



# **Public Meeting McGill University Health Centre Board of Directors**

**May 22, 2020**

**10:30 - 12:00**

**Via ZOOM due to COVID-19 Pandemic**



# Peter Kruyt

## Chairman - MUHC Board of Directors

- 1. Call to Order and Confirmation of Quorum**
- 2. Approval of the Agenda and Addition of items in Varia**
- 3. Approval of Minutes and business arising from previous minutes** (January 27, 2020; March 20, 2020; April 27, 2020)
- 4. Approval of Consent Items Resolutions**
- 5. Report of the President and Executive Director**
- 6. Varia**
- 7. Public Question Period**
- 8. Adjournment**



# Peter Kruyt

## Chairman - MUHC Board of Directors

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# Dr. Pierre Gfeller

President and Executive Director

## 5. Report of the President and Executive Director

Update by the President Executive Director on Current News, Legal Declarations and Upcoming Priorities



# 5. Update by the President and Executive Director

## Coronavirus (COVID-19)

- Emergency Measures Coordination Centre (EMCC) /  
*Centre de coordination des mesures d'urgences (CCMU)*
  - Activation ⇒ 12 mars / March 12
  - How it operates / Le fonctionnement



# 5. Update by the President and Executive Director

## Coronavirus (COVID-19)

- Communications *(a few examples)*
  - Daily updates to staff
  - Weekly webinars
  - Conference calls with union representatives
  - Intranet / Internet / Social Media
  - Videos
  - Frequently-asked questions (FAQ)



## 5. Mise à jour par le président-directeur général

- Travaux avec les établissements de réseau de la santé
  
- Efforts dans les CHSLD
  - Déploiement d'employés du CUSM pour prêter main-forte au CIUSSS de l'Ouest-de-l'Île-de-Montréal :
    - CHSLD Nazaire-Piché ⇒ 20 avril 2020
    - CHSLD Vigi Dollard-des-Ormeaux ⇒ 23 avril 2020



## 5. Mise à jour par le président-directeur général

*Remerciements à toutes les équipes  
engagées dans la lutte contre la  
COVID-19 pour leur travail acharné  
et leur inlassable dévouement*





# 5. Mise à jour par le président-directeur général

## Déclarations légales

### **2019-2020 :**

- TOTAL des gardes provisoires et des mises sous gardes présentées et autorisées : 449, comptabilisées à compter de la période financière 5.

### **2020-2021 : pour la période financière 1**

- Nombre de gardes provisoires présentées au tribunal et ordonnées : 13
- Nombre de mises sous garde présentées au tribunal et autorisées (incluant les renouvellements) : 15



