential. “Our jobs are intimately connected – we work together to restore quality of life,” says Priscilla, who helps patients relearn a range of activities, from eating and dressing, to returning to work. Mathieu, who spends his vacations in developing countries assisting people with disabilities, helps patients restore some of their basic functions and regain independence. “We are involved in a critical period in the lives of these patients,” says Mathieu. “It’s very rewarding to help them achieve greater autonomy and control.”

Priscilla Lam Wai Shun

Occupational therapist
From: Montreal, Quebec
6 years at the MUHC


Dr. Rolando Del Maestro, Neuroscientist

From: Borgotaro, Italy - 8 years at the MUHC

Beyond his work as an MUHC neurosurgeon, Dr. Del Maestro heads the Brain Tumour Research Centre at the Montreal Neurological Institute. His research program investigates the processes involved in the development and spread of brain tumours. A close bond between the hospital’s clinical care areas and its research laboratories is crucial to the development of tomorrow’s cures and treatments. “Every brain tumour we remove at the hospital becomes part of our tissue bank and is studied in our research laboratories,” says Dr. Del Maestro. “It’s the ideal research environment.” Ultimately, Dr. Del Maestro hopes his research will yield results that translate directly into improved patient care. He is currently working with McGill’s Office of Technology Transfer to translate his research findings into bedside care.

A long reach *fighting TB in the far north*

The Montreal Chest Institute (MCI) originally opened over a century ago as the Anti-Tubercular League of Montreal, in direct response to a tuberculosis (TB) epidemic that claimed around 12,000 lives a year in Quebec. Today, less than 2,000 new cases of TB are reported each year in Canada. However, Inuit people are at much higher risk of developing this infectious disease than most other Canadians. This genetic predisposition has implications for the MUHC, which through the McGill RUIS (Réseau Universitaire Intégré de Santé) coordinates the health care of Inuit people living as far north as Nunavik – an area nearly 1 million square kilometres and encompassing 1.7 million people.

 One of this year's Microscope to Stethoscope public lectures featured MUHC researcher Dr. Marcel Behr. To view a video of his lecture entitled: Tuberculosis: local insights on a global epidemic, visit: www.muhc-mediaportal.mcgill.ca/tb

Lutaaq (patient)

It began with weakness, nausea, and a cough, but it was not until Lutaaq felt chest pains and started to lose weight that she visited her general practitioner; by then she had unknowingly been living with tuberculosis for several months. Digital x-rays were taken immediately at the clinic in Nunavik and placed on the medical server for assessment by tuberculosis specialists at the MCI. Lutaaq was flown to Montreal for treatment and five other family members who she had been in contact with were diagnosed and treated locally with antibiotics; all are now together again as a family.



Amelie Tchabo Fosso



Danielle Veilleux



Valérie Tétreault



Francine Desjardins



Dr. Richard Menzies

Amelie Tchabo Fosso, Nurse clinician

From: Nkongsamba, Cameroon - 7 years at the MUHC

The nurse clinician ensures the wellbeing of patients and coordinates their care. "On their arrival at the hospital, we provide information on both their care plan and the disease," says Amelie. "We also provide basic information on Montreal, because for some of our RUIS patients, this is the first time away from their community. It can be a scary experience." The nurse clinician also works closely with public health representatives to locate others in the community who may have been infected by the patient. "It requires a lot of coordination and teamwork because of the size of the RUIS and the number of people involved," says Amelie.

Danielle Veilleux, X-Ray technologist coordinator

From: Montreal, Quebec - 29 years at the MUHC

Radiology is an important part of tuberculosis diagnosis. "The introduction of digital imaging at the MUHC has greatly improved the ability of health care professionals to diagnose TB," says Danielle, one of the dedicated x-ray technologists at the Chest Institute. Contrast and brightness can be adjusted in digital images to bring out certain details. Additionally, digital images don't need to be developed and can be transmitted over the network, so the whole process is much faster. "X-ray images now take half the time," says Danielle. "We can now take over 100 images in a day."

Valérie Tétreault, Respiratory therapist

From: Granby, Quebec - 3 years at the MUHC

In order to effectively diagnose and treat patients with tuberculosis, samples of sputum must be collected and analysed. Under the supervision of a respiratory therapist, patients inhale a hypertonic saline mist produced by a device known as an ultrasonic nebulizer. The procedure stimulates

coughing, which in turn produces a sputum sample that is sent to the Mycobacteriology laboratory for analysis. "We carefully explain the entire procedure before we start and do our best to reassure patients throughout," says Valerie.

Francine Desjardins, Microbiologist

From: Montreal, Quebec - 5 years at the MUHC

Francine is the coordinator of the Mycobacteriology laboratory – a level three containment facility at the MUHC. Her mandate is to provide rapid isolation and identification of the bacteria that cause tuberculosis. "It's often a race against time," she says. "The quicker we identify the TB, the less damage there will be to both the patient and community." According to Francine, the TB bacterium is a tough little critter. "It can live for a hundred days on clothing and survive six months in the cold," she says. The level three containment lab at the MUHC is an essential facility in the fight against TB and the new multiresistant strains that have become increasingly prevalent in recent years.

Dr. Richard Menzies, Respiratory physician

From: Montreal, Quebec - 19 years at the MUHC

"We see quite a number of TB cases from northern communities, where the disease is epidemic," says Dr. Menzies, Director of the Respiratory Division of the MUHC. "The logistics involved in diagnosing and treating people in remote areas of the RUIS are significant. Our ability to function as a team is key to our success." The Montreal Chest Institute is one of the most active centres in the country for tuberculosis treatment, screening, prevention and research. "We conduct up to 4,000 screenings per year involving people from nearly 100 different nationalities," says Dr. Menzies.

