



# Public meeting

## McGill University Health Centre

### Board of Directors

**May 16, 2017**  
**6:00 p.m. – 7:30 p.m.**



# Chairman's Report

**Claudio Bussandri**

Chairman



# Chairman's Report - Agenda

1. **Call to Order**
2. **Quorum**
3. **Approval of the Agenda**
4. **Chairman's Report**
5. **Report of the Interim President and Executive Director – M. Alfonso**
  - 5.1 Update by the Interim President and Executive Director on current matters
  - 5.2 Presentation: *Creating a Culture of Quality at the MCH: From Strategic Planning to Staff*  
(Chantal Souigny, Frederic DeCivita, Dr. Tanya Di Genova and Dr. Sasha Dubrovsky)
6. **Report of Committees of the MUHC Board**
  - 6.1 COQAR (March 29 and April 26, 2017) - M. Sonberg
7. **Consent items resolutions**
8. **Question Period**
9. **Termination**



# Interim PDG's Report

**Martine Alfonso**

Interim President and Executive Director

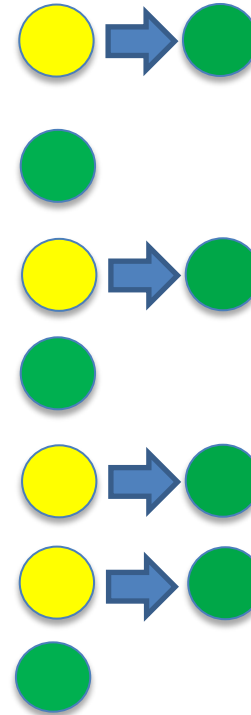
# Interim PDG's Report

1. **Research**
2. **IS/IT Update**
3. **OPTILAB Update**
4. **Financial Update**
5. **Clinical Update**
6. *Presentation: **Creating a Culture of Quality at the MCH: From Strategic Planning to Staff**  
(Chantal Souigny, Frederic DeCivita, Dr. Tanya Di Genova and Dr. Sasha Dubrovsky)*
7. **Awards**
8. **Upcoming Events**



# 1. Research Update

- 1) *CIM delivery (OR, Stem Cell labs, scientific progress)*
- 2) *CORE-5252 Construction and move*
- 3) *Strategic Infrastructure fund*
- 4) *Montreal In Vivo Clinique Precoce*
- 5) *MRIs*
- 6) *Budget*
- 7) *FRQ-S evaluation*



## 2. Information Services Update

- Nomination of Director of Informational Resources
- DAS Update
- Cyberattacks



# 3. OPTILAB Update

- a) Transfert des employés des autres établissements de la grappe au CUSM – 1<sup>er</sup> avril 2017
- b) Travaillons à la structure médicale
- c) Activités cliniques se poursuivent normalement





# 4. Financial Update

- a) Submitted a balanced budget for 2017-18
- b) Continue optimization projects
- c) 13 M \$ received for additional activities in 2016-2017 and 2017-18



# 5. Clinical Update

## Realization of the Clinical Plan

a) Hospital beds	910 ↘ 832 ↘ 798
b) Ambulatory visits	436,092 (5% ↘ 460,045)
c) Emergency room visits	87,367 (16% ↗ 75,317)

# 5. Clinical Update

## Impacts cliniques de la transformation du CUSM

- Patients en attente de réadaptation , de convalescences ou d'hébergement occupent encore des lits prévus pour les patients ayant besoin de soins actifs
- Malgré un taux d'occupation oscillant autour de 100%, le manque de lits entraîne:
  - *L'engorgement des salles d'urgence*
  - *Un volume de chirurgie de 21% en deça de la cible à l'HRV et à l'HGM*
- La situation entraîne une perte de flexibilité et d'efficacité

# A Culture of Quality

From Strategic Planning to Staff Empowerment

Presentation to the MUHC Board of Directors

May 16th, 2017

Hôpital de Montréal  
pour enfants  
Centre universitaire  
de santé McGill



Montreal Children's  
Hospital  
McGill University  
Health Centre

*(Chantal Souigny, Frederic DeCivita, Dr. Tanya Di  
Genova and Dr. Sasha Dubrovsky)*

# Agenda

- MCH Strategic Goals, Quality Structure and Dashboard
- Access to Care: Teaming for best Asthma Care
- Managing Patient Flow
- Creating a culture of Quality
- Moving forward

# MCH Strategic Goals

In 2012, the MCH had defined a strategic plan to help the organization evolve as an elite pediatric hospital

- Patient Family Centered Care
- Access to Care
- Patient Flow
- And Continuous improvement

Were among our key goals of excellence...

