Centre universitaire de santé McGill

McGill University Health Centre

Partnerships

MOVING FORWARD TOGETHER

THE MUHC 2015-2016 Annual Report

WE'VE BEEN BUSY

36,730
ADMISSIONS PER YEAR

30,373
SURGERIES PER YEAR

10,000
ADULT TRAUMA CASES PER YEAR

17,500
PEDIATRICS TRAUMA CASES PER YEAR

179,778
EMERGENCY DEPARTMENT VISITS PER YEAR

609,368
AMBULATORY VISITS PER YEAR

2,619,765
MEALS SERVED PER YEAR

3,398,813
KILOGRAMS OF LAUNDRY WASHED PER YEAR

DIAGNOSTIC AND THERAPEUTIC TESTS AND PROCEDURES

11,521,418
Clinical Laboratory tests

30,833
Nuclear Medicine tests and procedures

487,950
Medical Imaging tests

4,520
Positron Emission Tomography (PET) exams

146,489
Electrocardiogram (ECG) tests

32,457
Radiation oncology treatments

10,177
Electroencephalogram (EEG) and Electromyography (EMG) tests

13,697
Cardiac Catheterization Lab and Interventional Electrophysiology tests and procedures

OUR DIRECTORS

EXECUTIVE MESSAGES

Claudio Bussandri | Chairman, Board of Directors
Normand Rinfret | President and Executive Director

It is with a strong sense of accountability and commitment to excellence that we present the 2015-2016 Annual Report of the McGill University Health Centre (MUHC), beginning with the highpoint of the year: the opening of the Glen site after meticulous planning, construction, activation, and patient transfers.

The Research Institute of the MUHC (RI-MUHC) was the first to move into its innovative facilities. Thereafter, between April and June 2015, 258 pediatric and adult inpatients, including babies in incubators, were transferred from the Royal Victoria Hospital, Montreal Chest Institute, Montreal Children's Hospital and Montreal General Hospital. With each of the moves and throughout the ramping up of the volume of outpatient and inpatient activities, the MUHC's priority was to ensure quality care and patient safety. Transfers were completed flawlessly thanks to the tireless efforts and skill of the MUHC's healthcare professionals, employees and volunteers, as well as outstanding support from partners: Health Care Relocations; Urgences-santé; Medicar; City of Montreal; City of Westmount; Montreal Police Department; SNC-Lavalin and its partners; MSSS; CIUSSS de l'Est-de-l'Île-de-Montréal; Société de transport de Montréal; and hospitals across Quebec's health network. Their support contributed immeasurably to our success and the peace of mind of our patients and their families, and we thank them again in the context of this Report.

OUR DIRECTORS

Following the last hospital move, between June 19 and 21, we celebrated this historic milestone and shared our collective pride with our teams and the community during our inaugural events. The Walk for Montreal event, free concerts and fun activities for families complemented the staff appreciation events and formal ribbon-cutting ceremony. None would have been possible without a dedicated organizing committee and many volunteers, whom we are pleased to thank again here.

Much like our external partners, every individual working at the MUHC, regardless of his/her job title or department, deserves to be praised in this Report. Together, they assure the quality of activities, an invaluable service given that each of our six hospitals and the RI-MUHC are needed to fulfil our mission. They are also worthy of recognition for managing myriad daily challenges. In that respect, we wish to underscore that the passing of Bill 10—An Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies—by the Ministry of Health and Social Services (MSSS) set the tone for what would be a turbulent year. Amalgamated and non-amalgamated healthcare establishments, including the MUHC, had to adjust to new leadership across the network and a different operating paradigm. Concurrently, the MUHC was consolidating its activities on four sites—the Montreal General Hospital, Neuro, Lachine Hospital and Glen site. Compounding the complexity of these challenges were optimization projects, budget compressions and the implementation of a clinical plan meant to enable the MUHC to concentrate on tertiary/quaternary clinical care, research and education. In this regard, ensuring the continuum of care through ententes with partners in the health network was and continues to be of primordial importance. In summary, the year was punctuated by massive change and hard decisions.

