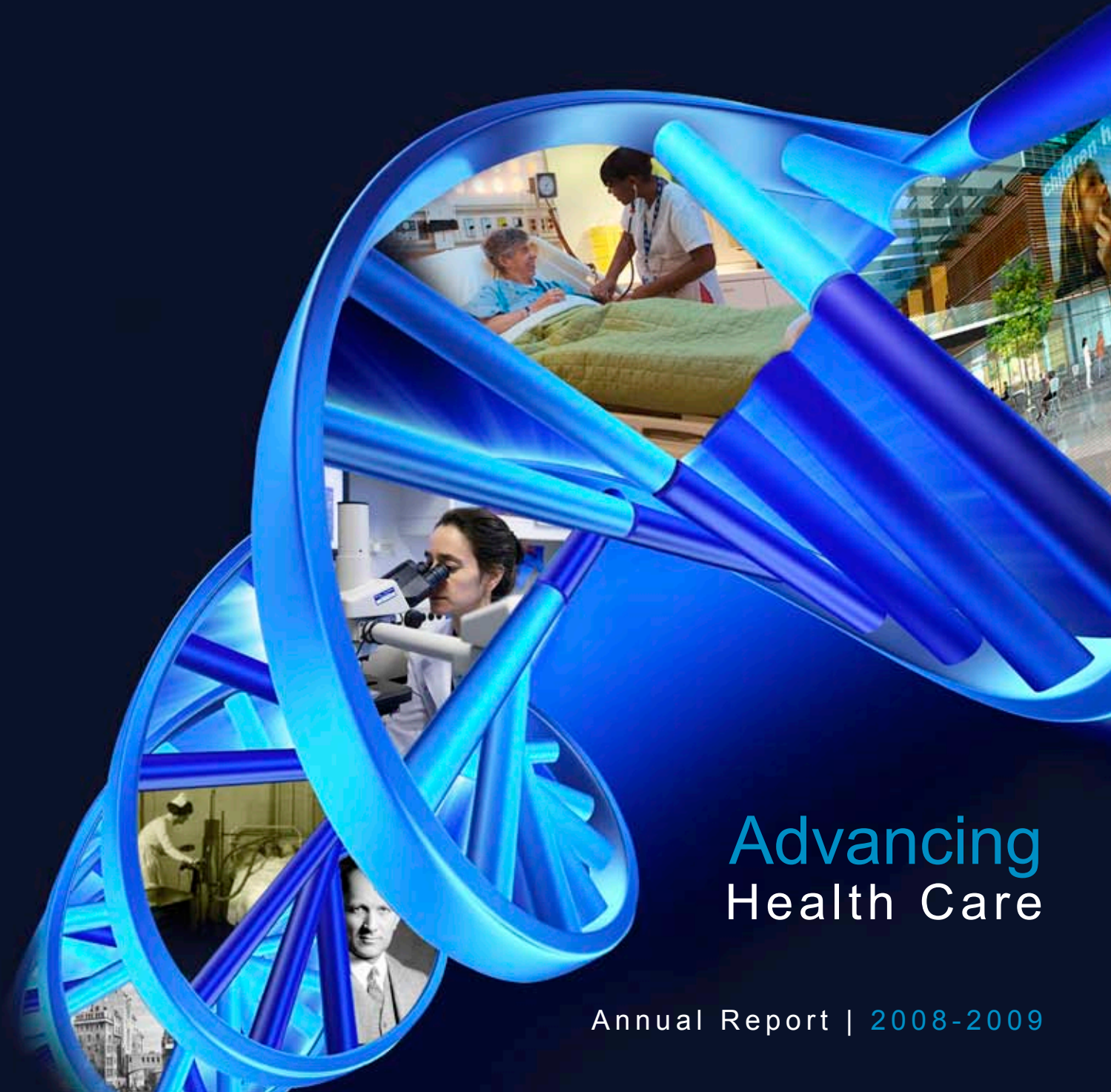




Centre universitaire de santé McGill
McGill University Health Centre



Advancing Health Care

Annual Report | 2008-2009

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The Best Care For Life

The McGill University Health Centre (MUHC)

is a comprehensive academic health institution with an international reputation for excellence in clinical programs, research and teaching. Its partner hospitals are the Montreal Children's, the Montreal General, the Royal Victoria, the Montreal Neurological Hospital/Institute, the Montreal Chest Institute as well as the Lachine Hospital and Camille-Lefebvre Pavillion. Building on our tradition of medical leadership, the MUHC continues to shape the course of academic medicine by attracting clinical and research authorities from around the world, by training the next generation of medical professionals, and continuing to provide the best care for life to people of all ages. www.muhc.ca





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

Message from the Chairman of the Board of Directors

Each year, as we prepare our Annual Report, I find myself reflecting on Canada's healthcare system and how the team of administrators, healthcare professionals, staff and volunteers at the McGill University Health Centre (MUHC) works hard to make the present system function efficiently for our patient population.

Much has changed since the Canada Health Act was enacted twenty-five years ago, and there can be no doubt that Canada's system will and must continue to evolve to meet the challenges of rising costs, new technologies and practices, to say nothing of the expectations of all Canadians. Whether we are on the providing or receiving end of healthcare services, there is a consensus that the status quo is not good enough. Indeed, at present, Canadians deserve better.

I am therefore happy to report that the MUHC is actively pursuing its role as a leading academic health centre. Our complex and tremendously exciting Redevelopment Project on the Glen, Mount and Lachine campuses, the policies we are helping to shape through our in-house think-tank, the Institute for Strategic Analysis and Innovation, and the painstaking investigations that are ongoing at our Research Institute of the MUHC, are all contributing to a promising future.

Quebecers, indeed Canadians at large, will benefit from the MUHC's sustained excellence. Accordingly, I continue to support the MUHC's lofty undertakings and applaud the inspired accomplishments of our Director General and CEO, the Honourable Arthur T. Porter. It is a delight to work alongside him and provide ongoing leadership for our MUHC team.

Finally, it is with pride and humility that we share this 2008-09 Annual Report with our community. We are conscious of our daunting mission in changing the face of health care in a positive way, but it is a challenge that we embrace with enthusiasm, energy and rigour for our staff, our patients and for their families.

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



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Message from the Director General and CEO



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

As Director General and Chief Executive Officer of the McGill University Health Centre (MUHC), I cannot help but feel proud to endorse this Annual Report and to express what an honour it is to lead such an exceptional group of dedicated people.

The MUHC family is roughly 14,000 people deep and strong. Their accomplishments in patient care, research, teaching and technology evaluation make the Montreal General Hospital, the Royal Victoria Hospital, the Montreal Chest Institute, the Montreal Neurological Hospital/Institute, The Montreal Children's Hospital, the Lachine Hospital and the Research Institute of the MUHC amongst the world's foremost leaders in health care.

While last year delivered its fair share of challenges, we balanced our budget, overcame operational obstacles and seized every opportunity to change the face of health care in Montreal for years to come.

We were once again named one of Montreal's Top 15 Employers. We were awarded \$99,988,343 in landmark funding from the Canada Foundation for Innovation to make our integrated research vision a reality. Matched by the provincial government and supported by our donors, this represents a \$250-million investment in our collective future. We launched the Request for Proposals for the Glen Campus, an important public-private-partnership milestone, and we received zoning approval for our Mountain Campus. Finally, we welcomed the Lachine Hospital and Camille-Lefebvre Pavillion into the MUHC family, creating a new campus that will enhance vital complementary services.

Other exciting announcements included the inauguration of a new Palliative Care Unit at the MGH that also honoured the MUHC's Dr. Balfour Mount, the father of palliative care in Canada; the creation of a new Cardiac Surgery Inpatient Unit at the RVH; the 50th anniversary of Canada's first kidney transplant carried out at the RVH; the world's first implantation in a patient suffering from severe acute heart transplant rejection of an Impella 5.0, a minimally-invasive cardiac support system that stabilizes a patient's condition; and top accreditation marks for our Cancer Care Mission from the Quebec government.

This list is by no means exhaustive. The outstanding contributions to health care of many members of the MUHC were also recognized by peers, as well as by provincial, national and international organizations. I invite you now to review this report and learn a bit more about the last year at the MUHC.

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



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Vision Mission 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 to our patients and their families.

Our Vision:

Exceptional and integrated patient-centric 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.

38,236

Admissions per year



32,517

Surgery
(patients) per year



171,944

Emergency Department
visits per year



4,391,377

Kilograms of laundry
washed per year



Stats at a Glance



2,692,960

Meals served per year



3,463

Deliveries per year



693,556

Ambulatory visits per year
(Clinics only)



11,728,572

Diagnostic and therapeutic
tests and procedures per year

Year in Review 2008-2009



MUHC Cancer Mission receives top marks from Quebec Ministry of Health and Social Services

The MUHC's Cancer Care teams received exceptional accreditation ratings from Quebec's Direction de la lutte contre le cancer. The MUHC was awarded the most level-four designations in the province—the highest ranking possible—as well as the greatest number of supra-regional status designations. These teams set the regional standards for cancer care.



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Canada's first portable CT scanner benefits patients at The Neuro

Patients at the Montreal Neurological Hospital and Institute now benefit from Canada's first portable computerized tomography (CT) scanner. Since the portable CT scanner can be used at various locations in the hospital, it eliminates the need to transport severely ill patients for scanning and minimizes assessment time.



New CT scanner officially inaugurated at Lachine Campus

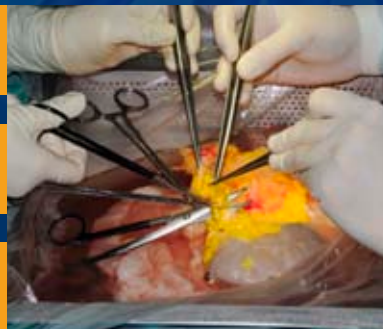
A new high-precision CT scanner was inaugurated at Lachine Hospital – one of the first steps in creating the MUHC Advanced Medical Imaging Centre at the Lachine Campus. The acquisition of this new scanner, valued at \$1.5 million, will further enhance the hospital's quality of care and allow staff to treat more people.

MUHC marks 50th anniversary of Canada's first kidney transplant

A medical milestone was recently celebrated at the MUHC. A half-century ago, in 1958, Dr. John Dossetor performed Canada's first successful kidney transplant at the Royal Victoria Hospital. The procedure – the first of its kind in the entire Commonwealth – saved the recipient's life and paved the way for future transplant surgery.



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MUHC named one of Montreal's Top 15 Employers, again!

