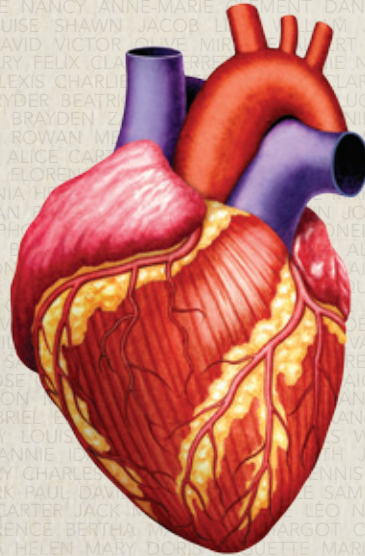


Annual
report
2015 - 2016

**MONTREAL
HEART INSTITUTE**

**MONTREAL
HEART INSTITUTE
FOUNDATION**



II LIFE





The Montreal Heart Institute saved my life! I was hospitalized at the Institute in December 2013 for major heart surgery.

The intensive care team, the Interventional Cardiology Team, as well as all the nurses and attendants gave me the best possible care. Everyone was so conscientious, efficient and attentive from the start of my stay until the moment I was discharged—they even went so far as to make me almost forget I was in the intensive care unit on Christmas Day. The researchers and all the medical staff save lives every day and make the MHI a world-renowned research facility. That's why I give without the slightest hesitation to the MHI Foundation."

DIANE AND PIERRE MICHAUD, DONORS

First row (left to right): Dr. Valérie Hurteloup, Ms. Mélanie Bourassa Forcier, Dr. Denis Roy, Mr. Pierre Anctil, Ms. Isabelle Viger, Mr. Gaétan Bruneau.

Second row (left to right): Ms. Manon Léveillé, Ms. Lucie Verret, Dr. Christian Baron, Mr. Marc de Bellefeuille, Mr. Francis Brisson, Dr. Antoine Rochon.



MHI – Mission

Affiliated with Université de Montréal, the Montreal Heart Institute (MHI) is a supraregional cardiology hospital centre dedicated to care, research, teaching, prevention, rehabilitation and the assessment of new technologies in cardiology.

Values

The MHI's vision and mission are based on a set of values representing ideals that inspire action. The MHI is proud to share these values, which must be reflected in the scope and quality of its services as well as guide its client relationships, management practices and employee and partner relationships. The MHI's values are as follows:

Respect and the quality of life of patients and their families

Recognition of human resources

Excellence and innovation

Improvement of public health through prevention

Active participation in the community

Sharing of expertise to support the health network

Sound management

Patients' informed consent

Responsible and transparent ethics

These values, along with the MHI's mission and vision, serve as its guiding principles. They facilitate the setting of clear, specific and realistic objectives for each of the MHI's programs and services and guide its ethical conduct.

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The Montreal Heart Institute is a cutting-edge supraregional university hospital centre that is world-renowned for the diagnosis, treatment and prevention of cardiovascular disease as well as research in this field. Always at the forefront, the Institute is a leader in its field and plays a prominent role in Quebec, Canada and the world. It is affiliated with Université de Montréal.



ACCREDITED WITH
EXEMPLARY STANDING



ACCREDITATION
AGRÉMENT
CANADA



The Montreal Heart Institute is making HEADLINES

L'Institut de Cardiologie de Montréal

PREMIER au CANADA
pour l'**INTENSITÉ** de la RECHERCHE
et le **FINANCEMENT** par CHERCHEUR.

- Selon Research Infosource



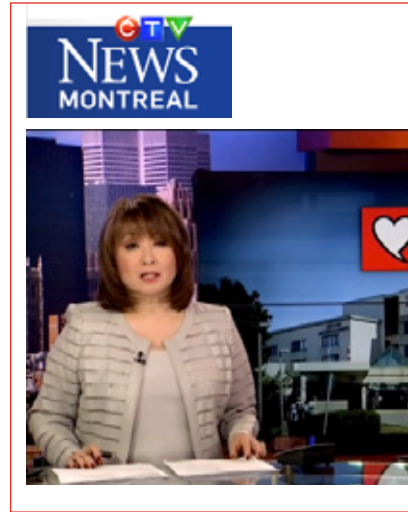
Dr Denis Roy
Président-directeur général



Dr Jean-Claude Tardif
Directeur du Centre de recherche cardiologie Desmarais



#ICMtl



Publié le 26 novembre 2015 à 07h23 | Mis à jour à 07h23

Trois millions pour l'Institut de cardiologie



André Desmarais et sa femme Franco-Christine Desmarais ont fait don d'une somme de 3 millions de dollars au projet de biobanque sanguine et génétique de l'Institut de cardiologie de Montréal.

PHOTO FRANÇOIS ROY, LA PRESSE



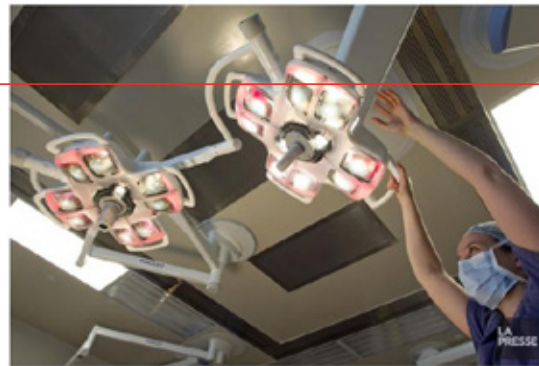
Publié le 15 février 2016 à 12h01 | Mis à jour le 15 février 2016 à 12h01

Investissement majeur à l'Institut de cardiologie



Publié le 26 avril 2016 à 08h37 | Mis à jour le 26 avril 2016 à 08h37

Une étude internationale «unique» à l'Institut de Cardiologie



André Desmarais, la Caisse de dépôt et placement, le Fonds de solidarité FTQ et des acteurs des sciences de la vie ont participé à un placement privé de 150 millions dans la firme DalCor Pharmaceutiques.

PHOTO ALAIN ROSENJE, ARCHIVES LA PRESSE

THE WALL STREET JOURNAL.

WORLD | CANADA | CANADA NEWS

Desmarais Family Donates C\$3 Million to Montreal Heart Institute

Donation to help expand research center focused on personalized medicine

TVA Nouvelles

Institut de cardiologie de Montréal:
le dossier bientôt finalisé

Agence QMI | Publié le 15 février 2016 à 14:07 - Mis à jour le 15 février 2016 à 14:12



Congratulate the Montreal Heart Institute
FIRST in CANADA in research INTENSITY
and RESEARCH INCOME per researcher.

- Research Infosource, October 2015



Dr. Denis Roy
Chief Executive Officer

Dr. Jean-Claude Turf
Director of the Desmarais Family
Research Centre

THE GLOBE AND MAIL



COMING UP **DAILY BRIEF**

André Desmarais
Power Corporation, Co-CEO

4:35 PM TORONTO
1:35 PM VANCOUVER

Bloomberg TV CANADA | **Bloombergtv.ca**



*Investir dans
l'excellence de
l'Institut de
Cardiologie de
Montréal*

*Le ministre Gaëtan
Barrette autorise
l'élaboration du
dossier d'affaires»*

CNW TELBEC,
15 FÉVRIER 2016



Message from the Chair of the Board and the Chief Executive Officer of the Montreal Heart Institute

In an effort to align our goals with those of the ministry, we developed our 2015-2020 Strategic Plan based on the key areas put forth in the ministry's plan (on the following page). We also implemented an organizational structure that meets the staff-patient ratios set by the MSSS (see the senior management organizational chart on page 94).

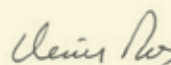
Through careful budgeting and periodic monitoring of activity volumes, we were able to increase the number of heart surgeries and hemodynamic procedures, while maintaining a balanced budget in 2015-2016. Despite a steady and significant increase (more than 300 per year) in the number of surgeries performed annually since 2011, the heart surgery and hemodynamic procedure waiting lists have grown, especially over the course of 2015-2016. To address the situation, we continue to strive to perform 2,000 heart surgeries and 7,000 hemodynamic procedures a year. We have also worked to reduce the average length of stay in the emergency department and to improve access to medical imaging.

Our four strategic initiatives (in cardiovascular imaging, cardiovascular genetics, modernization and personalization of care, and prevention) have borne fruit. Several projects were completed in 2015-2016, including the modernization of medical imaging in radiology and nuclear medicine, the acquisition of cutting-edge equipment, the renovation of the Clinical Genetics Laboratory and the establishment of Excellence Research Chairs. The Minister of Health and Social Services, Dr. Gaëtan Barrette, also announced, in February 2016, a major investment of \$189M to renovate and expand the emergency room, add two new intensive care units, create an ambulatory care centre and build a new training centre.

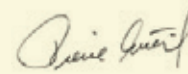
In February 2016, during Accreditation Canada's visit, the MHI received the highest possible distinction accreditation with honourable mention. The visitors highlighted the outstanding commitment of the Executive Team and the entire staff, the involvement of the medical team and the tremendous satisfaction of the users surveyed. In addition, in 2015 Research Infosource ranked the MHI as the No. 1 hospital in Canada for research intensity and average research income per researcher.

Our "I love life. I love the MHI." campaign reflects the trust that our patients, donors, volunteers and employees place in us. You will find their testimonials throughout this report. With the help of the Foundation and the government, the Institute can continue to pursue its tradition of innovating and investing in the most promising fields to remain an international centre of excellence in cardiology.

Our priorities remain providing patients with unparalleled and personalized care, promoting prevention strategies both within the Quebec hospital network and society at large, serving as the reference in cardiology education and making discoveries that change people's lives.



Dr. Denis Roy
Chief Executive
Officer



Mr. Pierre Anctil
Chair of the Board
of Directors



A new Board of Directors was formed in September 2015, still under the leadership of Mr. Pierre Anctil. The Board now consists of:

- **Mr. Pierre Anctil**,
Chair
- **Dr. Christian Baron**,
Université de Montréal
- **Mr. Éric Bédard**,
Vice-Chair
- **Mr. Francis Brisson**,
Council of Nurses
- **Ms. Mélanie Bourassa Forcier**,
Independent Member
- **Mr. Gaéтан Bruneau**,
Users' Committee
- **Mr. Robert Courteau**,
Independent Member
- **Mr. Marc de Bellefeuille**,
Independent Member
- **Ms. Marie Gendron**,
Independent Member
- **Dr. Marie-Josée Hébert**,
Université de Montréal
- **Dr. Valérie Hurteloup**,
Regional Department of General Medicine
- **Ms. Manon Léveill  **,
Multidisciplinary Council
- **Ms. Isabelle Perras**,
Independent Member
- **Dr. Antoine Rochon**,
Council of Physicians, Dentists and
Pharmacists
- **Mr. Henri-Paul Rousseau**,
MHI Foundation
- **Dr. Denis Roy**,
Chief Executive Officer, Secretary
- **Ms. Lucie Verret**,
Regional Pharmaceutical Services Committee
- **Ms. Isabelle Viger**,
Independent Member

MHI's 2015-2020 Strategic Plan

Aligned with the Ministère de la Santé et des Services sociaux's plan

MSSS's vision: Accessible and effective health care and social services tailored to the needs of Quebeckers.

MHI's vision: A world reference in cardiovascular care, research, teaching and prevention.

Mission

MSSS

MAINTAIN, IMPROVE and RESTORE the health and well-being of Quebeckers by providing access to a set of integrated and high-quality health services and social services, thereby contributing to the social and economic development of Quebec.

MHI

- PREVENT [primary prevention]
- PREDICT [personalized clinical practices]
- TREAT [care and teaching, research and technological development]
- RESTORE [rehabilitation, secondary prevention, chronic disease management]

Challenges

MSSS

New advancements in public health.

A user-centred system tailored to their needs.

Mobilized resources to achieve optimal results.

MHI

- Limited resources (financial, material, human)
- Increased demand and activity volumes
- Balancing contextual elements:
 - Supraregional status
 - Reference for complex cases
 - Maintaining first-line service (e.g., one-stop service)
 - Priority territory (e.g., one-stop service)
- Limited space at the MHI (locations: IIE-II, MCH/Sainte-Justine)
- Financing priority niche research areas (genetics, imaging, atherosclerosis, pharmacogenomics)
- Exceptional medical and technological resources required to meet strategic objectives
- Financing new technologies and MIS vs. financing 2nd and 3rd lines

Direction

MSSS

Promote healthy lifestyles and the prevention of health issues.

Provide accessible, integrated and quality services and care to users.

Foster an innovative and effective organizational culture in a changing environment.

MHI

- Prevention at the heart of our actions
- The best cardiovascular care for patients
- An exceptional institutional partner at the heart of the network
- Exemplary management and a stimulating work environment
- A culture of research and innovation
- Academic medicine that earns recognition
- A forward-looking vision of the physical and technological environment

MHI's Objectives Aligned with the Ministry's Key Directions

KEY DIRECTION – Lifestyle

MSSS No. 1

Promote the adoption of healthy lifestyles to prevent chronic disease

MHI

- Implement a Prevention Observatory
- Plan the ÉPIC Centre expansion
 - Phase I: Add facilities for the prevention medical team (to be completed in spring 2017)
 - Phase II: Add facilities to meet the Centre's growing demand (to be financed by 2017)
 - Influence decision-makers to place greater importance on prevention in Quebec
 - Increase the number of prevention programs sponsored by the MHI in all regions of Quebec
 - Develop a prevention leadership succession plan at the MHI

KEY DIRECTION – Infection prevention

MSSS No. 2

Increase influenza vaccination among employees and chronic care patients aged 18 to 59

MHI

Target: **80%**

KEY DIRECTION – First-line and emergency

MSSS No. 5

Reduce wait times in emergency

MHI

- Percentage of patients whose wait time for medical treatment in emergency is less than 2 hours Target: **85%**
- Percentage of outpatients whose length of stay in emergency is less than 4 hours Target: **85%**
- Average length of stay for patients on a stretcher in emergency Target: **12 hours**

KEY DIRECTION – Specialized services

MSSS No. 6

Provide specialized services and care within medically acceptable time frames

MHI

- Carry out medical imaging requests pending for less than three months Target: **100%**
- Reduce the number of surgery requests pending for more than six months Target: **0**
- Develop a medical staffing plan based on the new clinical needs (intensivists, geriatricians, advanced imaging specialists, hospital support specialists, etc.)
- Introduce the concept of a multidisciplinary clinical integration "Heart Team"
- Increase the volume of technical support centres by 10% to 15%, depending on the sector, to improve operational efficiency and access
- Prioritize predictive medicine and the genetics testing centre
- Increase the number of specialized nurse practitioners (SNP) and expand their role

MHI's Objectives Aligned with the Ministry's Key Directions

KEY DIRECTION – Safety and relevance

MSSS No. 8

- **Bolster infection prevention and control for hospital stays**
 - Percentage of specialized and general care hospital centres with a nosocomial infection rate in compliance with set rates**Target: 95%**
 - Rate of compliance with best practices for hand hygiene at institutions**Target: 80%**
- **Prioritize the most appropriate exams and treatments to provide high-quality care and prevent unnecessary procedures**

Number of exam or treatment types that have been subject to a relevance assessment and for which an action plan has been developed

Target to come

MHI

Acquire the necessary tools and staff and implement optimal processes

- Implement an integrated information environment (IIE): clinical databases, clinical access, management software, Cristal-Net, QHR, etc.
- Establish a leading-edge clinical validation program for cardiovascular imaging data
- Systematize the amendment of clinical practices following a root cause analysis (risk management process)
- Provide systematic and structured clinical access
- Improve patients' return to first-line services
 - Practice guides distributed to hospitals in Quebec
 - Better communication with referring physicians
- Develop effective relationships with the primary referring physicians and establish working service corridors
- Assess the relevance of advanced services in rural areas
- Be the reference cardiovascular genetics diagnostic laboratory for all of Quebec
- Strengthen our affiliation with Université de Montréal
- Identify future leaders and strategic positions to assume within the network

KEY DIRECTION – Seniors and the patient experience

MSSS No. 11

Tailor care and services to seniors' conditions

Adopt a senior-focused approach

MHI

Make the experience of patients and their families as safe and pleasant as possible

- Continue to stand out in terms of physicians' and staff's empathetic behaviour and comforting attitude toward patients
- Integrate palliative care into the MHI's common policies
- Involve the Users' Committee in initiatives to improve the quality of patient stays
- Invest in the development of a senior-focused approach (SFA)
- Develop a patient-family educational program (to guide people through the health system)
- Foster a culture of safety throughout all sectors

KEY DIRECTION – Vulnerable people

MSSS No. 12

Provide palliative and end-of-life care that respects people's choices

MHI

Implement the Act Respecting End-of-Life Care

- Palliative care policy adopted by the BOD
- Clinical program for palliative care adopted by the BOD Program under the direction of the DPS and the DN to reflect current doctor-nurse collaboration at the MHI in palliative care
- The institution's code of ethics modified and approved by the BOD's Vigilance and Quality Committee (adoption by the BOD set for May 2016)
- Interdisciplinary support group implemented
- Procedure established in case of a request for medical assistance in dying
- Medical assistance in dying protocol adopted
- Training of nursing staff initiated (deployment plan developed)

MHI's Objectives Aligned with the Ministry's Key Directions

KEY DIRECTION – Staff engagement

MSSS No. 17

Maintain staff engagement by increasing its ability to adapt to a changing environment

- Satisfaction rate regarding work environment and management practices
Target: 80%
- Transfer rate
Target: 6%
- Accreditation Canada certification
MHI target: maintain honourable mention

MHI

- Promote staff retention (IT, outpatient, ND)
- Increase the sense of belonging to the MHI group
- Foster a culture of improvement and continuing education, in particular by enhancing training time and developing mentorship programs
- Plan the organization of the work force based on early retirements (collective agreement negotiations underway)

KEY DIRECTION – Effective organization

MSSS No. 18

Promote the optimal use and availability of the network's work force

- Overtime rate
Target: 3.79
- Independent worker usage rate
Target: 0.34
- Ratio of disability insurance hours
Target: 5.08

MSSS No. 19

Improve governance and reduce the management structure of the network

- Implement organizational and governance reform
Target achieved in March 2016
- Number of managerial staff in full-time equivalent
Target achieved in March 2016

MHI

Sound administrative management

- Achieve a balanced budget and positive cash flow
- Meet commitments agreed to with the MSSS
- Ensure joint clinical-administrative management
- Establish the clinical relevance specifications for
 - developing advanced therapeutic approaches
- Implement a strategic steering room

External recognition of excellence and the mission

- Receive an honourable mention from Accreditation Canada
- Earn recognition for the MHI's mission of
 - technological innovation
 - technological innovation with the MSSS

An integrated information environment (IIE) in line with the network

- Institutionalize databases
- Digitize outpatient clinics and care units
- Upgrade IT structures: clinical access, distance education, telemedicine, telecom, networking

(Cont. next page)

MHI's Objectives Aligned with the Ministry's Key Directions

KEY DIRECTION – Effective organization

MSSS No. 19

Improve governance and reduce the management structure of the network

- Implement the necessary IT tools for activity-based funding
- Deploy the electronic health record

Continue with the plan to acquire cutting-edge technologies and equipment

- Invest in imaging, genetics, robotics and digital hospital
- Update the picture archiving and communication system (PACS)

Modern, functional and pleasant spaces

- Carry out phase II of the Investing in Excellence project
- Expand the ÉPIC Centre (prevention)

MSSS No. 21

Implement best practices based on patient-focused funding

Target: surgery, imaging

MHI's Objectives Research and Teaching

MHI's KEY DIRECTION – Research and innovation

Continue to develop distinct research axes

Carry out flagship projects:

- Curb Atherosclerosis
- ARTERIA
- Cure Aging Hearts
- Cure Broken Hearts
- Biological Pacemaker

Enhance the MHI's leadership in promising fields

- Position the MHICC as an international centre for cardiovascular clinical trials
- Confirm the MHI's status as a MediGuide World Leading Medical Center (EPS)
- Strengthen the MHI's international leadership in adult congenital heart disease
- Position the next generation of physicians in clinical research within national and international networks to maintain our competitive edge
- Solidify the MHI's leadership in medical technology assessment

Focus on innovation and its deployment throughout all MHI sectors

- Establish an innovation management system with thorough monitoring of the development of new technologies and their impact on patients
- Develop a strategy to share results in a translational research environment

MHI's Objectives Research and Teaching

MHI's KEY DIRECTION – Academic medicine

- Ensure the financial future of the fellowship program
- Encourage the hiring of physicians and professionals with pedagogical training
- Develop new medical training programs (e.g., in genetics, imaging, advanced heart failure, palliative care)
- Support interdisciplinarity and develop innovative HR training programs
- Share training programs with other network professionals
- Increase and promote the use of new pedagogical methods, such as virtual reality, distance education, and simulation



I love Audrey.

