

MINUTES of the Public meeting of the Board of Directors of the McGill University Health Centre (MUHC) held at 5100 Boulevard de Maisonneuve, the main floor conference room in Montreal, Quebec on Monday, June 17th, 2013 at 16:00 hrs.

PRESENT:

Claudio F. Bussandri	Alison Laurin
Normand Rinfret	Marie Giguère
Susan Drouin	Gwen Nacos
Glenn Rourke	Pierre Hurteau
Francois Laurin	Earl Rubin
Jill Hugessen	Colleen Timm
Norman G. Spencer	Peter Abraham
Rose Goldstein	Robert Rabinovitch
David Laidley	Mario Di Carlo
Gail Campbell	David Eidelman

Harris Poulis
Tina DeFrancesco
Yann Bertomeu

REGRETS: Joan Ivory

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, as submitted, was adopted.

4. **Chairman's Report**

On behalf of the Board of Directors, C. Bussandri welcomed the public and thanked the audience for attending.

C. Bussandri reiterated their appreciation for their interest in the MUHC and their commitment to working with the MUHC to ensure we remain a centre of excellence, one of the best academic health centres in the world.

C. Bussandri mentioned the importance on focusing on proper governance. In particular, the MUHC is taking the Baron Report and the quest to return to financial equilibrium to heart. The first line of oversight is the audit committee as

well as two new committees created by the board - the Comité adhoc (Opérations cliniques) and the Comité adhoc (Structure organisationnelle).

C. Bussandri was pleased to report that our deficit for this past fiscal year is 35% lower than the Baron Report estimate and 16% less than we forecast in March.

C. Bussandri mentioned two other highlights that should be stressed.

The first is the major construction project is in full swing, the new homes for the Childrens, the Royal Victoria, the research institute and cancer centre. The good news is the project is on schedule. We expect the research institute to move in March 2015 and the first patients to arrive later that year.

The second, and most important, highlight is that despite the transformation, the women and men who work at the MUHC are continuing to keep their eyes on the ball. We are training the next generation of health care professionals, advancing research and providing outstanding care day-in and day-out. Our team is truly remarkable, and we are grateful to them for their professionalism, their passion and their commitment to excellence.

C. Bussandri called upon our Director General and CEO Normand Rinfret to provide management's report. Our plan is to have about 60 minutes of presentations in order to leave ample time for questions and dialogue.

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

5.1 **Clinical Review**

N. Rinfret introduced A. Lynch, Associated Director General, MUHC Clinical Operations. A. Lynch presented an overview of the results of the 'Entente de gestion 2012- 2013', more specifically:

Objectifs:

- Définir les orientations, l'offre de services et les priorités annuelles
- Clarifier les responsabilités de l'établissement et de l'Agence
- Définir les engagements de l'établissement
- Assurer un suivi assidu des résultats
- Produire un bilan annuel des engagements

A. Lynch presented the data under four (4) categories :

Est-ce que l'expérience patient s'améliore ?

- Fin de soins actifs (Patients en attente de services de soins palliatifs)
- Fin de soins actifs (Patients en processus ou en attente d'éval/orientation)

Est-ce que l'accès s'améliore?

- % de séjour >48h sur civière à l'urgence - HGM
- % de séjour >48h sur civière à l'urgence - HRV
- % de séjour >48h sur civière à l'urgence - Lachine
- % de demandes inscrites traitées dans les délais pour une chirurgie avec hospitalisation

Est-ce que la productivité s'améliore?

- Nombre de chirurgies réalisées

Est-ce que l'environnement de travail s'améliore?

- Ratio heures supplémentaires personnel infirmier
- Ratio heures supplémentaires personnel réseau
- Ratio main d'oeuvre indépendante Infirmières
- Ratio main d'oeuvre indépendante (Préposé aux bénéficiaires)

A copy of the presentation is attached to these minutes (see slides 5 to 12).

5.2 **Financial Review**

N. Rinfret introduced S. Beaudry, Director of Financial Resources.

S. Beaudry presented the 2013-2014 Budget.

- The \$32.3M deficit for the 2013-2014 budget consists of:
 - ❖ \$26.8M from Operations
 - ❖ \$5.5M for the Research Institute
- The \$26.8M operating deficit includes a \$12.3M approved deficit by the MSSS. Consequently, the net operating deficit is \$14.5M.
- The overall operating results at the end of period 1, indicates that expenditures are on target with the allocated budget.
- Some areas of concern at the end of period 1 and are currently under review are: Logistics, Cardiology, Drug costs and Syscor.