The MUHC is one of the best places in Montreal to build a career according to the judges of Mediacorp's annual competition recognizing Montreal-area employers. For the second year running, the MUHC was on the winners' list. The award reflects the MUHC's efforts to create an inspiring workplace – efforts that benefit staff, patients and their families.



New wing of Meakins-Christie Laboratories will advance respiratory medicine

To push the boundaries of respiratory medicine, the MUHC added a new wing to the Meakins-Christie Laboratories — one of the premier centres for respiratory research worldwide. Research will result in a better understanding of respiratory diseases such as asthma and chronic obstructive pulmonary disorder (COPD) – and ultimately better diagnoses and treatments.

MUHC Breast Cancer Navigation Kit helps patients cope

To help women with breast cancer understand and cope with the disease and its treatment, the MUHC has developed an innovative patient resource: the Breast Cancer Navigation Kit. The kit has four sections: About Breast Cancer, Body-Mind-Spirit, After Treatment Ends and Practical Information. Patients are encouraged to bring the kit to each appointment.



The Montreal Children's Hospital trauma website helps kids play safely

Each year at The Montreal Children's Hospital of the MUHC, 15,000 children are treated for a whole range of traumatic injuries. These injuries are caused by anything from snowboarding to ingesting toxic chemicals. To help minimize trauma to children, the hospital has a new website, designed to provide timely, clear information on how to avoid or treat common injuries.

Miracle at The Children's - Infant defies the odds

With his heart failing, five-month-old Panagiotis Baltzis was put on a heart-lung machine, then on a mechanical heart. Incredibly, his heart started to pump again on its own. Timely diagnosis and a series of life-and-death medical decisions put young Panagiotis on the road to recovery and a normal life.



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MUHC Firsts

Clinical



● **1877:** Introduction of Lister's antiseptic system

● **1950:** Neuro-surgical treatment of epilepsy

● **1957:** First kidney transplant in Canada

● **1965:** First artificial knee joint in world



● **1980:** First pediatric bone marrow transplant in Canada

● **1998:** First teaching hospital to migrate from film-based to digital CT scans, MRIs and ultrasound test results



● **2004:** First artificial ureter reconstruction

● **2009:** First fully automatic biventricular cardiac resynchronization therapy defibrillator implantation in Quebec (second in North America)

Research



● **1890:** Development of culturing diphtheria bacilli

● **1932:** Identification of pituitary and placental hormones

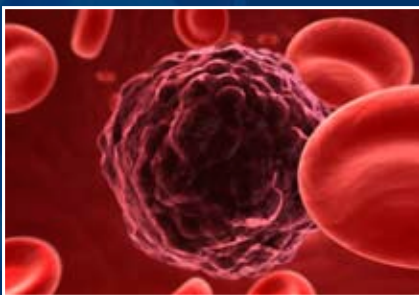
● **1950:** Discovery that drugs taken by pregnant women can produce birth defects



● **1995:** BRCA2 breast cancer gene discovered

● **1999:** Vaccine for nerve regeneration developed

● **2002:** Epilepsy gene discovered



● **2007:** Diabetes gene discovered

● **2009:** New fundamental mechanism of how tumour cells communicate discovered

● **2009:** New cardiovascular risk factor identified



Home-based care improving
quality of life...



Nationwide leading pain
program providing relief...



Maintaining quality of life
as long as possible...



Advances in cardiac care
paving bright futures...



Patient care always one
step ahead...



New technology breaking
down barriers...

Advancing





Health Care

continuing the proud tradition

For nearly 200 years, the MUHC has been advancing health care. During that time, our dedicated professionals have been finding better ways to diagnose and treat diseases, and understand their underlying causes. This year marks several milestones in this quest.

In 2008-2009, the Montreal Neurological Hospital/Institute celebrated its 75th year of operation, while the Montreal Chest Institute observed its centennial. This year also marked the anniversaries of major advances in health care at the MUHC, including Canada's first artificial ureter reconstruction, first community pediatric research program and first kidney transplant.

Past achievements must be recognized – but advancing health care means constantly moving forward; it means taking on new challenges and seizing new opportunities. This year, the MUHC continued to advance health care by taking significant steps towards the construction of its ultra-modern Glen Campus and redevelopment of the Mountain and Lachine campuses. The Request for Proposals for the Glen Campus was issued to the two international consortia bidding to design, build, finance and maintain this vital project. Further support came from the Canada Foundation for Innovation (CFI), which awarded the Research Institute of the MUHC (RI-MUHC) a \$100-million infrastructure grant. This grant, the largest ever given to a single institution, will be used to build and equip the RI-MUHC's new labs at the Glen Campus.

This year, in many ways and at every site, the MUHC has been steadily advancing health care. The new Palliative Care Unit now provides specialized end-of-life care for patients. The Women's Healthy Heart Clinic, another recent addition, offers specialized counselling for women who want to reduce their cardiovascular risk. At the RI-MUHC, scientists have made breakthroughs in many areas. To name just two, they have learned more about how cancer cells communicate and have made discoveries that may fundamentally change the way cardiovascular disease is treated.

Every day, in small steps or by dramatic leaps, the dedicated staff of the MUHC are advancing health care. They are continuing the proud tradition that stretches nearly two centuries into the past, and leads us towards a future – a tradition that insists on constantly finding the better way.

then

The Montreal Chest Institute— specializing in respiratory medicine for 100 years!



*Bedside care at the
Royal Edward Institute, 1930s*



*Royal Edward Institute,
precursor of the Montreal
Chest Institute, circa 1910*

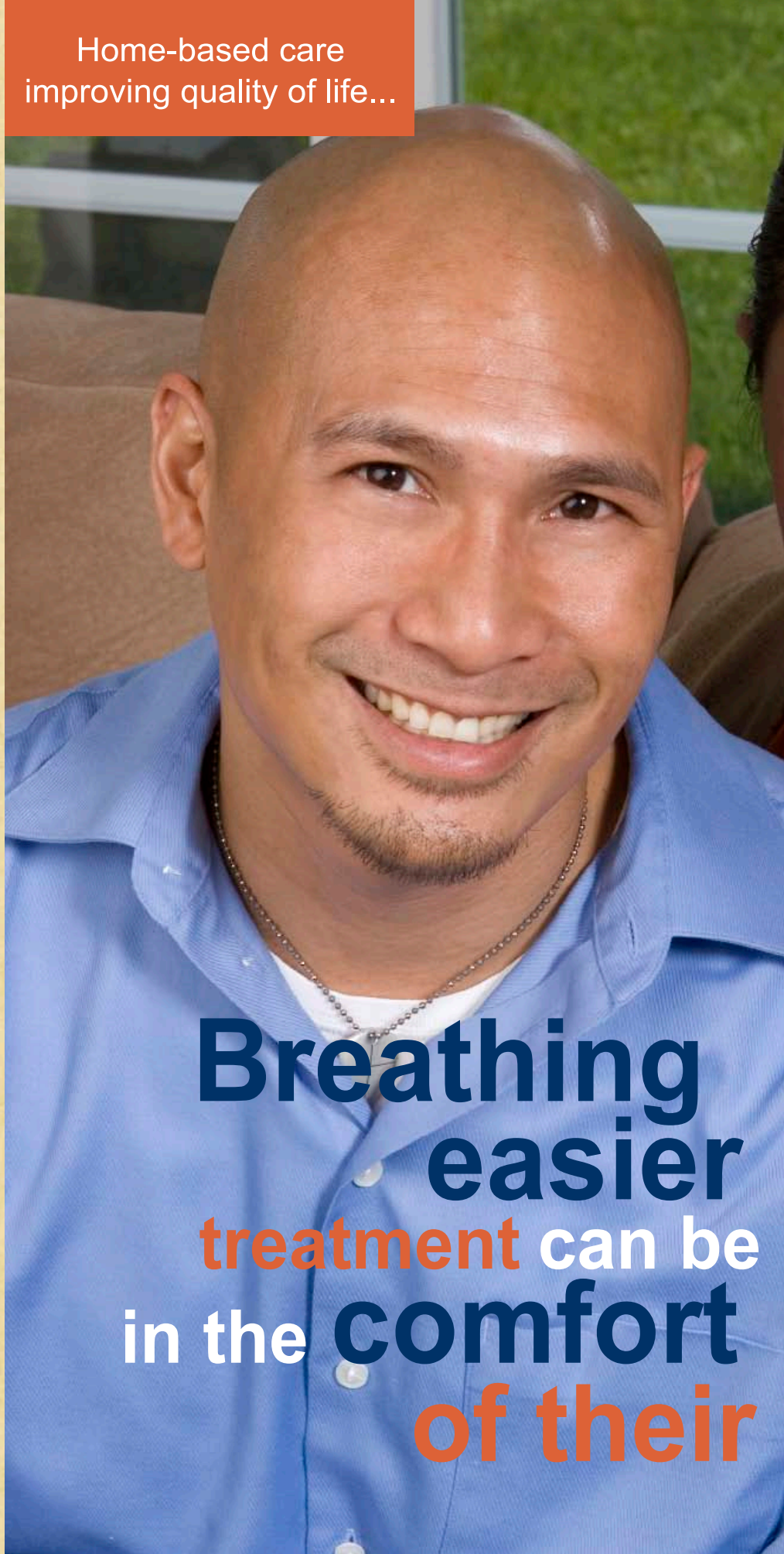
The Montreal Chest Institute (MCI) and its research counterpart the Meakins-Christie Laboratories constitute two of the foremost centres for respiratory clinical care and research in the world today. Clinical operations began in 1903 when the Anti-Tubercular League of Montreal was established in response to a tuberculosis epidemic that was claiming 12,000 lives a year in the Quebec region alone.

Within a year, three doctors were working six days a week, making 900 consultations and 110 home visits annually. In 1909, the hospital was named the Royal Edward Institute, established “for the study, prevention and cure of tuberculosis.” It quickly became one of Canada’s foremost centres specializing solely in respiratory diseases. The Institute provided public education initiatives and school programs as well as hospital services for tuberculosis patients.

In 1930, the Royal Edward Institute moved its facilities to the Montreal Chest Institute’s current address and within two years, was officially recognized as a McGill University-affiliated teaching hospital. Specialists soon began treating non-tubercular cases and broader research projects were initiated in its laboratories.

Today, research programs cover a wide range of research methodologies and disciplines related to acute and chronic respiratory diseases, including asthma, chronic obstructive pulmonary disease (COPD), cystic fibrosis, pulmonary hypertension, obstructive sleep apnea, as well as continuing the fight against respiratory infections such as tuberculosis.

