



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

**July 13, 2020**

**12:00 p.m. - 1:30 p.m.**

**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**
- 3. Approval of Minutes and business arising from previous minutes** (January 27, 2020; May 22, 2020)
- 4. Approval of Consent Items / Resolutions**
- 5. Report of the President and Executive Director**
- 6. Equity, Diversity and Inclusion Announcement**
- 7. Public Question Period**
- 8. Adjournment**



# Peter Kruyt

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# Dr. Pierre Gfeller

President and Executive Director

## 5. Report of the President and Executive Director

- ❖ Executive Update
- ❖ Financial Results Presentation
- ❖ Clinical Activities Presentation
- ❖ MUHC Visiting Policy Presentation



## **5. Update by the President and Executive Director**

### **Coronavirus (COVID-19)**

- Update on COVID-19 situation
  - MUHC
  - Greater Montreal Area
  - Quebec



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

- Remaniement ministériel (22 juin 2020)
  - Nouveau ministre – M Christian Dubé
  - Nouvelle sous-ministre – Mme Dominique Savoie
- Mise à jour des réunions ministérielles
  - 25 mai 2020 et 1 juin 2020 (Danielle McCann)
  - 23 juin et 26 juin 2020 (Christian Dubé)
- Visite du ministre délégué à la Santé et aux Services sociaux, Lionel Carmant
  - 13 juillet 2020
  - Présentation du logiciel Atlas Téléméd et Projet OPAL



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

### Dans les actualités

- La Presse – 29 juin 2020  
Le CHSLD Pavillon Camille-Lefebvre de l'Hôpital de Lachine –  
« CHSLD : la recette pour résister au virus »
  
- The Conversation Canada – June 22, 2020 / La Tribune – 5 juillet 2020  
Julian Menezes, soins spirituels de l'Hôpital Royal Victoria  
« La vie et la mort dans un hôpital luttant contre la COVID-19 »



## 5. Update by the President and Executive Director

### Varia

- Inauguration of new MGH Dialysis Unit (June 17, 2020)
  - B7 was transformed into a modern unit that boasts plenty of natural light, a state-of-the-art dialysis system, and 9 new private stations.
  - Organized to meet social distancing requirements and patient protection measures.
  - The 9 new fully-equipped stations are in addition to the 15 chairs on L2, for a total of 24.
- New parking rates effective June 20, 2020





## 5. Update by the President and Executive Director

- Air conditioners (AC)

### Montreal General Hospital (MGH)

- Two phase project - 70 AC units were installed last year and 50 were installed this year for a total of 120 new AC units
- Every patient room at the MGH now has an air conditioning unit

### Camille Lefebvre

- Dehumidified corridors
- UV stickers installed on windows to reduce humidity
- AC units are available to residents upon request

### Lachine

- HVAC (heating, ventilation and air conditioning) work has been done throughout the hospital
- Larger systems have been installed in the patient care units



# 5. Update by the President and Executive Director

## Research Institute Update

- Creation of a Search Committee and the acceptance of two senior leaders from the MUHC and McGill to co-chair
  - Ms. Martine Alfonso, Associate President and Executive Director, MUHC
  - Dr. Lesley Fellows, Vice-Dean, Academic Affairs, McGill Faculty of Medicine, McGill University
- Call for Applications under way (June 30, 2020 – July 31, 2020)
- Members of the community are invited to write to the co-chairs should they wish to bring something to the committee's attention.
- To preserve the confidentiality of the application process, there will be no further announcements until the end of the process



## 5. Update by the President and Executive Director

### Interim Leadership of the Research Institute

- The Board of Directors of the Research Institute of the McGill University Health Centre (RI-MUHC) announced the appointment of ***Dr. Miguel N. Burnier, Jr.*** to the position of Interim Executive Director and Chief Scientific Officer of the RI-MUHC effective June 15, 2020
- Sincere gratitude to ***Dr. Bruce Mazer*** for having not only served in this capacity since fall 2016 but also graciously agreed to extend his term until June 15, 2020.



