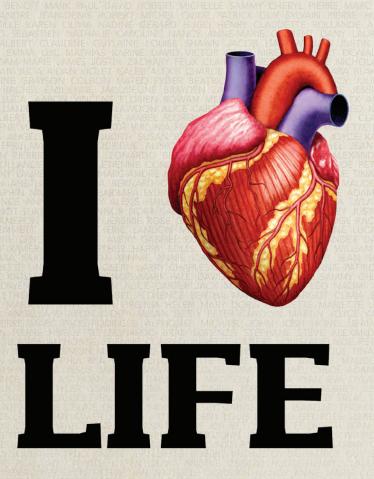
MONTREAL HEART INSTITUTE

Annual report 2016 - 2017

MONTREAL HEART INSTITUTE







Members of the Board of Directors of the MHI, from left to right: Pierre Anctil, Marc de Bellefeuille, Manon Léveillé, Dr. Valérie Hurteloup, Isabelle Viger, Andrée-Lise Méthot, Lucie Verret, Robert Couillard, Isabelle Perras, Joëlle Boisvert, and Dr. Denis Roy.



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 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.

Table of Contents

04	MHI Mission and	d Values		
10	MHI Press Revie	ew		
12	Scientific Press I	Review		
14	Message from t the Chief Execu			
18	Strategic Plan			
21	Key Figures			
22	Clientele of the	MHI		
23	Volume of Activ	rity		
25	The MHI's Achie	evements		
46	Honorary Titles			
50	Scholarships and Awards Granted by the Foundation			
54	Message from the Chair of the Board and the Executive Director of the MHIF			
56	Mission, Values, and Code of Ethics			
57	Activity Report			
58	Events That Get People Involved			
64	Recognitions Organized by The Foundation			
69	Report for the Beat for the Future			



Table of Contents

71	The Dr. Paul-Da	vid Society	
72	MHI Honour Cir	cle	
76	Donors		
85	The Visionary Te	eam	
86	Bequests		
87	Our Volunteers	in Action	
91	Sponsors and Pa	artners	
93	Foundation Boa	rd of Directors	
94	Foundation Mar	nagement Team	
95	Financial Staten	nents	
98	Management and accountability agreement		
102	Human resources of the Institute		
103	Statement of Operations		
104	Annual financial report		
104	Statement of Assumulated Surplus		





The Montreal Heart Institute in the HEADLINES



La fibrillation auriculaire: une arythmie aux conséquences graves

Si la fibrillation auriculaire touche environ une personne sur 100, elle cause surtout jusqu'à 20 % des AVC.



L'institut de cardiologie révolutionne l'opération à coeur ouvert | TVA Nouvelles

L'Institut de cardiologie de Montréal ouvre son expertise à l'international en accueillant des médecins qui suivront une formation de pointe.



PRESSE





Bloomberg



Nouvelles La génétique à l'aide des malades cardiaques | TVA

L'Institut de cardiologie de Montréal a inauguré un laboratoire de diagr moléculaire pour déceler des oènes liés aux maladies cardiagues.

THE WALL STREET JOURNAL.

Startup Aims to Revive Failed Drug



LE **MÉDECIN** DU QUÉBEC.ORG

Médecine et intelligence artificielle UN NOUVEAU MONDE DE POSSIBILITÉS

M RNINGSTAR



canoe .ca

RADIO CANADA INTERNATIONAL







L'Institut de Cardiologie de Montréal recherche 5000 patients dans le cadre d'une étude internationale





Des robots pour guérir les cœurs malades

Par Rédactor TC tressa



City/Vews

LA PRESSE CA



Grand jour à l'Institut de Montréal

La médecine de l'avenir en cardiologie

TVA Nouvelles | Publié le 1er septembre 2016 à 19:34 - Mis à jour le 1er septembre 2016 à 19:40



TVA Nouvelles

Arythmie cardiaque : une salle qui sauvera des vies



LE DEVOIR 14

Actualités en société | Chroniques



Photo: Jacques Nadeau In Devoir Le directeur du Centre de médicine préventive et d'activité physique (Centre EPSC), le Dr Martin Juneau, prend le taureau par les cornes en matière de prévention et de guérison des maladies cardiovasculaires: «Si les trois

Nouveau service en cardiologie à Trois-Rivières

Policie la finan 2017

Montreal Heart Institute's technology a 'game-changer' for complex heart defects



LA PRESSE .CA

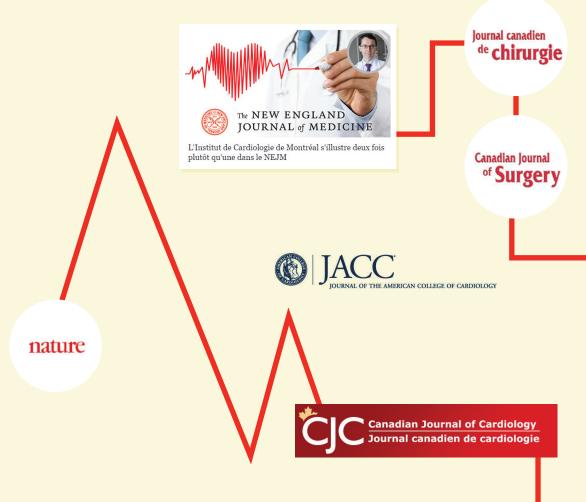
La famille Saputo fait un don de 10 millions à l'Institut de cardiologie

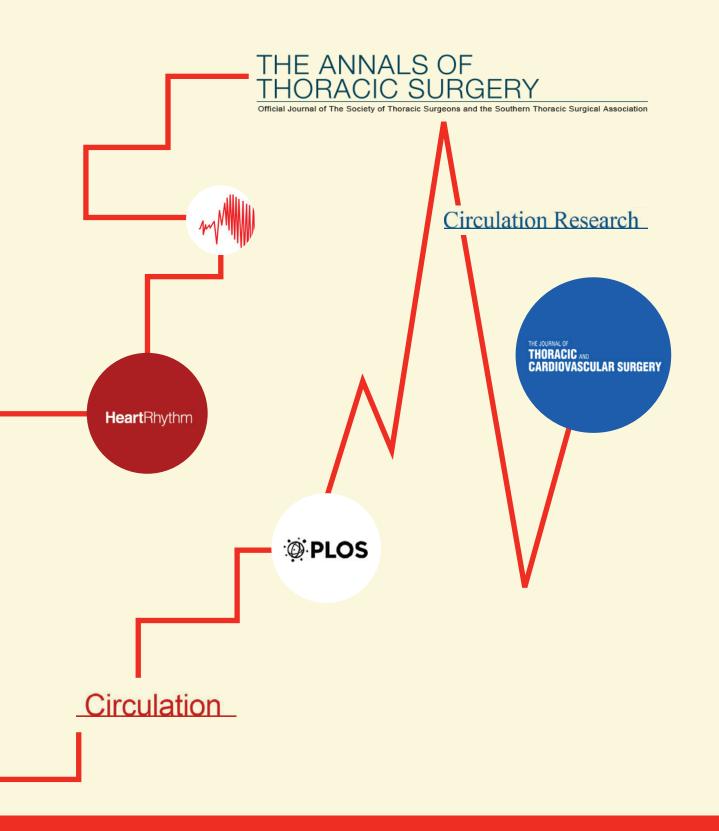




The Montreal Heart Institute in the HEADLINES







MONTREAL HEART INSTITUTE

Message from the Chair of the Board and the Chief Executive Officer of the MHI

The Montreal Heart Institute (MHI) is a world-leading supraregional cardiology hospital centre renowned for diagnosing, treating, preventing, and researching heart disease. The Institute is on the cutting-edge in this field and is a leading figure in Quebec, Canada, and the world. It is affiliated with Université de Montréal.

2016-2017 Fiscal year

The MHI ended the year with a slight surplus in operational funds. This result is impressive because we've successfully increased the number of interventions in various fields. In fact, over the past year, 1,901 heart surgeries were carried out (72 more than in 2015-16). Regarding the transcatheter aortic valve implantation (TAVI) program, 94 valves were implanted (15 more than in 2015-2016). There was also an increase in hemodynamic and electrophysiology procedures. We were therefore able to increase access to treatment without compromising our balanced budget objective. The constant improvement of our organizational performance is a key factor that allows our hospital to provide the best care to patients in a cost-effective way.

Our achievements

The 2016-2017 fiscal year began in earnest, thanks in part to Health Minister Dr. Gaétan Barrette's announcement of the launch of the Investing in Excellence (IDE) project to modernize and expand our hospital. Cabinet ministers have accepted the MHI's feasibility study and have authorized the creation of a business case. In addition, the expansion of the Épic Centre is now a reality. The Centre will now have more space to carry out research, which will allow it to undertake projects supported by more internationally-renowned researchers.

We are continuing to implement the 2014-2019 Strategic Plan, under the theme of prevent, predict, treat. Its four strategic directions (cardiovascular imaging, cardiovascular genetics, prevention, and innovation and modernization of care) have borne fruit. For instance, the Institute now has a new electrophysiology laboratory equipped with a robotic magnetic navigation

system and has opened the Cardiovascular Genetics Centre, an important step towards personalized medicine. It has also purchased a surgical robot. All our patients are able to benefit from these innovative, state-of-the-art therapies that help the Institute remain at the forefront in its field. The goal is to continue making discoveries that will change lives, improve the efficiency of treatments, and provide exceptional care in a modern environment.

We also want to sincerely thank the Saputo family for their generous \$10 million donation. This will greatly contribute to the success of the Strategic Plan. This extraordinary donation will also allow the Institute to once again confirm its role as a leader in preventing heart disease.

As this annual report attests, the past year has been intense. It is thanks to our mobilized team, doctors, nurses, health care professionals, non-medical staff, administrators, volunteers, network partners, and the team at the Montreal Heart Institute Foundation that we are able to successfully carry out so many projects. Finally, a special thank you goes out to all our donors. It is thanks to these exceptional individuals that the Institute can continue to carry out its mission.

Dr. Denis RoyChief Executive
Officer

Clear los

Mr. Pierre Anctil Chair of the Board of Directors

Piene aneil



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

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

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

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-THEART INFRASTRUCTURE.

Programme

Génétique cardiovasculaire

5,6M\$

14,1 M \$

Programme Pérennité Cohorte hospitalière

0.3MS

1,8M\$

Programme

Biologie intégrative et approche théragnostique

37,8 M \$

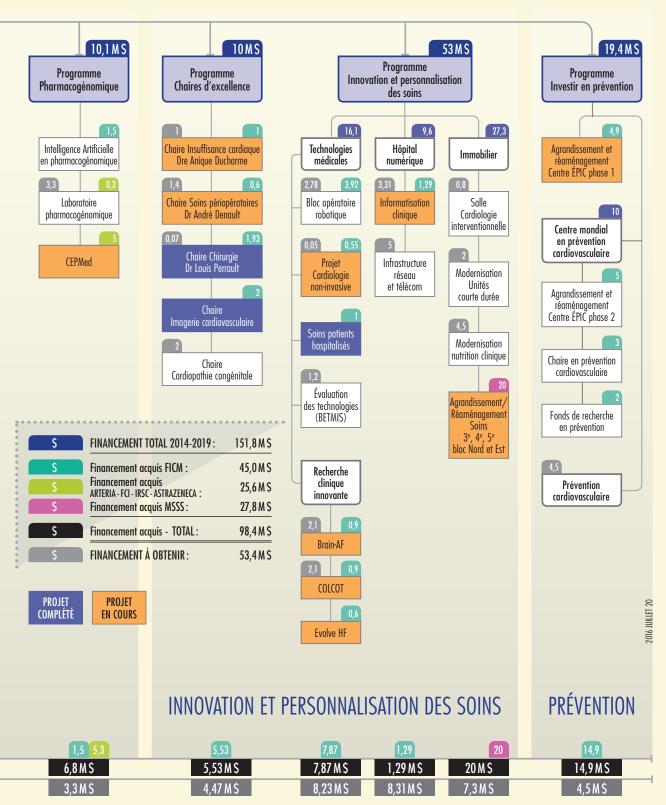
Programme Centre d'excellence en imagerie

cardiovasculaire (CEIC)

151,8M\$ • INITIATIVES STRATÉGIQUES













Dr. Michel Pellerin took the time to explain the steps of the procedure and reassure me. I felt confident and I want to thank him from the bottom of my heart for the care he provided. I am very grateful and I feel privileged to have received exceptional health care from the entire team at the Montreal Heart Institute. Three months after the procedure, I am able to start working out again and I relish every moment.

Thank you for this second chance! "

CHANTAL DECOSTE, PATIENT AND DR. MICHEL PELLERIN

<u>21</u>

Key figures

The Montreal Heart Institute is...