Unsung heroes:

a look behind the scenes



It takes a huge, multi-talented team to make the MUHC work. Our staff are responsible for the countless tasks that ensure our facilities function smoothly. They transport patients within the hospital for treatment. They supervise parking and make sure visitors can come and go easily. They keep our hospitals safe and secure, and respond to emergencies when they arise. All these people play a vital role in the MUHC team.

Layder Beisan

Transport

From: Santiago de Cuba, Cuba

1 year at MUHC

Transport is called whenever a patient needs to be moved; this department is also responsible for moving medical equipment and samples. “I get to build a relationship with the patients,” says Layder. “It’s a great feeling to know that I am helping people every day.”

Diane Ménard

Security

From: Montreal, Quebec

6 months at the MUHC

The Security Service at the MUHC is responsible for maintaining a safe environment for patients, their families and staff, as well as ensuring the protection of property and information. The men and women of the Security Service take their job very seriously, but always carry a welcoming smile.

Joseph Alexis

Parking Services

From: Port-au-Prince, Haiti

3 years at the MUHC

Throughout the day, and in all seasons, the Parking Service has the challenging task of directing traffic and finding parking spaces for patients, their families, and staff, as well as assisting with medical deliveries. Over 5,000 vehicles visit the MUHC each day.

Unsung heroes: a look behind the scenes



Lucie Demers

Antonietta
Immatteo

Carol Leblanc

Diana, Tony and their first child Aiden Anthony - born at the Royal Victoria Hospital of the MUHC on Sept 28th, 2008.

Perhaps the most precious gift of all is the gift of time. That is what MUHC volunteers give, every day, to help our patients and their families. They are an essential part of the team. So too are the men and women in Housekeeping, who work around the clock to maintain a clean, welcoming environment, and the hard-working staff of Food Services, who serve thousands of meals each year, many of them ordered a la carte by patients themselves.

Antonietta Immatteo
Housekeeping
From: Campobasso, Italy
25 years at MUHC

Antonietta works in the Women's Pavilion at the Royal Victoria Hospital, ensuring the ward is clean and sterile at all times. "The birthing centre is a wonderful place; I always come to work with enthusiasm," she says. "There are many tears in this part of the hospital, but they are always tears of joy."

Carol Leblanc
Volunteer
From: St. Bruno, Quebec
13 years at the MUHC

Carol and her friend Shirley drive into Montreal from St. Bruno every Tuesday to volunteer at the MUHC. "It feels good to be providing support for those in need," says Carol, who spends much of her time at the MUHC with cancer patients. "Some people are alone and downhearted; sparing the time to talk and listen can make the world of difference."

Lucie Demers
Food Services
From: Montreal, Quebec
25 years at the MUHC

Lucie and the team at Food Services work hard to ensure the gastronomic needs of both patients and guests are met. "Each patient has slightly different needs, so the work is challenging and never dull," she says. "And at certain times of the year, like Christmas and Thanksgiving, we get to be a little creative!"

Research



The Research Institute of the MUHC is a fully integrated medical research facility with over 600 investigators studying a wide range of health issues. Affiliated with McGill University, the Research Institute is focused on conducting fundamental, clinical and evaluative research and translating new knowledge from discoveries into viable diagnostic tests and therapies for the benefit of patients and their families.

Our renowned investigators are responsible for some of the world's most groundbreaking medical discoveries. To continue building on our reputation as a leading research institution, 20 new investigators from a variety of disciplines were recruited last year.

The Fonds de la recherche en santé du Québec (FRSQ) and the Canadian Institute for Health Research (CIHR) remain our most important sources of research funding. Additional support is provided through the Canadian Foundation for Innovation (CFI), Genome Canada, Genome Québec and many other non-profit and for-profit agencies. The Research Institute is also supported by the generous contributions of all of our foundations.

Research Institute investigators benefit from three internal competitions each year. Last year, the Equipment Competition provided \$350,000 for new laboratory equipment and computers, while the Studentship/Fellowship Competition provided \$650,000 for students and fellows. The Clinical Research Pilot Project made available \$280,000 to help investigators develop projects leading to applications for funding. The Research Institute also established a New Research Endeavours Initiative, which will focus on Cancer Stem Cell research for the coming year.



To view a video message from Dr. Vassilios Papadopoulos, Director of the Research Institute of the MUHC, visit: www.muhc-mediaportal.mcgill.ca/rpt0708papdop

Teaching



In collaboration with McGill University, the MUHC strives for excellence in teaching and education. We have earned an international reputation for the quality of our training programs, which combine in-class teaching with bedside experience, attracting trainees and professionals from around the world.

Last year over 4,000 people trained at our health centre, including over 800 medical and surgical residents, 800 nurses and 1,800 graduate students and postdoctoral fellows. Additionally, 700 undergraduate McGill students, as well as visiting medical students and allied health students participated in training programs at the MUHC.

The MUHC Nursing Department and the McGill School of Nursing are benefitting from an ambitious program that exemplifies the strong link between education, research and clinical care. Working with a clinical and faculty advisor, Master's students conduct research on topics identified by MUHC nurses. The research is then presented to the Nursing Department and translated into material for patient education, staff development and quality assurance.

The McGill Simulation Centre continues to move from strength to strength. The high-tech medical training centre saw an increase in visits from 6,000 in the first year, to over 9,000 last year. The centre also welcomes trainees from outside McGill and the MUHC community, and last year even provided simulated medical training for the Canadian Armed Forces.

This past year also marked the launch of the new McGill Rotation Evaluation System, based on software called one45. This new tool is designed to facilitate evaluation between MUHC clinicians and trainees, while allowing trainees to evaluate their experience on clinical rotations.