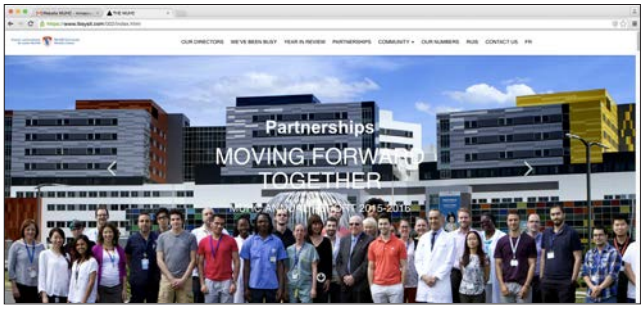
With that being said, the ultimate goal of any world-class academic health centre is to push the boundaries of patient care, research, teaching and healthcare administration to new heights in spite of challenges. In fiscal 2015-2016, the MUHC and its Board of Directors worked exhaustively on strengthening governance mechanisms, managing risks, overseeing patient safety, and making administrative changes that would better support organizational goals and evidence-based decision-making. The renewal of the organizational structure was also initiated with a view to improving oversight, creating alignment with other academic health centres in Quebec and meeting the government and public's expectations in regard to good corporate governance. This work is ongoing, but the MUHC is satisfied that its efforts will help its people do their best work with greater ease and encourage excellence.

Of course, excellence requires community support. With this in mind, we extend heartfelt appreciation to our foundations and donors, including the MUHC's physicians, nurses, allied health professionals, research investigators, staff and volunteers. Thanks to their generosity, the MUHC announced this year the completion of *The Best Care for Life Campaign*—a $300-million fundraising initiative supporting the Glen site project, our existing facilities, state-of-the-art equipment and research infrastructure. Once more, we thank John Rae, chairman of *The Best Care for Life Campaign*, and Marc Courtois, chairman of *The Best Care for Children Campaign*, the Campaign cabinet, and the MUHC's former Marketing and Development Office for their leadership.

Engagement is an essential element of excellence too. A perfect example is *We Should Talk*, a campaign at the Montreal Children's Hospital that encourages patients, family members and everyone involved in patient care to speak up when there is a safety concern and to develop a collaborative approach to reduce preventable harm. Initiatives such as this one are our way of making continuous improvements that resonate with patients and their families, who are our *raison d'être*.

As you review this Annual Report, we trust that this message has provided a context for our organization's results. Undoubtedly, fiscal 2016–2017 will present new challenges. We therefore conclude by expressing our deepest gratitude to the talented and hard-working people who make the MUHC a leading academic health centre. They are our strength.

To read the full MUHC 2015-16 Annual Report, visit: http://ar2016.muhc.ca



PARTNERSHIPS

PARTNERSHIPS THAT EXTEND TO OUR COMMUNITY AND BEYOND

At the McGill University Health Centre (MUHC), we define ourselves by teamwork, and in our eyes, this spirit of partnership extends beyond the boundaries of our hospitals. Whether it is in our research endeavours, our clinical activities, or our teaching efforts, we integrate our community partners – from hospitals to clinics, from universities to general physicians – to ensure the right care is offered at the right place, at the right time for our patients, throughout their lifetime.

Clinical: Mom to daughter kidney transplant

A MOTHER'S GIFT

A new era begins for adult to child transplants at the MUHC

They say the fastest route between two points is a straight line, which proved to be very true for Noémie Bertrand and her mother, Martine. On July 20, 10-year-old Noémie became the first recipient of a living-donor, adult-to-child transplant at the Glen site of the McGill University Health Centre. While Noémie was lying in the Operating Room (OR) at the Montreal Children's Hospital, her mother was only 100 metres away in the OR at the Royal Victoria Hospital.

Transit no longer an issue

Before moving to the Glen site, when a kidney was removed from a patient at the RVH it was transported by car or taxi from one site to the other and was often delayed by traffic. In this case, the kidney was brought down a hallway from one OR to the other and transplanted in less than 20 minutes. "Just knowing that she was down the hall from me was very reassuring," says Martine. "I was more nervous than she was for the operation. She was my strength during all of this."

Noémie's kidney

Noémie suffers from a chronic kidney disease and was born with only one kidney. The family was told that one day she might need a kidney transplant, but in April, her kidney started to fade quickly and was down to only eight per cent of its function. She began dialysis three times a week for four hours. Both her parents had already been assessed in 2010 to determine if one of their kidneys could be suitable for Noémie. "I happened to be a bit of a closer match. Since your kidney is the size of your fist, we decided that I'd be the donor because of how small Noémie is," says Martine.

Clinical: Mom to daughter kidney transplant

After the surgery

Once the decision was made, the family prepared themselves for the big day. The close proximity of the Children's and the RVH also turned out to be a major advantage for Martine's husband, Charles, and their two other children, Maude and Cédric, who could easily visit their mother and sister under one roof. "It was so convenient having the whole family together," says Charles. The day after the surgery, Charles wheeled Martine over in a wheelchair to visit Noémie in the Pediatric Intensive Care Unit (PICU) at the Children's. "In any other hospital, I would have had to wait three to four days to visit my daughter," says Martine. "That would have been very difficult for me. I couldn't wait to see her."