**Integrate culturally inclusive patient- and family-centered care**

**Increase access and performance of tertiary health care delivery**

**Optimize partnerships**

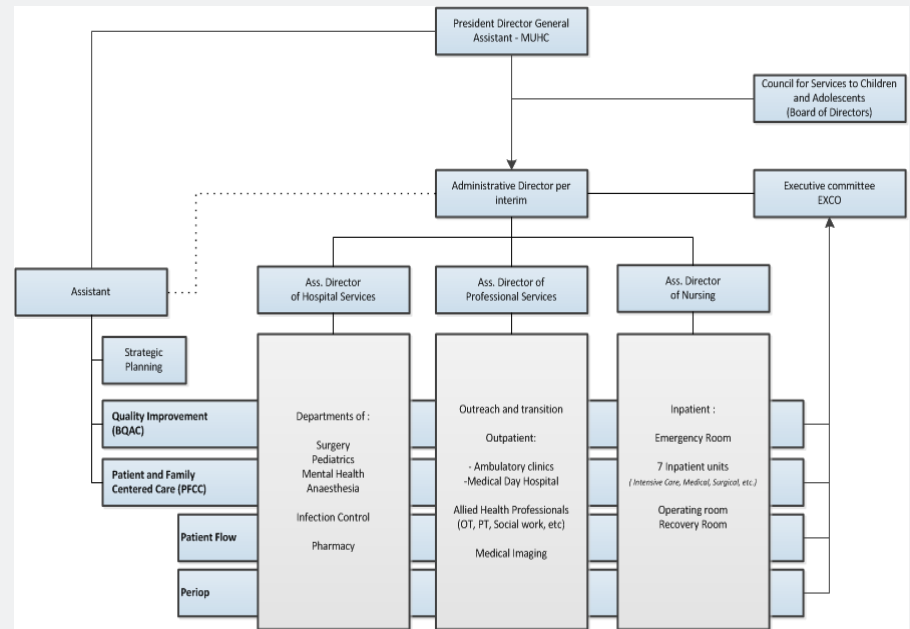
**Ensure a culture of continuous quality improvement and safety**

**Capitalize on innovation, technology and research**


**Align, develop and efficiently utilize our resources**


# MCH Quality Structure

Our vision: engage and empower our teams and patients in Quality and Continuous Improvement



# MCH Strategic Dashboard


**MCH Executive Dashboard**  
 2015-16 YTD P1-9



**Integrate Patient and Family Centered Care** Details  
 Information sharing and communication effectiveness Page 1  
 Patients and families involved in decision making Page 1

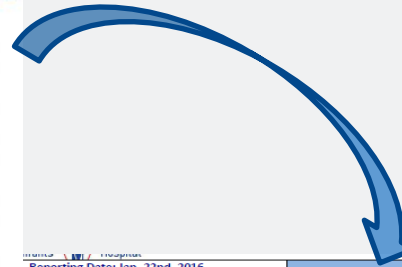
**Increase access and performance of tertiary health care delivery**  
 Accessibility Page 2  
 Patient Flow Page 2  
 Priority of tertiary needs Page 2

**Ensure a culture of continuous quality improvement and safety**  
 Risk Management and Safety Page 3  
 Quality of Services Page 3

**Align, Develop and efficiently utilize our resources**  
 Human resources Page 4  
 Budget equilibrium Page 4  
 Productivity Page 4

Overall Volumes Page 5

Additional Information:



Reporting Date: Jan. 22nd, 2016

Objectives and Dimensions	Data Q1 to Q3	2013-14	2014-15	2015-16	Variation [%] w/ Last Year	Target	Status
<b>Patient Flow</b>							
7. ED - ALOS of admitted patients (in hrs)	P1-9	8.07	8.57	<b>9.38</b>	9% ↑	8.06	
8. Inpatients - ALOS (Turnover) (in days)	P1-9	5.8	6.6	<b>7.8</b>	15% ↑	6.3	n/a
9. OR - Nb of postponed surgeries due to ICU beds availability	P1-9	16	50	<b>27</b>	-66% ↓	9	
9.1 Nb of OR-ICU cases	P1-9	264	270	<b>258</b>	-4% ↓	n/a	n/a
<b>Objective: Increase tertiary care prioritizing capacity</b>							
10. ED - CTAS category 1-3 / Category 1-5	P1-9	35.92%	35.31%	<b>31.09%</b>	-4% ↔	47%	
11. Inpatient - Nb of admission level 3 (Tertiary) (as per MSSS)					n/a	n/a	≈40% n/a
12. OR - Nb of procedures done category 7 to 9					n/a	n/a	n/a n/a
13. Ambulatory - Nb of visits (excluding dental clinic)	P1-9	79,344	78,210	<b>56,662</b>	-28% ↓	54939	

Increase access and performance of tertiary health care de



# MCH Strategic Dashboard

Indicators	2015-2016	2016-2017
PFCC : % of patients who agree they are communicated with effectively (P1-9)	79%	82% (+3%)
PFCC : % of patient - Consultation in decision making about patient care (P1-9)	67%	63% (-4%)
ER Access : ER – Average Length of stay	4.36	4.62 (+6%)
Patient Flow : Nb of postponed surgeries due to ICU beds availability	48	29 (-39%)
OR Access : Nb of OR-ICU Cases performed	398	415 (+7%)
OR Access : Nb of cases waiting for more than 1 year	376	77 (-79%)
Safety : Hand Hygiene Compliance (P1 vs P13)	74%	79% (+5%)
Safety : HAI device-related infections: CLABSI per 1K catheter-days – NICU	7.99	3.37 (-57%)

**ER Access :**

# **Teaming for best asthma care**

**Partnering with families and frontline providers in the co-  
design of a continuous quality improvement (CQI) project in  
the pediatric emergency department**

**Dr Sasha Dubrovsky**

**Timely oral corticosteroid for kids with asthma exacerbations leads to:**

↓ **length of stay**

↓ **admission rates**

↓ **time to resolution of respiratory distress**

**Despite presence of a clinical pathway in our ED, optimal timing was met in < 50% of patients**

**Our objective was to determine if partnering with frontline staff and family providers in a Lean-based CQI project will result in improve asthma care on the following metrics:**

