

# AN EXCEPTIONAL YEAR

 **CHU Sainte-Justine**  
Le centre hospitalier  
universitaire mère-enfant  
 Université  
de Montréal

2011-2012  
Annual Report



# Mission, Vision, Values of the CHU Sainte-Justine

## Our mission

Our mission is to improve the health – considered as the complete state of physical, mental, social and spiritual well-being – of children, teenagers and mothers of Quebec, in association with our health care, university and research partners.

The CHU Sainte-Justine is committed to fulfilling the six mandates that fall under its university mission:

- to provide specialized and ultraspecialized care;
- to conduct basic and clinical research in pediatric and maternal health;
- to provide clinical training and continuing education to current and future health care professionals;
- to promote health;
- to assess technologies and treatment modes;
- to provide rehabilitation, adaptation and social integration services to children and teenagers with motor and language disorders.

## Our vision

A university hospital network that integrates the highest level of care, services, teaching, and research for mothers and children of Quebec. To achieve our vision, we must:

- Provide the most scientifically and technologically advanced care, prevention and rehabilitation services.
- Generate new knowledge, ensure its prompt transfer to clinical teams and evaluate its impact
- Establish national and international partnerships to remain at the forefront of pediatric and maternal health and to ensure best practices.
- Multiply our research and teaching efforts in pediatric medicine, perinatal care, rehabilitation, and health promotion, in collaboration with the Université de Montréal and major research centres.
- Provide children, families, and staff with a hospital environment that promotes healing and wellness.

## Our values

To fulfill its mission, the CHU Sainte-Justine counts on a large number of people who come from many different fields of practice, disciplines, schools, and social backgrounds.

This multiplicity of stakeholders finds its unity of purpose by adhering to a set of values that expresses the institution's ideals and that forms the basis of its character.

### • Commitment to mothers and children

Everyone at the CHU Sainte-Justine actively contributes toward fulfilling the establishment's mission and goals by enhancing their skills and putting their talent to work for the benefit of the organization. The establishment acknowledges initiative, encourages professional growth and celebrates the achievements of its members in their respective field of expertise.

### • Pursuit of excellence

Excellence translates as the individual and organizational will to pursue one's work in an outstanding and consistent manner in all areas, namely through innovative and creative teamwork.

### • Respect for the individual

The CHU Sainte-Justine's respect for children, teenagers, mothers, families, and people in general is reflected in the actions, attitudes, words, and behaviours of all of its stakeholders, whether they be hospital workers, physicians, administrators, suppliers, volunteers or partners. It is demonstrated not only to patients and their families, but also to each other.

### • Spirit of collaboration

Internal and external collaborations are vital to fulfilling the CHU Sainte-Justine's mission and must be carried out in a diligent and effective manner. They are dependent on mutual efforts directed toward a common goal. Every member contributes to the team and is fully recognized as an active member.

## 2011-2012 Annual Report

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# The CHU Sainte-Justine in 2011-2012

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2011-2012 :

## An Exceptional Year

Our many achievements after years of hard work, our overall increased performance, our sound financial position, our shared vision, and our recognized high standards of quality are just a few among the many factors that have led the CHU Sainte-Justine into a period of growth and self-fulfillment for its teams. This year's accomplishments have strengthened the CHU Sainte-Justine's position as a creative corporate citizen and as a hub for medical and scientific advances, innovation and partnerships in all fields, making it possible to continue providing the highest level of care to mothers and children of Quebec.

This past year was undoubtedly an exceptional one as each of the CHU's missions was fully deployed: care, education, research, health promotion, rehabilitation and technological

assessment. All of this year's success is due to the creativity, culture of excellence and collaboration of the CHU Sainte-Justine's teams.

Accreditation Canada's recognition of the excellence and quality of our hospital environment was one of this year's biggest highlights. In fact, at the end of the process, the approval committee accredited our establishment with exemplary standing, the highest accreditation decision ever granted to a UHC. In tandem with this process, the CHU Sainte-Justine hosted the very first Quality and Innovations Expo in its centre, where it promoted the development of 33 leading-edge practices, four of which were retained by Accreditation Canada as exemplary and innovative practices. Here again, team mobilization and the constant pursuit for improved practices are what enabled the

mother-child university hospital centre to achieve such outstanding performance. We should all be very proud.

The *Grandir en santé* project was officially launched upon the announcement of the chosen firm who will be responsible for the construction of the new buildings. The work has begun and is progressing within budget and deadlines as the modernization project of the existing facilities continues to move forward. While preparing for this major endeavour, the CHU Sainte-Justine made a strong commitment to the community. In addition to establishing a good neighbourhood committee, it introduced other initiatives in view of improving transportation services for employees and patients, for which it was awarded the 2011 Sustainable Transportation Business Leader prize for its alternative transportation program.



As this major construction project will represent a 65 % increase in total surface area upon completion, the CHU Sainte-Justine has undertaken steps in order to be prepared for these new spaces and is transforming its processes and practices to be even more effective and efficient once in its new UHC.

This year also saw several remarkable medical advances, such as a widely published revolutionary surgical technique for treating perforations of the eardrum; the full recovery of a child admitted for serious complications associated with the E. coli bacteria thanks to the novel use of a drug normally prescribed for other infections; and the funding and concept development plan for a new assisted reproduction centre.

In terms of scientific research, several studies have opened up new paths of investigation in the fields of genetics, brain disorders, intellectual disability,

neurological diseases, and oncology. The results of these investigations translate into medical advances that help further our understanding of diseases and pave the way to new cures. The creativity and spirit for innovation of our researchers earned them many awards and distinctions this year.

The CHU also saw the development of a unique community project, unlike any other in the world, the complete redesign of its emergency waiting rooms, voluntarily undertaken by a group of Quebec artists, craftsmen, and business leaders. This project, called House of Life, has already helped lessen feelings of anxiety and fear in so many children. This project was completed with the addition of a movie theater, where hospitalized children can view movies as soon as they are released at the box office.

The year 2012 kicked off the 75th anniversary celebrations of the Marie Enfant Rehabilitation Centre. Many events

took place in recognition of the excellence and commitment of its teams who must also prepare for the challenges of the next few years in order to better serve the Quebec population.

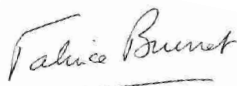
Every effort undertaken by our teams to fulfill our mission this past year was, once again, made possible thanks to the unwavering support of the Sainte-Justine UHC Foundation. Its contribution is not only significant, but also essential. We acknowledge and thank each and every generous donor.

We are also very grateful to the members of the Board of Directors for their valuable support and collaboration throughout this past year.

The many notable accomplishments presented in this year's annual report have been organized according to the key directions of our 2011-2014 Strategic Plan that places the patient at the heart of knowledge; the basis for all that has been achieved.



Geneviève Fortier  
President of the Board of Directors  
CHU Sainte-Justine



Fabrice Brunet  
Executive Director  
CHU Sainte-Justine





*Stéphanie Perras, Respiratory Therapist, with a young patient*

# INTEGRATING

Care, education, and research  
centered on patients and  
their families

The CHU Sainte-Justine is a place where new knowledge is continuously being generated, assessed, transferred to the patient's bedside, integrated into clinical practice and shared with others.



## In care

In the Pediatric Intensive Care Unit, **newly installed smart beds** will provide more time for care delivery to patients and their families; enable the development of a clinical information databank that will fuel clinical research; promote quality care; and make the work environment more efficient. This new practice will enable the care team to capture a patient's clinical information in a standardized file, to view it on screen in real time and to validate it directly at the patient's bedside. This project was made possible thanks to the close collaboration between the directors of clinical services, technology, technical and accommodation services, and the pediatric ICU.

The medical imaging team welcomed a new addition to its facility, a new magnetic imaging room, the **Opération Enfant Soleil 3 Tesla MRI Room**. This new technology will help advance clinical research in the fields of neuroscience and cancer treatment and will be used for detecting early signs of brain cancer and epilepsy. By using a 2D or 3D MRI system to examine the internal structures of the body, our team of professionals will be able to yield fast, high-resolution images of exceptional anatomic detail that other systems cannot provide.



*Inauguration of the new Opération Enfant Soleil 3 Tesla MRI Room*

From left to right:  
Jeanne Lanouette, Christian Zarka, Cyndy Quirion, Juliana Arnoldo, Ginette Labrecque,  
Dr. Josée Dubois, and Dr. Jean-Claude Décarie.

After running out of options to save the life of a child admitted for severe complications associated with the E. coli bacteria, Dr. Anne-Laure Lapeyraque thought about using a drug normally used to treat other illnesses with similar symptoms. Her intuition paid off and the little girl survived. An article on this **novel treatment** was published in the *New England Journal of Medicine*.

A **revolutionary surgical technique** to treat perforations of the eardrum was developed by Dr. Issam Saliba, an otorhinolaryngologist, surgeon, and researcher at the CHU Sainte-Justine. This new technique, which is as effective as traditional surgery and far less expensive, can be performed in 20 minutes at an outpatient clinic. The result is a technique that will be much easier to perform, be more readily available at a considera-

- Position our client programs to drive integration;
- Consolidate and innovate in care delivery;
- Transfer knowledge to enable personalized medicine;
- Advance the health promotion mission;
- Use the TTMAU as an integral part of our decision-making process;
- Transfer knowledge in an interprofessional context.