To view a video introduction to the McGill Simulation Centre visit: www.muhc-mediaportal.mcgill.ca/rpt0708sim

Looking ahead

The Redevelopment Project



To learn more about the new
MUHC healing patient room visit:
www.muhc-mediaportal.mcgill.ca/patient-room-chambre



Yanai Elbaz



Marie-Claire Richer



Ellen Leibovich



Pierre-Étienne Fortier



Susan Drouin



Yanai Elbaz, Associate Director General, Redevelopment Planning and Real Estate Management
From: Montreal, Quebec - 6 years at the MUHC

As Director of the Redevelopment Project, Yanai Elbaz is responsible for overseeing all aspects of planning and construction for both the Glen and Mountain campuses. It's a big job, but, according to Yanai, an extremely gratifying one. "The redevelopment of the MUHC is a once-in-a-generation project," he says. "I feel very lucky to be a part of something so significant, and to feel that I am playing a role in ensuring our patients, staff and community will end up with one of the best hospital centres in North America."

Marie-Claire Richer, Director, MUHC Transition Office
From: Montreal, Quebec - 10 years at MUHC

The redevelopment of the MUHC will involve a fundamental transformation in the way people work, but it also provides an extraordinary opportunity to rethink and improve how we care for patients and their families. Marie-Claire Richer's role is to steer MUHC staff through the challenging adjustments associated with the Redevelopment Project. "Our new facilities will inspire us to collaborate better, to be more creative with our interdisciplinary teams and to incorporate research and teaching more fluidly into our daily activities," she says.

Ellen Leibovich, Planning Coordinator
From: Montreal, Quebec - 8 years at MUHC

As an architect with a Masters degree in Health Administration, the Redevelopment Project offers the perfect opportunity for Ellen Leibovich to combine her areas of expertise. "One of my current responsibilities is to work on initiatives that will allow

us to achieve LEED [Leadership in Energy and Environmental Design] certification on the Mountain Campus," she says. "The MUHC's environmental policies are an important part of our mission to provide the highest quality care possible."

Pierre-Étienne Fortier
Planning and Programming Co-ordinator
From: Montreal, Quebec - 1 year at the MUHC

Large projects like the MUHC redevelopment generate large amounts of documentation, from feasibility studies to construction schedules. Managing this paperwork is the responsibility of Pierre-Étienne Fortier. "It is critical that the information provided to the two consortia bidding to build our project is accurate, up-to-date, and complete – I play a part in making sure this happens," says Pierre-Étienne. "It's incredibly stimulating to work on a project as complex and important as this."

Susan Drouin, Associate Director of Nursing
Clinical advisor, PPP process
From: Montreal, Quebec - 13 years at the MUHC

Susan Drouin is one of the more than 200 doctors, nurses, health professionals and support staff from across the MUHC participating in user groups that will advise the bidding consortia as they prepare their proposals for the Glen Campus. "This is an exciting opportunity to help design a patient care environment that will meet the needs of our patients and their families in the 21st century," says Susan. "It's a pleasure to apply what I've learned in my career to our planning for the new facilities."

Foundations

McGill University Health Centre Foundation

Throughout the past year, the MUHC Foundation has 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 well past the halfway point.

Within the purview of the *Best Care for Life* campaign, the MUHC Foundation has advanced its Joint Corporate Campaign with the Fondation du Centre hospitalier de l'Université de Montreal. This unique partnership aims to raise \$150 million from the corporate sector and targets 300 of Quebec's corporate leaders, giving them the opportunity to make a single gift in support of the revitalization of academic medicine at Montreal's two university health care centres. Under the leadership of John Rae (Chair of the Best Care for Life campaign) and Pierre Desbiens (Chairman of the CHUM Foundation), the Joint Corporate Campaign is making solid progress. To date, we have met with leaders of some 20 corporations in our community and have been extremely encouraged by the reception we have received and by the levels of commitment being considered.

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 and the Cedars Golf Tournament. The MUHC Foundation also worked with its partners to help plan the MUHC's Community Campaign.

The future looks promising as the MUHC Foundation continues to promote and advance 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 2007-2008, the partner foundations of the MUHC significantly advanced the *Best Care for Life* campaign. In so doing, they supported the outstanding patient care, teaching and research for which our hospital has become world-renowned and helped ensure that the MUHC will continue to provide the best care for life for generations to come. Collectively, the partner foundations of the *Best Care for Life* and the *Best Care for Children* campaigns have raised over \$175 million towards hospital's priorities and needs.

What follows are brief outlines of each foundation's activities and achievements over 2007-2008. And to find out more about the MUHC Foundations, visit: www.muhc.ca/about/foundations

RVH Foundation

For generations, the Royal Victoria Hospital Foundation has sought to protect the interests of the community we serve and advocate for stronger, better, more accessible health-care for the countless thousands who rely upon us. The face of healthcare has changed dramatically over the years, and so has that of charitable giving. The RVH Foundation has taken definitive steps to ensure that we are not simply in line with the new realities of fundraising, but that we are setting the pace.

In many regards, we have changed the strategic direction of the RVH Foundation. We are redefining our presence in this community and determining how we can best and most powerfully support the MUHC. We are evaluating, revamping, and making improvements to ensure that our donors' money is used responsibly, in compliance with the highest ethical standards. Our Board has adopted the Donor Bill of Rights to define and dictate our accountability and transparency to the community.

Our efforts toward the *Best Care for Life* campaign are more determined than ever. This campaign, in support of the MUHC, not only secures our future but empowers us on an interim basis, allowing us to fulfill

our more immediate needs so that we can continue to provide the finest healthcare on our current premises.

We are honoured and privileged to have, as our strongest advocates and most faithful ambassadors in the community, the members of our Board. This eclectic group works tirelessly for the interests of this Foundation and the Hospital and it is on their behalf that I would like to thank every one of you – members of our community, those who answered our letters with thoughtful generosity, those who supported us through our events and campaigns, and every volunteer who gave their precious time and valuable energies. You are the most important part of everything we do, and we are committed to never losing sight of the trust you place in us.