## 5. Update by the President and Executive Director

### Awards

- Dr Alan Evans recipient of one of the five prestigious Killam Prizes, namely the one for Health Sciences (May 27, 2020)
  - *Awarded by the Canada Council for the Arts*
  - *The Killam Prizes are awarded yearly to Canadian scholars who have made a significant impact in their respective fields—Dr. Evans received his award for his work furthering the understanding of the human brain.*
- Dr. Emmett Francoeur recipient of 2020 Prix Letondal
  - *Awarded by the Association of Pediatricians of Quebec for important contributions to pediatric medicine.*
  - *The Order has recognized Dr. Francoeur's pioneering work in child development during an exceptional and still ongoing 45-year career at the Montreal Children's Hospital.*

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

*C'est avec une grande tristesse que nous annonçons le décès de Hichem Motemem, directeur des ressources informationnelles du CUSM.*



*Le décès de Hichem est une perte immense pour sa famille ainsi que pour ses collègues du Centre universitaire de santé McGill.*

*Nous présentons nos plus sincères condoléances à tous ses proches.*



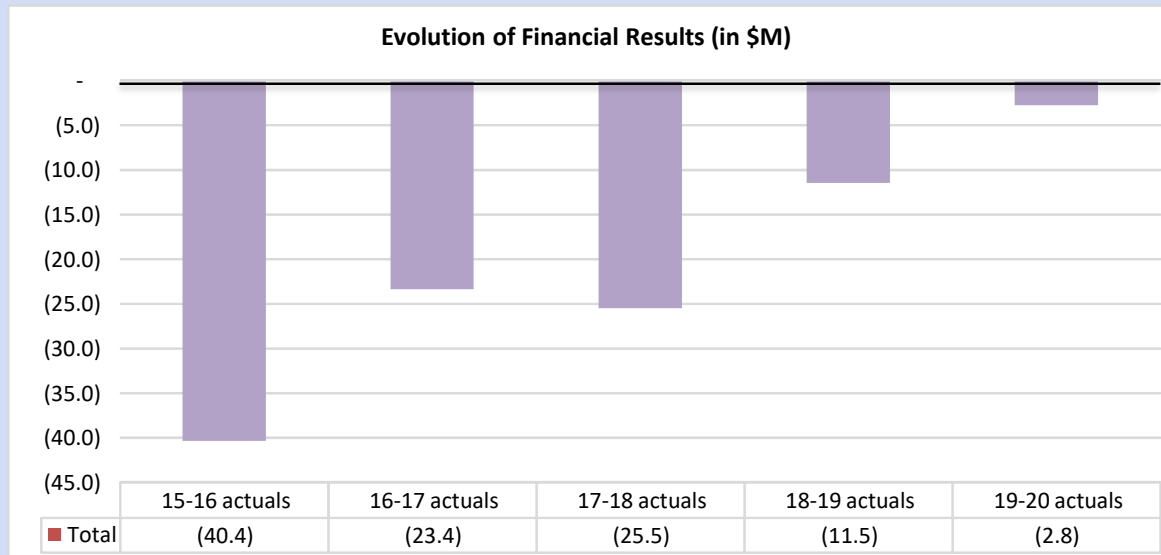
## 5. Report of the President and Executive Director