# 5. Report of the President and Executive Director

## COVID-19

### 4 months after ....

*Dr. Charles Frenette*

*Director*

*Infection Control and Prevention*

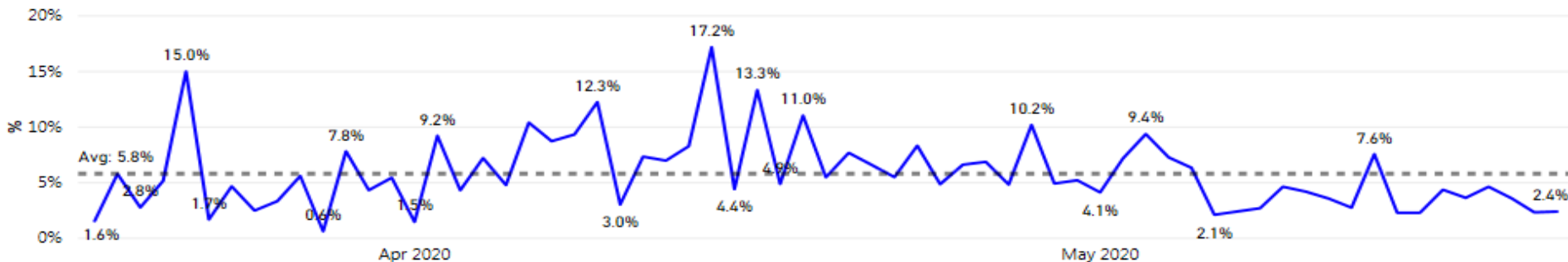


# MUHC Laboratory

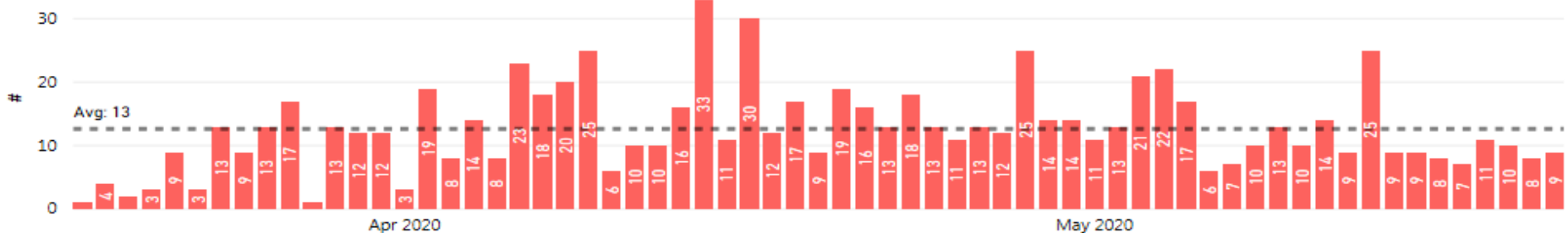


## MUHC Daily COVID-19 Lab Stats - First Positive by Date

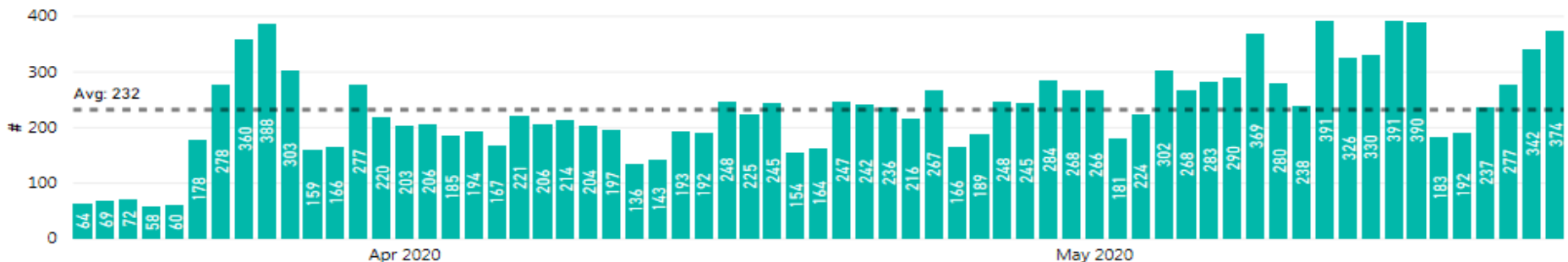
% First positive rate by day (nbr 1st POS / total tests)