Back to a regular routine

Noémie was discharged from the Children's on August 6 and continues to be cared for at The Children's Hospital of Eastern Ontario (CHEO), closer to her hometown of Hawkesbury. "It was hard for her to leave the Children's. We all became very close to her nurse Angela Burns, as well as Drs. Beth Foster and Lorraine Bell," says Martine. Since returning home, Noémie has regained her energy and colour. Her dialysis catheter and G-tube have both been removed, allowing her to take up dance classes and start swimming again. "There are no signs of rejection and her kidney is responding extremely well. I am so happy I was able to give this gift to my daughter," says Martine. "But at the end of the day, she's the real hero."

Patient: Neuro's MS Clinic

HAND IN HAND FOR BETTER CARE

PATIENT PARTNERSHIP WITH NEURO'S MS CLINIC IMPROVES ESSENTIAL SERVICE

As a patient of the Multiple Sclerosis Clinic at the Montreal Neurological Hospital of the McGill University Health Centre (MNH-MUHC) for more than 20 years, Mari-Jo Pires knows a thing or two about the service it provides. "Whenever I visit the clinic, I get the personal touch," says Mari-Jo, who is a patient representative at the MUHC. "But until recently, the phone service was deficient. You called and had to wait or leave a message, and they would call you back, but sometimes you weren't there. It was a frustrating game of phone tag." For the clinic's staff, the phone situation was also a source of stress: clerical staff were overwhelmed and had to take down dozens of messages, while nurses and doctors worried that they were not meeting patients' needs in a timely fashion.

Involving patients as equal partners

In March 2015, the team started a project to improve the phone service with a grant from the Canadian Foundation for Healthcare Improvement (CFHI).

"The lines were a problem, but this project was about more than that," says patient coach and project co-lead Emmanuelle Simony. "The goal was to create an opportunity for patients to become more involved in their own care."

The process to select patients to participate in the project was structured and serious, and involved phone and in-person interviews as well as an orientation session.

"We wanted patients who were able to go beyond their own experience, with a broader perspective and a constructive attitude," says Patient Partnership coordinator Karine Vigneault.

Selected to take part in the project, Mari-Jo was delighted to be on an equal footing with the clinic's staff and to help other patients.

"It was clear from day one that there was no patient-doctor division," she says. "My opinions were valued. We were all members of a team working towards one common goal.

Patient: Neuro's MS Clinic

A two-pronged approach

During the first phase, patient advisors, nurses, doctors, administrators and clerical staff took the time to identify and analyze the issue, taking into consideration everyone's perspective. The team opted for a two-pronged approach: simplifying the access to services by changing the telephone system, and putting in place a nursing helpline. After implementation, the results were impressive. Already on the first week, clerks noticed a decrease in the volume of incoming calls. For patients and staff, it was definitely a big change for the better.

"Our surveys showed we reached our goal of improving by 20 per cent the number of patients and caregivers who said they got the help needed every time they called," explains Lucy Wardell, Ambulatory Care nursing practice manager for the Neurosciences mission and project lead.

"The physicians were particularly pleased with the quantifiable results obtained and the positive feedback from patients. This project has renewed the team's spirit and energy. It demonstrates that having patients as equal partners when developing improvement projects creates positive impact at many levels."

Moving forward, the MUHC intends to spread this model throughout the organization with the support of the Patient Partnership Program.

The (much) improved phone access system

With over 3,700 visits per year, it has a distinct profile in Montreal, the Multiple Sclerosis Clinic of the MUHC's Montreal Neurological Hospital (MNH-MUHC) offers highly specialized care not easily found elsewhere. Besides benefiting from the expertise of a multidisciplinary team, patients may also participate in important clinical trials of new therapies for MS. The nature of care and services offered at the clinic explains the need for a performing phone service, which was improved by:

- The reconfiguration of the phone system with simplified voice messaging: when patients call, they select the service they need from a menu and the call is routed to the staff member that can best assist them with the particular issue. All scripts are bilingual and written in simple language.
- The implementation of a new nursing helpline – MS Access – for patients calling with clinical issues. A specialist nurse answers calls Monday to Friday, from 9 a.m. to 1 p.m.
- The adoption of online charting, which allows staff to upload notes about the phone consultation in OASIS.

Research: Breast Cancer clinical research

BREAST CANCER CLINICAL RESEARCH

The McPeak-Sirois Group is a unique initiative that brings together determination and expertise from four major hospital research centres to create a united force in the fight against breast cancer in Quebec. The McGill University Health Centre, Jewish General Hospital, the Centre hospitalier universitaire de Québec-Université Laval and the Centre hospitalier de l'Université de Montréal are the founding members of this group.

Research: Breast Cancer clinical research

This unique mobilization of clinical research in breast cancer promotion obtaining more research protocols in Quebec. Thus the Group intends to improve care for patients with breast cancer and fulfill its fundamental mission to promote research that cares.

