



Travailler mieux ensemble

Working Smarter Together

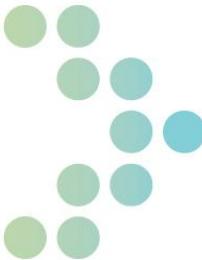
*McGill University Health Centre
Board of Directors*

March 11th, 2014

Centre universitaire
de santé McGill



McGill University
Health Centre



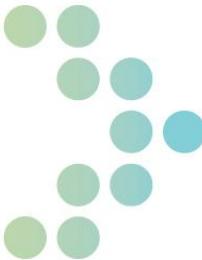
Conseil d'administration du Centre universitaire de santé McGill

McGill University Health Centre Board of Directors

Public Meeting

Le 11 mars 2014 / March 11th, 2014





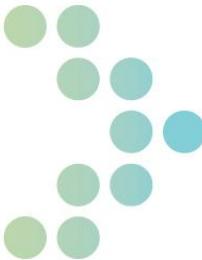
Conseil d'administration du Centre universitaire de santé McGill

McGill University Health Centre Board of Directors

Claudio Bussandri

Président / Chairman

Le 11 mars 2014 / March 11th, 2014



Conseil d'administration du Centre universitaire de santé McGill

McGill University Health Centre Board of Directors

Normand Rinfret

Directeur général et chef de la direction /
Director General and Chief Executive Officer

Report of the Director General and CEO

Le 11 mars 2014 / March 11th, 2014





Conseil d'administration du Centre universitaire de santé McGill

McGill University Health Centre Board of Directors

Ewa Sidorowicz

Associate Director General, Medical Affairs
and Director of Professional Services

Ann Lynch

Associate Director General
Clinical Operations, Adult Sites

Clinical Review

Le 11 mars 2014 / March 11th, 2014

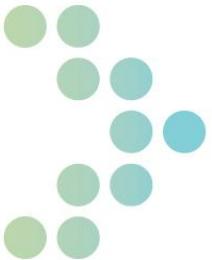
Martine Alfonso

Associate Director General
Montreal Children's Hospital

Teresa Mack

Administrative Director
Montreal Neurological Hospital



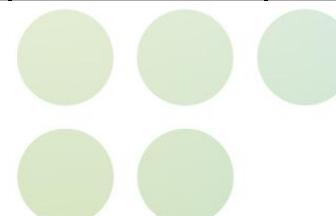


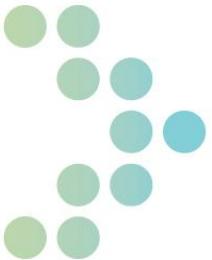
Key Volumes of Activities

P11 YTD 2013-2014

Adult Sites

Adult sites	YTD Period 11		YTD Variance 13-14 vs 12-13	
	13-14	12-13	nb	%
Admissions	25,541	25,629	-88	-0.34%
ORs Patients	14,581	13,628	953	6.54%
Ambulatory Visits	590,472	609,548	-19,076	-3.23%
E.R. Visits	63,437	63,601	-164	-0.26%
Deliveries	3,297	3,250	47	1%



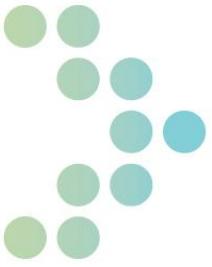


Key Volumes of Activities

P11 YTD 2013-2014

Hôpital Lachine

Hopital Lachine	YTD Period 11		YTD Variance 13-14 vs 12-13	
	13-14	12-13	nb	%
Admissions	1,376	1,305	71	5%
ORs Patients	5,282	5,260	22	0%
Ambulatory Visits	51,723	51,123	600	1%
E.R. Visits	18,100	17,044	1,056	6%



Key Volumes of Activities

P11 YTD 2013-2014

Neurosciences

Neurosciences	YTD Period 11		YTD Variance 13-14 vs 12-13	
	13-14	12-13	nb	%
Admissions	2,205	2,264	-59	-3%
ORs Patients	1,463	1,384	79	5%
Ambulatory Visits	20,893	22,836	-1,943	-9%



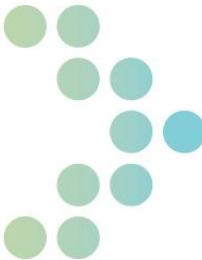
Key Volumes of Activities

P11 YTD 2013-2014

Montreal Children's Hospital

Montreal Children's	YTD Period 11		YTD Variance 13-14 vs 12-13	
	13-14	12-13	nb	%
Admissions	4,864	5,093	-229	-5%
ORs Patients	6,524	5,769	755	12%
Ambulatory Visits	115,942	113,932	2,010	2%
E.R. Visits	70,165	66,708	3,457	5%





Conseil d'administration du Centre universitaire de santé McGill

McGill University Health Centre Board of Directors

Stéphane Beaudry

Associate Director General,
Financial Resources, Procurement & Biomedical Engineering

Financial Review

Le 11 mars 2014 / March 11th, 2014



Financial Results Period 11, 2013-2014

Finance Directorate

March 11th, 2014

2013-2014 Results

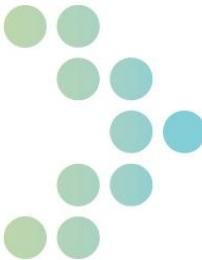
- The \$20M budgeted deficit for the 2013-2014 year consists of:
 - ❖ \$14.5M from Operations
 - ❖ \$5.5M for the Research Institute
- We are currently on track with our objective for 2013-2014 (as of February 08th).
- Our forecast shows that we will finish the year within the \$20M target, or lower



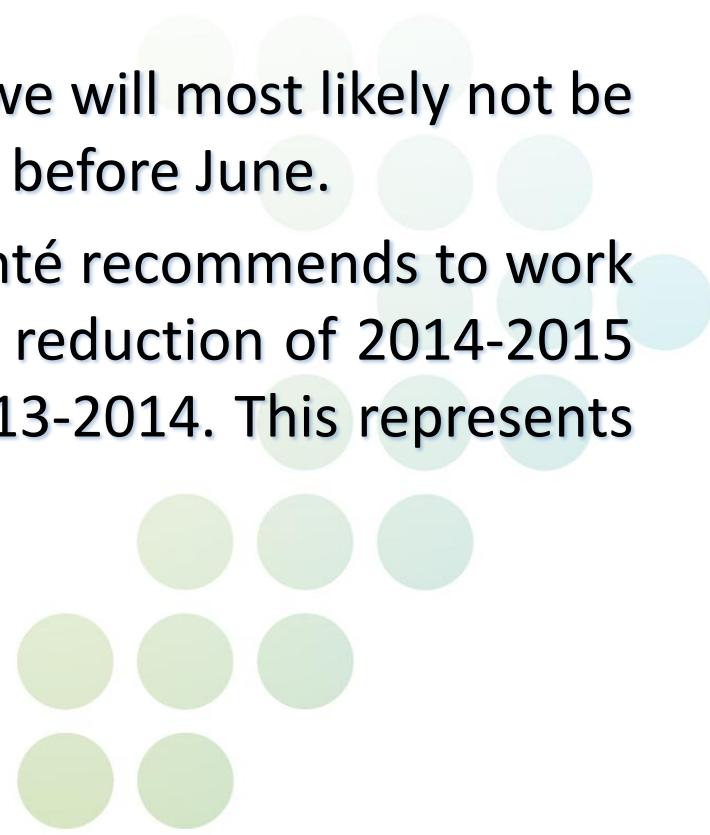
Budget 2014-2015

- A year ago, our commitment was to achieve equilibrium for the year 2014-2015. Consequently, we need to apply \$14.5M of cost reductions for Operations and \$5.5M for the Research Institute
- The preliminary cost reduction plan for the \$14.5M consists of :
 - ❖ \$8.6M related to the annualization of the 2013-2014 cost reduction plan including the “Grands Projets d’Optimisation” (GPO)
 - ❖ \$ 5.9M related to administrative and support services and contract negotiation
- The Research Institute deficit is solely related to the tenure track cost. Negotiation with McGill University is on going to resolve this issue