Number of first positives by day



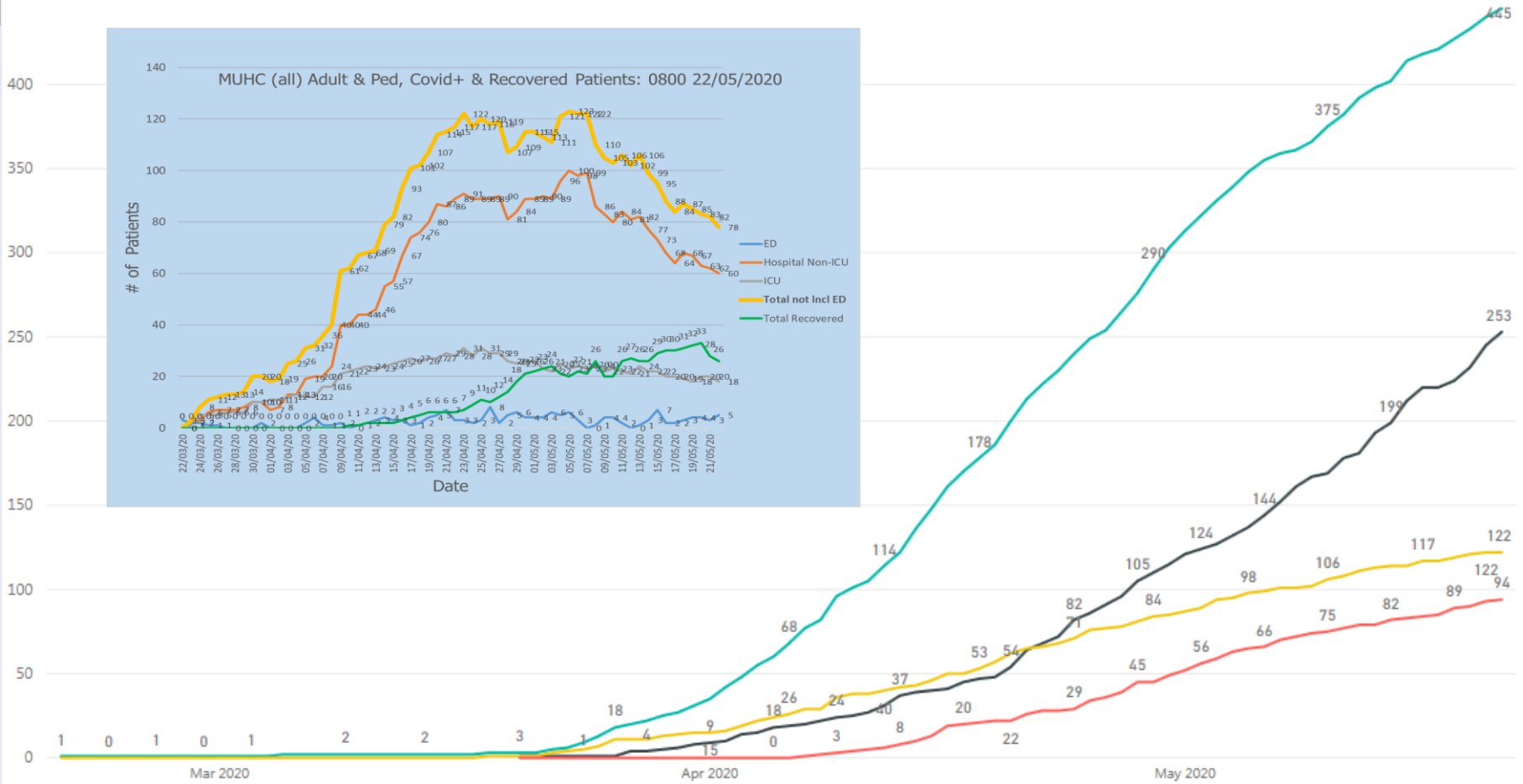
Number of tests by day





# Admissions

● # Total Admissions ● # Total départs excl. décès ● # Soins intensifs ● # Décès





# Where we are – Admissions

Site	# Total Admissions	# Total départs excl. décès	# Soins intensifs	# Décès
HGM	148	94	37	26
HME	7	7	3	0
HNM	2	2	0	0
HRV	282	141	82	68
LAC	6	6	0	0
<b>Total</b>	<b>445</b>	<b>250</b>	<b>122</b>	<b>94</b>

- Current admissions: active confirmed 78 + including 26 recovered
  - ICU : 18
  - Mortalité : 21%
- ER Encounters : 576 CoVid confirmed



# Nosocomial cases / HCW

- Patient nosocomial cases : RVH = 3, MGH = 6
  - Only two outbreaks :
    - MGH15 : 4 patients , 8 HCW
    - MNH : 13 HCW , 0 patients
  - Numerous Exposures : 173 events
    - MGH : 11 , 12 , ER, HD
    - Glen : ER , D9
    - Lachine : CL 2 east
  - HCW : over 2740 tests done = 197 +
    - Community/travel = 27 %
    - Health care associated other HCW = 12%
    - Health care associated patient = 33 %
    - LTC / Other institution = 17 %



# What we have done well

- Triage and rapid ID of patients
- Triage and identification of sick HCW
- Developing lab tests and lab capacity
  - Rapid turn around time
  - Expanding testing
- Adapting rapidly to new evidence / recommendations
  - V12 Infection Control policy
- Adapting to PPE shortage
  - Contingency plan for N95 , Gowns, Visors reusage
- Covid bed capacity , Hot zones created and respected.
  - With some flexibility
- Change in Infrastructure : MGH15 , MGH ER , MGH11 , MGH10
- Occupational Health Infrastructure :
  - Info line
  - Management of sick HCW
  - Exposure management
- Infection Control Leadership respected



# Challenges

- Dealing with PPE shortage , appropriate indications
- Increasing demands to ramp up, ER demands
- Staying ahead of the game of transmission
- Providing support to our partners
- Dealing with anxiety , fear and beliefs
  - vs facts, science and evidence
- Sick HCW
- Dealing with conflicting messages from MSSS / FMSQ
- Relaxing of attitudes
- Proper usage of mask and PPE.