Co-founder of the group, Susan McPeak was touched by breast cancer 15 years ago. She had access to advanced treatment as she participated in a research protocol. With her husband Charles Sirois, renowned entrepreneur, they decided to take action in an effort to make the best care accessible to as many women as possible who are battling breast cancer in Quebec.

The initiative is open to all Quebec hospitals that are currently active in breast cancer clinical research. The Group also aims to extend this initiative to community hospitals, enabling them to start offering such research protocols to women living outside major centres.

Formed in October 2015, the McPeak-Sirois Group held its official launch in the spring of 2016. The Group highlighted its collaborative spirit and its commitment to work for the welfare of women with breast cancer in Quebec.

Teaching: Philanthropic teaching

TEACHING ABROAD: AN ENRICHING EXPERIENCE FROM ALL POINTS OF VIEW

Dr. Alan Barkun, an internationally renowned gastroenterologist and the director of Digestive Endoscopy and Quality in the Division of Gastroenterology of the McGill University Health Centre (MUHC), traveled to Myanmar in the summer of 2015 to share his knowledge and expertise as part of a 10-day trip organized by the American Society for Gastrointestinal Endoscopy (ASGE).

Please tell us about the program that you participated in.

Before It was basically a philanthropic initiative aimed at exporting endoscopic medical care, expertise and teaching to regions around the world that are in need. After applying for the Myanmar trip, I was chosen along with three other doctors from different countries. As “ambassadors,” we were able to give some of our time to advance this initiative.

What did you teach?

My role was to tackle complex cases using the available resources. More specifically, I was asked to teach cholangio-pancreatography (ERCP)*, a procedure that uses X-rays and an endoscope to examine or treat organs like the pancreas, liver and gallbladder.

How did it go?

It was a demanding but gratifying experience. We started each day presenting at a two-hour conference before spending six hours seeing patients. I taught 30 people at a time, quite a contrast to the three people we would generally have gathered here for that kind of session in the fluoroscopy room. Everyone involved was clearly happy to be there and demonstrated a good knowledge of what we were working on.

Teaching: Philanthropic teaching

Obviously, we had to adapt to local realities. The equipment wasn't bad, the people were competent and there were adequate resources, but it's true that everything didn't function quite as well as we're used to here. One day there was a power outage that lasted several hours. Another time, a patient had a heart attack but when the crash cart came, the equipment wasn't working. Thankfully, the resuscitation procedures were enough.

What other allowances does this kind of trip require?

You have to keep the context, cultural and political – and even religious – in mind. Asking for informed consent from a Buddhist patient isn't quite the same as asking for it from a Catholic Christian.

You also have to adapt to different ways of practicing medicine, differences that one should not, in my opinion, connote with a lack of competence. You have to be open enough to discuss situations with people and tell them that there may be a variety of ways do things.

What did you take away from this experience?

When we travel for work, or even when we're just here at the MUHC, we're used to being in the company of some of the top specialists in the world. On this kind of trip, you realize that there are extremely competent people out there, often working on a shoestring budget, and that we never hear about them. It's truly a lesson in humility.

You also realize how lucky we are to work under North American conditions – even though everything isn't always perfect – and it brings you back to the underlying values of medicine and the real reason we practice this profession, which is to help patients.

I'll never forget the kindness of our hosts and their desire to learn in order to improve the health of the population they serve. I met many inspiring people, especially the endoscopy society leaders, who are women working with a vision, a largeness of spirit and a sense of responsibility and duty to their country. They weren't there just for their careers but to do what is right for their patients and colleagues.

Overall, it was an enriching experience both culturally and personally. It also served to contribute to improving the health of a vulnerable population and to broadening the reach of the MUHC and McGill far beyond our borders.

An ERCP* can be used to:

- Look for the cause of constant abdominal pain or jaundice
- Find or remove gallstones in the bile duct
- open a narrowed duct by inserting a stent (small tube)
- Take a biopsy (a tissue sample to be examined under a microscope)
- Diagnose diseases of the pancreas, liver, gallbladder and bile ducts, such as inflammation, infection or cancer

*Source: Canadian Cancer Society

Technology Assessment: Helping cardiology centres

A PARTNERSHIP FOR BETTER USE OF RESOURCES

MUHC'S TECHNOLOGY ASSESSMENT UNIT PARTNERS WITH PROVINCIAL HEALTH AGENCY TO EVALUATE USE OF PACEMAKERS

Two reports published by the Technology Assessment Unit (TAU) of the McGill University Health Centre (MUHC) will serve as a basis for a field evaluation of pacemakers used in cardiac resynchronisation therapy (CRT) for patients with heart failure across Quebec. The project will be undertaken by the Institut national d'excellence en santé et en services sociaux (INESSS), a provincial agency that promotes the efficient use of resources in the health services sector.