# Financial Results Presentation

***Ms. Dawn Singerman***  
*Director of Financial Services*



# MUHC Net Results

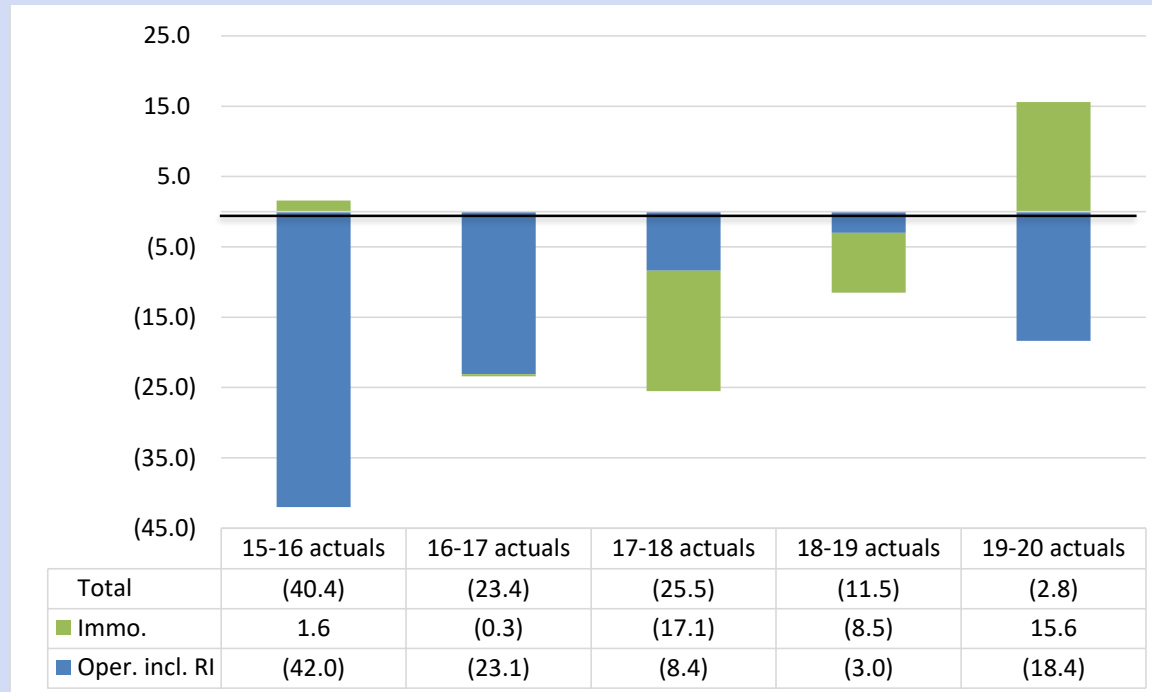


*\* Note: 19-20 results are net of COVID19 impact (\$5M)*

- MUHC has made great strides over the past years to improve its financial situation
- Financing arrangement for the Glen parking (which caused significant losses in 17-18 and 18-19) has been addressed with the MSSS, resulting in a surplus in the fonds d'Immo in 19-20



# Evolution of Financial Results



*\* Note: 19-20 results are net of COVID19 impact (\$5M)*

Deficit in 19-20 in operating budget driven by common issues across the RSSS:

- Expensive drugs not financed by MSSS (\$4M)
- Shortage of manpower
- Pressure in the emergency rooms and lack of beds for inpatients
- Optimization targets set by MSSS for Santé physique





## 5. Report of the President and Executive Director

# Clinical Activities Presentation

***Dr. Ewa Sidorowicz***

Director of Professional Services

# COVID-19 : RAMP-UP Update

## Public Board Meeting

### July 13, 2020





# RAMP-UP on the ADULT SITES



# Ramp-up of Regular Activities: Adult Inpatient Units (MGH and Glen)

- Reduction of the number of adult COVID+ beds from 108 regular beds (April 2020) to 12 beds (July 2020)

Glen Adult Units description planned for 01-07-2020

	North Pod	Center Pod	South Pod
C07	12 beds C07N- VASCULAR SURGERY	13 beds CARDIOLOGY (9 beds), Surgery (4 beds)	9 beds Surgery
C08	12 beds C08N - SURGICAL/GYNE	12 beds NSA / COVID recover type patients	12 beds C08S - SURGICAL/GYNE
C09	12 beds COVID	12 beds C09C- INT MED	12 beds C09S - INT MED
C10	12 beds C10N - GENERAL SURGERY/ENT	12 beds C10C- TRANSPLANT / SURGERY / GYN-ONCO	10 beds C10S- GENERAL SURGERY / GYN-ONCO
D03	12 beds D03 - ICU / COVID ICU	11 beds D03 - ICU	12 beds D03 - ICU
D06	9 beds D06N-MATERNITY	8 beds D06C- MATERNITY/NURSERY	12 beds D06S- MATERNITY
D07	12 beds CCU	12 beds D07C- CARDIAC SX/PLASTICS	12 beds D07S - CARDIAC SX/PLASTICS
D08	12 beds D08N- RESPIRATORY	11 beds D08C- MCI ICU	10 beds D08S- Short stay unit
D09	12 beds C09C-INT MED (6 beds) & PAL (6 beds)	9 beds D09C- INT MED	12 beds D09S - INT MED
D10	12 beds D10N - HEMATOLOGY	12 beds D10C - HEMATOLOGY	12 beds D10S - ONCOLOGY

MGH Units description planned for 07-01-2020

	West	East	Other
18	19 beds 6 beds Int Med/ 13 beds Surg	21 beds 18E - Gen Surg/ACS/Oral	
17		19 beds 17E - Internal Medicine	
15	15 beds 15W - Internal Medicine	18 beds 15E - Internal Medicine	
14	12 beds 14W – Unité de débordement		12 beds 6 beds PSY, 6 beds ED-Psy
13		14 beds 13E – Surg TBI	
12	15 beds 12W - Ortho Trauma	15 beds 12E - Ortho Trauma	
11	12 beds 11W - CCU		
10		15 beds Thoracic Surg	
9	13 beds 9E - ICU-East / COVID ICU (3 beds)	13 beds 9W - ICU-West	
4	24 beds 4W - Psychiatry	16 beds 4W - Psychiatry	
BIU	6 beds COVID ED		