The MHI health care team was fantastic! I'll never forget the dedicated nurse who would crush each of my pills so that it was easier for me to swallow them. She attached leads to my favourite teddy bear so that I wouldn't have to go through it alone. These thoughtful gestures were a great comfort to me. I love the MHI."

AUDREY SIROIS,
PATIENT

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

The Montreal Heart Institute Foundation would like to acknowledge the generosity of the 30,000 donors who lend their support and make a real difference in the lives of patients at the Institute.

2015-2020 Strategic Plan of the MHI: Prevent, Act and Treat

In the coming years, the Institute intends to pursue its tradition of innovation and invest in the most promising fields to stay on the cutting-edge as an international centre of excellence in cardiology. To do so, the Institute has identified four strategic directions that will allow it to strengthen its leadership:

1. Cardiovascular imaging
2. Cardiovascular genetics
3. Prevention
4. Innovation and modernization of care

Our New Fundraising Campaign: \$98M

To finance the MHI's Strategic Plan Prevent, Act and Treat the Foundation has set a goal of raising \$98.4M. To date, we have raised nearly \$40M. These funds have enabled the Institute to complete projects in its four areas of activity, including in cardiovascular imaging through the opening of CT Scanner Room 2, in cardiovascular genetics through investments in the hospital cohort and in prevention.

2015-2016 Fiscal Year

In 2015-2016, our fundraising activities and your invaluable donations helped the Foundation raise \$13.4M. These results are comparable to those of our previous fiscal year. In addition, thanks to its volunteers, the Foundation was able to keep its administrative costs low. However, even though investment revenues reached \$11.5M last year, the income statement shows a loss of \$0.6M for the fiscal year that is ending. This variation is due to \$10.5M in unrealized losses which reduced realized

income by \$9.9M.

For the 2015-2016 fiscal year, the net profit is therefore \$7.5M.

As of March 31, 2016, the Foundation gave \$18M to the Montreal Heart Institute.

The sum of \$18M was financed as follows:

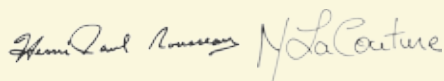
- \$7.5M from the net profit of the 2015-2016 fiscal year,
- \$2.9M from the funds available from the endowment fund,
- \$7.6M from the funds available from the Battre au Rythme du Monde campaign.

The sum of \$18M which was given to the Institute was invested as follows:

- \$7.4M in research,
- \$6.1M in technological innovation,
- \$0.8M in prevention,
- \$0.3M in education,
- \$3.4M in the Investing in Excellence project.

Since its creation in 1977, the Foundation has given over \$218M to the Institute.

Through its values and commitment, the Foundation contributes to the innovative approach and lasting future of the Institute. It places value on involvement and integrity to obtain conclusive and effective results, while responsibly, honestly, transparently and soundly managing the funds entrusted to it.



Henri-Paul Rousseau **Mélanie La Couture**
Chair of the Board Executive Director
of Directors



*Through its values and
commitment, the Foundation
contributes to the innovative
approach and lasting future
of the Institute."*

MÉLANIE LA COUTURE
EXECUTIVE DIRECTOR

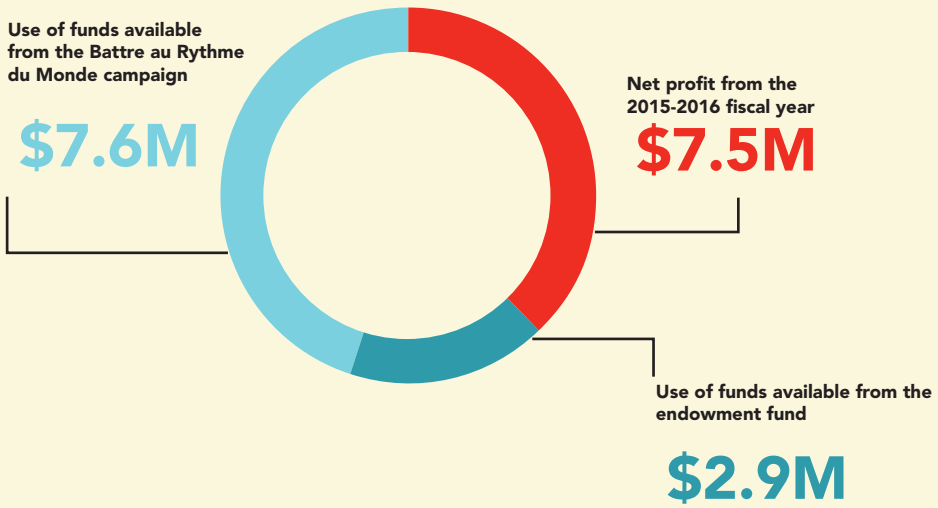
HENRI-PAUL ROUSSEAU
CHAIR OF THE BOARD OF DIRECTORS

The Foundation Gave \$18M to the MHI in 2015-2016

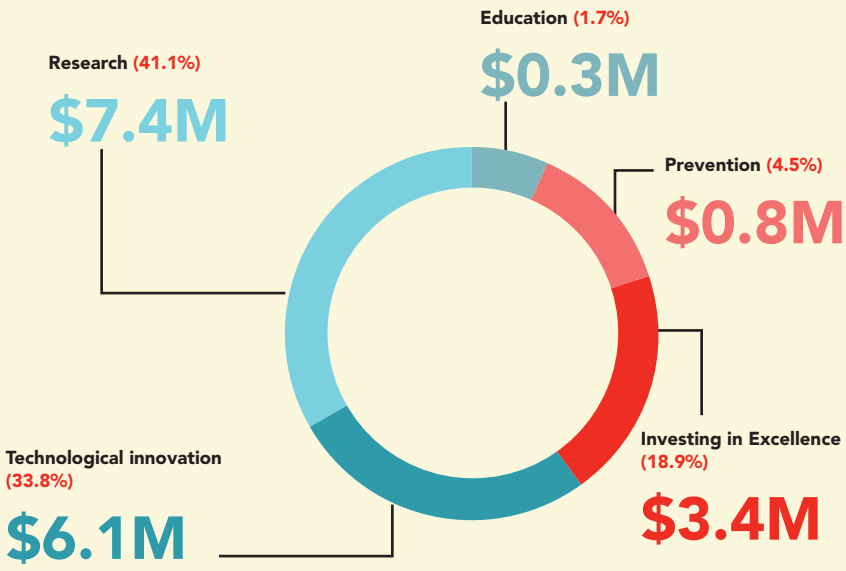
Since its creation in 1977, the Montreal Heart Institute Foundation has given more than \$218M to the Institute. Thanks to these donations, innovative projects have been launched to improve treatment for patients with cardiovascular disease, particularly through less invasive techniques that focus more on prevention and that are on the vanguard of knowledge and

technology. These tangible technological and medical advances make a true difference in patients' lives.

This year, \$18M was given to the Institute. The amount was financed as follows:



Contributions allocated to the MHI in 2015-2016



MONTREAL
HEART
INSTITUTE



Prevent

An undisputed leader in the prevention of cardiovascular disease in North America.

Act

The largest cardiology research centre in Canada and a world leader in innovation.

Treat

Exceptional care in personalized medicine in a modern facility.

Four Strategic Directions to Stay on the Cutting-Edge

Through its highly specialized care and the significance of its research activities, the Montreal Heart Institute stands out from the other major hospitals in Quebec.

In the coming years, the Institute intends to pursue its tradition of innovation and invest in the most promising fields to stay on the cutting-edge as an international centre of excellence in cardiology. The goal is to continue to make discoveries that will change people's lives, improve treatment efficacy and provide exceptional care in a modern facility.

To do so, the Montreal Heart Institute has identified four strategic directions that will allow it to maintain its leadership:

CARDIOVASCULAR IMAGING

INCREASINGLY SOPHISTICATED TECHNIQUES TO PREVENT THE INCIDENCE OF CERTAIN CARDIOVASCULAR DISEASES.

CARDIOVASCULAR GENETICS

NEW APPROACHES TO IDENTIFY HEREDITARY FACTORS TO PERSONALIZE TREATMENTS FOR PATIENTS AND THEIR FAMILIES.

PREVENTION

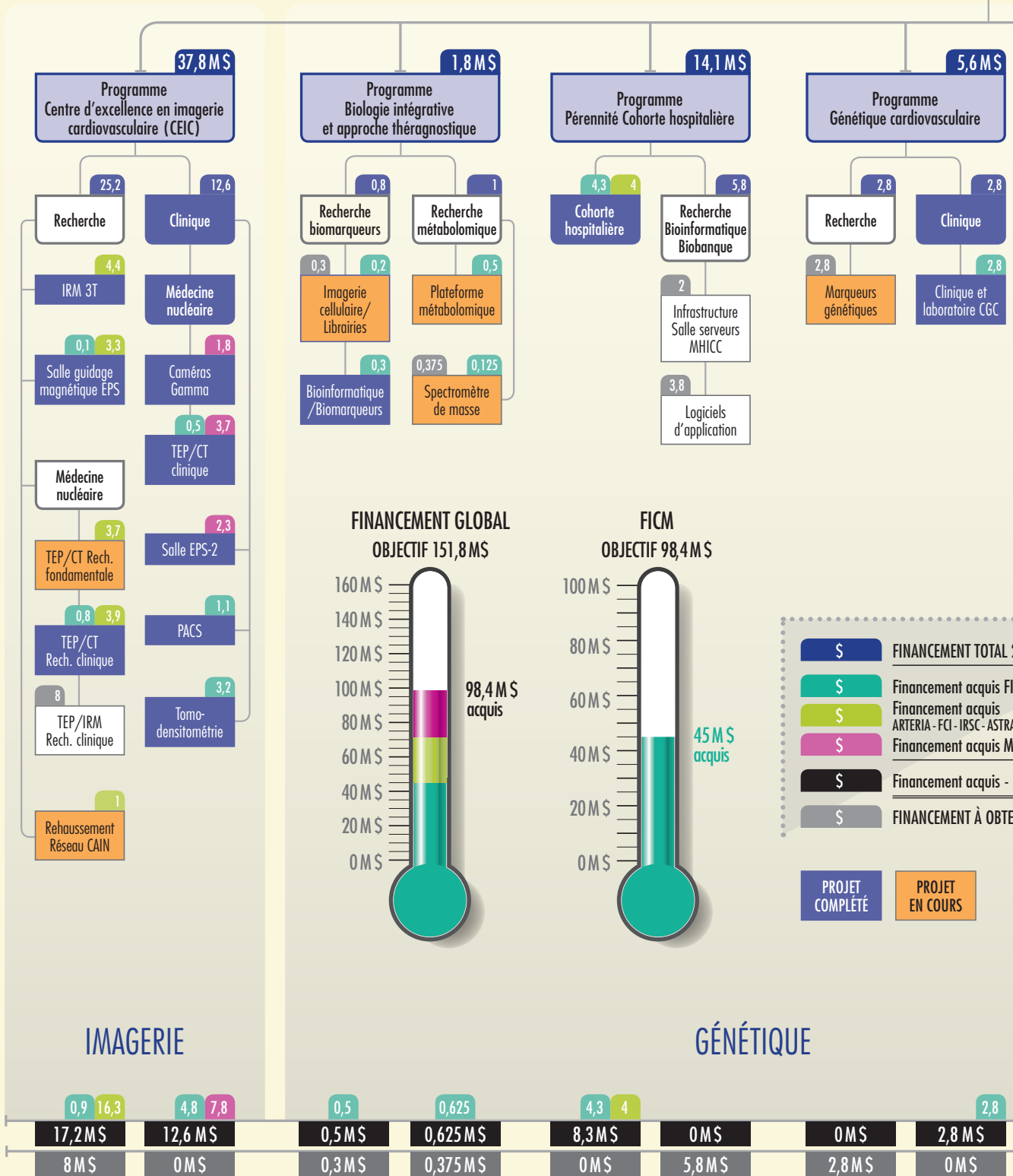
RESEARCH PROJECTS AND PROGRAMS THAT HELP SIGNIFICANTLY DECREASE THE INCIDENCE OF CARDIOVASCULAR DISEASE.

MODERNIZATION OF CARE

INNOVATIVE AND ULTRASPECIALIZED THERAPIES WITHIN A MODERN, STATE-OF-THE-ART INFRASTRUCTURE.

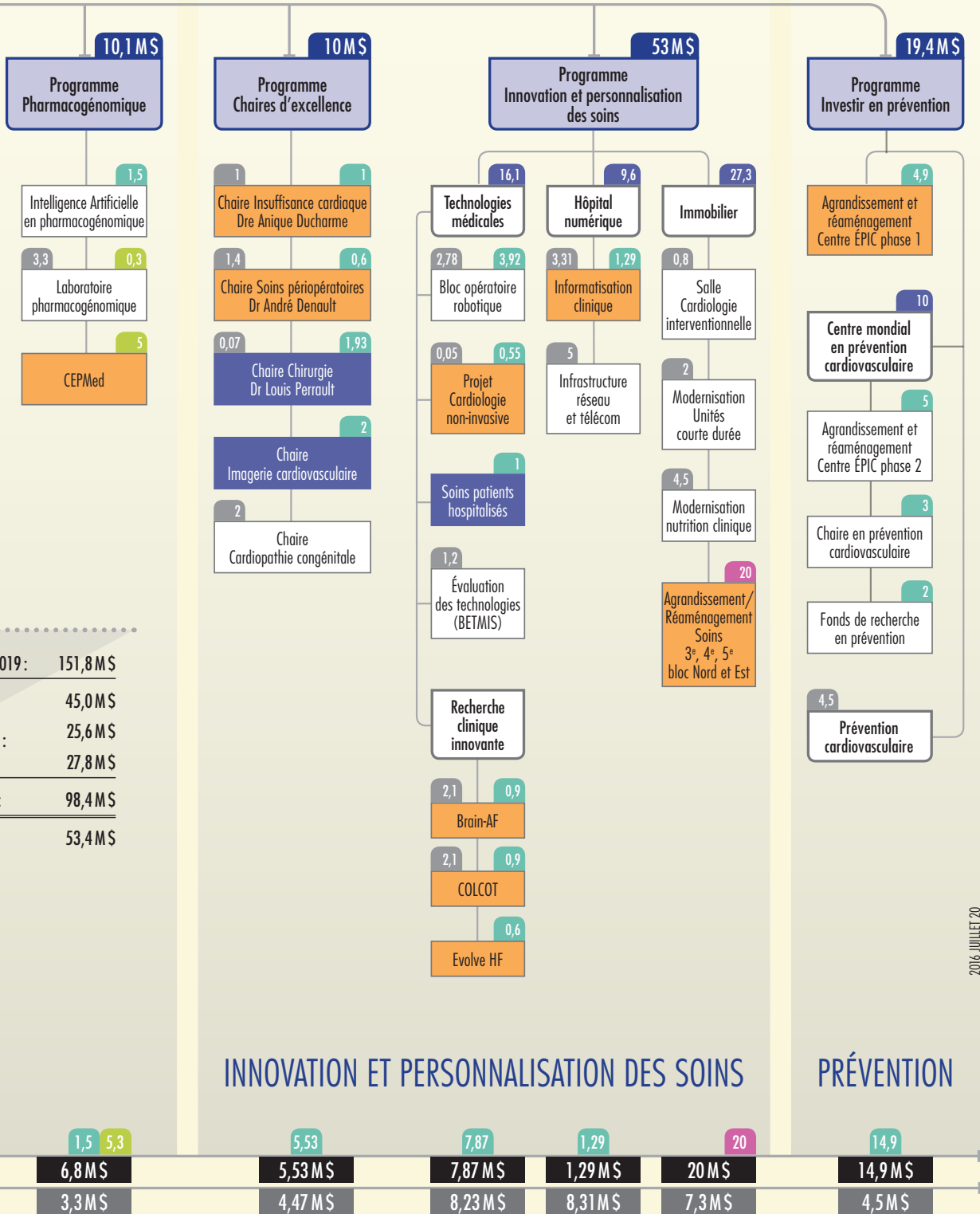
Investissement de l'ICM dans ces programmes afin de maintenir son leadership.

PLAN DIRECTEUR ICM 2014-2019



INITIATIVES STRATÉGIQUES

151,8 M\$



2014-2019 :	151,8 M\$
CM :	45,0 M\$
ZENECA :	25,6 M\$
SSS :	27,8 M\$
TOTAL :	98,4 M\$
NIR :	53,4 M\$

2016 JUILLET 20

Key Figures

The Montreal Heart Institute Foundation is:

More than

2,052

employees

(research, ÉPIC Centre,
MHI)

546

nurses

82

regular
researchers

12

**PHARMACISTS WHO
ARE CPDP MEMBERS**
(11 active and 1 associate)

153

LICENSED BEDS

(150 staffed beds)

21 in coronary care

21 in medical intensive care

24 in surgical intensive care

More than

680

students, interns,
residents and fellows

248

**physicians who are
CPDP members**

(109 active, 93 associate,
19 advisory and 27 honorary)

58

cardiologists
(48 active and 10 associate)

13

cardiac surgeons
(8 active and 5 associate)

12

anesthesiologists
(active)

**Annual
activities:**

2,169
surgical procedures

1,829
major heart surgeries
(coronary bypasses,
valvular surgeries and heart
transplants) and

340
other surgical procedures,
including biopsies

6,357

hemodynamic procedures

2,332
**electrophysiology
procedures**

7,590

hospitalizations

17,285
visits to emergency

75,152 visits to
**outpatient and specialized
clinics**



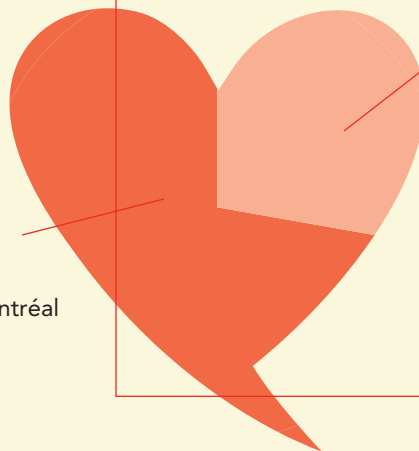
The MHI's Clients



Where our clients come from:

65%

from outside of Montréal



35%

from the island of Montréal

Types of procedures:

595

patients received a pacemaker

650

patients underwent catheter ablation of cardiac arrhythmia

821

patients had valvular surgery, of which 107 were minimally invasive

2,258

patients received coronary, drug-eluting, bioabsorbable or standard endovascular stents

451

patients received a cardiac defibrillator

836

patients had coronary bypasses

Average age of our patients:

67

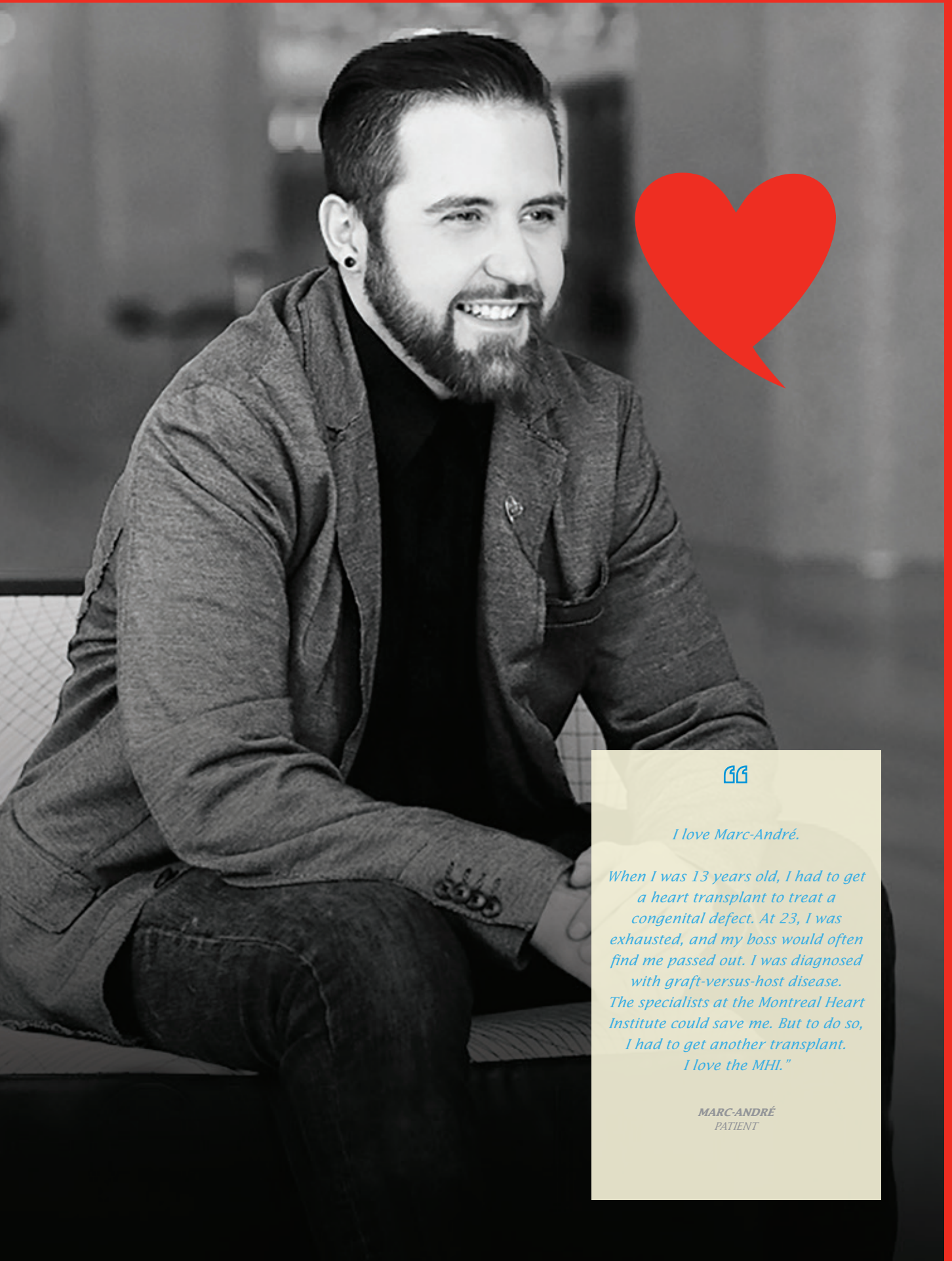
years

Volume of Activities



Carole Boucher
Director of
Multidisciplinary
Services

	2015-2016	2014-2015
Hospitalizations		
Admissions	7,590	7,681
Patient days	42,150	42,951
Day care	14,141	14,271
Average hospital stay in days	5.55	5.62
Outpatient services		
Emergency room cases	17,285	17,131
Outpatient visits	75,152	80,972
Surgical sector		
Procedures	2,169	2,121
Cardiac surgeries	1,829	1,785
Other surgeries	340	336
Patient hours	8,838	8,371
Minimally invasive surgeries	163	107
Transplantations	15	12
Hemodynamics		
Total procedures	6,357	6,697
Therapeutic procedures	2,850	2,786
Diagnostic procedures	3,507	3,911
Electrophysiology		
Total procedures	2,322	2,332
Pacemakers	590	631
Defibrillators	452	469
Ablations	650	603
Other procedures	630	629
Human resources		
Managerial staff – full-time	41	57
Managerial staff – part-time (full-time equivalent)	11	7
Regular staff – full-time	771	836
Regular staff – part-time (full-time equivalent)	347	337
Casual staff (full-time equivalent)	149	97
Active physicians	109	90



I love Marc-André.

When I was 13 years old, I had to get a heart transplant to treat a congenital defect. At 23, I was exhausted, and my boss would often find me passed out. I was diagnosed with graft-versus-host disease. The specialists at the Montreal Heart Institute could save me. But to do so, I had to get another transplant. I love the MHI."

MARC-ANDRÉ
PATIENT

Survey

Organizational Survey on Work Atmosphere: Remarkable Results

An organizational climate survey was conducted in spring 2015 as part of the Accreditation Canada assessment. In total, 973 staff members from all divisions at the Montreal Heart Institute were surveyed. The overall survey results indicated an excellent level of professionalism and an extraordinary level of commitment toward the organization.

In terms of overall satisfaction and commitment, 98% of respondents said they care about the organization's success,

94% are proud to work for the Institute and 88% identify with the organization's values. These results show employees' commitment to the organization's mission and are consistent with the prevailing culture of excellence at the Institute.

The survey also identified potential areas for improvement, most notably in terms of work atmosphere and communications. Each division submitted an action plan outlining the various measures it will take to improve these areas.



The Institute is a small family... with a big impact! I love the energy of the employees and the facilities. As a team, we accomplish so much for the Institute's patients and employees."

MARTIN RICHARD
ASSISTANT DIRECTOR OF BUILDING RESOURCES



I love working for the MHI because first, it's a healthy organizational climate that promotes accountability, and second, working with dedicated professionals pushes us to excel in our own work.

MARTINE DUFORT,
SENIOR ADVISOR IN THE EDUCATION DEPARTMENT
AND FOR MEDIA AFFAIRS

Accreditation Canada



The Montreal Heart Institute Receives an Honourable Mention

From February 21 to 25, 2016, the Montreal Heart Institute (MHI) received visitors from the independent organization Accreditation Canada as part of renewing its accreditation. The last visit was in 2012.

Accreditation Canada grants an honourable mention following a rigorous, serious and respectful preparatory process that primarily involves a self-assessment by staff from the various activity sectors. The goal of this process is to tangibly target areas for improvement and ensure the continuation of actions that are working effectively. Patients, staff and senior management, as well as members of the Board of Directors, are asked and encouraged to participate in surveys and take action once the results come in.

The Institute's quality improvement committees worked hard to prepare for Accreditation Canada's visit. These sectoral committees are constantly striving to stay on top of the latest news regarding safety and quality standards to integrate into our daily activities. The work of these teams allows us to continuously improve our practices and apply the highest safety standards. Thanks to this ongoing work, the MHI stood out in the eyes of the Accreditation Canada visitors in February 2016.

Accreditation Canada granted the MHI the highest possible distinction: an honourable mention. This mention is awarded to health care institutions with a compliance rate of 100% for all their required organizational practices and of 95% and up for all their other practices. It is reserved for institutions that demonstrate excellence in terms of quality and safety of care.

This honourable mention reflects the prevailing culture of safety and excellence at the MHI and the commitment of our teams toward the quality of care and services provided by the MHI.

The visitors highlighted a number of points:

- The friendly and respectful relationships with clients
- The organization's meticulous approach to risk management, both in its retrospective analyses and in its corrective actions to implement
- The service offering that targets continuous improvement of service quality
- The proud, competent, committed and versatile staff whose activities are centred on responding to health needs
- The involvement of the medical team in the multidisciplinary service offering
- The well-developed, client-centred multidisciplinary approach
- A well-established culture of quality and safety at all levels
- The unanimous satisfaction of the users surveyed about the care and services they received
- Professionals who know how to tailor their responses to meet the needs expressed
- The rapid application of improvements requested by the managers involved
- In most care and service sectors, user participation in the analysis of best practices to implement

The Institute congratulates all its teams for contributing to this success and thanks patients and their loved ones for their trust.

Our Achievements

1

PATIENT CARE DIVISION

Dr. Pierre Pagé

The Montreal Heart Institute is the largest cardiology treatment centre in Quebec and Canada. The calibre of care provided at our facilities rivals that of leading American institutions.

The MHI boasts the most extensive interventional cardiology and electrophysiology centre in North America. Patients come from all over Quebec to receive treatment in fact, more than 65% of patients come from outside the Montréal area.

Department of Medicine



2



3

Major Conference

The 24th Symposium in Interventional Cardiology took place on June 17 and 18, 2015, featuring live cases broadcast directly from the Institute's hemodynamic rooms. This educational medical event, organized in partnership with internationally renowned colleagues, once again provided an opportunity to demonstrate the excellence and leadership of our institution in interventional cardiology.

For a third consecutive year, an Arrhythmia Day for medical electrophysiology technicians and doctors was organized by members of the Montreal Heart Institute's Electrophysiology Department. The event, which was attended by more than

80 participants, was held on November 28, 2015, and once again was a resounding success. During this day of training, medical electrophysiology technicians and cardiologists from hospital centres in outlying areas learned about new technologies and their indications in the field of arrhythmia.

Dr. Mark Liszkowski, from the Institute's Non-Invasive Cardiology, Intensive Care and Heart Transplant Division, was named Teacher of the Year by residents in the cardiology program at Université de Montréal.

Teaching Activities

The creation of speciality certifications in:

1- Adult Echocardiography

A first candidate successfully completed the Speciality Certification Program/ Area of Focused Competence (Diploma) Program in Adult Echocardiography at Université de Montréal. This university program is directed by Dr. Arsène Basmadjian, who also oversaw the program's implementation. It is one of only two adult echocardiography programs accredited by the Royal College of Physicians and Surgeons of Canada.

2- Adult Cardiac Electrophysiology

A university program in adult electrophysiology was created at the end of 2015 at Université de Montréal. This program will be established at three training locations of the university, primarily the MHI. Dr. Laurent Macle, a member of the MHI's Electrophysiology Department, is the university director of this program, which will accept 8 to 10 cardiologists for ultraspecialized training in clinical management of heart rhythm disorders and interventional electrophysiology.

3- Hemodynamics

A new curriculum was established to allow fellows to obtain speciality certification in adult interventional cardiology in collaboration with Université de Montréal. This new program, led by Dr. Jean-François Tanguay, is also accredited by the Royal College of Physicians and Surgeons of Canada.

Monthly training sessions are now offered at the Institute and its affiliated centres, namely the Hôpital du Sacré-Cœur de Montréal and the CHUM.

The Hemodynamics Service welcomes 6 to 10 fellows each year.



- 1 -
*Dr. Pierre Pagé,
Director of Profes-
sional Services.*

- 2 -
*Hemodynamics
Service.*

- 3 -
*Dr. Peter Guerra,
Chief of the Depart-
ment of Medicine.*

- 4 -
Hemodynamics room.

Our Achievements

(cont.)

- 1 -
Ultrasound photo.

- 2 -
Surgery room.

- 3 -
*Dr. Raymond
Cartier, Head of the
Department of
Surgery.*

- 4 -
*Dr. Louis Perrault,
Chief of the
Department of
Surgery.*

Clinical Activities

Reducing MHI Patient and Staff Exposure to Radiation

More than 2,000 procedures are performed every year in the electrophysiology procedure rooms at the Montreal Heart Institute (MHI). These procedures include catheter ablations to treat various cardiac arrhythmias and pacemaker and cardiac defibrillator implantations. Doctors must use fluoroscopy (x-rays) to guide them during these procedures; however, exposure to x-rays increases the risk of cancer. Dr. Bernard Thibault, a member of the Electrophysiology Department, implemented a radiation exposure reduction program for patients receiving treatment as well as medical staff in the procedure room. This program led to an 85% reduction in x-ray doses emitted during electrophysiology procedures performed at the MHI over the past three years.

Echocardiography Service

The past year has been particularly fruitful in terms of developing bicycle ergometer stress tests to assess heart valve disease thanks to the arrival of Dr. Christine Henri. Dr. Geneviève Giraldeau also joined the laboratory team, bringing with her expertise in assessing ventricular assist devices. Patients can now book appointments for

routine echocardiography examinations in the evening or on the weekend, making the service more accessible. This year, we also celebrated the retirement of Dr. Lise-Andrée Mercier, former laboratory director and pioneer in echocardiography and adult congenital heart disease.

Research

A new hemodynamics and electrophysiology procedure room for animal studies was built at the MHI's Desmarais Family Research Centre. This room, which has been in operation since July 2015, features state-of-the-art equipment, including the only non-fluoroscopic guidance system in the world used exclusively for preclinical research. Since it opened, numerous research projects and training activities (for doctors from Canada and abroad) have taken place there.

Dr. Anique Ducharme was named the Cal and Janine Moisan Chair in Best Practices for Advanced Heart Failure at the Montreal Heart Institute.

Dr. Anita Asgar and Dr. Christine Henri received a Clinician Scientist Salary Award from the Department of Medicine at Université de Montréal to develop the Evolve-HF research program and new prognostic indices for aortic stenosis, respectively.



2



Department of Surgery

The Department of Cardiac Surgery at the Montreal Heart Institute comprises 12 surgeons.

In 2015-2016, 1,829 cardiac surgeries were performed at the MHI. Of these, less than half (41%) were coronary revascularization surgeries. Valvular surgeries represented 45% of the procedures performed. The rest (14%) were in other areas of specialization, such as transplantation, ventricular assistance and congenital surgery. This represents an increase of nearly 350 cases as compared to 2008-2009. Among the valvular surgeries performed, most were aortic or mitral. Of the mitral surgeries performed, nearly 90% were correction surgeries (plasty) with preservation of the valve apparatus. In terms of aortic surgery, aortic valve preservation surgeries were up, as were aortic valve replacements by pulmonary autograft (Ross procedures). There was also an increase in transcatheter aortic valve implantations (TAVI). Lastly, it is interesting to note that minimal access techniques are increasingly being developed for aortic and mitral valve surgeries.

Current Programs

- Minimally Invasive Surgery (MIS) Program
- Thoracic Aorta Disease Follow-Up Program
- Ross Procedure Program
- Transcatheter Aortic Valve Implantation (TAVI) Program, in collaboration with the team of specialists in hemodynamics
- Endovascular Surgery for Aortic Disease Program
- Transplantation and Left Ventricular Assist Device (LVAD) Program
- Percutaneous Mitral Valve Repair (MitraClip) Program, in collaboration with the team of specialists in hemodynamics
- Humanitarian Surgery Program, which allows several of our surgeons to carry out missions in countries such as Egypt or Ethiopia, where they can volunteer to operate on children with severe heart disease requiring surgical treatment

3



4



Our Achievements

(cont.)

New Initiatives

- An active fundraising campaign for the surgical robot that will pave the way for coronary and mitral robotic surgery
- A follow-up clinic for intensive care and its joint clinics with specialists in hemodynamics for TAVI and MitraClip procedures

International Training on the Ross Procedure

On November 2 and 3, 2015, over 15 Canadian, American and European medical specialists gathered at the Montreal Heart Institute to receive advanced training on the Ross procedure, a complex technique used in aortic surgery. Dr. Ismail El-Hamamsy, a cardiac surgeon at the Montreal Heart Institute and an associate professor in the Department of Surgery at Université de Montréal, led this highly successful activity.

The Montreal Heart Institute is a world leader in the Ross procedure. The procedure consists in replacing the aortic valve with the patient's own pulmonary valve in young adults suffering from an aortic valve disease. The MHI has the largest annual volume of such procedures in North America, with more than 50 per year.

A Team of Surgeons and Anesthesiologists on a Mission in Ethiopia

For a second year, an MHI team travelled to the Cardiac Centre of Ethiopia, in Addis Abeba, to perform surgeries and procedures in cardiac hemodynamics. The goal of this mission was to train and transfer knowledge to local teams to develop lasting expertise at this young hospital centre, a project of the Children's Fund of Ethiopia. As part of the mission, Dr. Nancy Poirier and Dr. Denis Bouchard, Dr. Mounir Riahi, fellow in structural hemodynamics at St. Paul's Hospital in Vancouver, and Dr. Joaquim

Miró from CHU Sainte-Justine performed numerous procedures in the operating room and the catheterization laboratory, including several mitral dilatations. Dr. Jean-Sébastien Lebon, anesthesiologist, and two anesthesiology residents, Dr. Marco Julien and Dr. Nicolas Rousseau-Saine from Université de Montréal, were part of the delegation. All of these procedures were performed with the help of the dedicated local teams, who were extremely thirsty for knowledge.

Department of Anesthesiology

Recruitment

The Department of Anesthesiology is pleased to announce the arrival of Dr. Georges Desjardins, an anesthesiologist at the MHI since September 2014. He has expertise in 3D transesophageal echocardiography and is an international speaker on the application of 3D ultrasound during the perioperative period of heart surgery.

The Department would also like to announce the arrival of two new anesthesiologists, Dr. Marie-Ève Chamberland and Dr. Meggie Raymond. Dr. Chamberland has been with us since July 2015 and is pursuing a subspecialty in simulation in cardiac anesthesia in affiliation with the department at Université de Montréal. Dr. Raymond has a subspecialty in pain and is completing a fellowship in cardiac anesthesia at the University of Ottawa. She will be joining us in August 2016. Both doctors received a 2015 Bal du Cœur Fellowship.

The Richard I. Kaufman Fund

Dr. André Denault received substantial support from the Kaufman family for his research on the treatment of hemodynamic instability in patients during heart surgery. This funding will allow him to continue his important work to improve treatment for

1



2



patients in the operating room and the intensive care units.

For the second consecutive year, Dr. Jean-Sébastien Lebon travelled with a Canadian humanitarian aid delegation to Ethiopia to help patients with heart disease. The delegation specializes in cardiac procedures and open-heart surgery. This year, Dr. Lebon was accompanied by two anesthesiology residents, Dr. Marco Julien and Dr. Nicolas Rousseau-Saine.

Chronic Pain Clinic

The establishment of the Chronic Cardiac Pain Management Service is now complete. This is good news for patients who experience significant and incapacitating pain for more than six months following heart surgery. The director of the clinic, Dr. Jennifer Cogan, says that since the clinic opened more than 50% of patients have been completely relieved of their chronic pain, an extremely impressive rate that is much higher than the rate generally seen in chronic non-cardiac pain clinics. Dr. Meggie Raymond, who completed a fellowship in chronic pain, will be joining the MHI team and helping expand this service that is unique in Canada.

Publication in Anesthesiology

Dr. Alain Deschamps published a major randomized multi-centre study called NORMOSAT in *Anesthesiology*, the most important journal in this specialty. The study showed that the use of perioperative intervention strategies may, in 97% of patients, reverse cerebral oxygen desaturation that occurs during cardiac surgery. The study will serve to demonstrate improvement in the condition of patients who receive this intervention during cardiac surgery.

Department of Radiology and Nuclear Medicine

In 2016, the departments of radiology and nuclear medicine joined forces to create a single department. As a result, the medical imaging team carried out several major projects for the Institute's Desmarais Family Research Centre over the course of 2015-2016.

Major Projects in Medical Imaging

To meet the MHI's diagnostic imaging needs, the Department of Radiology and Nuclear Medicine installed several major pieces of equipment.

The Department purchased and installed a positron emission tomography scanner—the first device of its kind to be entirely dedicated to clinical cardiology care in Quebec. The device is used to diagnose and monitor infections (at the pacemaker site, endocarditis, mediastinitis, etc.), myocardial sarcoidosis and myocardial viability. The device's new technology can perform quicker and more accurate myocardial perfusion tests than conventional techniques, while significantly reducing the radiation dose.

3



4



- 1 -

*Dr. Alain Deschamps,
Chief of the Department of Anesthesiology.*

- 2 -

Department of Anesthesiology.

- 3 -

*Dr. Pierre Robillard,
Chief of the Department of Radiology.*

- 4 -

*Dr. Jean Grégoire,
Chief of the Department of Nuclear Medicine.*

Our Achievements (cont.)

Replacing the PACS

The Department of Radiology and Nuclear Medicine is currently replacing its picture archiving and communication system (PACS) with the latest-generation software. Software by McKesson will replace that of GE, which had been used up until now. The new system will feature improved tools for radiologists and facilitate the management and archiving of diagnostic imaging tests. With the new software, the MHI will also be able to connect to the diagnostic imaging directory (DID) and make imaging tests that were conducted at the MHI available to other hospital centres.

Research CT Scanner

The Desmarais Family Research Centre purchased a latest-generation CT scanner, the SOMATOM Force by Siemens, thanks to a donation from the Mel Hoppenheim Family Foundation. This device, the first of its kind to be installed in Canada, features cutting-edge technology and allows the use of advanced techniques to assess coronary artery disease. In addition, its ultra-high-speed acquisition system can produce high-quality cardiac images for a broader range of patients, no matter their heart rhythm. The system also allows for acquisition in Dual Energy mode, which reduces certain artifacts, leading to a more

precise differentiation of tissue types. The capabilities of this device represent a major advance compared with the earlier-generation CT scanner that was available at the MHI until now.

Access to the Imaging Technical Support Centre

Cardiac ultrasound is seeing a rise in popularity in the health sector. This increase is due to the test's low cost, speed and provision of complete medical information as well as patient benefits, since the procedure is non-invasive and pain-free. In light of this growing demand, several initiatives have been implemented in collaboration with all sector stakeholders to reduce wait times. The waiting list was thoroughly refined and the radiology request for cardiac ultrasound was reviewed and modified to add elements to facilitate the process. We also encouraged those technologists who met the requirements and who were interested to get certified so they could work independently. This development directly improves access to the service, in large part by providing more flexibility in terms of operating hours. To ensure safe, high-quality service for clients, an on-call cardiologist supports the independent technologists in their work.

