







# Message from the Chair of the Board and the Executive Director

## MAJOR PROGRESS

In spring 2013, public personalities came together to support an unprecedented promotional campaign for the MHI. One of the slogans clearly encapsulated the MHI's profound character: **"Exceptional people united for a major institution."** Through a range of projects and innovations, the extended MHI team showed once again this year that it forms a highly effective and dynamic organization.

### Greater access to care and services

This past year was marked by initiatives to increase access to care and services. In the administrative and medical sectors, major changes facilitated access to outpatient clinics and shortened wait times in the emergency, surgery, hemodynamics and electrophysiology sectors. Since January 2013, heart surgery patients have experienced better management of their postoperative care thanks to the creation of a dedicated and modern surgical intensive care unit that is operated by a team of 12 new intensive care specialists.

### International recognition

Internationally, the year 2012-2013 also saw the MHI Research Centre receive honours for its leadership in personalized medicine. In spring 2013, the MHI received the exceptional honour of being designated as a hub for translational medicine for the study of cardiometabolic disease in the global network of the multinational pharmaceutical company Roche. Two of our researchers, Dr. Jean-Claude Tardif and Dr. John Rioux, each received an award of \$10 million through the 2012 Genomics and Personalized Health national competition funded by Genome Canada and the Canadian Institutes of Health Research (CIHR). These are compelling examples that attest to the MHI's undeniable leadership in the field of personalized medicine.

### Initiatives that get people moving

The adoption of healthy lifestyles was central to many physical activity initiatives during the year. A first in 2012: approximately 100 members from the MHI team took part in one of the circuits of the Montréal marathon. The MHI's strong turnout in this major sports event showed to everyone how much the people who work here care about physical activity and how prevention is an integral part of a healthy lifestyle. Furthermore, 400 employees, or almost twice as many as last year, signed up in teams for the second edition of the 5/30 Health and Wellness Challenge and took part in a range of activities at the MHI organized especially for them. These popular events help make the MHI a great place to work.

### A large-scale optimization plan

Although the past year was filled with notable accomplishments, we also faced many challenges. Firstly, the MHI successfully carried out a \$4.7 million optimization plan. This budgetary challenge was considerable. A plan to optimize staffing led to approximately 30 initiatives. Expenses were also reduced for medical supplies as well as for contracts awarded to external consultants. Some bonus and incentive programs were also revamped. These organizational changes were only made possible thanks to the incredible adaptability of the various work teams concerned and cooperation from the unions. This effort bore fruit, as the MHI reached its goals to maintain access to care and uphold quality of care, all while meeting our financial requirements.

### Special thanks

The MHI is proud to have an exceptional team of employees, health care professionals, doctors, researchers, managers, students, administrators and volunteers who allow the institute to successfully carry out each part of its mission. We would like to thank everyone who is part of this big family and who delivers a remarkable performance every day.

We also want to thank patients for their trust in us and for the inspiration they instill in us by taking charge of their health. Some clear examples are ÉPIC Centre members who make healthy habits a major life priority or people who join the Biobank to advance research on cardiovascular disease. All of our patients do their part to drive the MHI's engine of innovation.

The MHI's achievements also stem from the support of an exceptional partner – Université de Montréal – to which we also extend our sincere thanks. The Agence de la santé et des services sociaux de Montréal (the Montreal Agency) and the Ministère de la Santé et des Services sociaux (MSSS) are essential partners who also deserve our thanks.

We also want to recognize the men and women on the Board of Directors who support us in our work to ensure that the MHI remains a symbol of excellence in the field of medicine.

Of course, we cannot forget to thank the community and our external partners, as innovative projects require major financial resources. Without their ongoing and significant support, our achievements would not be possible. The support of the Foundation in this regard is exceptional. The MHI is privileged to count on the unwavering commitment of staff from its Foundation and the members of its Board of Directors.



Chair of the Board of Directors

**Pierre Ancil**

A handwritten signature in black ink that reads "Pierre Ancil".



Executive Director

**Dr. Denis Roy**

A handwritten signature in black ink that reads "Denis Roy".

## ACCESS TO OUTPATIENT CLINICS

1YR 23,000  
visits

Since patients are the MHI's focus, access to outpatient clinics was an institutional priority over the past year. A working group evaluated the situation and devised solutions to improve access for patients and to optimize operational procedures for the outpatient clinic, which receives **over 23,000 visits each year**. This major overhaul included reorganizing how the secretariat is run, increasing the number of rooms, creating a follow-up clinic coordinated by a cardiology nurse practitioner who conducts prompt post-discharge follow-up, and starting a clinic for new cases. The number of new patients waiting for a general cardiology consultation decreased from 700 to 350 in the space of a few months. Overall, patients have come out as the big winners from all of these changes. ∞