Prior to implementing the **3 Tesla MRI room** at the CHU Sainte-Justine, the Technology and Treatment Mode Assessment Unit (TTMAU) conducted an investigation into the issues and challenges associated with this technology. The outcome of their evaluation provided the CHUSJ's management team with the required clinical, technological, architectural, organizational and financial information to support the decision-making process regarding this approach and its implementation.

### Specialized services:

**1 295**

newborns admitted to the neonatal ICU and specialized units

**925**

children admitted to hematology-oncology

**496**

children admitted to the pediatric ICU

**48**

bone marrow transplants

**13**

organ transplants (heart, liver, or kidney)

## INTEGRATING...

bly lower cost and reduce waiting lists. This world premier study was published in *Archives of Otolaryngology - Head and Neck Surgery*.

During the course of this past year, a multidisciplinary team got together to work on a plan to develop an **assisted procreation centre**, whose long-term vision will enable doctors, researchers, educators and health care professionals of the CHU Sainte-Justine to develop leading-edge knowledge and to advance Quebec's expertise in the areas of assisted procreation and preimplantation genetic diagnosis. The CHU Sainte-Justine will be the only recognized centre in Quebec to develop a preimplantation genetic diagnosis laboratory and care management program that will cater to patients with severe health problems or other issues.

**Integrating health promotion into clinical practice in neonatology:** This project, supported by the Health Promotion Centre, was designed to promote a new care delivery approach intended for health care workers, parents, and newborns. Launched by the neonatal care team, it consists in developing and evaluating prevention and intervention training programs for clinical staff with the aim of promoting child development and improved health care worker/parent/child interactions. Goal? To adequately address the needs of newborns for their healthy development.

## In education

### Knowledge transfer and simulation-based learning

Since its inauguration in February, 2011, the volume of activity at the Clinical Skills and Attitudes Learning Centre (CSALC) of the CHU Sainte-Justine has been increasing and continues to contribute to the integration of education and research into clinical care for mothers and children.

Some 500 training activities took place over the past year, but one stood out in particular: the training program on the use of new smart volumetric and syringe pumps, which was attended by over 1200 employees (nurses, respiratory therapists, and doctors).

Other activities included simulation-based training workshops using high-fidelity mannequins and other simulation equipment in intensive care, obstetrics, neonatology, anesthesiology and surgery. In ORL, a group of doctors attending a conference in San Diego was able to assist a demonstration in our institution, in the resuscitation room at the CSALC, by way of videoconferencing technology. Many research initiatives completed this past year received wonderful exposure in many national and international conferences.

In total, more than 2500 hours of training were provided to students, doctors, and employees of the CHU Sainte-Justine.

By integrating our care, education and research missions, the CSALC is fostering greater synergy at the CHU Sainte-Justine, which will enable the establishment to become a true knowledge transfer and management centre.

*Assisted Procreation Centre*





## Parents' Night on tour across Quebec

Clinicians and scientific experts of the CHU Sainte-Justine traveled to meet with parents in the regions of Montérégie, Gaspésie, Abitibi, Outaouais, Îles-de-la-Madeleine, and Greater Montreal as part of the Parents' Night Program. In total, over 50 conferences were held this year, which covered various aspects of child development, such as discipline, self-esteem, and parenting.

The evaluation questionnaires that were distributed to parents at the end of each presentation yielded very high satisfaction results. Parents wrote comments on how relevant were the presentation topics and also praised the speakers for their expertise and public-speaking skills. This program meets the needs of parents who are looking for information regarding child health and development and aims to provide the most up-to-date information available in the field. It is an excellent example of knowledge transfer and our commitment to the well-being of children.

## In health promotion

Accredited as a **health promoting hospital** since October, 2007, and full member of the Réseau des établissements promoteurs de santé of Quebec, the CHU Sainte-Justine is endeavoring to finalize its health promotion policy. Like other Montreal university hospital centres committed to this approach, steps have been undertaken to identify employee and patient needs and to determine the best strategies for meeting them.

**The shaken baby syndrome prevention project**, developed by a multi-disciplinary team at the CHU Sainte-Justine, continues its deployment throughout the provincial health network. As part of the perinatal policy of the Ministère de la Santé et des Services sociaux (MSSS), and implemented by the Health Promotion Centre, one of the key objectives of this project is to offer a training program for nurses working in hospital birthing centres across Quebec. The program was first introduced in the CSSS and CLSC clinics so that public and hospital care workers can inform new parents about the damaging effects of shaken baby syndrome and how it can be prevented. A specific project on the cries of a newborn baby was also developed for health care professionals, emergency care workers, and parents. Further to this, awareness tools, such as the anger meter, were also distributed.



### Statistics for care and services...

Including pediatric care, surgery, mental health, obstetrics, and births

**18 819**  
admissions

**10 672**  
operated patients

**3 512**  
births

**69 258**  
visits in emergency

**29 219**  
one-day treatments at the day clinic

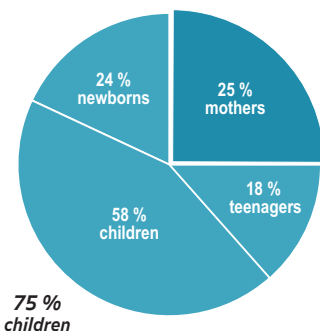
**212 979**  
visits in outpatient clinics

**16 650**  
specialized exams in medical imaging  
(CT scan, MRI, and angiography)

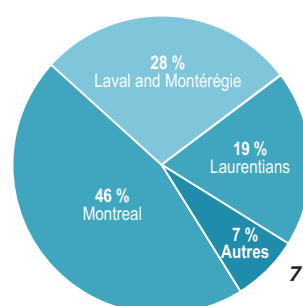
**44 784**  
ultrasound exams

**46 010**  
patients received at the Test Centre

Admitted patients according to age group



We deliver care to patients across Quebec: Abitibi, Saguenay, Grand Nord...



**7 %** corresponds to  
**1479 patients** or  
**1 in 14 patients**



# INTEGRATING...

## In research

More than 570 studies were published by our researchers this past year, many of which received widespread media coverage.

In **perinatology**, a study has established the link between antidepressant use and gestational hypertension (**Dr. Anick Bérard**, *British Journal of Clinical Pharmacology*). Another study has demonstrated how the use of antiinflammatory drugs during early pregnancy more than doubles the risk of miscarriage (**Dr. Anick Bérard**, *Canadian Medical Association Journal*).

In **attention deficit and hyperactivity disorders**, a study has shown the lifelong payoff of good attention skills in kindergarten children (**Dr. Linda Pagani**, *Journal of Abnormal Child Psychology*).

Other studies include:

- School support for ADHD children may be missing the mark (**Dr. Sylvana Côté**, *American Journal of Psychiatry*)
- Novel use of drug saves children from deadly E. coli bacteria disease (**Dr. Anne-Laure Lapeyraque**, *New England Journal of Medicine*)

In the research fields of:

### Leukemia

- Identification of a potential new marker for leukemic relapse (**Dr. Hugo Soudeyns**, *Blood*)
- Identification of a gene responsible for relapses in young leukemia patients (**Dr. Maja Krajcinovic**, *Blood*)
- Activating natural killer cells reduces the risk of childhood leukemia (**Dr. Ali Ahmad**, *Blood*)

### Intellectual disability

- Intellectual disability is frequently caused by non-hereditary genetic problems (**Dr. Jacques Michaud**, *Journal of Human Genetics*)
- The increase in cases of congenital hypothyroidism, the most common cause of intellectual disability, is entirely artifactual (**Dr. Johnny Deladoey**, *Journal of Clinical Endocrinology and Metabolism*)

### Genetics and human origins

- Evolution of human colonizations: Selective advantage of being there first (**Dr. Damian Labuda**, *Science*)
- Genetic research confirms that non-Africans are part Neanderthal (**Dr. Damian Labuda**, *Molecular Biology and Evolution*)
- Family genetic research reveals the speed of human mutation (**Dr. Philip Awadalla**, *Nature Genetics*)

### Asthma

Reduced hospital admissions for asthmatics treated with oral corticosteroids shortly after triage in the emergency department (**Dr. Francine Ducharme**, *Annals*)

Among the many important research initiatives launched this year,



Dr. Anick Bérard



Dr. Linda Pagani



Dr. Sylvana Côté



Dr. Anne-Laure Lapeyraque



Dr. Hugo Soudeyns



Dr. Maja Krajcinovic



Dr. Ali Ahmad



Dr. Jacques Michaud



Dr. Johnny Deladoey



Dr. Damian Labuda



Dr. Philip Awadalla



Dr. Francine Ducharme



the following are just a few examples of studies that are underway in the areas of oncology, brain disorders, and transfusional medicine.

**Oncology:** Thanks to \$3 million in funding namely from the Canadian Institutes of Health Research (CIHR), a team of investigators, led by **Dr. Daniel Sinnett**, is looking to find ways to lessen the long-term adverse effects that afflict two-thirds of survivors of the most common form of blood cancer in children (acute lymphoblastic leukemia - ALL), as part of a new pan-Canadian research network studying the consequences of blood cancers in children.

**Brain disorders:** Three researchers received over \$1 million from the CIHR to study brain disorders. The team led by **Dr. Patricia Conrod** is investigating the effects of preventing or delaying the onset of substance abuse on adolescent mental health. **Dr. Dave Saint-Amour** is studying the effects of developmental exposure to environmental contaminants on brain organization in Inuit youth. **Dr. Sylvana Côté** and her team are focused on the developmental trajectories that lead to mental health problems, from birth to adolescence.