Adding independent technologists has helped increase our capacity without adding additional equipment or creating any negative impacts. Improving access to ultrasounds has numerous positive organizational impacts, including quicker patient treatment for better health.

Department of Psychosomatic Medicine

In November 2015, the Montreal Heart Institute acted as a partner for a campaign launched by the *Mind the Heart* research



program to improve the psychological well-being of men with heart disease. The *Mind the Heart* program is funded by the Movember Foundation, which recently invested \$3M in this research project, of which the Montreal Heart Institute is also a partner.

Centred on the message "It's not game over," the goal of the campaign was to inform people with heart disease about the psychological challenges they may encounter and provide potential coping strategies. Numerous studies show that, following a cardiac event, 20% of people experience anxiety and 25% have symptoms associated with post-traumatic stress. In addition, nearly one in two people will have symptoms of depression. Informative brochures were made available to patients at the Institute to raise awareness about this issue.

Public Lecture

As part of Heart Month in February 2015, Dr. Bianca D'Antono, Director of the Heart and Mind research unit and co-investigator for the *Mind the Heart* project, gave a free public lecture on the impact of heart disease on psychological health. Some 50 people, mainly MHI patients and their loved ones, attended the event that was held in the MHI auditorium.

Nursing

Installing New Infusion Pumps

The Department of Nursing, the Department of Multidisciplinary Services, the Pharmacy Department, the Biomedical Engineering Service, the Office for the Assessment of Health Technology and Care Models Betmis and the Council of Physicians, Dentists and Pharmacists (CPDP) all worked closely together to install the new "smart" infusion pumps.

These new devices enable the precise and safe administration of medications through computer-controlled flow rates and dosages. The team also took advantage of the installation of this new technology to review medication protocols and prescriptions so that these tools reflect a modern practice.

The infusion pumps have been in operation since October 6, 2015, and implementation monitoring is ongoing. The teams came together to successfully achieve this major change with the goal of improving the safety of intravenous medication administration in particular and patient care at the MHI in general.



- 1 -
CT scanner.

- 2 -
Liza O'Doherty,
Director of Nursing.

- 3 -
New infusion
pumps.

Our Achievements (cont.)

- 1 -
Cardiovascular Genetics Laboratory.

- 2 -
*Dr. Martin Juneau,
Director of Prevention.*

- 3 -
ÉPIC Centre.

Cardiovascular Genetics Centre

The MHI is now the top location for screening and monitoring inherited heart disease. Individuals and families predisposed to developing genetic cardiovascular disease can now receive treatment thanks to an asset consolidation project, the implementation of robust IT, logistical and material resource infrastructures, and the creation of a structured team of professionals.

The facilities include the genetics clinic and the molecular diagnostic laboratory (high-throughput parallel sequencing technology), which provide unique and complete expertise for the overall care of patients, as well as their families, with malignant inherited arrhythmias, familial cardiomyopathies and familial aortic disease.

This achievement was made possible thanks to the ongoing work and efforts of a multidisciplinary team comprising members of the Department of Technological Resources and Building Management, the Biomedical Engineering Service and the IT Department as well as biochemists, clinical biochemists, bioinformaticians, genetic counsellors, cardiologists, medical technologists, the Pharmacogenomics Centre, and a \$250,000 donation from

Hydro-Québec to the MHI Foundation to acquire new medical equipment.

Continuation of the SPAC Project at the 3 Centre

The SPAC (collaborative private service) project, which began in spring 2014, is aimed at improving the quality of care for patients whose behaviour requires the provision of a private service. Funded by the Ministère de la Santé et des Services sociaux (MSSS), this project made it possible to implement various strategies to improve the care of these clients and optimize human resources.

We would like to acknowledge the efforts of the 3 Centre team in continuing to carry out the SPAC project activities which began last year. In fact, from the start of the project to the end of the 2016 fiscal year, the average length (in days) of risky behaviours requiring the provision or maintenance of a private service as well as the number of hours worked within a private service decreased by 50%.

DIRECTION OF PREVENTION

Dr. Martin Juneau

Adopting healthy lifestyle habits is the best way to prevent the onset of cardiovascular disease. In light of the impact of prevention on the incidence of cardiovascular disease, the Montreal Heart Institute established the largest cardiovascular disease prevention centre in Canada, the ÉPIC Centre.



2

New Mandate from the Ministère de la Santé et des Services sociaux (MSSS)

In 2015-2016, we continued to provide prevention and rehabilitation services through our various clinics: the Prevention Clinic, the Metabolic Clinic, the Hypertension Clinic, the GOSPEC Clinic and the Smoking Cessation Clinic. In addition to these prevention and rehabilitation initiatives, we received a new mandate from the MSSS, which will lead to the creation of a new project in the fall of 2016. The goal of this project is to offer a cardiac rehabilitation and secondary prevention program to all patients from the East End of Montréal. Once patients have completed their 12-week program with professionals at the ÉPIC Centre, they will be directly referred to another location for monitoring for an additional 18 months in order to maintain the changes they have made to their lifestyles. This program is funded by the MSSS to the amount of \$62,000 a year for two years.

The Prevention Division and Capsana

On March 17, 2016, when the Government of Quebec unveiled its budget, it was confirmed that Capsana would play a pivotal role in the MSSS's strategy to promote healthy lifestyles. Capsana will receive an annual grant of \$2M for five years to deliver the Health Challenge to all Quebecers throughout the year. Already, 150,000 individuals have participated in Capsana's Health Challenge in Quebec, and more than 500 municipalities have signed up for the Challenge. Capsana is owned by the Montreal Heart Institute's ÉPIC Foundation.

Official Publications, Conference Attendance

The ÉPIC Centre boasts its own research team. The research that it conducts is guided by the same philosophy of primary and secondary prevention that defines our mission. It is founded on our desire to encourage members of the public to take care of their health and adopt healthy lifestyle habits to prevent risk factors associated with cardiovascular disease.

Our research is primarily focused on establishing the effects of physical activity on the entire body and measuring its effect on, in particular, cognitive, cardiovascular and musculoskeletal function. More specifically, it focuses on non-pharmacologic treatments for prevention.

The ÉPIC Centre's research team published 16 scientific articles in 2015-2016 and made numerous scientific presentations at international conferences.



Our Achievements (cont.)

DIRECTION OF EDUCATION TRAINING

Dr. Annie Dore

The Institute has become one of the country's largest training centres in cardiovascular health. Each year, the MHI trains over 700 health care professionals from various backgrounds who hail primarily from Quebec, but also from all over the world.

Redesigning the Training Programs for Nurses

By integrating the DN-training sector into the Teaching Division in 2014, the MHI aimed to develop a common and coherent structure for training activities. As a result, two interdisciplinary scientific committees were created to redesign the basic and critical care training programs for nurses.

Founded on the concept of competency-based training, the two programs now focus not on diagnosing, but rather on recognizing symptoms, developing clinical judgment and gaining complex knowledge to act. The theoretical component spans 6 to 8 non-consecutive days, depending on the program, over a period of 4 weeks, alternating with practical orientation days. The theory is based on an evolving clinical case that becomes increasingly complex in a specific sequence. In addition, a new clinical and paraclinical assessment model is applied and taught using simulations. This tool guides nurses in their assessment of the patient's condition.

Since April 2015, 87 nurses (47 in basic training and 40 in critical care training) have completed the curriculum. In addition, 68 preceptors took part in the training programs to align theory with practice. Workshops on clinical supervision were also offered exclusively to these professionals.

Forty Hours of Accredited Training for Cardiovascular Care Professionals

The Direction of Education Training created a new professional development program for its non-medical staff and professionals within the network. This program consists of 10 four-hour workshops to help novices and experts acquire specialized concepts in the various areas of cardiovascular health care. Educational workshops on supervising interns and new recruits are also offered.



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2



L'Institut de Cardiologie de Montréal

PREMIER au CANADA

pour l'INTENSITÉ de la RECHERCHE
et le FINANCEMENT par CHERCHEUR.

- Selon Research Infosource



Cardiopulmonary Resuscitation Training

Resuscitation training activities are still ongoing. This year, 231 individuals received their Basic Life Support (BLS) certification, including 36 recruits, 94 nurses, 42 patient care attendants, 28 respiratory therapists and 31 technologists. In addition, 49 individuals—22 doctors, 19 nurses, 5 residents, 2 pharmacists and 1 technologist (20 of whom were staff members)—were certified or recertified in Advanced Cardiovascular Life Support (ACLS). Cardiopulmonary arrest simulations were held in the care units as well as training specifically applicable to resuscitation after cardiac surgery. All training sector nurses obtained their BLS instructor certification. Basic life support training sessions are offered to non-clinical staff, patients and their families since spring 2016.

DIRECTION OF RESEARCH

Dr. Jean-Claude Tardif

As the largest cardiology centre in Canada, the Montreal Heart Institute has positioned itself as a leader in the field of research. It ranks No. 1 on the list in Canada, with average investments of more than \$705,500 per researcher. The MHI's Desmarais Family Research Centre combines clinical and fundamental research under one roof, with research activities that range from gene studies to major clinical studies focused on patient health and well-being. Always on the cutting-edge, the specialists develop, among other things, personalized therapies that earn the Institute international recognition.



Dr. Denis Roy
Chief Executive Officer



Dr. Jean-Claude Tardif
Director of Research

A World First in Personalized Medicine

A world first in personalized cardiovascular medicine took place at the MHI. Dr. Jean-Claude Tardif and Dr. Marie-Pierre Dubé's teams showed that it is possible to provide more effective treatment to a subgroup of atherosclerosis patients using a new medication based on a genetic variant. Dalcetrapib, which is in a new class of medications that raise levels of good cholesterol in the blood, had positive effects in a subgroup of patients expressing a variant of a regulatory gene in the production of an intracellular signal. This discovery led to the establishment of a biotechnology company with \$250M in capital. This company will also test on a global scale the efficacy of this medication among patients with the appropriate genetic variant.

3



- 1 -
Dr. Annie Dore,
Director of
Education.

- 2 -
Teaching.

- 3 -
Dr. Jean-Claude
Tardif,
Director of Research.

Our Achievements (cont.)



International Study in Clinical Electrophysiology That Will Change Patients' Lives

Atrial fibrillation is the most common type of heart arrhythmia or rhythm disorder. This disease affects more than 350,000 Canadians and is a major risk factor for stroke. Dr. Laurent Macle, Dr. Stanley Nattel and the entire clinical electrophysiology team unveiled the results of a major international study in clinical electrophysiology that will change the practice, improve treatment and better protect patients during catheter ablations of arrhythmogenic foci responsible for these arrhythmias.

An Innovative Approach

Dr. Christine DesRosiers and Dr. John Rioux, with their team, proposed an innovative new approach for determining abnormal mitochondrial function in patients with Leigh syndrome. Mitochondria generate energy in our cells, and this function is

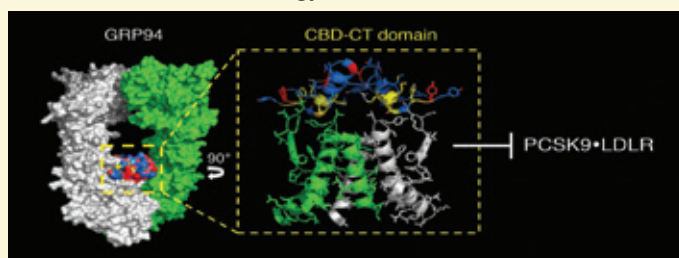
impaired in these young patients. They also revealed unexpected cardiometabolic markers such as insulin and other highly specific markers which show that this rare mitochondrial disease causes metabolic changes that could also explain certain chronic diseases.

Genetics and the Heart

Several factors influence the risk of having a heart attack, such as blood lipid levels, blood pressure and smoking. Family history is also a risk factor, indicating that our genetic make-up (or DNA sequence) can predispose us to or protect us from this heart condition. Previous human genetic studies identified DNA sequence variations on chromosome 6 influencing myocardial infarction risk. The work conducted in Dr. Guillaume Lettre's laboratory has linked these genetic variants to the activity of a gene called PHACTR1 in the endothelial cells that form the inner layer of blood vessels. Using molecular, cellular and genomic methodologies, his team now characterizes how PHACTR1 can influence heart attack risk. This work may guide the development of innovative therapeutic strategies for treating cardiovascular disease.

Bad Cholesterol

Liver cells have a receptor, LDLR, which eliminates LDL blood cholesterol, also known as "bad cholesterol." However, these same cells produce an abundance of PCSK9, a protein that promotes degradation of LDLR, thereby causing a significant increase in bad cholesterol, which is a major risk factor in the development of atherosclerosis. Dr. Gaétan Mayer's research team identified GRP94 as a protein that binds PCSK9 inside the liver and naturally prevents the complete degradation of LDLR. When brought into contact with the liver cell, GRP94 or a fragment of it can block the degradation of the



- 1 -
*The laboratory of
Dr. John Rioux,
Director of the
cardiovascular
Genetics Laboratory*

- 2 -
*The main
cerebral
arteries.*

- 3 -
*Dr. Éric Thorin,
Associate Director of
the Research Centre.*

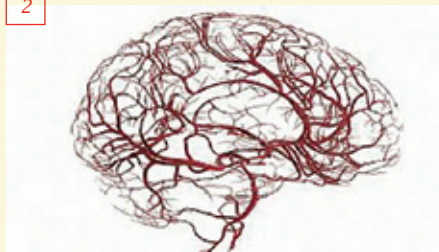
receptor. This discovery revealed a new therapeutic target.

Like high blood pressure, diabetes is an insidious and painless disease that, in the long term, causes the development of cardiovascular disease and of a specific heart disease that leads to heart failure. Dr. Christine Des Rosiers and Dr. Bruce Allen's teams discovered a new protein that, when repressed, provides protection against this diabetes-specific heart disease. This represents a major advance that could lead to clinical studies on a medical condition for which solutions are rapidly needed.

High Pulse Pressure Kills the Brain!

With age, the elastic arteries (aorta, carotids) become stiff, increasing the pulse pressure amplitude (the difference between the high systolic pressure when the heart is contracting and the low diastolic pressure when the heart is at rest), which becomes a major risk factor for stroke. However, the impact of oscillatory pulse pressure on the regulation of cerebral artery (and other artery) function is unknown. Dr. Thorin and Dr. Lesage demonstrated for the first time that oscillatory pulse pressure modified the physiology of the vascular endothelium and the regulation of cerebral artery tone. This discovery will lead to a better understanding of cerebral blood flow regulation mechanisms and of the impact of higher pulse pressure associated with age.

2



3



Our Achievements (cont.)

OUR TEAMS' INITIATIVES

Going Green in the Surgical Unit

Based on the high volume of waste produced during cardiac surgery and the fact that the Department of Technological Resources and Building Management implemented a recycling system, a multidisciplinary team introduced recycling in the surgical unit and in the medical device reprocessing unit.

The teams took part in this inspiring project and developed new work practices for sorting glass, surgical drapes, packaging and plastics. The operating rooms now have more recycling bins than garbage cans.

This innovative project has been a huge success: there has been a significant reduction in waste weight, not to mention the impact on the individual and collective pride of helping improve the health of the community.

Charging Stations for Electric Cars

In October 2015, the Montreal Heart Institute set up electric car charging stations for employees who use the MHI employee parking lot. A total of 10 rapid charging stations were installed so that employees can recharge their vehicles for free. This project was 75% funded by Quebec's Ministère de l'Énergie et des Ressources naturelles under the Branché au travail program.



THE BACK-TO-SCHOOL SHOW: AN ATMOSPHERE THAT INSPIRES

For the past several years, the Joint Occupational Health and Safety Committee at the Montreal Heart Institute has continued to invest time and energy in workplace inspections, work accident analyses and health promotion activities. Our mission is to promote the occupational health and safety of our organization's invaluable human resources.

Concerned about work atmosphere and mental health issues, the Committee believes it is important to showcase the Institute's staff members and give an opportunity to those who want to express their creativity, passion and talent. Every year, the Committee organizes the annual back-to-school show, which shines a light on the institution's staff and doctors. The event is a positive and enriching experience for the participants and the audience as well as the event organizers. Held on September 16, the 2015 back-to-school show, featuring the theme An Atmosphere That Inspires, delivered 2 one-hour lunch-time performances to a packed house. The performances were outstanding and the audience's enthusiasm was spectacular.

USERS' COMMITTEE

The users surveyed voiced their unanimous satisfaction about the care and services they received. They also mentioned professionals who listen to users' needs and who know how to tailor their responses to meet the needs expressed. Management is also responsive to the concerns raised.

The managers involved see to the quick implementation of desired improvements. In most care and service sectors, user participation in the analysis of best practices to implement is appreciated. The organization is also encouraged to further document the client- and family-centred care approach favoured by Accreditation Canada.

Our committed volunteers also provide services in addition to all the care and services delivered by the organization.



The MHI is a team of specialists, researchers and professionals working together for the well-being of their patients."

DR. DENIS ROY
CHIEF EXECUTIVE OFFICER OF THE MONTREAL HEART
INSTITUTE



Our Press Conferences Keeping the Community in the Loop

- 1 -
Health Minister
Gaétan Barrette.



A Major Investment in the Montreal Heart Institute!

On February 15, Health Minister Dr. Gaétan Barrette announced a \$189M investment to, among other things, renovate and expand the Emergency Department, consolidate the specialized outpatient services, upgrade the critical care units and construct the Centre of Excellence in Cardiovascular Health Training.

"I'm delighted that this project is well underway because the Montreal Heart Institute is one of our greatest assets for research on heart disease and is recognized both nationally and internationally. This project will allow the Institute to remain on the leading edge of this field, while significantly improving the quality of services it provides to the public," said Dr. Barrette at the press conference.



The Foundation confirmed that it will invest \$24M in addition to the government's contribution to execute this large-scale project. The Executive Director of the Foundation, Ms. Mélanie La Couture, thanked in particular the donors to the latest Battré au Rythme du Monde fundraising campaign, which was an unprecedented success. "Thanks to their commitment, the Institute has now become one of the best centres in the world in the cardiovascular field," said Ms. La Couture.

This announcement is excellent news for the Institute and all Quebecers.



- 2 -
Guy Ouellette,
Guillaume Lavoie,
Jean-François Lisée,
Denis Coderre,
Minister Gaétan
Barrette, Mélanie
La Couture, Hen-
ri-Paul Rousseau,
Pierre Ancil,
Dr. Denis Roy.

- 3 -
Dr. Denis Roy,
Chief Executive
Officer of the MHI.

DalCor Pharmaceuticals Secures the Licence for a Promising Cardiovascular Drug Following a Major Discovery by Montreal Heart Institute Researchers

The Montreal Heart Institute (MHI) and DalCor Pharmaceuticals announced a collaboration in principle to conduct an international Phase III clinical trial. This study could lead to a major clinical breakthrough in personalized cardiovascular medicine. The trial will seek to validate the clinical efficacy of dalcetrapib, an investigational medicine that could reduce cardiovascular morbidity and mortality by as much as 39% in patients with a documented recent acute coronary syndrome and with the appropriate genetic profile.

“Typically, personalized medicine results in better patient outcomes and potential reduction in costs. As part of this project, DalCor Pharmaceuticals will also support the MHI to further investigate dalcetrapib’s activity and new personalized medicine options for our patients beyond the scope of this initial Phase III trial,” said Dr. Jean-Claude Tardif, Director of the Desmarais Family Research Centre of the MHI.

The MHI and AstraZeneca to Screen Samples for Cardiovascular and Diabetes Genetic Traits

On May 12, 2015, before a number of media, the MHI announced a major collaboration with AstraZeneca. The multinational pharmaceutical company will provide 80,000 DNA samples to uncover the genes responsible for cardiovascular disease and diabetes, their complications and treatment outcomes. “It’s the largest biobank of its kind in the world,” explained Dr. Tardif, Director of the Desmarais Family Research Centre of the MHI.



The two main goals of the researchers at the Beaulieu-Saucier Pharmacogenomics Centre are to personalize therapies and discover new drugs. Dr. Fouzia Laghrissi-Thode, Vice President of AstraZeneca, who came directly from London for the announcement, said the multinational, who could entrust its invaluable biobank to anyone in the world, chose the MHI to maximize its chances of making discoveries because of the Institute’s unique expertise.

- 4 -
Guy Ouellette,
Dr. Jean-Claude Tardif,
Jacques Daoust,
Robert McNeil,
Dr. Denis Roy.

- 5 -
Ed Dybka,
Guy Ouellette,
Dr. Marie-Pierre Dubé,
Dr. Fouzia
Laghrissi-Thode,
Dr. Denis Roy,
Dr. Jean-Claude
Tardif.