Budget 2014-2015

- Based on the recent budget presented by the Ministère des Finances du Québec, there is a very high probability that additional cost reduction and optimisation will be required from the health care network.
 - Due to the current political situation, we will most likely not be advised of the magnitude of the effort before June.
 - In the meantime, the Agence de la Santé recommends to work with the assumption that the funding reduction of 2014-2015 would be equivalent to the one of 2013-2014. This represents \$12M for the MUHC.
- 



Budget 2014-2015

To be proactive in addressing the additional efforts required, we have started to work on a new plan that would provide a reduction in consideration of the following guidelines :

- Continuous efficiency improvements
- Maintain or increase quality of care
- Maintain accessibility



Conseil d'administration du Centre universitaire de santé McGill

McGill University Health Centre Board of Directors

Marie-Claire Richer

Inf. PhD, Director of the Transition Support Office (TSO)

Presentation on MUHC's Transformation

Le 11 mars 2014 / March 11th, 2014



The Transition Support Office (TSO)

Presentation to the MUHC Board of Directors

March 11, 2014

*by Marie-Claire Richer, inf. PhD
Director, TSO*

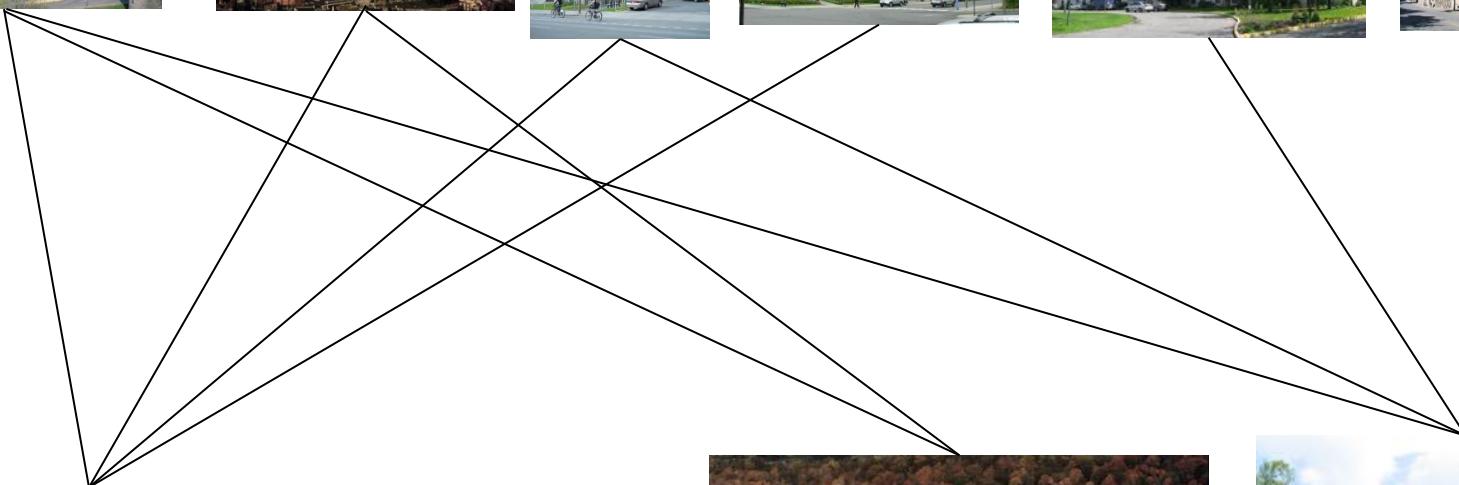




*Transforming the MUHC
together -*

*Multiple people,
multiple teams, and
multiple units at a time*

The Changes to Come...



Centre universitaire de santé McGill
McGill University Health Centre

The New MUHC

2010 - 2014



2015

**Successful
Transition**

**Continued high
quality care**



Transition Support Office: Why?

- New physical configuration as well as consolidated teams necessitates re-design of how we work
- Also presents a unique and unprecedented opportunity to transform patient care delivery



But.....

How to introduce extraordinary change when staff and physicians must simultaneously continue to deliver high quality care to patients on a day to day basis?

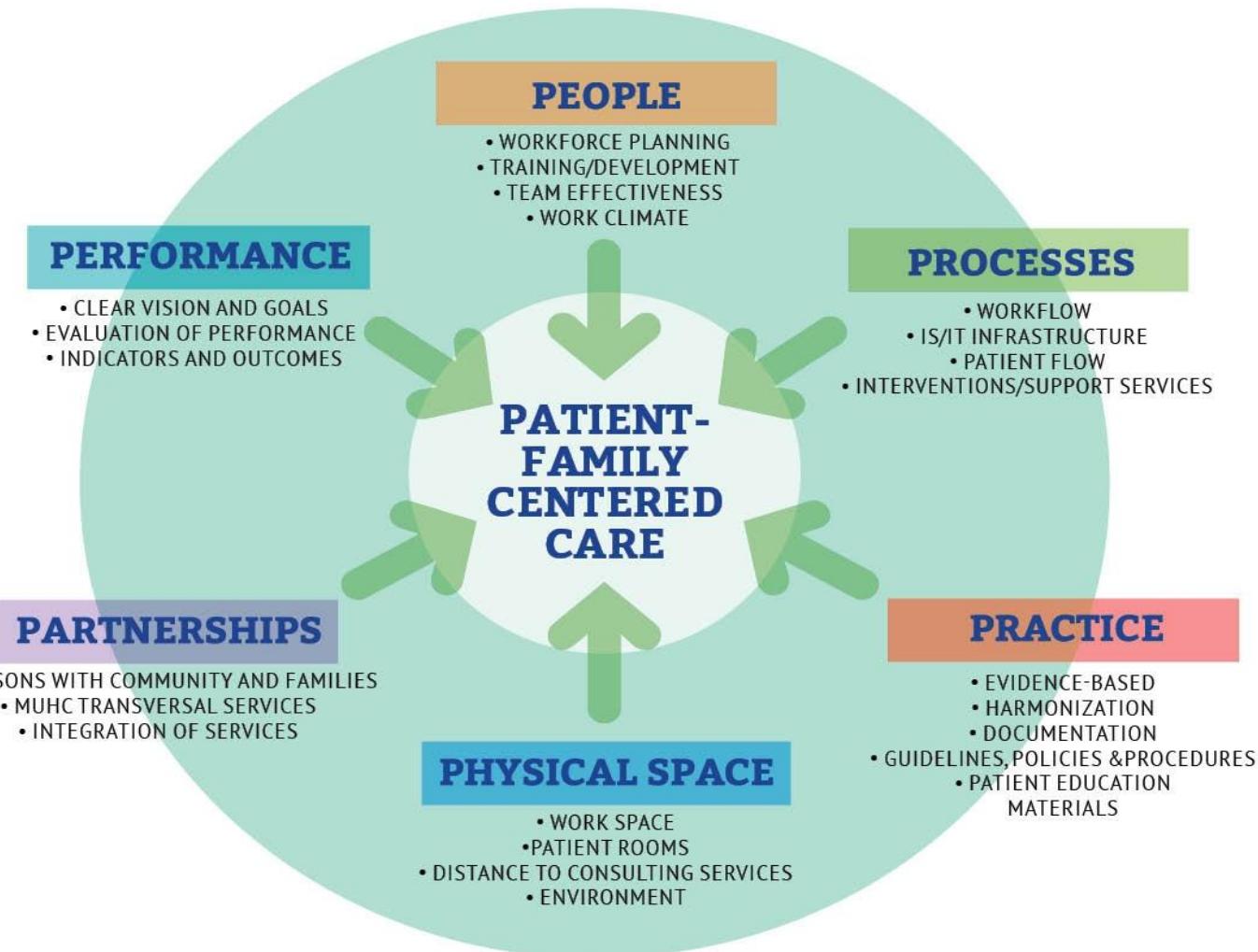


Creation of the Transition Support Office (TSO): 2008

Developed a comprehensive mix of expertise to support our frontline caregivers



Our Model: The Six P's of Transition





A multitude of concrete initiatives supported by the TSO on the ground and transforming the organisation