- Creation of a dedicated pod for COVID recovered and NSA patients at the Glen to help with patient flow from the ED

# Ramp-up of Regular Activities: Surgical and Interventional Platforms

## ■ Resumption of about

- *70% of regular activities in Ors*
- *80% for Angioradiology*
- *65% for Cath Lab*
- *50 -71% for EP Lab*
- *30% for Endoscopy*

## ■ Challenges to go further:

- *Availability of human resources displaced during COVID and now for well-deserved vacations*
- *Coordination with the capacity of post intervention care*
- *New infection control protocols extending procedure time*





# Snapshot of Surgical Wait Lists at MGH, RVH, Lachine and Neuro on July 9

Oncology					
	RVH	MGH	MNH	Lachine	Total
Total Oncology:	169	114	1	5	289
Over 56 days:	33	39	0	2	74

Over 1 Year					
	RVH	MGH	MNH	Lachine	Total
Over 12 months:	50	95	15	84	244

Cardiac	
Total Cardiac:	74
Hors-Delai:	32

Orthopaedics	
Total Ortho:	700
Hors-Delai (+4 weeks)	8
Hors-Delai (+6 months)	104
Hors-Delai (+1 year)	18

*Ortho Oncology (over 4 weeks)*

*Knees and hips (over 6 months)*

*Ortho cases waiting over a year*



# Adult Non-ED and Non-hospitalized Patient Imaging Wait Time Data

TABLEAU GESTION IMAGERIE MÉDICALE PENDANT COVID

Nature de l'attente	Modalités	P13 ( 1 Mars-31 Mars 2020)	P1 ( 1 Avr-25 Avr 2020)	P2 ( 26 Av-23 Avril2020)	P3 ( 24 Mai-20 Juin)
Nombre total d'examens électifs en attente 90 jours ( Pourcentage%)	CT SCAN	2259 (92.17%)	2338 (81.1%)	1952 (59.68%)	1678 (47.98%)
	IRM	3321 (68.52%)	3193 (62.34%)	2583 (48.67%)	2055 (34.84%)
	PET	327 (91.6%)	311 (86.39%)	266 (73.68%)	284 (69.61%)



# Ramp-up of Regular Activities: Adult Ambulatory Services

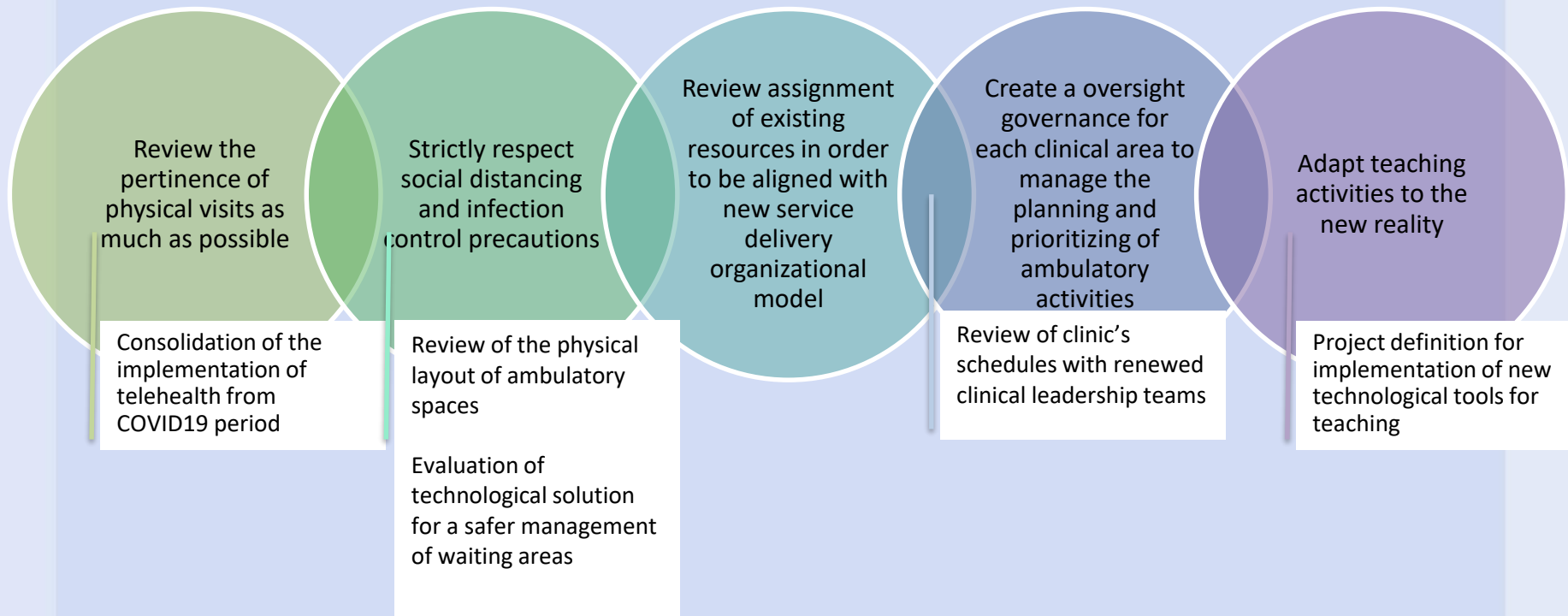
- Resumption of more than 75% (including telehealth modalities) of regular activities in ambulatory clinics;
- Oncology volumes have remained high even during the pandemic; this creates challenges in terms of wait room management.