**Transfusional medicine:** **Dr. Jacques Lacroix** received \$835,000 from the Fonds de recherche du Québec – Santé (FRQS) to conduct a study on the risks and benefits of blood product transfusions in children.



Louise Genest, physiotherapist at the CRME; Zac St-Denis, client of the CRME with his father, and Dr. Marie Laberge, physiatrist at the CRME.



Dr. Daniel Sinnett



Dr. Patricia Conrod



Dr. Dave Saint-Amour



Dr. Jacques Lacroix

## Réadaptation

282 admissions

3 692 children in physical rehabilitation

1 098 children in speech-language therapy

## In rehabilitation

### 75th anniversary of the Marie Enfant Rehabilitation Centre (CRME)

An entire event program was put together to mark the Marie Enfant Rehabilitation Centre's 75th anniversary, to acknowledge its competent team of highly skilled rehabilitation professionals and their quality work and to celebrate the many significant contributions that the CRME has made to the pediatric rehabilitation field in Quebec since its foundation in 1937. Many remarkable achievements mark the CRME's history: creation of the first professional team to treat children with traumatic head injuries in 1982, continued research into the benefits of radicelectomy for children with cerebral palsy, and development of the very first computer-assisted cranial orthosis.

This year, the team developed and rolled out an event program aimed at promoting and raising awareness about the CRME's evolution and accomplishments. This anniversary also served to prepare the CRME for the future by announcing plans to build a rehabilitation technology facility that will integrate services, education, research, and technological innovation in pediatric rehabilitation.



## **ACTING IN THE DIFFERENT NETWORKS**

The CHU Sainte-Justine is working on making its expertise in ultraspecialized care available to all of Quebec by participating in initiatives and discussions with government ministries, agencies, universities, the RUIS, and research and educational organizations. It is a partner of choice for business organizations with whom it develops innovative products resulting from the convergence of their respective expertise.



## Network Activities Coordination Centre

The CHU Sainte-Justine is a reference centre for mother-child health in Quebec. It was with the aim of sharing expertise and improving care delivery through partnerships with other establishments of the health care network that the Network Activities Coordination Centre (NACC) was created.

The team at the NACC provides services in collaboration with other partners of the health care network by ensuring care continuity and implementing the means and mechanisms for sharing expertise, for example, e-training and assessment.

In 2011, the NACC was mandated by the Ministère de la Santé et des Services Sociaux (MSSS) to develop a provincial coordination team who will ensure that women in labour and newborns requiring hospitalization in a setting most suitable to their needs can have access to specialized care. Together with pediatricians, neonatologists, and obstetricians, the NACC coordinates all maternal and neonatal patient transfers under the denomination of CCPQ (*Centre de coordination en périnatalité du Québec*) for the entire province.

Based on this year's accomplishments, the NACC has truly demonstrated its ability to get medical specialists and health care professionals working together on health issues affecting the population and finding effective solutions and ways of delivering care to mothers and children across Quebec.

**The Health Promotion Centre** has been successfully gaining recognition and is playing an increasingly important role in the network, in which it strives to be an active partner.

As part of its project to identify the current health needs of pregnant women and children from birth to 5 years of age, the Health Promotion Centre has held consultations with its internal partners at the CHU and various external partners within the health care network, universities, public health and community organizations.

The health promotion team and other professionals of the CHU were solicited for their expertise in various initiatives, such as a request from the Institut de santé publique du Québec to assist them in updating their guide, *Mieux vivre avec notre enfant de la grossesse à deux ans*. The team also participated in meetings about producing a follow-up guide about children 2 to 5 years of age and developing a recommendation project regarding the amount of time children spend in front of television and computer screens. It has also continued its work with a health promotion and prevention working group, consisting of pediatricians from the four university hospital centres of Quebec and several health advocacy coalition groups.

On the international stage, the Health Promotion Centre's attendance at the **annual conference hosted by the Réseau mère-enfant de la Francophonie** whose theme was **health promotion** was well noted, particularly at the opening ceremony, during conferences, and in scientific discussions.

- Maximize networking synergy;
- Gain wider exposure through each area of excellence;
- Assume a national leadership in research;
- Establish research- and business-enhancing partnerships;
- Foster an alignment with the Foundation to maximize impact on the community;
- Position the international mission according to its three angles.

The team of the Health Technology and Treatment Modes Assessment Unit provided **support to the CSSS of Laval** who, for the past few years, have been experiencing a rising number of patients and complex cases in obstetrics and neonatal care. The support received by the CSSS mainly consisted in implementing a model for organizing perinatal services with the specific goal of establishing a high-risk pregnancy clinic and optimizing neonatal care for newborns.

The Research Centre was particularly active in the following networks:

**Rare pediatric disorders:** Principal investigators **Dr. Jacques Michaud** and **Dr. Jean Séguin** along with **Dr. Mark Samuels** played an important role in the creation of Finding of Rare Disease Genes (FORGE), a consortium funded by Genome Canada, Génome Québec, and CIHR that brings together over 13 Canadian hospital centres. The aim of the consortium is to use next-generation sequencing technology to identify genes responsible for a wide spectrum of rare pediatric disorders. In less than a year, the consortium has been able to identify about 10 new rare disease genes.



Dr. Jacques Michaud



Dr. Mark Samuels



Dr. Jean Séguin

## ...in research



Dr. Philip Awadalla



Dr. Guy Rouleau

**In genetics:** A milestone was achieved this year, making CARTaGENE one of the most powerful and complete databases and biobanks in the world, intended for genetic research. Containing health data and samples collected from 20 000 Quebecers, this resource will enable researchers around the world to better diagnose, treat and prevent chronic health problems like heart disease, diabetes, and cancer. The project's scientific co-directors are now **Dr. Philip Awadalla** and **Dr. Guy Rouleau** ever since the management of its operations has been transferred to the CHU Sainte-Justine.

**In genomics:** The Research Centre of the CHU Sainte-Justine continued developing its next-generation DNA sequencing platform, which has enabled the Centre to maintain its leadership in genomics thanks to its research on the origins of life (mainly genetic), congenital heart malformations, central nervous system anomalies in embryos, and the development of new diagnostic tests for detecting scoliosis.



Dr. William Fraser

**In perinatology:** The 3D study (*Découvrir, Développer, Devenir*), of the Integrated Research Network in Perinatology of Quebec and Eastern Ontario (IRNPQEO) and the Society of Obstetricians and Gynecologists of Canada (SOGC) is progressing well. Recruitment has attained a cohort of 80%, which corresponds to 2 100 mother-father-child trios. Follow-ups with children at the age of one year have already begun, and follow-ups with children at the age of two years will begin shortly. Led by **Dr. William Fraser**, the network brings together four faculties of medicine from Quebec, one faculty of medicine from Ottawa, and 90 investigators from various disciplines interested in perinatology. The IRNPQEO conducts research studies on the health of mothers, fathers, and children as well as the long-term impact of the perinatal period on child health and development, particularly with regards to prematurity, assisted procreation, intrauterine growth retardation, and congenital malformations.



Dr. Emile Levy

**In metabolic health:** This research area contributed to the creation of the *Réseau de recherche sur la santé cardiométabolique, le diabète et l'obésité du FRQS*, for whom **Dr. Emile Levy** will head the nutrition, exercising and human physiopathology research program. Dr. Levy also participates in network initiatives between Bordeaux and Quebec regarding functional food products.



Dr. Niels Chaillet

**In technological assessment:** The QUARISMA trial led by **Dr. Niels Chaillet** has reached an important phase as the complex process to improve obstetrical practices across Quebec and its impact on the rate of caesarian sections was completed in September. The end of the evaluation phase marked the beginning of the evidence-gathering and investigation phase in view of analysis. The aim of the QUARISMA trial is to improve the quality of obstetrical services, to standardize care and service quality enhancement initiatives and to contribute to making Quebec a national leader in this area.

## The international mission: Sainte-Justine and its partners



**The integrated health program for Haiti**, which was announced at a press conference in January, 2011, has since completed several phases. This project of the Canadian Red Cross will be deployed over a period of five years with a budget of \$25 million. The project's partners are the CHU Sainte-Justine, the Canadian Red Cross, the Public Health Department of Montreal, and the International Health Unit of the Université de Montréal.

The hiring of **Dr. Jean Lafontant Maurice** in November, 2011, as the field coordinator who will oversee the CHU Sainte-Justine's part in the program, has allowed for the project to really take off. The CHUSJ's involvement mainly consists in training clinicians, health care professionals, and managers of the Hôpital St-Michel and other health care centres in the country's southeast region. These training activities began in early 2012, one of which in particular (Workload and Delivery management) was attended by about 80 doctors, nurses, and midwives. Institutional support has also been provided to the Hôpital St-Michel since the start of the project. Other activities have been planned and will be rolled out over the months and years to come. This program falls naturally under the CHU Sainte-Justine's mission and is a testament to its long-time commitment to Haiti.

In September, 2011, a delegation from the CHU IBN Sina of Morocco came to the CHU Sainte-Justine for a week of presentations, work meetings, and discussions. Upon this visit, a four-year partnership agreement was signed between the two establishments with the aim of working together to improve the health of mothers and children through care, research, education, management, health promotion, rehabilitation, and technology assessment. The goals of this partnership consist in finding innovative solutions in relation to the issues and challenges of each establishment's respective health care system.

