The Montreal Heart Institute saved my life! I was hospitalized at the Institute in December 2013 for major heart surgery. The intensive care team, the Interventional Cardiology Team, as well as all the nurses and attendants gave me the best possible care. Everyone was so conscientious, efficient and attentive from the start of my stay until the moment I was discharged—they even went so far as to make me almost forget I was in the intensive care unit on Christmas Day. The researchers and all the medical staff save lives every day and make the MHI a world-renowned research facility. That's why I give without the slightest hesitation to the MHI Foundation.”

DIANE AND PIERRE MICHAUD, DONORS
MHI – Mission

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

Values

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

Respect and the quality of life of patients and their families
Recognition of human resources
Excellence and innovation
Improvement of public health through prevention
Active participation in the community
Sharing of expertise to support the health network
Sound management
Patients’ informed consent
Responsible and transparent ethics

These values, along with the MHI’s mission and vision, serve as its guiding principles. They facilitate the setting of clear, specific and realistic objectives for each of the MHI’s programs and services and guide its ethical conduct.
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The Montreal Heart Institute is a cutting-edge supraregional university hospital centre that is world-renowned for the diagnosis, treatment and prevention of cardiovascular disease as well as research in this field. Always at the forefront, the Institute is a leader in its field and plays a prominent role in Quebec, Canada and the world. It is affiliated with Université de Montréal.
The Montreal Heart Institute is making HEADLINES

L'Institut de Cardiologie de Montréal

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

- Selon Research Infosource

Dr Denis Roy
Président-directeur général

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

#ICMtl
Investir dans l’excellence de l’Institut de Cardiologie de Montréal
Le ministre Gaétan Barrette autorise l’élaboration du dossier d’affaires»

CNW TELBEC, 15 FÉVRIER 2016
In an effort to align our goals with those of the ministry, we developed our 2015-2020 Strategic Plan based on the key areas put forth in the ministry’s plan (on the following page). We also implemented an organizational structure that meets the staff-patient ratios set by the MSSS (see the senior management organizational chart on page 94).

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

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

- Mr. Pierre Anctil, Chair
- Dr. Christian Baron, Université de Montréal
- Mr. Éric Bédard, Vice-Chair
- Mr. Francis Brisson, Council of Nurses
- Ms. Mélanie Bourassa Forcier, Independent Member
- Mr. Gaétan Bruneau, Users’ Committee
- Mr. Robert Courteau, Independent Member
- Mr. Marc de Bellefeuille, Independent Member
- Ms. Marie Gendron, Independent Member
- Dr. Marie-Josée Hébert, Université de Montréal
- Dr. Valérie Hurteloup, Regional Department of General Medicine
- Ms. Manon Léveillé, Multidisciplinary Council
- Ms. Isabelle Perras, Independent Member
- Dr. Antoine Rochon, Council of Physicians, Dentists and Pharmacists
- Mr. Henri-Paul Rousseau, MHI Foundation
- Dr. Denis Roy, Chief Executive Officer, Secretary
- Ms. Lucie Verret, Regional Pharmaceutical Services Committee
- Ms. Isabelle Viger, Independent Member
MHI’s 2015-2020 Strategic Plan

Aligned with the Ministère de la Santé et des Services sociaux’s plan
MSSS’s vision: Accessible and effective health care and social services tailored to the needs of Quebeckers.
MHI’s vision: A world reference in cardiovascular care, research, teaching and prevention.

Mission

MSSS

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

MHI

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

Challenges

MSSS

New advancements in public health.

A user-centred system tailored to their needs.

Mobilized resources to achieve optimal results.

MHI

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

Direction

MSSS

Promote healthy lifestyles and the prevention of health issues.

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

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

MHI

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

KEY DIRECTION – Lifestyle

**MSSS No. 1**
Promote the adoption of healthy lifestyles to prevent chronic disease

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

KEY DIRECTION – Infection prevention

**MSSS No. 2**
Increase influenza vaccination among employees and chronic care patients aged 18 to 59

**MHI**
Target: 80%

KEY DIRECTION – First-line and emergency

**MSSS No. 5**
Reduce wait times in emergency

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

KEY DIRECTION – Specialized services

**MSSS No. 6**
Provide specialized services and care within medically acceptable time frames

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

**KEY DIRECTION – Safety and relevance**

**MSSS No. 8**

- **Bolster infection prevention and control for hospital stays**
  - Percentage of specialized and general care hospital centres with a nosocomial infection rate in compliance with set rates  
  **Target:** 95%
  - Rate of compliance with best practices for hand hygiene at institutions  
  **Target:** 80%

- **Prioritize the most appropriate exams and treatments to provide high-quality care and prevent unnecessary procedures**
  Number of exam or treatment types that have been subject to a relevance assessment and for which an action plan has been developed  
  **Target to come**

**MHI**

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

### KEY DIRECTION – Seniors and the patient experience

**MSSS No. 11**

- **Tailor care and services to seniors’ conditions**
  Adopt a senior-focused approach

**MHI**

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

### KEY DIRECTION – Vulnerable people

**MSSS No. 12**

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

**MHI**

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

**MSSS No. 17**  
Maintain staff engagement by increasing its ability to adapt to a changing environment  
- Satisfaction rate regarding work environment and management practices  
  **Target:** 80%  
- Transfer rate  
  **Target:** 6%  
- Accreditation Canada certification  
  **MHI target:** maintain honourable mention

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

### KEY DIRECTION – Effective organization

**MSSS No. 18**  
Promote the optimal use and availability of the network’s work force  
- Overtime rate  
  **Target:** 3.79  
- Independent worker usage rate  
  **Target:** 0.34  
- Ratio of disability insurance hours  
  **Target:** 5.08

**MSSS No. 19**  
Improve governance and reduce the management structure of the network  
- Implement organizational and governance reform  
  **Target achieved in March 2016**  
- Number of managerial staff in full-time equivalent  
  **Target achieved in March 2016**

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

**External recognition of excellence and the mission**  
- Receive an honourable mention from Accreditation Canada  
- Earn recognition for the MHI’s mission of  
  - technological innovation  
  - technological innovation with the MSSS

**An integrated information environment (IIE) in line with the network**  
- Institutionalize databases  
- Digitize outpatient clinics and care units  
- Upgrade IT structures: clinical access, distance education, telemedicine, telecom, networking

(Cont. next page)
### MHI’s Objectives Aligned with the Ministry’s Key Directions

**KEY DIRECTION – Effective organization**

**MSSS No. 19**

*Improve governance and reduce the management structure of the network*
- Implement the necessary IT tools for activity-based funding
- Deploy the electronic health record

*Continue with the plan to acquire cutting-edge technologies and equipment*
- Invest in imaging, genetics, robotics and digital hospital
- Update the picture archiving and communication system (PACS)

*Modern, functional and pleasant spaces*
- Carry out phase II of the Investing in Excellence project
- Expand the ÉPIC Centre (prevention)

**MSSS No. 21**

*Implement best practices based on patient-focused funding*

**Target:** surgery, imaging

### MHI’s Objectives Research and Teaching

**MHI’s KEY DIRECTION – Research and innovation**

*Continue to develop distinct research axes*

*Carry out flagship projects:*
  - Curb Atherosclerosis
  - ARTERIA
  - Cure Aging Hearts
  - Cure Broken Hearts
  - Biological Pacemaker

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

*Focus on innovation and its deployment throughout all MHI sectors*
- Establish an innovation management system with thorough monitoring of the development of new technologies and their impact on patients
- Develop a strategy to share results in a translational research environment
I love Audrey.

