

MINUTES of the Public meeting of the Board of Directors of the McGill University Health Centre (MUHC) held at 5100 Boulevard de Maisonneuve, on the main floor conference room in Montreal, Quebec on Monday, March 4th, 2013 at 16:00 hrs.

PRESENT:

Claudio F. Bussandri	Alison Laurin
Normand Rinfret	Marie Giguère
Susan Drouin	Maria Mastracchio-Lafontaine
Glenn Rourke	Gail Campbell
Norman G. Spencer	David Laidley
Gwen Nacos	Earl Rubin
Joan Ivory	Rose Goldstein
Colleen Tim	David Eidelman
Jill Hugessen	
Pierre Hurteau	

Tina DeFrancesco
Yann Bertomeu

ABSENT:

Francois Laurin
Robert Rabinovitch
Peter Abraham

1. **Call to Order**

The Chairman called the meeting to order at 16:00 hrs.

2. **Quorum**

The members of the Board were informed that there was a quorum present.

3. **Approval of the Agenda**

The Agenda was adopted.

4. **Chairman's Report**

C. Bussandri welcomed the public.

This is our fourth public meeting since the new Board was formed a year ago, and C. Bussandri thanked the audience for attending and for their interest in the McGill University Health Centre. These quarterly meetings are an opportunity for the Board and

management to provide an update on our activities, to report on how we are doing in addressing our clinical and managerial challenges and to hear from you.

C. Bussandri presented the Agenda.

A copy of the presentation is attached to these minutes (see slides 1 to 5).

5. **Report of the Director General and CEO – N. Rinfret**

C. Bussandri introduced N. Rinfret.

5.1 **Clinical Review – A. Lynch**

N. Rinfret introduced A. Lynch, Associated Director General, MUHC Clinical Operations.

A. Lynch presented the “Entente de Gestion”, more specifically the Access Issues for Emergency Rooms, ED – MGH Dashboard Overview, ED – RVH Dashboard Overview, ED – Lachine Dashboard Overview and Transfer of LTC Ventilated Patients from the MCI to Pavilion Camille- Lefebvre, Lachine.

A copy of the presentation is attached to these minutes (see slides 6 to 12).

5.2 **Financial Review – S. Beaudry**

N. Rinfret introduced S. Beaudry, Director of finances.

S. Beaudry presented the “Financial Situation 2012-2013” as of January 12th, 2013 (period 10).

A copy of the presentation is attached to these minutes (see slides 13 to 19).

5.3 **Lachine Hospital Update – N. Rinfret**

N. Rinfret presented an update on the Lachine Hospital and all steps with the *accompagnateur* Dr. Richard Lemieux, more specifically:

January 24, 2013

- Meeting with Dr. Richard Lemieux, Claudio Bussandri, Peter Abraham & Dr. Tim Meagher
- Meeting with Dr. Richard Lemieux, Ann Lynch, Ewa Sidorowicz, Dr. Matt Kalina & Jocelyne Faille
- Meeting with Dr. Richard Lemieux & CSSS Dorval-Lachine-Lasalle
- Meeting with Dr. Richard Lemieux & CSSS Verdun

January 31, 2013

- Meeting with Richard Lemieux, Ann Lynch, Ewa Sidorowicz, & Dr. Tim Meagher

February 1, 2013

- Meeting with MUHC & CSSS Dorval-Lachine-Lasalle
- Next Steps
- Deposit of Dr. Lemieux's final report to the Minister of Health

Agence de la santé et des services sociaux de Montréal

1. Docteur Victor Glodbloom, président du conseil d'administration
2. Madame Danielle McCann, présidente-directrice générale
3. Docteur Louise Ayotte, directrice générale adjointe
4. Monsieur Vincent Lehouiller, directeur du secrétariat général, de l'administration, des ressources humaines et des communications
5. Monsieur Frédéric Abergel, directeur des affaires cliniques, médicales et universitaires
6. Monsieur Hugo Larouche, relations institutionnelles

Centre universitaire de santé McGill

7. Monsieur Claudio F. Bussandri, président du conseil d'administration
8. Monsieur Peter Abraham, président du Comité de liaison
9. Monsieur Normand Rinfret, directeur général
10. Docteur Tim Meagher, directeur général adjoint, affaires médicales et développement clinique
11. Docteur Ewa Sidorowicz, directrice des services professionnels
12. Docteur Mathias Kalina, directeur associé des services professionnels
13. Madame Ann Lynch, directrice générale adjointe, opérations cliniques et affaires des soins infirmiers
14. Madame Jocelyne Faille, directrice administrative, Hôpital de Lachine
15. Comité exécutif du conseil des médecins, dentistes et pharmaciens

CSSS du Sud-Ouest – Verdun

16. Madame Lorraine Duchesne-Noiseux, présidente du conseil d'administration
17. Madame Sonia Bélanger, directrice générale
18. Docteur Jacques Jobin, président du conseil des médecins, dentistes et pharmaciens

CSSS de Dorval LachineLaSalle

19. Madame Isabelle Brault, présidente du conseil d'administration

20. Monsieur Yves Masse, directeur général
21. Docteur H  l  ne Daniel, directrice des services professionnels
22. Membres   lus du conseil des m  decins, dentistes et pharmaciens
23. Table des chefs de d  partement

H  pital de Lachine

24. Comit   ex  cutif du conseil local des m  decins, dentistes et pharmaciens
25. Comit   de direction de l'H  pital de Lachine
26. Docteur Paul Saba, pr  sident de l'ex  cutif du CLMDP

Comit   pour la sauvegarde de l'H  pital de Lachine

27. Monsieur Fran  ois Ouimet, d  put   de Marquette
28. Monsieur Claude Dauphin, maire de l'arrondissement de Lachine
29. Monsieur Edgar Rouleau, maire de la Cit   de Dorval

Autres rencontres individuelles

30. Monsieur Roger Paquet, ex-sous-ministre en titre du MSSS
31. Ma  tre Paul Brunet, Conseil pour la protection des malades
32. Ma  tre Simon Lahaie, Comit   pour la sauvegarde et Fondation H  pital de Lachine
33. Monsieur Mario Beaulieu, Mouvement Qu  bec Fran  ais
34. Docteur Michel Bureau, accompagnateur du CUSM
35. Docteur R  jean H  bert, ministre de la Sant   et des Services sociaux
36. Monsieur Jacques Cotton, sous-ministre en titre, minist  re de la Sant   et des Services sociaux

A copy of the presentation is attached to these minutes (see slides 20 to 26).

5.4 Baron Report Update – N. Rinfret

N. Rinfret presented an update on the Baron Report.

MUHC annual operating budget: \$1.018B	Baron Ctee Report (Dec. 2012)	Current forecast of budget deficit	2013-14 budget target	2014-15 budget target
Gov't authorized deficit: redistribution of network deficit	(12,300,000)	(12,300,000)	(12,300,000)	(12,300,000)
Operating deficit				
MUHC operating deficit	(39,700,000)	(38,400,000)	0	0
RI-MUHC operating deficit	(9,000,000)	(8,500,000)	(5,000,000)	0
5252 de Maisonneuve	256,000	0	0	0
Total operating & recurrent deficit	(60,744,000)	(59,200,000)	(17,300,000)	(12,300,000)
One-time deficit in \$				
1750 Cedar	(38,850,000)	(15,000,000)	0	0
RVH Foundation receivable write-off	(15,552,400)	(15,552,400)	0	0
Total non-recurrent deficit	(54,372,400)	(30,522,400)	0	0
Total deficit as at Mar. 31 2013 in \$	(115,116,400)	(89,722,400)	(17,300,000)	(12,300,000)

Budget 2013-14

- Budget reduction plan currently being finalized
- \$50 M budget reduction targeted for budget equilibrium by March 31, 2015
 - \$28 M identified to date
 - \$22 M will be achieved through efficiency gains in major projects
 - Laboratories
 - Ambulatory Care
 - Operating Rooms
 - Lachine Hospital

A copy of the presentation is attached to these minutes (see slides 27 to 28).

6. Report of Committees of the MUHC Board

6.1 Governance & Ethics Committee – G. Rourke

G. Rourke presented an overview of the Governance & Ethics Committee, more specifically with respect to the mandate, the Committees & Councils (reporting to

the Board of Directors), the activities completed over the last months (By-Laws, Code of Conduct, Reporting Cycle to Board, Rapprochement with Foundations, Qmentum Surveys and Framework re Baron Report) and ongoing activities:

- Complete revision of all Mandates
- Post all Mandates, Organization Chart, Codes of Conduct on Website
- Review compliance with By-Laws
- Ensure Committee Report to Board after each Meeting
- Adherence with Ongoing Requirements

A copy of the presentation is attached to these minutes (see slides 29 to 36).