# Our greatest strenght

- Leadership
- Collaboration
- Communication
- Respect



# 5. Report of the President and Executive Director

## MUHC transformation with COVID-19

**Dr Ewa Sidorowicz**

Director of Professional Services

&

**Martine Alfonso**

Associate President and Executive Director



# MUHC Response to COVID-19

## MUHC prepared its sites and teams

### ■ Cold Sites:

- *Lachine Hospital*
- *Montreal Neurological Hospital*
- *Montreal Children's Hospital*

### ■ Warm Sites:

- *Glen (Adult)*
- *Montreal General Hospital,*
- *Montreal Children's Hospital Neonatal Unit*



# MSSS : Désignations et activation

- Niveau d'alerte #1
  - Hôpital général juif et le CHU Ste-Justine
  - CHUM et CUSM gardent leurs patients
  - Tous les établissements doivent réduire les activités dites électives (ambulatoires, chirurgicales et d'endoscopie)
- Niveau d'alerte #2
  - Hôpitaux Sacré-Cœur et Maisonneuve-Rosemont
  - Tous les établissements doivent prendre les patients non Covid-19 des centres désignés
- Niveau d'alerte #3
  - CHUM et CUSM



# MUHC COVID19 Surge Capacity

## Glen Adult

	North Pod	Center Pod	South Pod
C07	C07N - VASCULAR SURGERY	C07C - CCU	C07S - CARDIOLOGY
C08	C08N - SURGICAL/GYNE	C08C - SURGICAL/GYNE	C08S - SURGICAL/GYNE
C09	C09N - Int Med	C09C - INT MED	C09S - INT MED
C10	C10N - GEN SURGERY/ENT	C10C - TRANSPLANT	C10S - GENERAL SURGERY
D03	D03 - ICU	D03 - ICU	D03 - ICU
D06	D06N - MATERNITY	D06C - MATERNITY/NURSERY	D06S - MATERNITY
D07	D07N - CARDIAC SX/PLASTICS	D07C - CARDIAC SX/PLASTICS	D07S - CARDIAC SX/PLASTICS
D08	D08N - RESPIRATORY	D08C - MCI ICU	D08S - Short stay unit
D09	D09N - PALLIATIVE	D09C - INT MED	D09S - INT MED
D10	D10N - HEMATOLOGY	D10C - HEMATOLOGY	D10S - ONCOLOGY



	North Pod	Center Pod	South Pod
C07	C07N- VASCULAR SURGERY	D03- ICU	D03- ICU / SURGERY
C08	COVID	COVID	INT MED
C09	COVID	COVID	COVID
C10	INT MED / SURGERY	C10C- TRANS/ SURG / GYN-ONCO	C10S- GEN SUR / GYN-ONCO
D03	COVID ICU	COVID ICU	COVID ICU
D06	D06N-MATERNITY	D06C- MATERNITY/NURSERY	D06S- MATERNITY
D07	C07C- CCU	D07C- CARDIAC SX/PLASTICS	SURGERY / URO
D08	D08N- RESPIRATORY	D08C- MCI ICU	D08S- Short stay unit
D09	INT MED	D09C - INT MED	D09S - INT MED
D10	D10N – HEMATOLOGY	D10C - HEMATOLOGY	D10S - ONCOLOGY
B3	C07S- CARDIOLOGY		
C4	COVID		

## MGH

	West	East
18	18W - Gen Surg/ACS/Oral	18E - Gen Surg/ACS/Oral
17		17E - Internal Medicine
15	15W - Internal Medicine	15E - Internal Medicine
14	MedSurg	SSU
13		13E - Surg TBI
12	12W - Ortho Trauma	12E - Ortho Trauma
11	11W - CCU	11E - Cardio Thoracic Surgery
10		
9	9E - ICU-East	9W - ICU-West
8	8 PACU	
7	7 PACU	
4	4W - Psychiatry	4W - Psychiatry
BIU	PSYCH-Brief Intervention Unit	