Home-based care
improving quality of life...



**Breathing
easier
treatment can be
in the comfort
of their**

now

COPD

at a glance

- **300 COPD patients per year** have improved quality of life through specialized programs, such as pulmonary rehabilitation, smoking cessation and stress management
- **250 patients per year** benefit from COPD self-management skills taught by expert nurses at the MCI
- **200 patients per year** admitted to the MCI benefit from high quality care and a specific follow-up pathway on the chronic component of their COPD

COPD meets “Knowledge Transfer” equals top-notch care



Dr. Jean Bourbeau,
MUHC director of the Respiratory
Epidemiology and Clinical
Research Unit (RECRU) at the MCI

At the Montreal Chest Institute (MCI), Chronic Obstructive Pulmonary Disease (COPD)—the fourth leading cause of death nationwide—is at the forefront of care.

The work of Dr. Jean Bourbeau, MUHC director of the Respiratory Epidemiology and Clinical Research Unit (RECRU) and his team have developed a hugely successful initiative called “Living Well with COPD”. Most recently a home-based pulmonary rehabilitation program was introduced to the initiative, giving patients an effective and safe alternative to in-hospital programs.

The home-based rehabilitation program was conceived and implemented as part of a “Knowledge Transfer” project at the MCI in collaboration with Hôpital Laval, Institut universitaire de cardiologie et de pneumologie de Québec. “Knowledge transfer is our strength; this is why we are so efficient at what we do and why the care we provide to our COPD patients is top-notch,” says Dr. Bourbeau. “With knowledge transfer we identify the clinical needs, address the questions, conduct the research projects and then adapt the research into practice.”

Studies show that rehabilitation is currently the most effective treatment available to improve shortness of breath, effort tolerance and the quality of life of patients suffering from COPD. Through the home-based rehabilitation program more people will reap the benefits of this treatment.

knowing
done
home.

then

The Montreal Neurological Hospital/Institute celebrates its 75th year!



Dr. Wilder Penfield

A 75-year history rich in innovation and discovery has united outstanding research and compassionate patient care while propelling the Montreal Neurological Hospital/Institute (MNH/I) forward in an ambiance of excellence.

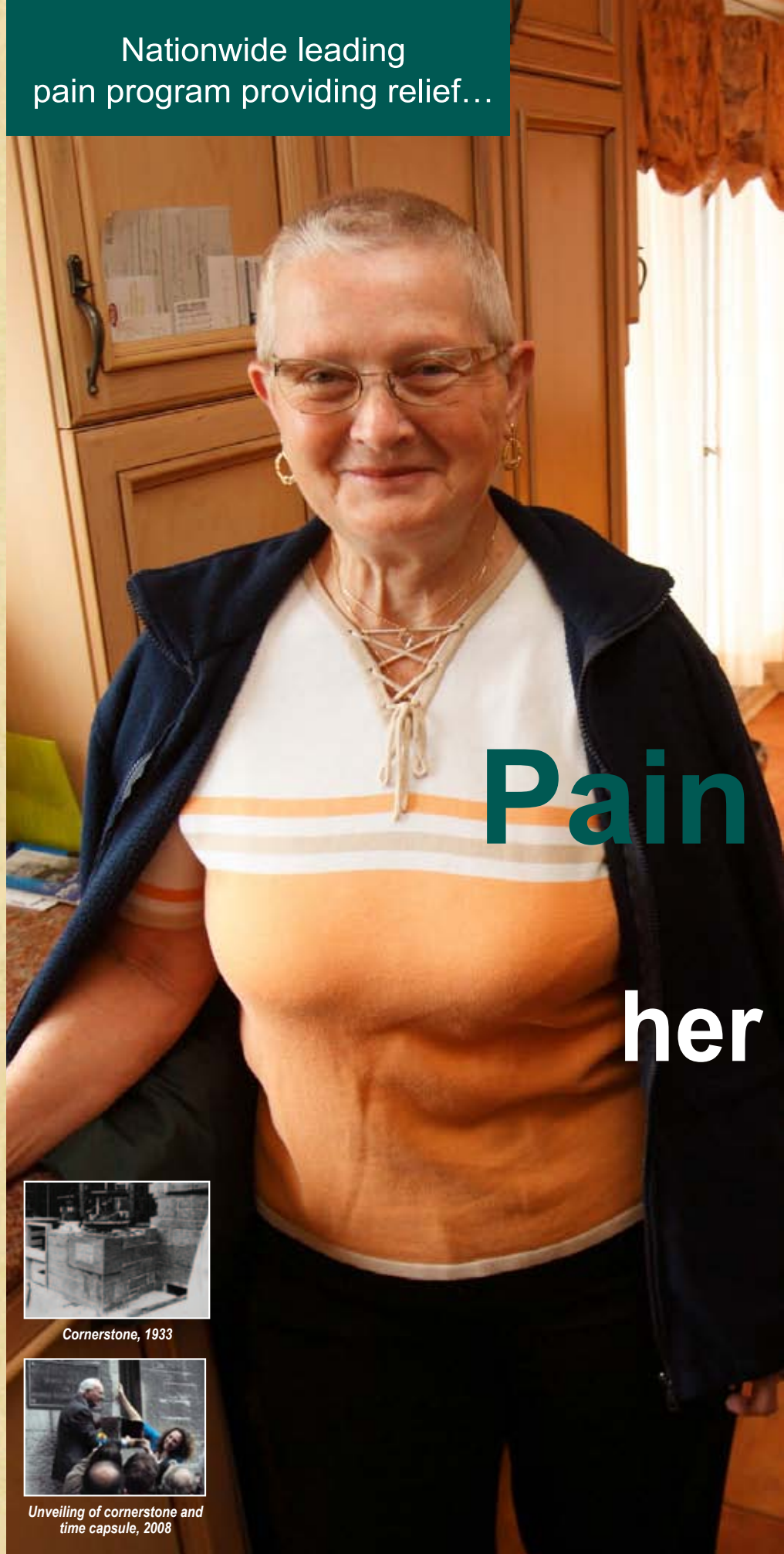
It all began in 1934 with an award of \$1.2 million from the Rockefeller Foundation and the support of private donors, foundations, government and university officials. With Dr. Wilder Penfield at the helm, the MNH/I began its unique mission of integrating neuroscience research and clinical practice. Over the next 26 years, he charted a future where Montreal gave the world hope for numerous conditions ranging from migraine to stroke to Parkinson's disease. As the first to map key functional regions of the living brain, Penfield created an environment that fostered creativity in all who came to the MNH/I to study the brain and care for patients with neurological and neurosurgical conditions.

In this, its 75th year, the MNH/I unlocked the contents of a time capsule inserted in the hospital's foundation. On October 6, 1933, Dr. Penfield, surrounded by esteemed colleagues and government dignitaries, laid the hospital's first cornerstone – a hollow stone containing a time capsule of souvenirs from 1933. Contents included newspaper clippings from *La Presse* and *The Gazette*, a 1933 McGill Yearbook and a collection of official documents from the City of Montreal and McGill University. In keeping with this tradition, the MNH/I will re-insert the time capsule into the cornerstone with new souvenirs from 2009 to be reopened on October 6, 2084, after another 75 years of groundbreaking discoveries at The Neuro.



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Nationwide leading
pain program providing relief...



Cornerstone, 1933



Unveiling of cornerstone and
time capsule, 2008



Relief has given her life back

Thanks to neurostimulation pain management techniques at the Montreal Neurological Hospital, Micheline Disario's chronic pain is now being managed.

now

Montreal Neurological Pain Program

at a glance

- **Over 2,000 patients/visits** per year seen in the Chronic Pain Clinic
- **About 500 patients implanted** with neurostimulators
- **65 per cent reduction in pain** through use of neurostimulation
- **Over 80 per cent satisfaction rate** with overall care provided at MNH (July 2008 survey)

Montreal Neurological Pain Program tops in Canada



Claire Nehme, *Clinical Nurse Specialist
in the Chronic Pain Clinic at the
Montreal Neurological Hospital/Institute*

From Montreal and Sept Îles to Gaspésie and Abitibi, the Pain Program of the Chronic Pain Clinic at the Montreal Neurological Hospital/Institute (MNH/I) helps patients from Quebec and beyond, who suffer from chronic pain – a condition that affects nearly 20 per cent of the population according to studies. It is currently one of the leading pain centres in Canada using neuromodulation for chronic non-cancer pain.

“Living with pain is very debilitating. Patients come to us after trying everything from surgery to medication to pursue a life without it,” says Claire Nehme, a Clinical Nurse Specialist at the clinic. “Among the various techniques that we use in an attempt to manage chronic pain, neurostimulation is our number one option as it can provide drug-free relief with minimal invasive surgery.”

Neurostimulation has been used at the MNH/I since 1998 mostly for chronic non-cancer pain, such as failed back surgery syndrome, phantom pain, pain caused from neurological diseases such as Multiple Sclerosis, and pain caused from accidents and viral infections. Introduced by MUHC neurosurgeon Dr. Line Jacques, it involves the implantation of a small battery-operated device. Electrical pulses from the implant block the pain signal to the brain and replace it with stimulation.

The device is implanted in one of several areas of the body depending on the pain situation: in the epidural space of the spine to ease cervical or back pain; on a peripheral nerve, placed directly on the nerve that has been injured; in the motor cortex area for mostly upper facial pain; or deep brain stimulation for central pain.

then

Maintaining quality of life
as long as possible...

The founding of Palliative Care services Canada wide



Dr. Balfour Mount, *founding director of the Palliative Care Service at the RVH, pictured here in 1970 working as a surgical oncologist.*

From within the walls of the Royal Victoria Hospital (RVH), and under the leadership of McGill Physician Dr. Balfour Mount, came the first Palliative Care Service in the world.

In the early 1970s palliative care was virtually nonexistent, not just in Canada, but worldwide. "In those days the focus of all academic hospitals was on investigating, diagnosing, prolonging life and curing," says Dr. Mount. "The needs of the terminally ill, for whom prolongation of life or cure were no longer relevant goals, were totally outside the perspective of the caregiving team." It was time for a change.

Following the results of a 1973 study set up by Dr. Mount to evaluate end-of-life care, a two-year pilot project was established to test a Palliative Care Program with four clinical arms: a 12-bed palliative care ward, a consultation service, a home-care program that followed terminally-ill patients and their families in the community, and a bereavement follow-up program.

The goal was to enhance patient quality of life through a broadening of the traditional healthcare mandate to include a wider spectrum of concerns, specifically rigorous symptom control and focused attention to the psychosocial, spiritual and existential challenges of advanced disease, an approach which would eventually be called "Whole Person Care."