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

I love the MHI.”

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

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

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

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

**Our New Fundraising Campaign: $98M**

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

**2015-2016 Fiscal Year**

In 2015-2016, our fundraising activities and your invaluable donations helped the Foundation raise $13.4M. These results are comparable to those of our previous fiscal year. In addition, thanks to its volunteers, the Foundation was able to keep its administrative costs low. However, even though investment revenues reached $11.5M last year, the income statement shows a loss of $0.6M for the fiscal year that is ending. This variation is due to $10.5M in unrealized losses which reduced realized income by $9.9M.

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

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

The sum of $18M was financed as follows:

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

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

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

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

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

Henri-Paul Rousseau  
Chair of the Board of Directors

Mélanie La Couture  
Executive Director of the Foundation
Through its values and commitment, the Foundation contributes to the innovative approach and lasting future of the Institute.

MÉLANIE LA COUTURE
EXECUTIVE DIRECTOR

HENRI-PAUL ROUSSEAU
CHAIR OF THE BOARD OF DIRECTORS
Since its creation in 1977, the Montreal Heart Institute Foundation has given more than $218M to the Institute. Thanks to these donations, innovative projects have been launched to improve treatment for patients with cardiovascular disease, particularly through less invasive techniques that focus more on prevention and that are on the vanguard of knowledge and technology. These tangible technological and medical advances make a true difference in patients’ lives.

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

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

Since its creation in 1977, the Montreal Heart Institute Foundation has given more than $218M to the Institute. Thanks to these donations, innovative projects have been launched to improve treatment for patients with cardiovascular disease, particularly through less invasive techniques that focus more on prevention and that are on the vanguard of knowledge and technology. These tangible technological and medical advances make a true difference in patients’ lives.

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

**Contributions allocated to the MHI in 2015-2016**

- **Research (41.1%)**
  - $7.4M

- **Technological innovation (33.8%)**
  - $6.1M

- **Investing in Excellence (18.9%)**
  - $3.4M

- **Prevention (4.5%)**
  - $0.8M

- **Education (1.7%)**
  - $0.3M

**Use of funds available from the Battre au Rythme du Monde campaign**

- **$7.6M**

**Use of funds available from the endowment fund**

- **$2.9M**

**Net profit from the 2015-2016 fiscal year**

- **$7.5M**
Prevent Act Treat


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:

1. **CARDIOVASCULAR IMAGING**
   - Increasingly sophisticated techniques to prevent the incidence of certain cardiovascular diseases.

2. **CARDIOVASCULAR GENETICS**
   - New approaches to identify hereditary factors to personalize treatments for patients and their families.

3. **PREVENTION**
   - Research projects and programs that help significantly decrease the incidence of cardiovascular disease.

4. **MODERNIZATION OF CARE**
   - Innovative and ultraspécialized therapies within a modern, state-of-the-art infrastructure.
Investissement de l’ICM dans ces programmes afin de maintenir son leadership.
Financement acquis FICM : 45,0 M $
Financement acquis ARTERIA - FCI - IRSC - ASTRAZENECA : 25,6 M $
Financement acquis MSSS : 27,8 M $
Financement acquis - TOTAL : 98,4 M $
FINANCEMENT À OBTENIR : 53,4 M $
FINANCEMENT TOTAL 2014-2019 : 151,8 M $

Programme Pharmacogénomique
Intelligence Artificielle en pharmacogénomique
Labrador pharmacogénomique
CEPMed

Programme Chaires d’excellence
Chaire Insuffisance cardiaque Dr Anique Ducharme
Chaire Soins périnéopératoires Dr André Denault
Chaire Chirurgie Dr Louis Perraault
Chaire Imagerie cardiovasculaire
Chaire Cardiopathie congénitale

Programme Innovation et personnalisation des soins
Technologies médicales
Bloc opératoire robotique
Infirmerie clinique
Salle Cardiologie interventionnelle
Modémisation
Modernisation
Modernisation nutrition et télécam

Programme Investir en prévention
Agrandissement et réaménagement Centre ÉPIC phase 1
Centre mondial en prévention cardiovasculaire
Agrandissement et réaménagement Centre ÉPIC phase 2
Chaire en prévention cardiovasculaire
Fonds de recherche en prévention

Prévention cardiovasculaire

Programme Biologie intégrative et approche théragnostique
Programme Investir en prévention
Programme Généétique cardiovasculaire
Programme Chaires d’excellence
Programme Innovation et personnalisation des soins
Programme Investir en qualité

INNOVATION ET PERSONNALISATION DES SOINS
PRÉVENTION
Key Figures

The Montreal Heart Institute Foundation is:

More than **2,052** employees
(rsearch, EPIC Centre, MHI)

546 nurses

82 regular researchers

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

**153** LICENSED BEDS
(150 staffed beds)

- 21 in coronary care
- 21 in medical intensive care
- 24 in surgical intensive care

More than **680** students, interns, residents and fellows

**248** physicians who are CPDP members
(109 active, 93 associate, 19 advisory and 27 honorary)

**58** cardiologists
(48 active and 10 associate)

**13** cardiac surgeons
(8 active and 5 associate)

**12** anesthesiologists
(active)

Annual activities:

**2,169** surgical procedures

1,829 major heart surgeries
(coronary bypasses, valvular surgeries and heart transplants) and
340 other surgical procedures, including biopsies

**6,357** hemodynamic procedures

**2,332** electrophysiology procedures

**7,590** hospitalizations

**17,285** visits to emergency

**75,152** visits to outpatient and specialized clinics
## The MHI’s Clients

### Where our clients come from:

- **65%** from outside of Montréal
- **35%** from the island of Montréal

### Types of procedures:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients received a pacemaker</td>
<td>595</td>
</tr>
<tr>
<td>Patients received coronary, drug-eluting, bioabsorbable or standard endovascular stents</td>
<td>2,258</td>
</tr>
<tr>
<td>Patients underwent catheter ablation of cardiac arrhythmia</td>
<td>650</td>
</tr>
<tr>
<td>Patients received a cardiac defibrillator</td>
<td>451</td>
</tr>
<tr>
<td>Patients had valvular surgery, of which 107 were minimally invasive</td>
<td>821</td>
</tr>
<tr>
<td>Patients received a cardiac defibrillator</td>
<td>836</td>
</tr>
<tr>
<td>Patients had coronary bypasses</td>
<td></td>
</tr>
</tbody>
</table>

### Average age of our patients:

- **67 years**
# Volume of Activities

**Carole Boucher**  
Director of Multidisciplinary Services

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

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

MARC-ANDRÉ
PATIENT
Survey

Organizational Survey on Work Atmosphere: Remarkable Results

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

In terms of overall satisfaction and commitment, 98% of respondents said they care about the organization’s success, 94% are proud to work for the Institute and 88% identify with the organization’s values. These results show employees’ commitment to the organization’s mission and are consistent with the prevailing culture of excellence at the Institute.