# Ramp-up of Regular Activities: Ambulatory Services

## ■ Orientations for ramping up:





# RAMP-UP at the MCH



# MCH

## Ramp-up Phase 2: June 28 – July 4, 2020

### Outpatient stream

- Medical Clinics: physical visits avg. 42%, telehealth: avg. 84%
- Surgical Clinics: physical visits avg. 47%, telehealth: avg. 14%
- Day Hospitals: physical visits avg. 96%, telehealth: avg. 3%
- Allied Health: physical visits avg. 16%, telehealth: avg. 20%

### In patient stream

- Inpatient Units: avg. 95%
- Inpatient ICU: avg. 83%

### Periop stream

- OR 75% pre-Covid cases with 96% utilization
- Hors bloc: 60%



# MCH Wait List 2020

Date	Total OR Cases Waiting	Cases Waiting 0-9 months	Cases Waiting over 9 months
June 20, 2020	2152	1727	425
June 2019	2153	2023	130



## **5. Report of the President and Executive Director**

# **Family Presence Policy in the Context of COVID-19**

***Ms. Chantal Souigny***  
**Director of Nursing**

# MUHC Board of Directors Public Meeting

## Family Presence Policy in the Context of COVID-19

July 13, 2020

Chantal Souligny  
Director of Nursing, MUHC



# Objectives

1. Understand the revision of our existing visiting policy for the purpose of safety of our patients and our staff during the pandemic.
2. Introduce key components of its implementation.
3. Present the communication plan of these temporary changes.
4. Present our commitment to patient- and family-centred care in the context of COVID-19.



# A New Family Presence Policy During the Pandemic?

- Why:
  - A new novel coronavirus and need for additional precautions
  - MSSS directives
- How:
  - Consultation: Infection control specialist and ombudsman
  - Staff experience data
  - Capacity to ensure safe presence
- Benchmarking with other organizations
- Staying committed to the guiding principles of our existing visiting policy and the important role of the family.





# Key Messages

- Non-essential visits remain suspended (*June 2<sup>nd</sup> 2020 MSSS directives*) *with the exception of essential family members and caregivers (June 19, 2020)*
- The MUHC welcomes family presence in the following circumstances:
  - Pediatrics and obstetrics
  - Inpatient and outpatient areas
  - Camille-Lefebvre Pavilion
  - Palliative and end-of-life care
  - *Essential caregivers/family members*



# Key Messages

- Current COVID-19 epidemiologic context allows for the reintegration of families at the bedside
- “No risk” does not exist, but ways to mitigate them do.
  - **Need to educate, support and coach families.**
- Expect changes to the policy and ongoing reevaluation. These will take place in phases.