6.2 Audit Committee – D. Laidley

D. Laidley presented an update on the Audit Committee held last February 19, 2013, more specifically with regards to the presentation made by Mr. Clermont Gignac, Executive Director of the Modernization Projects of Montreal's university hospitals: the CHUM, MUHC and Sainte-Justine, the Financial Results as of Period 10, the Budget 2013-2014 and the Baron Report recommendations.

A copy of the presentation is attached to these minutes (see slides 37 and 38).

6.3 Committee on Quality and risk Management (COQAR) – G. Nacos

G. Nacos presented an overview of activities of the Committee on Quality and risk Management (COQAR) with respect to the Quality and Patient Safety mandate: Adoption of a Prospective Risk Assessment framework for clinical and non- clinical risks and On-going analysis to assess the potential impact of the implementation of the Performance Improvement Plan on quality of care and patient safety.

G. Nacos emphasized the goal of the Patient Engagement Project to enhance the relationship, communication and collaboration between patients and the organization.

A copy of the presentation is attached to these minutes (see slides 39 to 41).

6.4 Real Estate Committee – Norman G. Spencer

N. Spencer presented an update on the Real Estate Committee held last February 19, 2013, more specifically with regards to the building located at 1750 Cedar Avenue, The Glen Campus Project, the Space Planning, the MGH redevelopment and the Baron Report.

A copy of the presentation is attached to these minutes (see slides 42 to 43).

7. **Matters Requiring Board Discussion and Resolution**

7.1 **Election of Board member to the Review Committee**

C. Bussandri informed members that the review committee is to review the handling of a user complaint by the medical examiner. The composition of the review committee is 3 members appointed by the Board of the MUHC. The Chair is appointed from amongst the members of the Board of the institution who are not employed or do not practice their profession with the institution.

This matter was discussed and approved by vote of the CEC in February 2013. The proposed names of members of the MUHC Review Committee from the CEC are Doctors David Morris and Thomas Milroy who would be renewing their present mandates. The third member must now be chosen from the Board members who are not employed or do not practice their profession with the institution.

Following discussions, it was decided to nominate J. Huguessen as the Chair of the Review Committee.

*On a **MOTION** duly made and accepted unanimously, Jill Huguessen was elected Chair of the Review Committee.*

8. **Consent Items Resolutions**

C. Bussandri referred members to the consent item resolutions and the Board unanimously passed the following resolutions:

8.1 (A) **Approval of the Minutes of the Meeting held on February 4, 2013**

8.1 (B) **Report of the MUHC Council of Physicians, Dentists & Pharmacists**

- Qualifications Committee Report

*On the recommendation of the Central Executive Committee of the Council of Physicians, Dentists and Pharmacists of the McGill University Health Centre and on a **MOTION** duly made and seconded, the Board of Directors of the McGill University Health Centre approved on March 4, 2013, the Nominations Report, Appointments, Reappointments and as indicated in the February 6, 2013 MUHC Qualifications Committee report.*

- Leaves of absence and Resignations Reports

*On the recommendation of the Central Executive Committee of the Council of Physicians, Dentists and Pharmacists of the McGill University Health Centre and on a **MOTION** duly made and seconded, the Board of Directors of the McGill University Health Centre approved on March 4, 2013 the leave of absence and resignations reports from the meeting held on February 12, 2013.*

- Renewal of MUHC Review Committee Members – Doctors David Morris and Thomas Milroy

*On the recommendation of the Central Executive Committee of the Council of Physicians, Dentists and Pharmacists of the McGill University Health Centre and on a **MOTION** duly made and seconded, the Board of Directors of the McGill University Health Centre approved on March 4, 2013 the renewal of the MUHC Review Committee Members, Doctors David Morris and Thomas Milroy effective March 4, 2013.*

8.1 (C) **MUHC – Professional Services**

- Designated signatory for the RAMQ – Dr. Linda Beauclair
Montreal General Hospital

*On the recommendation of the Directorate of Professional Services, and on a **MOTION** duly made and seconded, the Board of Directors of the McGill University Health Centre approved the request of the designated signatory for the Régie de l'assurance-maladie du Québec professional fees to be signed on behalf of the following Department of the MUHC by:*

*Department of Psychiatry at the Montreal General Hospital
Linda BEAUCLAIR, MD*

- Designated signatory for the RAMQ – Dr. Linda Beauclair
Royal Victoria Hospital

*On the recommendation of the Directorate of Professional Services, and on a **MOTION** duly made and seconded, the Board of Directors of the McGill University Health Centre approved the request of the designated signatory for the Régie de l'assurance-maladie du Québec professional fees to be signed on behalf of the following Department of the MUHC by:*

*Department of Psychiatry at the Royal Victoria Hospital
Linda BEAUCLAIR, MD*

- Removal of Designated signatory for the RAMQ – Dr. Martin Geoffrey Dawes Montreal General Hospital

On the recommendation of the Directorate of Professional Services, and on a MOTION duly made and seconded, the Board of Directors of the McGill University Health Centre approved the request of the removal of the designated signatory for the Régie de l'assurance-maladie du Québec professional fees of the following Department of the MUHC by:

*Department of Family Medicine
at the Montreal General Hospital
Martin Geoffrey DAWES, MD*

8.1 (D) **MUHC – Finances**

- Budget equilibrium

On the recommendation of the Management of Financial Matters and upon a MOTION duly made and seconded, the Board of Directors of the McGill University Health Centre ratified the following loan authorisation received from the Ministère de la santé et des Services sociaux, under the terms and conditions therein set forth:

1300-00-06-13-152 – Équilibre budgétaire – for an amount of \$15,000,000 for the period of January 31 to April 29, 2013, reimbursement of interest to be borne by the establishment.

- Budget equilibrium with *Financement-Québec*

«IL EST PROPOSÉ, APPUYÉ ET RÉSOLU À L'UNANIMITÉ:

QUE le Centre universitaire de santé McGill:

Confirme au Ministère de la Santé et des Services sociaux avoir reçu communication et avoir pris connaissance de l'autorisation d'emprunt numéro 1300-00-06-13-153 pour les transactions du fonds d'exploitation - catégorie équilibre budgétaire - au montant de 226 000 000\$ émise le 28 janvier 2013 pour la période du 31 janvier au 29 avril 2013.

S'engage expressément à utiliser cette autorisation d'emprunt aux conditions qui y sont énumérées et à remplir, fidèlement, toutes les obligations mentionnées;

Nomme et constitue Financement-Québec son procureur et mandataire auquel il donne pouvoir, pour elle et en son nom, d'emprunter dans les limites prescrites par l'autorisation d'emprunt susdite, d'une ou plusieurs institutions bancaires ou financières, pour le temps et aux conditions que le mandataire jugera appropriés selon les conditions du marché;

S'engage expressément à rembourser Financement-Québec des sommes ainsi empruntées accrues des intérêts;

Requiert Financement-Québec de produire à la l'Agence de la santé et des services sociaux de Montréal et/ou au Ministre de la Santé et des Services sociaux tout renseignement concernant l'emprunt contracté et les fonds déposés contre celui-ci par notre établissement;

Autorise le Directeur des Ressources financières, au nom du Centre universitaire de santé McGill, à signer tous les documents et à poser tous gestes pour l'exercice et le suivi d'utilisation de ladite autorisation d'emprunt et pour l'exécution des présentes.»

- Budget Equilibrium special with *Financement Québec*

«IL EST PROPOSÉ, APPUYÉ ET RÉSOLU À L'UNANIMITÉ:

QUE le Centre universitaire de santé McGill:

Confirme au Ministère de la Santé et des Services sociaux avoir reçu communication et avoir pris connaissance de l'autorisation d'emprunt numéro 1300-SP-06-13-154 pour les transactions du fonds d'exploitation - catégorie équilibre budgétaire special - au montant de 24 000 000\$ émise le 28 janvier 2013 pour la période du 31 janvier au 29 avril 2013.