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

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

MARTIN RICHARD
ASSISTANT DIRECTOR OF BUILDING RESOURCES

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

MARTINE DUFORT,
SENIOR ADVISOR IN THE EDUCATION DEPARTMENT AND FOR MEDIA AFFAIRS
The Montreal Heart Institute Receives an Honourable Mention

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

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

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

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

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

The visitors highlighted a number of points:

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

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

PATIENT CARE DIVISION

Dr. Pierre Pagé

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

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

Department of Medicine

Major Conference

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

For a third consecutive year, an Arrhythmia Day for medical electrophysiology technicians and doctors was organized by members of the Montreal Heart Institute’s Electrophysiology Department. The event, which was attended by more than 80 participants, was held on November 28, 2015, and once again was a resounding success. During this day of training, medical electrophysiology technicians and cardiologists from hospital centres in outlying areas learned about new technologies and their indications in the field of arrhythmia.

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

The creation of speciality certifications in:

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

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

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

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

The Hemodynamics Service welcomes 6 to 10 fellows each year.
Clinical Activities

Reducing MHI Patient and Staff Exposure to Radiation

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

Echocardiography Service

The past year has been particularly fruitful in terms of developing bicycle ergometer stress tests to assess heart valve disease thanks to the arrival of Dr. Christine Henri. Dr. Geneviève Giraldeau also joined the laboratory team, bringing with her expertise in assessing ventricular assist devices. Patients can now book appointments for routine echocardiography examinations in the evening or on the weekend, making the service more accessible. This year, we also celebrated the retirement of Dr. Lise-Andrée Mercier, former laboratory director and pioneer in echocardiography and adult congenital heart disease.

Research

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

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

Dr. Anita Asgar and Dr. Christine Henri received a Clinician Scientist Salary Award from the Department of Medicine at Université de Montréal to develop the Evolve-HF research program and new prognostic indices for aortic stenosis, respectively.
The Department of Cardiac Surgery at the Montreal Heart Institute comprises 12 surgeons. In 2015-2016, 1,829 cardiac surgeries were performed at the MHI. Of these, less than half (41%) were coronary revascularization surgeries. Valvular surgeries represented 45% of the procedures performed. The rest (14%) were in other areas of specialization, such as transplantation, ventricular assistance and congenital surgery. This represents an increase of nearly 350 cases as compared to 2008-2009. Among the valvular surgeries performed, most were aortic or mitral. Of the mitral surgeries performed, nearly 90% were correction surgeries (plasty) with preservation of the valve apparatus. In terms of aortic surgery, aortic valve preservation surgeries were up, as were aortic valve replacements by pulmonary autograft (Ross procedures). There was also an increase in transcatheter aortic valve implantations (TAVI). Lastly, it is interesting to note that minimal access techniques are increasingly being developed for aortic and mitral valve surgeries.

Current Programs

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

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

International Training on the Ross Procedure

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

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

A Team of Surgeons and Anesthesiologists on a Mission in Ethiopia

For a second year, an MHI team travelled to the Cardiac Centre of Ethiopia, in Addis Abeba, to perform surgeries and procedures in cardiac hemodynamics. The goal of this mission was to train and transfer knowledge to local teams to develop lasting expertise at this young hospital centre, a project of the Children’s Fund of Ethiopia. As part of the mission, Dr. Nancy Poirier and Dr. Denis Bouchard, Dr. Mounir Riahi, fellow in structural hemodynamics at St. Paul’s Hospital in Vancouver, and Dr. Joaquim Miró from CHU Sainte-Justine performed numerous procedures in the operating room and the catheterization laboratory, including several mitral dilatations. Dr. Jean-Sébastien Lebon, anesthesiologist, and two anesthesiology residents, Dr. Marco Julien and Dr. Nicolas Rousseau-Saine from Université de Montréal, were part of the delegation. All of these procedures were performed with the help of the dedicated local teams, who were extremely thirsty for knowledge.

Department of Anesthesiology

Recruitment

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

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

The Richard I. Kaufman Fund

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

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

**Chronic Pain Clinic**

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

**Publication in Anesthesiology**

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

**Department of Radiology and Nuclear Medicine**

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

**Major Projects in Medical Imaging**

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

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

Replacing the PACS

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

Research CT Scanner

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

Access to the Imaging Technical Support Centre

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

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

Department of Psychosomatic Medicine

In November 2015, the Montreal Heart Institute acted as a partner for a campaign launched by the Mind the Heart research
program to improve the psychological well-being of men with heart disease. The *Mind the Heart* program is funded by the Movember Foundation, which recently invested $3M in this research project, of which the Montreal Heart Institute is also a partner.

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

**Public Lecture**

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

**Nursing**

**Installing New Infusion Pumps**

The Department of Nursing, the Department of Multidisciplinary Services, the Pharmacy Department, the Biomedical Engineering Service, the Office for the Assessment of Health Technology and Care Models Betmis and the Council of Physicians, Dentists and Pharmacists (CPDP) all worked closely together to install the new “smart” infusion pumps. These new devices enable the precise and safe administration of medications through computer-controlled flow rates and dosages. The team also took advantage of the installation of this new technology to review medication protocols and prescriptions so that these tools reflect a modern practice.

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

Cardiovascular Genetics Centre

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

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

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

Continuation of the SPAC Project at the 3 Centre

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

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

DIRECTION OF PREVENTION

Dr. Martin Juneau

Adopting healthy lifestyle habits is the best way to prevent the onset of cardiovascular disease. In light of the impact of prevention on the incidence of cardiovascular disease, the Montreal Heart Institute established the largest cardiovascular disease prevention centre in Canada, the ÉPIC Centre.
New Mandate from the Ministère de la Santé et des Services sociaux (MSSS)

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

The Prevention Division and Capsana

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

Official Publications, Conference Attendance

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

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

The ÉPIC Centre’s research team published 16 scientific articles in 2015-2016 and made numerous scientific presentations at international conferences.
Our Achievements
(cont.)

DIRECTION
OF EDUCATION
TRAINING

Dr. Annie Dore

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

Redesigning the Training Programs for Nurses

By integrating the DN-training sector into the Teaching Division in 2014, the MHI aimed to develop a common and coherent structure for training activities. As a result, two interdisciplinary scientific committees were created to redesign the basic and critical care training programs for nurses. Founded on the concept of competency-based training, the two programs now focus not on diagnosing, but rather on recognizing symptoms, developing clinical judgment and gaining complex knowledge to act. The theoretical component spans 6 to 8 non-consecutive days, depending on the program, over a period of 4 weeks, alternating with practical orientation days. The theory is based on an evolving clinical case that becomes increasingly complex in a specific sequence. In addition, a new clinical and paraclinical assessment model is applied and taught using simulations. This tool guides nurses in their assessment of the patient’s condition.