- 1. Proportion of asthmatic children getting timely steroids (< 1 hour of arrival)**
- 2. Length of stay and admission rates**
- 3. Number of physician assessments pre-post and associated cost-savings**

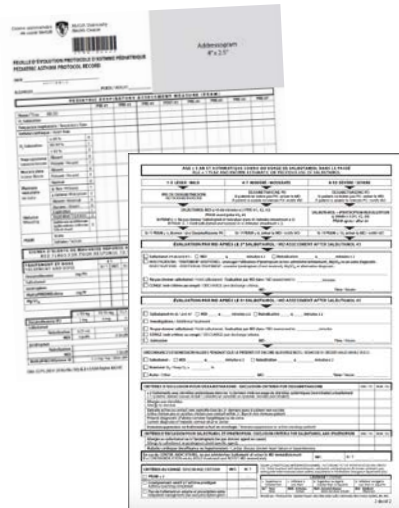
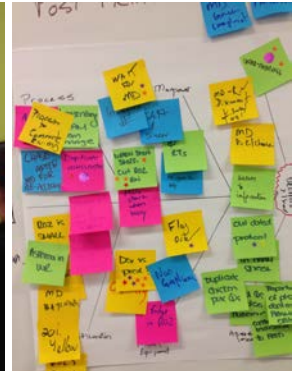
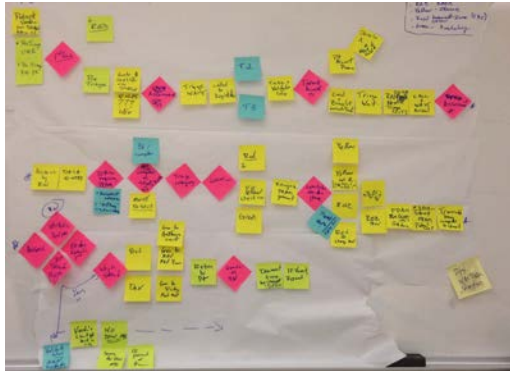
Define

Measure

Analyze

Improve

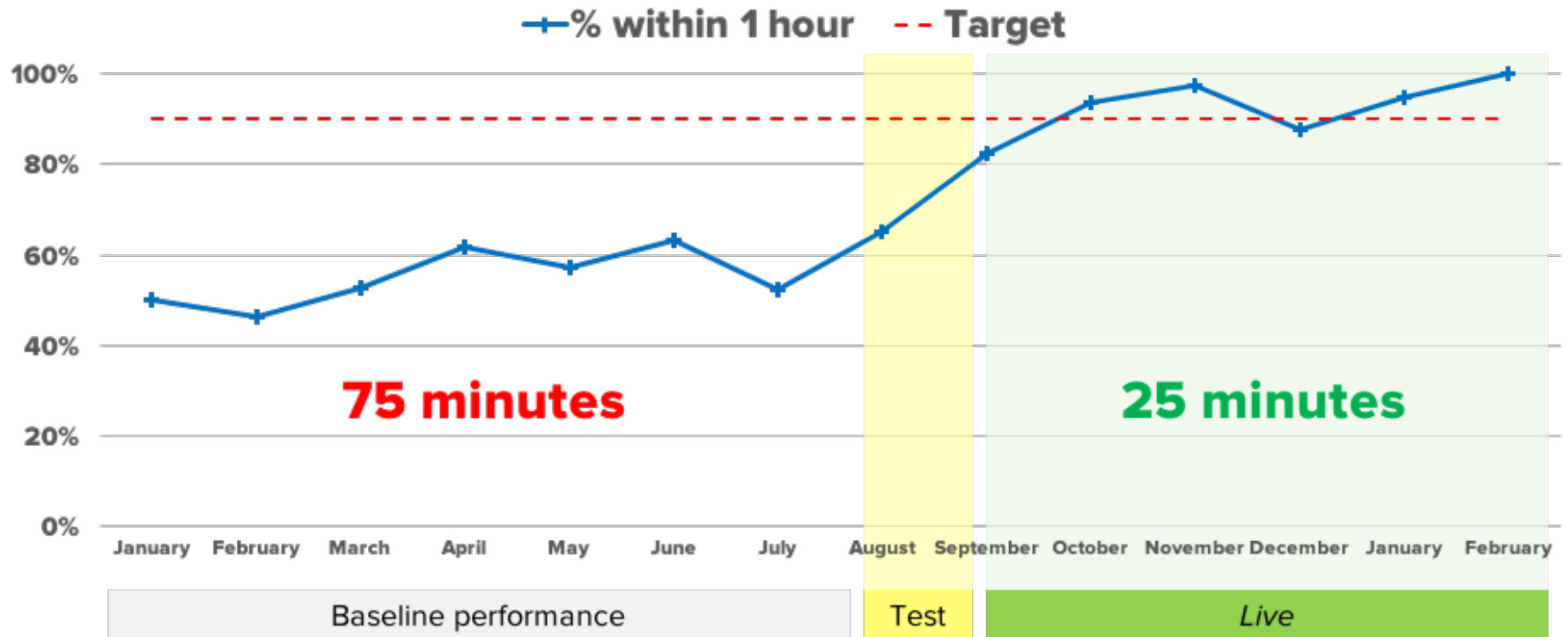
Control



**Shorter waits for asthma treatment in the ED**  
 A Lean Black Belt project improves quality of asthma care at the Children's  
 By Sandra Sciangula