Our Press Conferences Keeping the Community in the Loop (cont.)

The Montreal Heart Institute Ranks First in Research InfSOURCE's Prestigious "Canada's Top 40 Research Hospitals List"

The Montreal Heart Institute is ranked the No. 1 research hospital in Canada for research intensity and research income per researcher according to Research InfSOURCE's "Canada's Top 40 Research Hospitals List" published on October 28, 2015.

This ranking clearly illustrates the MHI's results at major scientific competitions and reflects the confidence its partners have in its organization.

Research is one of the Institute's central missions. The institution's reputation around the world and its state-of-the-art technology allow it to attract the top researchers. Thanks to these scientists and their bold teams, the Institute is able to make great strides in research on cardiovascular disease.

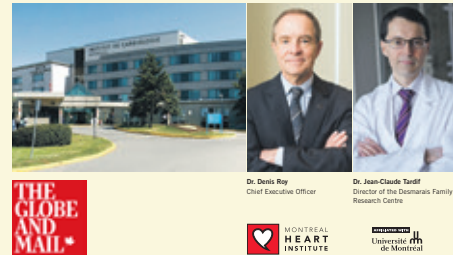


Treating the Heart, Helping the Brain

A world first! The Montreal Heart Institute is currently conducting a major clinical study that could help decrease the rate of cognitive decline, stroke or TIA in people with atrial fibrillation. This project gives hope for the future of medicine, given that 47.5 million people worldwide currently have dementia (severe cognitive impairment).

Congratulate the Montreal Heart Institute FIRST in CANADA in research INTENSITY and RESEARCH INCOME per researcher.

- Research InfSOURCE, October 2015



- 1 -
Dr. Lena Rivard,
Director, Fellowship
Program in
Electrophysiology.

Our New Recruits

Dr. Filippo Cademartiri, Radiologist

Dr. Marie-Ève Chamberland, Anesthesiologist

Dr. Jocelyne Genest, Cardiac Surgery Assistant

Dr. Laura Gioia, Neurologist

Dr. Geneviève Giraldeau, Cardiologist

Dr. Christine Henri, Cardiologist

Dr. Magali Pham, Radiologist

Dr. Pierre Robillard, Radiologist

Dr. Julie Sirois-Leclerc, Family Physician

The Institute Stands Out

A Team of Specialists from the Montreal Heart Institute Contributes to the Writing of an Article for the Prestigious *The New England Journal of Medicine*

Dr. E. Marc Jolicoeur and Dr. Jean-François Tanguay, physician-researchers in cardiology and hemodynamics, as well as Dr. Serge Doucet, an interventional cardiology specialist, all from the MHI, along with several internationally renowned specialists, contributed to the writing of an article entitled the "Efficacy of a Device to Narrow the Coronary Sinus in Refractory Angina," which was published on February 5 in *The New England Journal of Medicine*.

The article discusses the implantation of a device that narrows the coronary sinus and increases myocardial venous pressure in subjects with refractory angina. The clinical trial, conducted among 104 patients, shows a general improvement in symptoms and quality of life six months following implantation of the device in patients.

Montreal Heart Institute Expertise Is Making Headlines in the *Canadian Journal of Cardiology*

The expertise of the Montreal Heart Institute in the field of aortic disease was featured in the January 2016 issue of the *Canadian Journal of Cardiology*.

This theme issue was coedited by Dr. Ismail El-Hamamsy, along with several Institute specialists, including Dr. Gregor Andelfinger, Dr. Raymond Cartier, Dr. Philippe Demers, Dr. Annie Dore, Dr. François Marcotte, Dr. Jean-François Mongeon, Dr. Rosaire Mongrain, Dr. Donato Gerardo Terrone, Dr. Lauren Basmadjian and Dr. Nancy Poirier. All of these specialists shared their expertise on the substantial development of knowledge on aortic disease. In particular, they explained that the development of research in this field now provides a better understanding of the genetic component

and basis of these diseases that affect a significant proportion of the population. In addition, thanks to the sophisticated equipment at the Cardiovascular Genetics Centre and the significant reduction in the costs associated with genetic testing, our ability to quickly confirm a suspected genetic diagnosis has reached unprecedented levels in recent years.

Distinctions

Dr. Jean-Claude Tardif Inducted into the Order of Canada

Dr. Jean-Claude Tardif, cardiologist, Director of the Montreal Heart Institute's Desmarais Family Research Centre and professor at the Faculty of Medicine at Université de Montréal, became a Member of the Order of Canada on September 23, 2015. The Governor General of Canada, His Excellency the Right Honourable David Johnston, bestowed this honour on Dr. Tardif at an investiture ceremony at Rideau Hall.



- 2 -
Dr. Jean-Claude Tardif,
Order of Canada.

The Institute Stands Out (cont.)

The Order of Canada is one of our country's highest civilian honours. Its goal is to recognize outstanding achievement, dedication to the community and service to the nation.

Dr. Tardif was named to the Order of Canada on December 26, 2014, for his contribution to health care and the advancement of cardiology research.

Université de Montréal awarded Dr. Martin Juneau a certificate of excellence in the Social Innovation category at the Bravo à nos chercheurs! event, which was held on May 6, 2015. This award was granted to Dr. Juneau in recognition of his life's work as well as his original and innovative approach toward prevention and the promotion of healthy lifestyle habits.



Dr. Marie-Pierre Dubé

Researcher

FRQS Senior Research Scholar



Dr. John Rioux

Researcher

Canada Research Chair in Genetics and Genomic Medicine, Tier 1



**Dr. Jocelyn Dupuis
and Dr. François Harel**

Physicians

**2015 Merck-Université
de Montréal Award**



Dr. Louis Perrault

Chief of the Department of Surgery

**Elected President of the Canadian
Society of Cardiac Surgeons (CSCS)**



Dr. Lucie Parent

Researcher

**Received the 2015-2016 Award of
Excellence from the Jean Coutu Group
and the Heart and Stroke Foundation
of Quebec**



Dr. Michel Carrier

Cardiac surgeon

Named Director of the Department of Surgery of Université de Montréal



Maxime Boidin

Doctoral student on the ÉPIC Centre's research team

Received first prize for his clinical research oral presentation at the MHI's Research Day on June 4, 2015.

His presentation examined interval and continuous training as they relate to heart rate and ventricular arrhythmia.



Dr. Eric Thorin

Researcher

Received the 2015-2016 Award of Excellence from the Royal Bank of Canada and the Heart and Stroke Foundation of Quebec



Dr. Denis Bouchard

Cardiac surgeon

Received the Award for Best Professor at the Department of Surgery of Université de Montréal



Dr. André Denault

Anesthesiologist and intensivist

Received the Allan Spanier Award.

The award was granted at the 13th annual conference of the Quebec Society of Intensivists in recognition of his contribution to the development of intensive care.



Dr. E. Marc Jolicoeur

Cardiologist

Received the Grant from the Drug Safety and Effectiveness Network/ CIHR for the project: *The Advancement and Democratization of Medical*

Research in Canada Through the Development and Validation of Randomized-Registry Trials – \$100,000, in collaboration with Dr. Jean-Claude Tardif and under the mentorship of Dr. Jean-Lucien Rouleau.

Our Social Media

Follow us and like us

Institut Cardio Mtl
@ICMtl



Institut de Cardiologie
de Montréal (ICM)
@institutcardiologiemontreal

MONTREAL
HEART
INSTITUTE
FOUNDATION



Mission

The Foundation collects and administers funds to support research, care, teaching, prevention, rehabilitation, and the evaluation of new technology at the Montreal Heart Institute. We therefore have a hand in the excellence of a world-class institution that serves the Quebec community.

Values

We value involvement, integrity, listening and respect to obtain conclusive and effective results, while responsibly, honestly, transparently and soundly managing the funds entrusted to us. Our determination to go the extra mile is inspired by the work of our many volunteers.

Code of Ethics

The Foundation has established a code of ethics and professional conduct that was approved by its Board of Directors. The corporation thereby commits to building and maintaining an exemplary reputation in terms of ethics and professional conduct throughout all levels of its structure. Each Board member must comply with the standards outlined in this code, which includes provisions for conflicts of interest, confidential information, employment and external resources, entertainment, gifts and benefits as well as the use of the corporation's goods and property.



I love Philippe.

Volunteering has always been a part of my life. When I was little, my mom helped me get involved with different organizations. Since then, I've felt that volunteering has given a deeper sense of meaning to my life and helped me give back a little of all that I've been given."

PHILIPPE ANGERS,
VOLUNTEER

Activity Report for the Heart Beat to the Future Campaign

The Foundation would like to thank those who made donations to the latest Heart Beat to the Future Campaign fundraising campaign, which was an unprecedented success. The campaign raised \$70M, surpassing its goal of \$60M.

Minister Gaétan Barrette held a press conference on February 15 at the Institute to announce the launch of its modernization and expansion project. At the event, the Foundation confirmed that it will invest \$24M in addition to the government's contribution to execute this large-scale project called Investing in Excellence.

The honorary chairs of the Heart Beat to the Future Campaign campaign were the Right Honourable Jean Chrétien and the Right Honourable Brian Mulroney. Ms. France Chrétien Desmarais launched this fundraising campaign in 2007.

Mr. André Desmarais, Mr. Michael J. Sabia and Mr. Serge Godin served as co-chairs. Thanks to their hard work, we were able to achieve such exceptional results.



- 1 -

*Mélanie La Couture,
Suzanne Lévesque,
Pascale Alpha,
Yves Amyot,
Dr. Denis Roy,
Pierre-Albert Jean,
Sylvie Fontaine,
Dr. Gaétan Barrette,
Marjolaine Lachance,
Henri-Paul Rousseau.*

PHOTO CREDIT:
ANTOINE SAITO

Heart Beat to the Future Campaign Donors

\$5 million or more

Gisèle Beaulieu and Michel Saucier

\$2 to \$5 million

Bell - Marissa et Francesco Bellini - BMO Groupe financier - Boston Scientific Ltd. - André Desmarais et France Chrétien Desmarais - Paul et Jacqueline Desmarais - Fondation J.-Louis Lévesque - The J.W. McConnell Family Foundation - Power Corporation du Canada - St.Jude Medical Canada Inc.

\$1 to \$2 million

Banque Nationale - Claudine and Stephen Bronfman Family Foundation - CGI - CN - Paul et Hélène Desmarais - Fondation J. Armand Bombardier - Fondation J.A. DeSève - Fondation Jeunesse-Vie - La Great-West, London Life et Canada-Vie - Michal & Renata Hornstein - Mouvement des caisses Desjardins - RBC Fondation - Richard J. and Carolyn Renaud - Saputo inc.

\$500,000 to \$1 million

AstraZeneca Canada Inc. - CIBC - Banque Scotia - Groupe Financier Banque TD - Peter Munk Charitable Foundation - Rio Tinto Alcan - Sanofi-Aventis Canada Inc.

\$100,000 to \$500,000

Administration Portuaire de Montréal - Dr. Andre and Mrs. Nussia Aisenstadt - Alimentation Couche-Tard inc. - ATCO Group - Banque Laurentienne - CAE Inc. - Cardiologues Associés de l'ICM - Dalfen Family Foundation - Frances & Reuben Dubrofsky / Kaycan Ltd. - Financière Manuvie/Manulife Financial - The Aaron and Wally Fish Family Foundation - Fondation de la famille Lemaire - La Fondation Fernand R. Bibeau - Gaz Métro - Groupe Canam Inc. - Groupe COGECO Inc. - Jean-Guy Hamelin - The Mel Hoppenheim Family Foundation - Sandra & Leo Kolber Foundation - Maple Leaf Foods Inc. - Metro inc. - Pratt & Whitney Canada - Rona inc. - Succession Jean-Denis Laramée - Sun Life Financial - Transcontinental inc.

\$50,000 to \$100,000

Les Anesthésistes Associés de l'ICM - ArcelorMittal Montréal Inc. - Fondation Marcel et Rolande Gosselin - Fondation Samson Bélair / Deloitte & Touche Canada - Daniel Lamarre - Lieberman Tranchemontagne - G. Wallage F. McCain - Merck Frosst Canada Ltd. - Monitor Angelcare

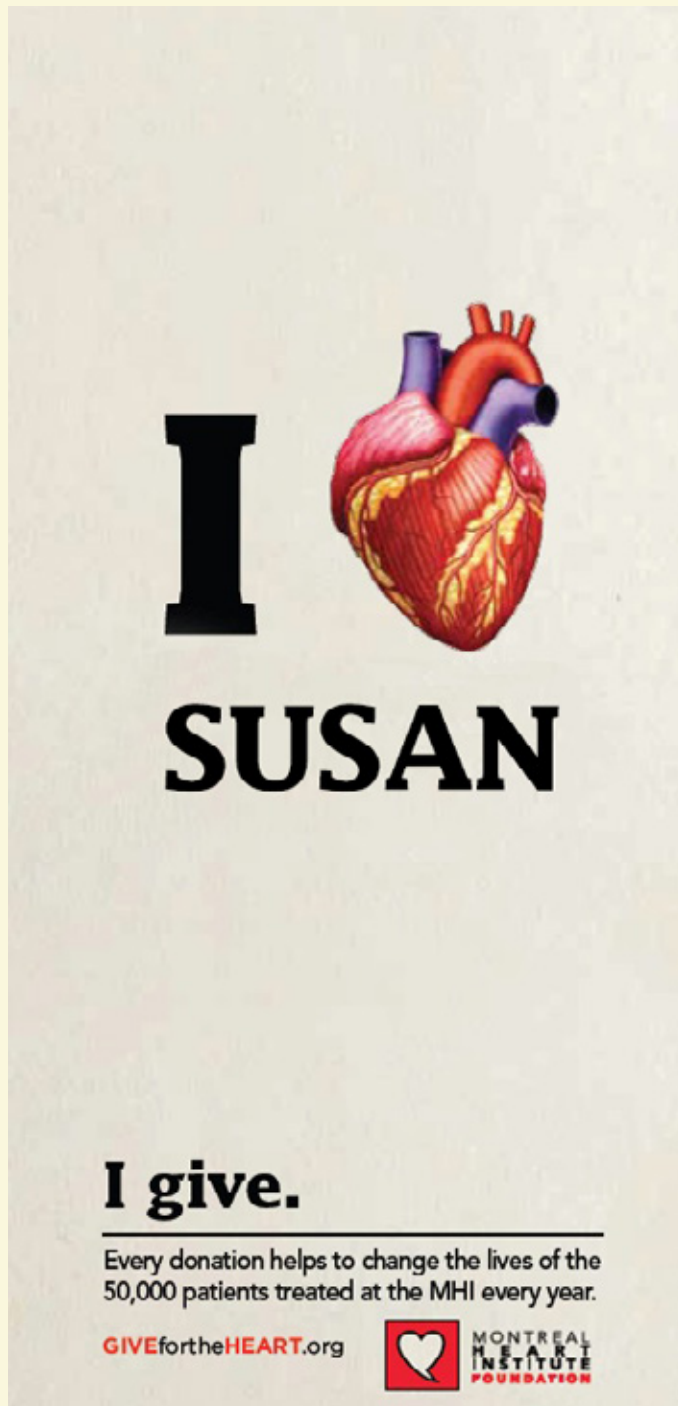
\$25,000 to \$50,000


Air Liquide Canada inc. - Chirurgiens Cardiaques Associés de l'ICM - Construction Albert Jean Limitée - Dessau inc. - Fondation Luigi Liberatore - Irma and Robert Fragman - Louis A Tanguay

* Due to a lack of space, we are only able to include donors who gave \$25,000 or more.

A New Campaign That Keeps Hearts Beating at the Montreal Heart Institute

Our new advertising campaign "I love David. I give." has brightened the Institute walls since the fall of 2015.




I 

SUSAN

I give.

Every donation helps to change the lives of the 50,000 patients treated at the MHI every year.

GIVEfortheHEART.org  MONTREAL
HEART
INSTITUTE
FOUNDATION

**Events That Get
People Involved**



Events That Get People Involved

Grand Bal des Vins-Cœurs

The 2015 Grand Bal des Vins-Cœurs was an opportunity to pay tribute and award the Foundation's Medal of Honour to Mr. Marc Poulin, President and Chief Executive Officer of Empire Company Limited and Sobeys Inc., as well as to the IGA members of the Association des Épiciers du Bassin Laurentien for their generosity, involvement and dedication. A total of \$1.7M was raised at the event, which was held at the Uniprix Stadium. The evening was a huge success in large part due to our major partners: Cirque du Soleil, the SAQ, Scotiabank and Oliver Wyman.

#ÀLABONNEPLACE

The Foundation's Emerging Leaders Committee organized the #ÀLABONNEPLACE event, presented by BMO Capital Markets at Arsenal on October 8, 2015. Young professionals came out to a personalized evening featuring a theme of mixology that raised \$100,000 for the Foundation!

YOGA pour le Cœur, Zen for the Cause!

On August 2, 2015, the first YOGA pour le Cœur event took place, presented by Desjardins at the Belvedere in the Old Port of Montréal. Drawing more than 300 participants of all ages and raising \$21,250, this event is destined to become one of the Foundation's top events!

A special edition of YOGA pour le Cœur was also held on Sunday, February 21, 2016, at the Montreal Heart Institute's ÉPIC Centre. More than 150 people came out and took part in an experience of well-being for the cause!

- 1 -
The
#ÀLABONNEPLACE
event at Arsenal.

- 2 -
The
#ÀLABONNEPLACE
event
at Arsenal.

- 3 -
The co-chairs of the
Grand Bal des Vins-
Cœurs present a
cheque for \$1.7M.

- 4 -
Jorane performs at
the Grand Bal des
Vins-Cœurs.

- 5 -
YOGA pour le Cœur
on the terrace at the
Belvedere in the Old
Port.





Events That Get People Involved

(cont.)

Kanawaki Golf Tournament

Close to 120 golfers came out last August for the 29th annual Kanawaki Golf Tournament, raising an impressive \$117,000. Since it was created, the Kanawaki Golf Tournament, chaired by Mr. John A. Rae, has contributed over \$2.6M to the Foundation!

Soirée des Cœurs Universels

The 14th Soirée des Cœurs Universels was held on Friday, October 23, 2015, at the Le Rizz reception hall and raised \$229,000. A tribute was paid to Dr. Martin Juneau who, through his work, has positioned the Institute as an undisputed leader in the prevention of cardiovascular disease in North America. Many thanks to Mr. Carmine Mercadante of the Mercadante Di Pace law firm and Mr. Mariano A. De Carolis, General Manager of the Caisse populaire Canadienne Italienne – Desjardins, honorary co-chairs of the event.

Montreal International Auto Show Charity Preview

On January 14, 2016, some 4,000 guests at the 11th annual Montréal International Auto Show Charity Preview raised a total of \$702,181 for participating hospital foundations, including more than \$135,000 for the Montreal Heart Institute Foundation.

- 1 -

The Soirée des Cœurs Universels organizing committee presents the evening's proceeds.

- 2 -

A total of \$702,181 was raised for participating hospital foundations at the Montreal International Auto Show Charity Preview.

- 3 -

On the field at Polo avec Cœur.

- 4 -

At the Défi des Cœurs starting line.

Polo avec Cœur

On August 8, 2015, the prestigious annual Polo avec Cœur event organized by Ms. and Mr. Pennycook raised \$45,000 for the Electrophysiology Department at the Montreal Heart Institute. Thank you very much!

The Monaco Group Classic

The 24th Monaco Group Classic, organized by Mr. Dominic and Mr. Ernesto Monaco, raised an impressive \$120,000 for the Institute. Special thanks go to all the golfers and organizers!

The 2015 Défi des Cœurs Clinique dentaire Descôteaux

The young woman behind the Défi des Cœurs—who is passionate about running—had major open-heart surgery at the Montreal Heart Institute. For the past three years, Chantale Boucher has organized this charity run in Shawinigan to raise funds for patients at the Institute. This year, the Défi des Cœurs raised \$4,400 for the Foundation.



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12



4

Fundraising Projects—a Great Way to Contribute to the Cause!

Trip Lottery

This year, the Trip Raffle of the Institute's employees raised more than \$113,000 to purchase new equipment. Thank you!



The Whistling Challenge

In 2015, the Foundation gained incredible exposure from its Whistling Challenge social fundraising campaign. None other than Ms. Ginette Reno kicked off the campaign. The artistic community and Quebecers at large followed suit and took up the whistling challenge on social media and television to support people with cardiovascular disease and raise funds for patients at the Institute.