## Around the world

The signing of this partnership was an initiative of the **Réseau mère-enfant de la Francophonie** (RMEF), a network composed of 20 university hospital centres of four continents, and which the CHU Sainte-Justine has been presiding since its creation in 2002

The year 2011-2012 was a very fruitful and defining year for the Réseau mère-enfant de la Francophonie (RMEF). Its accomplishments include the creation of an inter-establishment internship program for physicians, administrators, and health care professionals and the addition of new functions for the Permanent Secretariat, who will now assume the steering role of the network, particularly in the analysis of membership operations, identification of potential issues and provision of increased support to members. These accomplishments are just a few examples of the RMEF's vitality.

The RMEF's participation in the Global Congress for the Consensus in Pediatrics and Child Health in Paris in February, 2011, led to the publication of an article in a scientific journal, thus contributing to its mission to publish and support the dissemination of knowledge generated in the French language.

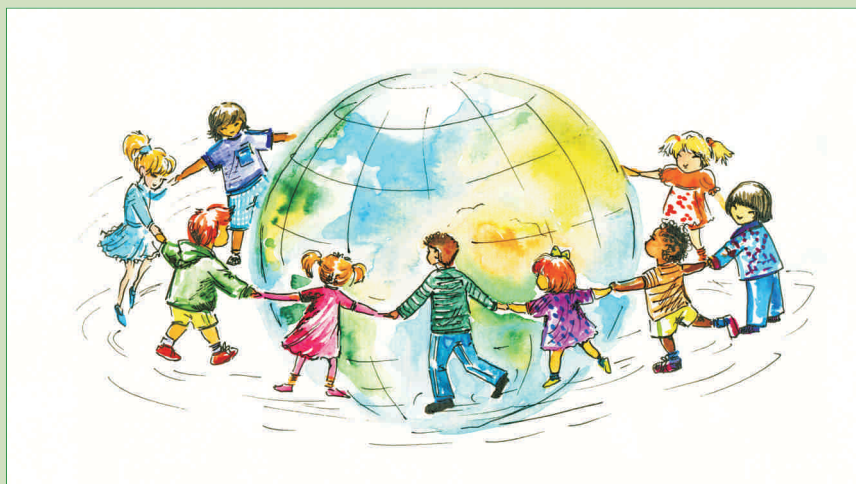
In terms of research, the scientific committee has selected three projects in the areas of pharmacy, ethics in obstetrics, and health care. Budget enhancements for research and internships have also been planned for next year.

A recent conference hosted by the RMEF in Bordeaux, whose theme focused on the promotion of mother and child health, enabled the CHU Sainte-Justine to position itself as a **leader in health promotion**. A presentation on the results of an expert consultation on new options for health promotion interventions with pregnant women and children from birth to five years was just one among several well-attended presentations delivered by the mother-child university hospital centre.

With increased funding for its projects and initiatives, a growing synergy between members thanks to improved coordination and steering operations, the RMEF is looking forward to a promising future as a unique observatory of practices for the improvement of mother-child health.



now 10 years



## The RMEF's partners

### EUROPE

Réseau IRIS des Hôpitaux publics de Bruxelles, Belgium

CHRU de Lille, France

Les Hospices Civils de Lyon, France

CH Régional de la Citadelle, Liège, Belgium

Hôpitaux Universitaires de Genève, Switzerland

CH Émile-Mayrisch, Esch-sur-Alzette, Luxembourg

Assistance Publique des Hôpitaux de Paris – Hôpital Armand-Trousseau, France

Assistance Publique des Hôpitaux de Paris – Hôpital Robert Debré, France

Assistance Publique des Hôpitaux de Marseille, France

CHU de Nantes, France

Assistance Publique des Hôpitaux de Paris – Hôpital Necker – Enfants malades, France

CHU de Bordeaux, France

### MIDDLE EAST

Hôtel-Dieu de France, Beyrouth, Lebanon

### NORTH AMERICA

CHU Sainte-Justine, Quebec

CHU de Québec, Quebec

CHU de Sherbrooke, Quebec

### AFRICA

CHU d'Antananarivo, Madagascar

Centre mère et enfant de Yaoundé, Cameroon

CHU de Mongi Slim, Tunisia

CHU IBN Sina de Rabat, Morocco





*Céline Portes, Special Education Teacher, Neurotraumatology Program; Hélène Dubé, Special Education Teacher, URFI Program; Alexandra Jung, Special Education Teacher, Communication Disorders Program, Edwidge De Mota, Special Education Teacher, Neurotraumatology Program, Céline Martin, Special Education Teacher, Developmental Disorders, Amputee, and Musculoskeletal Lesions Program*

## **MOBILIZING...**

The CHUSJ strives to create an environment where employees are recognized for their commitment and where they can advance their knowledge and skills, take part in university-level activities and shine in their respective fields.

## The family keeps growing

For a third consecutive year, *La famille s'agrandit*, a support program tailored to the needs of employees on maternity and parental leave, was a resounding success. The program consists of a six-day series of workshops that tackle the different aspects of child health and development from birth to 2 years. This year, 124 participants (115 in 2010) attended the workshops.

Maintaining the employment link is one of the project's key objectives. This past year, 55% of the employees enrolled in the program invited a fellow colleague out to lunch, and the large majority of them took the opportunity to pay a visit to their department to introduce their new baby. These workshops also helped participants create friendships and, consequently, a natural network of information and peer support.

The second part of the program was developed in the last year, which consisted in hosting a series of lunch-and-learn conferences focused on the concerns of mothers. This part was put together specifically for expectant employees and those who are returning to work after an extended maternity or parental leave. This series of five conferences generated great interest, with a turnout of 40 to 55 attendees at each conference, not including employees from the CRME and universities who attended via videoconferencing technology.

This innovative support program for employees, future and young mothers only makes sense in a pediatric UHC whose mission is all about the health of mothers and children. Developed and funded in 2011-2012 by the Health Promotion Centre of the CHU Sainte-Justine, it was certified as an exemplary model of practice by Accreditation Canada in February, 2012.

## A fresh look at how employee contributions are appreciated

A working committee composed of staff representatives and managers from various departments took a fresh look at the way in which employee contributions are appreciated at the CHU Sainte-Justine.

Influenced by a humanist approach, the new program wishes to meet a need expressed by employees to receive more feedback on their work and to be provided with opportunities to discuss career advancement. For this reason, the appreciation program was reworked into a new program, now called, *Rencontres d'échange et de développement*.

The meetings are opportune moments for exchange between employees and immediate superiors. They are designed to foster individual reflection that will give meaning to their work and serve as a vehicle for appropriating organizational values. Created from the standpoint of recognizing and advancing employees, the meetings will serve to identify talent and highlight achievements.

This was the program's first year of deployment. It also rolled out new tools and an enhanced counseling support mechanism. The program will continue rolling out in 2012.

- Create a stimulating workplace environment
- Develop conditions conducive to retention
- Organize the workload to achieve efficiency gains
- Foster collaborative practices

### Our family of employees

**5 703**

employees, including: 1504 nurses and auxiliary nurses, 1100 health care professionals, 292 lab technicians

**520**

physicians, dentists, and pharmacists

**210**

researchers

**3 443**

interns and students

**300**

volunteers



## MOBILIZING...

As part of the **Employee Wellness Program**, the Health Promotion Centre launched two exercise programs that turned out to be quite successful and popular among employees.

Created in June, 2011, **the walking club** managed to get 145 people to sign up for its program. Tailored to the CHU Sainte-Justine's context and coordinated by two kinesiologists, this activity was designed to suit the needs, availability, and physical condition of employees. The walking club's main goal is to increase physical activity during work and leisure time by recommending itineraries and tools that will help walkers set their own objectives, meet their goals in a realistic way and assess their gains just by sticking with the program. Because of its success, the walking club extended all walking activities until the end of fall.

**The stair-climbing club**, a spin-off of the walking club, began its activities in November, 2011, allowing its 125 registered participants from the CHU Sainte-Justine and CRME to continue exercising throughout the entire winter season. This program aims to increase physical activity during work time by getting the participants to climb as many floors as possible based on their personal goals or more floors than the other participants in a spirit of competition.

By comparing the number of floors climbed to the height of the world's most famous mountains, we determined that the best performance in the single category corresponded to 3 407 floors, which is equivalent to one time the height of Mount Everest and Mount Hehuan in Taiwan. In the group category, the winners at the CHU Sainte-Justine climbed 13 300 floors, which is equivalent to five times the height of Mount Everest and one time the height of Mont Rinjani in Indonesia. What outstanding performances!



COME,  
GET SOME  
AIR! 🖐️



STAIR-  
CLIMBING  
CLUB 🖐️





# 2010-2011 Recognition Gala

This past year, the Recognition Gala underwent a number of changes. Its new approach aims to acknowledge and support individuals, who contribute, in an outstanding manner, to humanizing the care, teaching, research and health promotion environments while maintaining the establishment's long tradition of excellence.



## Sainte-Justine Award

Dr. Jean-Claude Fournon  
Director of the Fetal Cardiology Unit



## Award of Excellence, Commitment

**Dominique Vallée**

Assistant Head Nurse and Nurse Clinician, Pediatric ICU



## Award of Excellence, Humanization

**Dorice Ouellet**

Nurse Clinician, Adolescent Obstetrics and Gynecology Clinic



## Award of Excellence, Expertise and Competency

**Daniel Cartwright**

Medical Imaging Technologist, Ultrasound Laboratory



## Award of Excellence, Commitment

Pediatric Rehabilitation, Neurotraumatology Program, CRME:  
**Julie Gosselin**, Special Education Teacher; **Hélène Petit**, Social Worker;  
**Nathalie Trudelle**, Coordinator; **Sophie Leroux**, Psychologist;  
**Bonita Laau**, Clinical Administration Manager; **Odette Bau**, Physiotherapist; and **Maryse Cloutier**, Counsellor.