# TIMELY, FAMILY-CENTERED, EQUITABLE

## % Asthmatic children in distress receiving *timely* steroids



## SAFE, EFFECTIVE

### Protocol Adherence

Exclusion checklist by RN

38% → 92%

2<sup>nd</sup> dose steroid by MD

56% → 92%

## EFFICIENT – Patient-centric

### Patient Outcomes

Length of stay

5.7 → 5.2 hours

Admission rate

7.5% → 4.8%

## EFFICIENT – System-centric

### Provider assessments

*Preliminary data*

Physician acts per patient

4.4 → 2.8

- Cost-savings per

RAMQ

\$ 75 per patient

>\$ 150 000 per year

Number of RN acts

↓ 30%

**When identified gaps in care exist, frontline providers and family partners are well placed to learn how to improve together, use data to drive positive change, and partner for *sustained* improvements in evidence-based care.**

**Organizations may consider encouraging and prioritizing such team-based, Lean-CQI projects to improve the safe delivery of quality care in all sectors.**



**Patient Flow :**

# **Managing Patient Flow**

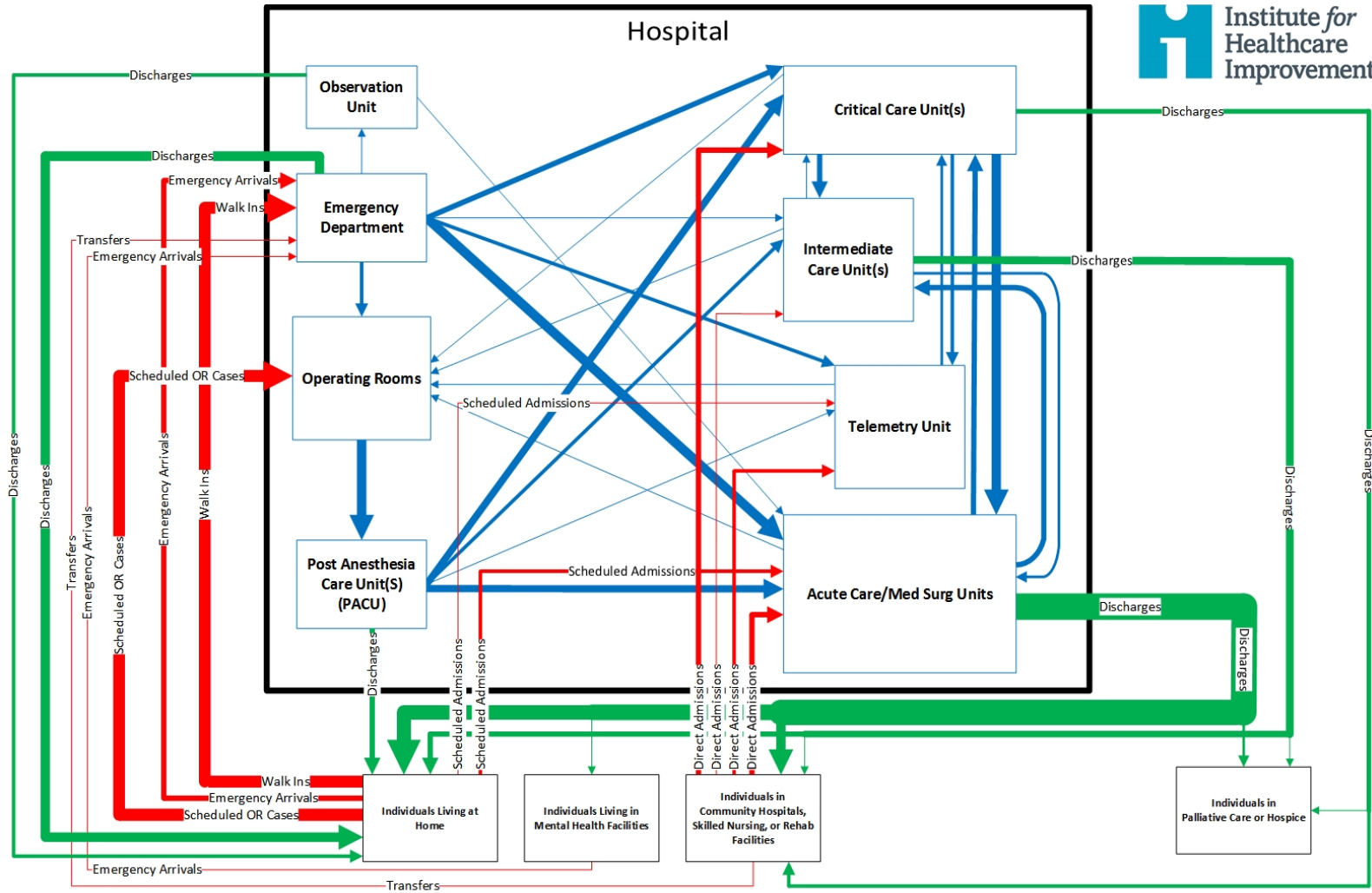
On behalf of Patient Flow Committee

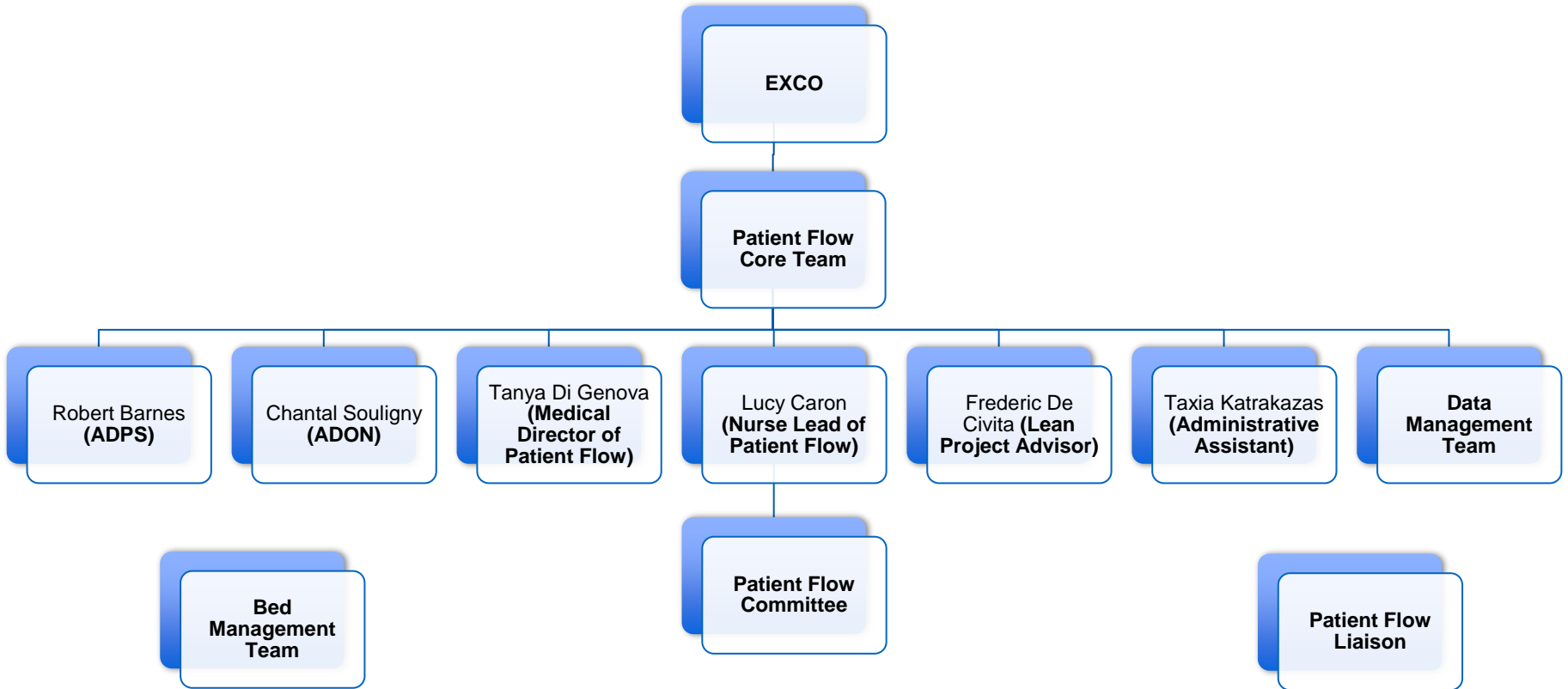
Tanya Di Genova MD, FRCPC, MBA

Frederic De Civita, MAP

1. Defining the team
2. Becoming a data-focused institution