S'engage expressément à utiliser cette autorisation d'emprunt aux conditions qui y sont énumérées et à remplir, fidèlement, toutes les obligations mentionnées;

Nomme et constitue Financement-Québec son procureur et mandataire auquel il donne pouvoir, pour elle et en son nom, d'emprunter dans les limites prescrites par l'autorisation d'emprunt susdite, d'une ou plusieurs institutions bancaires ou financières, pour le temps et aux conditions que le mandataire jugera appropriés selon les conditions du marché;

S'engage expressément à rembourser Financement-Québec des sommes ainsi empruntées accrues des intérêts;

Requiert Financement-Québec de produire à la l'Agence de la santé et des services sociaux de Montréal et/ou au Ministre de la Santé et des Services sociaux tout renseignement concernant l'emprunt contracté et les fonds déposés contre celui-ci par notre établissement;

Autorise le Directeur des Ressources financières, au nom du Centre universitaire de santé McGill, à signer tous les documents et à poser tous gestes pour l'exercice et le suivi d'utilisation de ladite autorisation d'emprunt et pour l'exécution des présentes.»

- *Deferred leaves with with Financement-Québec*

«IL EST PROPOSÉ, APPUYÉ ET RÉSOLU À L'UNANIMITÉ:

QUE le Centre universitaire de santé McGill:

Confirme au Ministère de la Santé et des Services sociaux avoir reçu communication et avoir pris connaissance de l'autorisation d'emprunt numéro 1400-00-06-13-117 pour les transactions du fonds d'exploitation – traitement différé - au montant de 1 000 000\$ émise le 28 janvier 2013 pour la période du 31 janvier au 29 avril 2013.

S'engage expressément à utiliser cette autorisation d'emprunt aux conditions qui y sont énumérées et à remplir, fidèlement, toutes les obligations mentionnées;

Nomme et constitue Financement-Québec son procureur et mandataire auquel il donne pouvoir, pour elle et en son nom, d'emprunter dans les limites prescrites par l'autorisation d'emprunt susdite, d'une ou plusieurs institutions bancaires ou financières, pour le temps et aux conditions que le mandataire jugera appropriés selon les conditions du marché;

S'engage expressément à rembourser Financement-Québec des sommes ainsi empruntées accrues des intérêts;

Requiert Financement-Québec de produire à la l'Agence de la santé et des services sociaux de Montréal et/ou au Ministre de la Santé et des Services sociaux tout renseignement concernant l'emprunt contracté et les fonds déposés contre celui-ci par notre établissement;

Autorise le Directeur des Ressources financières, au nom du Centre universitaire de santé McGill, à signer tous les documents et à poser tous

gestes pour l'exercice et le suivi d'utilisation de ladite autorisation d'emprunt et pour l'exécution des présentes.»

- **Renewal of Operating Fund Loan Authorizations**

On the recommendation of the Management of Financial Matters and upon a MOTION duly made and seconded, the Board of Directors of the McGill University Health Centre, for a period of six months following the maturity date, ratified the renewal of the following operating fund loan authorizations under the same conditions for a total amount up to 125% of the initial maximum:

1300-00-06-13-152 – Équilibre budgétaire – for an amount of \$15,000,000 for the period of January 31 to April 29, 2013, reimbursement of interest to be borne by the establishment.

1300-00-06-13-153– Équilibre budgétaire – for an amount of \$226,000,000 for the period of January 31 to April 29, 2013, reimbursement of interest to be borne by the establishment.

1300-SP-06-13-154 – Équilibre budgétaire spécial – for an amount of \$24,000,000 for the period of January 31 to April 29, 2013, reimbursement of interest to be borne by the establishment.

1400-00-06-13-117 – Traitement différé – for an amount of \$1,000,000 for the period of January 31 to April 29, 2013, reimbursement of interest to be borne by the establishment.

9. **Question Period - Public**

D. Laidley moderated public Q&A.

Journalists were asked to attend a media briefing and Q&A with the Director General & CEO immediately after.

Dr. Geoffrey Chambers:

Q: G. Chambers expressed to the Board of Directors that the MUHC is in crisis and urgent measures are called for. G. Chambers tabled a “*Joint Statement Respecting MUHC Governance, Planning and Communication to the MUHC Community, on March 4th, 2013*” and a list of “*Questions for the MUHC Board of Directors on March 4th, 2013*”, to be answered. Both documents are attached to these minutes.

A: (No answer required at the meeting).

Paul Thomas, Assistant-technicien en Pharmacie à l'Hôpital Général de Montréal et président des employés du CUSM-CSN :

Q: P. Thomas exprime l'importance de rencontrer les membres du Conseil d'administration du CUSM afin de les sensibiliser à l'importance de ne pas affecter la vie et salaires d'employés du CUSM dans le cadre du plan de redressement imposé suite au dépôt du rapport du Comité Baron. P. Thomas informe les membres que la CSN prend très au sérieux la situation, ayant mandaté une firme d'experts pour étudier la situation budgétaire dans les autres CHUs, afin d'identifier que le CUSM peut faire des économies de près de 60M\$ sans affecter les salaires. Cette étude a été communiquée au département des Ressources humaines qui a cavalièrement affirmé être au fait de la situation.

A : N. Rinfret a confirmé à P. Thomas que le CUSM entend être saisi de cette étude et qu'une rencontre est planifiée prochainement à ce sujet.

Lyne Larocque, Présidente du syndicat des professionnels en soins infirmiers et cardiorespiratoires du CUSM :

Q: L. Larocque a exprimé ses inquiétudes à l'égard de la gestion par le CUSM de la crise budgétaire actuelle, l'impact pour la qualité des soins aux patients et le manque de transparence et collaboration dans le cadre de cet exercice.

A: N. Rinfret a confirmé à L. Larocque que des discussions constantes ont lieu avec le Dr. Michel Bureau dans le cadre de cet exercice et qu'il s'assurera de rencontrer les membres de son groupe pour faciliter leur compréhension des enjeux actuels.

Paul Horowitz, Co-chair of the Montreal General Hospital User's Committee:

Q: P. Horowitz informed the members that two and half years ago, the senior management of the MUHC said publicly that clinics would be incorporated in the 1750 Cedar building, adjacent to the Montreal General Hospital. Question: Considering that the MUHC has pulled out of the deal, what is the plan now for these clinics, more specifically for the dialysis clinics at the RVH?

A: Concerning the dialysis clinics, N. Rinfret informed the public that a plan is being development at the Agence/MSSS level. Concerning the 1750 Cedar, the Real Estate Committee is looking for alternatives to address this space planning issue.

Dr. Paul Saba, Président du Conseil des Médecins, Dentistes et Pharmaciens de l'Hôpital de Lachine :

Q : Dr. Saba a informé les membres qu'un contrat est intervenu le 26 novembre 2008 entre le CUSM, l'Agence et le MSSS faisant état d'un investissement de 55M\$ qui ne s'est pas encore matérialisé à ce jour. Question : Pourquoi l'administration du CUSM n'a pas encore soumis un plan d'affaire au Gouvernement du Québec pour assurer l'avancement du projet de redéploiement de l'Hôpital St-Joseph de Lachine?

A: N. Rinfret mentionne que le plan d'affaire lié au projet de redéploiement de Lachine relève maintenant d'Infrastructure Québec et du gouvernement du Québec.

Francis Collin, Répondant pour le CUSM de l'Alliance du personnel professionnel et technique de la santé et des services sociaux – APTS :

Q: F. Collin a exprimé ses inquiétudes à l'égard du plan de redressement budgétaire du CUSM de plus de 50M\$ et fait état de ses préoccupations à l'effet que l'on pourrait abolir près de 45 postes dans les laboratoires dans un contexte actuel de pénurie de main-d'oeuvre. Question : Dans les circonstances, comment assurer la qualité à la population?

A: N. Rinfret a informé le public du projet d'Optilab pour lequel un hôpital sera identifié pour desservir la population de Montréal basé sur sa performance. Le CUSM a donc intérêt à s'améliorer rapidement dans cette perspective s'il veut continuer de desservir la population.

Dr. Daniel Laliberté, Médecin omnipraticien et secrétaire du CMDP de l'Hôpital de Lachine :

Q: Dr. Laliberté rappelle aux membres que l'Hôpital de Lachine a un déficit de 3.3M\$, 42 lits et 15 lits supplémentaires sans financement à près de 100,000\$ par lit. Question : qu'est-ce que le CA entend faire pour assurer que lesdits 15 lits supplémentaires soient financés et que le projet de gériatrie active voit enfin le jour?

A: Concernant le projet de gériatrie active, A. Lynch mentionne qu'elle est consciente des délais importants eu égard aux négociations en cours à ce sujet avec le gouvernement. En ce qui concerne les 15 lits supplémentaires sans financement, N. Rinfret confirme que cette question est soulevée à maintes reprises auprès de l'Agence.