## Award of Excellence, Innovation

The *Club des Supers Amis*, Communication Disorders Program, CRME:  
**Yvette Lafortune**, Graphical Arts Technician; **Anne Moïse-Richard**, Speech Therapist; **Nathali Lefebvre**, Social Worker; **Josée Laganière**, Psychologist; and **Cléo Savoie**, Graphical Arts Technician.

## MOBILIZING...

### Sainte-Justine Management School, moving toward the future

The idea of creating a context-based health management school at the Sainte-Justine, in association with experts and researchers of HEC Montréal proved to be a fruitful one, as demonstrated by the many accomplishments this year. This innovative management school developed a scorecard for one of our client programs, implemented a new change management methodology and coaching program for the entire organization, reviewed the governance models for our laboratories and engaged a large number of interns in various sectors of the establishment. Some of the projects underway include the evaluation of the implementation of the Planetree approach, the Lean and Kaizen workshops in Haiti as part of the integrated health program headed by the Canadian Red Cross, and feedback surveys on a number of projects led by the transition and nursing management teams.

This list of accomplishments illustrates what has been already achieved by the Context-based Health Management School, which is to combine the knowledge and expertise of health management researchers of HEC Montréal with the field experience of managers of a university hospital centre. This project not only constitutes a fertile ground for the co-development of new knowledge in health management, but also will support the CHU Sainte-Justine in its organizational transformation over the next few years.



Marie-Hélène Jobin, Fabrice Brunet, Isabelle Demers, Michel Patry, Marie-Eve Desrosiers, and Réal Jacob.

*My  
environment?*  
I like it  
happy and healthy!

Marie-Claire Lemieux  
Technical Coordinator  
in Respiratory Therapy



The CHU Sainte-Justine's policy against violence is available on its intranet and internet sites.

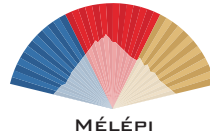
### My environment, I like it happy and healthy

It was with the objective of making the care environment and workplace happy and healthy that the CHU Sainte-Justine developed a reference framework for addressing violence. It includes a policy against violence and a prevention and intervention program, whose aim is to provide guidelines in the policy's application by offering concrete tools and methods for handling conflict situations and counteracting violence. It also offers clearer and easier mechanisms for addressing complaints.

Over this past year, several awareness activities were organized, including a violence prevention campaign and the launch of a brand image and tagline, *My environment, I like it happy and healthy*, a play and group discussions.

A violence prevention committee was also formed to continue organizing prevention and awareness activities. The implementation of a violence prevention program will help foster a care environment and workplace that is conducive to delivering quality care and appealing for employees.

# MOBILIZING...



## Modèle éventail de l'étendue de la pratique infirmière

The MÉLÉPI project consists in building a fertile environment to attract and retain the most outstanding nursing professionals. In 2011-2012, the three task forces that form part of the MÉLÉPI project have created tools for consolidating nursing assets and for ensuring a contemporary nursing practice that meets the expectations of patients, families, nursing professionals, and collaborators.

The **leadership** task force has adopted guidelines, reviewed the descriptions of responsibilities and prepared a schedule for implementing the new work organization for *Grandir en Santé*. The task force's motto is **autonomy** and **accountability**.

The **career** task force has begun consultations with the nurses in order to create tools for promoting the different roles assumed by the nurses and auxiliary nurses of the CHU Sainte-Justine. The task force's motto is **talent** and **diversity**.

The **competency** task force has defined the first nursing competency referential. A same referential for auxiliary nurses, teaching nurses, managers and researchers will follow next year. In addition to reviewing the overall integration activities of new staff members, the task force is planning on using a per-competency approach for integrating the referential into specific and continued training content. The task force's motto is **rigour** and **responsibility**.

MÉLÉPI will enable every nursing professional to practice their profession in a contemporary manner, to be trained through active teaching and to have access to all types of nursing careers. MÉLÉPI has been presented locally and internationally and has become the envy of the nursing community.



Maude Beaulieu-Lahaie



Catherine Cantin



Bryan Provost



Julie Lemaire





## MODERNIZING

Its major construction project, which will represent a 65% increase in total surface area upon completion, has led the CHU Sainte-Justine to rethink its operations and transform its processes and practices in order to properly prepare for this upcoming expansion in four years.

In an ever-changing technological environment, technologies must serve to increase performance, efficiency, and innovation at the CHUSJ as well as enable it to be at the forefront in all areas.

The Sainte-Justine is a health care partner, an employer, and a corporate citizen who strives to foster an environment of wellness for patients, visitors, health care workers, and the wider community. It is also committed to developing, evaluating and implementing innovative technologies.

## Grandir en santé is under way

With the official announcement of the firm who will oversee the construction of the Specialized Units Building, the *Grandir en santé* modernization project broke ground and is now well on its way to becoming a reality. Preparatory work has begun, marking the commencement of this expansion of the mother-child UHC.

The consortium that has been selected will be responsible for the design, construction, financing and keys-in-hand delivery of the new Specialized Units Building, Research Centre, multilevel underground parking complex, and boiler facility.

The new Specialized Units Building will house three specialized care units: a pediatric and neonatal intensive and intermediate care unit, a high-risk pregnancy unit and birthing centre, a surgical suite and medical imaging room.

The new Research Centre will expand to feature 82 new research laboratories in addition to the already-existing 24 laboratories. With new laboratories, a growing research team (now exceeding 200 researchers), and a closer proximity to doctors, everything is converging to accelerate the discovery of new cures for our children.

## Respecting the environment and community

Beyond all the construction and concrete, the CHUSJ adopts a philosophy of excellence, innovation and responsible development in a context of sustainability and is a contributing agent to an improved quality of life for patients, employees, and the wider community. This modernization and expansion project aims:

- to foster accessibility;
- to reduce the use of road vehicles by promoting alternative means of transportation;
- to enhance the comfort and energy efficiency of its pavilions;
- to increase green spaces;
- to obtain the BOMA BEST certification (energy and environmental performance standards for existing buildings in Canada); and
- to obtain the Silver LEED® certification (international reference on sustainable development).

As it was preparing to undertake this major project, the CHU Sainte-Justine made a strong commitment to the community by putting in place a good neighbourhood committee as a means of communication between neighbourhood residents, merchants, institutions and project managers. It was set up to encourage a climate of open dialogue with neighbours; listen to their concerns; and provide them with information. It is composed of residents and representatives of the Côte-des-neiges/NDG borough, SNC-Lavalin, and the CHU Sainte-Justine. Public information sessions and community bulletins are also other mechanisms used to keep the neighbourhood informed of the project's progress.

- Move forward with the *Grandir en santé* project by conducting a process review;
- Modernize existing spaces;
- Enhance the sustainable development component;
- Adopt stable and secure technologies to improve efficiency;
- Make way for innovative technologies;
- Possess relevant information to enhance decision-making and knowledge management processes





## MODERNIZING...



The CHU Sainte-Justine has also introduced a number of programs aimed at improving transportation services for employees and patients and has even received several awards for its efforts, such as the 2011 Sustainable Transportation Business Leader prize for its alternative transportation program that was made available to over 500 employees in the wake of the staff parking closure. As part of the Table des transports des institutions de Côte-des-Neiges, it received another prize for its promotional work on an inter-business carpool program hosted by the borough.

A multidisciplinary team from the Technical Services, Construction and Building Maintenance Departments completed an extraordinary energy-saving project that not only improved the quality of our hot water, but also decreased the spread of infections and enhanced our power systems' efficiency. The outcome of this energy-saving project has had a positive impact not only on the quality of life of our patients and employees, but also on the environment.

### House of life, a community initiative unlike any other

Under the leadership of celebrity producer and mother Denise Robert, a group of Quebec artists, craftsmen and business leaders came together to make the waiting rooms more comfortable and soothing for children visiting the Emergency Department. Borrowed from a unique concept created by the Cirque du Soleil, the redesign project incorporated different visual elements, interactive tables, and ambient music to help lessen feelings of anxiety and fear in children during their stay in the emergency waiting rooms.

After many months of planning and preparatory work that required mobilizing emergency care workers and other care teams affected by this redesign project, this extreme transformation managed to be completed in just a few days thanks to an army of volunteers composed of citizens and employees of the CHU Sainte-Justine.

*Céline Dion Cinema*



*Emergency waiting room*

This project concluded with the addition of a movie theater inside the Justine Lacoste-Beaubien amphitheater so that hospitalized children and their families can see all the latest box office movies, making it possible for them to maintain a social life during their stay in the hospital.

The House of Life initiative is part of a therapeutic environment concept that combines the aspects of innovation and humanization, found in every modernization and construction project at the CHU Sainte-Justine. This was just one of many innovation projects that are being undertaken to create an environment that fosters healing and ensures the social and mental well-being of children.

### When the world of health care collides with the world of arts and technology

The partnership between the Society for Arts and Technology (SAT) and the CHU Sainte-Justine, formed in 2010, has led to the development of several projects in 2011-2012, bringing together the world of arts and the field of health care for the purpose of humanizing care. This partnership also incorporates aspects related to family and children's entertainment, knowledge-sharing, health promotion, and quality of life.