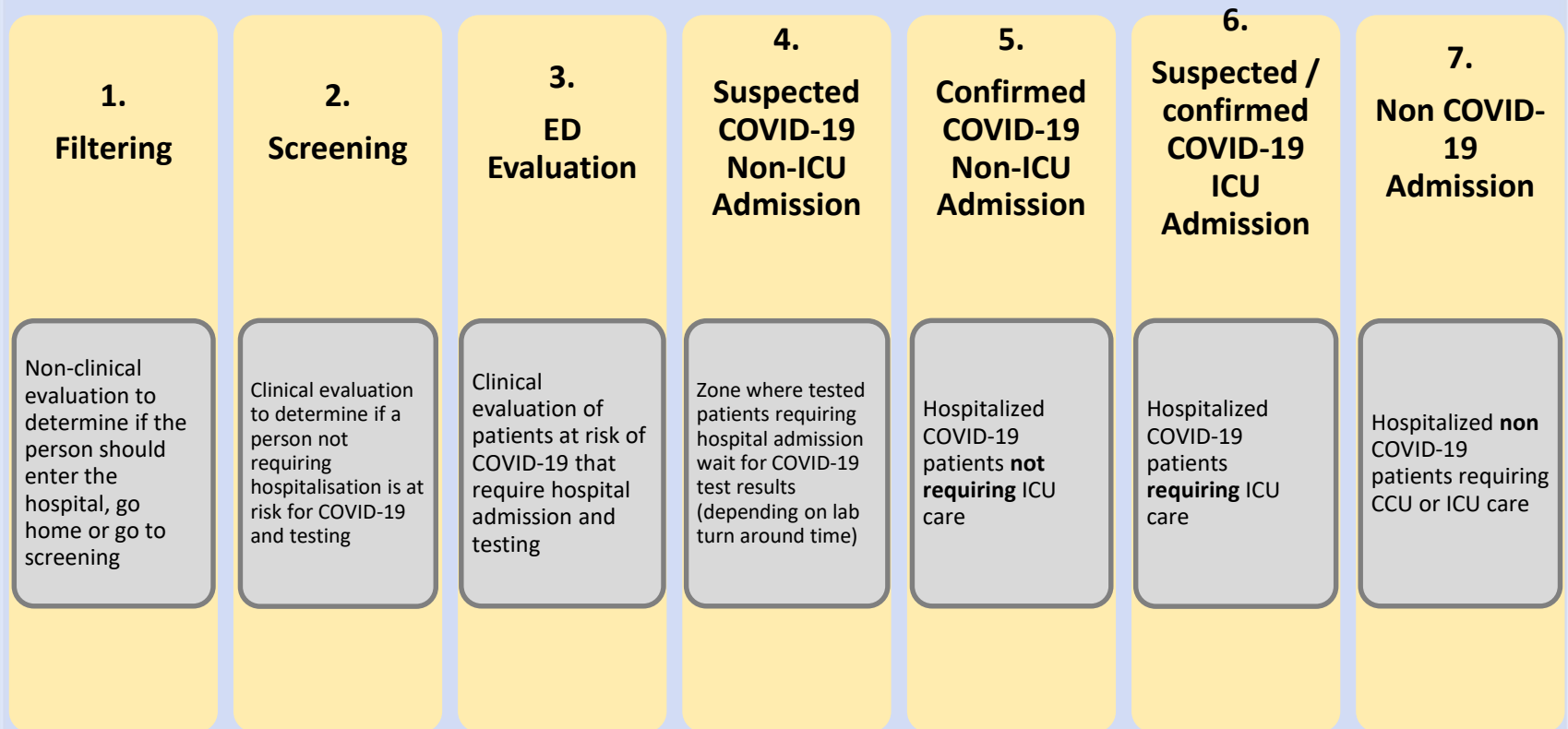


	West	East
18	COVID	COVID
17		17E - Internal Medicine
15	15W - Internal Medicine	15E - Internal Medicine
14	MedSurg	PSY
13		13E – Surg TBI
12	12W - Ortho Trauma	12E - Ortho Trauma
11	9E - ICU-East	11E – Intermediate care unit
10		Thoracic Surg
9	COVID ICU	9W - ICU-West
8	8 PACU	
7	11W - CCU	
4	4W - Psychiatry	4W - Psychiatry
BIU	COVID ED	