## THE END OF A MAJOR CONSTRUCTION PROJECT

6,599 m<sup>2</sup>

Many people were involved in the expansion and renovation of the Research Centre, which is now in the final stages before delivery. This project consists of **expanding the J.-Louis Lévesque Pavilion by 6,599 m<sup>2</sup>** over three floors; adding three new basic research laboratories; partially renovating the existing lower three floors of the south block; expanding the animal care facility as well as its technical services; and adding a 3-tesla MRI scanner, an electrophysiology room and a hemodynamics room for research and complex procedures. This technology will be used to fine tune diagnoses, which in turn will lead to more personalized treatment and greater possibilities for research. ∞

## NEW SURGICAL INTENSIVE CARE PROGRAM

12

In January 2013, a new surgical intensive care program was launched. This unit is run by **12 "intensivists" who are certified in critical care** and who are part of the institution's multidisciplinary team. The goal of this new way to organize surgical intensive care is to uphold excellence in clinical care while developing the aspects of research and teaching that the MHI holds so dear. ∞

## INCREASE IN NURSING STAFF

+50

In 2012, the MHI reaped the benefits of many years of work to address the lack of nursing staff that has affected the entire Quebec health care network. This year, a new balance was reached between needs for staff in order to carry out planned clinical activities and staff availability. This direct and positive outcome is the result of many favourable conditions implemented over time to increase nurse retention both in administrative and clinical sectors. This achievement also came about thanks to the involvement of nurses, the FIQ union, head nurses and medical chiefs in the Department of Nursing, the Board of Directors and the Foundation, and the Department of Human Resources. A new measure for 2012 involved creating temporary positions, which led to the recruitment of **50 new nurses this year**. These recruits work two different shifts and develop expertise in two care units during their first two years at the MHI. This initiative introduced in the new local collective agreement has attracted quality candidates who can practice a range of skills. The MHI was the first Québec hospital to sign the new local collective agreement for nursing and cardiorespiratory professionals who are members of the Fédération interprofessionnelle de la santé du Québec (FIQ). ∞



X2  
700  
interns+trainees

## MHI: AN EMINENT SCHOOL

In less than 10 years, the MHI has almost doubled its number of trainees and interns. As a comparison, the MHI hosted just under 400 students in 2003-2004 whereas this year **over 700 interns and trainees passed through the MHI's doors**. What is even more remarkable is that we increased this number without increasing space. ∞

## CARDIAC SURGERY

The waiting list for cardiac surgery has been a major concern for many years. To improve this situation, a new structure was created to manage surgical wait times. New shared leadership in the Department of Surgery along with cooperation from various teams now mean that surgical lists are closely monitored, and our current statistics are very encouraging. ∞

## A CHAMPION OF INFECTION PREVENTION

The MHI achieved record infection prevention rates this past year. For example, we achieved **a rate of 2% in the surgical sector**, which represents a decrease of over 30% compared to last year. Teams in the electrophysiology sector also continued to work hard to keep their rate close to the set target of 2% for infections at the site of a defibrillator implantation and under the target of 1% for infections at the site of a pacemaker implantation. ∞

30%  
↓

## SENIOR-FOCUSED APPROACH

To provide services that are better adapted to the particular characteristics of the aging population, the MHI began implementing a senior-focused approach over the past year. The various initiatives launched include implementing a screening tool in the Emergency Room to identify vulnerable seniors and tools to help a Mobility Committee select and adjust walking aids; installing support bars in outpatient consultation offices and imaging suites; and providing training on this approach. The goal of these measures is to preserve the functional independence of our aging clientele. ∞

## IMPLEMENTATION OF AN ARTIFICIAL HEART PROGRAM

An artificial heart program was put in place at the MHI, and **10 patients received one of these devices** this year. Helping patients understand their artificial hearts and providing support in care units and at home were new practices that helped teams come together to surpass and train themselves in tackling clinical problems. This is just another example of the MHI's commitment to medical advances and patient care. BETMIS, which is responsible for supporting and advising health professionals in deciding whether to implement a new technology, studied this program with the help of users concerned. ∞

artificial  
hearts 10 X

## CLIENT SATISFACTION THE MHI SCORES 93%

93%

In the spring, the MHI unveiled the results from a survey of its clients that showed **an overall satisfaction rate of 93%**. The survey also indicated that 98% of patients consider staff members and doctors to be professional and caring and that 99% of the patients surveyed would recommend the MHI to a loved one. This satisfaction survey is part of the continuous quality improvement approach that is guided by Accreditation Canada. Distributed in all hospital clinics and departments over a one-month period, the survey was completed by nearly 1,300 patients. The results were compiled by statisticians from the Montreal Health Innovations Coordinating Center at the MHI. The MHI Users' Committee also participated in this process.