Various working groups, made up of developers/researchers from the SAT and professionals from the CHU Sainte-Justine, gathered together to develop and implement joint projects focused on finding new ways of using arts and technology in various areas of health care, in which the expertise and creativity of the SAT will be of benefit for patients, families and health care workers of the CHU Sainte-Justine.



In the last year, the teams jointly developed the SAT / Sainte-Justine UHC Living Lab, which is essentially a hospital room for children located at the SAT, dedicated to research and development of new therapeutic approaches. In the course of its first development phase, seven areas of the CHU Sainte-Justine were identified as treatment sites: psychiatry, the Marie Enfant Rehabilitation Centre, hematology-oncology, health promotion, clinical teaching, humanization of care, and pain management. The teams also worked on understanding how this model can be applied to a hospital environment, setting priorities in terms of sites and projects and developing appropriate technologies for piloting purposes.

With more than thirty pilot projects on the agenda, from mental health to rehabilitation, these projects have generated great interest on behalf of organizations beyond our borders.

### Smart pumps and syringe pumps

In order to increase the safety of the medication circuit, decrease the number of incidents/accidents related to medication and IV infusions, and replace an inventory of outdated pumps, a multidisciplinary team was assigned to work on the deployment of smart pumps and syringe pumps in 16 care sites across the CHU Sainte-Justine. In November, 2011, **thanks to support from Opération Enfant Soleil**, 645 smart pumps and 400 syringe pumps were implemented in the hospital, and training staff was a key component in rolling out this new technology. More than 1000 health care workers, of each of the three shifts, were provided training at the Clinical Skills and Attitude Learning Centre.

Another important phase of this program consisted in creating a drug information library that features standardized concentrations and established safety limits in order to reduce the risk of any error in the administration of medication and IV fluids.

The entire operation required the mobilization of expertise from a team of doctors, pharmacists, nurses, project coordinators, managers, change agents, engineers, computer technicians, respiratory therapists, and biomedical engineering experts.

The project also required that inventory management be centralized not only to optimize the use of this equipment, but also to ensure care continuity throughout the patient circuit, as these pumps follow patients all throughout their stay in the hospital.

This complex initiative emphasizes the innovative nature of such a new technology not only from the medical and nursing standpoints, but also from the perspective of managing equipment acquisitions. It shows how the modernization of technology must be able to count on team mobilization, a wide stakeholder consultation, and a rigorous results assessment and follow-up process.

Our inventory of outdated volumetric pumps and syringe pumps as well as the critical need to move toward more efficient technology were what led the **health technology and treatment mode assessment team** to assess and identify the issues and challenges relative to the acquisition and implementation of this new inventory of volumetric pumps and syringe pumps. Their work served to develop a strategy for optimizing patient safety and care quality, to establish a rigorous infusion device purchasing plan aimed at meeting current and future needs of the CHU and enhancing inventory management.

### Consulting patient medical files virtually and in real time

This year, intense work was undertaken in preparation for various implementation phases of the digitized clinical information system in the hospital.

Several multidisciplinary committees actively collaborated in the preliminary phases in preparation for the implementation of OACIS (Open Architecture Clinical Information System). Under the leadership of the Agence de santé et des services sociaux de Montréal, and in association with TELUS Health Solutions, this clinical information system will allow clinicians of the CHU Sainte-Justine to consult patient files on screen and in real time. Directly at their work stations and eventually via a mobile application, clinicians will be able to find, in a single application, all the required features for consulting patients' test results, medical images, medication information, X-ray reports, and treatment followups. Other features will be integrated into OACIS in a gradual manner.

With regard to our technology infrastructure, network cabling and electrical wiring are currently underway or have been completed on every floor, along with upgrades to computer software and hardware. The laboratory information system also underwent upgrades. Other prerequisites to ensure OACIS' successful operation, such as adjustments to the dictation and transcription system used by clinicians and the installation of an organizational patient index, a centralized and cohesive registry of all patient records in the hospital, have also been concluded. The reengineering of all electronically-based forms is just about to be completed. Finally, a team of experts worked behind the scenes to ensure a heightened level of quality, integrity, and security of any clinical information, originating from other sources, in the instant when it is displayed on screen via OACIS.

Lastly, a comprehensive discussion was held regarding future plans to implement a digitized clinical information system in all hospital units and outpatient clinics.



## **DEVELOPING OUR ORGANIZATIONAL CULTURE**

Quality and safety, performance, communication, and change management constitute the building blocks that provide the Sainte-Justine University Hospital Centre with the foundation for fulfilling every aspect of its mission.

## Quality and safety

### Establishing a culture of quality at the CHU Sainte-Justine

Quality and safety are top priorities. The CHU Sainte-Justine favours an integrated risk management approach that reaches stakeholders of every area and engages them in a shared culture of risk management. Therefore, employees, no matter where they are in the organization, are required to report and systematically analyze the causes of unsafe situations and to develop action plans for the prevention of incidents or accidents and their reoccurrence.

The year 2011-2012 saw many significant advancements regarding patient safety. In the area of care and service delivery, several actions were undertaken in terms of safety, communication, medication administration, work setting and staffing, infection prevention, and risk assessment. In total, 32 organizational practices required by Accreditation Canada were deemed critical for safe care delivery, to which the teams of the mother-child UHC have demonstrated compliance. Our challenge lies in the ability to maintain this high level of compliance on an on-going basis.

One among the many risk management activities accomplished this year includes a digital databank that was created to support the monitoring of risk management cases related to major events, environmental risks and accidents. Other effective actions were deployed in areas relative to infection prevention, non-compliance declarations in laboratories, emergency measures, safety and health in the workplace, and the pharmacy.

Training activities helped raise awareness about the importance of establishing and following safety procedures in care and service delivery, risk prevention as an inherent component in all future developments to our infrastructures and a greater involvement on behalf of employees in risk management. These are key elements for instituting a true culture of safety and quality in our establishment.

- Quality and safety;
- Performance;
- Communication;
- Change management.

Quality and safety are integrated in our clinical and administrative practices and culture. These fundamental principles mean delivering care and services centered on the needs of patients, adopting the highest international standards and maintaining a safe environment for patients and employees.

### An accreditation with exemplary standing

This past year, every team at the CHU Sainte-Justine worked on obtaining optimal levels of compliance as part of Accreditation Canada's certification process, demonstrating a collective desire to develop a true culture of quality. Every initiative yielded successful results with grades of 96.3% compliance to 2 098 met criteria, achieving an accreditation of exemplary standing, the highest accreditation decision ever obtained by the CHU Sainte-Justine and the highest ever granted to a UHC in Quebec.

During the closing event of Accreditation Canada's visit, the seven expert delegates praised the quality of the reception, team commitment and spirit for innovation that make the CHU Sainte-Justine a pleasant, dynamic and productive work environment. They also highlighted some of our many wonderful accomplishments, such as the creation of the Quality, Safety and Risk Management Department, our latest strategic plan, the establishment of the Transition Management Office and our compliance to required organizational practices.

In tandem with the accreditation process, the CHU Sainte-Justine participated in the very first **Quality and Innovations Expo** held in the fall of 2011, where it promoted 33 leading-edge practices developed by its teams, encouraged exchange and knowledge-sharing, and even created a genuine spirit of emulation in the health care field.

This event also served to promote four exemplary practices, certified by Accreditation Canada. They include the integration of auxiliary nurses in the CHU Sainte-Justine, the certification of transfusional practices, the test bench for medical equipment assessments and the program *La famille s'agrandit*.



ACCREDITATION CANADA  
AGRÈMENT CANADA

*Driving Quality Health Services  
Force motrice de la qualité des services de santé*

2011 Quality  
and Innovation  
Expo



## OUR CULTURE...

### Our four exemplary practices

**Family keeps growing:** This program consists of a series of conferences exclusively intended for expectant employees, new mothers and employees returning to work. This support program put forth by the Health Promotion Centre provides participants with the opportunity to receive specific information and valuable advice from health care professionals in the establishment on different topics regarding child health and development.

**Certification in transfusional practices:** This program aims to decrease the number of transfusional accidents and to enhance the professional development of nursing staff. Since the recertification process takes place every two years, an internal study, conducted to evaluate the relevance of maintaining this program, demonstrated that the number of accidents linked to transfusions of longer than four hours significantly decreases at the start of certification and gradually increases by the time of recertification. It is therefore important to continue this certification program as it notably decreases the number of non-compliant, post-certified transfusions. A provincial clinical training program is underway.

**Integration of auxiliary nurses:** This unique and innovative project was designed to tailor the training of auxiliary nurses interested in pediatric care to the needs of the CHU Sainte-Justine. Set up by the Department of Nursing Care, this partner project was carried out with an auxiliary nursing school (École des Métiers des Faubourgs).

**Test bench for medical equipment assessments:** The distinct practice of pediatric medicine is not taken into consideration during instrument approvals by government organizations. These instruments meant for adults are adapted to children without conducting an extensive validation process on their performance. In order to ensure that medical instruments are adequate for clinical practice on children, the test bench was set up to evaluate the performance of medical instruments for clinical use. The expertise contributed by multidisciplinary teams (doctors, biomedical engineers, biomedical engineering technicians, physicians, respiratory therapists, nurses, etc.) is also a corner stone of this approach.