- 1 -
The Foundation's
Mélanie La Couture
and Elsa Desjardins
receive the cheque
from the BMO soccer
ball sale.

GOOD FOR YOU. GOOD FOR US.

The "GOOD FOR YOU. GOOD FOR US." campaign ran from February 4 to 24, 2016, at all IGAs in Quebec and New Brunswick, allowing the Joy of Eating Better Foundation to donate \$317,000 to the Institute. This fundraising campaign marked the 30th year of the invaluable partnership between IGA and the Montreal Heart Institute Foundation, which has raised no less than \$8.4M over the years.



BMO Soccer Ball Sale

A total of \$8,500 was raised through the sale of soccer balls at BMO branches in downtown and the east end of Montréal in the spring of 2015. Thank you for this tremendous teamwork!



I love Gilles.

I've volunteered at the Institute for 16 years because I want to give back to others what it gave to me and because I love the Institute—it's my cause."

GILLES SPINELLI
PATIENT AND VOLUNTEER

The Foundation Pays Tribute to the Individuals, Foundations and Companies That Help Us Make a Difference!

- 1 -

*Dr. Jean-Claude Tardif,
Dr. Denis Roy,
Rosemary Hoppenheim,
Mel Hoppenheim,
Mélanie La Couture,
Dr. Filippo Cademartiri,
Dr. Pierre Robillard.*

- 2 -

*Guy Breton,
Henri-Paul Rousseau,
Mélanie La Couture,
Dr. Jean-Claude Tardif,
André Desmarais,
Dr. Denis Roy,
France Chrétien
Desmarais.*

- 3 -

*Claude-Armand
Sheppard,
Daniel Kaufman,
Jimmy Kaufman,
Dr. André Denault,
Dr. Denis Roy,
Mélanie La Couture.*

The Kaufman Family

A new endowment fund thanks to Richard I. Kaufman.

The Institute would like to acknowledge a very special contribution from the Kaufman family. Thanks to these generous donors, the Richard I. Kaufman Endowment Fund will be established. The fund will allow, among other things, the Institute to create a research team exclusively for the Department of Anesthesiology and Critical Care to ensure that the MHI remains a leader in these fields.



André and France Desmarais

A major step forward for the Institute's hospital cohort and biobank.

Over the years, Mr. André Desmarais and Ms. France Chrétien Desmarais's support has been unwavering. This new \$3M contribution will accelerate patient recruitment and ensure long-term follow-ups in order to reach the 30,000-participant mark, making it one of the largest longitudinal hospital cohorts in the world.

In honour of these donors, the cohort will be renamed the André and France Desmarais Hospital Cohort of the Montreal Heart Institute.

The Mel Hoppenheim Family Foundation

A new CT scanner room through the acquisition of SOMATOM Force by Siemens: a cutting-edge CT scanner and the first of its kind to be installed in Canada!

The tremendous generosity of this exceptional individual, Mr. Mel Hoppenheim, a member of the Board of Directors of the Institute's Foundation since 1989, has made it possible to acquire this equipment and recruit Dr. Filippo Cademartiri, an internationally recognized specialist. We feel extremely privileged that he has joined the Institute's team of radiologists.



Scholarships and Awards Granted by the Foundation

Congratulations to All Our Recipients!

Research Day at the MHI

Research Day is a science outreach competition organized for students, postdoctoral fellows, residents and research supervisors, who are invited to present their research work to Institute staff on this day. On June 4, 2015, as part of the 18th edition, the Foundation granted the following awards.

Fondation J.-Louis Lévesque Awards

Established in 1989, the Fondation J.-Louis Lévesque Awards recognize the outstanding achievements of residents and PhD students at the Desmarais Family Research Centre of the MHI who gave the best oral presentations in clinical and basic research.

Clinical research:
Maxime Boidin

Basic research:
Chloé Lévesque and Andreea Milasan

Jacques-Landreville Awards

True to the wishes of Mr. Landreville to help train our researchers and recognize their contributions, the Foundation created two award categories: Master's and Postdoctoral.

Master's:
Mr. Marc-Alexandre Gingras

Postdoctoral:
Ms. Delphine Béziau

Congratulations to all the researchers who submitted a project.

Martial G. Bourassa Prize

Dr. Martial G. Bourassa is a cardiologist emeritus who worked for more than 46 years at the Institute. Among other things, he pioneered new coronary angiography techniques in North America and Europe. For the past 18 years, thanks to his initiative, the Foundation has had the honour of recognizing the excellence of the Institute's young clinical and basic researchers who stand out for their active participation in scientific life. Each year, a young researcher under the age of 45 is granted the very special Martial G. Bourassa Prize. On December 18, the Institute's Foundation awarded the Martial G. Bourassa Prize to Dr. Filippo Cademartiri.

- 1 -

*Kevin Kojok,
Chloé Lévesque,
Alexandre Bergeron,
Steve Poirier,
Maxime Boidin,
Julie Briot,
Andreea Milasan,
Cécile Martel,
Adeline Raignault,
Nathalie Chami and
Delphine Béziau.*

- 2 -

*Dr. Jean-Lucien Rouleau,
Dr. Denis Roy,
Dr. Pierre Robillard,
Dr. Filippo
Cademartiri and
Ms. Mélanie
La Couture.*



- 3 -
Nursing awards ceremony.



Nursing Scholarships

TD Bank and Jean-Pierre Themens

We would like to congratulate all the MHI nursing employees, several of whom were honoured at the awards ceremony for professional development and training scholarships in nursing. The ceremony, which was held as part of Nursing Week, is a wonderful opportunity for the MHI to recognize the outstanding quality of its nursing staff.

Overall, 31 scholarships totalling \$58,000 were awarded at the ceremony. The goal of the program is to recognize and support efforts to advance the profession and improve the health and quality of life of patients and their loved ones. It was launched in 2007 by the MHIF and the Department of Nursing at the MHI and is funded by a \$500,000 donation from TD Bank and Mr. Jean-Pierre Themens, an MHI patient and loyal donor to the Foundation.



GG
Works of art to brighten the Institute's halls. Heartfelt thanks to Ms. Nicole Leblanc, who donated some of her acrylic paintings!"

Bal du Cœur Fellowships

The Bal du Cœur was created by Mr. Tony Meti to ensure the lasting future of a fellowship program for doctors. The goal of the fund is to promote and financially support future doctors in their postdoctoral studies. By encouraging continuing education, these fellowships contribute to the development of the fellow's field of expertise.

Congratulations to Dr. Marie-Ève Chamberland and Dr. Meggie Raymond. We wish them every success in their professional training. (photos 7 and 6)

National Bank

In October, Ms. Lilianne Benoit and Ms. Valérie Simic of the National Bank of Canada presented a professional development scholarship for \$1,000 to Ms. Claudine Picard-Clément so that she could attend the 2015 Canadian Cardiovascular Congress that was held in Toronto. Thank you for supporting the Council of Nurses of the Montreal Heart Institute.

- 4 -
Josée Darche,
Francis Brisson,
François-Adrien
Duchauchelle,
Claudine Picard-Clément,
Liliane Benoit,
Valérie Simic.

- 5 -
The Foundation's
Josée Darche
and artist Nicole Leblanc.

- 6 -
Tony Meti,
Dr. Meggie Raymond,
Mélanie La Couture.

- 7 -
Tony Meti,
Dr. Marie-Ève
Chamberland,
Mélanie La Couture.





I love Carole.

The Institute is a leading cardiology centre on a human scale, where everyone knows one another. That's why I've been working at the Institute's Foundation for 28 years.

CAROLE GRAY
DONOR RELATIONS AGENT

I love Guylaine.

My daughter was born with a heart condition. The Institute specialists who have cared for her have made a real difference in her life. I work for the Institute's Foundation now, for 30 years.

GUYLAINE BANVILLE
DIRECTOR, BUSINESS DEVELOPMENT AND
DIRECT MARKETING

The Foundation Thanks You!

Every year, more than 30,000 donors come together to keep the heart of the Montreal Heart Institute beating. This generosity reflects our donors' commitment to the Institute and enables the Institute's specialists who show their dedication, day in and day out, to provide the best care to patients.

The annual lecture, which was held at the Mirella and Lino Saputo Theatre of the Leonardo da Vinci Centre, gives the Executive Director of the Foundation the opportunity to meet and thank the Foundation's loyal donors. For this year's event, Dr. Alain Vadeboncoeur, Chief of the Emergency Medicine Department and former host of the Radio-Canada show *Les docteurs*, hosted a round table on the patient-doctor relationship.

His guests, Dr. Martin Juneau, Director of Prevention of the ÉPIC Centre, Ms. Marie Pagé, Nurse Practitioner, and Dr. Marie-Claude Côté, Psychiatrist, certainly impressed the audience.



- 1 -
*Denis Faust,
Lyne Houle,
Giorgio Serafin,
Dr. Marie-Claude Côté,
Dr. Alain Vadeboncoeur,
Dr. Martin Juneau,
Marie Pagé,
Mélanie La Couture,
Richard Sanche.*

The Dr. Paul-David Society



The Dr. Paul-David Society

If the Institute remains among the best cardiology centres in the world, it is thanks, in part, to the members of the Foundation's Dr. Paul-David Society. In 2015, our Society included more than 1,606 donors, who made an annual donation of \$250 to \$5,000.

The Visionary Team

On November 19, 2015, about a dozen individuals (donors and notaries) took part in a group discussion. The goal was to discuss the Visionary Team, which recognizes the contribution of individuals who have chosen to leave a bequest to the MHI Foundation. This meeting, which was attended by Dr. Denis Roy, Chief Executive Officer of the MHI, Ms. Mélanie La Couture, Executive Director of the Foundation, and Mr. Louis A Tanguay,

Chair of the Planned Gifts Committee, led to some very interesting conversations.

A number of activities will be held each year for the members of the Visionary Team to thank them for supporting the Foundation's mission and for allowing future generations to benefit from progress in cardiovascular medicine.

The MHI Honor Circle

This year, the Montreal Heart Institute Foundation launched its new recognition plan, the MHI Honor Circle, to acknowledge the philanthropic spirit of its members. The Society includes donors who made a difference by investing \$5,000 or more in the Institute in 2015.

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\$100,000 or more

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Our Generous Donors

The Foundation would like to recognize the tremendous generosity of the companies, organizations and individuals who donated a total of \$5,000 or more as of March 31, 2016, by taking part in its activities or annual campaigns.

Thank you for supporting the Montreal Heart Institute!

Founder

Dr. Paul P. David

Founding Governor

J.-Louis Lévesque

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\$5,000 to \$20,000

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\$5,000 to \$20,000 (cont.)

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\$5,000 to \$20,000 (cont.)

Inc. - Jeanne Kadowaki - Kau and Associates Limited Partnership - Ketchum Canada - Keurig Canada Inc. - Anis Khalil - Joseph Kocisko - Kraft Canada Inc. - Gordon Kugler - La Petite Bretonne - La Vie en Rose - Claude Labarre - Jean-Paul Labelle - Jeannine Labelle - Labrador Laurentienne Inc. - Léo Labrosse - Gérard Lacerte - Jean-Pierre Lacombe - Georges Lacoste - Réal Lacroix - Robert Lafleur - Famille Gilles Lafortune - Rose Laganière - André Lajeunesse - André Laliberté - Claude Lamarre - Marie-Lyse Bergeron et Eric Lamarre - René Lambert - Rolland Lambert - Jacques Lamer - Pierre Lamoureux - Desneiges Landry - Jules Landry - Jacques Laparé - Monique Lapointe - Roger Laporte - Daniel Larouche - Fabienne Larouche - Sylvio Larouche - Yves Latour - Pierre Latraverse - André Laurent - Michel Lauzon - Yves Lauzon - Jean-Pierre Lavallée - Robert Lavallée - Lise Lavigueur - Le Mémorial Enr. - Guy Leblanc - Jean-Yves Leblanc - Vincent Lecavalier - Suzanne L'Écuyer - Lécuyer et Fils Ltée - LEDUC INTERNATIONAL Services Financiers Inc. - Richard Y. Lee - Carole Lefebvre - Claude Lefebvre - Wilfrid Lefebvre - Hélène Lefort - Warren Lefrançois - Léger Marketing - Alain Lellouche - Raymond Lemay - Denise Lemay Hamel - Irène Lemieux - Dr. Yvette Lemire - Marcelle Lépine - Monique F. et Marc Leroux - Wilfrid Lespérance - Pierre H. Lessard - Lesters Foods Ltd. - Clément Letarte - Francoise B. Letarte - Miles A. Leutner - Pierre-Elliott Levasseur - Robert Léveillé - René Levert - Joseph Isidore Lévesque - Rosaire Lévesque - Gilda & Benton Lewis - Lexus Toyota - Julia Libotte - Tom Little and Ann Sutherland - Locations Celebrations Group - Logistec Corporation - Joseph Lohé - Madeleine Lohé - Marie-France Lohé - Lone Star Global Acquisitions Ltd - Pierre Lortie - The Irving Ludmer Family Foundation - Rita Lumba Bacani - Iuliana Lupu - Guy Lussier - Magnus Poirier Inc. - Germaine Mailloux - Maison Orphée - Maître Saladier - Chantal Malo - P.E. Gérard Malo - Domenic Mancini - Gilles Marchand - Jean Marchand - André Marsan - Richard Martin, CM - Giulio Masella - Gérald Masse - Michel Matte - Maxwell Cummings Family Foundation - Sol Mayoff - McCain Foods Limited - Paul-André Melançon - Pierre Meloche, O.C. - Jean-Pierre Ménard - Mercadante, Di Pace Compte Général - Germain «Pat» Mercier - Andrée MÉRIZZI - Meti Family - Sylvain Michon - Président, Salvatore Migliara de la résidence au Fil de l'eau - Minute Maid - Mission Cath. Italienne de l'Annunziata Montréal - Bradley-Walter Mitchell - Haim Molho - Molson Canada - Dominique Monet - Monetico Desjardins - Montour Ltée - Montpak International - Denise et Jean Morel - Linda Morin - Pierre Morin - Morneau Shepell - Mosaïq Inc. - Brian M. Mulroney - M. et Mme Maurice Myrand - Marius Nadeau - Réal Nadeau - Nature's Touch Frozen Foods Inc. - Navilon inc. - Louis Neftin - Famille Bruno Negrello - Fay Neil - Netricom Inc. - Thuc C. Nguyen - Alice Niedzwiedz - Bryan Nix - Ralph A. Noble - Norampac Inc. - Novacap - Nutrifrance Ltée - Olivier Bouvai - Oeuvres Régis-Vernet - L'Ordre de la Très Sainte-Trinité - Ordre fraternel des Aigles - Marie-Madeleine Ouellet - Alain Ouimet - Outbox Technology - Outil Pac Inc. - Outillage Industriel de l'Est (1987) Inc - Massimo Pacetti, député - Joan et Luc Paiement - Nellie Pajczkowski - Gerald Panneton - Papiers Perkins Ltée - Ram Panda - Justin Paquet - Gaétan Paradis - Louis Paradis - Jacques Parent - Famille Jean-Guy Parent - Jacques Patry - Pâtisserie Jessica - Paul LaFrance Transport inc. - Richard Payette - Serge Peladeau - Giancarlo Pellegrino - Michel Pellerin - Edouard Pelletier - Carol and Donald Pennycook - Dr Louis Perreault - Perreault, Wolman, Grzywacz & Cie. - Jean H. Picard - Ofelia M. Pierre-Louis - André Piette - Roger Pigeon - Jean Pilon - Benedetto Pizzola & Milena D'Intino - Place Lacordaire - Placements DBC Inc. - Les Placements Jean-Philippe Ltée - Plaisirs Gastronomiques - Planit Construction & F.M. - Planordico Inc. - Marie Plourde - Réal Plourde - Yvon Plourde - André Poirier - Claude Pomerleau - Portes Gensteel - Gilles Poupart - Marie-Claire Poupart - Prétech Inc.

\$5,000 to \$20,000 (cont.)

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Bequests

Bequests are an exceptional way to allow future generations to benefit from progress in cardiovascular medicine. Once again this year, numerous donors have chosen to lend their names to the Institute's cause. We would like to pay tribute to these visionaries whose combined generosity has resulted in bequests of nearly **\$874,793**.

General bequests totalling \$601,925

I love...

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Bequests dedicated to research totalling \$272,868

I love...

Gaston Binette - Rollande Dessureault - Richard I. Kaufman

We extend our full gratitude to you.



When his notary friend told him about the many tax benefits of planned gifts, he decided to adopt this practice to help the community. "It is essential for me to give back to the Institute, given how important this leading cardiology centre is to my life. I love the MHI."

MR. CLAUDE BÉDARD

Our Volunteers in Action



The Montreal Heart Institute is fortunate to count on a team of 29 dedicated volunteers who welcome, direct and assist patients and visitors and who help improve the quality of the patient experience within our walls. Whether it is at the front desk of the main entrance, at the entrance to the Test Centre, in the cafeteria, on the floors, or even lending support to patients who are waiting for or recovering from heart surgery, our volunteers provide a vital service to patients and visitors and we sincerely thank them.

20th Anniversary of the Heart Surgery Support Program

The Montreal Heart Institute's Heart Surgery Support Program celebrated its 20th anniversary in 2015. Originally established following an internal initiative, the program provides encouragement, information and support to patients and their families the day before heart surgery and in the days following the operation to help reduce any anxiety it may cause. The value of this volunteer program lies in its complete reliance on the generosity and involvement of former Institute patients who have had heart surgery.

Since the program began in 1995, nearly three-quarters of patients who are waiting for surgery have received a visit from a Heart Surgery Support Program volunteer. More than 23,000 pre-operative visits took place between 1995 and 2014. Our former patients and new volunteers put a human face on all the care provided each day to

patients at the Montreal Heart Institute. They provide true added-value to the work of the clinical staff. In fact, the volunteers' care and attention help alleviate the fear and stress associated with having surgery. Patients appreciate being able to share their fears with someone who has gone through the same experience and seeing for themselves that life can go back to normal after a cardiac procedure.

I Love the MHI!

The Foundation thanks you for contributing to its cause and for generously donating your time. All the Foundation's activities rely on your commitment. More than one hundred volunteers donate their time to support the Foundation's efforts.

Other volunteers include members of the Board of Directors and its committees as well as its event partners.



I love Ghislaine.

I enjoy volunteering—it makes me feel useful. The Foundation staff are wonderful. I feel very welcome and appreciated. My husband and I are happy to help the Foundation keep hearts beating. I love the MHI."

MR. AND MS. BERGERON

Our Volunteers

I love...

France Anctil - Philippe Angers - Julie Arcand - Tamara Arce-Laluc - Suzanne Archambault - Christian Arès - Laurent Aubin - Gilles Babin - Carmen Bau - Corinne Beauchamp - Francine Beaupré - Claudette Bédard - Véronique Bélanger - Diane Benoit - Georges Bergeron - Ghislaine Bergeron - Colette Bertrand - Josée Bertrand - Gilles Berubé - Claudette Bilodeau - Simon Blanchette - Raymond Boily - Chakib Bouayed - Pierre Bourgeois - Raymonde Bourque - Francine Brasseur - Michel Brouillet - Marie Carignan - Danielle Caty-David - Denise Cayer - Jeannette Chabot - Jeanne Chabot Bouvier - Chantal Charbonneau - Alain Charron - Claudine Cinq-Mars - Michel Cloutier - Cécile Collard - Rita Corbeil - Denise Cornellier - Hélène Couillard - Marie Cournoyer - Julie Cyr - Linda De Lucas - Diane Desfossés - Hélène Désilets - James Desmarchais - Johanne Desrochers - Claudette Desrosiers - Mary Di Rosa - Mathilde Dion Lavertu - Amandine Djadel - Vanessa Dorcelus - Marcelle Dubreuil - Mélanie Duclos - Julie Duval-Courchesne - Geneviève Favreau - Eduardo Fernandez - Claudette Filion - Ian Filion Bock - Pierrette Fortin - Dalia Gagnon - Christine Gagnon - Nycol Gariépy - Martin Gaudreault - Émilie Gauthier - Ghislaine Gélinas - Océane Giguère - Fanny Gingras - Margot Girard - Thérèse Gratton - Consiglia Graziani - Claude Grondin - Nellie Guay - Geneviève Guérard - Luigino Guerrera - Jessica Hayes - Mireille Hébert - Josianne Hébert - Éva Houle - Mathieu Jarry - Diane Jodoin - Pénélope Laberge - Denise Lacombe - Chantal Lacoste - Etienne Lacroix - Cristel Lafleur - Laurence Lafortune - Nadia Lafrance - Lorraine Lake - Alexandra Lalonde - Lorraine Lamontagne - Fleurette Lamoureux - Daphné Langevin - Sylvio Langlais - Michelle Languedoc - Marthe Lapensée - André Lapointe - Anne-Claudine Laroche - Johanne Lavallée - Françoise Leblanc - Louise Lebrun - Ginette Lefebvre - Noémie Legendre - Monique Lemieux - Marguerite Leporé - Roselyne Leroux - Christiane Lévesque - Andréanne Martel - Geneviève Mathieu - Marc-André Mathieu - Isabelle Mc Carthey - Micheline Miller - José Montéro - Laura Morselli - Jairo Ortega - Alexandra Otis - Filomena Pacetti - Suzanne Paquette - Serge Paré - Pierrette Pelletier - Christiane Perreault - Florent Perugini - Diane Pilon - Marie-Thérèse Pilon - Françoise Poirier - Kathya Poutré - Julia Primeau - Françoise Proulx - Marc-André Rheault - Guy Richardson - Marie-Claude Ringuette - Marie-Claude Rivest - Julie Robert - Suzanne Rogers - Micheline Savard - Annie Savoie - Rita Séguin - Samia Sharnobi - Lina Simard - Audrey Sirois - Dany Sirois - Robert Spattz - Gilles Spinelli - Ginette St-Hilaire - Julie St-Laurent - Micheline St-Pierre - Nicole St-Pierre - Laurence T. Couture - Salima Tadjine - Veronique Teasdale - Sylvain Théberge - Madeleine Thibault - Stephanie Thibeault - Wallace Thompson - Denise Tonelli - Laurie Touchette - Thérèse Tousignant - Pauline Trottier - Stéphanie Turcotte - Christian Turgeons - Florence Vallée-Dubois - Lise Venne - Marc-André Verner - Claudia Verreault - Carole Villani - Virginie Voignier

Our Sponsors and Partners

Many of the Foundation's partners and sponsors have forged strong ties with the Institute and made a world of difference. They do so much more than just support the Montreal Heart Institute and its mission they also share in its hopes, dreams and greatest achievements. They help us build a better future.