More than

employees

(research, EPIC, MHI)

permanent researchers

More than



cardiologists

anesthesiologists

licenced beds (153 staffed beds)

21 in medical intensive care *********

24 in surgical intensive care





Annual activities:



Major heart surgeries (coronary bypasses, valvular surgeries, and heart transplants)



surgical procedures

Other surgical procedures, including 345 biopsies

2,334 electrophysiology procedures

8,207 hospitalizations

6,504 hemodynamic procedures

18,043 visits to the emergency room

visits to outpatient and specialized clinics

Where our clients come from



Types of procedures:

2,255 505 625 592 886 patients underpatients received patients had patients patients patients underwent coronary went valvular coronary, drugreceived a cardiac defibrillator a pacemaker catheter ablation surgery, including eluting, bypasses bioabsorbable 189 that were of cardiac arrhythmia minimally invasive or standard endova scularstents

Average age of our patients



<u>23</u>

Volume of Activities



Carole Boucher
Director of
Multidisciplinary Services

	2016-2017	2015-2016
Hospitalizations		
Admissions	8,207	7,577
Patient days	44,508	42,150
Day care	12,587	14,141
Average hospital stay in days	5,42	5,56
Outpatient services		
Emergency room cases	18,043	17,285
Outpatient visits	77,229	75,152
Surgical sector		
Procedures	2,246	2,169
Cardiac surgeries	1,901	1,829
Other surgeries	345	340
Patient hours	9,126	8,838
Minimally invasive surgeries	189	163
Transplants	11	15
Hemodynamics		
Total procedures	6,504	6,233
Therapeutic procedures	2,710	2,730
Diagnostic procedures	3,794	3,503
Electrophysiology		
Total procedures	2,334	2,322
Pacemakers	617	590
Defibrillators	505	452
Ablations	592	650
Other procedures	620	630
Human resources		
Managerial staff – full-time	39	41
Managerial staff – part-time (full-time equivalent)	13	11
Regular staff – full-time	820	771
Regular staff – part-time (full-time equivalent)	470	347
Casual staff (full-time equivalent)	155	149
Active physicians	112	109



PATIENT CARE DIVISION

Department of medicine

Clinical activities

Hemodynamics service

The Institute is providing support for the new hemodynamics room in Trois-Rivières. The Centre hospitalier affilié universitaire regional de Trois-Rivières was able to benefit from the advice and assistance of Dr. Philippe L'Allier, Ms. Marianne Dompierre, and the MHI's biomedical engineering team for the construction of a hemodynamics room inaugurated on March 7.

The MHI not only helped build the room, it also contributed during other phases of this project that required several years of development and is the result of a partnership between the MHI and Trois-Rivières. In fact, the MHI trained the entire technical and clinical staff at the Institute, under the supervision of Ms. Marianne Dompierre. Moreover, Dr. L'Allier, head of the project, is currently assembling a team that will include MHI specialists in hemodynamics in order to ensure the proper medical expertise is available.

Approximately 1,500 patients of the CIUSSS in Mauricie-et-du-Centre-du Québec will be able to benefit from specialized cardiovascular procedures every year.

PRD hemodynamics laboratory number 4 (cardiac angiography system)

The hemodynamics laboratory number 4 was completely renovated and renamed "Salle PRD" in honour of Dr. Paul-Robert David, a pioneer of hemodynamics at the MHI. The new system is used for cardiac



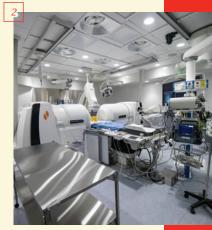
procedures (coronary and valvular) as well as cardiovascular diagnostics and therapeutic procedures. State-of-the-art image processing software will be used for the implantation of stents, 3D reconstruction, segmentation, recording, and real-time broadcasting of fluoroscope images, as well as guidance during valvular procedures.

Electrophysiology service, a first in Canada

A new electrophysiology laboratory equipped with a robotic magnetic navigation system dedicated to patients with congenital heart diseases

The electrophysiology service is constantly innovating. A prime example is the inauguration of a laboratory with a magnetic guidance system equipped with Stereotaxis technology. This new technology will allow the MHI to maintain and reinforce its status as a national leader when it comes to treating arrhythmia in patients with congenital heart diseases.

- 1 and 2 Inauguration of the
electrophysiology
laboratory equipped
with a robotic
magnetic navigation
system



(continued)

Cardiovascular Genetics Centre

The Cardiovascular Genetics Centre (CGC) was officially inaugurated in September. It is a unique centre that combines a genetics clinic and a molecular diagnostics laboratory. It is an important step towards personalized medicine.

The Centre welcomed Dr. Rafik Tadros following his two-year highly specialized training in cardiovascular genetics in Amsterdam. As well as clinical activities in cardiology and electrophysiology, Dr. Tadros will also take part in genetics projects and his research will be supported by the Department of Medicine's Philippa and Marvin Carsley chair in cardiology.

Heart failure clinic

On May 14, 2016, every doctor pursuing activities related to the treatment of heart failure, including cardiologists, surgeons, intensivists, nuclear medicine specialists, and psychiatrists gathered to discuss the issues, opportunities, and challenges related to this field. Following this meeting, Dr. Jean-Lucien Rouleau was mandated with reviewing the program and led a vast consultation on the expansion of the heart failure clinic and the increase in resources

available in this field. Tangible results are expected in 2017.

Conferences – teaching

25th Symposium in Interventional Cardiology

The 25th Symposium in Interventional Cardiology, which took place from June 1 to 3, 2016, was an event marked by change. In this vein, we have continued to innovate by proposing the first **Heart Team Summit.**

The summit allowed the hemodynamics specialists, surgeons, anesthesiologists, and sonographers present to take part in interactive discussions on clinical cases associated with innovative surgical percutaneous alternative therapies (minimally invasive or requiring robotics). Nearly 300 participants took part in the symposium.





Introduction to clinical approach for students at the MHI

For the first time, second-year medical students visited the MHI for their introductory course in clinical approach. We welcomed a first group of students in the fall of 2016 and a second during the winter of 2017. Every group included 16 students. Dr. Louise-Isabelle Rivard was in charge of this initiative for the MHI.

Paramedic interns in the emergency room

The emergency room welcomed 12 paramedic interns from the new advanced care program of Université de Montréal as part of a 25-hour internship. This internship was a success thanks to the welcome provided and the availability of teaching and emergency personnel.

4th annual Arrhythmia Day for electrophysiology physicians and technicians

The event took place on November 19, 2016 and was organized by members of the Electrophysiology Department in order to acquaint electrophysiology cardiologists and technicians from hospital centres around Montreal with new ablation techniques and new implantable devices. This training activity also aimed to teach participants to interpret intricate electrocardiogram (ECG) tracings and solve complicated cardiostimulation cases.

Highlights of the American College of Cardiology, Heart Rhythm Society, European Society Congress, and American Heart Association conferences

Doctors at the MHI organized four evenings to summarize the highlights of major cardiology events and allow participants to share their expertise on the technological innovations presented during these international conferences and assess their impact on clinical practices in the province.

1st Medical Surgery Day for referring doctors and nurses

The first edition of the event took place on March 25, 2017. It was organized by scientific directors Dr. Réda Ibrahim and Dr. Patrick Garceau to enable participants to discuss surgical treatments and aortic stenosis catheterization and mitral insufficiency. The goal was to help those in attendance identify and refer patients for a transcatheter aortic valve implantation (TAVI) and MitraClip procedure.

Department of Radiology and Nuclear Medicine

Department of Radiology

Medical team

As of July 2017, the department includes five radiologists with the arrival of Dr. Stéphanie Tan. Dr. Tan completed her training in cardiac imaging at the Montefiore Medical Center in New York in 2015-2016. She will primarily be working with cardiac imaging, mainly with computerized tomography (CT) scans and magnetic resonance imaging (MRI).





Activition

The Department of Radiology has greatly increased its activities, indicating a renewed vitality following the consolidation of the radiology and specialized technology teams.

Specifically, CT scans have increased by more than 41% and cardiac CT scans have increased by an impressive 345%. This was made possible with the purchase of a latest-generation CT scanner thanks to a donation from the Montreal Heart Institute Foundation.

The department actively participated in the creation of a *Centre de répartition des services* (CRDS), a new formula designed by the Minister of Health and Social Services in order to provide the region's patients with quicker access to specialized imaging.



The office of the nuclear medicine specialists -Reviewing cases

- 2-Dr. Stéphanie Tan

- 3-Dr Mathieu Pelletier-Galarneau

- 4-Nuclear Medicine -SPECT

Teaching

This year, the Institute reintroduced the radiology residence teaching program.

As a result, six one-month training internships took place between October 2016 and June 2017 (Doppler cardiac imaging).

Dr. Magali Pham is currently undertaking a two-year Master's Program titled "Healthcare Quality, Patient Safety and Risk" at Queen's University in Ontario.



Research

Members of the department are taking part in extremely interesting clinical research activities related to MRI, CT scans, and Doppler echocardiography.

Equipment

The Institute purchased new software to improve the quality of radiology images for intensive care patients.

The Institute's technical team is currently assessing this software that we hope to make available very soon.

A new McKesson picture archiving and communication system (PACS) was installed and is a remarkable tool. One of the system's major advantages is the quick link it creates with the *Dossier Santé Québec* (DSQ), thereby allowing staff to efficiently compare results with radiological exams carried out in other hospitals.

Department of Nuclear Medicine

The department purchased a rubidium-82 generator. This molecule allows the team to carry out myocardial perfusion imaging with positron/tomodensitometry emission tomography (PET/CT) scans. This is the best method available in 2017 to research myocardial ischemia. It allows for the absolute quantification of myocardial blood flow and coronary flow reserve. Using rubidium also reduces radiation dosage for patients and produces a high-quality image, even in obese patients, while reducing the length of the exam.

(continued)

The MHI is the only hospital in Montreal to provide myocardial perfusion imaging with PET/CT scans. As an ultra-specialized centre, the MHI makes this technology available to patients in Greater Montreal.

This year, the department recruited Dr. Matthieu Pelletier-Galarneau. He is currently completing his PET-MRI fellowship at Harvard Medical School in view of this type of device soon becoming available in the Department of Nuclear Medicine. He is also the recipient of the Foundation's Bal du Coeur scholarship.

The MHI's Department of Radiology and Nuclear Medicine has been focused on developing cardiac imaging technology thanks to recently acquired state-of-the-art devices and a team of radiologists and nuclear medicine specialists trained to carry out ultra-specialized investigations.

Department of Surgery

The Institute's Department of Cardiac Surgery includes 12 surgeons operating in three hospital centres:

Mainly at the MHI:

- Dr. Louis P. Perrault: Full professor at Université de Montréal, Chief of the Department of Surgery and President of the Canadian Society of Cardiac Surgeons
- Dr. Michel Carrier: Full professor and Director of the Surgery Department at Université de Montréal
- Dr. Raymond Cartier: Full clinical professor at Université de Montréal
- Dr. Michel Pellerin: Full professor and Director of Communications of the Surgery Department at Université de Montréal and President of the Association des chirurgiens cardiovasculaires et thoraciques du Québec
- Dr. Denis Bouchard: Full clinical professor and Director of the Cardiac Surgery Program at Université de Montréal

- Dr. Ismaïl El-Hamamsy: Associate clinical professor at Université de Montréal and scholar at the FROS
- Dr. Yves Hébert: Assistant clinical professor

Mainly at the Hôpital du Sacré-Cœur de Montréal:

- Dr. Pierre Pagé: Full professor at Université de Montréal and Director of Professional Services at the MHI
- Dr. Philippe Demers: Associate clinical professor at Université de Montréal and head of continuous professional development for the Association des chirurgiens cardiovasculaires et thoraciques du Québec, active surgeon at the MHI and President of the MHI's research ethics committee
- Dr. Hugues Jeanmart: Associate clinical professor at Université de Montréal and Chief of the Department of Cardiovascular Surgery at the Hôpital du Sacré-Coeur de Montréal
- Dr. Yoan Lamarche: Associate clinical professor at Université de Montréal, Chief of intensive care at the MHI, and active surgeon and CHU Sainte-Justine

At CHU Sainte-Justine:

 Dr. Nancy Poirier: Full clinical professor at Université de Montréal and pediatric heart surgeon who performs adult congenital heart surgery at the MHI

- 5-Operating room equipped with a da Vinci Xi surgery robot



In 2016-2017, 1,901 surgeries were performed, 72 more than in 2015-2016 (1,829 surgeries). This represents the highest number since 2003-2004, when 1,846 surgeries took place.

Of these, 46% were coronary revascularization surgeries, 47% were valvular surgeries, and 7% were other kinds of procedures, such as transplants, ventricular assistance, and congenital surgeries.

Among the valvular surgeries performed, 97% were aortic or mitral. Of the mitral surgeries, more than 60% were corrective surgeries (plasty) with preservation of the valve apparatus. For aortic surgeries, the number of aortic valve preservation procedures increased, as well as the number of aortic valve replacements by pulmonary autograft (Ross procedures). There was also an increase in transcatheter aortic valve implantations (TAVI). Finally, it is worth noting that minimal-access techniques are increasingly being developed for aortic and mitral valve surgeries.