A copy of the presentation is attached to these minutes (see slides 13 to 17).

6. **Report of Committees of the MUHC**

6.1 **Audit Committee – D. Laidley**

D. Laidley noted that the Audit Committee had met on June 17th.

D. Laidley informed members that the Committee reviewed the responses to the 49 recommendations in the Baron Report and had noted that their progress would be monitored on a quarterly basis.

D. Laidley stated that members of the Audit Committee recommended the approval of the AS-471. Following a brief discussion, the Board unanimously approved the following resolution:

Sur la recommandation du Comité de vérification du Centre universitaire de santé McGill, et sur une PROPOSITION dûment faite et appuyée, le Conseil d'administration du Centre universitaire de santé McGill adopte le Rapport financier annuel AS-471 pour l'année financière se terminant le 31 mars 2013 pour présentation à l'Agence de la Santé et des Services sociaux de Montréal et désigne Normand Rinfret et Stéphane Beaudry signataires de la déclaration (page 100-00).

6.2 **COQAR – G. Nacos**

G. Nacos presented an overview of activities of the Committee on Quality and risk Management (COQAR), more specifically:

Cancer Care Mission:

Annual Report 2012-13 (Presenters: Dr. A. Aprikian, Dr. C. Freeman)

Initiatives undertaken:

- Dashboard developed and published;
- Creation of interdisciplinary improvement teams and the adoption of a project management approach.

Improvement projects currently underway:

- Implementation of a symptom assessment tool;
- Guidelines implementation in the Emergency Room for febrile neutropenia;
- Access to diagnostic imaging for initial investigation;
- Review of surgical oncology wait times.

Priorities for 2013-14:

- Measuring the patient experience;
- Implementation of distress screening in the Oncology Day Centre;
- Timely access to diagnostic imaging;
- Timely access to surgery;

- Preparation for the QMentum accreditation visit.

Surgical Mission:

Annual Report 2012-13 (Presenter: Dr. G. Fried)

Highlights

Improvement projects currently underway:

- Enhanced Recovery After Surgery (ERAS) program;
- Implementation of the National Surgical Quality Improvement Program (NSQIP).

Priorities for 2013-14:

- Ongoing monitoring of quality and safety of care (NSQIP);
- Expansion of ERAS;
- Preparation for the QMentum accreditation visit

A copy of the presentation is attached to these minutes (see slides 19 to 21).

6.3 **Communications Committee – G. Nacos**

G. Nacos presented the mandate and composition of the committee.

A copy of the presentation is attached to these minutes (see slides 22 to 23).

6.4 **Ad Hoc Board Committee (Clinical Operations) – C. Bussandri**

C. Bussandri presented the Committee Structure of the Board and an update of Ad Hoc Board Committee (Clinical Operations). The mandate of this Committee is to provide Board oversight and monitoring of the implementation of the deficit reductions initiatives as they affect clinical operations and to monitor the GPO's impacts on patient safety and quality of care. This committee may become a permanent committee.

The committee is composed of:

- Claudio Bussandri, Chair of Committee
- Colleen Timm
- Gwen A. Nacos
- Normand Rinfret
- Pierre Hurteau
- David Laidley
- Peter Abraham
- Robert Rabinovitch

The committee held four meetings to date.

C. Bussandri summarized the last meeting held on May 29th:

○ **Dr. Ewa Sidorowicz – Director of Professional Services**

- Model of co-management. Alignment of physicians (offer of services) and administration (financial).
- Core Group Committee. Address outstanding issues and obstacles in order to ensure alignment of all missions, directorates and departments in the planning and in the execution of the plan.

○ **Marie Claire Richer – Director of Transition**

- Modèle d'implantation – GPO
- Modèle d'implantation – Inter GPO

A copy of the presentation is attached to these minutes (see slides 24 to 28).

7. **Question Period - Public**

P. Abraham moderated public Q&A.

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

Dr. David Morris:

Q: Who is responsible for deciding with respect to the Ambulatory care, we need some guidance?

A (N. Rinfret/E. Sidorowicz/A. Lynch): The GPO Ambulatory Care is looking into this involving the participation of many stakeholders (internal and external).

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

Q: Pourquoi une décision pour le GPO staff mix a été prise de remplacer une infirmière par une infirmière auxiliaire sans notre participation?