5/30 Health and  
Wellness Challenge

400 employees

## HEALTHY HABITS EVERY DAY

The MHI strives to help its staff adopt a healthy lifestyle. By organizing teams for the 5/30 Health and Wellness Challenge, creating a running club, offering lunchtime Zumba courses, and providing healthy take-out meals staff members can buy, the MHI has implemented winning conditions to create a healthy workplace for staff. The Prevention, Communications, and Human Resources divisions and the team from the cafeteria worked together to implement these beneficial changes appreciated by all employees. Concrete proof: **over 400 employees joined a team for the 5/30 Health and Wellness Challenge**, an activity that was one of the year's highlights. ∞

## THE MHI OPENS ITS DOORS TO ART

Since last summer, **19 works by Québec artist Denis Juneau** have hung in the hallway of the Hemodynamics Service. Provided pro bono by the artist and the Art for Healing Foundation, these paintings are extremely vibrant and instill a sense of *joie de vivre*. The goal of this artistic endeavour is to transform our space into an inspiring environment that allows patients, their families and staff to feel hope and peace through the beauty of art. ∞

## NEW VOLUNTEERS AT THE MHI

~ 20

In June 2012, volunteers began working at the outpatient clinic. The task of these volunteers is to welcome and direct patients at the main entrance from 7:30 a.m. to 3:30 p.m. and at the Test Centre from 8:00 a.m. to 12:00 p.m. Easily recognizable in their distinctive blue coats, **nearly 20 volunteers are contributing to the client experience** at the MHI. ∞

## THE ÉPIC CENTRE PARTNERS WITH THE FONDATION DU DR JULIEN

10/10

Since winter 2012, the ÉPIC Centre has been one of the partner organizations of the Fondation du Dr Julien that are concerned with the development of disadvantaged children. **Over 10 weeks, nearly 10 youth from Hochelaga-Maisonneuve** took part in a program developed especially for them. With a focus on the benefits of physical activity and a good diet, the program aims to help these youth and their families integrate healthy habits into their daily lives. Other groups will follow to ensure that as many children as possible can benefit from this unique program.





## CONTINUED IMPROVEMENTS TO OACIS

 **48,800**  
records

A major change was made to the OACIS Clinical Information System to improve response time to view patient data. The OACIS project is therefore making great strides, and staff are appreciating this tool more and more. In 2012-2013 **over 48,800 records were scanned into the system.** ∞

## A NORTH AMERICAN CENTER OF EXCELLENCE

**1 of 3**

In January 2013, the MHI was designated as a Center of Excellence by Abbott Vascular for the percutaneous treatment of mitral valve failure with their Mitra-Clip system. This distinction makes the MHI a reference centre for this procedure for hospitals across Canada and North America. The MHI joins Cedars-Sinai in Los Angeles (California) and the Virginia Medical Center (Virginia) to form **a three-partner team that will train other medical centres in North America** that want to learn more about this system. ∞

## A GPS FOR NAVIGATING INSIDE PATIENT HEARTS



In March 2013, the MHI became **the first hospital in North America** to use a GPS system for procedures to treat cardiac rhythm disorders. Developed by St. Jude Medical, MediGuide™ Technology considerably reduces radiation exposure and lets cardiologists navigate the heart more accurately by producing a full three-dimensional image of the heart from pre-recorded X-rays. ∞

## MONTRÉAL TECHNOLOGY USES THE COLD TO CURE A HEART CONDITION



In September 2012 and for **the first time in Canada**, a team of cardiologists from the MHI treated a patient with atrial fibrillation with cutting-edge technology developed in Montréal. Approved by Health Canada, this sophisticated balloon catheter uses extreme cold to burn malfunctioning heart tissue. This advanced technology was studied at the MHI, which led to the development of this technology in Montréal by CryoCath, a subsidiary of Medtronic. ∞

## THE MHI RECEIVES ACCREDITATION WITH COMMENDATION

Following its visit in winter 2012, Accreditation Canada reviewed the documentation that the MHI submitted to its Accreditation Decision Committee. The MHI's excellent plan to improve performance quality showed compliance with the requested requirements and earned the institution the status of **"accreditation with commendation."** ∞

## THE MHI BECOMES A ROCHE GLOBAL RESEARCH HUB IN CARDIOMETABOLIC DISEASE

In the presence of Mr. Sam Hamad, Minister of Economic Development, Innovation and Export Trade, the MHI received designation on April 16, 2012 as **a hub for translational medicine that studies cardiometabolic disease** in the global network of the multinational pharmaceutical company Roche. This partnership brings together the world-class scientific expertise from the MHI with Roche's significant capability in translational medicine and clinical development. This alliance will focus on enhancing the understanding of how basic scientific research translates into personalized and improved health care solutions for patients. ∞

The Local Service Quality and Complaints Commissioner reports to the MHI's Board of Directors regarding the respect of user rights and the diligent review of complaints and dissatisfaction. The commissioner receives requests from patients or their representatives, reviews them, conducts an investigation when deemed necessary and, if applicable, issues recommendations that will help improve the quality of services at the MHI. The commissioner reviewed 277 complaints and requests in 2012-2013. No complaints were brought before the Québec Ombudsman.