3. Matching capacity and demand
4. Routinely auditing waste

# Defining the Team





# Data-driven Institution

# Hospital-Wide Dashboards



L'Hôpital de Montréal pour enfants  
The Montreal Children's Hospital  
Centre universitaire de santé McGill  
McGill University Health Centre

2016-2017

P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	P11	P12	P13	Today
01-Apr-16	01-May-16	29-May-16	26-Jun-16	24-Jul-16	21-Aug-16	18-Sep-16	16-Oct-16	13-Nov-16	11-Dec-16	08-Jan-17	05-Feb-17	05-Mar-17	27-Sep-16
30-Apr-16	28-May-16	25-Jun-16	23-Jul-16	20-Aug-16	17-Sep-16	15-Oct-16	12-Nov-16	10-Dec-16	07-Jan-17	04-Feb-17	04-Mar-17	31-Mar-17	

## Patient Flow Dashboard

### Improve nursing coverage of inpatient unit

	P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	P11	P12	P13	YTD Total	YTD Trend
Daily demand for float replacement															
Short term absenteeism (excluding sick calls)	19.20%	19.99%	21.31%	23.39%	25.89%	21.54%								21.89%	
Short term sick leave (including sick calls)	3.51%	3.48%	3.13%	3.46%	3.46%	3.02%								3.31%	
Vacant positions	13.23%	12.58%	12.44%	12.56%	13.99%	13.12%								13.36%	
Overtime in Nursing	3.64%	2.54%	2.55%	2.72%	3.03%	3.67%								3.04%	