Current programs

- Robot-assisted surgery program
- Minimally invasive surgery (MIS)
- Thoracic aorta disease monitoring program
- Ross procedure program
- Transcatheter aortic valve implantation (TAVI) program, in collaboration with hemodynamics specialists
- Endovascular surgery for aortic diseases program
- Transplant and left ventricular assist device (LVAD) program
- Percutaneous mitral valve repair (MitraClip) program, in collaboration with hemodynamics specialists
- Humanitarian surgery program, which allows many of our surgeons to carry out missions in countries such as Egypt and Ethiopia where they volunteer to operate on patients, including children with severe heart disease necessitating surgical treatment.

Robot-assisted mitral and aortic heart surgery project

With the completion of a surgery project launched several years ago, the MHI made history this year. In April 2017, the Institute carried out its first robot-assisted mitral surgery.

The project began in the winter of 2013 with a study by the *Bureau d'Évaluation des Technologies et des Modes d'Intervention en Santé* (BETMIS) on the main indications for robot-assisted surgery, the budget, and the best methods to implement a robotic system. The project was then presented and recommended by the ETMIS executive committee on June 2, 2014. The Foundation played a pivotal part in searching for donors and the Minister then provided all necessary authorizations. Finally, we acquired the robotic system at the start of 2017 and it was delivered to the MHI on January 30, 2017.

The development of robot-assisted cardiac surgery contributes to minimally invasive surgery (MIS) which aims to reduce trauma to the body by decreasing the size of incisions. Robot-assisted surgery is a new MIS technology that improves the patient's quality of life and allows them to return to their normal activities quicker.

The equipment for robot-assisted surgery includes three parts: the robot which acts as a remote manipulator, the control console, and the surgical cart that provides endoscopic visualization. The robot's mechanized arm is equipped with the surgical instruments necessary for the procedure, the surgeons use the console to remotely control the robot, and the visualization cart displays the surgical site on screens.

Minimally invasive endoscopic surgery eliminates the need for an incision in the sternum that causes significant trauma on the patient's thorax. Robot-assisted surgery allows the surgeon to use more efficient tools than those previously used in MIS. As a result, the surgeon can perform the procedure with more precision thanks to the 3D visualization.

(continued)

It's important to note that robot-assisted surgery is a growing field and the purchase of this robotic system will help us remain a leader in this sector. And who knows, we might soon be able to define our own robotic procedures or new indications for this technology.

The multidisciplinary team's dedication and motivation was a huge reason for the success of this robot-assisted surgery program.

Here is the team responsible for the robotic program:

- Mitral valve surgery: Dr. Michel Pellerin, Dr. Denis Bouchard, and Dr. Philippe Demers
- Bypass surgery: Dr. Raymond Cartier, Dr. Hugues Jeanmart, and Dr. Louis P. Perrault
- Nurses: Sylvie Moulin and Tzu Chen
- Robotic system coordinator: Michèle Lafleur
- Medical device reprocessing unit: Rmeily Rawad and Suzie Bouchard
- Anesthesiologist: Jean-Sébastien Lebon
- Inhalotherapist: Jacqueline Gagnon and Kim Bousseau
- Perfusionist: Charles Savoie and Keman Houazene
- Biomedical engineer: Alain Girard

New

On October 6, 2016, Dr. Louis P. Perrault became the third holder of the Michal and Renata Hornstein Chair in Cardiac Surgery at Université de Montréal, succeeding Dr. Michel Pellerin and Dr. Raymond Cartier. This chair is given to the active Department Head.

A profile of the Montreal Heart Institute was published in the peer-reviewed journal Seminars in Thoracic and Cardiovascular Surgery in a special edition titled "Great Institutions in Cardiothoracic Surgery".

Recruitment

Dr. Jessica Forcillo, who is completing training at Emory University School of Medicine in percutaneous aortic valve replacement (TAVI/TVR), will join the surgery team in July 2017 as an associated member. She will work mainly at the Centre hospitalier de l'Université de Montréal (CHUM) and will also be active at the MHI. Dr. Cristian Rosu will also be joining our team. He is currently undergoing open aortic and endovascular training in Houston, Texas and in transcatheter techniques in Portland, Oregon until July 2018. He will work mainly at the Hôpital du Sacré-Coeur as well as the MHI.

Conferences organized by the department

For the third consecutive year, Dr. Ismail El-Hamamsy organized the *Journée sur* l'intervention de Ross – October 2016.

Dr. Yoan Lamarche organized the *Jour ECMO* symposium – October 2016.

Dr. Michel Carrier organized an event on the development of the heart transplant database.

> da Vinci Xi surgery robot



Dr. Meggie Raymond

Mr. Arnaud Canneva

Mr. Charles Boudreau

Department of Anesthesiology

Recruitment

The Department of Anesthesiology is pleased to announce that Dr. Meggie Raymond joined the Institute in August 2016. She specializes in chronic pain and cardiac anesthesia and is the recipient of the 2015 Bal du Coeur scholarship.

Humanitarian mission in cardiac surgery in Ethiopia from April 8 to April 22, 2016

Dr. Jean-Sébastien Lebon was part of a Canadian humanitarian aid delegation in Ethiopia to help patients suffering from heart disease. The delegation specializes in cardiac surgeries and procedures. Dr. Lebon was accompanied by Dr. Marco Julien and Dr. Nicolas Rousseau Saine, two residents in anesthesiology, Dr. Denis Bouchard from the Department of Surgery, and two nurses from the intensive care unit.

Chronic pain clinic

Since its creation, the postoperative analgesia service has provided pain relief to more than 12,500 patients following cardiac surgery. Today, the clinic pursues its mandate to improve the quality of life of patients suffering from chronic pain after a heart surgery. Moreover, Dr. Marc Jolicoeur has started collaborating with the clinic to monitor patients with refractory angina.

Department of Pharmacy

Camera verification system and digitization

In order to improve quality control for our injection preparations, we have installed cameras in our sterile preparation room. Every step of the preparation process will now be photographed. For its part, the digitization of prescriptions has reduced the risks of mistakes by linking prescriptions with the patient's file. It also allows staff to view the order in which the drugs were prescribed and it reduces the use of paper.

New sterile preparations

The pharmacy can now prepare new injections. This allows us to save money, increase the efficiency of nurses, and improve the quality of care provided to patients.

A pharmacist at the Heart failure clinic

A pharmacist has joined the team at the Heart failure clinic. Their role will be to optimize drug therapies and monitor side effects related to medication.

New course in partnership with the Ordre des pharmaciens du Québec

The Department of Pharmacy has partnered with the *Ordre des pharmaciens du Québec* to design a course on adjusting anticoagulant therapies in order to provide community pharmacists with the tools necessary to provide care to patients receiving anticoagulants. This initiative is in line with the Institute's supraregional mission and to date, more than 1,000 pharmacists have taken part.

Recruitment

Two young pharmacists, Charles Boudreau and Arnaud Canneva, have joined our department in order to actively help us achieve our objectives.

Nursing

The contribution of the nursing staff at the surgery intensive care unit and the 3rd centre surgery unit resulted in an increase in the procedures carried out in the operating room (1,901 procedures). This contribution represents:

- An increase of patient days in the surgery intensive care unit (5,908 in 2016-2017 compared to 5,497 in 2015-2016)
- An increase of patient days in the 3rd centre surgery unit (10,016 in 2016-2017 compared to 9,314 in 2015-2016)

To achieve this, we increased the number of open beds at the 3rd centre from 29 to







(continued)

33 from Sunday to Friday. That way, the 3rd centre was able to welcome patients waiting for surgery from other units at the Institute. We optimized the use of our hospital beds for patients waiting for a bed in the emergency room or awaiting a transfer to another hospital. As a result, the intensive care unit was able to transfer patients to the surgery unit at the right time, avoiding stays in intensive care for patients who did not need them.

Inauguration of the short-stay unit on September 27, 2016

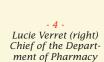
The short stay unit (SSU) officially opened on September 27, 2016. Our management and accountability agreement recommends an average stay on a stretcher of 12 hours. In order to reach this target, we decided to implement an SSU that includes five stretchers at the site of the emergency. In addition to helping us reach the targets outlined in the management and accountability agreement, the SSU will allow us to adapt to changes that will happen when we move to temporary installations, then to a modernized Institute within the IDE project. This project will result in an emergency department with 16 stretchers and an SSU with 12 beds. Here are a few interesting statistics pertaining to the SSU:

- Average stay on a stretcher of 17.8 hours (2016-2017) compared to 19.9 hours (2015-2016)
- 2,006 24-hour stays (2016-2017) compared to 2,310 (2015-2016)
- 48-hour stays (2016-2017)compared to 374 (2015-2016)
- 486 patients welcomed at the SSU - average stay on a stretcher of 47.2 hours and average age of 73.5 (since the inauguration of the SSU)

Increase in palliative care activities

We have observed a significant increase in consultation requests for the palliative care team. This increase is due to:

- The team's renowned expertise and the care they provide patients and health care teams
- An aging MHI clientele, like the rest of the general population
- The desire to accompany our clientele in end-stage heart failure is shared by all members of the interdisciplinary team



The pharmacy team in action



33

DEPARTMENT OF PREVENTION

New researchers join the team

Daniel Gagnon, Ph. D., Joined the department on July 4, 2016

Dr. Daniel Gagnon is an assistant professor and Ph. D. fellow at the Department of Molecular and Integrative Physiology at the Faculty of Medicine at Université de Montréal. He specializes in thermoregulation (health and body temperature, positive and negative effects to heat exposure, climate changes and the impact on the health of elder citizens in Quebec).

His areas of interest are:

- Integrative human physiology
- Physiological control of internal body temperature at rest and exertion
- Consequences of human aging on cardiovascular responses during exposure to heat
- The potential benefits of heat for primary and secondary prevention of heart disease
- Physiological adaptations to repeated thermal stress on the body

As part of phase 1 of the EPIC Centre's expansion project, an environmental chamber was built for research purposes.

Louis Bherer, Ph. D., Joined the department on September 12, 2016

Dr. Louis Bherer is a full professor at the Faculty of Medicine at Université de Montréal and a researcher at the MHI. Dr. Louis Bherer was named holder of the Mirella and Lino Saputo cardiovascular health and prevention of cognitive impairments research chair that was approved on February 14, 2017 by Université de Montréal's Board of Directors.

His areas of interest are:

- Cognitive changes (focus and executive functions) associated with normal aging (NSERC grant)
- Factors affecting cognitive impairment in senior citizens (education, lifestyle, physical health, heart disease, etc.)
- The impact of physical fitness and physical exercise on the cognitive vitality of senior citizens (grants from the CIHR and the Canadian Consortium on Neurodegeneration in Aging (CCNA))

Expansion work

Phase 1 of the EPIC Centre's expansion project began in September 2016 and it is going according to plan. The project should be completed in the fall of 2017. ahead of schedule. The expansion project was carried out as part of the Strategic Investment Fund and was made possible thanks to the MHI Foundation and the EPIC foundation. This \$5 million project will allow patients to access medical services in a location that is more spacious. It also provides more room for sports thanks to new facilities. Furthermore, the expansion will also include an area dedicated to research to allow internationallyrenowned researchers to carry out projects. In total, 10,000 sq. ft. will be added. New sanitary facilities and a new elevator will also help modernize the Centre.

Prevention observatory

A digital information platform that is unique in the world

The prevention observatory was created to present comprehensive issues related to each of the key areas of cardiovascular prevention. It is also used to present new developments in prevention and discuss new significant studies published throughout the world in major scientific journals. This observatory is designed for health care professionals, the public, as well as decisionmakers. It was officially launched on April 12, 2107 via "Facebook Live". Visit the website at http://observatoireprevention.org/.

(continued)

Regroupement pour un Québec en santé

Regroupement pour un Québec en santé was launched in October 2016. This association is an initiative of Sylvie Bernier and now includes more than 900 organizations. Dr. Juneau helped create this group whose mission is to mobilize decision-makers from every sphere of life that has an impact on Quebecers' lifestyle habits. Dr. Juneau is now a member of the group's executive committee.

Publication of the book "Un coeur pour la vie : prevention cardiovasculaire globale" by Martin Juneau, cardiologist

The book was launched on March 1, 2017 at the EPIC Centre. For the occasion, Dr. Juneau spoke in front of 400 people. The book topped the best sellers list at Renaud-Bray and Archambault.

New director at the EPIC Centre

Éric Sinotte became the director of operations at the EPIC Centre on August 22, 2016. Mr. Sinotte is an experienced entrepreneur and has been a member of the EPIC Centre for

several years. His experience in management and human resources along with his knowledge of the EPIC Centre are incredible assets that will help him take on this new challenge.

Upon arrival, he redefined the organizational structure and created an action plan in order to meet the Department of Prevention's priority goals (define the EPIC Centre's target clientele and increase its clientele, continue to balance the EPIC Centre's budget).

On December 21, 2016, the EPIC Centre unveiled its new logo. The result of an extensive deliberation process, the new logo aims to create a bridge between the Centre's history and its affiliation with the MHI, a world-class ultra-specialized hospital.