## follow-up

The commissioner takes different actions following a review of each case. In most cases, the commissioner intervenes by providing:

- General information
- Clarification
- Facilitation, liaison
- Mediation
- Help to access care or a service
- Advice or a referral

## COMPLAINTS OR REQUESTS PROCESSED

Requests for assistance	92
Complaints	68
Consultations	89
Medical complaints	25
Interventions	3
<b>TOTAL</b>	<b>277</b>

## REASONS FOR REQUESTS

Care and services delivered	59
Interpersonal relations	36
Accessibility	49
Specific rights	22
Other reasons	17
Organization of the environment	13
Financial aspect	7
<b>TOTAL</b>	<b>203</b>

## REVIEW TIMEFRAME

1 day	201
2 to 7 days	28
8 to 30 days	29
31 to 45 days	6
Over 45 days	13



Mr. Roger Bernatchez



Ms. Sabyne Bruneau



Dr. Richard Marchand



Ms. Nadia Perreault



Mr. Jean-Roch Bouchard



Ms. Élise Gadbois



Food Services team

Given out every year, the MHI's Recognition Awards aim to thank staff for their exceptional contributions to the institution's advances and reputation.

#### Award for Non-Clinical Staff

→ Mr. Roger Bernatchez, Store Clerk

#### Award from the Multidisciplinary Council

→ Ms. Sabyne Bruneau, Respiratory Therapist

#### Award from the Council of Physicians, Dentists and Pharmacists

→ Dr. Richard Marchand,  
Microbiologist/Infectious Disease Specialist

#### Award from the Council of Nurses

→ Ms. Nadia Perreault, Assistant Head Nurse  
→ M. Jean-Roch Bouchard, Nurse Clinician

#### Award from Managers Association of the Montreal Heart Institute

→ Ms. Élise Gadbois, Coordinator  
of the Medical Biology Laboratories

#### Team award

→ Food Services team

2012  
MHI RECOGNITION AWARDS



**Organismes apparentés**

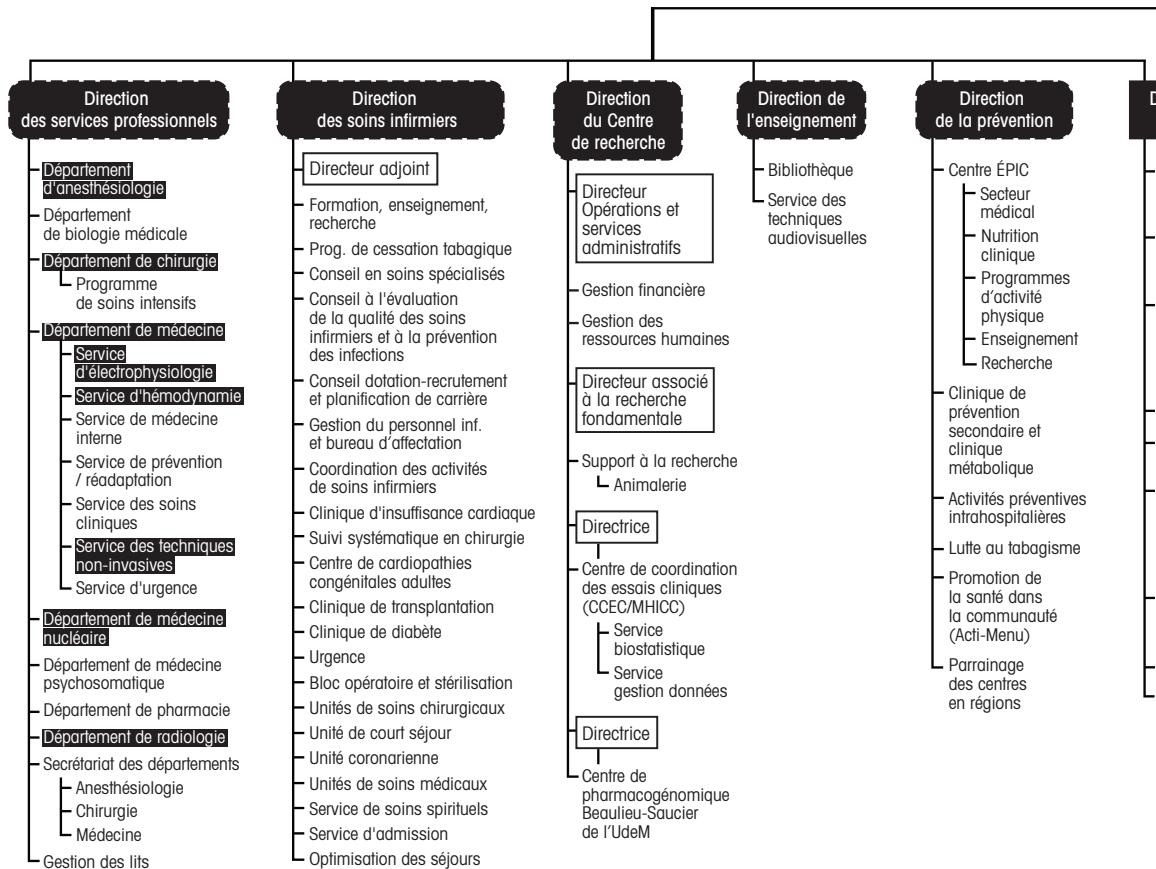
Fondation de l'Institut de Cardiologie de Montréal