...inside the buildings



Pratique

Harmonisation des pratiques liées aux cathéters veineux centraux

Dr. Caroline Quach

Pédiatre, microbiologiste-infectiologue

Hôpital de Montréal pour enfants

France Paquet

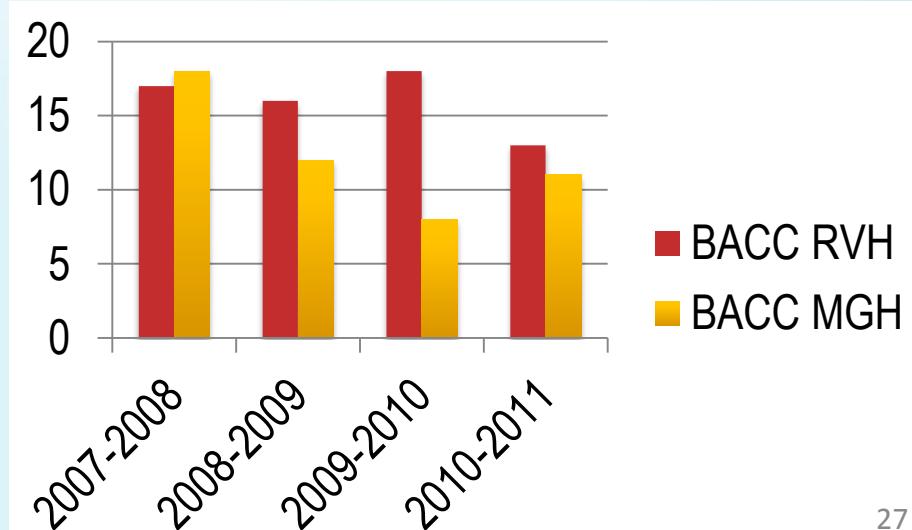
Conseillère en pratique clinique

Bureau de soutien à la transition, CUSM

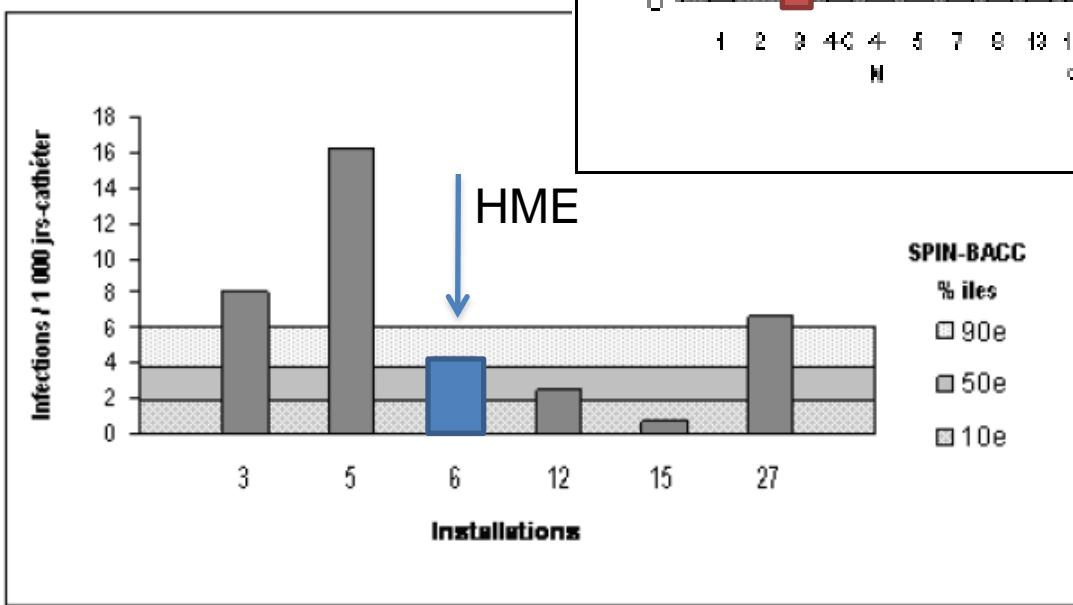
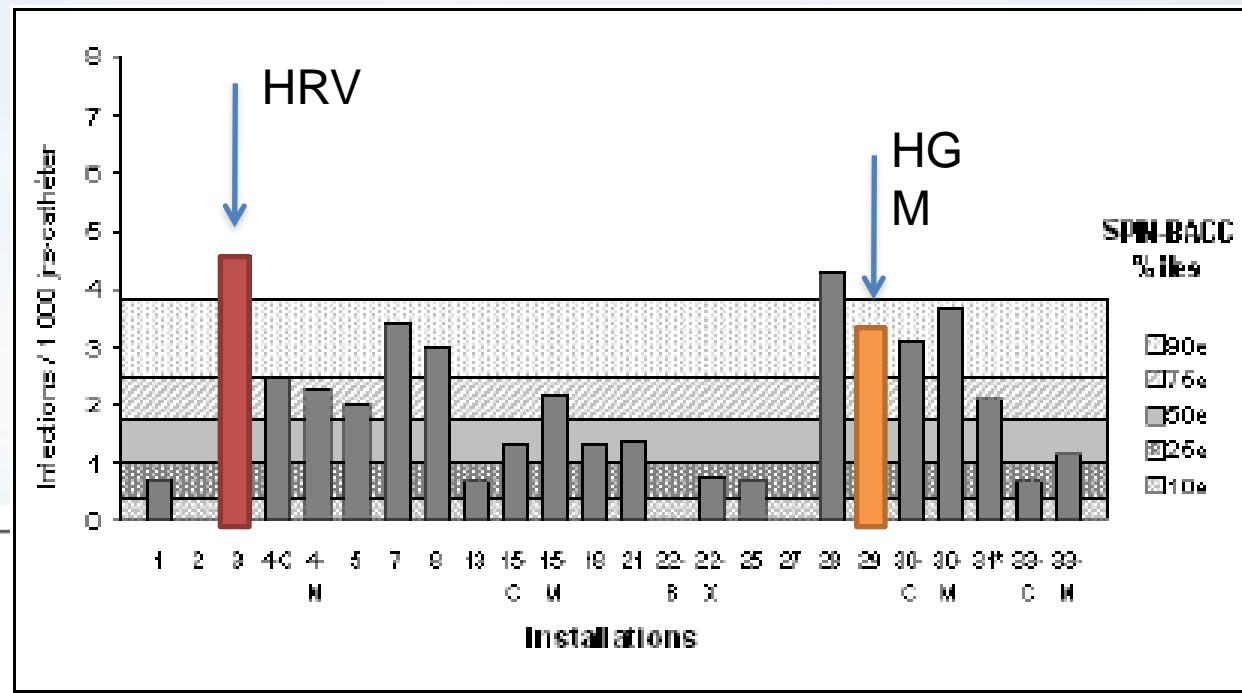


Contexte du projet

- Harmoniser les pratiques dans tous les sites
- Taux de bactériémies au CUSM les plus élevés dans la province
- Plus de 200 BACC annuellement (07-08)
 - ↑durée de séjour
 - 16% mortalité (INSPQ 2010)
 - Coût de traitement élevé
- Écarts importants entre la pratique et les meilleures pratiques
- Pratiques variées
- Les BACC sont évitables