Capsana

Capsana, a social enterprise that is a partner of the MHI's EPIC Centre, received \$2 million/year for 5 years from the Minister of Health and Social Services to lead the Health Challenge, which will now take place year-round. Capsana also received a \$2.2 million grant from the federal government for workplace prevention programs.

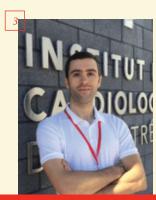




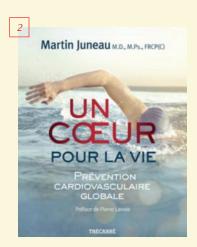
- 1 The EPIC Centre's
expansion project
- 2 Dr. Louis Bherer

Dr. Daniel Gagnon





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DEPARTMENT OF EDUCATION

New emergency care training program for the nursing staff

Following a review of the introductory training and critical care training programs, a new emergency care training program was created for nurses.

This new program, just like its two predecessors, relies on a competency-based approach and focuses not on diagnostics, but on recognizing symptoms and developing clinical judgement and complex practical skills. The three-day program has three goals: assess the clinical and paraclinical signs of hemodynamic instability in a patient that shows up at the emergency room, analyze data, be able to clinically judge the status of the patient, carry out the procedures, treatment, and nursing care required; safely manipulate the instruments used during the patient's stay in the emergency room; efficiently intervene in case of cardiorespiratory arrest in compliance with the 2015 ACLS guidelines.

Eighteen nurses have undergone this training since November 2016.



Our Achievements (continued)

New emergency room internship for paramedics: a major success

As part of the new advanced care program at Université de Montréal, our emergency services welcomed intern paramedics for a training program. It is the first university program in advanced care in Canada. The internship took place from October to December under the supervision of emergency room doctors. In total, a dozen interns took part in the 25-hour training program.

The program was a major success and received a lot of positive comments from students, program heads, and heads of the Faculty of Medicine. The students appreciated that they were warmly welcomed and that teaching and hospital staff were available for them.

We want to thank the head of the program for the MHI, Dr. Hélène Pelletier, and Dr. Louise-Isabelle Rivard for their dedication to the program.

Advanced graduate diploma

The creation of an advanced graduate diploma program in adult congenital heart disease created by Dr. Annie Dore was certified by the Faculty of Medicine at Université de Montréal. It is the fourth advanced graduate diploma program created by our cardiologists and certified by the Faculty.

The three other programs were: adult interventional cardiology (Dr. Jean-François Tanguay), adult cardiac ultrasound (Dr. Arsène Basmadjian), and adult cardiac electrophysiology (Dr. Laurent Macle).

We are very proud that these four new programs, which will help train new residents and fellows in the coming years, were all created by the Institute's specialist cardiologists.

DEPARTMENT OF RESEARCH

Dr. Jean-Claude Tardif, Dr. Marie-Pierre Dubé, Dr. David Rhainds, Dr. Eric Rhéaume, and Dr. Yohann Rautureau have demonstrated some of the underlying mechanisms related to the significant pharmacogenomic discovery on dalcetrapib by Dr. Tardif and Dr. Dubé.

Dr. Tardif co-led the evaluation program for the prescription drug bococizumab targeting cholesterol. The main results were described in two articles published in the New England Journal of Medicine.



The clinical electrophysiology team demonstrated that the use of beta blockers reduces the mortality rate in patients suffering from heart failure and atrial fibrillation. The results of this study led by Dr. Paul Khairy and Dr. Denis Roy, which were published in the Journal of the American College of Cardiology: Heart Failure, support the Canadian recommendations for the use of beta-blockers in these patients and underscores the relevance of treatment guidelines based on conclusive medical evidence.

In the ADVICE study led by Dr. Laurent Macle and published in Circulation, the same electrophysiology team demonstrated that the reoccurrence of arrhythmia episodes during the three months following an transcatheter ablation of the ectopic focus responsible for atrial fibrillation was an indicator of the reoccurrence of ventricular arrhythmia in more than 90% of patients after 12 months. This study therefore calls into question the pertinence of the current practice of not intervening again in the three months following the initial transcatheter ablation. Should the results be confirmed in a second study, they would open the door to a potential change in practice.

The heart surgery team led by Dr. Louis P. Perrault also contributed to a major study published in the New England Journal of Medicine demonstrating that two current therapeutic strategies to treat post-surgery atrial fibrillation were shown to be equivalent. These results are significant because they will allow a rationalization of treatments in these patients and minimize the side effects associated with some of the medication currently used.

Cognitive abilities decrease with age and it is generally accepted that a sedentary lifestyle speeds up this decline. Dr. Louis Bherer's team has just called this belief into question with results published in *Frontiers in Human Neurosciences*. In a group of 72 sedentary adults over the age of 60, results show that even though cognitive training

improves performances, the combination with aerobic exercise has not yielded the benefits expected when compared to passive stretching exercises. This study reveals our poor understanding of the mechanisms connecting our cognitive abilities to our physical level of fitness and is a call to carry out more in-depth studies on the subject.

Dr. Jean-Lucien Rouleau ran the STICH study, also published in the New England Journal of Medicine. Researchers demonstrated that coronary bypass surgeries associated with an optimal drug therapy had a beneficial long-term impact on the survival of patients with coronary heart disease and heart failure in comparison with a treatment that did not include surgery. This underscores the importance of prioritizing revascularization procedures in this type of patient.

In fundamental research, Dr. Frédéric Lesage's team exploited a new technique to measure cerebral oxygenation in three dimensions through biophotonic imaging with the help of a new molecule targeting brain dendrites. For the first time, the characterization of cerebral oxygenation and its changes with age have been documented. Among the unexpected results, the team has shown evidence of the presence of hypoxic micro-pockets measuring a few dozen microns that appear with age and may contribute to the loss of cognitive ability over time.



Our Achievements

(continued)

The teams led by Dr. Céline Fiset and Dr. John Rioux published in the prestigious journals *EMBO Journal and Heart Rhythm* the initial results obtained from cells extracted from the blood of patients and then deprogrammed from pluripotent cells and reprogrammed into heart cells endowed with spontaneous contraction properties. This cutting-edge technology opens the door to a new world of research that studies the cellular dysfunction that characterizes each patient. It is personalized research that will advance precision medicine.

In fundamental and translational research (including the transformation of fundamental research into clinical research and the patient), Dr. Jocelyn Dupuis' team has demonstrated the applicability of an imaging method that allows the assessment of pulmonary vascular function (European Journal of Nuclear Medicine and Molecular Imaging). This approach could allow a better diagnosis of pulmonary hypertension often associated with heart disease which is on the rise in our society. Pulmonary hypertension is associated with a poor prognosis and there is no appropriate therapy alternative.

With support from the MHI Foundation, Dr. Eric Thorin's team, in collaboration with teams in Quebec and France, has revealed the predictive potential of a new biomarker (Diabetologia, American Journal of Hypertension). In a large group of patients with type 2 diabetes, the team of researchers demonstrated the predictive effects of the circulation levels of angiopoietin-like-2 on the number of cardiovascular events as well as mortality rates. In patients who have received kidney transplants, the circulation levels of this biomarker are more capable of predicting cardiovascular mortality than traditional markers. These results make angiopoietin-like-2 a biomarker that will improve diagnoses and inform the doctor about the severity of the underlying pathology.

In February 2017, results from a major international study co-led by Dr. Guillaume Lettre were published in the journal Nature. The study, which included more than 300 researchers on five continents and 700,000 patients, revealed the existence of 83 genetic variations that influence the size of the human body. This study benefitted from clinical and genetic data from participants of the biobank of the André Desmarais and France Chrétien hospital cohort at the Montreal Heart Institute. The results will allow us to better understand the biological pathways that contribute to the growth of the human body. The hospital cohort, which now includes more than 22,000 patients, was used in carrying out 17 research projects including 16 that are already at the stage of analyzing results.

Additionally, the Montreal Heart Institute's Health Innovations Coordinating Center (MHICC), one of the world's leading clinical academic research centres, has developed a new type of clinical trial by undertaking the coordination of the Dal-GenE international study. This study is aimed at the application of pharmacogenomics and precision medicine focused on the genetic fingerprint to prescribe cardiovascular medication to the right patients.

The Centre de Pharmacogénomique Beaulieu-Saucier at Université de Montréal, located at the MHI, has to date completed 47 pharmacogenomics clinical projects with its highly qualified team of 30 experts, including a full and integrated team that oversees statistics on genetics.

The Centre also stores approximately 600,000 biological samples. It has been responsible for three major developments over the past year: 1) the recent discovery of the personalized link between the beneficial effects of a medication and the genetic profile of patients, 2) the creation of a new pharmaceutical company in Montreal (DalCor Pharma Canada) with \$250 million in capital and an agreement to carry out phase 3 testing of a leading drug, and 3) an agreement of collaboration with the pharmaceutical company AstraZeneca leading to research on the genes associated with heart disease and diabetes, their complications, and the results of treatments using genomes from 80,000 patients.

The Centre for excellence in research and medical imaging has been completed. This technological facility, which was funded by the Canadian Foundation for Innovation and by generous donors of the MHI Foundation, includes several medical and molecular imaging modalities, such as a 7 Tesla magnetic resonance imaging (MRI) machine for clinical research, a latest-generation CT scanner, a PET-CT scanner, as well as a new electrophysiology room equipped with a magnetic guidance system for catheters that allows staff to carry out complex procedures on patients born with congenital malformations. This new room, also equipped with a sophisticated system for broadcasting procedures, strengthens the MHI's position as a world leader in congenital heart defects.

Thanks to funding from the MHI Foundation, the biomarker discovery, development, and validation platform, with its genomic, metabolomic, and molecular imaging components, is now fully functional.

DEPARTMENT OF TECHNOLOGY AND REAL ESTATE RESOURCES

Medical technologies

Telepathology system to share results with the IUCPQ

The telepathology project includes an imaging system that can capture high-definition images of tissues directly on the microscope slide. These images can then be immediately viewed remotely by anatomical pathology specialists at the *Institut universitaire de cardiologie et de pneumologie de Québec* (IUCPQ) who can deliver a quick diagnosis. This prevents the risk of loss or damage incurred by transporting the slides to Quebec City.

Investing in Excellence (IDE) Expansion and modernization project

Funding for the infrastructure projects from the federal Strategic Investment Fund program.

As part of the federal program, the MHI obtained funding to support projects already funded by the MHI Foundation, such as:

- The EPIC Centre expansion program
- The IDE project: Cardiovascular health training centre
- The project to standardize the Research centre's animal facilities

The federal program will provide nearly \$10 million in funding.

Investing in Excellence (IDE) project

Last February, the Institute received the go ahead to proceed with the second phase of the Investing in Excellence (IDE) project and we are extremely proud. Work will begin in the fall of 2017.

Our Achievements

(continued)

This expansion will not only guarantee a level of excellence at the Institute but it will also allow us to reach new heights to the benefit of our patients and the entire community. This investment will also allow us to continue to modernize our facilities and adapt our infrastructure to our clients' current and future needs.

PHASE 1 Expansion and reconfiguration of the emergency room

We started with expanding and reconfiguring the emergency room and outpatient clinic. The modular complex on the East side was set up in the spring. The emergency room will be moved there in the fall of 2017.

- Level 1: new training centre
- Level 2: emergency
- Levels 3 and 4: critical care
- Level 5: administration

Digital hospital and clinical computerization

 Deployment of the Mobile clinical file as part of the electronic medical record (OACIS) for doctors.

- Launch of the project to deploy the new DCI Cristal-Net (OACIS transition).
- Deployment of the necessary software to create an emergency SSU.
- Implementation of a call management system to improve the call system at the scheduling centre.
- Software project for genetics laboratories: final delivery of the clinical data management system for genetics laboratories.
- Deployment of the hemodynamics report - the Cardioreport software was installed in the hemodynamics department in November 2016. The project allowed the medical team to access modern software to manage hemodynamic exams. The software is capable of efficiently creating and distributing the electronic reports associated with the exams. It is a solution that also includes the implementation of an exhaustive and accessible database that can produce statistical measures which can be used by clinical and research teams.



Our Achievements (continued)

Dosimetry program (Atomic) developed by the Biomedical engineering service.

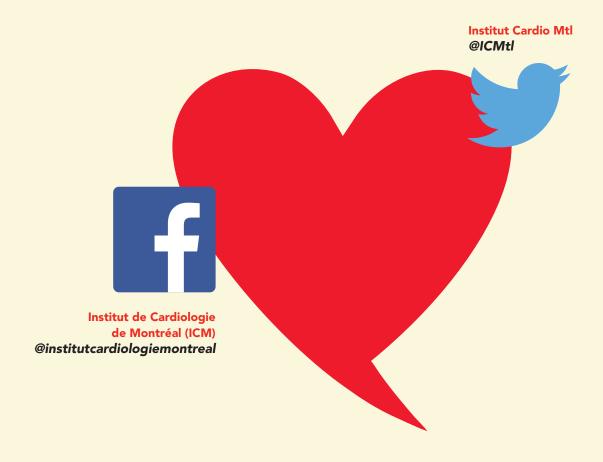
The MHI's biomedical engineering service developed and implemented an automated quality monitoring system for nuclear medicine imaging systems (Atomic). This system receives the results from various performance tests carried out every day on the equipment in order to guarantee they continue to operate in a safe and optimal way. An intranet site will seamlessly document the results and monitor trends. In case of a problem, the system will send out alerts and the team can quickly react. We have also begun adding the results of automated analyses of qualitycontrol phantom images (anthropomorphic, Carlson, Esser and Catphan 600) performed on a monthly or biannual base, which meets the requirements of Safety Code 35. This will allow us to quantify previous evaluations that were carried out in a more subjective way. Over the next year, we are planning to implement this system in the Department of Radiology (computed tomography).