Technology Assessment: Helping cardiology centres

This project serves as an example of how a hospital-based technology assessment unit in Quebec can partner with INESSS to address questions of appropriateness of use of resources across the province. The decision to do a field evaluation of the pacemakers was taken after an INESSS-fundedliterature review by TAU raised questions about the benefits of the procedure for certain patients.

"The use of CRT-pacemakers has increased considerably in Quebec and elsewhere in the world in the last five years," says Nisha Almeida, an epidemiologist and research scientist at TAU who co-authored the report. "We analyzed clinical practice guidelines and noticed that while these devices are clearly beneficial for selected patients with heart failure, the evidence of their efficacy in other groups of patients is far less clear. This technology needs to be better evaluated, and the only way to do that is to get information directly from the hospitals."

"By monitoring the profile of patients who receive these expensive devices and by documenting long-term patient outcomes, we can gain a better understanding of our practices and also contribute to bridging the evidence gap. Each pacemaker costs around $11,000 per initial implant and $14,400 when coupled with a defibrillator. The impact on a hospital's limited budget is considerable," says Nandini Dendukuri, director of TAU.

Collecting data across Quebec

INESSS will now collect and compare data from all electrophysiology programs in tertiary cardiology centres across Quebec concerning the number, characteristics and outcomes of patients who were implanted with a CRT-pacemaker to replace or upgrade an existing device.

"TAU's work has saved us a huge amount of time," says Laurie Lambert, epidemiologist at INESSS's Cardiology Evaluation Unit. "Instead of redoing the literature review, we're taking the MUHC report a step further. By recording patients' characteristics in a systematic manner, we'll be able to determine if they're selected according to clinical guidelines and in the same way across the six cardiology centres that implant pacemaker/defibrillator devices in Quebec."

This effort will also help implement TAU's recommendation to the MUHC to collect local data beyond the INESSS initiative on patients who are receiving a CRT pacemaker for the first time. Nandini Dendukuri hopes this collaboration between INESSS and TAU will raise awareness about the important role of technology assessment in health care.

"Our healthcare system cannot afford to provide unlimited health services to everyone irrespective of the cost," she says. "So it's essential to ensure the best use of resources by giving priority to appropriate use of technology that can actually help prolong the life or improve the quality of life of our patients."

Did you know?

Like Clinical Care, Research and Teaching, Health Technology Assessment is a priority at the MUHC. The Health Technology Assessment Unit (TAU) was created in 2001 with the purpose of advising the academic health centre in difficult resource allocation decisions. TAU uses an approach based on sound, scientific technology assessments and a transparent, fair decision-making process to produce reports and issue recommendations. It also contributes to the training of personnel in the field of health technology assessment.

MUHC WELLNESS PROGRAM

It is a well-known fact that it is difficult for individuals to participate in a regular exercise program due to lack of time. By offering fitness classes in the workplace, the McGill University Health Centre (MUHC) provides employees with the opportunity to meet some of their exercise requirements during the day to help them maintain a good work-life balance. Over the past year, the main focus of the MUHC Wellness Program, which is organized and managed by our Human Resources Directorate, has been on physical exercise. A total of seven physical activity classes are now part of the program and include Yogalates, Rebel Roots, Primal, Pilates, Yoga, Zumba and African Dance. The classes take place during lunch every week and last for 15 weeks (one is offered after work as per special request). This past year over 300 staff members enrolled for the fitness classes across the MUHC sites.

The Wellness Program also includes:

Clubs

For Healthy Workplace Month in October 2015, Walk n' Squat clubs were led, free of charge, at the Glen and MGH sites by trainers from Amenzone Fitness. Employees met weekly from noon to 12:40 p.m. to partake in a walk and squat regimen outdoors near their respective sites. Due to its popularity at the Glen, the groups continued throughout the month of November. The open air concept is a healthy option that does not require the use of the hospital facilities. However, it is limited by weather conditions.

Creativity on the Go!

A new dimension that was added to the winter 2016 programming was a fine arts workshop entitled Creativity on the Go! During this eight-week workshop at the Glen site, employees were given the opportunity to explore the creative process through artistic exercises such as colouring mandalas. The workshop was led by Debrah Gilmour, an art education specialist.

Therapeutic Chair Massages

Another valuable aspect of the wellness program is the therapeutic chair massages. It began as a pilot project in 2014 and grew by popular demand to include all sites. This service is now offered monthly from 8 a.m. to 4 p.m. at each site. Appointments can be taken for either 15 or 30 minutes.