Foundations

MGH Foundation

The Montreal General Hospital Foundation is pleased to report another record year of fundraising – more than \$13.5 million in donations – under the chairmanship of Bertin Nadeau, 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, 2008, approximately \$6 million was committed to priority projects in the Hospital. During the year, the MGH Foundation was a lead financial partner in making possible the new Balfour M. Mount Palliative Care Unit, featuring single patient rooms. Major funding was dedicated also to Gastroenterology, Cardiac Intensive Care and Mental Health reconstruction. Support

was also provided for other important projects in orthopaedics, ophthalmology and geriatric medicine, as well as special nursing initiatives.

This year, the MGH Foundation also presented some 80 Research Awards to our leading medical and nursing clinical/researchers. We continue to benefit from the generosity of a record number of donors, for which we are immensely grateful.

MCI Foundation

The Montreal Chest Institute Foundation launched an organizing committee this year to plan the events leading up to the centennial celebration on October 21, 2009. Thanks to a \$500,000 donation from the Foundation, the Interventional Pulmonary Medicine Clinic opened its doors. The MUHC is proud to have recruited Dr. Anne Gonzalez to lead this clinic, which provides minimally-invasive surgery to identify lung cancer. This new technology has drastically improved patient care by avoiding general anaesthetic, reducing risk and promoting surgical recovery.

MCH Foundation

The Montreal Children's Hospital Foundation once again had a wonderful year. In 2007-2008, thanks to thousands of donors from the community and the business sector, as well as more than 300 event organizers, the Foundation raised a record \$20 million, of which \$18 million was distributed to the MCH for its various needs.

Some \$5.2 million was invested in medical equipment and services. Among the equipment purchased was a 24-hour EEG surveillance system for Neurophysiology, as well as state-of-the-art equipment for Neurosurgery and Respiratory Medicine. In addition, \$8.6 million was used for special projects, which include the continuing renovation of the MCH Emergency, and the renovation of the Day Surgery Area and Psychiatry Ward. Funds raised also supported the Music and Pet Therapy Programs, as well as Telehealth.

As we write these words, and in addition to the \$20 million the Foundation has raised for urgent needs, the team also reached an incredible \$66 million for the Best Care for Children Capital Campaign, which is dedicated to the construction of the new Children's Hospital on the Glen site.

Neuro Development Office

On October 1, 2007, the Montreal Neurological Institute launched the largest campaign in its 74-year history. The MNI's 'Thinking Ahead' Campaign is a five-year, \$40 million initiative, to invest in people and expand facilities and services at the MNI. The Campaign will help the MNI, a National Centre of Excellence in Commercialization and Research, achieve: the largest and most innovative brain imaging centre in the world, new treatment avenues for brain disease, a pioneering neuropalliative care centre, a world class spine and spinal cord repair centre, and global leadership in understanding and repairing the brain.

Campaign co-chairs Dominic D'Alessandro, President and CEO of Manulife Financial and Jacques Bougie, former President and CEO of Alcan Inc., as well as an impressive team of prominent business and community leaders, are spear-heading the campaign. To date, \$28.5 million has been raised, with major gifts from Manulife Financial and the company's CEO Dominic D'Alessandro, The Cyril & Dorothy and Joel & Jill Reitman Family Foundation, pioneering scientist Dr. Brenda Milner, Dr. Shirley Rayport, The J.W. McConnell Family Foundation, The Molson Foundation, Rio Tinto Alcan, CIBC, Banque Nationale, and CGI, as well as the Estates of Dorothy Sexton and John Gordon.

Hospital Volunteers

Approximately 1,700 volunteers donate their time, compassion and experience to 90 different volunteer programs across the MUHC. They play an integral role in the lives of patients, visitors and staff, whether it is assisting with clerical work, providing friendly service at gift shops, mealtime support or simply leading an ear and a hug for those in need. Their caring makes our hospitals that much more special.

“Our volunteers give their heart and soul,” says Rita Giulione, interim coordinator of the Montreal General Hospital Volunteer Service. “They are dedicated 100 per cent for the patients – it’s their passion.” For more than 15 years, one special volunteer at the MGH – Charles Olsheffky – has been making breakfast every Tuesday morning for the geriatric patients. “It’s a very special part of their week,” says Ms. Giulione.

For a quarter of a century, the Friends of the Neuro – a non-profit group of dedicated volunteers – has raised money for the MNH and helped patients and their families. Through numerous fundraising activities, the Friends purchase hospital equipment, fund bursaries for nurses, and support the Neuro Patient Resource Centre. Volunteers on the Greeting Committee visit each new patient and offer a variety of personal items and reading material. Members of the Users’ Committee work to improve facilities and quality of life for patients, such as ensuring equal access through the installation of ramps and providing funds for patient information pamphlets.

Volunteers can have a profound impact on the lives of patients, particularly at the Children’s hospital. “We have a young child who has been with us for eight months now,” says Ann Hebert, Volunteer manager

at The Children’s. “He was always alone, but now he receives at least 30 hours of volunteer care each week. It’s wonderful to see him smile in recognition of his volunteer family.”

“We always train and sensitize our volunteers to the patient populations they work with,” says Nevine Fateen, manager of the Volunteer Service at the Chest Institute, Neurological Hospital and Royal Victoria Hospital. “Some volunteers even go on to become fulltime health care workers.” The Student Training and Education Program (STEP) is one of the volunteer programs that the adult sites of the MUHC are particularly proud of. The program, developed by Ms. Fateen in 2004 and financially supported by Pfizer, encourages students to consider careers in healthcare. “They learn about the healthcare area within which they volunteer, and staff members work with them to maximize their involvement for the benefit of patients,” says Ms. Fateen. “It’s a win-win situation for everyone involved.”



For more information on volunteering at the MUHC visit:
www.muhc.ca/about/volunteering.