10. **Termination**

There being no further business, the meeting was adjourned at 19:15.

Conseil d'administration
du Centre universitaire de santé McGill

McGill University Health Centre
Board of Directors

March 4th, 2013



Claudio Bussandri
Chairman

Board of Directors

MUHC Board of Directors Public Meeting Agenda

1. Call to Order
2. Quorum
3. Approval of the Agenda
4. Chairman's Report
5. Report of the Director General
and CEO - Normand Rinfret
 - 5.1 Clinical Review
 - 5.2 Financial Review
 - 5.3 Lachine Hospital Update
 - 5.4 Baron Report Update



Agenda

Continued

6. Report of Committees of the Board

- 6.1 Governance and Ethics – G. Rourke
- 6.2 Audit Committee – D. Laidley
- 6.3 COQAR – G. Nacos
- 6.4 Real Estate Committee – N. Spencer

7. Matters Requiring Board Discussion and Resolution

- 7.1 Election of Board member to the Review Committee

(to review the handling of a user complaint by the medical examiner according to articles 51 and 52 of HSSS)



Agenda Continued

8. Consent Items Resolutions

(A) Approval of the Minutes of the Meeting held on Feb. 4, 2013

(B) Report of the MUHC Council of Physicians, Dentists and Pharmacists

- Qualifications Committee Report
- Leaves of absence and Resignation Reports
- Renewal of MUHC Review Committee Members – Dr. David Morris and Thomas Milroy

(C) MUHC – Professional Services

- Designated signatory for the RAMQ – Dr. Linda Beauclair, MGH
- Designated signatory for the RAMQ – Dr. Linda Beauclair, RVH
- Removal of Designated signatory for the RAMQ – Dr. Martin Geoffrey Dawes, MGH

(D) MUHC – Finances

- Budget equilibrium
- Budget equilibrium with *Financement-Québec*
- Budget Adjustment with *Financement-Québec*
- Deferred leaves with *Financement-Québec*
- Renewal of Operating Fund Loan Authorizations



Conseil d'administration
du Centre universitaire de santé McGill

McGill University Health Centre
Board of Directors

March 4th, 2013



Normand Rinfret

Report of the Director General and CEO

Conseil d'administration
du Centre universitaire de santé McGill

McGill University Health Centre
Board of Directors

March 4th, 2013



Ann Lynch

Associate Director General
MUHC Clinical Operations

Clinical Review

Entente de Gestion

Access Issues

Emergency Rooms

- Period 10 Results:
 - Generally, ambulance numbers continue to increase in comparison to 2011-2012
 - % of patients with ≥ 48 hrs stay, ranges from 6,5% (MGH) to 21% (Lachine)
- A Patient Flow Committee is being reactivated for Lachine to improve length of stay both in the emergency room and on the inpatient unit.



Access Issues

ED - MGH Dashboard Overview

LOS* – Stretchers; % LOS > 24 hrs; % LOS > 48 hrs

* Average Length of Stay

Patient Flow Dashboard.

MGH Site				
<i>Mise à jour Janvier 2013 - Période 10</i>	<i>CURRENT</i>	<i>Last year</i>		
Indicator	Pd. 10 FY12-13	Pd. 10 FY11-12	Pd. 9 FY12-13	TARGET
Number of ED Registrations	2718	2671	2953	n/a
Number of Ambulances (quota)	1063	1009	1095	quota*
ED avg. LOS (hrs) (all STRETCHER pts)	17.2	14.6	16.5	11 hrs
ED avg. LOS (hrs) (all AMBULATORY pts)	5.6	5.0	5.7	4 hours
ED avg. LOS (age 75+ pts) (Stretcher patients)	24.7	19.9	23.2	11 hrs
ED avg. LOS (Mental Health pts) (Stretcher patients + CMD 16 to 18)	25.2		26.6	11 hrs
% Patients LOS > 24 hrs. (all stretcher pts)	22.0%	17.2%	18.5%	0%
% Patients LOS > 48 hrs. (all stretcher pts)	6.5%	3.7%	5.2%	0% (1%**)
% Patients LOS > 48 hrs. (75+ yo)	11.0%	6.6%	9.9%	0% (1%**)
% Patients LOS > 48 hrs. (Mental H.pts)	14.2%		15.4%	0% (1%**)
% of ED Patients LWBS	7.6%	6.1%	7.3%	2%
ED Stretcher Occupancy (avg, 26 stretchers)				80%



Access Issues

ED - RVH Dashboard Overview

LOS* – Stretchers; % LOS > 24 hrs; % LOS > 48 hrs

* Average Length of Stay

Patient Flow Dashboard

RVH Site

Mise à jour Janvier 2013 - Période 10

CURRENT

Last year

Indicator	Pd. 10 FY12-13	Pd. 10 FY11-12	Pd. 9 FY12-13	TARGET
Number of ED Registrations	2574	2585	2808	n/a
Number of Ambulances (quota)	893	849	937	quota*
ED avg. LOS (hrs) (all STRETCHER pts)	22.0	25.4	22.5	11 hrs
ED avg. LOS (hrs) (all AMBULATORY pts)	6.0	6.8	6.0	4 hours
ED avg. LOS (age 75+ pts) (Stretcher patients)	28.5	33.3	28.8	11 hrs
ED avg. LOS (Mental Health pts) (Stretcher patients + CMD 16 to 18)	26.6		31.5	11 hrs
% Patients LOS > 24 hrs. (all stretcher pts)	31.3%	36.7%	31.6%	0%
% Patients LOS > 48 hrs. (all stretcher pts)	9.7%	13.2%	10.5%	0% (1%**)
% Patients LOS > 48 hrs. (75+ yo)	16.4%	20.4%	16.4%	0% (1%**)
% Patients LOS > 48 hrs. (Mental H.pts)	18.1%		19.6%	0% (1%**)
% of ED Patients LWBS	4.9%	7.4%	5.6%	2%
ED Stretcher Occupancy (avg, 26 stretchers)				80%



Access Issues

ED - Lachine Dashboard Overview

LOS* – Stretchers; % LOS > 24 hrs; % LOS > 48 hrs

* Average Length of Stay

Patient Flow Dashboard				
Lachine Site				
<i>Mise à jour Janvier 2013 - Période 10</i>	CURRENT	<i>Last year</i>		
	Pd. 10 FY12-13	Pd. 10 2011-12	Pd. 9 FY12-13	TARGET
Indicator	1589	1632	1675	<i>non- applicable</i>
Number of ED Registrations	289	262	249	quota*
Number of Ambulances (quota)	29.6	21.0	31.3	11
ED avg. LOS (hrs) (all STRETCHER pts)	4.6	4.2	5.1	4
ED avg. LOS (hrs) (all AMBULATORY pts)	42.7	27.4	48.4	11
ED avg. LOS (age 75+ pts)	17.3	21.7	32.8	11
ED avg. LOS (Mental Health pts)	39.0%	30.7%	36.0%	n/a
% Patients LOS > 24 hrs. (all stretcher pts)	21.0%	11.2%	20.0%	0% (1%**)
% Patients LOS > 48 hrs. (all stretcher pts)	36.0%	15.8%	40.0%	0% (1%**)
% Patients LOS > 48 hrs. (75+ yo)	10.0%	17.4%	19.0%	0% (1%**)
% Patients LOS > 48 hrs. (Mental H.pts)	12.0%	11.6%	16.0%	3%
% of ED Patients LWBS	128%	86%	123%	80%



Access Issues

Accessibility

- Surgical Access
 - Oncology Surgery
 - Knee & Hip Arthroplasty
 - Cataracts
 - Cardiac Surgery
 - Day Surgery
 - Other surgeries requiring hospitalization
- Human Resource Indicator
 - Agency Personnel (Lachine)
 - Rehabilitation and Long Term Care (% of patients waiting for access)

A complete review of the Entente is underway to insure an adequate preparation for the new fiscal year 2013-2014.



Transfer of LTC Ventilated Patients from the MCI to Pavillon Camille-Lefebvre, Lachine

Agence / MSSS:

- The Agence has provided a favourable reply to the request for the transfer of long term ventilated patients from the MCI to Lachine (Pavillon Camille Lefebvre).
- A request was also made at the same time by the Agence on February 14th to the MSSS for their formal approval of this transfer.