### Improve access to intensive care type beds

	P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	P11	P12	P13	YTD Total	YTD Trend
Operating room cancellations due to lack of beds in ICU or wards	4	0	1	0	1	0								6	
Operating room / Intensive care bed cases performed	N.B. This data is currently only available through report builder due to many calculations - see link at the far right.													*	
Operating room cases performed needing beds	149	114	108	150	118	115								371	

### Efficient use of beds and cope with seasonality

	P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	P11	P12	P13	YTD AVG	YTD Trend
Average inpatient unit occupancy	134.40	122.39	121.82	118.86	113.43	120.43								121.89	

### Manage hospital stays and optimize discharge planning

	P01	P02	P03	P04	P05	P06	P07	P08	P09	P10	P11	P12	P13	YTD AVG	YTD Trend
Emergency prise-en-charge - less than 2 hours	N.B. This data is currently only available through report builder due to many calculations - see link at the far right.													*	
Average time between admission request and ER departure	6.04	5.27	4.32	3.99	3.32	4.76								5.21	
Average length of stay for emergency department admission	12.43	10.86	9.61	8.93	8.29	10.33								10.97	
Bed turnover time (patient out, next patient in)	N.B. This data is currently only available through report builder due to many calculations - see link at the far right.													*	
Average length of stay (IP) for admitted patient	4.22	4.88	4.50	5.37	4.67	4.30								4.22	

Matching supply and demand

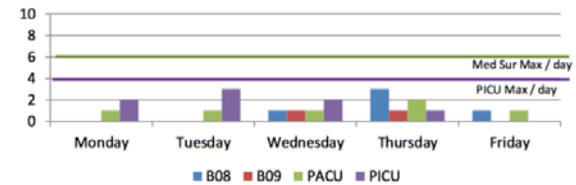


# Smoothing OR Demand

Weekly OR meetings and reports

Table 1 :

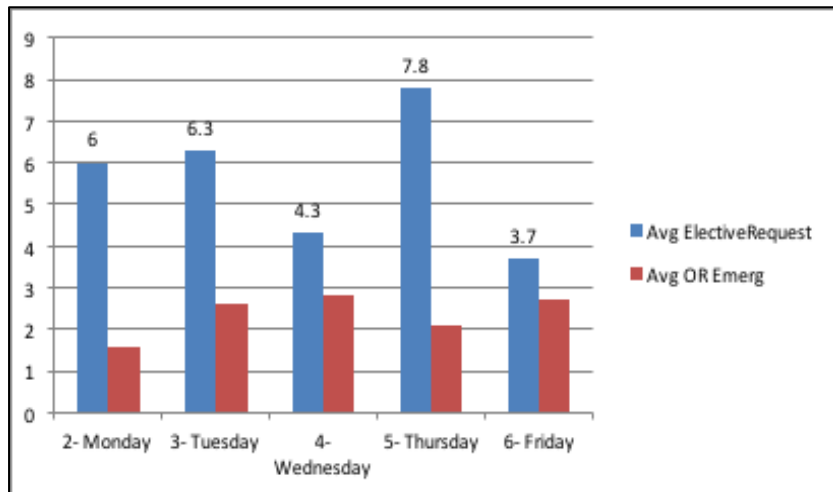
Date	(Multiple Items)				
	Column Labels				
	B08	B09	PACU	PICU	Grand Total
Monday			1	2	3
Tuesday			1	3	4
Wednesday	1	1	1	2	5
Thursday	3	1	2	1	7
Friday	1		1		2
<b>Grand Total</b>	<b>5</b>	<b>2</b>	<b>6</b>	<b>8</b>	<b>21</b>



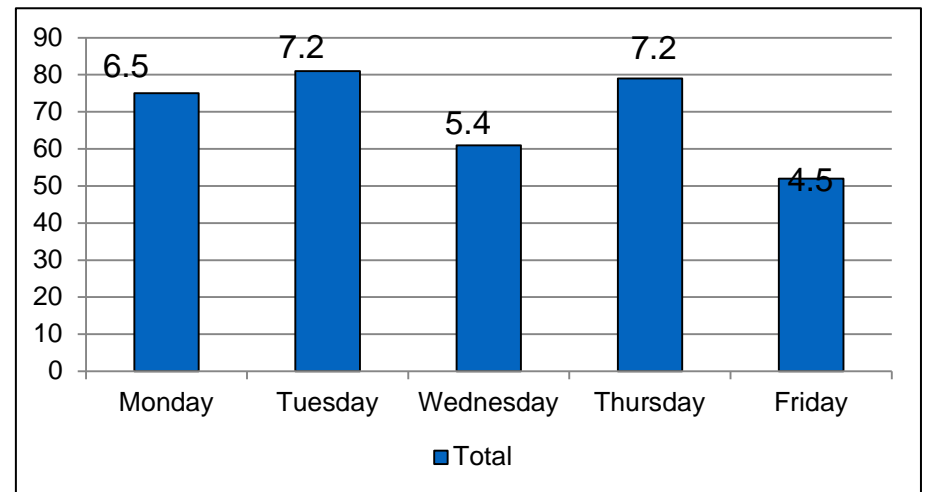
Period	Year	Service	DX	MRN	Holding Unit	Receiving Unit	Date	Day of week	PICU/ACU e LOS	Comments
P01	2017-2018	Ortho	Spinal fusion	5239182	Home	PICU	2017/04/24	Monday		Shriners
P01	2017-2018	Neuro	Craniotomy	5310202	Home	PACU	2017/04/24	Monday		
P01	2017-2018	OTL	T&A		Home	PICU	2017/04/24	Monday		
P01	2017-2018	Cath	Diagnostic Cath	5084304	Home	PICU	2017/04/25	Tuesday		
P01	2017-2018	Cath	Valvuloplasty	5308699	Home	PACU	2017/04/25	Tuesday		
P01	2017-2018	Uro	Stone removal	1477523	B09	PICU	2017/04/25	Tuesday		
P01	2017-2018	CVS	Glenn Shunt		Home	PICU	2017/04/25	Tuesday		
P01	2017-2018	Uro	Ureteroscopy	149766	Home	B08	2017/04/26	Wednesday		
P01	2017-2018	OTL	Laryngeal cleft	1329541	Home	PICU	2017/04/26	Wednesday		
P01	2017-2018	Neuro	Laminectomy	5297243	Home	PACU	2017/04/26	Wednesday		
P01	2017-2018	GS	Pre-op admit	1531131	Home	B09	2017/04/26	Wednesday		Glycogen storage
P01	2017-2018	Ortho	Bil femur SPICA	5303805	Home	PICU	2017/04/26	Wednesday		If no bleeding PACU/Shriners