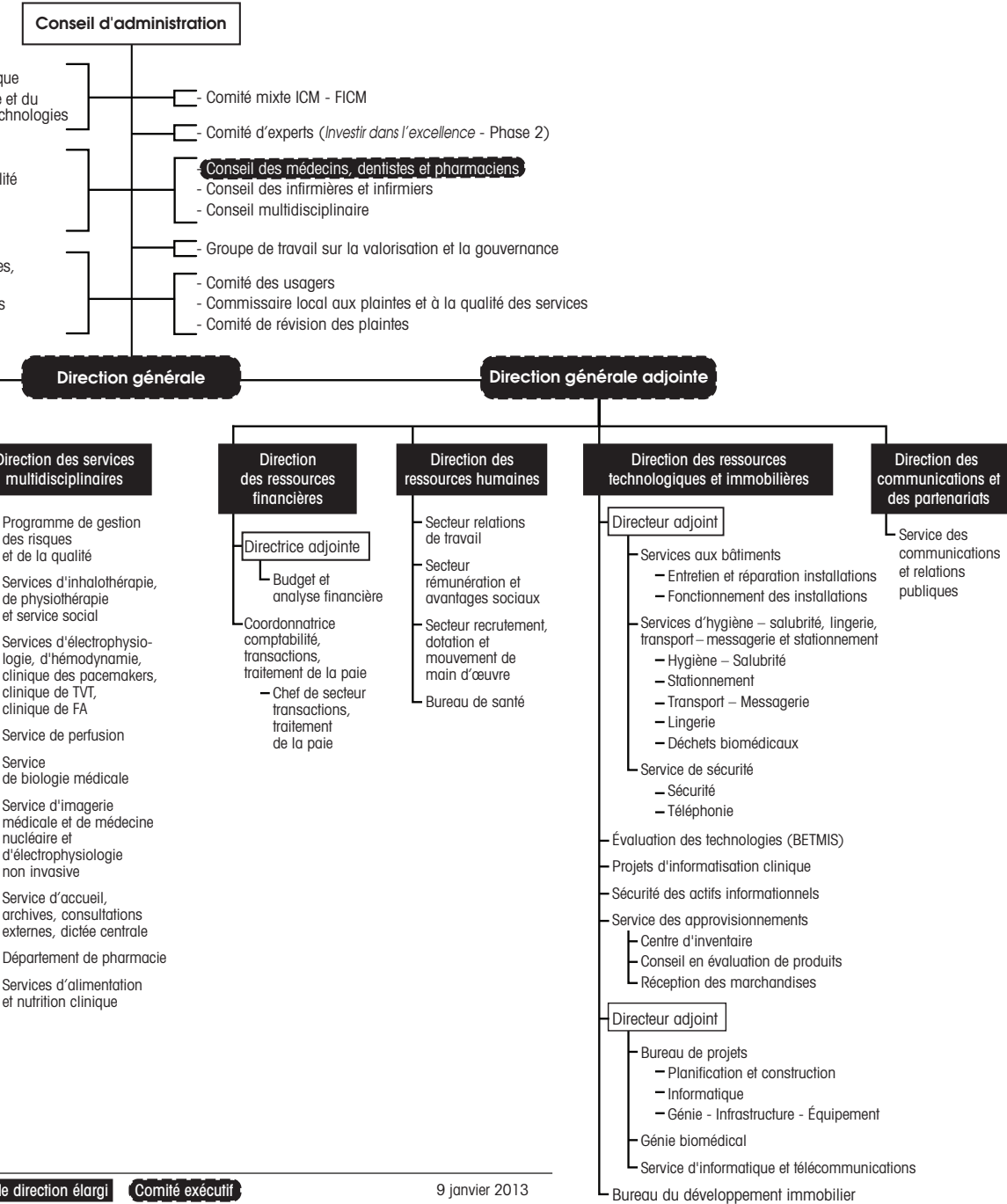
Fondation ÉPIC

Innovacor

Centre d'excellence en médecine personnalisée (CEPMed)

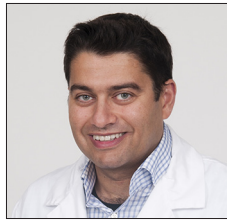
- Comité de gouvernance et d'éthique
- Comité d'éthique de la recherche et développement des nouvelles technologies
- Comité de la prévention
- Comité de vigilance et de la qualité
- Comité de gestion des risques
- Comité de la recherche
- Comité des ressources financières, matérielles et informatiques
- Comité des ressources humaines
- Comité d'éthique clinique







Ms. Marie-Soleil Brosseau



Dr. Paul Khairy



Dr. Annie Dore



Dr. Stanley Nattel



Dr. Marie-Pierre Dubé



Dr. Guillaume Lettre



Ms. Sophie Mathieu



Dr. Louis P. Perrault

■ **Ms. Marie-Soleil Brosseau** Perfusionist

**Merck Prize** The MHI Education Committee awarded the Merck Prize to Ms. Marie-Soleil Brosseau.

■ **Dr. Marie-Pierre Dubé** Director of the Beaulieu-Saucier Pharmacogenomics Centre of Université de Montréal at the MHI

**A Champion for Genetics in 2012-2013** Dr. Dubé was named a Champion for Genetics in 2012-2013 by the Canadian Gene Cure Foundation. This award recognizes the advances of Canadian genetics researchers.