### Emergency measures that work

This past year saw many significant developments regarding emergency measures, such as the creation of evacuation brigades, updated specific intervention plans in case of fire and evacuation, the full deployment of an evacuation practice of the CRME, hospital units 7 and 10, and the Decelles site. This also included a series of basic training workshops for staff, divided into three mandatory sessions, that received 8 514 participants.

Two awareness campaigns were also held, the first of which took place as part of the two-week awareness event whose theme was all about fire prevention and civil safety, and the second of which was designed to outreach to patients and their families by way of digital display boards.

A number of projects have been scheduled for next year that consists in consolidating the alert and mobilization procedures as well as the development of a training and practice program concerning several different risk management procedures. All of the efforts made by the teams involved in the development of these emergency measures and their contributions to risk prevention and quality improvements to emergency interventions were recognized during the Civil Safety Forum organized by the Ministère de la Santé et des Services Sociaux.

**We Know what to do!**

<http://intranet/mesuresurgence>



Affiliated member of the

Quebec  
**PLANETREE**  
Network

## Planetree: an integrated approach centered on the person

The Planetree approach at the CHU Sainte-Justine is defined as an on-going, individual and collective care quality enhancement process that applies not only to the individuals who require our care and services, but also to the physicians, health care professionals, employees, volunteers, and managers who deliver them or support their delivery.

The first deployment phase of the Planetree approach began in November, 2011, in four pilot sites: the Emergency, Medical Records and Staffing Departments, and the Medical Device Reprocessing Unit. Our Planetree team collaborates in the deployment of the humanist approach in an advisory capacity and also works with other teams who are looking to set specific goals regarding workplace and patient satisfaction in their respective areas of duty.

## Performance

### A performance tool: the organizational scorecard

Started in the summer of 2011, the organizational scorecard is a pilot project aimed at developing a dynamic, cross-organizational matrix tool to measure and monitor performance at the CHUSJ.

Its prototype has enabled senior management to consult a set of indicators as well as administrative data via intranet, along with the possibility of drilling and cross-referencing certain data.

This scorecard displays interim results for the entire CHU Sainte-Justine or specific results for client programs based on five key dimensions:

- **Activity volumes:** administrative data, intervention and traffic volumes;
- **Results:** Deliverables in care and services, quality, education and research projects;
- **Processes:** Indicators for measuring efficiency and effectiveness;
- **Human resources:** Indicators measuring the impact of HR on staffing, retention, costs, overtime, and well-being;
- **Finances:** Financial results.

In-depth work was undertaken this past year, mainly on the nomenclatures for the indicators and indicator fact sheets and validation of the databases. The next steps will bring enhancements to the scorecard and its deployment to client programs.

Measuring and monitoring **performance** is enabling the CHU Sainte-Justine to possess the proper tools and indicators in order to move forward as an efficient, effective, transparent, high-performance organization.



## OUR CULTURE...

### Communication

#### Organizational communication: a key strategy for the CHUSJ's transformation

In order to meet our performance, quality, project management, change management and humanization goals, organizational communication is a partner of vital importance in terms of transmitting relevant information, establishing efficient communication networks and defining processes and methods so that stakeholders can effectively carry out the organization's mission and meet targeted goals.

A structured and pragmatic communication approach was developed this year, consisting of the following four objectives:

- to enhance the communication skills of directors, doctors, and employees;
- To support senior management and doctors in their role of communicators;
- to structure communication systems and enhance processes;
- to develop the patient experience at the CHU Sainte-Justine.

As part of our initiative to develop our culture and apply exemplary communication practices, every concerted effort and stakeholder contribution for the benefit of patients and their families are essential.

#### A royal visit

Fifty-two years after a visit to the Sainte-Justine Hospital by Her Majesty Queen Elizabeth II and His Royal Highness Prince Philip, the Sainte-Justine University Hospital Centre had the privilege of welcoming a new couple from the royal family, the Duke and Duchess of Cambridge, on July 2, 2011, less than ten weeks after their wedding, viewed by more than two billion people.

Their visit to the CHU Sainte-Justine, a place of genuine interest for the Duke and Duchess, drew attention to Quebec's leadership and capacity for innovation in health care and services, scientific research, education, and new technology. The CHU Sainte-Justine was the only hospital that the royal couple visited during their stay in Canada.

*In the presence of Executive Director Fabrice Brunet, the Duke and Duchess of Cambridge accepts a gift from Laurie-Bei, 19 years old, a work of art made by the patients from the Outpatient Clinic of the Centre de cancérologie Charles-Bruneau. (Photo: Heritage Canada)*





## OUR CULTURE...

With 1 300 journalists covering the tour, the media attention around this international event gave our institution immense visibility and exposure all over the world. It was also an opportunity to position the CHU Sainte-Justine as a health care institution unlike any other in Canada, a model network of university health care and services that integrates care, education, research, rehabilitation, health promotion, and technology and treatment mode assessment.

This visit not only strengthened everyone's sense of pride and belonging at the CHU, but also brought patients and their families many moments of comfort.

### Digital information capsules in the waiting rooms

The aim of this information tool is to transfer knowledge in health promotion and prevention for mothers and children. Each of the capsules is the result of rigorous work in terms of writing, editing and content validation by the teams of the CHU Sainte-Justine. The capsules also contain illustrations and animated features that make them dynamic and user-friendly for our clientele.

Over the last year, the Health Promotion Centre worked on the production of the first series of five digital information capsules intended for families and children. About twenty capsules will be produced, some of which offer information about the anger meter, a tool to prevent shaken baby syndrome; the cries of a newborn; pregnancy; a comfort kit for children used during treatment; and tips on how to hold a child during medical checkups.

The second and third phases of the project will consist in evaluating and translating the capsules into English so that they can be also broadcasted in waiting rooms of other health care establishments, such as the CSSS de la Montagne who serves a multicultural community. Always concerned with meeting the information needs of families, the Health Promotion Centre will make these tools available to all via the website of the Direction de la santé publique de Montréal.



## Change management

### Creation of a network of agents for change

With the goal of fostering openness to change, improving the ability to change and contributing to the development of a culture of change within our organization, the Transition Management Office has set up a network of agents for change. Since the network began in June of 2011, the first group of agents has demonstrated great enthusiasm and a strong interest not only for training, but also for discussions between participants and activities organized during meetings, initiating them to change management and engaging them in discussions and reflections about applying its principles in their day-to-day experience.

The CHU Sainte-Justine adheres to a structured and dynamic process of change management that not only serves to cultivate a spirit of change, but also helps to enhance the ability to adapt to new situations, another way of working and a different environment.



*Katrine Paradis' lemonade stand*

# AN EXCEPTIONAL YEAR **FOR THE FOUNDATION TOO!**

Engaging the community and supporting the CHU Sainte-Justine in its mission of excellence to provide the children and mothers of today and tomorrow with one of the highest levels of health care in the world, this has been our commitment for over 25 years.



**This year, the Foundation dedicated close to \$25 million in support of the CHU Sainte-Justine's priorities, which represents an increase of 10% compared to last year.**

In this regard, it was, in deed, an exceptional year for the Foundation. Here are just a few examples of its major achievements:

The cumulated results of the **Young Leaders Circle (YLC)** fundraising activities reached the million-dollar mark. The YLC chose to support research in neuroscience by making massive contributions to the funding of new cutting-edge laboratories.

The young philanthropists of **Défi-Jeunesse 1km for the Sainte-Justine**, 33 000 in all, pledged to run or walk one times the distance around the Earth. And they did it! Not one, but three times, raising a record-breaking amount of \$1.1 million in a single year! This substantial amount of money will serve to outfit the Anesthetic Departments with leading-edge technology.

**The GarnierKids Foundation** has donated a major gift of \$700 000 in support of the establishment of the very first joint clinic in cardiac sciences and neurodevelopment.

Each year for the past ten years, right after the last school bell rings in June, the entire Town of Mount-Royal shows up at **Katrine Paradis' lemonade stand**. A loyal supporter of the Foundation, she has raised a total of \$ 120 000 in ten years, one glass of lemonade at a time!

There is no term strong enough to describe the nature of all the work that is done day-to-day at the Sainte-Justine UHC Foundation. The past 25 years have been dedicated to consolidating that which has been the strength of the Sainte-Justine: its complicity with the Quebec community.

It is thanks to the unwavering commitment of this community who cares so deeply about the well-being of children that the CHU Sainte-Justine is able to go even further, cure more children and mothers, and even better!

### Major philanthropic partners

Sainte-Justine UHC Foundation  
Fondation Centre de cancérologie Charles-Bruneau  
Fondation des Amis de l'Enfance  
Foundation of Stars  
Fondation des Gouverneurs de l'espoir  
Fondation en coeur  
Lucie and André Chagnon Foundation  
Fondation Mélio (CRME)  
Leucan  
Opération Enfant Soleil



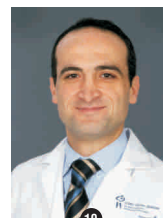




## OUR OUTSTANDING TEAMS

It is thanks to its competent and collaborative teams that the CHU Sainte-Justine is able to maintain its reputation as a leading centre of knowledge, research, innovation, education, and knowledge transfer, and to position itself as a world-class reference in the field of mother-child health. We would like to thank our teams and congratulate all of this year's award winners.