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

Forty Hours of Accredited Training for Cardiovascular Care Professionals

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

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

DIRECTION OF RESEARCH

Dr. Jean-Claude Tardif

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

A World First in Personalized Medicine

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

International Study in Clinical Electrophysiology That Will Change Patients’ Lives

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

An Innovative Approach

Dr. Christine Des Rosiers and Dr. John Rioux, with their team, proposed an innovative new approach for determining abnormal mitochondrial function in patients with Leigh syndrome. Mitochondria generate energy in our cells, and this function is impaired in these young patients. They also revealed unexpected cardiometabolic markers such as insulin and other highly specific markers which show that this rare mitochondrial disease causes metabolic changes that could also explain certain chronic diseases.

Genetics and the Heart

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

Bad Cholesterol

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

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

High Pulse Pressure Kills the Brain!

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

Going Green in the Surgical Unit

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

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

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

Charging Stations for Electric Cars

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

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

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

USERS’ COMMITTEE

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

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

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

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

DR. DENIS ROY
CHIEF EXECUTIVE OFFICER OF THE MONTREAL HEART INSTITUTE
Our Press Conferences
Keeping the Community in the Loop

A Major Investment in the Montreal Heart Institute!

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

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

The Foundation confirmed that it will invest $24M in addition to the government’s contribution to execute this large-scale project.

The Executive Director of the Foundation, Ms. Mélanie La Couture, thanked in particular the donors to the latest Battre au Rythme du Monde fundraising campaign, which was an unprecedented success.

“Thanks to their commitment, the Institute has now become one of the best centres in the world in the cardiovascular field,” said Ms. La Couture.

This announcement is excellent news for the Institute and all Quebeckers.
DalCor Pharmaceuticals Secures the Licence for a Promising Cardiovascular Drug Following a Major Discovery by Montreal Heart Institute Researchers

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

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

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

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

The two main goals of the researchers at the Beaulieu-Saucier Pharmacogenomics Centre are to personalize therapies and discover new drugs. Dr. Fouzia Laghrissi-Thode, Vice President of AstraZeneca, who came directly from London for the announcement, said the multinational, who could entrust its invaluable biobank to anyone in the world, chose the MHI to maximize its chances of making discoveries because of the Institute’s unique expertise.
The Montreal Heart Institute Ranks First in Research Infosource’s Prestigious “Canada’s Top 40 Research Hospitals List”

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

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

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

Our New Recruits

Dr. Filippo Cademartiri, Radiologist
Dr. Marie-Ève Chamberland, Anesthesiologist
Dr. Jocelyne Genest, Cardiac Surgery Assistant
Dr. Laura Gioia, Neurologist
Dr. Geneviève Giraldeau, Cardiologist

Dr. Christine Henri, Cardiologist
Dr. Magali Pham, Radiologist
Dr. Pierre Robillard, Radiologist
Dr. Julie Sirois-Leclerc, Family Physician
The Institute Stands Out

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

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

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

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

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

This theme issue was coedited by Dr. Ismail El-Hamamsy, along with several Institute specialists, including Dr. Gregor Andelfinger, Dr. Raymond Cartier, Dr. Philippe Demers, Dr. Annie Dore, Dr. François Marcotte, Dr. Jean-François Mongeon, Dr. Rosaire Mongrain, Dr. Donato Gerardo Terrone, Dr. Lauren Basmadjian and Dr. Nancy Poirier. All of these specialists shared their expertise on the substantial development of knowledge on aortic disease. In particular, they explained that the development of research in this field now provides a better understanding of the genetic component and basis of these diseases that affect a significant proportion of the population. In addition, thanks to the sophisticated equipment at the Cardiovascular Genetics Centre and the significant reduction in the costs associated with genetic testing, our ability to quickly confirm a suspected genetic diagnosis has reached unprecedented levels in recent years.

Distinctions

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

Dr. Jean-Claude Tardif, cardiologist, Director of the Montreal Heart Institute’s Desmarais Family Research Centre and professor at the Faculty of Medicine at Université de Montréal, became a Member of the Order of Canada on September 23, 2015. The Governor General of Canada, His Excellency the Right Honourable David Johnston, bestowed this honour on Dr. Tardif at an investiture ceremony at Rideau Hall.
The Order of Canada is one of our country’s highest civilian honours. Its goal is to recognize outstanding achievement, dedication to the community and service to the nation.

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

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

Dr. Marie-Pierre Dubé  
Researcher  
FRQS Senior Research Scholar

Dr. John Rioux  
Researcher  
Canada Research Chair in Genetics and Genomic Medicine, Tier 1

Dr. Jocelyn Dupuis and Dr. François Harel  
Physicians  
2015 Merck-Université de Montréal Award

Dr. Louis Perrault  
Chief of the Department of Surgery  
Elected President of the Canadian Society of Cardiac Surgeons (CSCS)

Dr. Lucie Parent  
Researcher  
Received the 2015-2016 Award of Excellence from the Jean Coutu Group and the Heart and Stroke Foundation of Quebec
Dr. E. Marc Jolicoeur
Cardiologist
Received the Grant from the Drug Safety and Effectiveness Network/CIHR for the project: The Advancement and Democratization of Medical Research in Canada Through the Development and Validation of Randomized-Registry Trials – $100,000, in collaboration with Dr. Jean-Claude Tardif and under the mentorship of Dr. Jean-Lucien Rouleau.

Maxime Boidin
Doctoral student on the ÉPIC Centre’s research team
Received first prize for his clinical research oral presentation at the MHI’s Research Day on June 4, 2015.
His presentation examined interval and continuous training as they relate to heart rate and ventricular arrhythmia.

Dr. Eric Thorin
Researcher
Received the 2015-2016 Award of Excellence from the Royal Bank of Canada and the Heart and Stroke Foundation of Quebec

Dr. Denis Bouchard
Cardiac surgeon
Received the Award for Best Professor at the Department of Surgery of Université de Montréal

Dr. André Denault
Anesthesiologist and intensivist
Received the Allan Spanier Award.
The award was granted at the 13th annual conference of the Quebec Society of Intensivists in recognition of his contribution to the development of intensive care.

Dr. Michel Carrier
Cardiac surgeon
Named Director of the Department of Surgery of Université de Montréal
Our Social Media

Follow us and like us

Institut Cardio Mtl
@ICMtl

Institut de Cardiologie de Montréal (ICM)
@institutcardiologiemontreal
Mission

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

Values

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

Code of Ethics

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

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

PHILIPPE ANGERS, VOLUNTEER
Activity Report for the Heart Beat to the Future Campaign

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

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

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

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

PHOTO CREDIT: ANTOINE SAITO
Heart Beat to the Future
Campaign Donors

$5 million or more
Gisèle Beaulieu and Michel Saucier

$2 to $5 million

$1 to $2 million

$500,000 to $1 million
AstraZeneca Canada Inc. - CIBC - Banque Scotia - Groupe Financier Banque TD - Peter Munk Charitable Foundation - Rio Tinto Alcan - Sanofi-Aventis Canada Inc.