À l'échelle provinciale 2007-2008



Objectifs du projet

- Harmoniser et optimiser la pratique sur tous les sites
- Éliminer les BACC et les autres complications (ex: thromboses et occlusions)
- Création d'une culture de sécurité au sujet des cathéters centraux
- Implantation des meilleures pratiques (“Bundle” insertion et entretien)
- Mise en place de stratégies pour assurer la pérennité

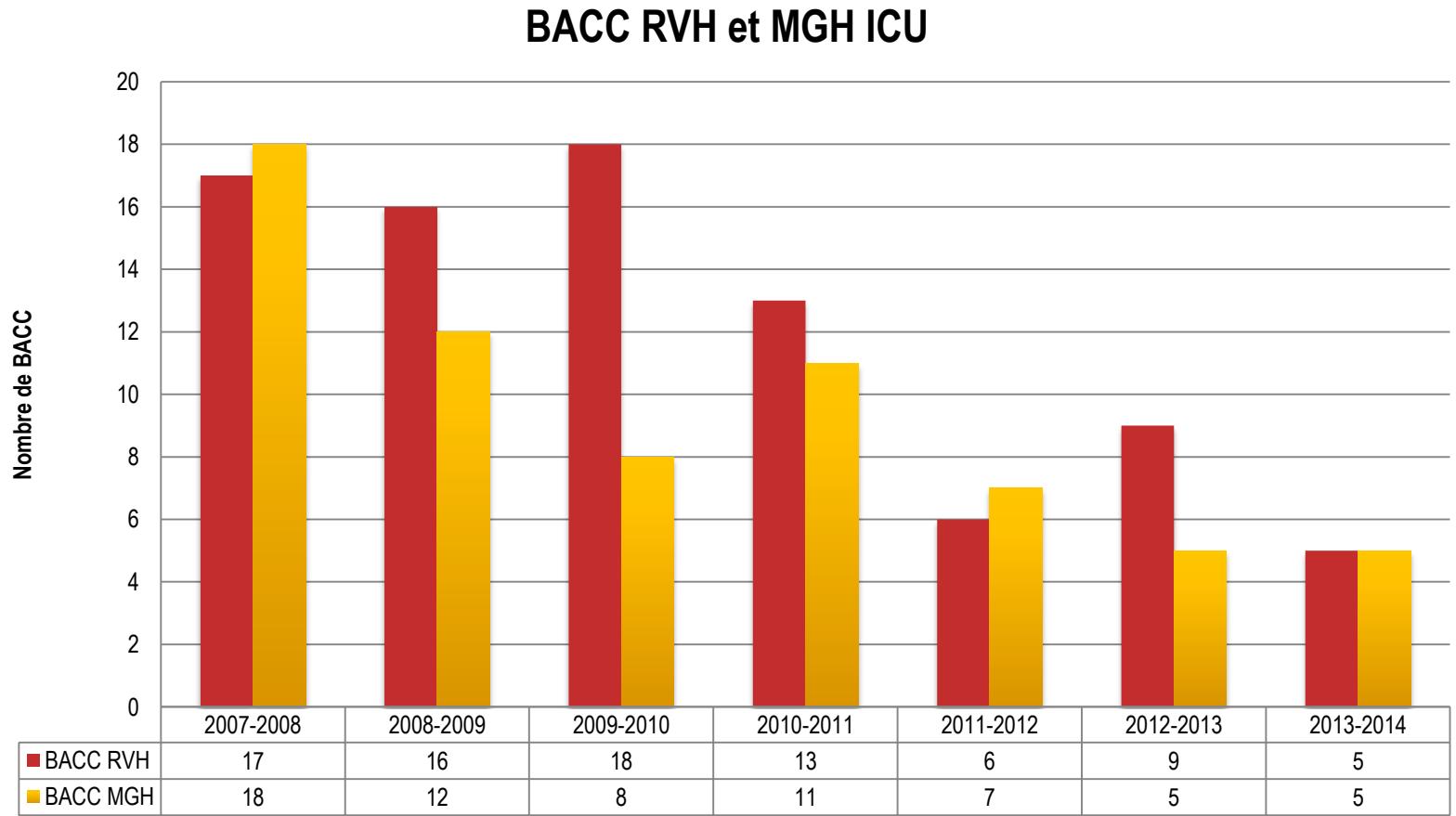


Interventions Insertion & Entretien

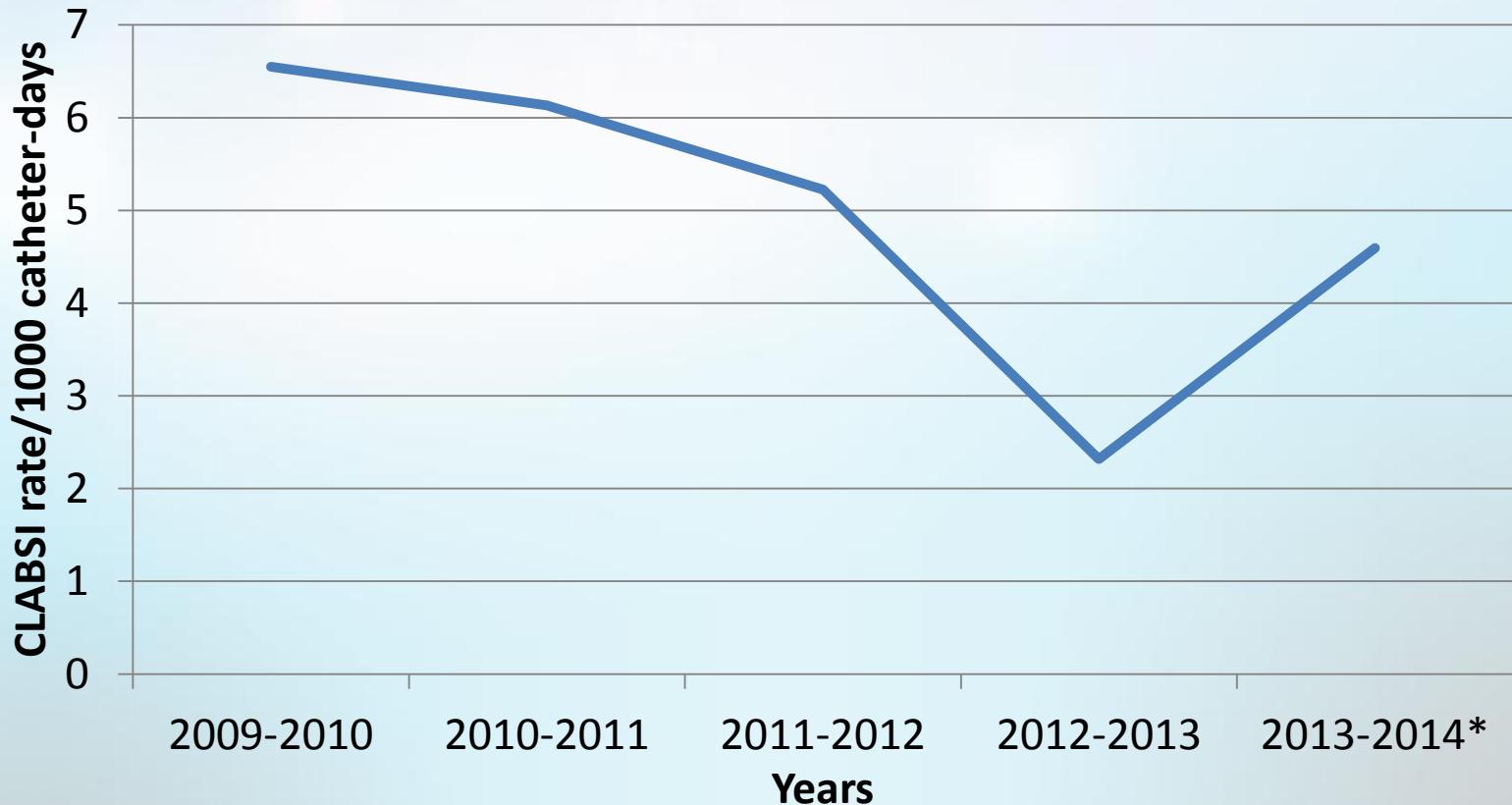
- Hygiène des mains
- Barrières maximales au moment de l'insertion
- 2% CGH + IPA 70%
- Pansement sec
- *Privilégier la veine sous-claviaire*
- *Cathéter imprégné de chlorhexidine*
- Hygiène des mains
- Friction vigoureuse du bouchon
- Changement du pansement lorsque souillé, décollé ou humide (min q 7)
- Lumière dédiée pour HAIv
- Évaluation quotidienne de la nécessité du cathéter et retrait rapide