The palliative care team went on to publish *The RVH Manual on Palliative/Hospice Care*, a volume that quickly became the reference text for developing Palliative Care Services worldwide through the 1970s and 80s.



Dr. Balfour Mount, *founding director of the Palliative Care Service at the RVH, illustrated this hand of a volunteer holding the hand of a patient in end of life. Volunteers were a huge component of the "Whole Person Care," bringing one-on-one compassion to each patient.*

Quality care quality time in life's final





gave them
moments

"The care, kindness and professional care shown to my husband Phil Chiarella during his final battle with prostate cancer and to myself and my family were unbelievable," says Lindsay Chiarella.

now

Palliative Care at a glance

- Over the last 5 years referrals to the palliative care day hospital have **increased from 1,000 to 1,500**
- Over the last 7 years there has been a **five-fold increase in the number of interventions** as a strategy for patients with advanced cancer pain
- In the past year, there have been **989 consultations to the palliative care consult services** at the MGH and RVH

New Palliative Care Unit allowing for better quality of life for patients



Dr. Manuel Borod,
MUHC director of
the Palliative Care
Department

The MUHC established the Balfour Mount Palliative Care Unit for palliative care patients and their families at the Montreal General Hospital this year. The new unit houses fourteen private rooms and one double room. A sitting room, a therapeutic bathroom, an office locale for the multidisciplinary team, space for consultation and medication preparation, and a conference room are also part of the modern unit.

Compared to the previous surroundings the new unit offers a more healing environment for patients and families and more efficient work space for staff. "Our goal is to maintain quality of life as long as possible," says Dr. Manuel Borod, MUHC director of the Palliative Care Department. "Our new surroundings complement this objective."

Beyond the patients' environment, the palliative care team offers a one-stop milieu for people who need interventions such as pain blocks, interventional radiology, cementing cracks in bones and other requirements to reduce pain, shortness of breath, nausea, and overall improvements to quality of life in the palliative stage.

"As patients are living longer with disease, such as cancer, there are more therapies required to prolong and improve quality of life," says Dr. Borod. "Our department is seeing the results of these advanced strategies."



Multimedia link available in
Annual Report online version

then

Growth of cardiology care responds to the burden of health



"Our most important task," says Dr. Jacques Genest, MUHC director of Cardiology, "will be to relentlessly apply the lessons we have learned from decades of research and clinical care as we move into the future."

"From around 900 BC to the early 1900s, human life expectancy only increased by a decade, from about 33 to 43 years of age," says Dr. Jacques Genest, MUHC director of Cardiology. "In the past century we have nearly doubled this age."

Diseases of pestilence, malnutrition, war and famine, have not been completely eradicated but they have been diminished. The result is that more humans are living into adulthood and are now being exposed to chronic diseases, such as cardiovascular disease – the number one cause of death in Canada.

"Some of the major risks for cardiovascular disease are weight gain, diabetes, and complications that rise from this, including high blood pressure and cholesterol abnormalities," says Dr. Genest. "So we are living longer but this means we are now dealing with an older generation who come to us with health complications. As in any good medical institution our Division of Cardiology has grown over the years to reflect this burden of health."

According to Dr. Genest, there has always been a Division of Cardiology at the MUHC. In the past 30 years, the division has become much more specialized, with the advent of interventional cardiology, electrophysiology, congenital heart disease, advanced heart failure, and improvements in prevention and imaging. In the last decade, the team has also grown exponentially. Eleven new cardiologists have been brought on board, as well as many more nurses and technologists. Research and clinical care are also working closer than ever before to provide better therapies and therefore better patient care.



Multimedia link available in
Annual Report online version

Advances in cardiac care
paving bright futures...

Wide-eyed and Panagiotis now for a bright future





full of life,
has a chance

Thanks to state-of-the-art technology, the parents of five-month-old Panagiotis Baltzis are crying tears of joy.

now

Cardiology Care at a glance

- **27,374 visits to the MUHC cardiology clinics**, including the Pacemaker, MAUDE (congenital heart disease), and Heart Failure clinics.
- **73,105 electrocardiograms; 3,987 stress tests; 4,807 holters; 11, 220 echocardiograms; for a grand total of: 93,119 exams**
- **33 cardiologists, 6 cardiac surgeons, 3 vascular surgeons, as well as over 300 nurses, technologists, and support staff** providing the best care for life.

MUHC Cardiovascular Sciences Program providing excellence in care over entire lifespan

At the MUHC a newly-developed program is taking action against heart failure: when a person presents with an acute heart attack and he/she is transferred to the MUHC in 30 to 40 minutes the damaged artery is opened. "This requires a chain of care that includes referring physicians, Urgences-Santé, the Emergency Department, the transport people, rapid diagnosis and teams available 24 hours a day, 7 days a week, 365 days a year," says Dr. Jacques Genest, MUHC director of Cardiology. "As we evolve, we keep refining our technique. The goal is to reach perfection."

Cardiology at the MUHC has grown immensely over the years. "We have progressed from a Cardiac Division to a Cardiovascular Sciences Program that groups vascular and cardiac surgeons and cardiologists together," says Dr. Genest.

The MUHC is also putting infrastructure in place to move Cardiovascular Sciences to the new MUHC facility at the Glen Campus (www.muhc.ca/construction). Over the past few years, more than \$34 million have been injected into the Cardiovascular Sciences Program, which includes development of new cardiology intensive care units at both the RVH and MGH sites, and new catheterization laboratories, including a state-of-the-art procedure room consisting of biplane cardiac catheterization equipment, and the implementation of interventional electrophysiology with another state-of-the-art lab at the MGH site.

Many points of excellence can be found in highly specific fields: the heart failure program is one of the most active programs in the country and the leader in artificial heart implantation; the transplant group is an integrated medical, surgical and nursing unit that offers the best care possible for patients whose life expectancy is extremely short; and on the newer side, artificial hearts are offered as destination therapy, extending the life of many patients. "Our ultimate aim, always, is to provide a centre of excellence in cardiovascular diseases that covers the entire lifespan," says Dr. Genest. "I think we are there and with every passing day we get even better."

then

Lachine Campus brings
its tradition to the MUHC



In April 2008, the Lachine Hospital and Camille-Lefebvre Pavillion joined the MUHC, creating a family of expertise that spreads far and wide across the island of Montreal.

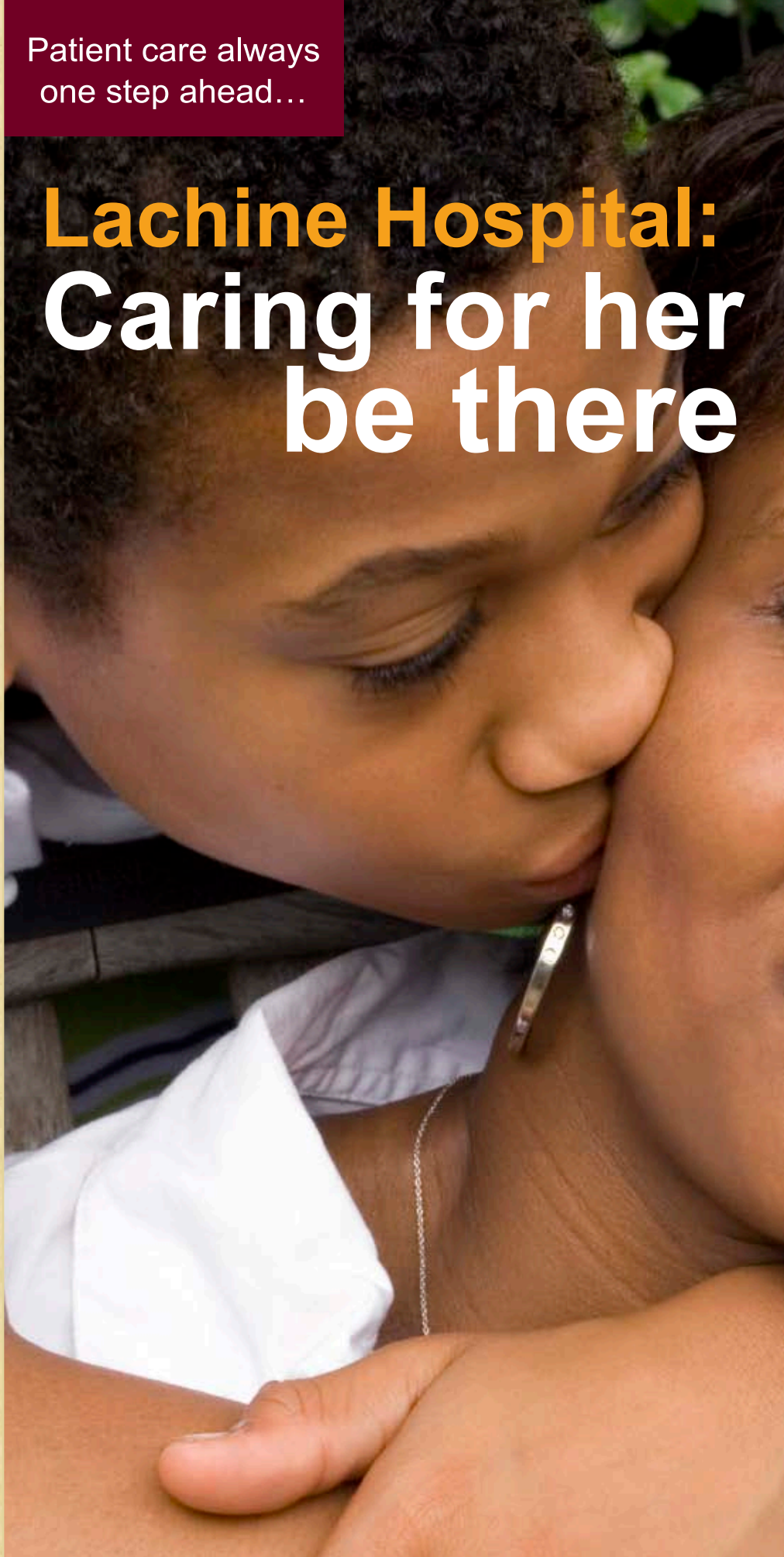
Founded in 1913 by the priest Joseph Télesphore Savaria, this community healthcare centre was first called St-Joseph Hospital. Then after many years of being managed by Sisters of Providence, management of the hospital was passed over to the Government in 1974 and it was renamed the Lachine Hospital.