Additionally, following the most recent visit of Quebec's auditor general, the biomedical engineering service began improving the monitoring system of dosage indicators in angiography and computed tomography (XRDI). By cross-referencing information from the radiology information system (RadImage) and the PACS, we aim to completely

automate the data collection and indicator calculation processes. This system, which has yet to be named, will add dosage received from nuclear imaging and X-ray dosage. Moreover, when possible, an efficient dosage estimate will be provided. A web platform will allow users to view general trends and consult a patient's history.

Social media

Follow us and like us



USERS' COMMITTEE

Members of the committee

The Users' committee (UC) underwent a few changes over the past year:

- Gaétan Bruneau, President of the UC, resigned
- Election of a new President, a new Vice-President, and positions of Secretary and Treasurer were combined
- Interim nomination of a new member:
 Rolande Couture

It is worth noting that UC members are very active at the MHI and EPIC Centre. They are always available to listen to users. Four are volunteers at the MHI and five are members of the EPIC Centre. They also actively participate in various committees, including the MHI's Board of Directors' committees.

Current members of the committee:

- Ms. Colette Bertrand
- Ms. Lily Carignan
- Mr. Robert Couillard, President
- Ms. Rolande Couture
- Ms. Claire Godard
- Mr. Gilles Leblanc, Secretary-Treasurer
- Mr. Gilles Spinelli, Vice-President

Our priorities and our strategy

We focused on priorities outlined in the president's report at the annual general assembly that took place on May 30, 2016:

- Patient monitoring: regarding appointments, this has progressed significantly: centralization of appointments and administrative reorganization (Carole Boucher, Director of Multidisciplinary Services). We now want to expand and develop our vision regarding follow-ups (loved ones, support for families after they've been discharged, end-of-life support).
- Volunteers: this continues to be a great success. A recommendation has been submitted to broaden our scope of intervention.

Activities and accomplishments

- New lab coats
- New flyer
- Significant increase in the number of volunteers (objective 40)
- Meeting with Dr. Denis Roy, CEO of the MHI
- Three important meetings in June 2017 following the meeting with Dr. Roy: Comité des chefs de la DSI, Sylvie Mireault-DRHCAJ, Eric Sinotte – Epic Centre Department Head

Important issues for 2017

Significant issues:

• Strategic plan – planning construction sites

Construction sites will have no impact on users for now. Every service will remain available until November 2017. However, our members have raised several questions, including the increase of the number of volunteers and the impact on users in the future. We will be monitoring this issue very closely. I will be formulating a proposition to this effect. It is important to remain a key partner on this issue.

• Support to users' families

This is a question that comes up often. It is not limited to medically-assisted death, but to questions and concerns surrounding the steps after a major surgical procedure. How we can better equip them, allay their fears and anxieties, and help loved ones become positive forces in the healing process... or end-of-life phase.

The Institute Stands Out Honorary titles, awards, and distinctions



Honorary titles, awards, and distinctions

Department of Medicine

The Department of Medicine's teaching professor award chosen by residents was given to Dr. Marc Jolicoeur.

The career merit award from Université de Montréal's Department of Medicine was given to Dr. Marc Dubuc.

Dr. Serge Doucet was named Director of Teaching. This nomination is a testimony to Dr. Doucet's skills as a teacher as well as his dedication to our Institution's mission. He takes over from Dr. Annie Dore who held the position for 12 years. Dr. Dore has made the Department of Education what it is today.

Dr. Mario Talajic has completed two four-year terms as Director of University Medicine and is currently the Vice-Dean of Professorial Affairs and Teaching and Professional Development.

The Canadian Association of Interventional Cardiology has awarded Dr. Raoul Bonan with the prestigious Career Award to highlight his significant contribution to the field of interventional cardiology.







- 1 Dr. Marc Jolicoeur
- 2 Dr. Marc Dubuc
- 3 Dr. Serge Doucet
- 4 Dr. Mario Talajic
- 5 Dr. Raoul Bonan



Department of Surgery

Dr. Louis P. Perrault was named head of the Department of Surgery on October 4, 2016.



Dr. Philippe Demers, Dr. Michel Pellerin, and Dr. Denis Bouchard were made members of the prestigious American Association for Thoracic Surgery (AATS) on May 1 in Boston. The association includes 800 members throughout the world who are renowned for their exemplary academic contribution. Dr. Michel Carrier and Dr. Louis P. Perrault are also members.

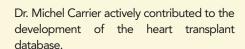


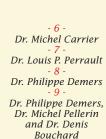
Dr. Philippe Demers has received the award for the best teacher in the Department of Surgery at Université de Montréal. He was also named STS 2016 Faculty Advisor of the Bureau d'aide aux étudiants et residents (BAER) of the Faculty of Medicine at Université de Montréal.



Dr. Bouchard and Dr. El-Hamamsy participated in an MHI mission to the Cardiac Centre of Ethiopia in Addis Ababa to perform cardiac hemodynamics procedures. This mission's goal was to train local teams and provide them with the knowledge necessary to develop an expertise that will benefit this young hospital part of the Children's Fund of Ethiopia.

Dr. Denis Bouchard was an invited professor at University of Alberta's Academic Day.







The Institute Stands Out

Dr. Alain Deschamps
- 2 Dr. Jean Taillefer
- 3 Dr. Alain Denault

Department of Anesthesiology

The 2017 Prix QuintilesIMS was awarded to the best scientific article from a university in Quebec on the use of medication. The article submitted was "Denault AY, Bussières J, Arellano R, Finegan B, Gavra P, Haddad F, Nguyen AQN, Varin F, Fortier A, Levesque S, Shi Y, Elmi-Sarabi M, Tardif JC, Perrault LP, Lambert J. A multicenter randomized-controlled trial of inhaled milrinone in high-risk cardiac surgical patients. Can J Anesth 2016 Oct; 63(10):1140-53"



The 2016 CMDP Prix Reconnaissance was awarded to Dr. Jean Taillefer.

Dr. Alain Deschamps received the 2016 Bourse Fonds de développement.



Research

Dr. Jean-Lucien Rouleau received the Order of Canada. He is the MHI's fourth cardiologist to receive this prestigious distinction after Dr. Martial Bourassa, Dr. Pierre Théroux, and Jean-Claude Tardif.

New recruits

Dr. Louis Bherer, Ph. D. joined the MHI's Research Centre as a senior researcher. He is interested in the link between lifestyle habits and cognitive impairment. Dr. Bherer is also part of the prevention team.

After a post-doctoral training at Oxford University, Dr. Julie Hussin, Ph. D. will be joining our cardiovascular genetics research team.

Dr. Rafik Tadros also joined the MHI as an electrophysiologist cardiologist and researcher in the genetics of cardiac rhythm disorders and congenital heart disease.

Finally, Dr. Daniel Gagnon, Ph. D., joins the research team in the field of thermoregulation and hemodynamics. He is also part of the prevention team.

Grants:

Dr. Jean-Claude Tardif, Dr. Marie-Pierre Dubé, and Dr. Guillaume Lettre, as well as Dr. John Rioux and Dr. Christine des Rosiers are completing their work in personalized medicine thanks to grants from Genome Canada and Genome Quebec amounting to \$20 million.

Thanks to a \$36 million ARTERIA grant from the government of Quebec and business partners, Dr. Jean-Claude Tardif, Dr. Marie-Pierre Dubé, and Dr. David Rhainds, Dr. Eric Rhéaume, and Dr. Philippe L'Allier will be able to pursue their research.

Awards, grants, and research scholarships

Dr. Daniel Gagnon, Ph. D., Chercheur-boursier Junior 1 – Fonds de Recherche du Québec – Health - \$60.000 – 07/2016 to 06/2020

Dr. Daniel Gagnon, Ph. D., Subvention d'établissement de jeune chercheur – Fonds de Recherche du Québec – Health – Physiological adaptations resulting from the frequent use of a sauna in senior citizens - \$20,000 per year from 07/2016 to 06/2019. Received as lead researcher, no collaborator.

Dr. Daniel Gagnon, Ph. D., John R. Evans Leaders Fund – Canada Foundation for Innovation - Integrative physiological adaptations to heat exposure in humans -\$278,762. Received as lead researcher, no collaborator.

Dr. Paula Ribiero, Ph. D., Stage de recherche Québec-Brésil (MEES) – FRQNT, Scholarship. Quebec Merit Scholarship for foreign students and DE (FRQNT) DS (FRQSC) for Foreign Students – Main applicant - \$12,000. - 4 Dr. Julie Hussin
- 5 Dr. Rafik Tadros
- 6 Dr. Jean-Lucien
Rouleau
- 7 Dr. Louis Bherer
- 8 Dr. Daniel Gagnon











Foundation scholarships and awards Congratulations to all the winners!

Ms. Mélanie La Couture, Dr. Denis Roy, Dr. Ismail El-Hamamsy and Dr. Martin Juneau

- 2 to 8-Mélanie La Couture with William Beaubien-Souligny (2), Simon Lavoie (3), Émilie Segura (4), Andreea Milasan (5), Fanny Toussaint (6), Valérie Turcot (7) and Marc-André Legault (8)

MHI Research Day

Research Day is a science outreach competition organized for students, post-doctoral fellows, residents, and research supervisors, who are invited to present their research work to Institute staff. On June 2, 2016, as part of the 19th edition, the Foundation granted the following awards.

Fondation J.-Louis Lévesque Awards

Created in 1989, the Fondation J.-Louis Lévesque Awards recognize individuals who gave the best oral presentations in clinical and fundamental research.

Clinical research:

William Beaubien-Souligny

Fundamental research:

Simon Lavoie Émilie Segura

Jacques-Landreville Awards

True to the wishes of Mr. Landreville to help train our researchers and recognize their contributions, the Jacques-Landreville Awards were created to recognize the excellence of the work of doctoral and post-doctoral students at the Desmarais Family Research Centre of the MHI.

Post-doctoral: Valérie Turcot

Doctoral: Marc-André Legault Andreea Milasan Fanny Toussaint

Martial G. Bourassa Award

Created in 1997 by Dr. Martial G. Bourassa, O.C., MD, research and cardiologist emeritus at the Montreal Heart Institute, the Martial G. Bourassa award recognizes the excellence of researchers aged 40 and under who stand out for their active participation in scientific life.

The 2016 award was given to Dr. Ismail El-Hamamsy, cardiac surgeon, MD, Ph. D. This award will help fund his research.

Congratulations to Dr. El-Hamamsy!

















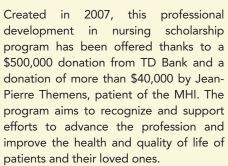








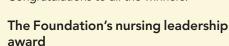
Nursing scholarships TD Bank and Jean-Pierre Themens



To celebrate National Nursing Week, the Council of Nurses held their Recognition Cocktail. The Foundation is very happy to have been a part of it and awarded several scholarships, including the TD Bank, the Bourse de rayonnement en soins infirmiers Jean-Pierre Themens, as well as scholarships from the MHI Foundation. The MHI's Council of nurses also gave their recognition and development awards.

Thank you to TD Bank for supporting the MHI's nurses.

Congratulations to all the winners!



In order to reward professional dedication, motivation, and skills of the clinical nurses who have positively contributed to the professional development of students, the *Tables des Directrices des soins infirmiers* of the Université de Montréal RUIS, in collaboration with the Faculty of Nursing Sciences, have created the

Nursing Leadership Award. This new award from Université de Montréal was given to Hélène Lessard, a nurse at the Institute. To congratulate her, the Foundation gave her its nursing leadership award.



The Bal du Cœur was created by M. Tony Meti to ensure the lasting future of a scholarship program for Institute doctors and researchers to support their post-doctoral studies. By encouraging continuing education, these scholarships contribute to the development of their field of expertise.

Congratulations to Dr. Magali Pham, Dr. Rafik Tadros, and Dr. Mathieu Pelletier Galarneau. We wish them every success in their professional training.

National Bank

In October 2016, the National Bank of Canada awarded two professional development scholarships worth \$1,000 to Valérie Lavergne and Marie-Gabrielle Lessard in order to help them attend the 2016 Canadian Cardiovascular Congress which was held in Montreal.