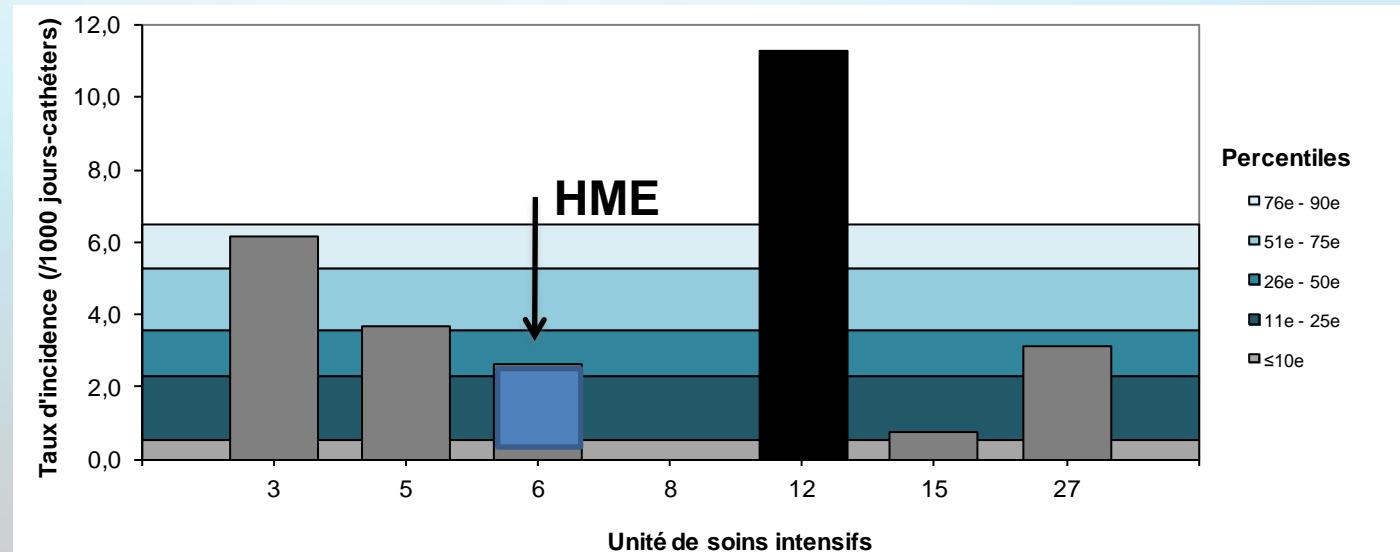
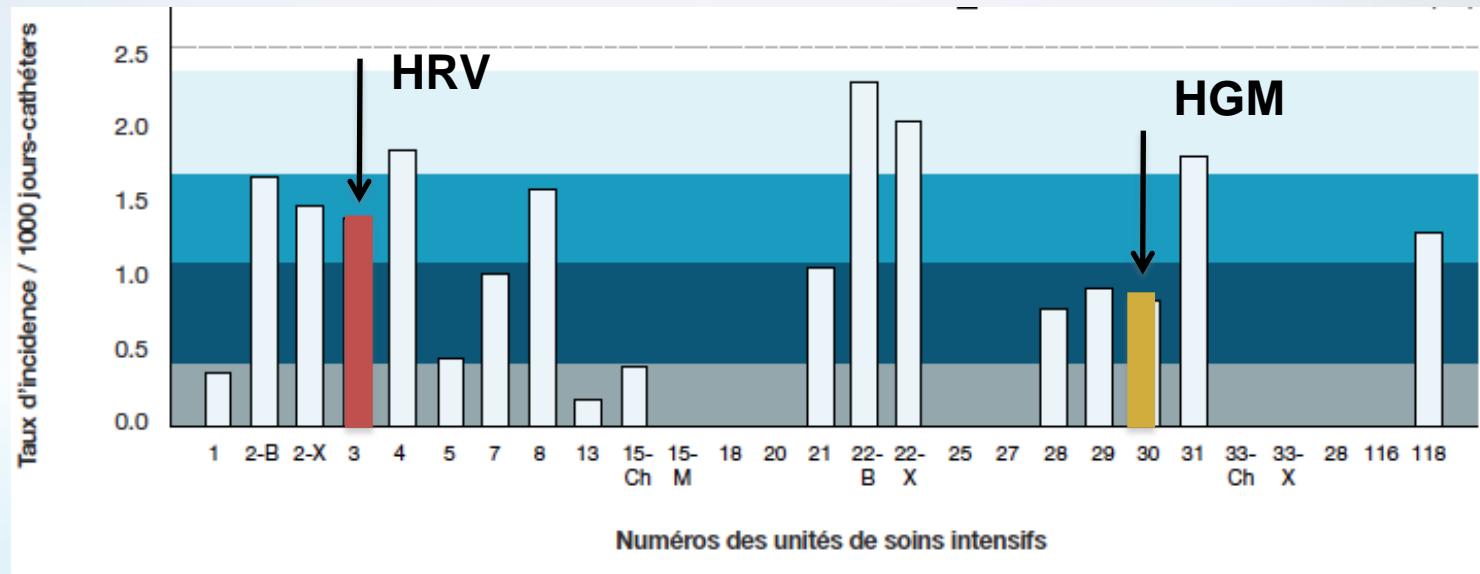
3 ans plus tard – USI HRV et HGM



3 ans plus tard – USIN (HME)



À l'échelle provinciale – 2012-2013



Prudence sur toute la ligne!

Be line wise!



Wash your hands

Hygiène des mains

Insert and care under aseptic
technique

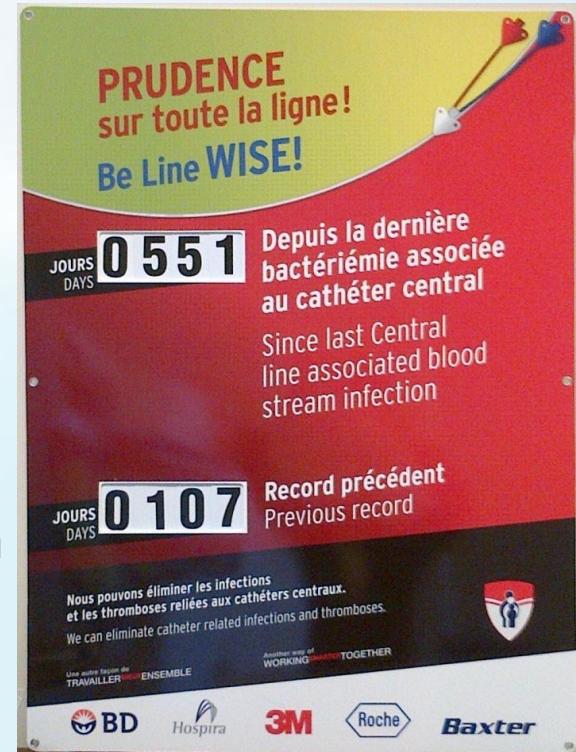
Insertion et soins avec asepsie

Scrub the hub

Friction vigoureuse du bouchon

Ensure patency

Assurer la perméabilité



Pérennité

Publié: 2014-02-18

Mention Argent à l'Unité des soins intensifs de L'HGM



Benoit Richard-Beland (infirmier),
Claire Hall (infirmière), Wedlyne Pierre (infirmière),
Bernardo Oabel (infirmier), Karine Letarte (infirmière),
Colleen Stone (infirmière-chef),
Melissa Amadouny (infirmière),

À l'Unité des soins intensifs (USI) de l'Hôpital général de Montréal (HGM), aucun patient n'a contracté d'infection sanguine liée à l'utilisation de cathéters centraux depuis près de 8 mois. Cette réussite témoigne des efforts soutenus de l'équipe soignante et de l'efficacité du programme de prévention Prudence sur tout la ligne déployé au Centre universitaire de santé McGill (CUSM). Fière détentrice de la mention Argent pour sa performance, l'USI pourrait obtenir le statut Or en mars 2014, si aucune infection de ce type ne s'y produit d'ici là.