# Smoothing OR Demand

Pre-project



Post-project



# Improving OR Access

## Methods:

- Weekly reporting
- Reviewing booking procedure
- Reinforced booking rules to book old cases

## Results:

- From 20% to 83% of compliance to rules
- Decreasing Number of patient waiting for + 1 year from 376 to 77
- Decreased OR cancellations by 60% and increase OR cases performed by 6%

**Routinely auditing waste**

**Modified Waste Capacity Measurement Tool - updated October 27, 2016**

The Modified Waste Capacity Measurement Tool is designed to quickly sample a unit for waste capacity as defined by the bed not being used or appropriately being used.

**STEP 1** - Use tool at 10AM and 3PM during weekdays on PICU/ACU, surgical and medical wards and the emergency department to assess wasted capacity.

**STEP 2** - Classify each bed space as PLUS or MINUS depending if a patient is using bed.

**STEP 3** - For each PLUS or MINUS notation, write **THE** (one) number that corresponds with the primary reason for the PLUS or MINUS.

**STEP 4** - Use total number of MINUS notations as numerator and use total number of beds as denominator. Calculate percentage of waste.

**PLUS**

1. Bed has a patient currently getting active treatment.

**MINUS**

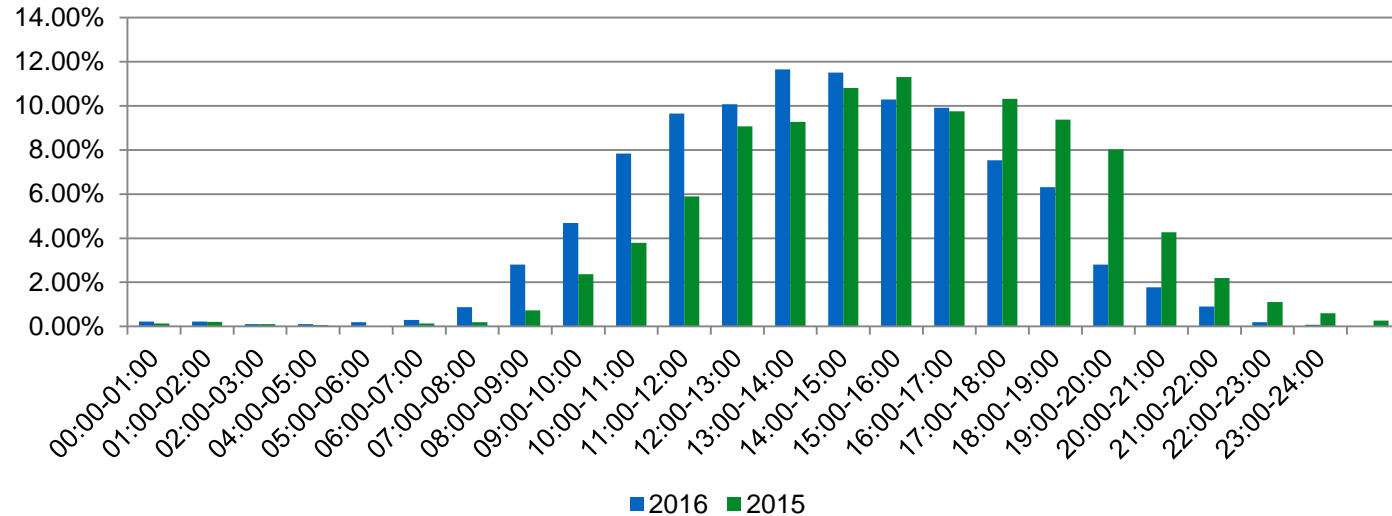
2. Bed has a patient waiting for hear from admitting for bed assignment
3. Bed has a patient waiting for team of nurses to handover to be moved out/into of unit
4. Bed has a patient waiting for medical team to handover to be moved out/into unit
5. Bed has a patient waiting for paperwork to be completed to be moved out/into unit
6. Bed has a patient waiting for bed to be cleaned on receiving unit to be moved out/into unit
7. Bed has a patient waiting for consultant to see patient prior to moved out/into unit
8. Bed has a patient waiting for an investigation to be moved out/into unit
9. Bed has a patient who is discharged but waiting for transport out of hospital
10. Bed has a patient who can be medically moved but does not have a bed on receiving unit
11. Bed needs to be cleaned or in process of being cleaned
12. Bed is being held for an admission or transfer
13. Bed is closed
14. Bed is empty with no demand
15. Bed has a patient waiting to be placed in a rehab centre or equivalent.
16. Bed has a patient that is waiting for medical equipment to go home. (ie home O2)
17. Bed has a patient that is currently out on pass.