$100,000 to $500,000

$50,000 to $100,000

$25,000 to $50,000
Air Liquide Canada inc. - Chirurgiens Cardiaques Associés de l’ICM - Construction Albert Jean Limitée - Dessau inc. - Fondation Luigi Liberatore - Irma and Robert Fragman - Louis A Tanguay

* Due to a lack of space, we are only able to include donors who gave $25,000 or more.
A New Campaign That Keeps Hearts Beating at the Montreal Heart Institute

Our new advertising campaign “I love David. I give.” has brightened the Institute walls since the fall of 2015.
Events That Get People Involved
Events That Get People Involved

Grand Bal des Vins-Cœurs

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

#ÀLABONNEPLACE

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

YOGA pour le Cœur, Zen for the Cause!

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

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

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

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

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

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

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

The 2015 Défi des Cœurs Clinique dentaire Descôteaux
The young woman behind the Défi des Cœurs—who is passionate about running—had major open-heart surgery at the Montreal Heart Institute. For the past three years, Chantale Boucher has organized this charity run in Shawinigan to raise funds for patients at the Institute. This year, the Défi des Cœurs raised $4,400 for the Foundation.
The Foundation’s Mélanie La Couture and Elsa Desjardins receive the cheque from the BMO soccer ball sale.

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

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

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

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

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

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

GILLES SPINELLI
PATIENT AND VOLUNTEER
The Foundation Pays Tribute to the Individuals, Foundations and Companies That Help Us Make a Difference!

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

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

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

The Kaufman Family

A new endowment fund thanks to Richard I. Kaufman.

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

André and France Desmarais

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

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

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

The Mel Hoppenheim Family Foundation

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

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

Research Day at the MHI

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

Fondation J.-Louis Lévesque Awards

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

Clinical research: Maxime Boidin

Basic research: Chloé Lévesque and Andreea Milasan

Jacques-Landreville Awards

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

Master’s: Mr. Marc-Alexandre Gingras

Postdoctoral: Ms. Delphine Béziau

Congratulations to all the researchers who submitted a project.

Martial G. Bourassa Prize

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

- 1 -
Kevin Kojok, Chloé Lévesque, Alexandre Bergeron, Steve Poirier, Maxime Boidin, Julie Briot, Andreea Milasan, Cécile Martel, Adeline Raignault, Nathalie Chami and Delphine Béziau.

- 2 -
Dr. Jean-Lucien Rouleau, Dr. Denis Roy, Dr. Pierre Robillard, Dr. Filippo Cademartiri and Ms. Mélanie La Couture.
Nursing Scholarships

TD Bank and Jean-Pierre Themens

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

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

Bal du Cœur Fellowships

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

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

National Bank

In October, Ms. Liliannne Benoit and Ms. Valérie Simic of the National Bank of Canada presented a professional development scholarship for $1,000 to Ms. Claudine Picard-Clément so that she could attend the 2015 Canadian Cardiovascular Congress that was held in Toronto. Thank you for supporting the Council of Nurses of the Montreal Heart Institute.
I love Carole.
The Institute is a leading cardiology centre on a human scale, where everyone knows one another. That’s why I’ve been working at the Institute’s Foundation for 28 years.
CAROLE GRAY
DONOR RELATIONS AGENT

I love Guylaine.
My daughter was born with a heart condition. The Institute specialists who have cared for her have made a real difference in her life. I work for the Institute’s Foundation now, for 30 years.
GUYLAIN BANVILLE
DIRECTOR, BUSINESS DEVELOPMENT AND DIRECT MARKETING
The annual lecture, which was held at the Mirella and Lino Saputo Theatre of the Leonardo da Vinci Centre, gives the Executive Director of the Foundation the opportunity to meet and thank the Foundation’s loyal donors. For this year’s event, Dr. Alain Vadeboncoeur, Chief of the Emergency Medicine Department and former host of the Radio-Canada show Les docteurs, hosted a round table on the patient-doctor relationship.

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

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

The Dr. Paul-David Society

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

The Visionary Team

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

A number of activities will be held each year for the members of the Visionary Team to thank them for supporting the Foundation’s mission and for allowing future generations to benefit from progress in cardiovascular medicine.
This year, the Montreal Heart Institute Foundation launched its new recognition plan, the MHI Honor Circle, to acknowledge the philanthropic spirit of its members. The Society includes donors who made a difference by investing $5,000 or more in the Institute in 2015.

Donors
$100,000 or more

Donors
$50,000 to $100,000
André Chagnon - Morris & Bella Fainman Family Foundation - Jakabovits Family - Succession Berthe Côté - Succession Laurette Jacob - Succession Gisèle L’Heureux - Succession Olivette Payette
Bell - CIBC - Fondation-Corporation des concessionnaires automobiles Mtl. - Groupe Banque TD - Oliver, Wyman limitée - Publipage Inc.

Donors
$25,000 to $50,000

Donors
$10,000 to $25,000
Donors
$10,000 to $25,000 (cont.)

Donors
$5,000 to $10,000
Our Generous Donors

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

Thank you for supporting the Montreal Heart Institute!

Founder
Dr. Paul P. David

Founding Governor
J.-Louis Lévesque

Donors $1,000,000 or more

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

$250,000 to $500,000

Donors

$100,000 to $250,000
$100,000 to $250,000 (cont.)

Donors
$20,000 to $100,000
$20,000 to $100,000 (cont.)
$20,000 to $100,000 (cont.)

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

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

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

Bequests

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

General bequests totalling $601,925

I love...

Bequests dedicated to research totalling $272,868

I love...
Gaston Binette - Rollande Dessureault - Richard I. Kaufman

We extend our full gratitude to you.

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

MR. CLAUDE BÉDARD
Our Volunteers in Action

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

20th Anniversary of the Heart Surgery Support Program

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

Since the program began in 1995, nearly three-quarters of patients who are waiting for surgery have received a visit from a Heart Surgery Support Program volunteer. More than 23,000 pre-operative visits took place between 1995 and 2014. Our former patients and new volunteers put a human face on all the care provided each day to patients at the Montreal Heart Institute. They provide true added-value to the work of the clinical staff. In fact, the volunteers’ care and attention help alleviate the fear and stress associated with having surgery. Patients appreciate being able to share their fears with someone who has gone through the same experience and seeing for themselves that life can go back to normal after a cardiac procedure.

I Love the MHI!

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

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

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

MR. AND MS. BERGERON
Our Volunteers

I love...
Our Sponsors and Partners

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

I love...