« Il y a 6 ans, notre priorité no. 1 était de minimiser l'occurrence de ce type d'infection. Il s'en produisait alors une



Résultats (depuis avril 2011)

- Plus de 140 BACC évitées
- Prudence sur toute la ligne:
 - Niveau argent: 6 unités
 - Niveau or: 1 unité
- Résultats publiés dans J. Am. Coll. Rad - 2013



Insertion of PICCs with Minimum Number of Lumens Reduces Complications and Costs

Jeremy O'Brien, MD, France Paquet, RN, MSc, Richard Lindsay, MD,
David Valente, MD

Background: Inappropriate catheter requests at the McGill University Health Centre (MUHC) led to significantly increased costs and early catheter malfunction or infection. Dual-lumen catheters were often requested and inserted when only a single lumen was required, and inappropriate catheter care on the wards led to early infection or thrombosis.

Methods: A full-time registered nurse was hired to analyze and transform the vascular access program of the MUHC. Catheter selection was streamlined on the basis of clinical unit need. Clinical and cost data were collected between May 2011 and January 2012.

Results: Requests for vascular access at the MUHC have been standardized and centralized. Single-lumen catheters are inserted unless a specific indication for a dual-lumen catheter is provided. To date, data have been collected on >4,000 catheter insertions, both before and after the switch to the single-lumen program. Dual-lumen catheters have been required in only 50% of cases. Reinsertion rates have decreased, leading to the first year-over-year reduction in peripherally inserted central venous catheter insertion since data collection began in 2002. The program has also resulted in significant reductions in central line-associated bloodstream infection and catheter-related thrombosis. Decreased maintenance and reinsertion costs have led to overall savings for the MUHC of approximately \$1.1 million.

Key Words: Venous access, PICC lines, practice management

J Am Coll Radiol 2013;10:864-868. Copyright © 2013 American College of Radiology

INTRODUCTION

Vascular access in modern health care is a resource-intensive practice. At the McGill University Health Centre (MUHC) in Montreal, Quebec, Canada, >2,000 peripherally inserted central venous catheters (PICCs) are inserted each year. This number increased by a compound annual rate of 16.5% between 2002 and 2010 (Fig. 1), further adding to growing cost strains on both the hospital and Quebec's provincial health care system.

At the MUHC, PICCs were traditionally inserted in the angiography suite. Lumen number and decisions about catheter replacement were undertaken by the treating physicians, with little input from the interventional radiology team. PICCs with more than one lumen were

often inserted when not indicated, >50% of the time, despite guidelines by both nursing associations and the Centre for Disease Control recommending the insertion of catheters with a minimum number of lumens because of increased risk for central line-associated bloodstream infection (CLABSI) and catheter-related deep vein thrombosis [1-4]. Inappropriate insertion of catheters with multiple lumens has also been demonstrated to increase costs and hospital stays [5-8].

On the basis of this published literature, we hypothesized that improvements could be made to the vascular access program at the MUHC. Specifically, we believed that PICC insertion led by the interventional radiology team catered toward clinical need and favoring single-lumen insertion, rather than as directed by the referring team, would significantly reduce both complications and costs.

McGill University Health Centre, Department of Diagnostic Radiology, McGill University, Montreal, Quebec, Canada.

Corresponding author and reprint: Jeremy O'Brien, MD, Montreal General Hospital, Department of Diagnostic Radiology, 1650 Cedar Avenue, Montreal, QC H3G 1A4, Canada.

METHODS

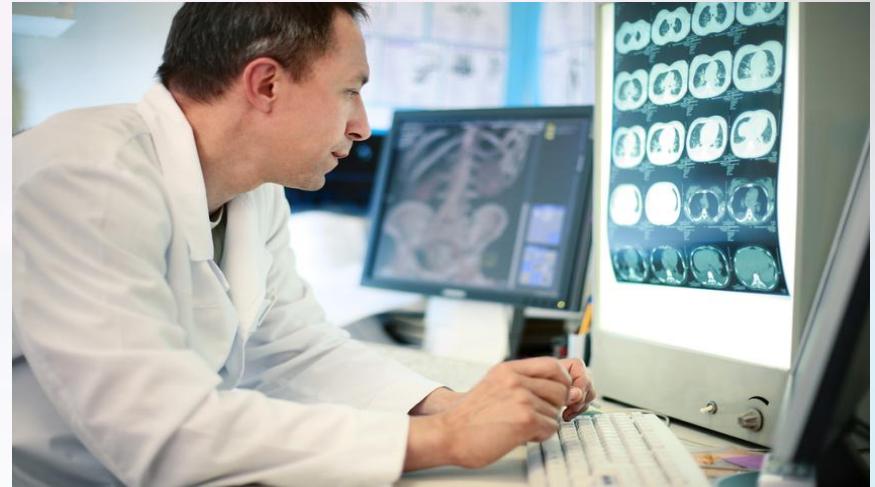
A full-time clinical nurse specialist (CNS) was hired to analyze and transform the vascular access program at the

Éléments de succès

- Leadership fort des parties prenantes
- Ressources dédiées à temps plein
- Stratégies répondant aux besoins des cliniciens
- Opportunité de tester de nouveaux produits
- Communication des résultats
- Volonté de mesurer les résultats de sa pratique (RI)
- Programme de surveillance



Processus



La planification de la transition de l'imagerie médicale: un travail d'équipe

Dr Benoît Gallix

Chef du département de l'imagerie médicale

M. Michel Picard

Directeur associé, imagerie médicale

Alexandra Rivard Fradette

Gestionnaire de projet, Bureau de soutien à la transition



Défis de la transition de l’Imagerie médicale

- Préparer l’imagerie médicale aux changements engendrés par le projet de redéploiement du nouveau CUSM
- Procéder à une harmonisation des pratiques cliniques et des processus administratifs au niveau des cinq sites adultes
- Optimiser l’utilisation du plateau technique qui représente un investissement de plus de 55 millions \$



Objectifs de la transition

- Offrir une meilleure accessibilité au patient et maintenir un standard dans la qualité des services
- Encourager et développer la culture d'une vision commune d'UN département d'Imagerie médicale au CUSM avec une gouvernance de cogestion
- Optimiser, revoir et harmoniser les processus de travail et les pratiques cliniques avec le soutien du personnel et des médecins



La transition c'est...