- 9 -M. Tony Meti, Ms. Mélanie La Couture, Dr. Mathieu Pelletier Galarneau, Dr. Magali Pham and Dr. Peter Guerra

MS. Mélanie La Couture and Dr. Rafik Tadros

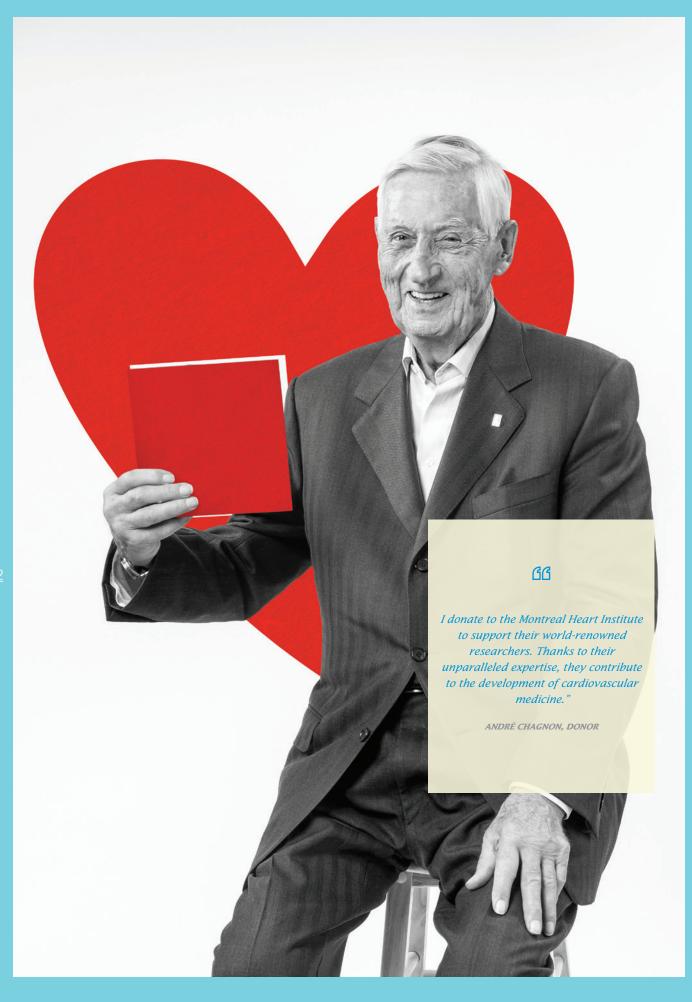
- 11 to 14 -Winners of the TD Bank and Themvens scholarships

- 15 -Tanya Mailhot, winner of the post-doctoral scholarshin

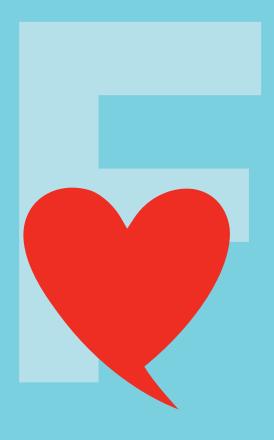
- <mark>16</mark> -Josée Darche, Guillaume Fontaine, and Liza O'Doherty







MONTREAL HEART INSTITUTE FOUNDATION



MONTREAL HEART INSTITUTE FOUNDATION

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

The Montreal Heart Institute Foundation (MHIF) is thrilled to announce that your donations have made this past year an exceptional one. In fact, this has been the best fiscal year since the MHIF was created in 1977!

We want to sincerely thank you from the bottom of our hearts. Your donations allow the Foundation to provide the Montreal Heart Institute (MHI) with the means to remain one of the best specialized cardiology centres in the world. Since its creation, the Foundation has donated nearly \$237 million to the Institute on your behalf.

2016-2017 Fiscal Year

In 2016-2017, our fundraising activities and your precious donations helped the Foundation raise \$20.6 million. This amount represents a significant increase in donations and is mainly attributable to our major campaign. We also observed an increase in investment revenue over the past year, which totalled \$12.8 million. These results are due to the market's recovery and to changes in our investment policy.

The net results for the fiscal year ending on March 31, 2017 show we received \$27.9 million. This allowed us to provide \$18.5 million to the Montreal Heart Institute and to invest \$7.1 million in our endowment fund and \$2.3 million in the Institute's Investing in Excellence (IDE) project.

The \$18 million donated to the Institute was invested as follows:

- \$7.8 million in research
- \$0.5 million in education
- \$1.8 million in prevention
- \$8.7 million in technological innovation

Strategic plan

Last year, we officially launched a new fundraising campaign under the theme Prevent, Predict and Treat. Funds raised will allow the Institute to invest in the most promising fields and 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 strengthen its leadership. Thanks to the Foundation, the Institute was able to invest in cardiovascular imaging with, among other things, a new electrophysiology laboratory equipped with a robotic magnetic navigation system dedicated to patients with congenital heart disease, a first in Canada. The Institute also invested and funded the expansion of its EPIC Centre, the country's largest cardiovascular prevention centre. Investment projects also included cardiovascular genetics and innovation with the recent purchase of a da Vinci Xi surgery robot. This groundbreaking technology provides many benefits for the patient including a minimal incision, a shorter stay, and a quicker recovery period.

We are very proud of the Institute's achievements! We must continue to support it to help it remain a world-class institute that benefits all Quebecers.

Thank you to everyone who is dedicated to our cause

The MHI Foundation relies on dedication and integrity to obtain efficient and remarkable results, while ensuring a responsible, honest, transparent, and rigorous management of the funds entrusted to it.

We also want to thank the Foundation's administrative team as well as the volunteers. on the Board of Directors and those who take part in various committees and activities.

Thank you to all our donors and volunteers for your generosity.

Henri-Paul Rousseau Chair of the Board of Directors

Mélanie La Couture Executive Director

Hem Jal Rousson / La Couture



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.

<u>57</u>

2016-2017 Activity Report

Over the past 40 years, the Montreal Heart Institute Foundation has donated nearly \$237 million to the Institute. These donations have made innovative projects possible and have improved treatment for patients affected by cardiovascular disease thanks to techniques that are less invasive, more preventive, and always on the cutting-edge of knowledge and technology. These are tangible technological and medical

advances that make a real difference in the life of a patient.

The Foundation's results show an excess of revenues over expenses before contributions of \$27.9 million. This amount has been used in the following ways:



Annual contribution to the MHI \$18.5 million

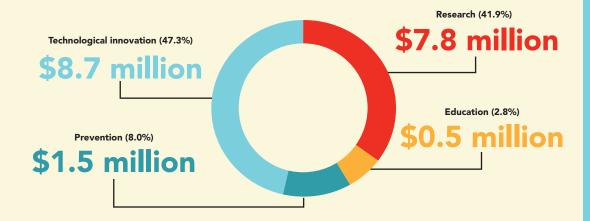


Amount added to the endowment fund \$7.1 million



Amount available for the *Investing* in Excellence project \$2.3 million

The Foundation donated \$18.5 million to the MHI



Events That Get People Involved

No matter how big or how small, every event is important and helps get thousands of people involved. On this front, the 2016-2017 fiscal year has been an enormous success.

Grand Bal des Vins-Cœurs

The Grand Bal des Vins-Cœurs was an opportunity to pay tribute to the Saputo family for their immense generosity to the Montreal Heart Institute Foundation.

\$1,677,990





Mr. Pierre Anctil, Dr. Denis Roy, Minister Gaétan Barrette, and Mr. Bernard Derome

> - 2-Minister Thérèse David

The Saputo Family









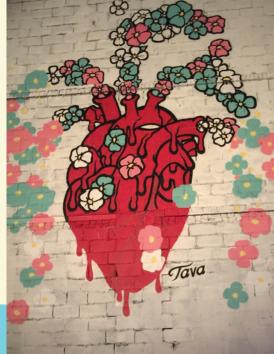
Heart Beat

The annual event for the Foundation's young ambassadors

\$114,622

Members of the Emerging Leaders Committee









Merci! Thank you!

YOGA pour le Cœur

Get zen for the cause in the atrium at the Caisse de dépôt et placement du Québec.

\$14,006



Loto Cardio

An opportunity for the Institute staff to contribute to their Foundation.

\$112,200





Golf Kanawaki

Organized by John A. Rae, the golf tournament celebrated its 30th anniversary this year.

\$106,520





Soirée des Cœurs Universels

The 15th edition of the Soirée was an enormous success. Thank you to honorary Co-Presidents Carmine Mercadante and Mariano De Carolis for their involvement.

\$272,963

Organizers with a big heart

These generous benefactors organize numerous activities for the Foundation. Some do so in recognition of the care they received, others are touched by the cause and want to give back to their community. Whatever their reason, they are motivated by a desire to contribute and we are immensely grateful for their efforts.



Classique Groupe Monaco

Thank you to Ernesto and Dominic Monaco

\$142,000

Mr. And Mrs. Monaco (in the middle)

> - 2 to 4 -Polo avec Coeur

Polo avec Cœur

Thank you to Mr. and Mrs. Pennycook

\$41,182







40









\$2 does the heart good

Thank you to participating IGA merchants in Quebec and New Brunswick.

\$230,578







"Thank you for standing by my side!"

Audrey Sirois

Patiente de l'Institut / Patient of the Institute

UN 25 QUI VA DROIT AU CŒUR

\$2 DOES THE HEART GOOD















La Fondation du plaisir de mieux manger s'engage à remettre tous les dons amassés à la Fondation de l'Institut de Cardiologie de Montréal.

The Joy of Eating Better Foundation will donate all funds raised to the Montreal Heart Institute Foundation.

-1 The foundations
receive the cheque
-2 Mélanie La Couture
and Mayor Denis
Coderre





Montreal International Auto Show Charity Preview

Thank you to the Corporation des concessionnaires d'automobiles de Montréal

\$155,220

Organizers with a big heart

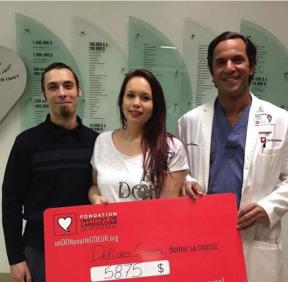
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Défi des Cœurs Clinique Dentaire Descôteaux 2016

Thank you to Chantale Boucher

\$5,375







Innovative fundraising campaigns

Thank you to BGC Funding Innovation

\$1,491

Run for the heart! Run for free!

Cours pour le Coeur invites walkers and runners to sign up for the race of their choice—for free!

Everyone wins with Cours pour le Coeur: You agree to raise funds for the Montreal Heart Institute Foundation, which in turn reimburses you the full cost of your race registration fee.

Make your sports challenge even more meaningful

by striking a blow against cardiovascular disease, the leading cause of death in Canada and worldwide, and by helping the thousands of Québec patients who are treated each year at the Institute.

courspourlecoeur.ca



\$60,829



The Foundation pays tribute to the people, foundations, and companies that help it make a difference

Maurice Pinsonnault and Pierre Michaud

On October 11, 2016, the Foundation thanked Maurice Pinsonnault and Pierre Michaud for their major donations.

Their generous contribution allowed us to implement digital health care as well as genetic screening and innovative surgeries to treat aortic disease.

Thank you from the bottom of our heart!

- 1 -Mr. Michaud and Mr. Pinsonnault

Ms. Mélanie La Couture, Mr. Maurice Pinsonnault, Dr. Denis Roy, and Mr. Pierre Michaud.







- 1 -Gilles Spinelli

- 2 -

Janine and Cal Moisan, Dr. Anique Ducharme, Mélanie La couture, Dr. Denis Roy, and Josée Darche

- 3 -Avrum Morrow and his wife Dora

A dedicated volunteer: Gilles Spinelli

During an appreciation cocktail party, the Foundation and the Institute paid tribute to Gilles Spinelli to thank him for his exceptional volunteer work, his generosity, and his dedication.

Mr. Spinelli has been volunteering for the Foundation for 16 years. He also takes part in several of the Foundation's events such as the Kanawaki Golf Tournament, Yoga pour le Coeur, the Montreal International Auto Show Charity Preview, as well as the \$2 does the heart good campaign in partnership with IGA.

Since 2006, Mr. Spinelli has been part of the Institute's Users' Committee and a member of the Clinical Ethics Committee since 2010. He also visits patients before and after their operation.



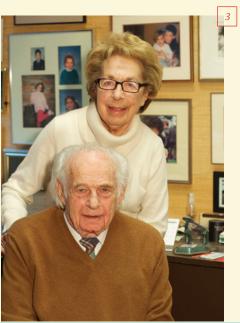
Major contribution from Cal and Janine Moisan

In recognition of Cal and Janine Moisan, whose major contribution created the Fonds Cal et Janine Moisan for better practices to treat advanced heart failure at the Montreal Heart Institute.

Recognition for maintenance employees

A special thank you to Mr. and Mrs. Avrum Morrow for their donation dedicated to the hygiene maintenance services at the Montreal Heart Institute, in recognition of the importance of this team's work.





A donation from Marvin and Philippa Carsley and Hydro-Québec in support of the Cardiovascular Genetics Centre

This year, the Institute launched its Cardiovascular Genetics Centre, an important step towards personalized medicine.