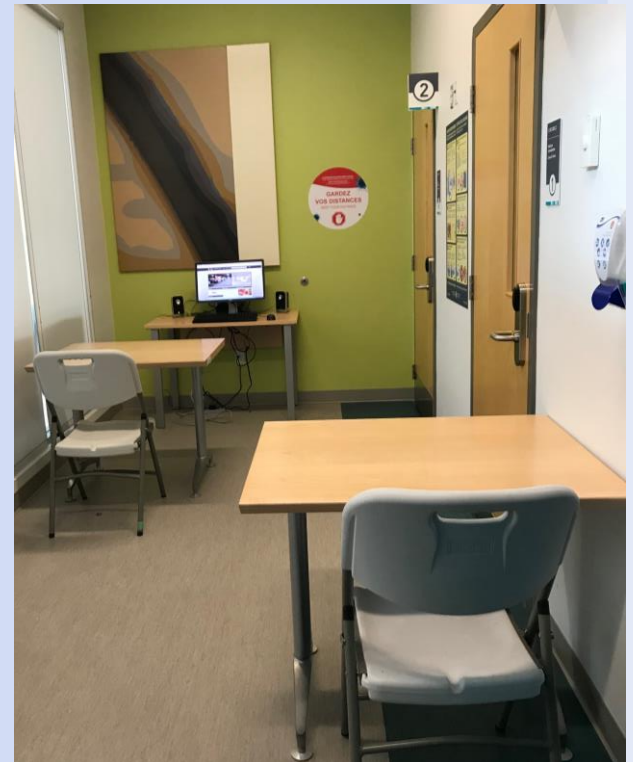
# How Are the Visits Planned?

- Screening
- Consents
- Log in and bracelet



- Infection control measures
  - Videos: hand washing, mask, general directives  
<https://www.youtube.com/watch?v=Fh7jMIC3LLE&feature=youtu.be>
  - Poster

# Family Presence Support Centre



- # VISITER VOTRE PROCHE

## COMMENT RESTER EN SÉCURITÉ ET AIDER À PRÉVENIR LA PROPAGATION DE LA COVID-19

# VISITING YOUR LOVED ONE

## HOW TO STAY SAFE AND HELP PREVENT THE SPREAD OF COVID-19

### 1

#### LAVEZ-VOUS SOUVENT LES MAINS WASH YOUR HANDS OFTEN

**LE LAVAGE DES MAINS EST TRÈS IMPORTANT.**  
Vous devez vous laver les mains et le sécher minutieusement à chaque occasion, notamment :

  - Après avoir été en contact avec un patient.
  - Après avoir touché un objet ou une surface de la chambre de votre proche.

Chaque fois que vous touchez ou venez le saluer.

**LES GANTS DOIVENT ÊTRE TRÈS IMPORTANT.**  
You will need to wash your hands in hot water, drying your hands thoroughly, every time you touch or come in contact with a patient.

  - After having been in contact with a patient.
  - After having touched an object or surface in the patient's room.

Please do not wear gloves unless you are asked to.

### 2

#### GARDEZ VOTRE DISTANCE SÉCURITAIRE AVEC LES AUTRES KEEP A SAFE DISTANCE FROM OTHERS

**GARDEZ VOTRE DISTANCE SÉCURITAIRE.**  
IL Y A AU MOINS 2 MÈTRES DE DISTANCE DES AUTRES. 2 mètres, c'est la distance à respecter à tout moment.

**KEEP AT LEAST 2 METERS AT ALL TIMES.**  
2 metres is the safe distance at all times.

### 3

#### PORTEZ UN MASQUE WEAR A MASK

Tous devez toujours porter un masque quand vous visitez un proche à l'hôpital. C'est la seule façon de vous protéger et de protéger votre proche.

**YOU SHOULD ALWAYS WEAR A MASK**  
when you visit your loved one. This is the only way to protect yourself and your loved one.

### 4

#### LIMITEZ VOS DÉPLACEMENTS DANS L'HÔPITAL LIMIT WHERE YOU GO WHILE IN THE HOSPITAL

**RESTEZ DANS LA CHAMBRE DE VOTRE PROCHE.** Essayez de ne pas aller dans d'autres parties de l'hôpital.

  - Vous devez porter la chemise et le pantalon fournis à l'admission.
  - Si vous avez un accès unique, vous pouvez aller dans les zones désignées à cet effet.
  - Si vous avez un accès unique, vous pouvez aller dans les zones désignées à cet effet.