MUHC:

Our coordinating team (MCI & Lachine) is actively preparing this transfer within the next 18 months



Conseil d'administration
du Centre universitaire de santé McGill

McGill University Health Centre
Board of Directors

March 4th, 2013



Stéphane Beaudry

Director of Finances

Financial Review



Financial Situation 2012-2013

As of January 12th, 2013

(period 10)

Finance Directorate

Financial Situation – Period 10 Results

- The total year budgeted deficit, as previously presented to the Board of Directors, amounts to \$49.7M.
- The year-to-date budgeted deficit represents \$38.0M and the actual results show a \$40.1M deficit representing a \$2.0M unfavourable variance
- We are now forecasting that the deficit for the year will be lower than budgeted by the use of the contingency reserve.

Note : The above results exclude the Research Institute and Syscor
Conseil d'administration
du Centre universitaire de santé McGill

McGill University Health Centre
Board of Directors



Statement of Revenues & Expenditures

Four weeks ended Jan 12 (P 10)

Prior year actual	Current year	
	Budget	Actual

April 1, 2012 to Jan 12, 2013 (P 10)

Current year		Prior year actual	Current year end revised budget
Actual	Budget		

<i>Revenues</i>							
49.9	53.6	53.7	MSSS funding	530.5	530.7	496.2	696.8
1.7	1.7	1.8	Patients revenues and other income	16.8	17.4	17.3	22.7
0.8	0.9	0.7	Parking revenue	8.9	9.0	8.5	0.0
-0.7	-0.7	-0.8	Parking expenses	-5.2	-5.7	-4.8	
0.1	0.2	-0.1		3.7	3.3	3.7	0.0
51.7	55.5	55.4	Total revenue	551.0	551.4	517.2	719.5
<i>Expenses, net of recoveries</i>							
32.7	36.6	35.9	Clinical Missions	371.3	368.5	336.7	471.2
9.0	9.9	9.4	Professional Services	100.6	101.1	94.0	130.4
7.2	8.4	8.4	Financial & Clinical Support	85.2	84.3	79.9	107.7
3.9	3.2	3.5	Other Support Services	33.4	33.3	34.6	43.3
52.8	58.0	57.2		590.5	587.2	545.2	752.6
(0.1)	0.2	0.1	Interest and other corporate expenses	(0.2)	2.2	(1.0)	20.6
0.1	0.0	0.1	Non admissible	0.8	0.1	0.7	(4.0)
52.8	58.2	57.4	Total expenses, net of recoveries	591.1	589.5	544.9	769.2
(1.1)	(2.7)	(2.0)	Deficit from operations before Syscor and The Research Institute	(40.1)	(38.1)	(27.7)	(49.7)
0.0	0.0	0.0	Syscor	0.0	0.0	0.0	0.0
N/A	N/A	N/A	Research Institute (as of Period 9)	(2.3)	(6.3)	(3.1)	(8.5)
(1.1)	(2.7)	(2.0)		(42.4)	(44.4)	(30.8)	(8.5)
Deficit from operations							(58.2)



Statement of Revenues & Expenditures (continued)

Four weeks ended Jan 12 (P 10)

April 1, 2012 to Jan 12, 2013 (P 10)

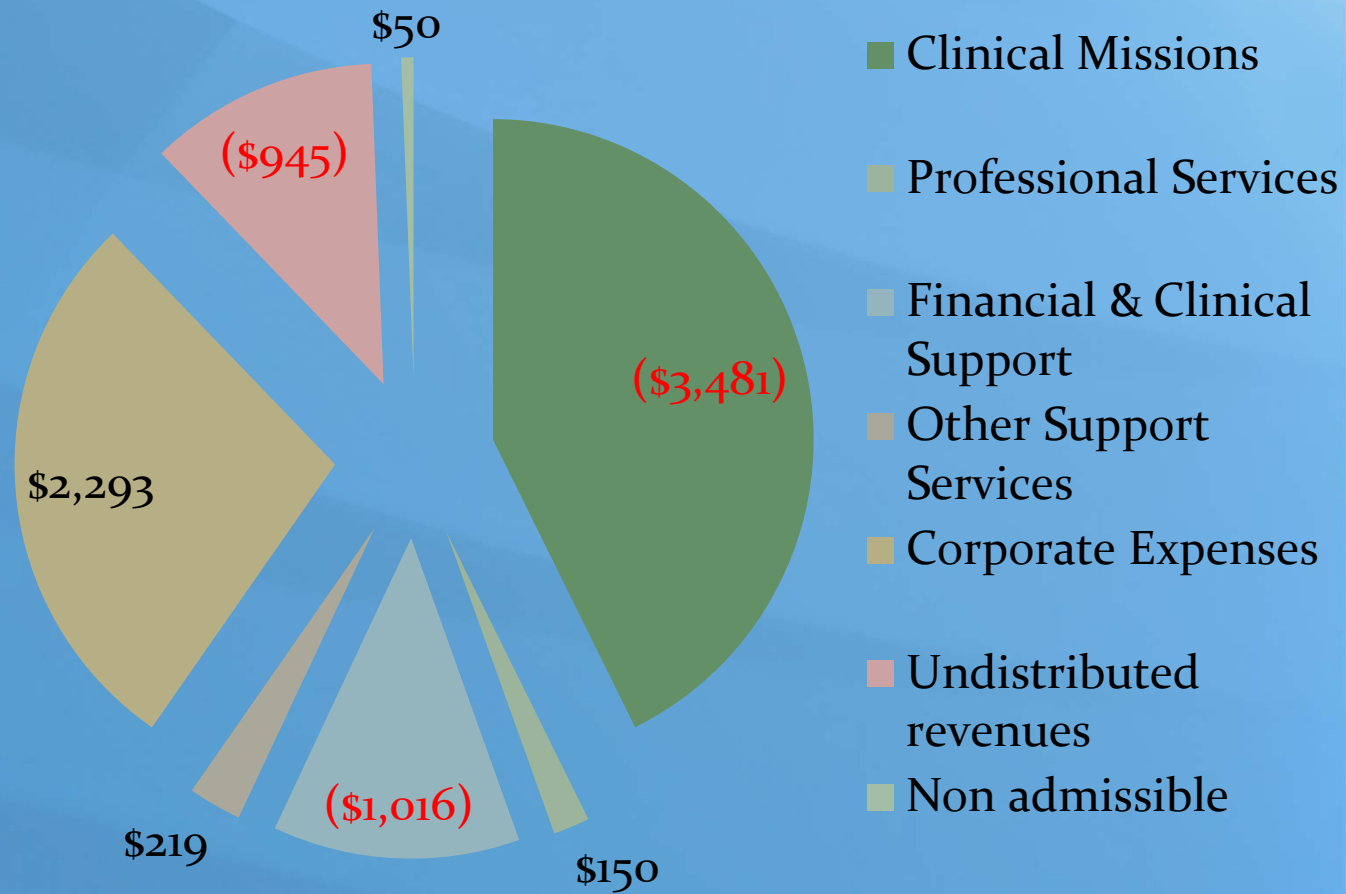
<i>Prior year</i>			<i>Current year</i>			<i>Current year end revised budget</i>
<i>actual</i>	<i>Budget</i>	<i>Actual</i>	<i>Actual</i>	<i>Budget</i>	<i>actual</i>	
			<i>Deficit from operations</i>			(58.2)
			<i>Special items</i>			
						(15.0)
						(15.5)
				0.0	0.0	0.0
			<i>Deficit for the period</i>			(88.7)
			(42.4)	(44.4)	(30.8)	(88.7)

Note:

The authorized deficit for 2011/12 and 2012/13 was \$12.3 million for each year.



Financial Situation–Period 10 Results



Depicted In millions (\$ 000's)



Financial Situation – Period 10 Results

- **Clinical operations:**

During period 10, the clinical missions reduced their unfavourable variance by \$0.7M but still holds a \$2.7M variance year-to-date. The variance resides with the CH Lachine for \$1.6M, cardiology activities for \$1.1M and in the adult emergency rooms by \$0.6M.

The Emergency room is currently working on minimizing worked hours and Cardiology is limiting volume of activities as an action plan to reduce the current variances. At the current time, there is no action plan at CH Lachine to reverse current overruns.

- **Professional services:**

In period 10, the professional services directorate shows a favourable variance of \$0.5M which corresponds to the total year-to-date variance. The medical imaging department shows an unfavourable variance of \$0.8M which is offset by favourable variances in the administrative areas.

The imaging department is currently analysing its performance in the context of the 2013-2014 budget exercise.