Workout unit

In 2014, the Côte-des-Neiges | Notre-Dame-de-Grâce (CDN-NDG) borough's Technical Services division designed a mobile workout unit that they installed throughout various parks in the borough territory. The unit has three exercise machines (ski exerciser, elliptical trainer, arms and legs combo exerciser). The borough graciously provided the equipment for a trial period at the Glen site free of charge. The trial period ran from July 23 to August 14, 2015. Assessment of the equipment was done using a short interviewer-administered questionnaire. During the trial, 96 individuals provided feedback on the unit. Respondents indicated that they would regularly use the equipment, with the majority of individuals indicating that they would do so three to five times a week. This new fitness option will be offered to the MUHC community due to the positive feedback received during the trial period. The funds raised from Spartan Races 2013 and 2014 will be used to purchase a workout unit that will be installed permanently at the Glen site on May 31, 2016. The unit has three exercise machines (ski exerciser, elliptical trainer, and a stationary bicycle). It is hoped that we will be able to provide a workout unit at the other MUHC sites.

Staff: Wellness

Testimonial:

On behalf of myself and co-participants I wanted to express my sincere gratitude to you and your team for having implemented and facilitated the process by bringing these Wellness/Fitness classes TO US. To be able to integrate some physical activity during our work week (most of us tend to sit at our desks for far too long) + the fact that this is costing us very little or nothing at all is amazing.

For those of us who are really wanting and trying to implement some real changes in our lives this was the perfect incentive. Now we have no excuse, no putting off for another day or another time. Now is the time! "Like they say, when the student is ready the teacher will appear."

I am happy and proud to say that I have participated in the walk and squat course and I am currently taking the Pilates course. I will also be joining the Rebel Roots program and I attend the meditation group as often as I can. Next on the agenda is scheduling some massage time.:)

These classes are so greatly needed for both our mental and physical well-being. Not only are we letting off steam and re-booting but are also getting the opportunity to connect and meet staff members from different sites! WIN! WIN!

You are doing a wonderful job in bringing to us a variety of courses so that we can participate in what interests us or maybe give a try to something new and different and totally out of our comfort zone! Big thanks to the CNCP who has made the free classes happen!

KEEP UP THE GREAT WORK AND KEEP THE COURSES COMING!

Best Regards and looking forward to my new class REBEL ROOTS:)

INPATIENTS	2011-12	2012-13	2013-14	2014-15	2015-16
Bed Set-up (including bassinets)					
Acute Care - Adults	956	886	851	761	705
Acute Care - Children	104	107	107	95	102
Newborns - General Care	26	26	26	22	24
Newborns - Intensive Care	50	50	50	52	47
Chronic Care - Adults	243	170	156	134	134
TOTAL	**1 379**	**1 239**	**1 190**	**1 064**	**1 012**
Admissions					
Acute Care - Adults	29 276	29 911	29 569	29 987	27 407
Acute Care - Children	5 657	5 484	5 199	5 026	4 767
Newborns - General Care	3 704	3 564	3 555	3 223	3 608
Newborns - Intensive Care	728	751	884	853	902
Chronic Care - Adults	257	162	74	58	46
TOTAL	**39 622**	**39 872**	**39 281**	**39 147**	**36 730**
Patient Days					
Acute Care - Adults	282 624	279 730	276 398	263 447	243 499
Acute Care - Children	31 861	30 012	29 698	30 575	29 802
Newborns - General Care	7 601	6 955	7 077	6 203	6 142
Newborns - Intensive Care	14 693	15 397	15 066	15 841	15 567
Chronic Care - Adults	82 449	74 234	59 580	49 275	46 980
TOTAL	**419 228**	**406 328**	**387 819**	**365 341**	**341 990**
Average Length of Stay					
Acute Care - Adults	9.65	9.35	9.35	8.79	8.88
Acute Care - Children	5.63	5.47	5.71	6.08	6.25
Newborns - General Care	2.05	1.95	1.99	1.92	1.70
Newborns - Intensive Care	20.18	20.50	17.04	18.57	17.26
Chronic Care - Adults	320.81	458.23	805.14	849.57	1 021.30
WEIGHED TOTAL	**10.58**	**10.19**	**9.87**	**9.33**	**9.31**
Average Occupancy					
Acute Care - Adults	81.00 %	86.50 %	88.98 %	94.85 %	94.37 %
Acute Care - Children	83.93 %	76.85 %	76.04 %	88.18 %	79.83 %
Newborns - General Care	80.09 %	73.29 %	74.57 %	77.25 %	69.92 %
Newborns - Intensive Care	80.51 %	84.37 %	82.55 %	83.46 %	90.50 %
Chronic Care - Adults (note 1)	92.96 %	119.64 %	104.64 %	100.75 %	95.79 %
WEIGHED TOTAL	**83.29 %**	**89.85 %**	**89.29 %**	**94.07 %**	**92.33 %**

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%.