- Processus crucial dans toute réorganisation de département ou secteur
- Permet de mettre en relief non seulement les opportunités d'amélioration, mais également les forces à exploiter
- Rallie les équipes autour de buts communs, d'objectifs définis et d'un plan d'action clair



Exemples d'initiatives en cours

Création d'une centrale de rendez-vous

- Harmonisation du processus d'octroi des rendez-vous en radiologie et implantation d'un nouvel outil informatique intégré
- Le commis aura dorénavant accès à l'ensemble des sites lors de l'octroi du rendez-vous, ce qui maximisera l'utilisation du plateau technique et améliorera l'accessibilité pour le patient

Optimisation du secteur de l'échographie en radiologie

- Réorganisation du travail afin d'améliorer l'efficience dans l'utilisation des ressources et dans les processus
- Diminution des temps d'attente pour le personnel qui se traduit par une accessibilité accrue pour le patient



Soutien reçu de la part du BST

Équipe en soutien à l'Imagerie médicale

- Voit à la **coordination globale** de la transition
- **Développe** un **plan d'action** détaillé
- **Facilite** le processus de changement
- **Analyse** les processus
- **Assiste** l'équipe de projet avec des **revues de littérature** et des balisages pour déterminer les meilleures façons de faire

Soutien opérationnel à la transition

- **Permet de libérer une personne du département** pour se consacrer au mandat de la transition



La transition, une opportunité à saisir...

- Prodiger un service et des soins de qualité
- Réorganiser le travail pour améliorer l'efficience et l'efficacité
- Instaurer et développer une culture de qualité et de performance
- Amener le personnel terrain, les médecins et les gestionnaires à collaborer, et partager le désir d'innover et le souci de s'améliorer continuellement



Mot de la fin



- La réussite de la transition passe par une étroite collaboration entre le BST et le client
- L'identification des besoins et des objectifs doit, au départ, être bien défini par les leaders
- Les leaders doivent jouer un rôle de locomotive et de motivateur auprès de leurs équipes, et ainsi préparer le terrain pour le gestionnaire de projet du BST



People

Montreal Childrens Hospital

**The new MCH –
Transition, a whole system approach**

Barbara Izzard

Associate Director of Nursing
Montreal Children's Hospital

Sharon Taylor-Ducharme

Clinical Practice Consulting
Transition Support Office, MUHC



Transition Planning Approach

Transfer to new site
Evaluate and Revise

Prioritize and Implement
Alignment and Coordinate



Analyze Gaps/Deltas
(current versus future)