The molecular diagnostics laboratory, equipped with state-of-the-art technology, was made possible thanks to a donation from Hydro-Québec to the Genetics Centre.

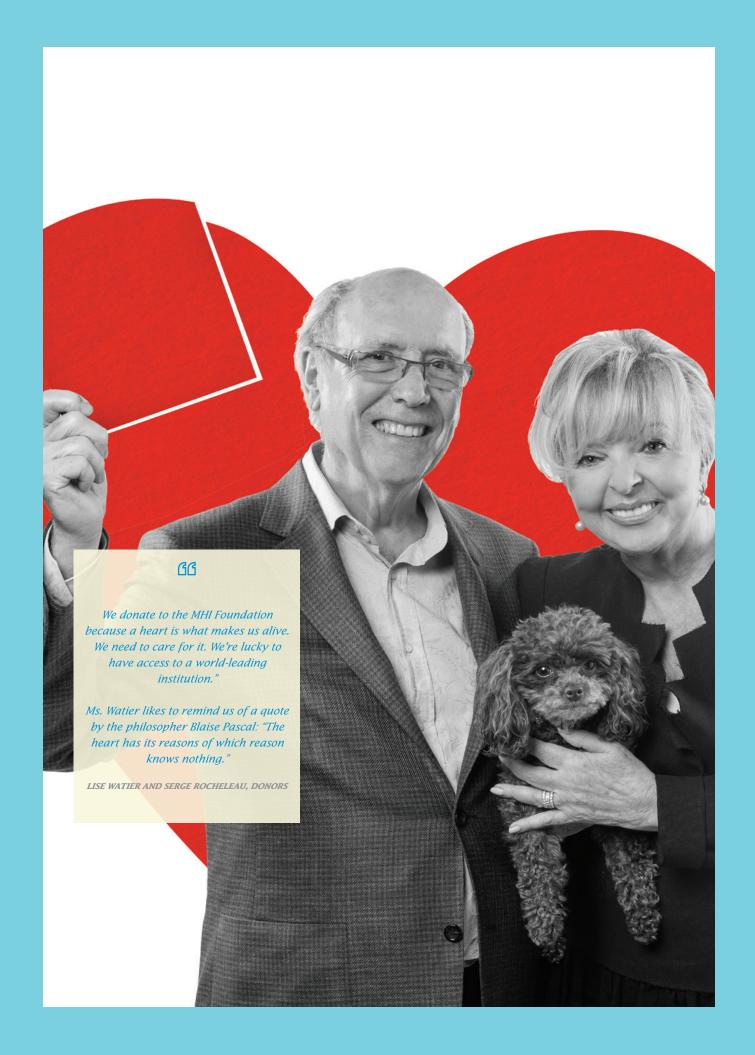
The Centre also receives funding from the Philippa and Marvin Carsley chair in cardiology from Université de Montréal. The holder of this chair is Dr. Peter Guerra, Chief of the Department of Medicine and specialist in cardiac arrhythmia.





- 5 -Dr. Peter Guerra





Activity Report for the Heart Beat for the Future Campaign (2006-2012)

The Heart Beat for the Future Campaign has raised more than \$70 million since 2006, largely surpassing the \$60 million goal.

Thanks to contributions from generous donors, many of the Institute's priority projects have been launched. The Heart Beat for the Future campaign made phase 2 of the Investing in Excellence project possible, which includes the expansion and reconfiguration of the emergency department and outpatient services. The construction of a new Centre of Excellence in Cardiovascular Health Training has also begun.

We want to thank everyone who has taken part in the Heart Beat for the Future campaign.



Heart Beat for the Future Campaign Donors

\$5 million and more

Gisèle Beaulieu et Michel Saucier

\$2 to \$5 million

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Marissa et Francesco Bellini
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\$1 million to \$2 million

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\$500,000 to \$1 million

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\$25,000 to \$50,000

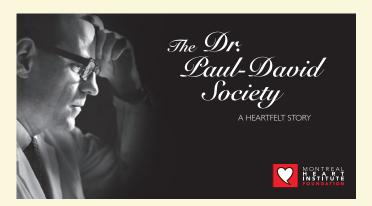
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Irma and Robert Fragman
Louis A Tanguay

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

The Dr. Paul-David Society

From the heart

Being a member of the Dr. Paul-David Society means being part of a team that helps the Institute remain a world-leading cardiology centre. In 2016, the Society included 1,628 donors who made annual donations of \$250 to \$5,000.



Prendre ma santé à Cœur!

The Foundation is grateful it can count on nearly 10,000 loyal donors who are members of the Dr. Paul-David Society to help keep the Montreal Heart Institute's heart beating. Thanks to their generosity, the Institute was able to carry out priority and innovative projects and provide the best care to patients.

The annual conference, which was exceptionally held at the Institute's EPIC Centre, was an opportunity for Mélanie La Couture, Executive Director of the Foundation, to meet and thank these loyal donors. For this 8th edition, Dr. Alain Vadeboncoeur, Chief of the Emergency Medicine Department hosted the "Prendre ma santé à coeur" conference.

Invited speakers included Dr. Martin Juneau, Director of Prevention at the EPIC Centre, Élise Latour, nutritionist-dietician, and Valérie Guilbeault, kinesiologist. They spoke about the importance of nutrition and physical exercise to prevent heart disease.





- 1 -Valérie Guilbeault, Élise Latour, Dr. Martin Juneau, Mélanie La Couture, and Dr. Alain Vadeboncoeur

MHI Honour Circle

The Foundation wants to highlight the philanthropy of its major donors. The MHI Honour Circle includes donors who have chosen to make a significant different by investing \$5,000 or more in 2016.

\$100,000 and more Individuals

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74

MHI Honour Circle

(continued)

\$5,000 to \$10,000 Individuals

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<u>75</u>

Our Generous Donors

The Foundation would like to recognize the tremendous generosity of the companies, organizations, and individuals who took part in its activities and annual campaigns and donated \$5,000 or more as of March 31, 2017. Thank you for supporting the Montreal Heart Institute!

Founder

Founding Governor

Dr. Paul P. David

J.-Louis Lévesque

Donors \$1,000,000 or more

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R

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Donors \$500,000 to \$1,000,000

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Donors \$250,000 to \$500,000

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The Foundation thanks you!



The Visionary Team

Thanking you today

The goal of the Visionary Team is to thank all those who want to leave their mark in the future. Thanks to their planned donation, these Visionaries allow the Institute to pursue its mission of saving lives.

Being a member of the Visionary Team

Donors who want to leave a bequest to the Montreal Heart Institute can become part of the Visionary Team. These generous individuals are invited to take part in one of the activities offered.

In 2016-2017, the Foundation's Visionary Team organized four annual events at the Institute. Guests were invited to take part in a warm and friendly tea party and attend exclusive conferences with Dr. Denis Roy, CEO of the MHI, on the Institute's major achievements and future projects. During these activities, many cardiologists, researchers, and health care professionals shared their passion with guests. Thank you to Dr. Catherine Martel, Dr. André Denault, Dr. Christine Des Rosiers, and Valérie Guilbeault for their contribution to these meetings.



Bequests

Leave a mark and help future generations benefit from the progresses made in cardiovascular medicine

That was the wish of the many donors who made a bequest to the Montreal Heart Institute.

We want to pay tribute to these men and women, these visionaries, who have chosen to play a vital role by lending their names to the Institute's cause. Their combined generosity in 2016-2017 resulted in bequests and life insurance products amounting to \$886,857.

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We extend our full gratitude to you and your loved ones

Our Volunteers in Action



The Montreal Heart Institute and its Foundation are lucky to be able to count on numerous volunteers who help improve the experience of patients at the Institute and contribute to the cause by generously donating their time.

Thank you to the Institute's 38 volunteers for their dedication to welcoming patients at the front desk, at the Test Centre, at the cafeteria, or on the floors, or even lending support to patients waiting for or recovering from heart surgery.

We also want to thank the 100 volunteers who support the Foundation in its efforts and the 400 others who support fundraising campaigns. And thank you to members of the Board of Directors and its committees, as well as event partners who voluntarily get involved in the Foundation's activities. Their work is invaluable. Thank you!

Δ

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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 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.

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Jean-François FortinDirector, Finances and Administration



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Financial Statements

Statement of financial position as of March 31, 2017

(In thousands of dollars)

	2017	2016
Assets		
Investments	\$129,367	\$126,988
Cash	\$389	\$703
Accounts receivable	\$2,292	\$1,931
Inventories	\$10	\$32
Other assets	\$392	\$385
Total assets	\$132,450	\$130,039
Liabilities		
Accounts payable and accrued liabilities	\$4,495	\$2,727
Total liabilities	\$4,495	\$ 2,727
Fund balances		
Restricted	\$120,090	\$117,043
Unrestricted	\$7,865	\$10,269
Total fund balances	\$127,955	\$127,312
	\$132,450	\$130,039

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

Financial Statements

Statement of financial position as of March 31, 2017

(In thousands of dollars)

	2017	2016
Donations	\$15,428	\$7,892
Fundraising activities	\$4,242	\$4,595
Bequests	\$887	\$875
Total from donations and fundraising activities	\$20,557	\$13,362
Investment revenue	\$9,684	\$9,869
Change in the unrealized fair value of investments	\$3,098	(\$10,487)
Total investment (loss) revenue	\$12,782	(\$618)
Gross operating revenue	\$33,339	\$12,744
Direct and indirect costs of fundraising activities	\$3,305	\$3,345
Net operating revenue	\$30,034	\$9,399
Administration expenses	\$2,088	\$1,900
Excess of revenue over expenses before contributions	\$27,946	\$7,499
Contributions – research, technological development,		
and other costs	\$27,303	\$13,079
Excess (deficiency) of revenue over expenses	\$643	(\$5,580)
Fund balance at beginning of year	\$127,312	\$132,892
Fund balance at end of year	\$127,955	\$127,312

Contributions

The Foundation has committed to contribute \$34,287,777 to the MHI. This includes \$21,086,366 for Phase 2 of the Montreal Heart Institute's *Investing in Excellence* project.

MONTREAL HEART INSTITUTE





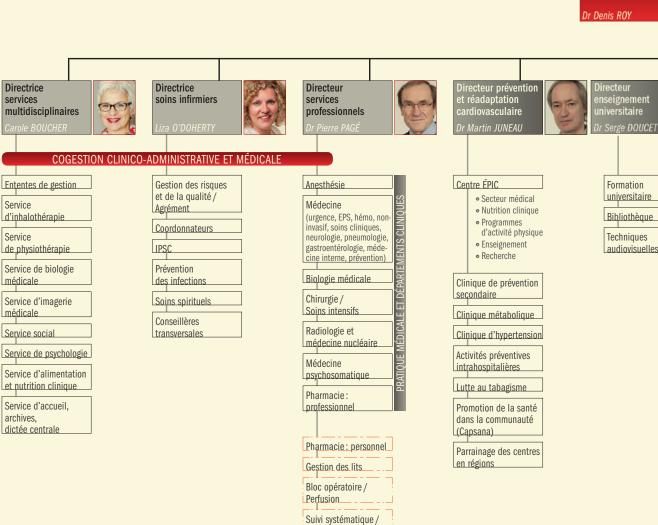


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Autres établissements et instances régionales (TRCD, DRMG, etc.)

Président
-directeur général

Dr Denis ROY



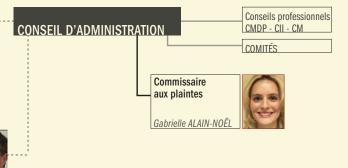
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administratifs Gilles LEFEBVRE

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Recherche clinique

Centre de coordination des essais cliniques (CCEC/MHICC)

Centre de pharmacogénomique Beaulieu-Saucier de J'UdeM

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Bureau d'affectation

Rémunération et avantages sociaux

Relations de travail

Affaires juridiques

Développement organisationnel

Communications internes / Relations médias

Formation autre qu'universitaire

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Annexe 2





Direction générale

Lé 13 juin 2017

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

Objet: Rapport annuel 2016-2017

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 2016-2017 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 2017.

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

5000, rue Bélanger, Montréal (Québec) H1T 1C8 • Tél. : 514 593-2501 - Téléc. : 514 376-5662

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.