I love...

Agropur Coopérative - Air France-KLM au Canada - Alfid services immobiliers Ltée - Alouettes de Montréal - American Iron and Metal - Arsenal - Atelier Beauté et Cie - Balnea - Banque Nationale - Banque Scotia - Bar Mme Lee - Bell - BMO Marchés des capitaux - Budget Propane - Cabaret du Roy - Caisse populaire Desjardins Canadienne Italienne - Cardio Plein Air Ville-Marie-Outremont - Chez Dallaire - Cirque du Soleil - Club de Golf Métropolitain Anjou - Club de Golf St-Raphaël - Club Privilège Tremblant - Communication graphique Denis - Connect & Go - Corporation Financière Power - Crowdfair - Cycle Technique - Desjardins - Di Lillo Construction - Dino Peressini - Drinkerie Ste-Cunégonde - Éditions La Presse - Eska - Espace pour la vie - Fairmont le Reine Elizabeth - Financière Sunlife - Fleuriste San Remo - Flyjin - Fondation du Canadien de Montréal - Fonds de Bienfaisance des employés de Bombardier - Garda - GNC Légumes - Gowlings - Graphiscan - Groupe ABP - Groupe Aldo - Groupe Jean Coutu - Groupe Leclerc - Groupe Park Avenue - Henri Saint-Henri - Hôtel Expresso - Hôtel Le Concorde Québec - IGA - Importation Berchicci - IRONMAN Mont-Tremblant - Itelvine Ltée - Jacques Cattaert - Jatoba - KPMG - Laurent Cayla, photographe - Le 132 Bar Vintage - Le Bilboquet - Le Blind Pig - Le Félix - Le North End Bar à Huitres - Le Saint Édouard Bar de quartier - Les Sylvies - L'Hôtel Le Bristol Paris - Lili Pedneault - Linda Morin - Littorio Del Signore - Location EEKO - Lolë - Loue 1 Robe - Lululemon - Magma Design - Maison ISHI - Massothérapie Vitalité - Mon Yoga Virtuel - Mouvement Desjardins - Multibox inc. - Salvatore Migliara - Oliver Wyman - Othâ Yoga - Panache - Pepsi - Pomerleau - Power Corporation du Canada - PricewaterhouseCoopers LLP - Publicis - Publitrac - Pur Vodka - PWL Capital - Résidence au Fil de l'eau - Saint-Justin - Saputo inc. - SAQ - Services Financiers Groupe Investors - Sid Lee - Sisca Solutions d'affaires - Sobeys - Stylo.ca - Tailor 2 go - TC Transcontinental - Tennis Canada - TKNL - Vergers Laehy - Vinitor Vins et Spiritueux - Voyages Bergeron - Yoko sushi lounge



Direction générale

Le 15 juin 2016

Docteur Gaétan Barrette
Ministre
Ministère de la Santé et des Services sociaux
1075, chemin Sainte-Foy, 15^e étage
Québec (Québec) G1S 2M1
rapportsannuels@msss.gouv.qc.ca

Objet : Annexe 2 - Rapport annuel 2015-2016

Monsieur le Ministre,

À titre de président-directeur général, j'ai la responsabilité d'assurer la fiabilité des données contenues dans ce rapport annuel de gestion ainsi que des contrôles afférents.

Les résultats et les données du rapport de gestion de l'exercice 2015-2016 de l'Institut de Cardiologie de Montréal :

- décrivent fidèlement la mission, les mandats, les responsabilités, les activités et les orientations stratégiques de l'établissement;
- présentent les objectifs, les indicateurs, les cibles à atteindre et les résultats;
- présentent des données exactes et fiables.

Je déclare que les données contenues dans ce rapport annuel de gestion ainsi que les contrôles afférents à ces données sont fiables et qu'elles correspondent à la situation telle qu'elle se présentait au 31 mars 2016.

Veuillez agréer, Monsieur le Ministre, l'expression de mes sentiments les meilleurs.

Le président-directeur général,

Denis Roy, MD, FRCPC, FHRS
Professeur titulaire de médecine
Université de Montréal

DR/gld

Board of Directors of the Montreal Heart Institute

*The Code of Ethics and Professional Conduct
can be found on the MHI's website*

Designated members

Mr. Francis Brisson Council of Nurses
(CN)

Mr. Gaétan Bruneau Users'
Committee (UC)

Dr. Valérie Hurteloup Regional
Department of General Medicine
(RDGM)

Ms. Manon Léveillé Multidisciplinary
Council (MULTIC)

Dr. Antoine Rochon Council of
Physicians, Dentists and Pharmacists
(CPDP)

Ms. Lucie Verret Regional
Pharmaceutical Services Committee
(RPSC)

Members of affiliated universities appointed by the Minister

Dr. Christian Baron
Université de Montréal

Dr. Marie-Josée Hébert
Université de Montréal

Independent members appointed by the Minister

Mr. Pierre Ancitl
Chair
Independent Member – Profile No. 1
Expertise in governance or ethics

Mr. Éric Bédard
Vice-Chair
Independent Member – Profile No. 9
Experience as a user of social services

Ms. Mélanie Bourassa Forcier
Independent Member – Profile No. 4
Expertise in quality management,
performance or auditing

Mr. Marc de Bellefeuille
Independent Member – Profile No. 2
Expertise in risk management, finance
and accounting

Mr. Robert Courteau
Independent Member – Profile No. 1
Expertise in governance or ethics

Ms. Marie Gendron
Independent Member – Profile No. 3
Expertise in risk management, finance
and accounting

Ms. Isabelle Perras
Independent Member – Profile No. 2
Expertise in risk management, finance
and accounting

Ms. Isabelle Viger
Independent Member – Profile No. 4
Expertise in quality management,
performance or auditing

VACANT
Independent Member – Profile No. 3
Expertise in building, information or
human resources

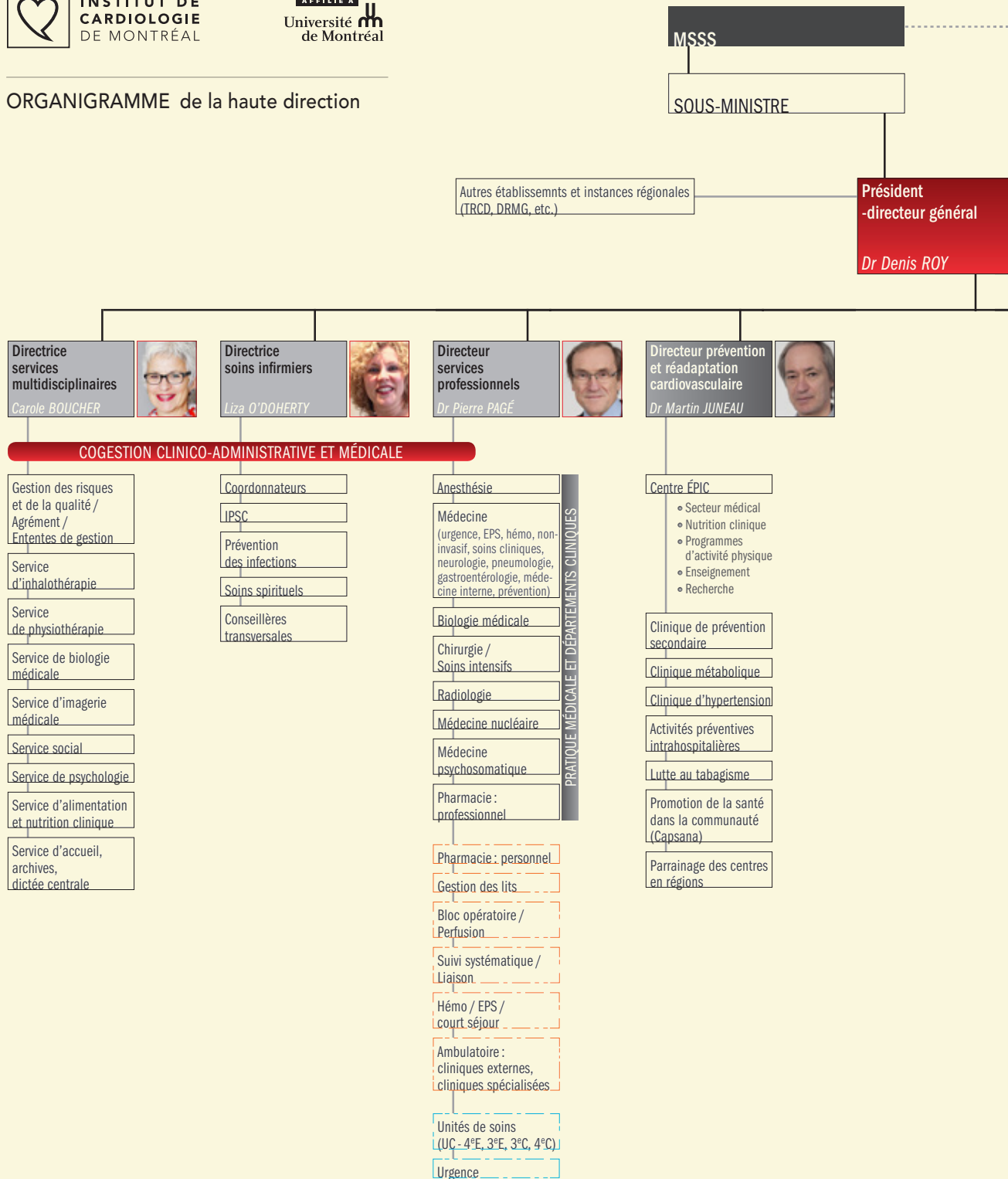
VACANT
Independent Member – Profile No. 4
Expertise in quality management,
performance or auditing

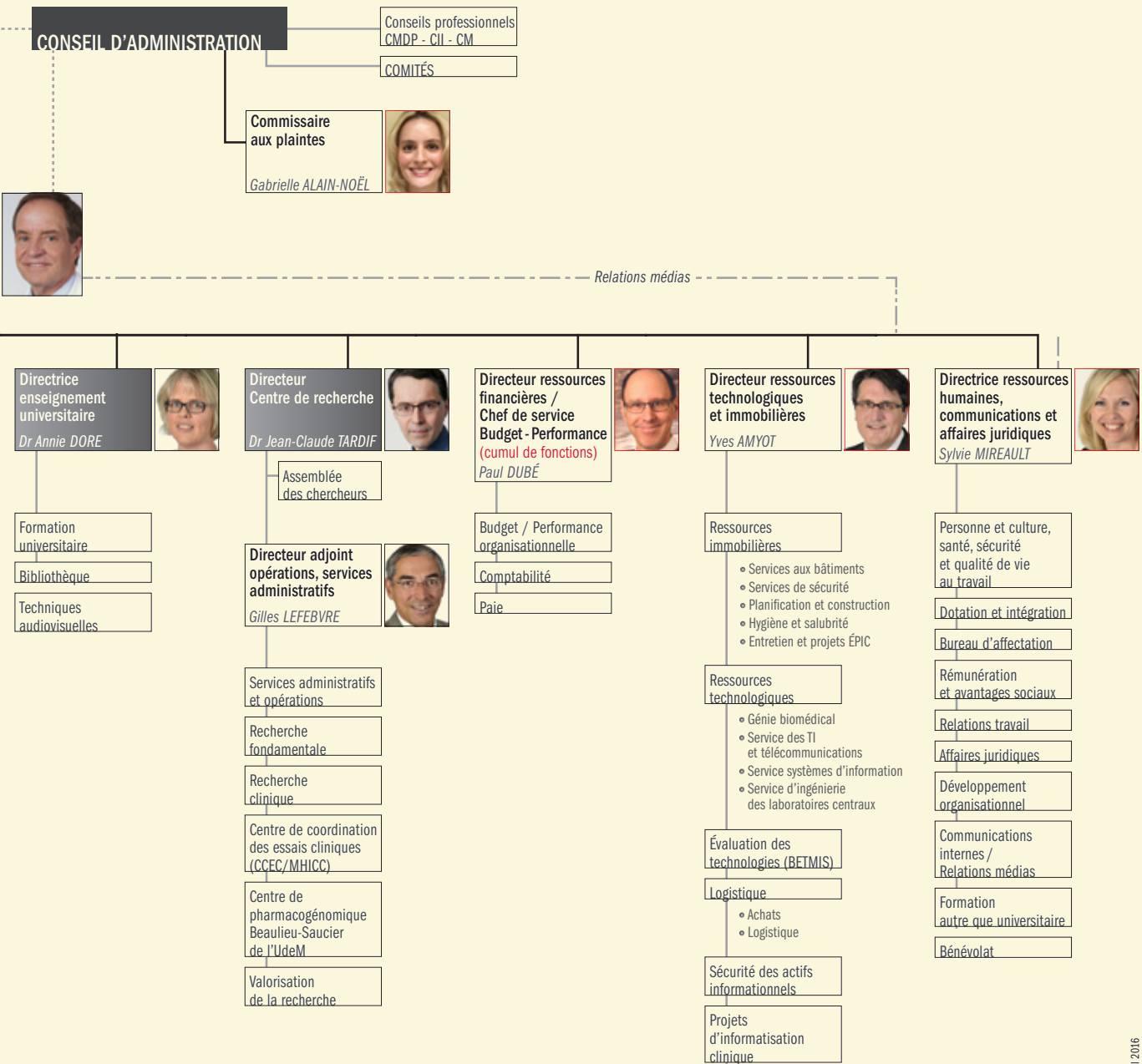
Ex-officio member and chair appointed by the Foundation

Dr. Denis Roy
Chief Executive Officer

Mr. Henri-Paul Rousseau
Observing Member

ORGANIGRAMME de la haute direction





----- Lien fonctionnel
 --- Cogestion DSM
 --- Cogestion DSI

Management and accountability agreement

The Executive Committee and members of the Board of Directors have been periodically examining the results of performance indicators outlined in the management and accountability agreement. These results show an overall improvement of the MHI's performance compared to last year, with the exception of the emergency department's performance indicators, which are being closely monitored.

Indicator	Annual target	2014-2015 results	2015-2016 results	Comparison
Average stay on a stretcher in the emergency department.	12 h	21.5 h	19.9 h	Slight improvement
% of patients whose wait time for medical treatment in the emergency department is less than 2 hours	64.3 %	64.3 %	65.7 %	Target met and exceeded
% of outpatients whose length of stay in the emergency department is less than 4 hours	66.5 %	66.5 %	68.2 %	Target met and exceeded
Number of surgery requests pending for more than 1 year—all surgeries	0	1	0	Target met
% of medical imaging requests for cardiac ultrasounds pending for less than 3 months for elective patients	90 %	84 %	68 %	Target not met
% of medical imaging requests for the other types of ultrasounds pending for less than 3 months for elective patients	90 %	94 %	100 %	Target met and exceeded
% of medical imaging requests for CT scans pending for less than 3 months for elective patients	90 %	66 %	100 %	Target met and exceeded
% of medical imaging requests for magnetic resonance imaging pending for less than 3 months for elective patients	90 %	53 %	87 %	Significant improvement
% of hospital settings that have implemented components 1, 2 and 6 of the senior-focused approach	100 %	0 %	100 %	Target met
Ratio of disability insurance hours to hours worked	4.82 %	5.08 %	5.68 %	Slight decline
Overall overtime hours	4.25 %	4.17 %	4.18 %	Target met and exceeded
Independent worker usage rate	0.3 %	0.34 %	0.29 %	Target met and exceeded
Rate of nosocomial bacteremia from central venous catheters in the intensive care unit	3.15	0.00	0.37	Target met and exceeded
Rate of MRSA bacteremia	0.96	0.00	0.00	Target met and exceeded
Rate of diarrhea associated with Clostridium difficile	9.00	6.05	4.30	Target met and exceeded
% of hemodynamics requests performed on time (less than 2 weeks)	100 %	96 %	92 %	Slight decline

Management and accountability agreement (suite)

Indicator	Annual target	2014-2015 results	2015-2016 results	Comparison
% of hemodynamics requests performed on time (less than 2 months)	90 %	88 %	54 %	Target not met
% of heart surgery requests performed on time (less than 2 weeks)	100 %	89 %	89 %	Stable
% of heart surgery requests performed on time (less than 3 months)	90 %	70 %	51 %	Target not met
% of electrophysiology requests performed on time (less than 48 hours)	100 %	86 %	86 %	Stable
% of electrophysiology requests performed on time (48 hours to 3 months)	75 %	83 %	91 %	Target met and exceeded
Average completion level of the steps required to eliminate grey areas in terms of hygiene and cleanliness	100 %	42.9 %	71.43 %	Significant improvement

At the MHI, the use of restraint measures is kept to a minimum. We prefer to provide private services to ensure patient safety. The restraint registry will be implemented over the course of 2015-2016.

Following an incident that occurred in the emergency department at the Montreal Heart Institute, the coroner recommends specifying the guidelines for transfer to the Montreal Heart Institute. As a result, emergency managerial staff contacted the Direction nationale des urgences to clarify the protocol. It was determined that the protocol did not need to be modified, but that communication prior to transfer must comply with the ambulance services dispatch agreement between hospital centres in the Montreal and Laval areas. Stakeholders were tasked to act upon this recommendation.