Le 15 juin 2016

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 : Annexe 2 - Rapport annuel 2015-2016

Monsieur le Ministre,

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

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

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

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

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

Le président-directeur général,

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

DR/gd
Board of Directors of the Montreal Heart Institute

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

Designated members

Mr. Francis Brisson  Council of Nurses (CN)
Mr. Gaétan Bruneau  Users’ Committee (UC)
Dr. Valérie Hurteloup  Regional Department of General Medicine (RDGM)
Ms. Manon Léveillé  Multidisciplinary Council (MULTIC)
Dr. Antoine Rochon  Council of Physicians, Dentists and Pharmacists (CPDP)
Ms. Lucie Verret  Regional Pharmaceutical Services Committee (RPSC)

Members of affiliated universities appointed by the Minister

Dr. Christian Baron  Université de Montréal
Dr. Marie-Josée Hébert  Université de Montréal

Independent members appointed by the Minister

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

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

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

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

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

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

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

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

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

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

Ex-officio member and chair appointed by the Foundation

Dr. Denis Roy
Chief Executive Officer

Mr. Henri-Paul Rousseau
Observing Member
ORGANIGRAMME de la haute direction

**MSSS**

- **SOUS-MINISTRE**
- Président - directeur général
  - Dr Denis ROY

**Gestion des risques et de la qualité / Agrément / Ententes de gestion**
- Directrice services multidisciplinaires
  - Carole BOUCHER
- Directrice soins infirmiers
  - Liza O’DOHERTY
- Directeur services professionnels
  - Dr Pierre PAGÉ
- Directeur soins infirmiers
  - Dr Jean-Claude TARDIF
- Directrice multidisciplinaires
  - Sylvie MIREAULT
- Directeur services professionnels
  - Dr Denis ROY
- Gabrielle ALAIN-NOËL
- Paul DUBÉ
- Gilles LEFEBVRE

**Ententes de gestion et nutrition clinique**
- Service d’accueil,
- et nutrition clinique
- Service d'alimentation
- Service de psychologie
- Service social
- Service de biologie médicale
- Service d'imagerie médicale
- Service de psychologie
- Service d’alimentation et nutrition clinique
- Service d’accueil, archives, dictée centrale

**Coordonnateurs**
- IPSC

**Anesthésie**
- Médecine
  - Urgence, EPS, hém, non invasif, soins cliniques, neurologie, pneumologie, gastroentérologie, médecine interne, prévention

**Biologie médicale**
- Chirurgie / Soins intensifs
- Radiologie
- Médecine nucléaire
- Médecine psychosomatique

**Pharmacie : professionnel**
- Pharmacie : personnel
- Gestion des lits
- Bloc opératoire / Perfusion
- Suivi systématique / Liaison
- Hémo / EPS / court séjour
- Ambulatoire : cliniques externes, cliniques spécialisées
- Unités de soins (UC - 4eE, 3eE, 3c, 4c)
- Urgence

**Centre ÉPIC**
- Clinique de prévention secondaire
- Clinique métabolique
- Clinique d’hypertension
- Activités préventives intrahospitalières
- Lutte au tabagisme
- Promotion de la santé dans la communauté (Capana)
- Parrainage des centres en régions

**SOUS-MINISTRE**
- Autres établissements et instances régionales (FSD, DRMG, etc.)
The Executive Committee and members of the Board of Directors have been periodically examining the results of performance indicators outlined in the management and accountability agreement. These results show an overall improvement of the MHI’s performance compared to last year, with the exception of the emergency department’s performance indicators, which are being closely monitored.

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

**(suite)**

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

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

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

<table>
<thead>
<tr>
<th>PERMANENT STAFF</th>
<th>Current fiscal year 1</th>
<th>Previous fiscal year 1</th>
<th>Variation (C.1 - C.2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Managerial staff (at March 31&lt;sup&gt;st&lt;/sup&gt;):</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time, number of persons (Note 1)</td>
<td>1</td>
<td>41</td>
<td>47</td>
</tr>
<tr>
<td><strong>Part-time (Note 1):</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Number of persons</td>
<td>2</td>
<td>11</td>
<td>16</td>
</tr>
<tr>
<td>- Full-time equivalent (note 4)</td>
<td>3</td>
<td>8.80</td>
<td>9.9</td>
</tr>
<tr>
<td>Persons for whom employment stability measures apply</td>
<td>4</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td><strong>Regular staff (at March 31&lt;sup&gt;st&lt;/sup&gt;):</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time, number of persons (Note 2)</td>
<td>5</td>
<td>771</td>
<td>836</td>
</tr>
<tr>
<td><strong>Temps partiel (Note 2):</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Number of persons</td>
<td>6</td>
<td>492</td>
<td>450</td>
</tr>
<tr>
<td>- Full-time equivalent (note 4)</td>
<td>7</td>
<td>347.20</td>
<td>336.97</td>
</tr>
<tr>
<td>Persons for whom job security measures apply</td>
<td>8</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

### CASUAL STAFF

| Number of hours paid throughout the fiscal year | 9 | 284,085 | 336,390 | (52,305) |
| Full-time equivalent (Notes 3 et 4)            | 10| 149.00  | 97.00   | 52.00    |
### Presentation of Data Pursuant to the Act Respecting Workforce Management and Control

#### Comparison of 2014-2015 and 2015-2016

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

The institution was not able to meet the 1% reduction target for paid hours corresponding to a reduction of 24,404 paid hours. During 2015-2016, paid hours increased by 0.3% (7,840 hours) as compared to 2014-2015. We implemented an outpatient reorganization project to meet the Ministry’s objectives to establish a Centre de répartition des demandes de service (CRDS), which required additional resources. The increase in surgery and hemodynamics requests affects wait times, requiring us to increase resources in some sectors. With Management Committee members, we are closely monitoring the workforce by overseeing postings and nominations. We will continue to monitor the situation closely over the course of 2016-2017.
June 15, 2016

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

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

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

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

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

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

Chief Executive Officer,

Denis Roy, MD, FRCPC, FHRS Full Professor of Medicine
Université de Montréal
DR/gld

Director of Financial Resources,

Paul Dubé, CPA, CMA, MBA
Independent Auditor’s Report on the Summary Financial Statements

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

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

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

Management’s Responsibility for the Summary Financial Statements

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

Auditor’s Responsibility

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

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of The Montreal Heart Institute for the year ended March 31, 2016 represent a fair summary of those financial statements, in accordance with the criteria described in Appendix 1 of the information circular on the annual management report (codified 03.01.61.19) issued by the Ministère de la Santé et des Services sociaux du Québec (MSSS). However, the summary financial statements are misstated to the equivalent extent as the audited financial statements of The Montreal Heart Institute for the year ended March 31, 2016.
The misstatement of the audited financial statements is described in our qualified audit opinion in our report dated June 13, 2016. Our qualified audit opinion is based on the fact that government subsidies for purchases of capital assets are recorded as deferred income in the capital asset fund and amortized on the same basis as capital assets, as requested by the MSSS in its Financial Management Manual. This situation constitutes a departure from the accounting standard on transfers. Under Canadian public sector accounting standards, revenue from these subsidies is recognized when the subsidies have been authorized by the government following the exercise of its enabling authority and when the recipients meet the eligibility criteria. The funding of certain capital assets through federal transfers should be charged directly to operations in the year in which the criteria are met.