**STAY IN YOUR LOVED ONE'S ROOM** as much as possible.

  - You must wear the gown and pants provided to you.
  - If you have a single access, you can go to the designated areas.
  - If you have a single access, you can go to the designated areas.

### 5

#### LORSQUE VOUS VENEZ À L'HÔPITAL WHEN YOU COME TO THE HOSPITAL

Portez des vêtements propres.

  - Changez de vêtements à l'entrée.
  - Évitez d'apporter des objets personnels.
  - Évitez d'apporter des aliments.
  - Évitez d'apporter des objets personnels.

**Wear clean clothes.**

  - Change clothes at the entrance.
  - Avoid bringing personal items.
  - Avoid bringing food.
  - Avoid bringing personal items.

### 6

#### PROTÈGEZ-VOUS ENTRE LES VISITES STAY SAFE IN BETWEEN VISITS

**LES MESURES QUE VOUS PRENNES POUR RÉDUIRE LES RISQUES D'EXPOSITION À LA COVID-19** sont celles de l'hôpital aux visites.

  - Évitez de vous déplacer.
  - Évitez de vous déplacer.
  - Évitez de vous déplacer.

**THE STEPS YOU TAKE TO reduce your chances of catching COVID-19 while the hospital are visits.**

  - Avoid moving.
  - Avoid moving.
  - Avoid moving.

**Merci de faire partie de l'équipe !**

Centre universitaire de santé McGill

McGill University Health Centre

cusm.ca/visite

**Thank you for being part of the team!**

muhc.ca/visit

# Offering an Alternative

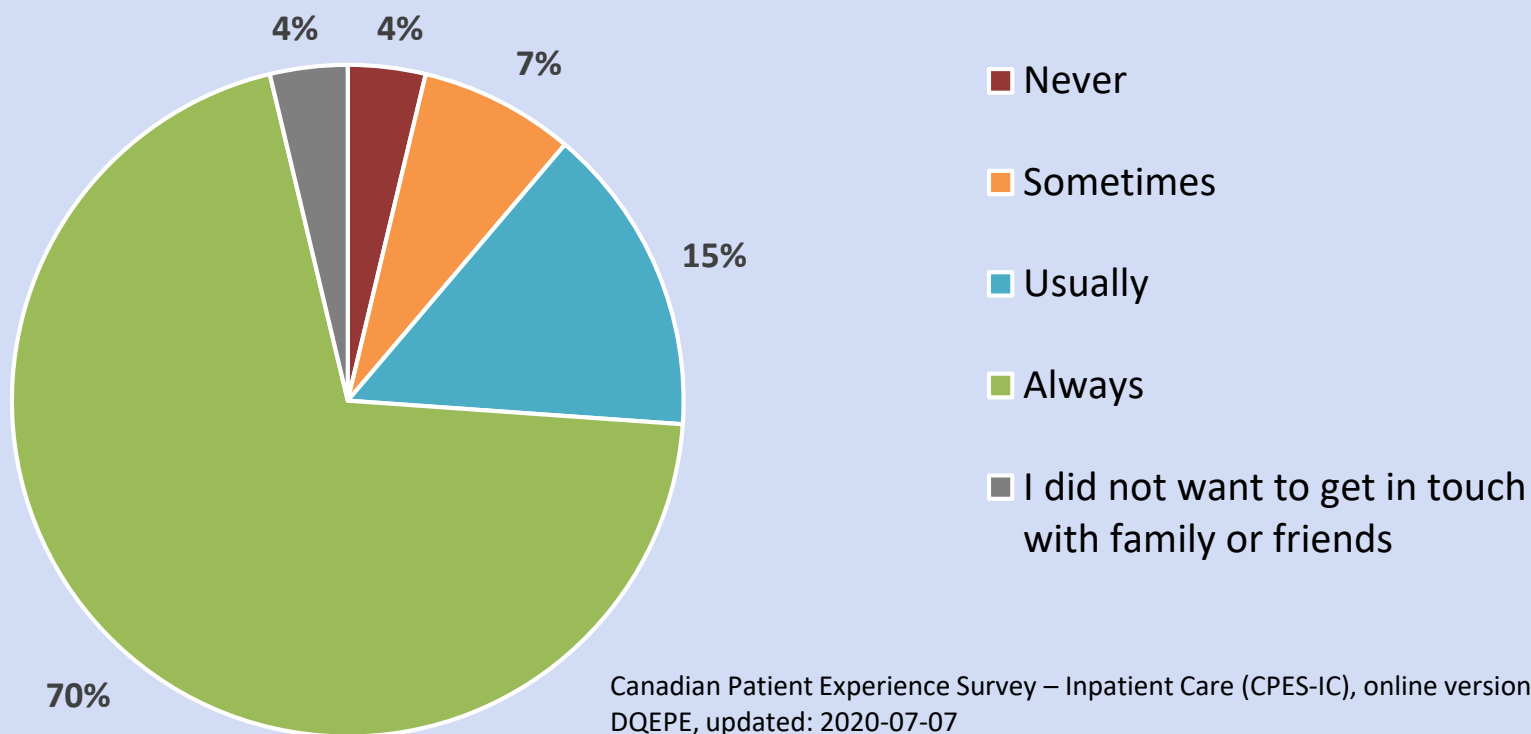
- Supporting patient and family connection
  - Communication assistance service: Tablet project