Over the years this healthcare centre has provided primary and secondary healthcare services to the residents of Lachine-Dorval, which includes approximately 58,000 people. The hospital also provides inpatient and ambulatory care services.

Strong in a tradition of excellence that spans nearly 100 years, the Lachine Hospital has always been at the forefront of care, providing diagnostic services, general and specialized medical care as well as long-term-care services. Its Ophthalmology Department is a centre of excellence for cataract surgery and contributes to the regional program for access to cataract surgeries to decrease waiting times. And the healthcare teams have continually evolved as the hospital has grown, creating a dynamic and multidisciplinary environment. Each day our teams at the Lachine Hospital respond to the needs of more than 500 people!

Patient care always
one step ahead...

Lachine Hospital: Caring for her be there





so she can
for him

now

Lachine CT Scanner at a glance

- **9,300 CT scan exams** performed each year at the Lachine Campus
- **23 per cent of all medical imaging** are CT scans
- **20 per cent of scans** are conducted on ER patients

Lachine Campus—home to a new leading-edge CT scanner



New CT scanner being officially inaugurated at the Lachine Campus.

In September 2008, the Lachine Campus became home to a new leading-edge CT scanner. “The acquisition of this advanced medical imaging equipment, valued at \$1.5 million, underlines the determination of the MUHC to create a new centre of advanced diagnostic imaging at Lachine,” says François Quimet, MNA for Marquette. “This new scanner is without doubt a valuable

resource for the public that will enhance diagnostic services for patients.” This device provides unprecedented image quality and resolution and the lowest possible radiation dose for patients, while considerably improving the speed and reliability of diagnosis. Emergency diagnoses are also made easier, particularly for patients with increased heart rates or higher body masses (up to 300 kg). Even the finest anatomical structures can be viewed in precise and clear detail without any motion artifacts. In addition, the scanner opens new horizons in clinical research by providing a method to differentiate tissues, such as body fluids, or to directly subtract vessel or bone structures from scans. “This major technological advance represents great strides in care for our patients, who will benefit from this fast, cutting-edge and high-performance tool,” says Jocelyne Faille, executive director of the Lachine Campus. “Upgrading our facilities is one of our primary concerns and a core component of the developments and improvements made since we became affiliated with the MUHC.”



Multimedia link available in
Annual Report online version

then

The Montreal Children's Hospital – leading the way in pediatric neurosurgery for nearly half a century

The field of neurosurgery has changed dramatically since the Neurosurgery Program at The Montreal Children's Hospital (MCH) was founded in 1961. This is due in part to the rapid evolution of imaging technology.


Early neurosurgeons had to rely on rudimentary techniques to peek inside the skull. For example, until the mid-1970s, air or dye was injected into a patient's spine or brain to create contrast between the structures inside the skull that would be visible using X-rays. This technique was abandoned in 1977 when the MCH acquired its first CT scanner. In 1992, the MCH became the second hospital in the world to install a neuro-navigation system, and in 2009, it became the first pediatric hospital in Canada to install an Intraoperative MRI – the hospital's fourth generation of neuro-navigation systems. Today's neurosurgeons have unprecedented views of the brain.

Along with the addition of new technology, the neurosurgery team at the MCH has welcomed many talented new members. Few pediatric hospitals can boast a neurosurgery team that is entirely dedicated to the care of children, since in most other centres neurosurgeons must divide their time between adult and pediatric patients. The MCH philosophy has helped this team to become a world leader in the care of children with epilepsy, spasticity and congenital tumours.

The neurosurgery team at the MCH is so widely respected that it is only one of three hospitals in Canada to offer a pediatric neurosurgery fellowship. Specialists from around the world come to the MCH to train as pediatric neurosurgeons.

New technology
breaking down barriers...

A breakthrough in MRI technology... no big deal to Émilie



Six-year-old Émilie Gagnon just days after a tumor was removed from her brain using the new Montreal Children's Intraoperative MRI. Thanks to this procedure, Émilie's epileptic seizures have a better chance of being stopped.



now

Intraoperative MRI at a glance

- **250 surgical procedures** done annually in the Brain Suite
- **750 diagnostic MRI scans** conducted each year
- **Approximately 1,000 children** expected to benefit from the Intraoperative MRI per year

MCH becomes only Canadian pediatric facility to have intraoperative MRI



The Montreal Children's Hospital's Intraoperative MRI machine

The Montreal Children's Hospital (MCH) is Canada's only pediatric hospital and only one of two hospitals in Canada to have an intraoperative Magnetic Resonance Imaging (MRI) machine. This cutting-edge piece of equipment gives the MCH's neurosurgeons unprecedented views of the brain before, during and after surgery. It also improves the accuracy of procedures.

This new machine is housed in a new "Brain Suite" at the MCH for which construction began in 2008. "The new MRI gives us tremendous advantage as we navigate the brain and as we remove tumours," says Dr. Jean-Pierre Farmer, MCH chief of Surgery and a member of the Neurosurgery Team. "Traditionally, during brain surgery, we are guided by MRI images taken prior to the procedure. However, during surgery, the brain can shift up to a centimetre due to a slight movement of the head, retraction of the brain, or the draining of fluid around a cyst. Thus, the images that the neurosurgeon is relying on are no longer precise. With the new MRI, we have access to images of the brain in real time, which allows us to be much more accurate at navigating the brain and at determining where the tumour begins and normal tissue ends."

With an intraoperative MRI, surgeons can also take pictures of the brain as soon as the procedure is over and while the patient is still sedated. This allows surgeons to know immediately if the entire tumour was removed, and could eliminate unnecessary second operations, which can be extremely traumatic for both the child and parents.



Multimedia link available in
Annual Report online version

Message from

Dr. Vassilios Papadopoulos

Director of the Research Institute of the MUHC



Dr. Vassilios Papadopoulos, D. Pharm., Ph.D.

*Director, The Research Institute of the MUHC
and Associate Executive Director of Research at the MUHC*

The past year was marked by outstanding achievements in many different fields. Our unprecedented \$100 million infrastructure award from the Canada Foundation for Innovation (CFI) was a significant high point. The award will be used to build and equip ultra-modern research facilities at the MUHC's Glen Campus. The new facilities will allow researchers and clinicians from a multitude of disciplines to work in close proximity, sharing equipment and ideas.

Winning the CFI grant was only one of many dazzling accomplishments this year. Investigators in all of our 11 research axes have made significant strides, and some of their work has aroused considerable interest, both here and around the world. For example, readers of *Quebec Science* magazine named Dr. Janusz Rak as Researcher of the Year for his groundbreaking studies of cancer cell communication. In the area of cardiovascular disease, Dr. Jacques Genest found that treating patients with elevated levels of a certain protein (CPR) cut their risk of serious cardiovascular problems almost in half. This has huge significance for clinical practice everywhere.

While many other studies at the Research Institute of the MUHC (RI-MUHC) are continuing to expand our knowledge of medicine and genetics into the future, it is important also to recognize our distinguished history. Again, there are so many important researchers and discoveries associated with our Institute and with McGill, our university partner, that it is impossible to list them all in this small space.

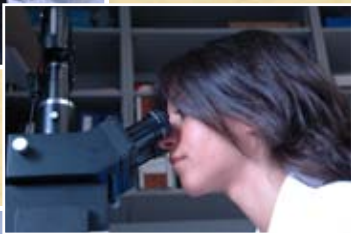
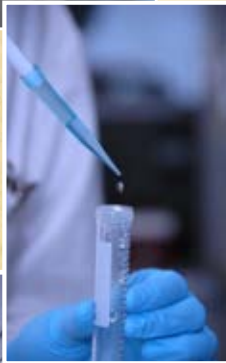
Pioneers such as Dr. Penfield, Dr. Lister and Dr. Selye were just a few of the world-renowned scientists linked to McGill and to the RI-MUHC. The first kidney transplant, the first artificial knee joint and the discoveries of key genes in cancer, Lou Gehrig's disease and other major disorders were all made possible by studies conducted by our researchers.

This year has been a pivotal one in the evolution of the RI-MUHC. Looking back, it was a year filled with achievement and progress. Looking forward, the prospects for our Institute are brighter than ever.



Multimedia link available in
Annual Report online version

Largest-ever infrastructure award validates Research Institute's bold vision



This year, the MUHC made research history once again by winning the largest infrastructure grant ever awarded in Canada. Worth nearly \$100 million, the grant, awarded by the Canada Foundation for Innovation (CFI) will fund construction of leading-edge research facilities at the new Glen Campus. However, the award is about more than funding, according to Dr. Vassilios Papadopoulos, director of the Research Institute (RI-MUHC); it also represents an overwhelming vote of confidence in the RI-MUHC's vision for the future of healthcare research.


This vision, set out in a proposal called Translational Research and Intervention Across the Lifespan, was one of about 50 submitted by leading academic centres across Canada, of which only a few were funded. "Evidently, the reviewers – eminent scientists and academics from all over the world – 'bought into' our dream," says Dr. Papadopoulos. "The award can be seen as an endorsement of our ideas about how to integrate research and clinical care at our academic hospital centre over the coming decades."

Researchers at the RI-MUHC will continue to study human health from birth to advanced age, examining events at each stage along the way. "We want to look at disease, not in isolation, but as part of a pattern in an individual's life," Dr. Papadopoulos explains. "We take a very patient-centric approach to research and treatment. For example, when a patient gets sick, we want to understand what led up to the illness, and what happens afterwards."

Funds from the milestone CFI award will help build the RI-MUHC's Centre for Innovative Medicine, The Centre for Translational Biology and The Centre for Evaluative Research. These funds will be matched by the Quebec government and supplemented by donations from *The Best Care for Life* Campaign.

When completed, the new RI-MUHC facilities at the Glen Campus will promote the creation of "neighbourhoods" of researchers, working in close proximity to each other, sharing advanced equipment, expertise and, most of all, ideas. "Our new facilities are being designed to enhance synergy – the basis for true scientific innovation," says Dr. Papadopoulos. "We can only dream of the discoveries that may emerge from a modern facility of this sort."

Using the newest tools to teach the medical tradition



Day in and day out, medical students are bombarded with information on a mind-numbing range of subjects. They are taught how the human body works, how to recognize disease and how to treat it. However, learning how to cope with the demands of medical school or to make the vital career choices that young doctors must make is not always discussed; until now.

Dr. Robert Sternszus began his blog in October 2008, as he prepared his application to be a resident in pediatrics at hospitals across Canada. "The goal was to discuss some of the issues and some of the things medical students encounter in a lighthearted way and to demystify the process," he explains.