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 Cedars, by its medical advisors and volunteers, and by the generosity of its many supporters. Since 1966, Cedars donors have raised over \$26 million for cancer care at the MUHC.

Cedars ensures comprehensive cancer care to patients at the MUHC adult sites and to the Montreal Children's Hospital through the Sarah Cook Fund. It helps the MUHC purchase state-of-the-art diagnostic oncology equipment and improve treatment and care facilities. Cedars also supports cancer research, fellowships for visiting professors and public education and lectures. Furthermore, Cedars CanSupport offers support programs for cancer patients and their families with free psycho-social, practical and humanitarian assistance.

In 2008, Cedars' commitments to the MUHC will total more than \$1 million. Proceeds from the Cedars

Annual Golf Tournament will help support funding for an Intra-Operative MRI for the Children's Hospital, the Adolescent & Young Adolescent Program (AYA), and contribute to the renovations of the Palliative Care Unit at the Montreal General Hospital. Funds raised by the Cedars Raffle and Abracadabra Auction will help to purchase radiation oncology equipment for the MUHC and state-of-the-art molecular equipment for the Department of Pathology, significantly improving cancer diagnosis. The Cedars Annual Dragon Boat Race and Festival raised \$250,000 last year to assist CanSupport and the Cancer Care Mission of the MUHC.

Financial contributions from Cedars this year have assisted the following projects:

- Stem Cell Research Bank
- Fertility Preservation Program
- Dr. Mostafa Elhilali research Chair in Urologic Sciences
- Dr. Henry R. Shibata Fellowship Program
- Renovation of F5 West Oncology/ Gynecology (RVH)
- Purchase of MRI Imaging Coil & Biopsy for Cedars Breast Clinic



Cedars CanSupport

Cedars CanSupport / Faire Face of the MUHC

CanSupport, sponsored by Cedars Cancer Institute, is an integral part of the MUHC Cancer Care Mission. It serves adult oncology in-patients, out-patients and their families through all stages of treatment and palliative care. Our mission for over 20 years is to "help cancer patients, one person at a time." We offer free, evidenced-based programs and services led by a team of professionals and supported by highly trained volunteers. Our philosophy is "whole person care."

CanSupport/Faire Face's Patient Information and Resource Centres are located at the Royal Victoria and Montreal General hospitals, and services extend to the Montreal Neurological Institute and Hospital. At these centres, information can be found in the form of lending libraries, information pamphlets, public lectures and web-based communications. Other valuable services and resources include: wigs and various head wear/accessories, buddy blankets, hospitality service and peer support in collaboration with the Canadian Cancer Society.

With the collaboration of MUHC oncology social workers, CanSupport also offers patients humanitarian aid for homecare, parking and transportation, a service made possible through the Wilfred Howick Humanitarian Fund and the Friends for the Cure.



In addition, CanSupport offers numerous professionally facilitated support groups in collaboration with the MUHC Psycho-Social Oncology Program:

- Coping Skills Support Group for Cancer Patients
- Coping Skills Support Group for Caregivers
- Bereavement Group
- Post-treatment Group

In-patients benefit from our:

- Tea Time service
- Meaningful Moments Arts & Crafts program
- Movie Time
- Therapeutic Massages

Out-patients undergoing treatment or in post-treatment have access to:

- Young Adults with Cancer Support Program
- Monthly Get-together for Stem-cell Transplant Patients
- Look Good Feel Better Program for Female Cancer Patients
- Therapeutic Massage
- Gentle Yoga at HappyTree Yoga Studio

Our professional team trains McGill University Social Work students and sensitizes university student volunteers, who may one day become professionals, to oncology patients and their families' experiences. We also collaborate in MUHC multidisciplinary oncology programs, local and national oncology committees and programs, as well as attend and present at local, national and international oncology conferences.

Sarah Cook Fund

Sarah Cook Fund of the Cedars Cancer Institute for Children

The Sarah Cook Fund was founded in 2001 as a tribute to Sarah Cook – an 8-year-old undergoing treatment for Ewing's Sarcoma at The Montreal Children's Hospital. Sarah was determined to help ease the effects of treatment for other children on her floor by raising funds to buy new pillows. The Sarah Cook Fund of the Cedars Cancer Institute was formed to support professionals who make a positive difference in the lives of hundreds of children and their families every year, and to address the pressing needs of the in-patient Hematology/Oncology division at The Children's.

Sarah is now an enthusiastic grade 11 student who, through her fund, wants to help others who are going through the same experience she once endured. Since its inception The Sarah Cook Fund has raised \$3.6 million in donations, pledges and special events. The most touching gifts have come from children who know Sarah, using their birthday parties, lemonade stands, puppet shows, races and events to raise donations for Sarah's cause.

In 2007, the 6th Annual Splash & Dash presented by Johnson & Johnson raised more than \$160,000 and was chosen as the recipient of a very generous commitment of \$500,000 from Air Canada and West Jet. The Fund has directly supported the Hematology/Oncology Division, with positive results including state-of-the-art upgrades of treatment rooms, research labs and funding for "Sarah's Floor," the new Hematology/Oncology in-patient division at the MCH. Funds have also supported a variety of projects and humanitarian needs, including continuing education for nurses, art therapy and Dr. Clown therapy.

Under the guidance of the medical advisory committee, The Sarah Cook Fund's Executive Committee continually looks forward to realizing projects within the Hematology/Oncology Division that urgently need funding, as well as supporting the new Children's Hospital of the MUHC. Currently, Sarah's Fund is participating in the acquisition of the first Intra-Operative MRI in Quebec, an extremely important project that will help children with brain tumours.



To view a video of the 2007 Cedars Dragon Boat race visit:
www.muhc-mediaportal.mcgill.ca/dragons-cedars

Awards and honours

Dr. Eva Andermann, Director of the Neurogenetics Unit, was awarded the Ambassador for Epilepsy Award from the International League against Epilepsy and the International Bureau for Epilepsy.