■ **Dr. Paul Khairy** Cardiologist and researcher

**Appointment** Dr. Khairy was named president of the International Society for Adult Congenital Heart Disease (ISACHD) during the meeting of the American College of Cardiology in Chicago. Dr. Khairy will serve as president-elect for the ISACHD for a two-year term before taking on his duties as president.

■ **Dr. Guillaume Lettre** Researcher

**Martial G. Bourassa Prize** Dr. Lettre received the Martial G. Bourassa Prize for 2012. Awarded by the Montreal Heart Institute Foundation, this prize has been handed out for 15 years to recognize the strength of clinical or basic research at the MHI.

■ **Dr. Annie Dore** Cardiologist

**Named teacher of the year by residents** Dr. Dore received this honour because of the quality of her contribution to training cardiology residents.

■ **Ms. Sophie Mathieu** Doctoral student in Pharmacy

**Prix Jacques-Genest 2012** At the last annual conference of the Club de Recherches Cliniques du Québec (CRCQ), Sophie Mathieu was awarded the Prix Jacques-Genest 2012, which recognizes the best oral presentation given by a graduate student.

■ **Dr. Stanley Nattel** Cardiologist and researcher

**Award from the Royal College of Physicians and Surgeons of Canada** Dr. Nattel was one of three doctors to receive a Royal College Visiting Professorship in Medical Research Award in 2013. **2013 Founders Lectureship Award** Dr. Nattel was also awarded with the prestigious 2013 Founders Lectureship Award from the U.S. Heart Rhythm Society. This distinction honours a scientist who has made a unique and significant contribution in the field of cardiac pacing.

■ **Dr. Louis P. Perrault** Surgeon

**Hans-Peter Krayenbuehl Memorial Award** Dr. Perrault received the Hans-Peter Krayenbuehl Memorial Award, which recognizes exceptional contributions to research into cardiac function. This award was handed out on July 28, 2012 at the 17<sup>th</sup> World Congress on Heart Disease of the International Academy of Cardiology.

# Honour roll



Dr. Denis Roy



Dr. Jean-Claude Tardif



Dr. Mario Talajic



Dr. John D. Rioux



Dr. Arsène Basmadjian



Dr. Peter Guerra



Dr. Jean-François Tanguay



- **Dr. Arsène Basmadjian** Cardiologist
- **Dr. Peter Guerra** Cardiologist
- **Dr. Jean-François Tanguay** Cardiologist

Dr. Basmadjian, Dr. Guerra and Dr. Tanguay were appointed as directors of the Area of Focused Competence (Diploma) Program in Ultrasound, Electrophysiology and Interventional Cardiology, respectively.

## ■ **Dr. Denis Roy** Cardiologist and Executive Director of the MHI

**Annual Achievement Award** On October 28, 2012, the Canadian Heart Rhythm Society honoured Dr. Roy with its first Annual Achievement Award. This prize recognizes Canadians who have made outstanding contributions in their career within the cardiovascular field. **Personality of the week** In addition to the above-mentioned award, Dr. Roy was named as the *La Presse*/Radio-Canada personality of the week.

## ■ **Dr. Mario Talajic** Cardiologist and researcher

**Appointed President of the Canadian Cardiovascular Society** In November 2012, Dr. Talajic was named president of the Canadian Cardiovascular Society (CCS).



## ■ **Dr. Jean-Claude Tardif** Cardiologist and Director of the MHI Research Centre

### ■ **Dr. John D. Rioux** Researcher

**Genome Canada-CIHR 2012 Competition** Dr. Tardif and Dr. Rioux each received an award of \$10 million through the 2012 Genomics and Personalized Health competition organized by Genome Canada and the CIHR. Dr. Tardif's project is entitled "Personalized medicine strategies for molecular diagnostics and targeted therapeutics of cardiovascular diseases," while Dr. Rioux leads a consortium that focuses on "Transforming genetic discoveries into a personalized approach to treating inflammatory bowel diseases."