# Patient Experience

**36.b. Despite the visit restrictions caused by the COVID19 epidemic, have you managed to keep in touch with your family or friends as much as you wanted?  
(n=134)**





# Questions?





## **6. Equity, Diversity and Inclusion Announcement**



# Equity Diversity and Inclusion

**WHEREAS** the general level of awareness about racism and discrimination of various forms is at an all-time high around the world, and has led individuals, groups, companies, and organizations to issue statements and/or take action;

**WHEREAS** the president and executive director of the McGill University Health Centre (MUHC) published a message on June 19, 2020 underscoring that the existence of racism and all forms of prejudice in 2020 is disturbing, upsetting and wrong and that while the MUHC has certain programmes and measures in place, it knows we can do better for all, and must do better;

**WHEREAS** the MUHC wishes to encourage a creative, respectful, multi-disciplinary, and inclusive work setting, which both welcomes and encourages job applications and trainees from racialized, socio-culturally diverse and marginalized persons, including members of First Nations, Indigenous persons, persons with disabilities, ethnic minorities, and persons of diverse sexual orientations and gender identities;

**WHEREAS** the MUHC serves a socio-culturally diverse patient population, including members of First Nations and Indigenous persons, racialized persons/visible minorities, women, persons with disabilities, ethnic minorities, and persons of diverse sexual orientations and gender identities;

**WHEREAS** the MUHC recognizes that cultural sensitivity in health care has an impact on communication, trust, informed decision-making regarding treatment and treatment compliance, the overall patient experience and health outcomes;



# Equity Diversity and Inclusion (cont'd)

**WHEREAS** the chairman of the Board of Directors of the MUHC convened a small ad hoc group of members of the Board and of Management to a meeting on July 6, 2020 to discuss equity, diversity and inclusion in preparation for a discussion at the in-camera meeting of the Board on July 13, 2020 announcing a series of next steps, notably;

- **That** the matter of systemic equity, diversity and inclusion has become an incontrovertible issue requiring not only words, but also a concrete, achievable and measurable action plan;
- **That** the MUHC is not an island and must therefore move forward with partners' values, guiding principles, programmes, and initiatives in mind; and
- **That** the MUHC needs to examine its approach to equity, diversity and inclusion of socio-culturally diverse and marginalized groups are concerned from the perspective of the MUHC community, including its work force, trainees, volunteers, patients, family members, and visitors in order to effect the necessary changes.



# Equity Diversity and Inclusion (cont'd)

## **THEREFORE, UPON MOTION DULY MADE AND SECONDED, BE IT RESOLVED THAT:**

- The Board of Directors approves the creation of the Committee for Action on Inclusion, Diversity and Equity (C-AIDE), which will 8 to 10 people, including Board members and stakeholders.
- In so doing, the Board also approves the initial mandate as follows:
  - Engage with the MUHC community to identify the metrics needed to provide an accurate picture of the current reality of EDI within the MUHC, and the optimal methodology to collect the data;
  - Identify all initiatives under way in the MUHC, as well as their level of success, and gaps for the work force, trainees, patients, families and visitors;
  - Analyse and ensure informal and formal alignment, as may be appropriate, with other initiatives, including but not limited to McGill University and its community, the Government of Quebec and Government of Canada;
  - Recommend immediate changes and/or initiatives to implement in the short term, with particular emphasis on work force, trainee and patient programmes;
  - Provide a progress report to the Board of Directors in the fall of 2020.



## **7. Public Question Period**



## **8. Adjournment**