In his first blog entry, he promises to take readers on a first-person ride through the process of getting a residency, in real time. It's a promise that is fulfilled. Using this modern medium, Dr. Sternszus has helped his audience gain a better understanding of the timeless process of becoming a physician. "Some people have told me how helpful my blog has been to them," he says. "Lots of people have told me they read it with a chuckle, recalling their own experiences."

Dr. Sternszus has a long-standing interest in teaching. "It's one of my hobbies," he says. "I've helped out kids with learning difficulties in high school, and I've served on the board of a high school for a few years now. At some point I may even take a Master's in Medical Education."

Teaching is an integral part of the MUHC tradition. Using new tools and fresh approaches, Dr. Sternszus is carrying on that tradition and giving readers valuable as well as moving insights into medicine today.



Multimedia link available in
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Advancing health care through teaching

To continue advancing health care, each generation of health professionals must pass on knowledge to the next. That is why teaching – done in conjunction with McGill University's Faculty of Medicine – has always been an integral part of the MUHC tradition. The McGill Faculty of Medicine was established in 1829 and awarded the first medical degree in Canada in 1833. Since then, it has established a worldwide reputation for excellence.

The MUHC trains thousands of individuals in a wide range of healthcare disciplines. Nurses, physicians, occupational therapists and other allied-health professionals all receive basic and advanced training at MUHC facilities.

In the past year, the MUHC trained over 600 residents and 300 clinical fellows, as well as 700 undergraduate medical students and 400 foreign students. In the same period, the MUHC Nursing Department and the McGill School of Nursing trained nearly 200 student nurses, as well as nurses pursuing graduate degrees.

While nothing can replace one-on-one instruction and mentoring, modern tools have given teachers at the MUHC more ways to convey knowledge. The McGill Simulation Centre, a high-tech medical training centre, lets students develop skills by simulating clinical situations. Internet-based communications, such as the blog (see previous article), allow both students and instructors to reach a wider audience. The MUHC is using every tool at its disposal to advance health care and ensure the next generation of health professionals has the best possible training for its vital role.

Transforming health care for generations



Johanne H. Emmanuel, head of Public and Governmental Affairs, Redevelopment Project, Pierre E. Major, associate director, Facilities Development and Construction, Redevelopment Project and Yanai Elbaz, associate director General, Redevelopment, Planning and Real Estate Management, study the Access Plan for the Glen Campus.

Since the merger of our founding hospitals, the MUHC has worked tirelessly to achieve our vision of a modern academic health centre where activities and resources are consolidated for the benefit of our patients, staff, researchers, students and the population we serve. At the New MUHC, this vision will reach fruition in cutting-edge facilities that will help us provide the best care, world-class medical education and internationally recognized research programs.

This year, the Redevelopment Project made great strides on several fronts. First, plans for expansion and modernization of the Mountain Campus were presented to the community in collaboration with the Office de consultation publique de Montréal. Following this critical milestone, zoning was granted for the new Mountain Campus in December 2008. Meanwhile, over \$63 million were invested in renovation and construction of the Mountain Campus to improve patient care and

meet the rigorous environmental objectives that the MUHC has set.

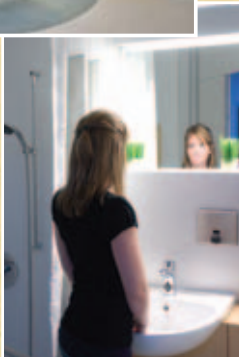
In other important news, the Research Institute of the MUHC, in partnership with McGill University, received a generous grant of \$100 million from the Canada Foundation for Innovation. This award will be matched by an additional \$100 million from the Quebec government and \$50 million from *The Best Care for Life* Campaign. Funds will be dedicated to creating new research facilities at the Glen, including the Centre for Innovative Medicine and Centre for Translational Biology.

The Public Private Partnership process at the Glen made important progress with the launch of the Request for Proposals to two qualified consortia (McGill Health Infrastructure Group and Partenariat CUSM) in October 2008. The two consortia spent ten months meeting with user groups from across the MUHC—a first in Canada—in order to refine and complete their detailed proposals. Once a bidder is chosen, construction will begin immediately on the Glen Campus.

Finally, the Lachine Hospital and the Camille-Lefebvre Pavillion joined the MUHC as the Lachine Campus, and will complement the Redevelopment Project by providing community-oriented care.

The New MUHC.

For our patients.
For our professionals.
For our community.
For **life.**



"Getting to the hospital should never be a stressful experience for patients, visitors, healthcare professionals, researchers or students," said Pierre Major, associate director, Planning and Construction for the Redevelopment Project. "So while my colleagues are working on the design of our new facilities and on creating welcoming environments that can offer the best care, my mandate is to make sure that the Glen Campus is easily accessible to everyone."

Located at the intersection of several major roads and next to a hub of the public transportation network, the Glen Campus is the ideal place to build a health centre serving the Montreal community, the province of Quebec and the entire international network of clinical care, research and teaching.

For ten years, the MUHC, the City of Montreal and its boroughs, the City of Westmount and the Quebec Ministry of Transport have been working together to develop an Access Plan to adequately serve the hospital campus while minimizing impacts on the municipal and residential areas nearby. In 2007, the MUHC signed an agreement with the City of Montreal to share costs and responsibility for infrastructure totalling \$90 million.

Already, construction of a ramp from Decarie to Addington has been completed. This year, two other major projects were undertaken: the construction of an emergency access to the site from Glen Road and the diversion of Crowley Avenue. In a second step to follow, the CP railway viaduct will be rebuilt, Decarie Boulevard will be widened, and the surrounding streets will be redeveloped. In addition, the MUHC is working closely with the Ministry of Transport to coordinate roadwork around the Turcot interchange.

"Being a good neighbour has always been important to us so we maintain an open dialogue with citizens and community groups. Many of these people have helped improve the Access Plan since public consultations in 2005," concluded Pierre Major. With the Access Plan completed, the stage has been set for construction on the Glen in 2010, for the benefit not just of future patients but of neighbourhood residents, businesses and all Montrealers.



Foundations

The Best Care for Life Campaign

In 2008-09, the McGill University Health Centre (MUHC) and its partner foundations reached \$205 million of its \$300-million objective for *The Best Care for Life* Campaign, Chaired by John Rae. The Campaign was launched in 2001.

A campaign cabinet was created and the community phase of the campaign was launched in February under the leadership of Co-chairs Ian and Helgi Soutar, Raymond Royer and France Denis and Drs. Richard and Sylvia Cruess. Honourary Chairs are Arnold Steinberg, Alex Paterson, David Culver and Senator David Angus.

MUHC Foundation

In 2008-09, the MUHC Foundation continued its efforts on *The Best Care for Life* Campaign, providing leadership and support to the partnership of foundations.

The Foundation also continued to promote the MUHC and its achievements, often joining forces with generous third parties such as award-winning singers Kate McGarrigle and Rufus Wainwright, who held a fundraising concert in December 2008 in conjunction with the MUHC Foundation and the Cedars Cancer Institute. It participated in the 2009 Montreal Auto Show Charity Preview in January, raising \$67,428. Guided by the inspired leadership of Karen Dubrofsky, the *Montreal Cooks* cookbook continued to generate important revenues to support Women's Health at the MUHC (\$700,000 since it was launched).

RVH Foundation

In 2008-09 the Royal Victoria Hospital (RVH) secured over \$13.8 million, of which more than \$8.9 million was gifted to the MUHC in support of such vital projects as the renovation of the new Cardiac Surgical Ward on S8, a Labour and Delivery system for the neonatal unit, and the purchase of crucial surgical instruments for ameliorated sterilization—to name a few. For a full picture of the RVH Foundation visit royalvic.com.

The most recent RVH Foundation Annual Report was fittingly renamed the "Donor Bulletin" to illustrate our accountability toward primary stakeholders: donors. Donors' trust and faith in the RVH Foundation is taken very seriously. As such, there are three values that are embraced at the Foundation that shape what it does and how it does it: Governance, Accountability and Performance.

By adhering to these guiding principles, the Royal Victoria Hospital Foundation works in concert with the MUHC to assure that *Excellence in patient care, research and education* is a reality that will continue to shape and positively impact the lives of fellow Montrealers for many future generations.

MGH Foundation

The Montreal General Hospital Foundation is pleased to report another record year of fundraising: more than \$14 million in donations. This was raised under the Chairmanship of Michel Vennat, with the support of a dedicated Board of Directors and thousands of generous donors.

The MGH Foundation continues to build 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 has been dedicated to the reconstruction of the Emergency Department – an essential element of the enhancement of the MGH as a Level 1 Tertiary Trauma Centre.

The MGH Foundation has also supported numerous redevelopment projects during this year. It was a lead financial partner in the construction of the new Gastroenterology, Cardiac Intensive Care and Mental Health units, featuring single-patient rooms. Support was also provided for other important projects in orthopedics, ophthalmology and geriatric medicine.

This year, the MGH Foundation continued to provide major support for research, presenting over 80 Research Awards to leading medical and nursing clinical/researchers.

MCI Foundation

The Centennial Committee organized a number of events to celebrate the Centennial Year (2009) of the Montreal Chest Institute. This has included a number of lectures, a Centennial Staff Party in January, a "24 Hours of Science," and an open house with Dr. Anne Gonzalez during the MCI World TB Day Seminar on March 24.

The diagnostic equipment given to the hospital by the Foundation to support Dr. Gonzalez's work is now handling an average of four to five cases a week, instead of two, and is enabling the training of two fellows. The ultrasound equipment is being used on a daily basis to extract fluid from lungs more precisely and the Institute continues to build its international reputation for excellence in key areas of respiratory medicine.

A number of celebratory activities are planned for the rest of this special 100th. anniversary year.

MCH Foundation

Thanks to the generosity of thousands of individuals, corporate partners and some 300 event organizers, The Montreal Children's Hospital Foundation raised \$20 million this year.

This strong result has allowed the MCH to become the first Canadian pediatric hospital to obtain a state-of-the-art intraoperative magnetic resonance (MRI) machine. This equipment, valued at more than \$10 million, helps the MCH continue its tradition of excellence and maintain its position as a pioneer in pediatric medicine.

Generous donor support has also allowed the Foundation to renovate the Hospital's Psychiatric Outpatient Clinic. In addition, Foundation funds helped acquire urgently needed equipment, finance research projects and teaching programs and support the Insulin Pump Centre and other essential projects. The Foundation also continued its efforts to reach its goal of \$100 million for *The Best Care for Children* Campaign to build the new MCH on the Glen Campus.