# Level 3: COVID-19 Surge capacity

## COVID-19 Surge Capacity Plan





# Level 2 & 1: Planning for the Resumption of Regular Activities

Before COVID-19 Pandemic

January 2020

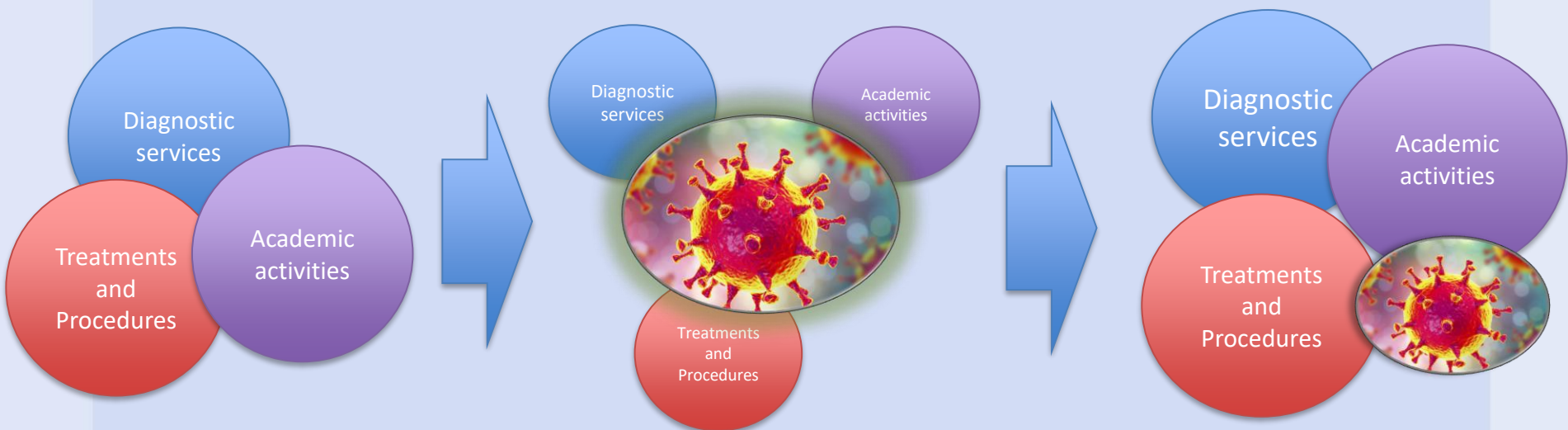
Level 3: < 40 % of activity, Pandemic stage

March 2020

Today

Level 2: 40 to 70 % of activity, Intermediate stage

Level 1: > 70 % of activity, Post COVID-19 Pandemic Stage





# Level 2 & 1: Planning for the Resumption of Regular Activities

## Triggers to move from level 3 to level 2 activity

- Warm Sites: Number of COVID cases using regular beds is stable and number of COVID cases using ICU beds is decreasing in the region.
- Cold Sites: Number of COVID cases has decreased or is stable in the region (ICU and care units) and Warm Sites have < 90% COVID occupancy.