## INCOME STATEMENT

### OPERATING FUNDS (principal and ancillary activities)

Revenues	2012 - 2013		2011 - 2012	
Subsidies from the Montreal Agency and MSSS	\$ 148,477,619	67.5%	\$ 138,043,076	64.4%
Subsidies from the Government of Canada	15,648,809	7.1%	20,645,259	9.6%
Room surcharges	662,954	0.3%	731,320	0.3%
Other contributions from users	1,352,955	0.6%	1,245,134	0.6%
Services rendered and cost recoveries	2,918,689	1.3%	3,018,164	1.4%
Research grants - FRQS	2,075,037	0.9%	2,185,121	1.0%
Research grants - MHIF and NPOs	9,119,658	4.1%	5,320,144	2.5%
Other revenues - Research	29,426,783	13.4%	32,886,089	15.3%
Other revenues - ÉPIC Centre	3,302,750	1.5%	3,004,870	1.4%
Medical teaching and teaching support	2,030,168	0.9%	2,155,060	1.0%
Commercial activities and other revenues	4,957,579	2.3%	5,016,083	2.3%
 <b>Total revenues</b>	<b>\$ 219,973,001</b>	<b>100%</b>	<b>\$ 214,250,320</b>	<b>100%</b>
<b>Expenses</b>				
Salaries, social benefits and payroll taxes	\$ 111,043,576	50.6%	\$ 109,260,569	50.2%
Medical and surgical supplies	40,174,073	18.3%	40,239,051	18.5%
Medication	2,919,717	1.3%	2,790,277	1.3%
Blood products	5,080,780	2.3%	4,393,651	2.0%
Other expenses	60,413,570	27.5%	60,816,216	28.0%
 <b>Total expenses</b>	<b>\$ 219,631,716</b>	<b>100%</b>	<b>\$ 217,499,764</b>	<b>100%</b>
<b>Surplus (deficit)</b>	<b>\$ 341,285</b>		<b>\$ (3,249,444)</b>	
<b>Internally restricted with respect to completed research projects</b>	<b>(338,633)</b>		<b>(261,796)</b>	
<b>Internally restricted with respect to the ÉPIC Centre</b>	<b>(26,519)</b>		<b>(98,974)</b>	
<b>Amount charged to unallocated balance of the operating fund</b>	<b>\$ (23,867)</b>		<b>\$ (3,610,214)</b>	

### CAPITAL FUND




#### Revenues by funding source

Agence de santé et des services sociaux de Montréal	\$ 12,454,514	\$ 10,746,540
MHI Foundation, research and other sources	\$ 7,436,178	\$ 7,101,759

\* The deficit for the 2011-2012 fiscal year meets the budget target authorized by the Montreal Agency



# STATEMENT OF FINANCIAL POSITION:

Assets	FUND		TOTAL	
	OPERATING	CAPITAL ASSET	2012-2013	2011-2012
Cash	\$ 12,793,196	\$ 1,847,174	\$ 14,640,370	\$ 3,604,990
Receivables - Montreal Agency and MSSS	24,058,188	836,202	24,894,390	24,604,459
Receivables - Other	29,262,066	1,213,418	30,475,484	47,539,033
Interfund receivables (interfund debt payable)	(2,308,839)	2,308,839		
Subsidies to be received (accounting reform)	9,100,002	2,706,464	11,806,466	6,313,153
Deferred charges related to debts		2,304,065	2,304,065	2,165,500
Other items	128,984		128,984	44,554
 <b>Total assets</b>	<b>\$ 73,033,597</b>	<b>\$ 11,216,162</b>	<b>\$ 84,249,759</b>	<b>\$ 84,271,689</b>
<b>Liabilities</b>				
Temporary loans		\$ 16,739,795	\$ 16,739,795	\$ 39,699,440
Other payables and other expenses	\$ 24,761,966	6,080,736	30,842,702	36,058,218
Advances and payables - Montreal Agency (decentralized env.)		9,549,306	9,549,306	2,174,931
Accrued interest payable		836,202	836,202	817,602
Deferred revenues - principal and ancillary activities	44,518,755	49,600,928	94,119,683	91,808,843
Long-term debt		94,098,847	94,098,847	65,942,042
Liabilities for future benefits	11,798,102		11,798,102	11,059,771
Other items	141,224		141,224	94,907
 <b>Total liabilities</b>	<b>81,220,047</b>	<b>176,905,814</b>	<b>258,125,861</b>	<b>247,655,754</b>
<b>NET ASSETS (NET DEBT)</b>	<b>\$ (8,186,450)</b>	<b>\$ (165,689,652)</b>	<b>\$ (173,876,102)</b>	<b>\$ (163,384,065)</b>
<b>Non-financial assets</b>				
Capital assets		\$ 166,062,581	\$ 166,062,581	\$ 155,555,665
Inventories	\$ 2,561,669		2,561,669	1,912,192
Prepaid expenses	461,490		461,490	788,661
 <b>Total non-financial assets</b>	<b>3,023,159</b>	<b>166,062,581</b>	<b>169,085,740</b>	<b>158,256,518</b>
<b>ACCUMULATED SURPLUS (DEFICIT)</b>	<b>\$ (5,163,291)</b>	<b>\$ 372,929</b>	<b>\$ (4,790,362)</b>	<b>\$ (5,127,547)</b>