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

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

June 30, 2016

1 CPA auditor, CA, public accountancy permit No. A110078
## Statement of operations

**Year ended March 31, 2016**

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

Note 1: Column 3 applies to public institutions only.
### Statement of accumulated surplus (deficit)

**Year ended March 31, 2016**

<table>
<thead>
<tr>
<th>Description</th>
<th>Operating fund</th>
<th>Capital assets</th>
<th>Current year total (C1+C2)</th>
<th>Prior year total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACCUMULATED SURPLUS (DEFICIT) AT BEGINNING, AS PREVIOUSLY STATED</strong></td>
<td>(6,265,424)</td>
<td>1,332,974</td>
<td>(4,932,450)</td>
<td>(1,957,412)</td>
</tr>
<tr>
<td>Accounting changes with restatement of prior years (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounting changes without restatement of prior years (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ACCUMULATED SURPLUS (DEFICIT) AT BEGINNING, AS RESTATED (L.01 to L.03)</strong></td>
<td>(6,265,424)</td>
<td>9,538,674</td>
<td>3,273,250</td>
<td>4,094,598</td>
</tr>
<tr>
<td><strong>SURPLUS (DEFICIT) FOR THE YEAR</strong></td>
<td>482,759</td>
<td>(1,175,996)</td>
<td>(693,237)</td>
<td>(821,348)</td>
</tr>
<tr>
<td>Other changes: Inter-institutional transfers (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inter-fund transfers (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other items applicable to private institutions under agreement (specify)</td>
<td></td>
<td>XXXX</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL OTHER CHANGES (L.06 to L.09)</strong></td>
<td></td>
<td></td>
<td></td>
<td>XXXX</td>
</tr>
<tr>
<td><strong>ACCUMULATED SURPLUS (DEFICIT) AT END (L.04 + L.05 + L.10)</strong></td>
<td>(5,782,665)</td>
<td>8,362,678</td>
<td>2,580,013</td>
<td>3,273,250</td>
</tr>
<tr>
<td>Consist of the following items:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>External restrictions</td>
<td></td>
<td>XXXX</td>
<td>2,132,882</td>
<td>2,289,977</td>
</tr>
<tr>
<td>Internal restrictions</td>
<td></td>
<td>XXXX</td>
<td>447,131</td>
<td>983,273</td>
</tr>
<tr>
<td><strong>TOTAL (L.12 to L.14)</strong></td>
<td></td>
<td></td>
<td>2,580,013</td>
<td>3,273,250</td>
</tr>
</tbody>
</table>
### Statement of financial position
**As at March 31, 2016**

#### FINANCIAL ASSETS

<table>
<thead>
<tr>
<th></th>
<th>Operations (C1)</th>
<th>Capital assets (C2)</th>
<th>Current year total (C1+C2)</th>
<th>Prior year total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash (bank overdraft)</td>
<td>15,459,469</td>
<td>1,380,064</td>
<td>16,839,533</td>
<td>29,010,223</td>
</tr>
<tr>
<td>Temporary investments</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables - MSSS (FE: P362, FI: P408)</td>
<td>13,894,253</td>
<td>851,610</td>
<td>14,745,863</td>
<td>16,703,042</td>
</tr>
<tr>
<td>Other accounts receivable (FE: P360, FI: P400)</td>
<td>16,349,290</td>
<td>10,238,799</td>
<td>26,588,089</td>
<td>21,692,293</td>
</tr>
<tr>
<td>Cash advances to public institutions</td>
<td>XXXX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inter-fund receivables (inter-fund debts)</td>
<td>1,045,271</td>
<td>(1,045,271)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Subsidy receivable (collected in advance) – accounting reform (FE: P362, FI: P408)</td>
<td>9,073,615</td>
<td>(5,533,692)</td>
<td>3,539,923</td>
<td>(506,034)</td>
</tr>
<tr>
<td>Portfolio investments</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deferred charges related to debts</td>
<td>XXXX</td>
<td>2,363,216</td>
<td>2,363,216</td>
<td>2,495,966</td>
</tr>
<tr>
<td>Accrued interest payable (FE: P361, FI: P401)</td>
<td>XXXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>Deferred revenue (FE: P290 and P291, FI: P294)</td>
<td>26,893,295</td>
<td>38,220,935</td>
<td>65,114,230</td>
<td>71,628,686</td>
</tr>
<tr>
<td>Long-term debt (FI: P403)</td>
<td>XXXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>Liability for contaminated sites (FI: P401)</td>
<td>XXXX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liabilities for employee future benefits (FE: P363)</td>
<td>13,059,188</td>
<td>XXX</td>
<td>13,059,188</td>
<td>12,745,026</td>
</tr>
<tr>
<td>Other items (FE: P360, FI: P400)</td>
<td>155,680</td>
<td></td>
<td>155,680</td>
<td>82,417</td>
</tr>
<tr>
<td><strong>TOTAL FINANCIAL ASSETS (L.01 to L.12)</strong></td>
<td>55,977,578</td>
<td>8,254,726</td>
<td>64,232,304</td>
<td>69,477,907</td>
</tr>
</tbody>
</table>

#### LIABILITIES

<table>
<thead>
<tr>
<th></th>
<th>Operations (C1)</th>
<th>Capital assets (C2)</th>
<th>Current year total (C1+C2)</th>
<th>Prior year total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporary borrowing (FE: P365, FI: P403)</td>
<td>22,035,505</td>
<td></td>
<td>22,035,505</td>
<td>4,091,019</td>
</tr>
<tr>
<td>Payables - MSSS (FE: P362, FI: P408)</td>
<td>25,366,354</td>
<td>6,556,083</td>
<td>31,922,437</td>
<td>34,569,474</td>
</tr>
<tr>
<td>Other accounts payable and other accrued charges (FE: P361, FI: P401)</td>
<td>26,893,295</td>
<td>38,220,935</td>
<td>65,114,230</td>
<td>71,628,686</td>
</tr>
<tr>
<td>Cash advances – decentralized budgets</td>
<td>XXXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>Accrued interest payable (FE: P361, FI: P401)</td>
<td>XXXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>Deferred revenue (FE: P290 and P291, FI: P294)</td>
<td>26,893,295</td>
<td>38,220,935</td>
<td>65,114,230</td>
<td>71,628,686</td>
</tr>
<tr>
<td>Long-term debt (FI: P403)</td>
<td>XXXX</td>
<td>XXX</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>Liability for contaminated sites (FI: P401)</td>
<td>XXXX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liabilities for employee future benefits (FE: P363)</td>
<td>13,059,188</td>
<td>XXX</td>
<td>13,059,188</td>
<td>12,745,026</td>
</tr>
<tr>
<td>Other items (FE: P360, FI: P400)</td>
<td>155,680</td>
<td></td>
<td>155,680</td>
<td>82,417</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES (L.14 to L.25)</strong></td>
<td>65,318,837</td>
<td>188,298,136</td>
<td>253,616,973</td>
<td>248,517,205</td>
</tr>
</tbody>
</table>

#### NET FINANCIAL ASSETS (NET DEBT) (L.13 to L.26)

<table>
<thead>
<tr>
<th></th>
<th>Operations (C1)</th>
<th>Capital assets (C2)</th>
<th>Current year total (C1+C2)</th>
<th>Prior year total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL FINANCIAL ASSETS (L.01 to L.12)</strong></td>
<td>55,977,578</td>
<td>8,254,726</td>
<td>64,232,304</td>
<td>69,477,907</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES (L.14 to L.25)</strong></td>
<td>65,318,837</td>
<td>188,298,136</td>
<td>253,616,973</td>
<td>248,517,205</td>
</tr>
<tr>
<td><strong>NET FINANCIAL ASSETS (NET DEBT) (L.13 to L.26)</strong></td>
<td>(9,341,259)</td>
<td>(180,043,410)</td>
<td>(189,384,669)</td>
<td>(179,039,298)</td>
</tr>
</tbody>
</table>