Engage the
Organization in
Transformation

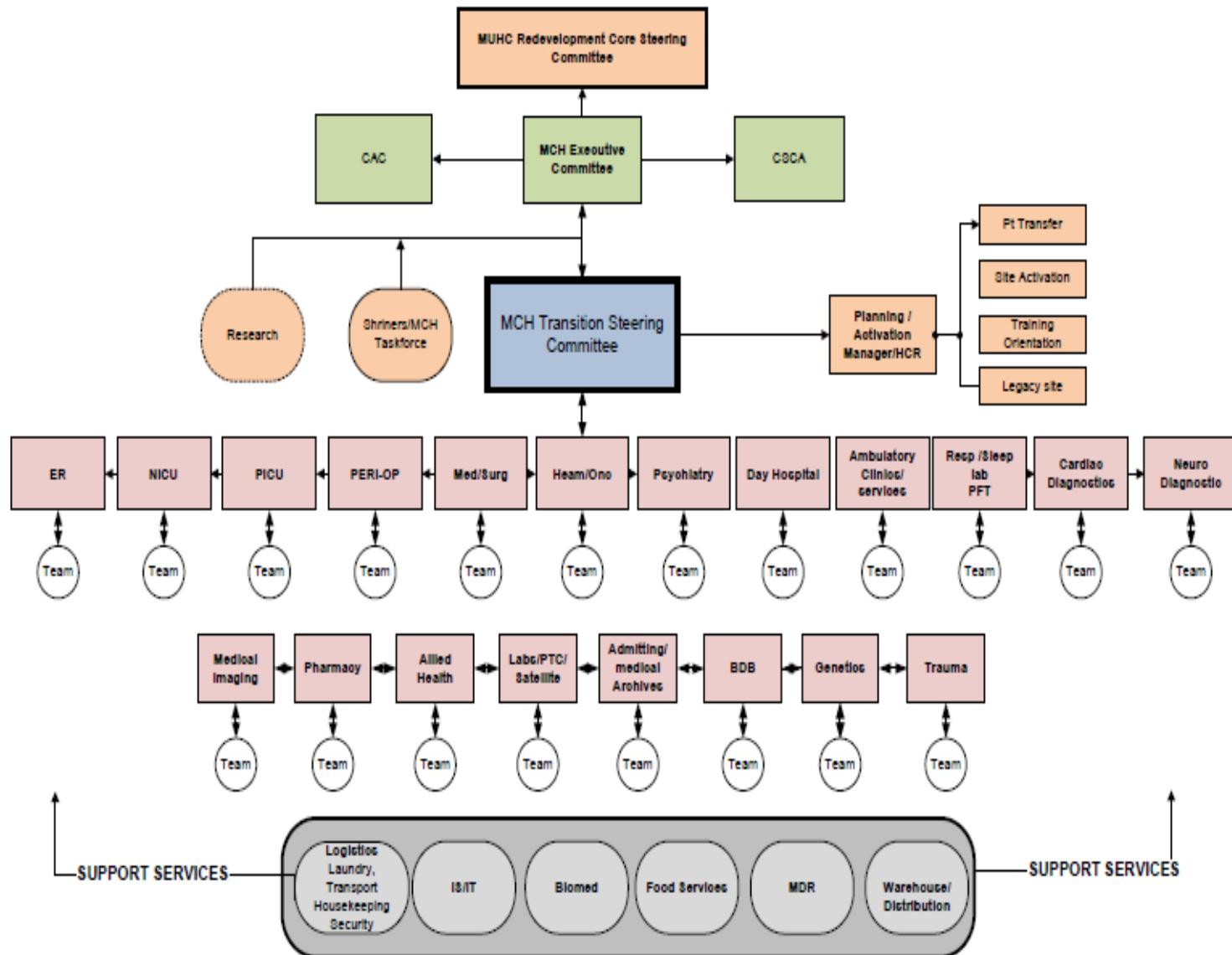
Create a Transition Plan

Strategic Goals
Vision of Future
Environmental Scan

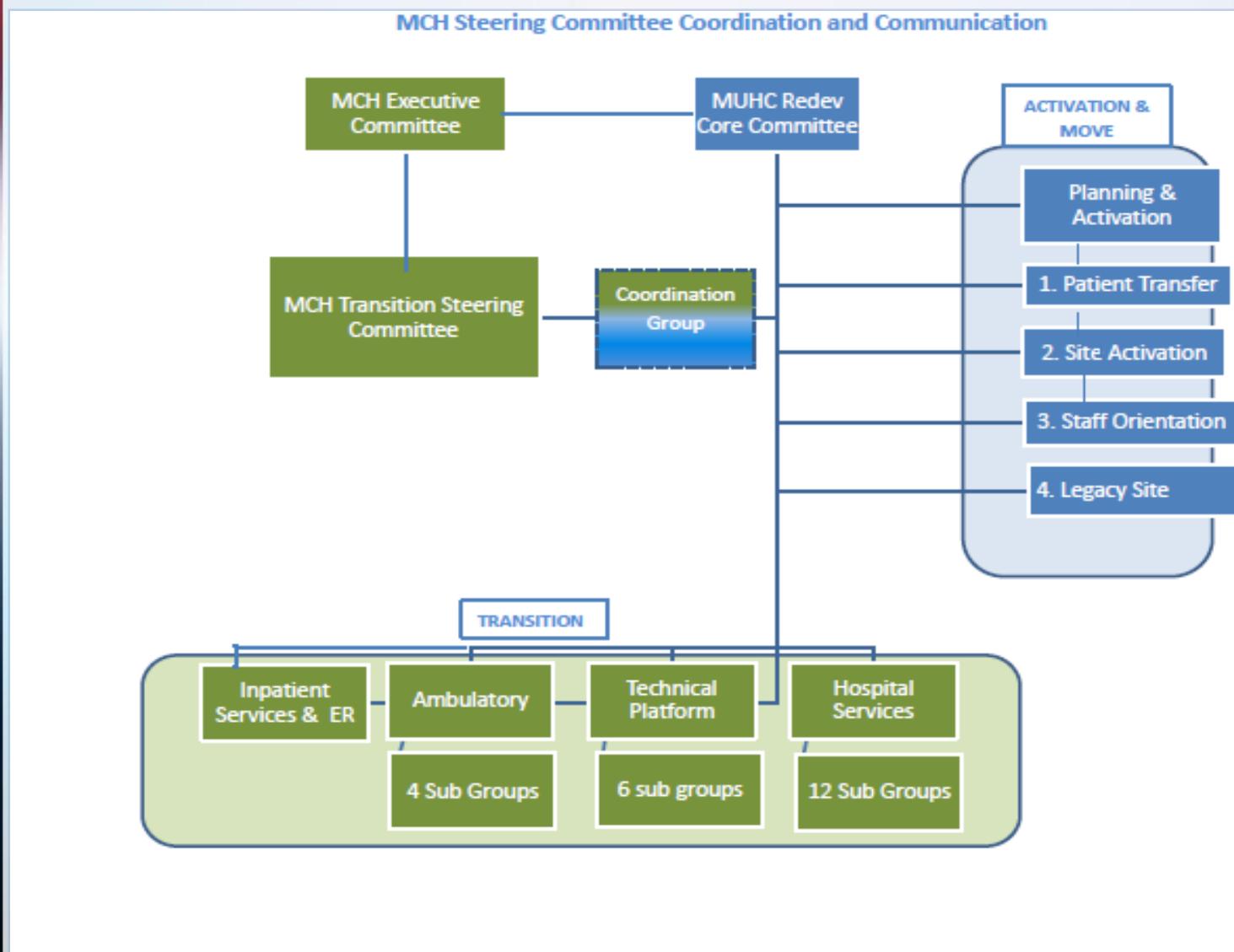
Starting Point



Create a Transition Plan



Coordination and Alignment



Engaging the MCH in Transition Planning

- Inter professional clinical harmonization ***workgroups***
- ***NICU- video conferencing*** all meetings (2 sites)
- ***Retreats*** for planning (ie. *Social services*)
Regular scheduled transition ***meetings***
- Designated ***transition days*** with prescheduled topics (ie. Hematology/Oncology)
- Grand Rounds ***presentations*** (ie. TAG)



Transition Work Activities

Using a Quality improvement process the following are examples of initiatives underway:

- NICU Staff Shadowing (intersite)
- Inter professional team approach (reduce silos)
- Evidenced based learning
- Engagement of many frontline staff
- Leadership development- project management tools shared and incorporated by many
- Review of policies and procedures: beginning this comprehensive review and revision
- Standardization of documentation



Prioritize and Implement Alignment and Coordinate

- Regular Communication updates to and from MCH Transition Steering Committee
- Alignment with various MUHC Committees ie Workforce planning
- Sharing of information to and from transversal Support Services ie IS/IT, Food Services
- Weekly MCH Coordination meetings our team of 4: responsible for Planning, Transition, Move-Activation and Legacy site





INFORMATION: GLEN

- Whiteboards located throughout the hospital
- Newsletter for frontline staff
- Chez Nous transition feature in each issue
- Standing item on leadership monthly meetings
- Multiple presentations to various committees and groups
- Public folder with access to all presentations, memos





Le mot de la fin ...

We are learning...



And as we learn...

We share

- To create organisational capacity in project management and evaluation approaches
- Other PMO's - CHUM, Ste-Justine, CHUQ, JGH and others

We teach

- 20 Baccalaureate
- 15 Masters students
- 4 Doctoral students
- 1 Post-doctoral fellow

We do research

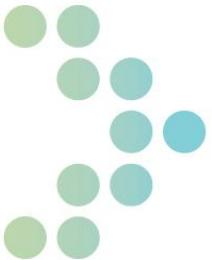
- Over \$1 M in research grants since 2009
- Over 10 peer-reviewed publications
- Researchers from McGill, UQAM, U de M, Ottawa , ENAP, HEC ...





Transforming the MUHC together -

multiple people, multiple teams, and multiple units at a time



Update on current matters

- Access Criteria MUHC
 - All persons living within the RUIS McGill territory;
 - All persons from any region wanting services in English;
 - All persons referred for tertiary or quaternary care by a physician from the 450 or 514 regions for diagnostic services or treatment
- 





Update on current matters

- Clinical Programs and Research Centre
 - Dialysis
 - In-Vitro Fertilisation (IVF)
 - Ophthalmology
 - Centre for Outcomes Research and Evaluation (CORE)
- 



Conseil d'administration du Centre universitaire de santé McGill

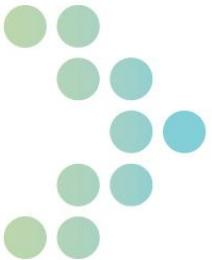
McGill University Health Centre Board of Directors



Gwen Nacos
COQAR

Le 11 mars 2014 / March 11th, 2014





Challenge Q+ 2013

Controlling Specific Infections (CSI)

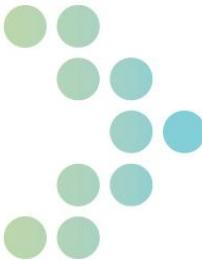
Interdisciplinary team composed of Patient Representatives, Nursing, Infection Prevention and Control, Logistics and Houseskeeping

“working towards joint solutions to common challenges”

CSI Objectives:

- Reduce number of infections - C-Difficile and VRE nosocomial rates by 50% within 12 months
- Improve prevention of transmission of infections
- Engage patients directly in unit based quality improvement activities
- Enhance inter-departmental quality improvement teamwork





Consent Items Resolutions

8.1 Approval of the Minutes of the Meeting held on February 4th, 2014

Under TAB 12

8.2 Report of the MUHC Council of Physicians, Dentists & Pharmacists

Under TAB 13

- Qualifications Committee Report
- Leaves of Absence and Resignation Reports
- Reappointment – Dr. Chris Tsoukas, Division Director, Allergy and Immunology
- Interim appointment – Dr. Lila Amirali, Head Department of Psychiatry at the Montreal Children's Hospital
- MUHC Department of Medicine Revised Departmental Regulations
- OR Policies: MUHC Non-RAMQ-Insured Surgical Procedures and OR Efficiency





Consent Items Resolutions

8.3 Report from MUHC Professional Services

Under TAB 14

- Designated signatory for the RAMQ – Dr. Sam Daniel, Division Director of Otolaryngology, Head and Neck Surgery and Dr. Ted L. Tewfik, Associate Director of Professional Affairs
- Designated signatory for the RAMQ – Dr. Evangelia-Lila Amirali, Interim Head of Child Psychiatry
- Designated signatory for the RAMQ – Dr. Guillaume Sébire, Division Director of Neurology

8.4 Report from the Research Ethics Committee

(APPROVED via e-mail on March 6th, 2014)

Under TAB 15

- Change to Membership of the REBs

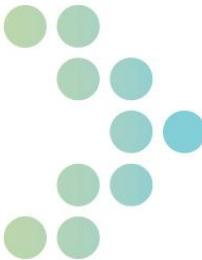
8.5 Report from the Audit Committee

(APPROVED on March 4th, 2014)

Under TAB 16

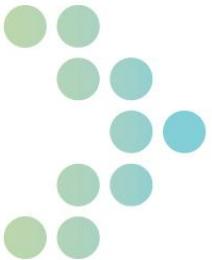
- Budget Equilibrium
- Renewal of Operating Fund Loan Authorizations





Questions?





Thank you!





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