Dr. Alan Barkun, Douglas G. Kinnear Chair in Gastroenterology, was awarded the Andre-Viallet prize by the Association des gastro-entérologues du Québec, as peer-recognition for life-long achievements in the field of Gastroenterology and Hepatology.

Dr. Margaret Becklake was appointed member of the Order of Canada for her pioneering work in respiratory medicine and epidemiology, and the occupational and environmental determinants of lung disease.

Dr. David Goltzman, Director of the Calcium Research Laboratory, received the Distinguished Service Award from the Canadian Society for Clinical Investigation.

Jean Huot, Director of Information Services, received the Canadian Health Informatics Award for Leadership in the Field of Health Informatics.

Dr. Celeste Johnson, a researcher in the Human Reproduction and Development Axis, was elected Fellow of the Canadian Academy of Health Sciences.

Evelyne Kokoskin, MUHC medical laboratory technologist, received the Distinguished Fellowship Award from the Canadian Society of Medical Laboratory Sciences – the highest recognition of the Society.

Dr. Michael S. Kramer, a pediatrician and epidemiologist at the Montreal Children's Hospital, received the US Centers for Disease Control and Prevention Award for knowledge advancement in the area of maternal and child health.

The awards and honours listed here represent just a small sampling of those received throughout the year 2007-2008.

Dr. Jean-Jacques Lebrun, director of Hormone and Cancer Research Unit, received the Young Investigator Award from the Canadian Society for Endocrinology and Metabolism.

Dr. Virginia Lee, a nurse scientist at the MUHC, was awarded the prestigious Young Investigator Award at the Multinational Association of Supportive Care in Cancer (MASCC) conference.

Patricia Lefebvre, chief of the MUHC Department of Pharmacy, was awarded the 2007 Prix Louis-Hébert by the Ordre des pharmaciens du Québec – the highest award in the pharmaceutical field in Quebec.

Dr. Henri Menard, Director of Division of Rheumatology, received the 2007 Distinguished Investigator award from the Canadian Rheumatism Society.

Dr. Sarkis Meterissian, director of the Cedar's Breast Cancer Centre, was one of four recipients to receive the Association for Surgical Education Outstanding Teacher Award.

Dr. Madhukar Pai, a researcher at the Departments of Infection and Immunity, received the 2007 Scientific Prize of the International Union Against Tuberculosis and Lung Disease, in recognition of his outstanding tuberculosis research at the global level.

Dr. Morag Park, Director of the MUHC Molecular Oncology Group, was appointed Scientific Director of CIHR Cancer Institute and elected to the Royal Society of Canada.

Dr. Michael Petrides, director of the Cognitive Neuroscience Unit at the MNI, was elected to the prestigious American Academy of Arts and Sciences.

Dr. Robert Platt was awarded the Prix D'Excellence 2005 by the Foundation for Research into Children's Diseases. The award recognizes Dr. Platt's outstanding contributions to the field of child health issues.

Dr. Barry Pless, Director of the Canadian Hospitals Injury Reporting Prevention Program (CHIRPP) for the Montreal Children's Hospital, was elected to Honorary Fellowship of the Royal College of Paediatrics and Child Health.

Dr. Joyce Rauch was elected to the membership of the Henry Kunkel Society, Rockefeller University and selected to the International Advisory Board of the 13th International Congress on Antiphospholipid Antibodies.

Dr. Michael B. Reed, a researcher in the Infection and Immunity Axis, was awarded the Peter Loughheed/CIHR New Investigator Award for his important contribution to the study of tuberculosis.

Dr. Bernard Robaire, a Medical Scientist in the Human Reproduction and Development Axis of the Research Institute, was awarded the Distinguished Andrologist Award by the American Society of Andrology.

Dr. Emil Skamene, Director of the Centre for Host Resistance, was awarded Honorary Membership in the Canadian Medical Association. Dr. Skamene was also awarded the title of MACP (Master of the American College of Physicians).

Dr. Warren Steiner, Psychiatrist-in-Chief at the MUHC, won the "Partnership" award from the CSSS de la Montagne, given to individuals who have contributed positively to the organization's development.

Dr. Jeffrey Wiseman, Director of Undergraduate Medical Education and a researcher in the Health Outcomes Axis, was selected for the Canadian Medical Association (CAME) Certificate of Merit.

MUHC Board of Directors

The MUHC Board of Directors is a voluntary board. Members are not remunerated. The Board meets a minimum of six times a year. As well, members serve on a variety of board committees and task forces. The Board is ultimately responsible for managing the affairs of the MUHC by setting and monitoring the goals and orientations of the activities of the hospital and putting in place an administrative structure. The Board will serve for a term of three years until 2009.

Designated by the Minister of Health and Social Services:

Senator W. David Angus (Chairman)

Ex-Officio

Dr. Arthur T. Porter, CEO (Secretary)

Designated by the Corporations:

Claudio Bussandri (Vice Chair)

Calin Rovinescu

Elected by the Population:

Pierrette Khan Yong Wong (Treasurer)

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 E. Forget

Designated by McGill University:

Dr. Richard Levin

Dr. Wendy Thomson

Robert Rabinovitch

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

Alex Paterson

Marc Courtois

Co-opted:

I. Barry Scott

Raymond Royer

Maggie Emudluk

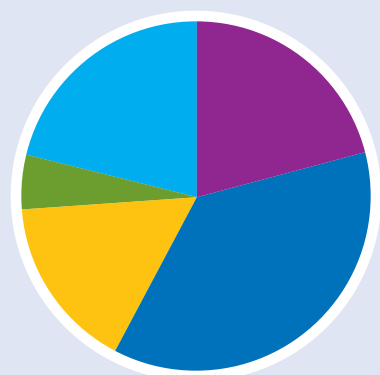
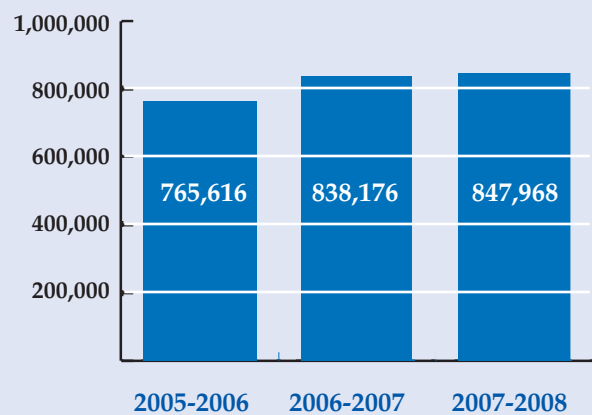
Elected by the Residents:

Dr. Hady Saheb

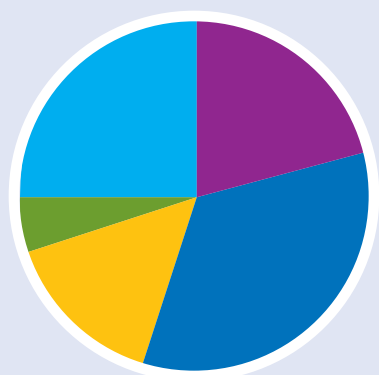
Financial results

Financial results

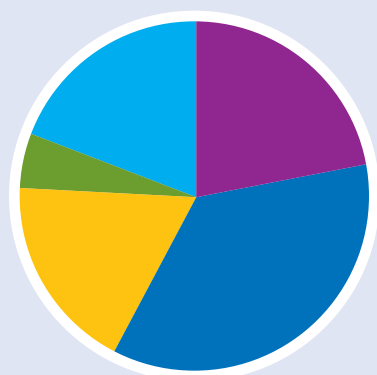
EXPENSES (In thousands \$) McGill University Health Centre			
	2005-2006	2006-2007	2007-2008
Nursing care	164,264	172,077	186,622
Diagnostic & therapeutic services	280,863	294,794	309,334
Technical & support services	120,277	125,637	148,892
Administration	38,345	39,906	43,049
Other	161,867	205,762	160,071
Total	765,616	838,176	847,968



2005-2006



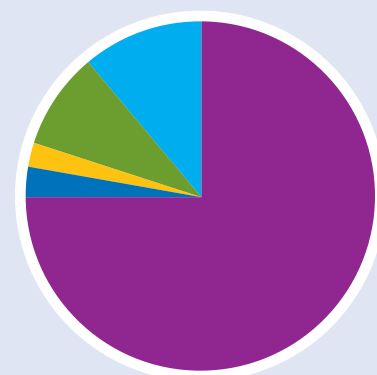
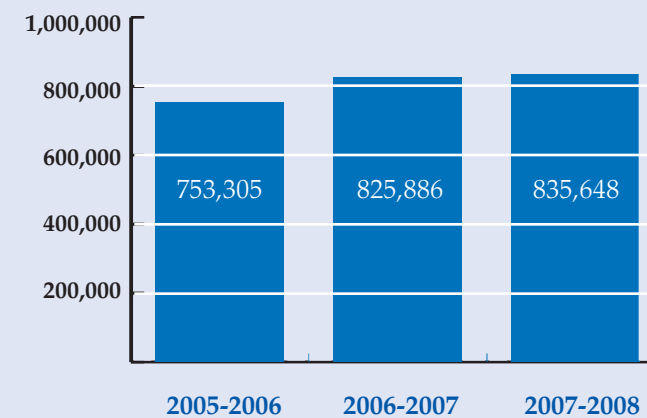
2006-2007



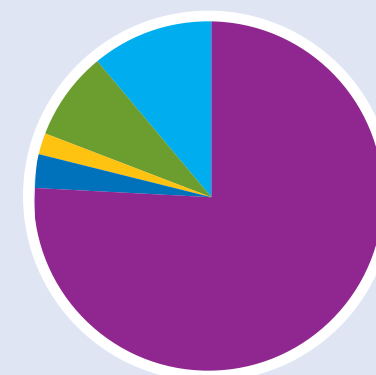
2007-2008

Financial results

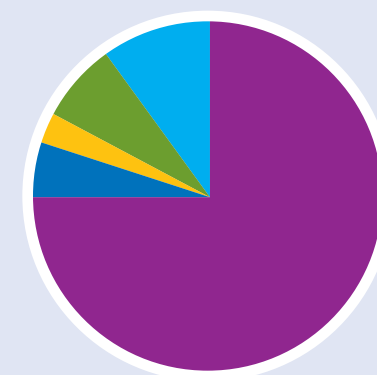
REVENUE (In thousands \$) McGill University Health Centre			
	2005-2006	2006-2007	2007-2008
Montreal Health & Social Services Agency	563,202	623,268	632,757
Sales & Recoveries	25,659	25,214	44,373
Patients	17,048	19,758	21,012
Research	64,427	62,671	57,493
Other	82,969	94,975	80,013
Total	753,305	825,886	835,648