#### NON-FINANCIAL ASSETS

<table>
<thead>
<tr>
<th></th>
<th>Operations (C1)</th>
<th>Capital assets (C2)</th>
<th>Current year total (C1+C2)</th>
<th>Prior year total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital assets (FI: P420 to P422)</td>
<td>XXXX</td>
<td>188,406,088</td>
<td>188,406,088</td>
<td>178,179,735</td>
</tr>
<tr>
<td>Supplies inventory (FE: P360)</td>
<td>2,779,709</td>
<td>XXX</td>
<td>2,779,709</td>
<td>3,452,127</td>
</tr>
<tr>
<td>Prepaid expenses (FE: P360, FI: P400)</td>
<td>778,885</td>
<td></td>
<td>778,885</td>
<td>680,686</td>
</tr>
<tr>
<td><strong>TOTAL NON-FINANCIAL ASSETS (L.28 to L.30)</strong></td>
<td>3,558,594</td>
<td>188,406,088</td>
<td>191,964,682</td>
<td>182,312,548</td>
</tr>
<tr>
<td><strong>SHARE CAPITAL AND CONTRIBUTED SURPLUS</strong></td>
<td>XXXX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ACCUMULATED SURPLUS (DEFICIT)</strong> (L.27 and L.31, L.32)</td>
<td>(5,782,665)</td>
<td>8,362,678</td>
<td>2,580,013</td>
<td>3,273,250</td>
</tr>
</tbody>
</table>
# Statement of change in net financial assets (net debt)

## Year ended March 31, 2016

<table>
<thead>
<tr>
<th>NET FINANCIAL ASSETS (NET DEBT) AT BEGINNING, AS PREVIOUSLY STATED</th>
<th>Budget (1)</th>
<th>Operating fund (2)</th>
<th>Capital assets fund (3)</th>
<th>Current year total C2+C3 (4)</th>
<th>Prior year total (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(14,745,906)</td>
<td>(10,398,237)</td>
<td>(168,433,107)</td>
<td>(178,831,344)</td>
<td>(151,850,174)</td>
</tr>
<tr>
<td>Accounting changes with restatement of prior years</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounting changes without restatement of prior years</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>XXXX</td>
</tr>
</tbody>
</table>

## NET FINANCIAL ASSETS (NET DEBT) AT BEGINNING, AS RESTATED (L.01 to L.03)

<table>
<thead>
<tr>
<th>4</th>
<th>(14,745,906)</th>
<th>(10,398,237)</th>
<th>(168,641,061)</th>
<th>(179,039,298)</th>
<th>(171,822,269)</th>
</tr>
</thead>
</table>

## SURPLUS (DEFICIT) FOR THE YEAR (P200, L.29)

<table>
<thead>
<tr>
<th>5</th>
<th>482,759</th>
<th>(1,175,996)</th>
<th>(693,237)</th>
<th>(821,348)</th>
</tr>
</thead>
</table>

## CHANGES DUE TO CAPITAL ASSETS

<table>
<thead>
<tr>
<th>Acquisitions (Fi: P421)</th>
<th>6</th>
<th>XXXX</th>
<th>(27,705,635)</th>
<th>(27,705,635)</th>
<th>(22,467,670)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amortization for the year (Fi: P42)</td>
<td>7</td>
<td>XXXX</td>
<td>17,479,282</td>
<td>17,479,282</td>
<td>16,477,611</td>
</tr>
<tr>
<td>(Gain) loss on disposals (Fi: P208)</td>
<td>8</td>
<td>XXXX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds on disposals (Fi: P208)</td>
<td>9</td>
<td>XXXX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Write-downs (Fi: P420, 421-00)</td>
<td>10</td>
<td>XXXX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital asset adjustments</td>
<td>11</td>
<td>XXXX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
</tr>
<tr>
<td>13</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XXXX</td>
</tr>
</tbody>
</table>

## TOTAL CHANGES DUE TO CAPITAL ASSETS (L.06 to L.13)

<table>
<thead>
<tr>
<th>14</th>
<th>XXXX</th>
<th>(10,226,353)</th>
<th>(10,226,353)</th>
<th>(5,990,059)</th>
</tr>
</thead>
</table>

## CHANGES DUE TO SUPPLY INVENTORIES AND PREPAID EXPENSES:

<table>
<thead>
<tr>
<th>Acquisition of supply inventories</th>
<th>15</th>
<th>(6,552,671)</th>
<th>XXXX</th>
<th>(6,552,671)</th>
<th>(18,225,821)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquisition of prepaid expenses</td>
<td>16</td>
<td>(1,655,363)</td>
<td>XXXX</td>
<td>(1,655,363)</td>
<td>(801,665)</td>
</tr>
<tr>
<td>Use of supply inventories</td>
<td>17</td>
<td>7,225,089</td>
<td>XXXX</td>
<td>7,225,089</td>
<td>17,614,447</td>
</tr>
<tr>
<td>Use of prepaid expenses</td>
<td>18</td>
<td>1,557,164</td>
<td>XXXX</td>
<td>1,557,164</td>
<td>1,007,417</td>
</tr>
</tbody>
</table>

## TOTAL CHANGES DUE TO SUPPLY INVENTORIES AND PREPAID EXPENSES (L.15 to L.18)

<table>
<thead>
<tr>
<th>19</th>
<th></th>
<th>574,219</th>
<th></th>
<th>574,219</th>
<th>(405,622)</th>
</tr>
</thead>
</table>

## OTHER CHANGES IN ACCUMULATED SURPLUS (DEFICIT)

<table>
<thead>
<tr>
<th>20</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

## INCREASE (DECREASE) IN NET FINANCIAL ASSETS (NET DEBT) (L.05 + L.14 + L.19 + L.20)

<table>
<thead>
<tr>
<th>21</th>
<th>1,056,978</th>
<th>(11,402,349)</th>
<th>(10,345,371)</th>
<th>(7,217,029)</th>
</tr>
</thead>
</table>

## NET FINANCIAL ASSETS (NET DEBT) AT END (L.04 + L.21)

<table>
<thead>
<tr>
<th>22</th>
<th>(14,745,906)</th>
<th>(9,341,259)</th>
<th>(180,043,410)</th>
<th>(189,384,669)</th>
<th>(179,039,298)</th>
</tr>
</thead>
</table>
# Financial Statements

Statement of financial position as at March 31, 2016

*(In thousands of dollars)*

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

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

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

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

(In thousands of dollars)

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

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

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Vice-chair

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Mr. Louis A Tanguay

Ms. Diane Dunlop-Hébert  
*Including the Officers

Ms. Sylvie Fontaine

Ms. Susan Kudzman

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

**MR. LOUIS A TANGUAY**
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Ms. Lise Plante  Ms. Lise Plante
Director, Communications and Marketing
Published by the Department of Communications and Marketing of the Montreal Heart Institute Foundation.

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

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