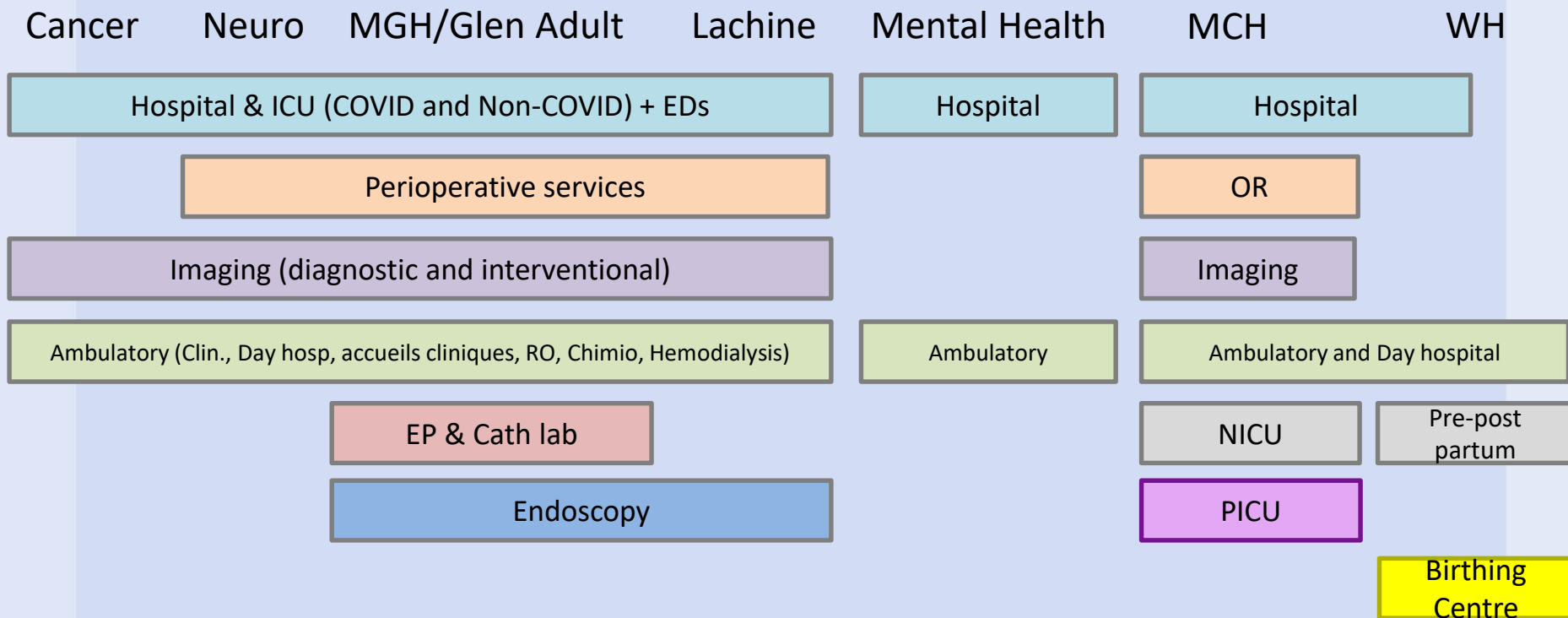
## Constraints to consider for a resumption of regular activities

- Care units beds are use by COVID+ patients
- Healthcare workers have been displaced to COVID active areas or other sectors
- New infection control and prevention measures limit the capacity of some sectors to resume the same level of activity as before the COVID-19 pandemic





# Level 2 & 1: Planning for the Resumption of Regular Activities





# A Bit More about Perioperative Services

## Getting to Level 2 for scheduled surgery (40-70%):

- **Constraints mentioned (beds, staff including anesthesia, infection control and prevention measures etc). Today we are about at 40% of activity overall at the MUHC;**
- **Development of algorithm to handle COVID-19 positive and suspect cases, and identification of COVID-19 ORs;**
- **Committees on each site overseeing scheduling week by week to ensure access for urgent and semi-urgent cases (non-urgent stopped on March 16<sup>th</sup>). Tremendous support from CORB;**
- **Status by site:**
  - **The Neuro status is quite good with close to 70% functioning and control of the waiting list;**
  - **At Lachine, ramp up challenges given redeployment of staff;**



# A Bit More about Perioperative Services

- **Getting to Level 2 for scheduled surgery (40-70%) by site:**
  - **MGH and adult Glen:**
    - Progressive increase in volumes in the last 2 weeks with further growth planned to get to 70%, this requires 11 ORs at the MGH and 8 at the RVH;
    - Growth of the wait list over the last few weeks in general;
    - Usage of specialized medical clinics (i.e. Rockland) etc to increase access;
    - Decrease in the cancer wait list (patients prioritized, but also fewer new patients);
    - Ramp up of cardiac surgery proceeding;
    - Renal Transplants to restart soon.
  - **MCH:**
    - Also slowed to 35% of usual;
    - Wait lists have grown over the last few weeks;
    - Ramp up to 70% being planned