2005-2006

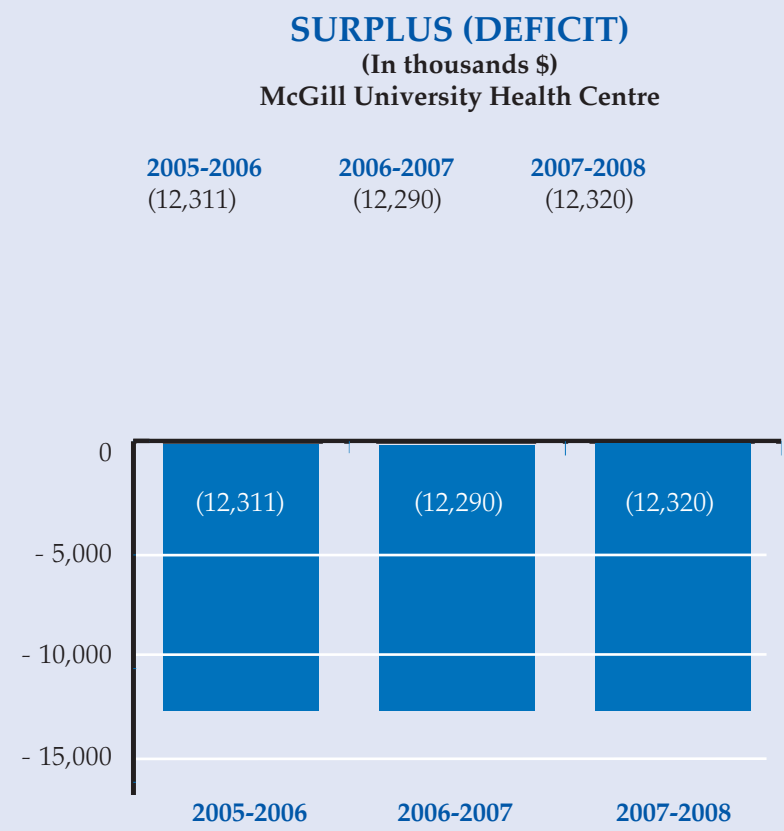


2006-2007



2007-2008

Financial results



Financial data

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TOTAL	765,616	838,176	847,968

SURPLUS (DEFICIT) (In thousands \$) McGill University Health Centre			
	2005-2006	2006-2007	2007-2008
Revenue	753,305	825,886	835,648
Expenses	765,616	838,176	847,968
SURPLUS (DEFICIT)	(12,311)	(12,290)	(12,320)

Statistical data

McGill University Health Centre - Summary of significant Statistical Data, March 31, 2008											
Statistical Data	2003-04	2004-05	2005-06	2006-07	2007-08	Statistical Data	2003-04	2004-05	2005-06	2006-07	2007-08
IN-PATIENTS						ALTERNATIVE CARE TO HOSPITALIZATION					
Bed Set-up						Ambulatory Services (visits)					
Acute Care - Adults and Children	1,079	1,041	1,029	1,029	1,017	Emergency	132,083	134,580	138,484	142,348	141,353
Newborns - General Care	26	26	26	26	26	Outpatient Clinics	668,482	644,131	634,953	630,262	613,192
Newborns - Intensive Care	55	55	55	55	55	Family Planning	22,625	19,365	20,341	24,248	26,878
Chronic Care - Adults	115	117	117	117	117						
Total	1,275	1,239	1,227	1,227	1,215	Total	823,190	798,076	793,778	796,858	781,423
Admissions						Day Care Medicine (treatment day)					
Acute Care - Adults and Children	33,509	32,593	33,959	32,949	31,760	Physical Disease	67,002	68,387	86,652	85,112	84,069
Newborns - General Care	3,497	3,484	3,518	3,589	3,485	Parenteral Nutrition	6,293	6,257	6,835	6,158	7,281
Newborns - Intensive Care	740	699	741	757	710	Oncology and Haematology	20,162	21,821	21,732	22,545	22,853
Chronic Care - Adults	422	401	424	442	410						
Total	38,168	37,177	38,642	37,737	36,365	Total	93,457	96,465	115,219	113,815	114,203
Patient Days						Day Hospital (attendance)					
Acute Care - Adults and Children	296,719	284,006	286,235	288,388	284,038	Geriatrics	2,372	2,084	3,811	3,605	3,615
Newborns - General Care	8,485	8,483	8,359	8,700	8,170	Psychiatry	13,458	11,794	11,272	8,394	8,082
Newborns - Intensive Care	15,327	14,070	13,723	14,214	14,001						
Chronic Care - Adults	42,930	45,747	48,616	48,789	49,176	Total	15,830	13,878	15,083	11,999	11,697
Total	363,461	352,306	356,933	360,091	355,385	Nursing Day Care					
Average Length of Stay						Day Surgery (patient)	18,857	17,212	16,703	14,607	14,533
Acute Care - Adults and Children	8.85	8.71	8.43	8.75	8.94	Endoscopy and Cystoscopy (treatment)	20,917	21,452	23,005	23,322	22,045
Newborns - General Care	2.43	2.43	2.38	2.42	2.34						
Newborns - Intensive Care	20.71	20.13	18.52	18.78	19.72	Total	39,774	38,664	39,708	37,929	36,578
Chronic Care - Adults	101.73	114.08	114.66	110.38	119.94	Others (treatment)					
Weighed Total	9.52	9.48	9.24	9.54	9.77	Hemodialysis	44,800	45,543	46,082	44,878	44,513
Average Occupancy						Peritoneal Dialysis	20,107	19,022	17,670	17,658	18,885
Acute Care - Adults and Children	75.34%	74.75%	76.21%	76.78%	76.52%	Interventional Radiology	8,713	9,352	12,333	14,047	13,845
Newborns - General Care	89.41%	89.39%	88.08%	91.68%	86.09%	Cardiac Angiography	4,193	4,002	3,791	3,578	3,425
Newborns - Intensive Care	76.35%	70.09%	68.36%	70.80%	69.74%	Lithotripsy	711	758	876	894	902
Chronic Care - Adults (note 1)	102.28%	107.12%	113.84%	114.25%	115.15%	Total	78,524	78,677	80,752	81,055	81,570
Weighed Total	78.10%	77.90%	79.70%	80.40%	80.14%						
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

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Telephone: (514) 412-4400

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Telephone: (514) 934-1934

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