- **Other non-clinical areas:**

The areas of significant concern in the non-clinical areas, are Logistic services which holds an unfavourable variance of \$1.7M.

Several cost reduction plans have been proposed and an impact analysis on clinical operations is underway to ensure feasibility. At the current time, there is no indication that we will materialize significant savings by March 31st.



Conseil d'administration
du Centre universitaire de santé McGill

McGill University Health Centre
Board of Directors

March 4th, 2013



Normand Rinfret

Report of the Director General and CEO

Agenda

- 1) Lachine Hospital
 - Update on Dr. Lemieux's report
- 2) Baron Report Update



Lachine Hospital

➤ UPDATE ON DR. LEMIEUX'S REPORT

January 24, 2013

- Meeting with Dr. Richard Lemieux, Claudio Bussandri, Peter Abraham & Dr. Tim Meagher
- Meeting with Dr. Richard Lemieux, Ann Lynch, Ewa Sidorowicz, Dr. Matt Kalina & Jocelyne Faille
- Meeting with Dr. Richard Lemieux & CSSS Dorval-Lachine-Lasalle
- Meeting with Dr. Richard Lemieux & CSSS Verdun

January 31, 2013

- Meeting with Richard Lemieux, Ann Lynch, Ewa Sidorowicz, & Dr. Tim Meagher



Lachine Hospital

➤ UPDATE ON DR. LEMIEUX'S REPORT

February 1, 2013

- Meeting with MUHC & CSSS Dorval-Lachine-Lasalle
- Next Steps
 - Deposit of Dr. Lemieux's final report to the Minister of Health



Les rencontres de Dr Lemieux

Agence de la santé et des services sociaux de Montréal

1. Docteur Victor Glodbloom, président du conseil d'administration
2. Madame Danielle McCann, présidente-directrice générale
3. Docteur Louise Ayotte, directrice générale adjointe
4. Monsieur Vincent Lehouiller, directeur du secrétariat général, de l'administration, des ressources humaines et des communications
5. Monsieur Frédéric Abergel, directeur des affaires cliniques, médicales et universitaires
6. Monsieur Hugo Larouche, relations institutionnelles

Centre universitaire de santé McGill

7. Monsieur Claudio F. Bussandri, président du conseil d'administration
8. Monsieur Peter Abraham, président du Comité de liaison
9. Monsieur Normand Rinfret, directeur général
10. Docteur Tim Meagher, directeur général adjoint, affaires médicales et développement clinique
11. Docteur Ewa Sidorowicz, directrice des services professionnels
12. Docteur Mathias Kalina, directeur associé des services professionnels
13. Madame Ann Lynch, directrice générale adjointe, opérations cliniques et affaires des soins infirmiers
14. Madame Jocelyne Faille, directrice administrative, Hôpital de Lachine
15. Comité exécutif du conseil des médecins, dentistes et pharmaciens



Les rencontres de Dr Lemieux

CSSS du SudOuest – Verdun

16. Madame Lorraine Duchesne-Noiseux, présidente du conseil d'administration
17. Madame Sonia Bélanger, directrice générale
18. Docteur Jacques Jobin, président du conseil des médecins, dentistes et pharmaciens

CSSS de DorvalLachineLaSalle

19. Madame Isabelle Brault, présidente du conseil d'administration
20. Monsieur Yves Masse, directeur général
21. Docteur Hélène Daniel, directrice des services professionnels
22. Membres élus du conseil des médecins, dentistes et pharmaciens
23. Table des chefs de département

Hôpital de Lachine

24. Comité exécutif du conseil local des médecins, dentistes et pharmaciens
25. Comité de direction de l'Hôpital de Lachine
26. Docteur Paul Saba, président de l'exécutif du CLMDP



Les rencontres de Dr Lemieux

Comité pour la sauvegarde de l'Hôpital de Lachine

- 27. Monsieur François Ouimet, député de Marquette
- 28. Monsieur Claude Dauphin, maire de l'arrondissement de Lachine
- 29. Monsieur Edgar Rouleau, maire de la Cité de Dorval
- 36. Monsieur Jacques Cotton, sous-ministre en titre, ministère de la Santé et des Services sociaux

Autres rencontres individuelles

- 30. Monsieur Roger Paquet, ex-sous-ministre en titre du MSSS
- 31. Maître Paul Brunet, Conseil pour la protection des malades
- 32. Maître Simon Lahaie, Comité pour la sauvegarde et Fondation Hôpital de Lachine
- 33. Monsieur Mario Beaulieu, Mouvement Québec Français
- 34. Docteur Michel Bureau, accompagnateur du CUSM
- 35. Docteur Réjean Hébert, ministre de la Santé et des Services sociaux
- 36. Monsieur Jacques Cotton, sous-ministre en titre, ministère de la Santé et des Services sociaux



Baron Report Update

MUHC annual operating budget: \$1.018B	Baron Ctee Report (Dec. 2012)	Current forecast of budget deficit	2013-14 budget target	2014-15 budget target
Gov't authorized deficit: redistribution of network deficit	(12,300,000)	(12,300,000)	(12,300,000)	(12,300,000)
<i>Operating deficit</i>				
MUHC operating deficit	(39,700,000)	(38,400,000)	0	0
RI-MUHC operating deficit	(9,000,000)	(8,500,000)	(5,000,000)	0
5252 de Maisonneuve	256,000	0	0	0
Total operating & recurrent deficit	(60,744,000)	(59,200,000)	(17,300,000)	(12,300,000)
<i>One-time deficit in \$</i>				
1750 Cedar	(38,850,000)	(15,000,000)	0	0
RVH Foundation receivable write-off	(15,552,400)	(15,552,400)	0	0
Total non-recurrent deficit	(54,372,400)	(30,522,400)	0	0
Total deficit as at Mar. 31 2013 in \$	(115,116,400)	(89,722,400)	(17,300,000)	(12,300,000)



Baron Report Update

Budget 2013-14

- Budget reduction plan currently being finalized
- \$50 M budget reduction targeted for budget equilibrium by March 31, 2015
 - \$28 M identified to date
 - \$22 M will be achieved through efficiency gains in major projects
 - Laboratories
 - Ambulatory Care
 - Operating Rooms
 - Lachine Hospital



Conseil d'administration
du Centre universitaire de santé McGill

McGill University Health Centre
Board of Directors

March 4th, 2013



Report of Committees of the MUHC Board

Governance & Ethics Committee

Glenn Rourke, Chair



Mandate

- To Establish and Oversee Governance Rules for the Conduct of the MUHC as prescribed in HSSS Act and using the 2012 AQESSS document as a guideline.



MUHC – Committees & Councils

(reporting to the Board of Directors)