Lachine Hospital Foundation

The Lachine Hospital Foundation recently undertook the most important fundraising campaign in its history: The silent phase of the Lachine Division of *The Best Care for Life* Campaign. It is chaired by Lachine Mayor Claude Dauphin and began in early spring. The objective is \$3 million to support the renovations, purchase new equipment for the Lachine Campus and improve patient care.

The Foundation raised \$495,199 between April 1, 2008 and March 31, 2009 thanks to the generosity of the community. The Wine and Cheese fundraiser held May 2, 2008 raised \$50,684, while the golf tournament held at Club de Golf Atlantide on August 27, 2008, raised \$18,738.68.

Neuro Development Office

Seventy five years ago, a \$1.2 million gift from the Rockefeller Foundation laid the foundation for the Montreal Neurological Institute and Hospital – The Neuro. Celebrating this milestone, and at the mid point of The Neuro's \$40 million 'Thinking Ahead' Capital Campaign, Co-Chairs Dominic D'Alessandro (former President and CEO of Manulife Financial) and Jacques Bougie (former President and CEO of Alcan Inc.) raised over \$9 million in 2008-09 to invest in people and expand facilities and services. The campaign, which was launched in October 2007, will help The Neuro – a National Centre of Excellence in Commercialization and Research – become the largest and most innovative brain imaging centre in the world, develop new treatment

avenues for brain disease, create a pioneering neuropalliative care centre, develop a world-class spine and spinal-cord repair centre, and maintain its global leadership in understanding and repairing the brain. Last year, The Neuro also initiated new programs for planned and commemorative giving and raised a record-breaking \$1 million through its annual fund.

Cedars Cancer Institute

The Cedars Cancer Institute is a hospital-based charity whose mission is to provide comprehensive cancer care and funding to patients and healthcare professionals at the McGill University Health Centre (MUHC) for specifically the Royal Victoria Hospital (RVH), the Montreal General Hospital (MGH) and, through its Sarah Cook Fund, oncology at The Montreal Children's Hospital (MCH).

Over \$2.45 million was raised from special events, third-party fundraisers, donation and tributes. In particular, the 2008 annual Golf Tournament raised \$565,000 and the Raffle and Abracadabra Auction raised \$350,000. The Cedars weekend, which included cycling with Lance Armstrong and a Dragon Boat festival, raised over \$1 million. Funds went toward the CanSupport program, which offers free psycho-social, practical and humanitarian assistance to cancer patients and their families; and to support cancer research, provide fellowships for visiting professors and improve public awareness of cancer-related issues through lectures and education.

Among many other projects, Cedars contributed to renovations of the Palliative Care Unit at the MGH, the Alexia and Anthony Calvillo Cedars Family Room in the inpatient hematology/oncology ward at the RVH as well as the Ultrasound Reading Room at the Cedars Breast Clinic.

Many third-party fundraisers, known as the Friends of Cedars, also made significant contributions with special mention to the Friends for the Cure, Polo for Cedars, Mamma Mia, Circle of Life and the inaugural Maritime Lobster Fest and Parisians Night.



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L'INSTITUT DES CÈDRES CONTRE LE CANCER
THE CEDARS CANCER INSTITUTE



Auxiliaries & Volunteers...

the great tradition continues



Lou, 101 years young and still volunteering at the MUHC

Volunteering is one of the great MUHC traditions. Volunteers have assisted patients and their families and supported staff since our hospitals first opened their doors nearly two centuries ago. Without them, the MUHC would simply not be the same.

Each year, hundreds of exceptional people volunteer across the MUHC, giving their time and energy to help in almost every area, from inpatient wards and emergency rooms to coffee shops and information desks. They are the many faces of a caring community, and they bring hope and comfort to everyone with whom they interact.

Listening to patients and their families

"Listening to the patients and families we serve is the only way to respond effectively to their needs," says Nevine Fateen, manager of Volunteer Services at the Royal

Victoria and the Montreal Neurological hospitals and the Montreal Chest Institute. "For example, the Coffee Break pilot program was created this year to respond to the needs of patients in isolation. Volunteers visit to alleviate loneliness, offer companionship and to run simple errands. The program is so popular that we plan to expand it to other units as soon as volunteers have received the special training they need to deal with isolation issues."

This year, Volunteer Services also extended its music program to the Montreal Chest Institute and its diversional program to the Allan Memorial Institute, using students in leadership roles.

The Montreal Children's Hospital Volunteer Services offered a two-hour "Reading to Children" workshop, moderated by retired librarians, which was attended by 30 volunteers. Participants learned how and what to read to children of all ages. A special section focused on reading to infants – a third of our hospitalized population.

Volunteers at the Lachine Campus last year organized over 300 group activities and accompanied patients on excursions outside the hospital to shop or just to enjoy a few minutes in the park. The Lachine volunteers lend a hand in many areas, including the Emergency Department and the cafeteria. They also organize fundraising activities, distribute mail and even help put up seasonal decorations. "Volunteering at a hospital requires patience and generosity," says Louise Lévêque, who has been volunteering at the Lachine Campus for seven years.

In the past year, as they do every year, the hospital auxiliaries made outstanding contributions to support staff and improve the lives of patients. The auxiliaries raised money to fund projects and purchase medical equipment in numerous areas, including women's health, cardiac surgery, nuclear medicine, nursing, social services, psychiatry and physiotherapy, as well as various wards, waiting areas and family rooms across the MUHC.

At The Montreal Children's Hospital, the auxiliaries provided support for the Literacy Promotion Program, the Intensive Ambulatory Care Service, the Family Resource Library and the Research Institute of The Children's.

Friends of The Neuro also continued its great tradition of fundraising, which involves supporting patients and their families, purchasing hospital equipment, funding bursaries and supporting the Neuro Patient Resource Centre. Volunteers on the Greeting Committee continue to 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.



Multimedia link available in
Annual Report online version

"Tea at two" makes national news

This year, Canadians across the nation learned what a difference volunteers can make. CTV National News aired the story of Linda Chernin Rosenblatt – a CanSupport volunteer at the Montreal General Hospital who hosts a tea party every Tuesday in Oncology.

To prepare for this event, Linda spends her entire day each Monday baking mouth-watering cookies, cakes and desserts, which are served on fine china to patients, their families and staff. Thanks to CTV's coverage, cancer support organizations in Connecticut and Toronto plan to organize similar events in their local hospitals.



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Irma



Nan



Richard, Ray and Roy



Linda and Dolores



Louise



MGH Volunteers



RVH Volunteers

Awards & Honours

Dr. Alan Barkun was the recipient of the 2009 Canadian Association of Gastroenterology Visiting Professor Award, one of the most prestigious research awards given out by the Canadian Association of Gastroenterology.

Margaret Eades and Dr. Kenneth C. Bentley won the MGH Award of Merit, in recognition of extraordinary service.

Sophie Fortier, Bonica Orng and Inu Tang were awarded the Prix d'excellence SCPH Pfizer 2008 (Canadian Society of Hospital Pharmacists - Société canadienne des pharmaciens d'hôpitaux).

Josée Gaudreault was awarded the Eureka! Fellowship in Nursing Research at the MUHC.

Dr. Paul Goodyer won the Kidney Foundation of Canada 2008 Medal for Research Excellence for work which significantly advances the treatment of kidney disease and related conditions.

Dr. Harvey Guyda won the Alan Ross Award, the highest honour given by the Canadian Paediatric Society (CPS) for lifelong excellence in pediatrics.

Kimberly Heilpern received the 2008 Robert Wood Johnson Award, given to graduates of a master's program in health administration who are likely to contribute significantly to the advance of health services management.

Dr. Michael Kramer received the prestigious Prix Léo-Pariseau in honour of his groundbreaking research into children's health and development.

Patricia Lefebvre received an honorary certificate from the Graduate Association of Université de Montréal for her influence and exceptional contributions.

Julie Mathieu was awarded the 2008 Zonta Marjory Smith Nursing Bursary.

Patricia O'Connor was selected as a Commonwealth Fund Harkness Associate in Health Care Policy and Research for 2008-2009.

Lise Pouliot received the 2008 Prix de L'Association québécoise des infirmières et infirmiers en systèmes et technologies de l'information (AQIISTI) for special contributions in the field of information systems and technologies in nursing.

Dr. Vassilios Papadopoulos was elected to the Académie nationale de médecine in France.

Dr. Ervin Podgorsak was awarded the 2008 Canadian Organization of Medical Physicists (COMP) Gold Medal, the highest honour which COMP bestows, for his outstanding contribution to COMP and the Medical Physics community.

Dr. Arthur T. Porter – Director General and CEO of the MUHC – was sworn in as a member of the Queen's Privy Council for Canada.

Dr. Seang Lin Tan was awarded the Singapore Gold Medal Lecture for significant scientific contributions to the field of obstetrics and gynecology.

Dr. Jean Tchervenkov was awarded the 2008 Grand Prix by Québec-Transplant for remarkable leadership in the advancement of organ donation in Quebec.

The 2008 MUHC McKesson-Hospira Awards of Excellence went to **Diem Vo** for Innovation, **Giovanna Carro-Ciampi** for Commitment and Motivation, **Marise Peterlini** for Client Service and **Marc Perreault** for Achievement of Results.

The awards and honours listed here represent just a small sampling of those received throughout the 2008-09 year.

MUHC Board of Directors

The McGill University Health Centre ("MUHC") Board of Directors (the "Board") 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.

In conformity with *An Act Respecting Health Services and Social Services* R.S.Q., chapter S-4.2, the current Board serves for a term of three years, and the MUHC was to hold elections for the renewal thereof, on such day in the month of October or November of 2009 as the Minister would have determined. However, in conformity with Bill 14, *An Act to extend the terms of office of the board members of public health and social services institutions, which came into force June 4, 2009*, the terms of office of the members of the Board, which were to be held or made in 2009 are extended to 2010.