- ❶ **Dr. Luis Barreiro**, Researcher  
Career Development Award from the Human Frontiers Science Program
- ❷ **Dr. Caroline Boudoux**, Researcher  
Star Researcher Award in Natural Sciences and Engineering  
from Rendez-vous du savoir
- ❸ **Dr. Francine Ducharme**, Researcher  
Career Research Award from the Canadian Pediatric Society  
IMS Brogan Award from IMS Brogan
- ❹ **Dr. Élie Haddad**, Researcher  
Young Researcher Award from the Foundation of Stars
- ❺ **Dr. Youssef Idaghdour**  
Postdoctoral Research Award from the Foundation of Stars
- ❻ **Dr. Hubert Labelle**, Researcher  
Application of Knowledge of Research Embassadors Award  
from the Institute of Musculoskeletal Health and Arthritis and the IHRC
- ❼ **Dr. Anne-Laure Lapeyraque**  
Media person of the week, La Presse/Radio-Canada
- ❽ **Dr. Alain Moreau**, Researcher  
Best Business Presentation in Life Sciences  
from the Fondation Biotech Montréal
- ❾ **Dr. Guy Rouleau**, Director of the Research Centre  
The Biotechnologie de demain Award from Génome Québec
- ❿ **Dr. Issam Saliba**, Researcher  
2011 Innovation Award from the Board of Trade of Metropolitan Montreal
- ⓫ **Dr. Guy Van Vliet**, Endocrinologist and Researcher  
First Prize Presidential Poster Session from Endocrine Society of Boston
- ⓬ **Dr. Philip Awadalla**, Researcher  
Cited as 3rd among the top ten discoveries of 2011 in Québec Science
- ⓭ **Dr. Maryse Bouchard**, Researcher  
Cited as the 7th among the top ten discoveries of 2011 in Québec Science
- ⓮ **Dr. Yvon Gauthier**, Psychiatrist  
Award of Excellence in Education from the Canadian Academy of Child  
and Adolescent Psychiatry
- ⓯ **Dr. Jean-Claude Fouron**, Cardiologist and Researcher  
Recipient of the Order of Canada
- ⓰ **Jean-François Bussi res, Denis Lebel**, Pharmacists  
Among the 50 pharmacists honoured during the 50th anniversary of the  
Association des pharmaciens des  tablissements de sant  du Qu bec
- ⓱ **Ren e Desc teaux**, Director of Nursing Care  
C line-Goulet Award
- ⓲ **Dr. Christine Colin**, Director of Health Promotion  
Appointed Chevalier de la L gion d'honneur
- ⓳ **Dr. Nancy Poirier**, Surgeon  
Media person of the week, La Presse
- ⓴ **Dr. Joanne Liu**, Emergency Pediatrician  
2011 Women's Merit Award, Community Involvement Category,  
from the Women's Y



## FINANCIAL REPORT

STATEMENT OF RESULTS (All funds) Year ending on March 31, 2012	Current year (in dollars)	Previous year (in dollars)
<b>REVENUES</b>		
Subsidies Agence and MSSS	341 486 559	309 098 690
Subsidies Government of Canada	16 024 276	13 875 745
Contributions from users	7 168 050	8 263 191
Sales of services and recovery	6 172 602	8 529 475
Donations	14 365 696	10 425 444
Investment revenues	149 243	4 361
Commercial revenues	431 349	405 365
Gain on disposal	—	1 079
Other revenues	32 001 614	31 260 015
<b>Total of revenues</b>	<b>417 799 389</b>	<b>381 863 365</b>
<b>EXPENSES</b>		
Salaries, group benefits, fringe benefits	261 704 212	237 937 036
Medications	25 331 994	19 721 420
Blood products	18 760 557	18 440 453
Medical and surgical supplies	18 627 740	16 889 420
Food	1 417 837	1 369 988
Remuneration paid to non-institutional resources	1 319 362	1 344 889
Carrying charges	5 872 898	5 150 927
Maintenance and repairs	10 879 066	9 179 274
Dubious accounts	1 551 234	1 136 325
Fixed assets depreciation	14 501 008	13 072 048
Loss on disposal of assets	368 804	—
Other expenses	57 264 955	58 246 401
<b>Total of expenses</b>	<b>417 599 667</b>	<b>382 488 181</b>
<b>EXCESS (DEFICIT) at year-end</b>	<b>199 722</b>	<b>(624 816)</b>



STATEMENT OF FINANCIAL POSITION (All funds) Year ending on March 31, 2012		Current year (in dollars)	Previous year (in dollars)
<b>FINANCIAL ASSETS</b>			
Cash		40 390 438	40 141 518
Accounts receivable - Agence and MSSS		61 976 952	51 162 286
Other accounts receivable		25 587 189	25 375 910
Grants to be received – accounting reform		42 422 210	37 366 491
Deferred debt-related charges		350 689	341 869
Other items		1 208 343	1 408 795
Total of financial assets		171 935 821	155 796 869
<b>LIABILITIES</b>			
Temporary loans		122 253 246	86 420 182
Other accounts payable and other charges to be paid		74 688 780	72 176 631
Advanced funds from the Agence – decentralized budget		15 256 350	6 125 013
Accrued interest payable		1 247 087	1 258 862
Deferred revenues		108 942 996	107 665 481
Long-term debt		122 561 639	113 904 962
Other items		5 916 495	5 303 506
Total of liabilities		450 866 593	392 854 637
<b>NET FINANCIAL ASSETS (NET DEBT)</b>		<b>(278 930 772)</b>	<b>(237 057 768)</b>
<b>NON-FINANCIAL ASSETS</b>			
Assets		263 141 082	221 818 478
Inventories of supplies		7 492 083	7 230 392
Charges paid in advance		2 298 729	1 810 298
Total of non-financial assets		272 931 894	230 859 168
<b>CUMULATED EXCESS (DEFICITS)</b>		<b>(5 998 878)</b>	<b>(6 198 600)</b>

## Members of the Board of Directors

December, 2011

( before the effective entry of the new Board in February, 2012)

**Geneviève Fortier**, President  
Coopted member

**Michel Simard**, Vice President  
Elected by the population

**Dr. Fabrice Brunet**, Secretary  
Executive Director

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**Dr. Gabriel Altit**  
Elected by the Residents

**Lucie Bertrand**  
Designated by the Agence de la santé et des services sociaux

**Dr. Hélène Boisjoly**  
Designated by the universities

**Julie Carpentier**  
Designated by the Council of Non-Clinical Personnel

**Jean-Claude Champagne**  
Designated by the Ministère de la Santé et des Services Sociaux

**Louise Champoux-Paillé**  
Coopted member

**Nadia Desmarais**  
Designated by the Council of Nurses

**Suzanne Gagnon**  
Designated by the corporations

**Dr. Pierre Gaudreault**  
Designated by the Council of Physicians, Dentists and Pharmacists

**Francine Girard**  
Designated by the Université de Montréal

**Louise Lalonde**  
Designated by the Users Committee

**Ghislaine Larocque**  
Elected by the population

**Frédérick Perrault**  
Designated by the Agence de la santé et des services sociaux

**Hélène Simard**  
Coopted member

**Yves Théorêt**  
Designated by the Multidisciplinary Council

**Barbara Ann Thompson**  
Designated by the Foundation

As of March 12, 2012

**Geneviève Fortier**, President  
Coopted member

**Michel Simard**, Vice President  
Elected by the population

**Dr. Fabrice Brunet**, Secretary  
Executive Director

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**Iris Almeida-Côté**  
Coopted member

**Manon Beaudry**  
Designated by the Users Committee

**Lucie Bertrand**  
Designated by the Agence de la santé et des services sociaux

**Dr. Hélène Boisjoly**  
Designated by the Université de Montréal

**Éric Castonguay**  
Designated by the Council of Non-Clinical Personnel

**Jean-Claude Champagne**  
Coopted member

**Hélène David**  
Designated by the universities

**Nadia Desmarais**  
Designated by the Council of Nurses

**Suzanne Gagnon**  
Coopted member

**Louis Hébert**  
Elected by the population

**Annie Lemieux**  
Designated by the Foundation

**Nathalie Normandeau**  
Coopted member

**Frédérick Perrault**  
Designated by the Agence de la santé et des services sociaux

**Dr. Nancy Poirier**  
Designated by the Council of Physicians, Dentists and Pharmacists

**Annie Rainville**  
Designated by the Users Committee

**Jean Roy**  
Coopted member

**Yves Théorêt**  
Designated by the Multidisciplinary Council

## Steering Committee • March 2012

**Denise Bélanger**

Director of Human Resources

**Louise Boisvert**

Associate Director, Communications and Public Affairs

**Dr. Sarah Bouchard**

Director of Medical Technology, Information Resources, and Biomedical Engineering

**Dr. Fabrice Brunet**

Executive Director

**Antonio Bucci**

Director of Finance and Corporate Partnerships, and Acting Director of Medical Technology, Information Resources, and Biomedical Engineering

**Diane Calce**

Director of Clinical Services

**Dr. Christine Colin**

Director of Health Promotion

**Isabelle Demers**

Associate Director, Planning and Development

**Renée Descôteaux**

Director of Nursing Care

**Claude Fortin**

Director of Transition Management

**Suzanne Gagnon**

Associate Director, Marie Enfant Rehabilitation Centre (CRME)

**Dr. Marc Girard**

Director of University and Medical Affairs, and Acting Director of Education

**Dr. Anne-Marie Houle**

Medical Advisor, Grandir en santé

**Roger Jacob**

Director of Grandir en santé

**Marie Suzanne Lavallée**

Director of Quality, Safety and Risk Management

**Marie-Claude Lefebvre**

Director of Technical and Accommodation Services

**Dr. Guy A. Rouleau**

Director of Research