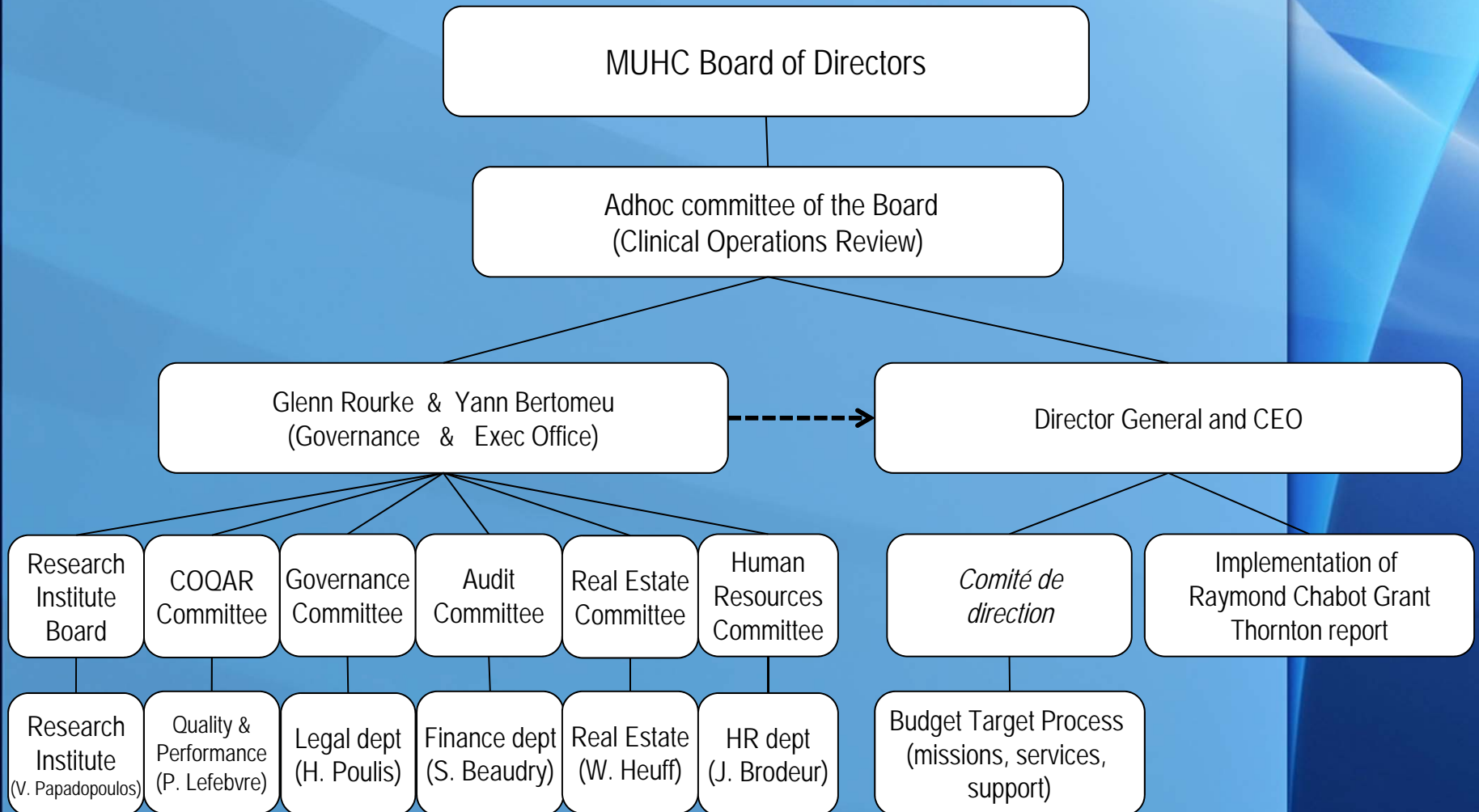
What we did?

- Committees and Councils Mandates
- By-Laws
- Codes of Conduct
- Reporting Cycle to Board
- Rapprochement with Foundations
- Qmentum Surveys
- Framework re Baron Report



Board Committee Report

Board of Directors Oversight



Continuing

- Complete revision of all Mandates
- Post all Mandates, Organization Chart, Codes of Conduct on Website
- Review compliance with By-Laws
- Ensure Committee Report to Board after each Meeting
- Adherence with Ongoing Requirements



What's our job?

- Entrench Governance Framework
- Ensure Transparency of Decisions
- Improve Template as required
- Work with all Committees
- Be a watchdog for Good Governance

Thank you



Audit Committee

David H. Laidley, Chair



Update

(Audit Committee held last February 19)

- Redevelopment Project – C. Gignac (contingencies and financing)
- Financial Results as of Period 10
- Budget 2013-2014
- Baron report



Committee on Quality and Risk Management (COQAR)

Gwen Andrews Nacos, Chair



Quality and Patient Safety

- Adoption of a Prospective Risk Assessment framework for clinical and non clinical risks
- On-going analysis to assess the potential impact of the implementation of the Performance Improvement Plan on quality of care and patient safety. Monitoring tool is currently being developed.



Patient Engagement Project

- Goal:

To enhance the relationship, communication and collaboration between patients and the organization





Real Estate Committee

Norman G. Spencer, Chair



Update

(Real Estate Committee held last February 19)

- 1750
- The Glen
- Space planning
- MGH redevelopment
- The Baron Report



Matters Requiring Board Discussion and Resolution

- Election of Board member to the Review Committee

(to review the handling of a user complaint by the medical examiner according to articles 51 and 52 of HSSS)

Consent Items Resolutions



Question Period - Public



Conseil d'administration
du Centre universitaire de santé McGill

McGill University Health Centre
Board of Directors

March 4th, 2013



Joint Statement Respecting MUHC Governance, Planning and Communication to the MUHC Community, on March 4th, 2013

The MUHC is in crisis. This has become a chronic condition. Urgent remedial measures are called for.

Under the mandate of the previous Board, extremely lax supervision of senior officers permitted a shocking degree of mismanagement and, most recently, alleged corruption. Dr. Porter's frequent absences, and many private business activities, went unchecked by the Board. The authority and oversight function of the Board was usurped by the Nomination and Governance Committee. Other key Board committees addressing finance and other supervisory functions performed inadequately. Dr. Porter was allowed a latitude of action which was clearly inappropriate at the time and has proven in hindsight to have been disastrous.

The consequences of this governance failure go far beyond the fraud and theft of which Dr. Porter is now accused. In the same period, he ran amok inside the hospital, wrecking its consultative, deliberative and collegial culture. This has dealt a crushing blow to morale, institutional pride and confidence throughout the MUHC. In the intervening period, little has been done to acknowledge this core problem or to heal the internal damage.

During the entire tenure of the current Board, serial crises have been denied, minimised, ignored and unexplained. The extraordinary human resources available to the MUHC, represented by the doctors, nurses, professional staff and other employees, not to mention patients and community support groups, have been kept at arms-length and not consulted or even informed.

The MUHC response to the current budget crisis has been defensive, opaque and entirely inadequate both as to substance and communication. The only way for the MUHC to devise a constructive response to the government's demand for enormous financial cuts is to harness all of the expertise and good will of all of the MUHC's constituencies.

Economies can be found and implemented, but the only way to do so without disastrous damage to the hospital's health care delivery mission is to have full community buy-in to a well designed and well explained plan. In the current climate of top-down decree and total failure to communicate within the institution, the cuts will be driven by political and financial principles as seen by bureaucrats, with little understanding of, or concern for, the healthcare delivery mission.

We call for the immediate initiation of an open and transparent process of Budget review. The Board must accept its responsibility and desist from hiding behind evasive banalities.

Comments to: gouvernancemuhc@gmail.com

Déclaration commune sur la gouvernance du CUSM au conseil d'administration du CUSM

Le CUSM est en crise. La situation est devenue chronique. Il est temps d'intervenir de façon urgente.

Sous le mandat du Conseil d'administration précédent, une supervision inefficace et inadéquate des dirigeants a permis l'installation d'un système de gestion inepte et prétendument corrompu. Le conseil avait ignoré les nombreuses absences du Dr Porter et ses multiples affaires privées. Le comité de nomination et de gouvernance a usurpé l'autorité et le rôle de surveillant du conseil. Le fonctionnement des autres comités névralgiques responsables des finances et de la surveillance a été tout aussi inadéquat. Cela a ainsi permis au Dr. Porter d'agir sans contrôle ce qui s'est avéré désastreux.

Les conséquences de ces manquements dans la gouvernance du CUSM vont beaucoup plus loin que la fraude et le vol dont est accusé actuellement le Dr. Porter. Pendant son séjour au CUSM, le Dr. Porter a réussi à détruire la culture collégiale et consultative de l'institution. Cela a causé un dommage immense au moral et à la fierté du CUSM. Depuis ce temps, peu a été fait pour faire face à ce problème et pour y remédier.

Depuis l'entrée en fonction du présent conseil d'administration, le CUSM a rencontré de nombreuses crises qui ont toutes été niées, minimisées, inexpliquées ou carrément ignorées. Malgré la présence de ressources humaines extraordinaires, composées de médecins, infirmières et infirmiers, professionnels et techniciens de la santé, employés des services auxiliaires, sans oublier patients et groupes de support communautaires, le conseil a choisi d'agir dans le vide, sans consultation et souvent sans même partager l'information vitale.

La réponse du conseil du CUSM à la présente crise budgétaire a été totalement inadéquate, tant sur le plan du contenu que de la forme. La seule façon pour le CUSM de répondre de façon constructive aux exigences d'énormes coupures demandées par le gouvernement est de faire appel à l'expertise et à la bienveillance de tous les intervenants.

Il est possible de faire des économies sans endommager de façon irrémédiable la mission de l'hôpital dans son rôle primordial de pourvoyeur de soins aux malades. Pour ce faire, il est essentiel que tous les intervenants participent à l'élaboration d'un exercice budgétaire bien planifié et structuré. Cela est aux antipodes de l'approche privilégiée par le présent conseil qui ignore la communication et la consultation. Le danger éminent est que les coupures soient dictées en raison de principes financiers et politiques qui sont étrangers à la mission de la livraison des soins de santé.