ALTERNATIVE CARE TO HOSPITALIZATION	2011-12	2012-13	2013-14	2014-15	2015-16
Ambulatory Services (visits)					
Emergency	178 070	173 200	177 638	177 955	179 778
Outpatient Clinics	690 279	688 361	669 992	638 475	566 352
Family Planning	46 142	46 805	46 859	49 307	43 016
TOTAL	**914 491**	**908 366**	**894 489**	**865 737**	**789 146**
Day Care Medicine (treament day)					
Physical Disease	86 657	88 128	88 911	97 300	77 657
Parenteral Nutrition	8 129	8 967	9 922	10 140	9 325
Oncology and Haematology	23 593	23 582	23 499	23 731	25 407
TOTAL	**118 379**	**120 677**	**122 332**	**131 171**	**112 389**
Day Hospital (attendance)					
Geriatrics	5 961	5 376	5 502	5 636	3 494
Psychiatry	5 585	7 138	8 172	7 283	6 858
TOTAL	**11 546**	**12 514**	**13 674**	**12 919**	**10 352**
Nursing Day Care					
Day Surgery (patient)	20 887	20 639	22 074	19 618	17 945
Endoscopy and Cystoscopy (treatment)	31 359	31 816	31 362	30 728	28 903
TOTAL	**52 246**	**52 455**	**53 436**	**50 346**	**46 848**
Others (treatments)					
Hemodialysis	46 282	43 729	45 025	44 994	40 277
Peritoneal Dialysis	18 458	18 732	16 717	14 801	11 010
Interventional Radiology	17 928	19 322	20 207	20 060	19 510
Cardiac Angiography	3 939	3 819	4 075	3 942	3 464
Lithotripsy	1 291	1 421	1 419	1 443	1 207
TOTAL	**87 898**	**87 023**	**87 443**	**85 240**	**75 468**

SURPLUS (DEFICIT) Thousands $	2013-14	2014-15	2015-16
REVENUE	1 054 553	1 068 286	1 043 184
EXPENSES	1 067 713	1 069 213	1 085 169
SURPLUS (DEFICIT)	**- 13 160**	**-927**	**-41 985**

FINANCIAL RESULTS

REVENUE Thousands $	2013-14	2014-15	2015-16
Health and Social Services Agency of Montreal- MSSS	796 374	818 158	806 062
Sales of services & recoveries	34 135	28 214	25 851
Patients	23 468	23 008	19 600
Research	86 365	80 840	75 430
Other	114 211	118 066	116 241
TOTAL	**1 054 553**	**1 068 286**	**1 043 184**

EXPENSES Thousands $	2013-14	2014-15	2015-16
Nursing care	238 303	245 506	242 747
Diagnostic & therapeutic services	386 508	387 428	393 967
Technical and support services	164 537	155 343	180 081
Administration	56 044	54 465	53 940
Other	222 321	226 471	214 434
TOTAL	**1 067 713**	**1 069 213**	**1 085 169**

GOING THAT EXTRA MILE

The McGill University Health Centre and the RUIS-McGill

As part of bringing improved healthcare services into the 21st century, the Quebec Ministry of Health and Social Services (MSSS) created the Réseau Universitaire Intégré de Santé (RUIS) in 2003. A portion of Quebec's territory was assigned to each of the province's four Faculties of Medicine, one of which is the McGill University Health Centre. The intent was to facilitate specialized care, medical education, and medical research throughout the province's many regions.

RUIS McGill covers a large and varied territory of Quebec, stretching from Montreal to Nunavik in the far north – over half the province's area. Nearly 1.8 million people from different communities and all walks of life are served by RUIS McGill.

This story illustrates the MUHC's relationship and responsibility as the healthcare facility that delivers complex care to our patients and families across this vast region:

MCI TB CLINIC STAFF TRAVEL NEAR AND FAR TO HELP PATIENTS MANAGE TUBERCULOSIS

In 2012, when a tuberculosis outbreak plagued a small Inuit community in Nunavik, in the northern region of Quebec, Amélie Fosso, clinical nurse specialist at the outpatient Tuberculosis (TB) Clinic of the Montreal Chest Institute of the McGill University Health Centre (MCI-MUHC), immediately volunteered to be part of the Montreal team that was deployed to assist the community.

Nurse Amélie Fosso proudly shows the MUHC's Department of Medicine Outreach Award, which the Montreal Chest Institute and the Montreal Children's Hospital TB Clinics received in 2013 in recognition of their efforts to enhance the links with the community, especially with underserved or minority groups.