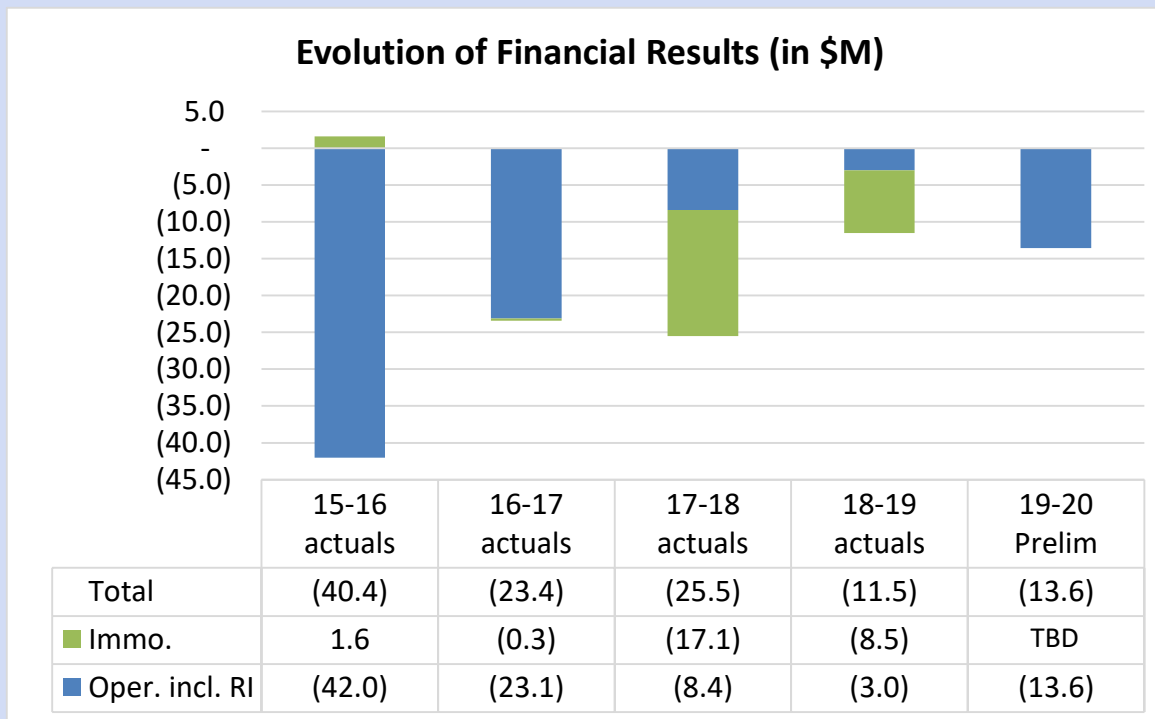
# 5. Report of the President and Executive Director

## Finance / Budget Update

*Dawn Singerman*  
*Director*  
*Financial Resources*



# Preliminary\* Financial Results 2019-2020



- Operating deficit of approximately 1%
- The plant fund is still under review with the MSSS in light of the financing changes announced for the Glen parking

\* Note: 19-20 Results are preliminary and subject to change



# Highlights of Preliminary Results 2019-2020

- MUHC, like all other establishments in the province, started the year facing significant challenges across several areas that resulted in a deficit:
  - Shortage of manpower
  - Lack of beds for in-patients creating pressure in critical areas such as ED and OR
  - Optilab project
  - Optimization targets set by MSSS for Santé Physique and procurement contracts
- The results are net of the following items :
  - Coronavirus-related expenses (\$5M)
  - Oncology drugs and Spinraza (non-recurring funding to cover 100%)
- We continue to work with the MSSS to recognize our patient population needs and provide appropriate funding.



# Budget 2020-2021

- The official budget process for the RSSS is delayed to the summer
- MUHC anticipates that 2020-2021 will be a challenging year financially, as do many other establishments in the province
- The main factors that we anticipate causing pressure:
  - Evolution of the pandemic
  - Ramp-up of treatments and services delayed during the pandemic
  - Shortage of manpower
  - Pressure in the emergency rooms, and lack of beds for in-patients
  - Increasing costs and volumes of medication, for oncology and other needs
  - Optimization targets set by MSSS for Santé Physique
- The support of the MSSS to recognize our patient population needs and provide appropriate funding is critical to alleviate the financial and operational pressures the MUHC faces



## 6. Varia





# 7. Public Question Period



# 8. Adjournment