		2012-2013	2011-2012
<b>Hospitalizations</b>	Admissions	7,315	7,349
	Patient days	41,586	41,572
	Day care	6,285	5,722
	Average hospital stay in days	5.69	5.65
<b>Outpatient Services</b>	Emergency Room cases	17,362	17,433
	Outpatient visits	87,917	85,456
<b>Surgical sector</b>	Procedures	1,911	1,809
	Cardiac surgeries	1,672	1,621
	Other surgeries	239	188
	Patient hours	7,774	7,498
	Minimally invasive surgeries	114	94
	Transplantations	14	14
<b>Hemodynamics</b>	Total procedures	6,175	6,354
	Therapeutic procedures	2,494	2,626
	Diagnostic procedures	3,681	3,728
<b>Electrophysiology</b>	Total procedures	2,202	2,247
	Pacemakers	560	636
	Defibrillators	490	482
	Ablations	590	573
	Other procedures	562	556
<b>Human Resources</b>	Managerial staff - Full-time	60	59
	Managerial staff - Part-time (full-time equivalent)	6	6
	Regular staff - Full-time	605	575
	Regular staff - Part-time (full-time equivalent)	249	235
	Casual staff (full-time equivalent)	442	365
	Active physicians	84	91

# SUMMARY OF FOLLOW-UP ON QUALIFIED OPINIONS, COMMENTS AND OBSERVATIONS ISSUED BY THE INDEPENDENT AUDITOR

DESCRIPTION of qualified opinions, comments and observations	YEAR	TYPE	MEASURES TAKEN to address or improve the identified problem	STATUS
<b>Financial statements</b>				
Liabilities stemming from obligations to employees who are on parental leave and who receive disability insurance are not entered.	2011-2012	Q	Entered in 2012-2013 with a reprocessing of data in 2011-2012.	R
<b>The units of measure and hours worked and compensated</b>				
For 6600 – Medical biology laboratory, the report produced by Gestlab does not correspond with the list of tests entered in SoftMic.	2011-2012	Q	The new software rolled out for 2013-2014 should resolve this problem.	NR
The unit of measure of day-presence for 6050 – Short-term nursing care is not promptly adjusted by Medical Archives Services when adjustments need to be made.	2011-2012	Q	Better coordination between Medical Archives Services and admission.	R
<b>Adherence to the conditions of the ministerial directive related to the terms and conditions of compensation offered with the awarding of certain contracts.</b>				
<b>Questionnaire to be filled out by the independent auditor (external auditor)</b>				
Vendor allowances are only entered once the payment has occurred, whereas they should be entered once the institution is entitled to them.	2010-2011	C	Purchase agreements forwarded to accounting and follow-up on these agreements with the managers in the departments involved.	R
Some password parameters are not configured based on the password management directive.	2010-2011	C	The consultant for the management of information asset security and organizational technical projects implemented recommendations.	R
There is no formal procedure to remove or deactivate application user accounts for staff who have left the institution.	2010-2011	C	The consultant for the management of information asset security and organizational technical projects has been asked to implement this recommendation.	NR
Research projects are monitored globally and on the basis of individual researchers. Research projects that are over budget are not systematically monitored.	2011-2012	C	Financial monitoring is now done on a per-project basis. An analysis of revenues and expenses is done with each researcher to ensure that a systematic approach is used for the financial monitoring of projects. The accounting standards were presented at the meeting of researchers, and the administration of the Research Centre sent a letter to each researcher to inform them of the standards and obligations.	R

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### Questionnaire to be filled out by the independent auditor (external auditor)

For 6240 – Emergency, the total for the list of admissions for the period does not correspond with the accounting report. The subtotals of these categories according to Med-Urge do not always represent the subtotals of the final report as changes may be made.	2011-2012	C	At the end of each period, the Emergency Department manager pays particular attention to ensure that the numbers listed in the final report are always valid and that they are corrected if necessary.  Furthermore, in Period 13, the Emergency Department manager reviewed all data for the fiscal year to ensure that the final report is accurate.	R
Staff responsible for compiling the technical units for 6710 – Electrophysiology and 6830 – Medical Imaging should be able to provide a report that includes the additions to the compiled technical units for a particular activity so that the number of exams administered can be correlated with the number of technical units recorded.	2011-2012	C	This type of report would only be available through investment in software.  The staff members involved are able to demonstrate that the technical units compiled for a particular exam for a given patient are compliant with the directives of the circular and its appendices defining the units of measure for these activity centres. Ultimately, the staff involved is able to manually recalculate the number of technical units (taking into account all allowable modifiers) for an exam that is not prescribed very often.	R
The “Service delivery hours” unit of measure for the “Physiotherapy” activity centre (6870) is not supported by documentation that can validate the information. Furthermore, the compilation was not verified by anyone other than the person who prepared this information.	2009-2010	C	The GAP data warehouse was updated in October. This has brought us into compliance with the auditor’s recommendation.	R
In relation to the provincial technical unit for 6350 – Respiratory therapy, the staff members responsible for producing the figures for the AS-471 form must ensure that all end-of-period adjustments are finished before starting to compile the units of measure.	2011-2012	C	As recommended, the staff responsible for producing the units of measure ensured that all end-of-period adjustments are finished before starting to compile them.	R

### Governance report

Same recommendations and comments as for the previous section; questionnaire to be filled out by the independent auditor.				
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TYPE [ Q : qualified opinion, O : observation, C : comment ]

STATUS [ R : resolved, PR : partially resolved, NR : not resolved ]

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