"I wanted to help and to get to know the Inuit communities better, because they are part of our clientele at the outpatient TB Clinic in Montreal," she says. "It was an enriching experience, in spite of the difficult circumstances."

TB is a major concern in Canada's northern communities and remains a serious threat to health around the world. It affects more than nine million people every year and is the number one cause of death by infection worldwide, killing 1.5 million people a year. Managing a TB outbreak is a complex endeavour and requires the collaboration of medical and nursing experts, patients and community members. Tuberculosis generally affects the lungs and can be highly contagious, so diagnosis and management must be undertaken quickly. MUHC Respirologist Dr. Faiz Ahmad Khan is the Director of TB Clinical Services at the MCI. He travels to Nunavik two to three times a year as a medical consultant for tuberculosis and other pulmonary diseases. He notes that while Nunavik has a very high rate of TB, every year there are also a number of sporadic outbreaks that occur in the rest of Quebec, including in and around Montreal.

"When the infection is inactive, TB isn't contagious, and there are no symptoms. We can treat the patient to lower the risk of developing active TB," he says. "However, once it transitions from inactive infection to active disease, TB can be transmitted to others and can also be a life-threatening illness. It's essential to trace all the people a patient with active pulmonary TB has come in contact with."

Another key element to successfully manage TB is to ensure that patients get the appropriate treatment and follow it for several months, and without interruptions, to the end, something that's easier said than done, according to Dr. Ahmad Khan.

"People have their everyday lives to live, and it's challenging for them to be on a treatment that needs close follow-up for many months. Fortunately, our dedicated nurses and our social worker are specialized in the management of TB: they support patients in taking their medications, visit patients at home, interact with the Public Health Department and advocate for patients. They're at the core of the strength of this clinic, along with our physician experts."

GOING THAT EXTRA MILE

The McGill University Health Centre and the RUIS-McGill

FIVE THINGS TO KNOW ABOUT THE MCI TB CLINIC

The Montreal Chest Institute Tuberculosis (TB) Clinic is a major referral centre in Montreal and across the RUIS-McGill territory, which stretches over half the area of the province of Quebec. Dr. Kevin Schwartzman, who is a respirologist and director of the MUHC Adult Respiratory Division, lists some key facts about the TB Clinic.

- We deliver complex care to patients and families and treat severe forms of TB which are becoming more prevalent throughout the world: drug-resistant TB, multidrug-resistant TB and extensively drug-resistant TB.

- We work as consultants in close collaboration with Quebec's Director of Public Health to help keep outbreaks under control.
- We collaborate with Immigration Canada, evaluating immigrants and refugees coming from countries where TB is widespread.
- We work as consultants in respiratory medicine and tuberculosis in Nunavik, the northern region of the province of Quebec, where in 2011 the rates of TB infection and disease were several fold higher than in the rest of the province.
- We're a focal point for TB research in Montreal. Our integrated TB research program means that results from ongoing research and clinical trials can be immediately integrated into our practice. It also means that we can focus our research efforts on key questions that come up as we treat TB in our patients, and strive to prevent it in our communities.

Stigma still present

Amélie and her colleagues – clinical nurse specialists Denis Francis and Octavian Boitor – work on different levels to mitigate the strong impact of TB on patients and families. Most importantly, they emphasize patient and family education as a means to develop trust and gain adherence.

"Our role is to reassure people and to give them the facts about TB: what it is, how it spreads, how to treat it, etc. We establish close ties with patients and their families and adapt interventions to their profile. If they have a good understanding and are reassured, it becomes easier to manage the disease."

Education is also essential to fight the stigma associated with TB which is still very much present nowadays, says Amélie.

"People diagnosed with active TB must be isolated from their work, school and social environment for a period of two weeks to a few months and may face rejection from colleagues, friends and even family members", she says. "Some employers refuse to take back employees who had TB, because they don't want their work environment to be associated with the disease. That's why it's essential to educate the community and offer patients psychological support."

Whether they're sharing nursing and medical expertise to help with TB outbreaks in the North – Amélie went back to Nunavik a second time in 2013 – or caring for and visiting patients and communities in Montreal, all members of the staff of the MCI TB Clinic strive to bring the fight against TB out of the shadows and into full view to help patients take control of their condition and to mobilize communities to show compassion for people with TB.

FOUNDATIONS

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

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

muhc.ca/cause

Centre universitaire
de santé McGill

McGill University
Health Centre

@cusm_muhc
facebook.com/CUSM.MUHC
instagram.com/cusm_muhc
linkedin.com/company/muhc

2155, Guy Street, Suite 1280, Montreal (Quebec) H3H 2R9
public.affairs@muhc.mcgill.ca
1 514-934-1934
muhc.ca