Indicator	Annual target	2015-2016 results	2016-2017 results	Comparison
Average stay on a stretcher in the emergency department Comments: Bed management that requires an alignment between the priority of alleviating emergency services and our supraregional mission of admitting patients and transferring them to other institutes in Quebec; an ingrained medical culture to avoid hospitalization and manage a short-term stay (change currently ongoing and recourse to the SSU specifically for these clients).	12 h	19,9 h	17,8 h	Target not met but slight improvement
% of patients whose wait time for medical treatment in the emergency department is less than 2 hours Comments: Bed management that requires an alignment between the priority of alleviating emergency services and our supraregional mission of admitting patients and transferring them to other institutes in Quebec; an ingrained medical culture to avoid hospitalization and manage a short-term stay (change currently ongoing and recourse to the SSU specifically for these clients).	70 %	65,7 %	64,9 %	Target nearly met
% of outpatients whose length of stay in the emergency department is less than 4 hours Comments: Bed management that requires an alignment between the priority of alleviating emergency services and our supraregional mission of admitting patients and transferring them to other institutes in Quebec; an ingrained medical culture to avoid hospitalization and manage a short-term stay (change currently ongoing and recourse to the SSU specifically for these clients).	75 %	68,2 %	65,9 %	Target nearly met
Number of surgery requests pending for more than 1 year—all surgeries	0	0	0	Target met
% of medical imaging requests for cardiac ultrasounds pending for less than 3 months for elective patients Comments: Increase in the number of requests for cardiac ultrasounds which has compromised our pledge to meet our commitments. Moreover, we must deal with a budgetary limit for the increase in our hours worked as well as a limit as per Bill 15.	90 %	68 %	46 %	Target not met
% of medical imaging requests for the other types of ultrasounds pending for less than 3 months for elective patients	90 %	100 %	100 %	Target met and exceeded
% of medical imaging requests for CT scans pending for less than 3 months for elective patients	90 %	100 %	100 %	Target met and exceeded
% of medical imaging requests for magnetic resonance imaging pending for less than 3 months for elective patients	90 %	87 %	100 %	Target met and exceeded

Management and accountability agreement

Indicator	Annual target	2015-2016 results	2016-2017 results	Comparison
Ratio of disability insurance hours to hours worked Comments: -Increase in musculoskeletal -Psychological, although we have observed a decrease in cases related to work -More managers than usual following the reorganization as per Bill 10 (managers have returned to work) -Shortage of administrative agents -Shortage of beneficiary attendants -Shortage of maintenance employees -Delays in recruitment -Absence of salary insurance -Hospital congestion at the beginning of the fiscal year	5,08 %	5,68 %	6,56 %	Target not met
Overall overtime hours Comments: -Increase in musculoskeletal -Psychological, although we have observed a decrease in cases related to work -More managers than usual following the reorganization as per Bill 10 (managers have returned to work) -Shortage of administrative agents -Shortage of beneficiary attendants -Shortage of maintenance employees -Delays in recruitment -Absence of salary insurance -Hospital congestion at the beginning of the fiscal year	4,18 %	4,18 %	4,71 %	Target not met
Independent worker usage rate	0,3 %	0,29 %	0,27 %	Target met and exceeded
Rate of nosocomial bacteremia from central venous catheters in the intensive care unit	1,78	0,37	0,40	Target met and exceeded
Rate of MRSA bacteremia	0,62	0,00	0,00	Target met and exceeded
Rate of diarrhea associated with Clostridium difficile	6,80	4,30	3,60	Target met and exceeded
Average completion level of the steps required to eliminate grey areas in terms of hygiene and cleanliness	100 %	71,43 %	100 %	Target met
% of hospital settings that have implemented components 1, 2, and 6 of the senior-focused approach Comments: The AAPA is under the supervision of the nursing department at the MHI. Over the course of 2016-2017, nurses operating in the consulting sector of the DSI (consultants-managers, relieved of their status of manager) left the MHI. Moreover, the DSI took over the risk management and quality program. Since December 2016, the DSI has also temporarily taken over the duties of the risk manager, who is currently absent. Because of these two situations, no one was duly charged to oversee the AAPA to implement this approach. We were able to fill the available positions in the DSI's consulting sector and internal changes are ongoing. Phillippe Voyer provided a training course in January and February 2017 which dealt with the evaluation of a senior citizen's physical condition in the context of cardiology care. Thirty nurses received this training and 15 have been selected to act as a clinical coach in their respective health units.	100 %	50 %	60,83 %	Target not met but slight improvement
% of hospital settings that have implemented components 3, 4, and 5 of the senior-focused approach	0 %	42,42 %	49,24 %	Target met and exceeded

Human resources of the Institute

PERMANENT STAFF	Current fiscal year 1	Previous fiscal year 2	Variation (C.1 - C.2) 3
Managerial staff (as of March 31, 2017):			
Full-time	39	41	(2)
Part-time			
- Number of people	13	11	2
- Full-time equivalent	7,91	8,80	(0,89)
Persons benefiting from employment stability measures	4	5	(1)
Regular staff (as of March 31st):			
Full-time	820	771	49
Part-time			
- Number of people	470	492	(22)
- Full-time equivalent	340,58	347,20	(6,62)
Persons benefiting from employment stability measures	2	3	(1)
CASUAL STAFF			
Number of hours paid	294,205	284,085	10,120
Full-time equivalent	154,94	149,00	5,94

Statement of Operations

(In French)

Nom de l'établissement	Code	Page / Idn.
Institut Cardiologie de Montréal	1243-1656	200-00 /

exercice terminé le 31 mars 2017 - AUDITÉE Tous les fonds

ÉTAT DES RÉSULTATS

ÉTAT DES RÉSULTATS						
		Budget	Exploitation Ex.courant (R.deP358 C4)	Immobilisations Exercice courant (Note 1)	Total Ex.courant C2+C3	Total Ex. préc
		1	2	3	4	5
REVENUS						
Subventions MSSS (FI:P408)	1	161 063 059	146 022 588	15 219 113	161 241 701	160 801 332
Subventions Gouvernement du Canada (FI:P294)	2	4 757 315	2 880 357	1 384 254	4 264 611	4 803 225
Contributions des usagers	3	2 052 181	1 957 522	XXXX	1 957 522	1 656 511
Ventes de services et recouvrements	4	5 086 493	3 590 653	XXXX	3 590 653	3 168 358
Donations (FI:P294)	5	3 387 366	2 157 817	3 407 560	5 565 377	3 990 233
Revenus de placement (FI:P302)	6		91 649		91 649	145 315
Revenus de type commercial	7	4 917 505	4 052 078	425 231	4 477 309	4 449 638
Gain sur disposition (FI:P302)	8					
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Autres revenus (FI:P302)	11	48 815 784	47 588 567		47 588 567	47 699 462
TOTAL (L.01 à L.11)	12	230 079 703	208 341 231	20 436 158	228 777 389	226 714 074
CHARGES	ĺ		1		1	
Salaires, avantages sociaux et charges sociales	13	123 567 276	124 672 436	XXXX	124 672 436	120 968 591
Médicaments	14	2 693 195	2 471 034	XXXX	2 471 034	2 461 326
Produits sanguins	15	3 551 585	3 285 826	XXXX	3 285 826	3 551 585
Fournitures médicales et chirurgicales	16	38 335 799	37 220 096	XXXX	37 220 096	37 971 107
Denrées alimentaires	17	1 053 249	905 826	XXXX	905 826	904 418
Rétributions versées aux ressources non institutionnelles	18			XXXX		
Frais financiers (FI:P325)	19	3 498 737	13 749	2 919 851	2 933 600	3 776 586
Entretien et réparations, y compris les dépenses non capitalisables relatives aux immobilisations	20	7 999 209	7 807 682		7 807 682	8 194 376
Créances douteuses	21	85 000	57 805	XXXX	57 805	234 647
Loyers	22	660 000	590 640	XXXX	590 640	621 310
Amortissement des immobilisations (FI:P422)	23	17 784 516	XXXX	17 579 036	17 579 036	17 479 282
Perte sur disposition d'immobilisations (FI:P420, 421)	24		XXXX	948 732	948 732	
Dépenses de transfert	25			XXXX		
	26	XXXX	XXXX	XXXX	XXXX	XXXX
Autres charges (FI:P325)	27	31 849 829	31 313 171		31 313 171	31 244 083
TOTAL (L.13 à L.27)	28	231 078 395	208 338 265	21 447 619	229 785 884	227 407 311
SURPLUS (DÉFICIT) DE L'EXERCICE (L.12 - L.28)	29	(998 692)	2 966	(1 011 461)	(1 008 495)	(693 237)

Note 1: la colonne 3 s'applique aux établissements publics seulement

Révisée: 2015-2016

Nom de l'établissement Code Page / Idn. Institut Cardiologie de Montréal 1243-1656 358-00 /

Institut Cardiologie de Montréal 1243-1656 358-00 /
Fonds d'exploitation exercice terminé le 31 mars 2017 - AUDITÉE

ÉTAT DES RÉSULTATS

		Budget	Activités principales	Activités accessoires	Total (C2+C3)	Exercice précédent
REVENUS		1	2	3	4	5
Subventions MSSS (P362)	1 [145 628 378	145 414 992	607 596	146 022 588	145 229 777
Subventions Gouvernement du Canada (C2:P290/C3:P291)	2	3 400 000		2 880 357	2 880 357	3 406 263
Contributions des usagers (P301)	3	2 052 181	1 957 522	XXXX	1 957 522	1 656 511
Ventes de services et recouvrements (P320)	4	5 086 493	3 590 653	XXXX	3 590 653	3 168 358
Donations (C2:P290/C3:P291)	5	283 976	310 308	1 847 509	2 157 817	1 087 038
Revenus de placement (P302)	6		18 213	73 436	91 649	145 315
Revenus de type commercial (C2:P661/C3:P351)	7	4 458 330		4 052 078	4 052 078	4 275 283
Gain sur disposition (P302)	8					
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Autres revenus (P302)	11	48 815 784	1 106 571	46 481 996	47 588 567	47 699 462
TOTAL (L.01 à L.11)	12	209 725 142	152 398 259	55 942 972	208 341 231	206 668 007
CHARGES Salaires, avantages sociaux et charges sociales (C2:P320/C3:P351)	13	123 658 826	92 149 791	32 522 645	124 672 436	120 968 591
Médicaments (P750)	14	2 693 195	2 471 034	XXXX	2 471 034	2 461 326
Produits sanguins	15	3 551 585	3 285 826	xxxx	3 285 826	3 551 585
Fournitures médicales et chirurgicales (P755)	16	39 077 799	37 220 096	XXXX	37 220 096	37 971 107
Denrées alimentaires	17	1 053 249	905 826	XXXX	905 826	904 418
Rétributions versées aux ressources non institutionnelles (P650)	18			XXXX		
Frais financiers (P325)	19	30 000	13 749	XXXX	13 749	33 805
Entretien et réparations (P325)	20	7 999 209	3 988 170	3 819 512	7 807 682	8 194 376
Créances douteuses (C2:P301)	21	85 000	57 805		57 805	234 647
Loyers	22	660 000		590 640	590 640	621 310
Dépenses de transfert (P325)	23					
Autres charges (P325)	24	32 149 829	13 293 388	18 019 783	31 313 171	31 244 083
TOTAL (L.13 à L.24)	25	210 958 692	153 385 685	54 952 580	208 338 265	206 185 248
SURPLUS (DÉFICIT) DE L'EXERCICE (L.12 - L.25)	26	(1 233 550)	(987 426)	990 392	2 966	482 759

AS-471 - Rapport financier annuel Gabarit LPRG-2017.1.0 Révisée: 2016-2017

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Statement of Accumulated Surplus

(In French)

Nom de l'établissement Code Page / Idn. Institut Cardiologie de Montréal 1243-1656 202-00 /

Tous les fonds exercice terminé le 31 mars 2017 - AUDITÉE

ÉTAT DES SURPLUS (DÉFICITS) CUMULÉS

		Fonds Exploitation Ex.courant	Fonds immobilisations Ex.courant	Total Ex.courant (C1+C2)	Total Ex.préc.	
SURPLUS (DÉFICITS) CUMULÉS AU DÉBUT	1	(5 782 665)	2 8 362 678	3 2 580 013	4 3 273 250	Notes
DÉJÀ ÉTABLIS		(5 782 665)	8 302 678	2 580 013	3 2/3 250	
Modifications comptables avec retraitement des années antérieures (préciser)	2					
Modifications comptables sans retraitement des années antérieures (préciser)	3				XXXX	
SURPLUS (DÉFICITS) CUMULÉS AU DÉBUT REDRESSÉS (L.01 à L.03)	4	(5 782 665)	8 362 678	2 580 013	3 273 250	
SURPLUS (DÉFICIT) DE L'EXERCICE	5	2 966	(1 011 461)	(1 008 495)	(693 237)	
Autres variations:		2 000	(1011 101)	(1 000 100)	(000 207)	
Transferts interétablissements (préciser)	6					
Transferts interfonds (préciser)	7	(25 165)	25 165	0		9
Autres éléments applicables aux établissements privés conventionnés (préciser)	8		XXXX			
	9	XXXX	XXXX	XXXX	XXXX	
TOTAL DES AUTRES VARIATIONS (L.06 à L.09)	10	(25 165)	25 165			
SURPLUS (DÉFICITS) CUMULÉS À LA FIN (L.04 + L.05 + L.10)	11	(5 804 864)	7 376 382	1 571 518	2 580 013	
Constitués des éléments suivants:						
Affectations d'origine externe	12	xxxx	XXXX			
Affectations d'origine interne	13	XXXX	XXXX	2 296 571	2 132 882	
Solde non affecté (L.11 - L.12 - L.13)	14	XXXX	XXXX	(725 053)	447 131	
TOTAL (L.12 à L.14)	15	XXXX	XXXX	1 571 518	2 580 013	

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