Nous vous demandons donc de mettre immédiatement en place un processus de budgétisation ouvert et transparent accessible à tous les intervenants concernés.

Le conseil doit accepter sa responsabilité vis à vis de cette merveilleuse institution qu'est le CUSM et arrêter de se cacher derrière des banalités bureaucratiques.

Pour nous joindre ou faire parvenir vos commentaires, s'il vous plaît, écrivez à :
gouvernancemuhc@gmail.com

QUESTIONS FOR THE MUHC BOARD OF DIRECTORS on March 4th, 2013

QUESTIONS ADRESSÉES AU CONSEIL ADMINISTRATIF du 4 mars 2013

1. Has an investigation been undertaken into the issuing of other contracts (beyond the construction contract) which were awarded under the tenure of Dr. Porter and the previous Board; in particular a large contract for imaging equipment?
2. Has an inquiry or review been made into the Board or committee structures, controls and practices which were in place to supervise and control Dr. Porter (Nomination and Governance Committee for example)? Has the possibility of an action for culpable negligence been considered? Is not the pretence that the previous Board was some kind of an alien entity for which you are not answerable hard to maintain as your current Chairman and Vice-Chairman were key decision makers on the former Board?
3. Why have you not explained the purported budget overrun of the MUHC. Why have you allowed the government and the press to depict the hospital as the most inefficient and corrupt manager of public funds in the whole Quebec health care sector? Are you capable of making a convincing argument in defence of your management practices? These problems do not all date back to the former Board and Dr. Porter. Why have you shut the public and the MUHC community out of your process of negotiation with the government?
4. Have all senior members of the governance and supervisory regime under the last Board clearly, formally and publicly recused themselves or been excluded from all participation, deliberative, administrative, executive and representative, in the management of any process arising from alleged corruption related matters (members of the former Nomination and Governance Committee including the current Chairman and Vice Chairman, as well as the current Executive Director)?
5. Have measures been taken to ensure that information, records and evidence in paper or electronic form are not mishandled or destroyed?
6. Can an explanation be provided of the cause and nature of former H.R. Director Stella Lopreste's departure from employment at the MUHC? Were there any circumstances which have not been made public? Was any severance paid and if so how much?
7. What was the rationale behind Dr. Porter's receiving a salary and loan from McGill? Did the MUHC Board approve this arrangement? Was it even aware of it? Was any consideration given to the possible conflicts of interest which this type of arrangement could give rise to? What was the actual source of the funds that McGill provided to Dr. Porter? Was any hospital or hospital related entity involved (Foundations?)?
8. What is the role of Dr. Bureau in the budget process? Does he function as a de facto trustee? Is the Board capable of standing up to the government? Why have you not sought community support? Why has everything been done in secret?
9. Did Dr. Porter's other business activities and his sponsorship of tours of his Caribbean clinics by medical staff of the MUHC create any conflicts of interest or compromises which require review?
10. You have said on several occasions that no current member of MUHC is under investigation. How can you be sure of this? Is it because the authorities have told you so? If so, do you think it shows good judgment to believe them?
11. As a public entity, you have a responsibility to the community to act properly and to account for your decisions. Given that the acquisition of 1750 Cedar was clearly illegal, why have you not undertaken any investigation into the wrongdoing? Please don't tell us that you are leaving it all to the Police as though this were something done by third parties to the institution and not undertaken by the MUHC itself. Why has there not been an application to the Court to have the unauthorized transaction reversed via an action in nullity? Why should the MUHC operating budget be on the hook for the cost of malfeasance by parties unidentified and unpunished?
12. What cuts to what services are contemplated in the current budget negotiations? Particularly, can you assure us as of today that no cuts in professional staff or time of professional staff have been undertaken or will be undertaken until they have been fully disclosed, their consequences in respect of service delivery reviewed by the medical staff and explained to the public?
13. Is it true that laboratory services have already been cut? What further cuts are contemplated? Will you undertake not to make cuts without full public review of the consequences?
14. In the current budget negotiations what other MUHC services are on the table? Family medicine seems to have been jettisoned without consultation. What further concessions will be made without open discussion, Labs? Neuro? Lachine? Children's?
15. Does your mention of "walk in clinics" as a service to be eliminated mean that the MUHC will not be providing ambulatory care? If not, where will it be available? What other institution(s) have you transferred it to? Or, are you taking the position that the public can fend for itself?

16. Dr. Porter has been accused of participating in a fraudulent consulting contract designed to divert funds from the construction project. Similarly, the MUHC as represented by Dr. Porter is accused of entering into (by way of guarantor) a fraudulent consulting contract designed to divert \$425,000.00 of MUHC funds to Yanai Elbaz. According to Mr. Elbaz's Court filing, Mr. Rinfret requested that MMI cooperate in this fraudulent scheme. Quoting from Mr. Elbaz's Nov. 27th, 2012 Statement of Claim in Quebec Superior Court, page 2, para. 6 b. "Messers Poulis and Rinfret made the representations to the Plaintiff, during the period of October 2011 and May 2012; ...6d. Mr. Rinfret advised Plaintiff/Mr. Elbaz not to involve Dr. Churchill-Smith and that he (Mr. Rinfret) will handle everything on behalf of Defendant MMI, dealing with MMI paying the sums owing; 6e. Mr. Rinfret instructed Plaintiff on how and where the invoices (Exhibit P-2 "en liasse") should be addressed to. Mr. Rinfret was the architect of Exhibit P-1. Mr. Rinfret was the architect of the transaction (Exhibit P-1 and P-2). Mister Rinfret negotiated Exhibit P-1 on behalf of the Defendants". Considering that Mr. Rinfret claimed publicly to have had no knowledge of the matter prior to hearing about Mr. Elbaz's lawsuit late in 2012 and even allowing that Mr. Elbaz's Statement of Claim may not, in the end, be found to be completely truthful, do you not think it is incumbent on the MUHC to make some effort to understand and explain what role Mr. Rinfret may have played in the matter? Have you, in fact, investigated this matter and reviewed Mr. Rinfret's role as an agent or a principal in attempting to manage the execution of this apparently fraudulent consulting contract?

17. Is the Board confident and has the Board taken steps to ascertain that Mr. Rinfret's frequent public denials of having had any "real estate" dealings on behalf of the MUHC prior to his being appointed acting Executive Director in early 2012 are in fact accurate and that he was not in fact heavily involved in real estate transactions on behalf of the MUHC and related entities throughout 2011?

18. At the last two MUHC public Board meetings questions were raised about why those meetings were not announced on the MUHC website and assurances were given that future meetings would be properly posted. Given the fact that today's meeting was not announced on your website is there any possible interpretation other than that you are unable or unwilling to take even the most basic measures to be accountable to your community?

19. Does the MUHC still intend to name a street after Dr. Porter? Have you ascertained that the agreement to end the employment of Dr. Porter at the MUHC in which you contracted to name the street after him does not contain other ill advised provisions?

20. Why did the MUHC decide to take the initiative to undertake an investigation by an independent third party into the activities of Mr. Elbaz? Why was such an investigation never undertaken into other parties who were suspected of fraud such as Mrs. Lopreste and Dr. Porter?

21. Les procès-verbaux des rencontres du conseil d'administration, ainsi que les décisions prises par différents groupes décisionnels, ne devraient-ils pas être accessibles à tous?

22. Pourquoi le CUSM a-t-il attendu le rapport de Dr. Baron pour agir sérieusement à propos du déficit budgétaire alors que le rapport Raymond, Chabot, Grant & Thornton était déjà connu depuis novembre 2010?

23. Outre les coupures de 50 M, qu'advient-il des revenus des stationnements et des concessions (par exemple, Jean Coutu ou Café Vienne)?

24. Toujours dans le cadre des coupures de 50 M d'économie, de quelle manière procéderez-vous pour en faire le suivi et en mesurer les impacts?

25. Dans le rapport final du Dr. Baron, d'importants constats sont inquiétants :

Recommandations 2 et 7 : Comment ferez-vous pour vous assurer que les budgets alloués par l'agence seront respectés?

Recommandation 16 : Le comité d'éthique du conseil d'administration a-t-il terminé ses révisions?

- Avons-nous accès à ces documents?
- Qu'est-ce que cela implique concrètement?
- Le document contenant ces règles sera-t-il disponible pour tous?

Recommandation 30 : Qui va s'occuper du suivi financier de l'institut de recherche?

Recommandation 37 : Quel est le plan prévu en ce qui concerne le manque de financement pour le Glen?