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)

John A. Coleman

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

Designated by the Foundations:

Eric Maldoff

Claude Forget

Designated by McGill University:

Dr. Richard Levin

Dr. Wendy Thomson

Dr. Robert Rabinovitch

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

Alex Paterson

Marc Courtois

Elected by non-clinical personnel:

Demetra Kafantaris

Coopted

I. Barry Scott

Raymond Royer

Maggie Emudluk

Elected by the Residents:

Dr. Hady Saheb



Financial Results

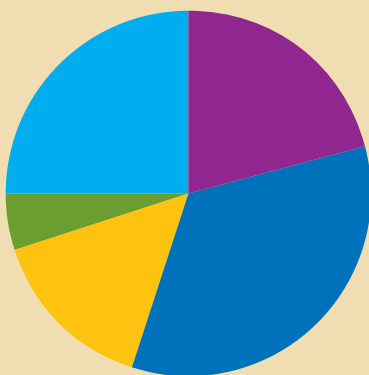
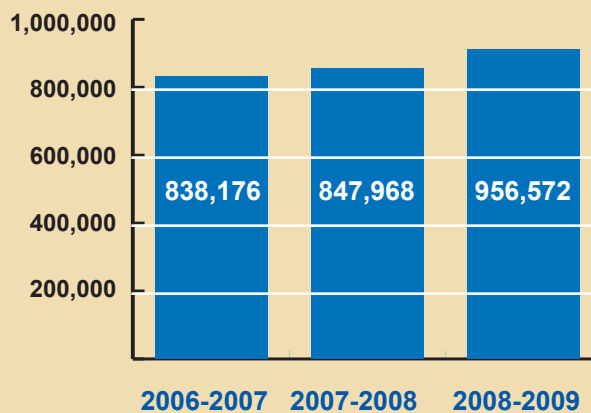
Financial Results

EXPENSES

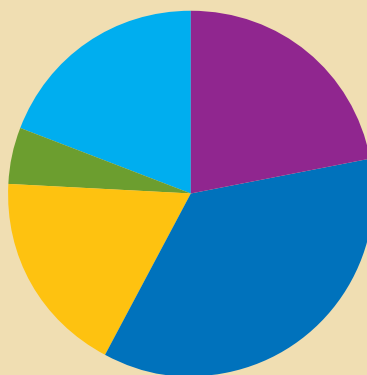
(In thousands \$)

McGill University Health Centre

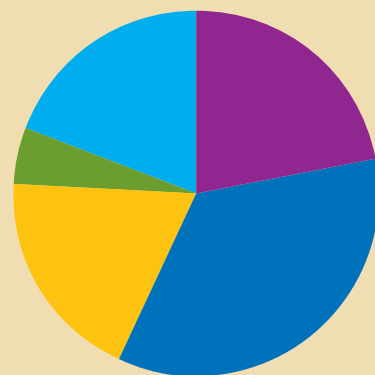
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Nursing care	172,077	186,622	209,961
Diagnostic & therapeutic services	294,794	309,334	331,960
Technical & support services	125,637	148,892	181,141
Administration	39,906	43,049	49,175
Other	205,762	160,071	184,335
Total	838,176	847,968	956,572



2006-2007



2007-2008



2008-2009

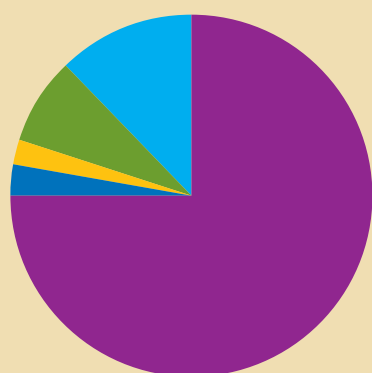
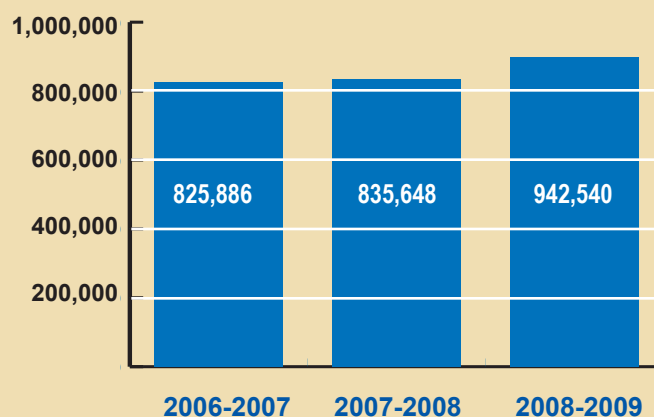
Financial Results

REVENUES

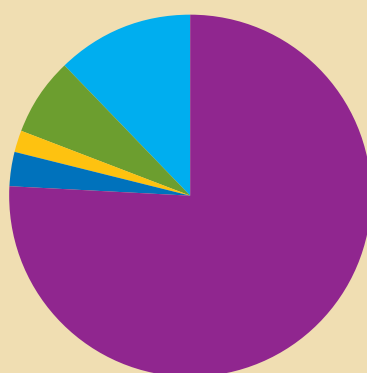
(In thousands \$)

McGill University Health Centre

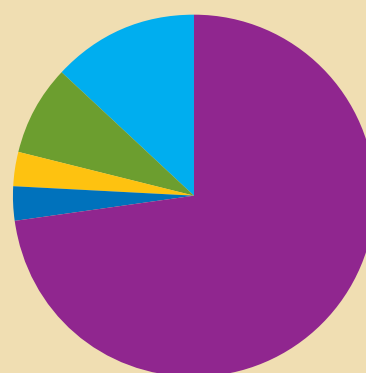
	2006-2007	2007-2008	2008-2009
Health & Social Services Agency of Montreal	623,268	632,757	690,772
Sales of Services & Recoveries	25,214	26,057	28,809
Patients	19,758	21,012	26,145
Research	62,671	57,493	72,922
Other	94,975	98,329	123,892
Total	825,886	835,648	942,540



2006-2007



2007-2008

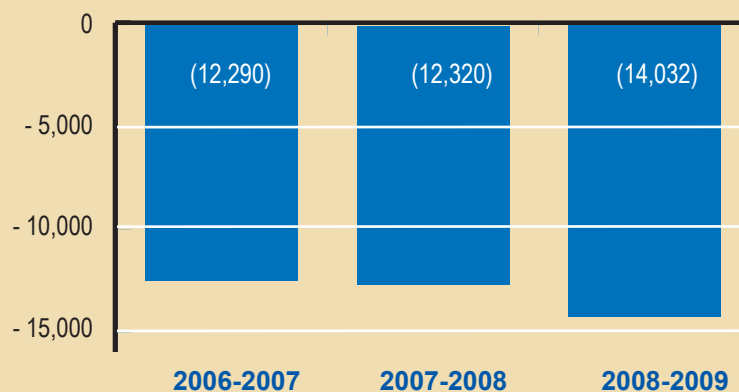


2008-2009

Financial Results

SURPLUS (DEFICIT) (In thousands \$) McGill University Health Centre

	2006-2007	2007-2008	2008-2009
Revenues	825,886	835,648	942,540
Expenses	838,176	847,968	956,572
SURPLUS (DEFICIT)	(12,290)	(12,320)	(14,032)



Financial Data

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Note: For financial year 2008-2009, CH Lachine represents a budget value of 39,182\$ (in thousands) and actual costs of 39,047\$ (in thousands).

Statistical Data

Statistical Data	2004-05	2005-06	2006-07	2007-08	2008-09 (note 1)
Inpatients					
Bed Set-up					
Acute Care - Adults and Children	1,041	1,029	1,029	1,017	1,079
Newborns - General Care	26	26	26	26	26
Newborns - Intensive Care	55	55	55	55	55
Chronic Care - Adults	117	117	117	117	256
Total	1,239	1,227	1,227	1,215	1,416
Admissions					
Acute Care - Adults and Children	32,593	33,959	32,949	31,760	33,701
Newborns - General Care	3,484	3,518	3,589	3,485	3,309
Newborns - Intensive Care	699	741	757	710	699
Chronic Care - Adults	401	424	442	410	527
Total	37,177	38,642	37,737	36,365	38,236
Patient Days					
Acute Care - Adults and Children	284,006	286,235	288,388	284,038	296,358
Newborns - General Care	8,483	8,359	8,700	8,170	7,657
Newborns - Intensive Care	14,070	13,723	14,214	14,001	13,855
Chronic Care - Adults	45,747	48,616	48,789	49,176	113,037
Total	352,306	356,933	360,091	355,385	430,907
Average Length of Stay					
Acute Care - Adults and Children	8.71	8.43	8.75	8.94	8.79
Newborns - General Care	2.43	2.38	2.42	2.34	2.31
Newborns - Intensive Care	20.13	18.52	18.78	19.72	19.82
Chronic Care - Adults	114.08	114.66	110.38	119.94	214.49
Weighed Total	9.48	9.24	9.54	9.77	11.27
Average Occupancy					
Acute Care - Adults and Children	74.75%	76.21%	76.78%	76.52%	75.25%
Newborns - General Care	89.39%	88.08%	91.68%	86.09%	80.68%
Newborns - Intensive Care	70.09%	68.36%	70.80%	69.74%	69.02%
Chronic Care - Adults (note 2)	107.12%	113.84%	114.25%	115.15%	120.97%
Weighed Total	77.90%	79.70%	80.40%	80.14%	83.37%

Note 1: 2008-09 activity highlights of CH Lachine: 222 bed set-ups, 76,649 patient days, 24,385 emergency visits, and 36,048 outpatient clinic visits

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

Statistical Data

Statistical Data	2004-05	2005-06	2006-07	2007-08	2008-09 (note 1)
Alternative Care to Hospitalization					
Ambulatory Services (visits)					
Emergency	134,580	138,484	142,348	141,353	171,944
Outpatient Clinics	644,131	634,953	630,262	613,192	666,490
Family Planning	19,365	20,341	24,248	26,878	27,066
Total	798,076	793,778	796,858	781,423	865,500
Day Care Medicine (treatment day)					
Physical Disease	68,387	86,652	85,112	84,069	88,863
Parenteral Nutrition	6,257	6,835	6,158	7,281	7,046
Oncology and Haematology	21,821	21,732	22,545	22,853	22,526
Total	96,465	115,219	113,815	114,203	118,435
Day Hospital (attendance)					
Geriatrics	2,084	3,811	3,605	3,615	6,780
Psychiatry	11,794	11,272	8,394	8,082	8,529
Total	13,878	15,083	11,999	11,697	15,309
Nursing Day Care					
Day Surgery (patient)	17,212	16,703	14,607	14,533	20,061
Endoscopy and Cystoscopy (treatment)	21,452	23,005	23,322	22,045	27,750
Total	38,664	39,708	37,929	36,578	47,811
Others (treatment)					
Hemodialysis	45,543	46,082	44,878	44,513	45,338
Peritoneal Dialysis	19,022	17,670	17,658	18,885	17,716
Interventional Radiology	9,352	12,333	14,047	13,845	15,762
Cardiac Angiography	4,002	3,791	3,578	3,425	3,463
Lithotripsy	758	876	894	902	978
Total	78,677	80,752	81,055	81,570	83,257

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MUHC Annual Report 2008-2009

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