# Improving communication to decrease transfer delays



# Improving communication

## Distribution of discharges by hours



**B09 Median : decreased by 1.5hrs**

**Optimized hospital stay and discharge planning**

# Creating a culture of Quality and Building Organizational Capacity

To engage and empower our teams and  
patients in Quality and continuous  
improvement



# How?

An Executive Team that:

- Defines a vision
- Defines SMART objectives
- Cascades objectives
- Supports a QI Infrastructure

Teams and staff who:

- Become experts in QI
- Set objectives
- Align Actions
- Manage Capacity
- Engage in PFCC



**BFEACC**

New Strategic Planning exercise

**BQAC**

Bureau Qualite  
et Amelioration Continue

# Building the Future of Excellence in Child Care

New MCH Strategic Plan that reinforces the need for :

- Data to support decision-making
- QI knowledge, structures and mechanisms
  - Executive Team defines 2017-2018 objectives
  - 100% of Directors define 2017-2018 objectives
  - 100% of Managers in Nursing define 2017-2018 objectives

# BQAC – Strategic Goals and actions

- Developing knowledge and capacity for continuous improvement
  - 5 LEAN Black Belts and 5 completed projects
  - More than 280 LEAN Yellow Belts and KEY MESSAGE: Alignment
- Developing and distributing quality measures
  - Deploying HCAPS in all Inpatient units, ER and Outpatient settings
  - Dashboard: EXCO // // Patient Flow // Nursing // Unit based // etc.
  - MUCH Wide Portail d'information and Dashboards

# BQAC – Strategic Goals and actions

- Engaging patients in care, QI and organizational development
  - We Should Talk - Cue to action: 8% to 44 % of patients know how to report safety concerns
  - 18 Patient Partners, 400 communication trainings provided to staff
  - Reinforcing behaviours : PFCC Stars of the month
- Contributing to the organizational alignment and support of Strategic priorities
  - MCH Salle de pilotage
  - Portfolio and Project Management Support

# Moving Forward

- An Executive Team that continues to set goals, objectives and priorities
- A Project approval process to manage a portfolio and decrease key project lead times
- A consolidated BQAC that:
  - Gathers Orphan Quality Data (silo busting)
  - Provides Data and Manages key projects
  - Continues to teach: QI and LEAN and supports alignment via Control Rooms
  - Leads Qmemtum 18
- Front line staff who contributes to Quality and Continuous Improvement, while...



# PFCC STAR OF THE MONTH:

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**DONNA DRURY**  
NUTRITIONIST  
PICU AND CYSTIC FIBROSIS CLINIC

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 **PFCC**  
SOINS CENTRÉS SUR LE PATIENT ET SA FAMILLE  
PATIENT AND FAMILY CENTERED CARE



Presentation by:

Chantal Souigny, Dr. Tanya Digenova, Dr. Sasha Dubrovsky, Frédéric De Civita

# 7. Awards

- Prix de Florence 2017
  - Luisa Ciofani – Leadership Category
  - Madeleine St-Gelais – Collaborative Practices
- Ordre des pharmaciens du Québec
  - Lyne Cédilotte - Prix Reconnaissance Élite 2017
  - Nancy Sheehan - Prix Roger Leblanc
  - Daniel Thirion - Prix APES
  - Sylvie Carle - Prix Louis Hébert
- Association des libraires du Québec
  - Eileen Beany Peterson - Anne Galler Award





# Report of Committees of the MUHC Board

Under TAB 1

## Melissa Sonberg *COQAR*

# Consent Items Resolutions

## 7.1 Report from the MUHC Council of Physicians, Dentists & Pharmacists

- Qualifications Committee Reports
- Leaves of Absence and Resignation Reports

**Under TAB 2**

## 7.2 Report from the MUHC Professional Services

- Addition of Dr. Nader SADEGHI (License 96386) Department Chief of Otolaryngology – Head & Neck Surgery to the designated signatories list of the Régie de l'Assurance Maladie du Québec (RAMQ) for the Montreal General Hospital (Establishment code 0018x) as of May 5, 2017
- Removal of Dr. Saul FRENKIEL (Licence 72233), former Department Chief of Otolaryngology – Head & Neck Surgery and Ms. Anna-Maria DI GILIO, former Secretary at the Department of Otolaryngology – Head & Neck Surgery, from the designated signatories list of the Régie de l'Assurance Maladie du Québec (RAMQ) for: All the MUHC establishments as of May 05, 2017.

**Under TAB 3**

## 7.3 Report from the MUHC Centre for Applied Ethics

- Changes to the Membership and Renewal of the Appointment of Current Members of the MUHC REB

**Under TAB 4**

- Question Period



- Adjournment



**Thank you!**