Human resources of the Institute

PERMANENT STAFF		Current fiscal year 1	Previous fiscal year 2	Variation (C.1 - C.2) 3
Managerial staff (at March 31st):				
Full-time, number of persons (Note 1)	1	41	47	(16)
Part-time (Note 1):				
- Number of persons	2	11	16	4
- Full-time equivalent (note 4)	3	8.80	9.9	(1.1)
Persons for whom employment stability measures apply	4	5	4	1
Regular staff (at March 31st):				
Full-time, number of persons (Note 2)	5	771	836	(65)
Temps partiel (Note 2):				
- Number of persons	6	492	450	42
- Full-time equivalent (note 4)	7	347.20	336.97	10.23
Persons for whom job security measures apply	8	3	3	0
CASUAL STAFF				
Number of hours paid throughout the fiscal year	9	284,085	336,390	(52,305)
Full-time equivalent (Notes 3 et 4)	10	149.00	97.00	52.00



*SYLVIE MIREAULT,
DIRECTOR OF HUMAN RESOURCES,
COMMUNICATIONS AND LEGAL AFFAIRS*

Presentation of Data Pursuant to the Act Respecting Workforce Management and Control

Occupational subcategories determined by the SCT	Time periods observed	Comparison of 2014-2015 and 2015-2016				
		Hours worked	Overtime	Total paid hours	No. of FTE	No. of individuals
1 – Managerial staff	2014-15	118,391	1,591	119,982	65	77
	2015-16	104,791	1,577	106,368	58	74
	Variation	(11.5 %)	(0.9 %)	(11.3 %)	(11.4 %)	(3.9 %)
2 – Professional staff	2014-15	159,684	1,797	161,481	87	140
	2015-16	165,957	1,860	167,817	90	143
	Variation	3.9 %	3.5 %	3.9 %	4.2 %	2.1 %
3 - Nursing staff	2014-15	763,124	38,563	801,687	401	571
	2015-16	765,968	31,989	797,957	403	568
	Variation	0.4 %	(17.0 %)	(0.5 %)	0.6 %	(0,5 %)
4 - Office staff, technicians and related occupations	2014-15	1,061,903	27,258	1,089,160	587	800
	2015-16	1,067,698	31,978	1,099,676	590	829
	Variation	0.5 %	17.3 %	1.0 %	0.5 %	3.6 %
5 - Workers, maintenance staff and service staff	2014-15	260,304	2,963	263,267	132	190
	2015-16	267,735	3,807	271,542	135	203
	Variation	2.9%	28.5%	3.1%	2.8%	6.8%
6 - Students and interns	2014-15	4,864	2	4,865	3	15
	2015-16	4,913	10	4,922	3	16
	Variation	1.0%	501.3%	1.2%	1.9%	6.7%
Total staff	2014-15	2,368,269	72,173	2,440,442	1,274	1,754
	2015-16	2,377,062	71,220	2,448,282	1,280	1,785
	Variation	0.4%	(1.3%)	0.3%	0.4%	1.8%

The institution was not able to meet the 1% reduction target for paid hours corresponding to a reduction of 24,404 paid hours. During 2015-2016, paid hours increased by 0.3% (7,840 hours) as compared to 2014-2015. We implemented an outpatient reorganization project to meet the Ministry's objectives to establish a Centre de répartition des demandes de service (CRDS), which required additional resources.

The increase in surgery and hemodynamics requests affects wait times, requiring us to increase resources in some sectors. With Management Committee members, we are closely monitoring the workforce by overseeing postings and nominations. We will continue to monitor the situation closely over the course of 2016-2017.

June 15, 2016

Subject: Annual report 2015-2016
Appendix 3 – Management report

The financial statements of the Montreal Heart Institute have been prepared by management, which is responsible for their preparation and fair presentation, including all estimates and critical judgments. Its responsibility includes selecting appropriate accounting conventions in accordance with the Canadian public sector accounting standards and the specifications in the Financial Management Manual pursuant to section 477 of the *Act respecting health services and social services*. The financial information in the rest of the annual management report is consistent with that provided in the financial statements.

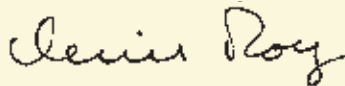
To fulfil its responsibilities, management maintains a system of internal controls that it deems necessary. This system provides reasonable assurance that assets are safeguarded, that transactions are accounted for properly and in a timely manner, that they are duly approved, and that they provide a basis for the preparation of reliable financial statements.

The management of the Montreal Heart Institute recognizes that it is responsible for managing its affairs in accordance with the laws and regulations governing it.

The Board of Directors oversees the manner in which management fulfils its responsibilities for financial reporting. It meets with management and the auditor, examines the financial statements, and approves them.

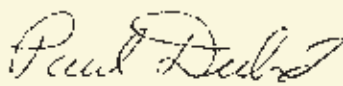
The financial statements were audited by Deloitte, duly appointed for this purpose, in accordance with Canadian generally accepted auditing standards. Its report sets out the nature and extent of this audit, as well as its opinion. Deloitte has full and free access to the Board of Directors to discuss any element relating to the audit.

Chief Executive Officer,



Denis Roy, MD, FRCPC, FHRSC Full
Professor of Medicine
Université de Montréal

Director of Financial Resources,



Paul Dubé, CPA, CMA, MBA

DR/gld

Independent Auditor's Report on the Summary Financial Statements

To the members of the Board of Directors of
The Montreal Heart Institute

The accompanying summary financial statements of The Montreal Heart Institute, which comprise the statement of financial position as at March 31, 2016, and the statements of operations, accumulated surplus (deficit), change in net financial assets (net debt) and cash flows for the year then ended, as well as the relevant notes to the financial statements, are derived from the audited financial statements of The Montreal Heart Institute for the year ended March 31, 2016. We expressed an unmodified qualified audit opinion on those financial statements in our report dated June 13, 2016. Those financial statements, and the summary financial statements, do not reflect the effects of events that occurred subsequent to the date of our report on those financial statements.

The summary financial statements do not contain all the disclosures required by Canadian public sector accounting standards. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of The Montreal Heart Institute.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements in accordance with the criteria described in Appendix 1 of the information circular on the annual management report (codified 03.01.61.19) issued by the Ministère de la Santé et des Services sociaux du Québec (MSSS).

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements."

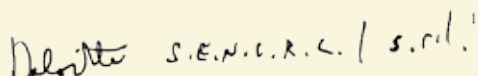
Opinion

In our opinion, the summary financial statements derived from the audited financial statements of The Montreal Heart Institute for the year ended March 31, 2016 represent a fair summary of those financial statements, in accordance with the criteria described in Appendix 1 of the information circular on the annual management report (codified 03.01.61.19) issued by the Ministère de la Santé et des Services sociaux du Québec (MSSS). However, the summary financial statements are misstated to the equivalent extent as the audited financial statements of The Montreal Heart Institute for the year ended March 31, 2016.

The misstatement of the audited financial statements is described in our qualified audit opinion in our report dated June 13, 2016. Our qualified audit opinion is based on the fact that government subsidies for purchases of capital assets are recorded as deferred income in the capital asset fund and amortized on the same basis as capital assets, as requested by the MSSS in its Financial Management Manual. This situation constitutes a departure from the accounting standard on transfers. Under Canadian public sector accounting standards, revenue from these subsidies is recognized when the subsidies have been authorized by the government following the exercise of its enabling authority and when the recipients meet the eligibility criteria. The funding of certain capital assets through federal transfers should be charged directly to operations in the year in which the criteria are met.

Our qualified audit opinion states that, except for the effects of the described misstatement, the financial statements present fairly, in all material respects, the financial position of The Montreal Heart Institute as at March 31, 2016 and the results of its operations, the change in net debt, its re-measurement gains and losses and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Furthermore, the auditor's report on the audited financial statements contains an Other Matter paragraph that, without modifying our opinion, we draw attention to the note on page 270 to the financial statements, which explains that certain comparative information for the year ended March 31, 2015 has been restated.



June 30, 2016

¹ CPA auditor, CA, public accountancy permit No. A110078

Statement of operations

Year ended March 31, 2016

		Budget	Operations Current year (R.deP358 C4)	Capital assets Current year (Note 1)	Current year total C2+C3	Prior year total
REVENUE		1	2	3	4	5
MSSS subsidies (FI:P408)	1	163,832,942	145,229,777	15 571,555	160,801,332	159,743,225
Canadian government subsidies (FI:P294)	2	12,375,000	3,406,263	1,396,962	4,803,225	12,301,897
User contributions	3	2,052,181	1,656,511	XXXX	1,656,511	2,291,404
Service sales and recoveries	4	4,599,879	3,168,358	XXXX	3,168,358	3,663,066
Donations (FI:P294)	5	6,232,446	1,087,038	2,903,195	3,990,233	6,710,780
Investment revenue (FI:P302)	6	139,126	145,315		145,315	155,935
Business revenue	7	3,815,050	4,275,283	174,355	4,449,638	3,834,307
Gain on disposal (FI:P302)	8					
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Other revenue (FI:P302)	11	43,662,683	47,699,462		47,699,462	36,030,112
TOTAL (L.01 to L.11)	12	236,709,307	206,668,007	20,046,067	226,714,074	224,730,726
EXPENSES						
Salaries, employee and fringe benefits	13	126,648,672	120,968,591	XXXX	120,968,591	118,218,974
Drugs	14	2,786,239	2,461,326	XXXX	2,461,326	2,439,642
Blood products	15	4,039,050	3,551,585	XXXX	3,551,585	3,188,993
Medical and surgical supplies	16	39,985,337	37,971,107	XXXX	37,971,107	42,844,293
Foodstuffs	17	959,200	904,418	XXXX	904,418	903,357
Compensation paid to non-institutional resources	18			XXXX		
Financial expenses (FI:P325)	19	6,615,000	33,805	3,742,781	3,776,586	3,510,923
Maintenance and repairs, including non-capitalizable capital asset expenses	20	6,519,281	8,194,376		8,194,376	4,195,107
Bad debts	21	85,000	234,647	XXXX	234,647	140,325
Rent	22	600,000	621,310	XXXX	621,310	577,431
Amortization of capital assets (FI:P422)	23	14,200,000	XXXX	17,479,282	17,479,282	16,477,611
Loss on disposal of capital assets (FI:P420, 421)	24		XXXX			
Transfer expenses	25			XXXX		
	26	XXXX	XXXX	XXXX	XXXX	XXXX
Other expenses (FI:P325)	27	39,135,879	31,244,083		31,244,083	33,055,418
TOTAL (L.13 to L.27)	28	241,573,658	206,185,248	21,222,063	227,407,311	225,552,074
SURPLUS (DEFICIT) FOR THE YEAR (L.12 to L.28)	29	(4,864,351)	482,759	(1,175,996)	(693,237)	(821,348)

Note 1: Column 3 applies to public institutions only



*Paul Dubé,
Chief Financial Officer*

Statement of accumulated surplus (deficit)

Year ended March 31, 2016

		Current year Operating fund	Capital assets	Current year total (C1+C2)	Prior year total
		1	2	3	4
ACCUMULATED SURPLUS (DEFICIT) AT BEGINNING, AS PREVIOUSLY STATED	1	(6,265,424)	1,332,974	(4,932,450)	(1,957,412)
Accounting changes with restatement of prior years (specify)	2		8,205,700	8,205,700	6,052,010
Accounting changes without restatement of prior years (specify)	3				XXXX
ACCUMULATED SURPLUS (DEFICIT) AT BEGINNING, AS RESTATED (L.01 to L.03)	4	(6,265,424)	9,538,674	3,273,250	4,094,598
SURPLUS (DEFICIT) FOR THE YEAR	5	482,759	(1,175,996)	(693,237)	(821,348)
Other changes: Inter-institutional transfers (specify)	6				
Inter-fund transfers (specify)	7				
Other items applicable to private institutions under agreement (specify)	8		XXXX		
	9	XXXX	XXXX	XXXX	XXXX
TOTAL OTHER CHANGES (L.06 to L.09)	10				
ACCUMULATED SURPLUS (DEFICIT) AT END (L.04 + L.05 + L.10)	11	(5,782,665)	8,362,678	2,580,013	3,273,250
Consist of the following items:	12	XXXX	XXXX		
External restrictions	13	XXXX	XXXX	2,132,882	2,289,977
Internal restrictions	14	XXXX	XXXX	447,131	983,273
TOTAL (L.12 to L.14)	15	XXXX	XXXX	2,580,013	3,273,250

Statement of financial position

As at March 31, 2016

		FUNDS			
		Operations	Capital assets	Current year total (C1+C2)	Prior year total
		1	2	3	4
FINANCIAL ASSETS					
Cash (bank overdraft)	1	15,459,469	1,380,064	16,839,533	29,010,223
Temporary investments	2				
Receivables - MSSS (FE: P362, FI: P408)	3	13,894,253	851,610	14,745,863	16,703,042
Other accounts receivable (FE: P360, FI: P400)	4	16,349,290	10,238,799	26,588,089	21,692,293
Cash advances to public institutions	5	XXXX			
Inter-fund receivables (inter-fund debts)	6	1,045,271	(1,045,271)	0	
Subsidy receivable (collected in advance) – accounting reform (FE: P362, FI: P408)	7	9,073,615	(5,533,692)	3,539,923	(506,034)
Portfolio investments	8				
Deferred charges related to debts	9	XXXX	2,363,216	2,363,216	2,495,966
	10	XXXX	XXXX	XXXX	XXXX
	11	XXXX	XXXX	XXXX	XXXX
Other items (FE: P360, FI: P400)	12	155,680		155,680	82,417
TOTAL FINANCIAL ASSETS (L.01 to L.12)	13	55,977,578	8,254,726	64,232,304	69,477,907
LIABILITIES					
Temporary borrowing (FE: P365, FI: P403)	14		22,035,505	22,035,505	4,091,019
Payables - MSSS (FE: P362, FI: P408)	15				
Other accounts payable and other accrued charges (FE: P361, FI: P401)	16	25,366,354	6,556,083	31,922,437	34,569,474
Cash advances – decentralized budgets	17	XXXX			6,837,798
Accrued interest payable (FE: P361, FI: P401)	18		857,044	857,044	1,030,281
Deferred revenue (FE: P290 and P291, FI: P294)	19	26,893,295	38,220,935	65,114,230	71,628,686
	20	XXXX	XXXX	XXXX	XXXX
Long-term debt (FI: P403)	21	XXXX	120,628,569	120,628,569	117,614,775
Liability for contaminated sites (FI: P401)	22	XXXX			
Liabilities for employee future benefits (FE: P363)	23	13,059,188	XXXX	13,059,188	12,745,026
	24	XXXX	XXXX	XXXX	XXXX
Other items (FE: P361, FI: P401)	25				146
TOTAL LIABILITIES (L.14 to L.25)	26	65,318,837	188,298,136	253,616,973	248,517,205
NET FINANCIAL ASSETS (NET DEBT) (L.13 to L.26)	27	(9,341,259)	(180,043,410)	(189,384,669)	(179,039,298)
NON-FINANCIAL ASSETS					
Capital assets (FI: P420 to P422)	28	XXXX	188,406,088	188,406,088	178,179,735
Supplies inventory (FE: P360)	29	2,779,709	XXXX	2,779,709	3,452,127
Prepaid expenses (FE: P360, FI: P400)	30	778,885		778,885	680,686
TOTAL NON-FINANCIAL ASSETS (L.28 to L.30)	31	3,558,594	188,406,088	191,964,682	182,312,548
SHARE CAPITAL AND CONTRIBUTED SURPLUS	32		XXXX		
ACCUMULATED SURPLUS (DEFICIT) (L.27 and L.31, L.32)	33	(5,782,665)	8,362,678	2,580,013	3,273,250

Contractual obligations (pages 635-00 to 635-03 and pages 638-01 and 638-02)

Contingencies (pages 636-01 and 636-02)

Column 2: Public institutions only

Line 06, Column 3: The amount must be equal to zero.

Line 32: Applicable to private institutions only

Statement of change in net financial assets (net debt)

Year ended March 31, 2016

	Budget	Operating fund	Capital assets fund	Current year total C2+C3	Prior year total	
	1	2	3	4	5	
NET FINANCIAL ASSETS (NET DEBT) AT BEGINNING, AS PREVIOUSLY STATED	1	(14,745,906)	(10,398,237)	(168,433,107)	(178,831,344)	(151,850,174)
Accounting changes with restatement of prior years	2		(207,954)	(207,954)	(19,972,095)	
Accounting changes without restatement of prior years	3				XXXX	
NET FINANCIAL ASSETS (NET DEBT) AT BEGINNING, AS RESTATED (L.01 to L.03)	4	(14,745,906)	(10,398,237)	(168,641,061)	(179,039,298)	(171,822,269)
SURPLUS (DEFICIT) FOR THE YEAR (P200, L.29)	5		482,759	(1,175,996)	(693,237)	(821,348)
CHANGES DUE TO CAPITAL ASSETS Acquisitions (FI: P421)	6		XXXX	(27,705,635)	(27,705,635)	(22,467,670)
Amortization for the year (FI: P42)	7		XXXX	17,479,282	17,479,282	16,477,611
(Gain) loss on disposals (FI: P208)	8		XXXX			
Proceeds on disposals (FI: P208)	9		XXXX			
Write-downs (FI: P420, 421-00)	10		XXXX			
Capital asset adjustments	11		XXXX			
	12	XXXX	XXXX	XXXX	XXXX	XXXX
	13	XXXX	XXXX	XXXX	XXXX	XXXX
TOTAL CHANGES DUE TO CAPITAL ASSETS (L.06 to L.13)	14		XXXX	(10,226,353)	(10,226,353)	(5,990,059)
CHANGES DUE TO SUPPLY INVENTORIES AND PREPAID EXPENSES:						
Acquisition of supply inventories	15		(6,552,671)	XXXX	(6,552,671)	(18,225,821)
Acquisition of prepaid expenses	16		(1,655,363)		(1,655,363)	(801,665)
Use of supply inventories	17		7,225,089	XXXX	7,225,089	17,614,447
Use of prepaid expenses	18		1,557,164		1,557,164	1,007,417
TOTAL CHANGES DUE TO SUPPLY INVENTORIES AND PREPAID EXPENSES (L.15 to L.18)	19		574,219		574,219	(405,622)
Other changes in accumulated surplus (deficit)	20					
INCREASE (DECREASE) IN NET FINANCIAL ASSETS (NET DEBT) (L.05 + L.14 + L.19 + L.20)	21		1,056,978	(11,402,349)	(10,345,371)	(7,217,029)
NET FINANCIAL ASSETS (NET DEBT) AT END (L.04 + L.21)	22	(14,745,906)	(9,341,259)	(180,043,410)	(189,384,669)	(179,039,298)

MONTREAL
HEART
INSTITUTE
FOUNDATION



Financial Statements

Statement of financial position as at March 31, 2016

(In thousands of dollars)

	2016	2015
Assets		
Investments	\$126,988	\$131,665
Cash	\$703	\$1,623
Accounts receivable	\$1,931	\$605
Inventories	\$32	\$27
Other assets	\$385	\$330
Total assets	\$130,039	\$134,250
Liabilities		
Accounts payable and accrued liabilities	\$2,727	\$1,358
Total liabilities	\$2,727	\$1,358
Fund balances		
Restricted	\$117,043	\$121,187
Unrestricted	\$10,269	\$11,705
Total fund balances	\$127,312	\$132,892
	\$130,039	\$134,250

Note: Copies of the Montreal Heart Institute Foundation's financial statements are available at the following address:

The Montreal Heart Institute Foundation
5000, Bélanger Street, Montreal (Quebec) H1T 1C8

Financial Statements

Statement of operations and changes in the funds balances Year ended March 31, 2016

(In thousands of dollars)

	2016	2015
Donations	\$7,892	\$7,421
Fundraising activities	\$4,595	\$4,809
Bequests	\$875	\$1,131
Total of donations and fundraising activities	\$13,362	\$13,361
Investment revenues	\$9,869	\$6,518
Change in the unrealized fair value of investments	(\$10,487)	\$5,030
Total (loss) investment revenues	(\$618)	\$11,548
Gross operating revenues	\$12,744	\$24,909
Direct and indirect costs of fundraising activities	\$3,345	\$3,315
Net operating revenues	\$9,399	\$21,594
Expenses	\$1,900	\$1,846
Excess of revenues over expenses before the contributions	\$7,499	\$19,748
Contributions to the MHI – research, technological development and other costs	\$13,079	\$7,331
(Deficiency) excess of revenue over expenses	(\$5,580)	\$12,417
Fund balances, beginning of year	\$132,892	\$120,475
Fund balances, end of year	\$127,312	\$132,892

Recording of contributions

In 2015-2016, the Foundation's contributions to the MHI totalled **\$13,1 M** compared to **\$7,3 M** in 2014-2015. These contributions mainly went towards funding MHIS's research projects and the purchase of specialized equipment. They are only recorded once the amounts are paid to the Institute.

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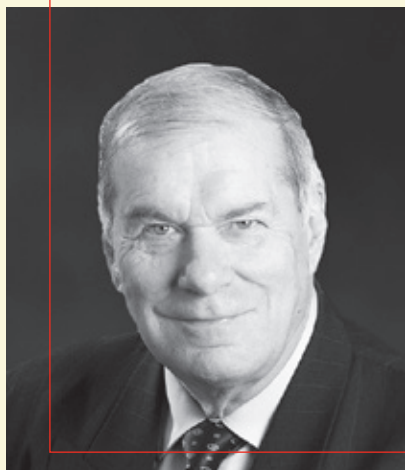
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**Including the Officers*

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Cardiovascular disease is the world's leading cause of death. Thankfully, the medical field has and continues to make great progress. In fact, the MHI is a world leader in this domain. It's incredibly motivating for a volunteer or donor to know that this is where their actions will have the greatest impact!"

MR. LOUIS A TANGUAY

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Thank you to everyone who contributed to the publication of this annual report.

The masculine gender is used in this publication without prejudice and solely to facilitate reading.

GRAPHIC DESIGNER

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