A (A. Lynch/J. Brodeur) : Il s'agit d'un projet pilote qui commencera en janvier 2014 pour étudier le dossier avec consultations à venir.

Geoffrey Chambers:

Q: what is the hospital exposure on the strike on the Glen?

A (N. Spencer/N. Rinfret): Provisions and contingencies in the project. We are concerned by the strike considering the magnitude of the project. The responsibility is on the shoulders of the private partner.

Unknown:

Q: How many managers have lost their job?

A (N. Rinfret): Cannot answer precisely considering the GPOs but the numbers of managers are comparable to other similar organizations.

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

Q: L. Larocque a exprimé sa surprise de voir le CUSM participer au forum santé international en octobre 2013, comment le CUSM a-t-il le temps d'organiser de tels forums internationaux?

A (N. Rinfret): Le CUSM est un centre hospitalier universitaire qui doit s'exposer dans des forums internationaux pour faire la promotion de son savoir-faire (exporter lettres patentes). Le CUSM a intérêt à développer sa recherche.

10. **Termination**

There being no further business, the meeting was adjourned at 17h30.

***Conseil d'administration
du Centre universitaire de santé McGill***

***McGill University Health Centre
Board of Directors***

Claudio Bussandri
Président / Chairman

Le 17 juin 2013 / June 17, 2013



MUHC Board of Directors

Public Meeting Agenda

1	Call to Order
2	Quorum
3	Approval of the Agenda
4	Chairman's Report
	4.1 Update on Rossy Cancer Network
5	Report of the Director General and CEO – N. Rinfret
	5.1 Clinical Review
	5.2 Financial Review
	5.3 Baron Report Update
6	Report of Committees of the MUHC Board
	6.1 Audit Committee – D. Laidley
	6.2 COQAR – G. Nacos
	6.3 Communications Committee – G. Nacos
	6.4 Ad Hoc Board Committee (Clinical Operations) – C. Bussandri



MUHC Board of Directors Public Meeting Agenda

7	Matters Requiring Board Discussion and Resolution
	7.1 MUHC – Audit Committee <ul style="list-style-type: none">• Approval of the Rapport financier AS-471 for the fiscal year ended March 31, 2013 for the MUHC resolution request• Authorization be given to Normand Rinfret to sign the Entente de gestion et d'imputabilité 2013-2014 resolution request
9	Question Period - Public
10	Termination



***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 17 juin 2013 / June 17, 2013



***Conseil d'administration
du Centre universitaire de santé McGill***

***McGill University Health Centre
Board of Directors***

Ann Lynch

**Directrice générale adjointe
Opérations cliniques**

***Présentation des résultats de
l'entente de gestion - 2012-13 CUSM***

Le 17 juin 2013 / June 17, 2013



Entente de gestion et d'imputabilité

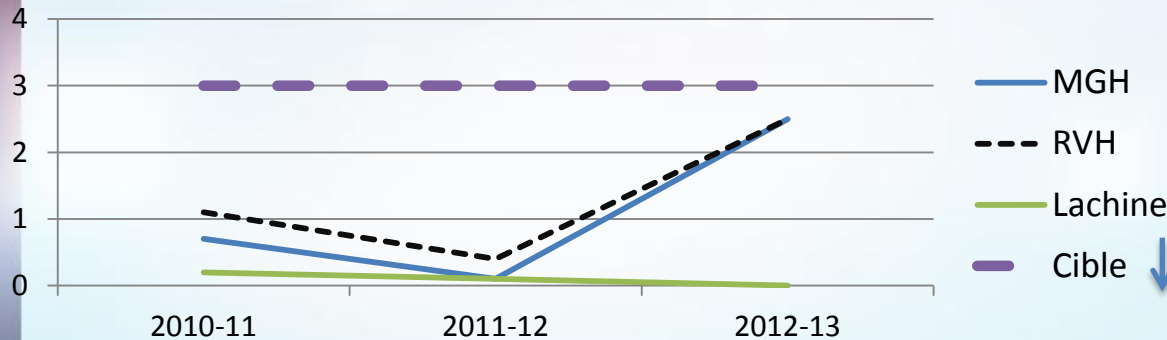
Objectifs:

- Définir les orientations, l'offre de services et les priorités annuelles
- Clarifier les responsabilités de l'établissement et de l'Agence
- Définir les engagements de l'établissement
- Assurer un suivi assidu des résultats
- Produire un bilan annuel des engagements

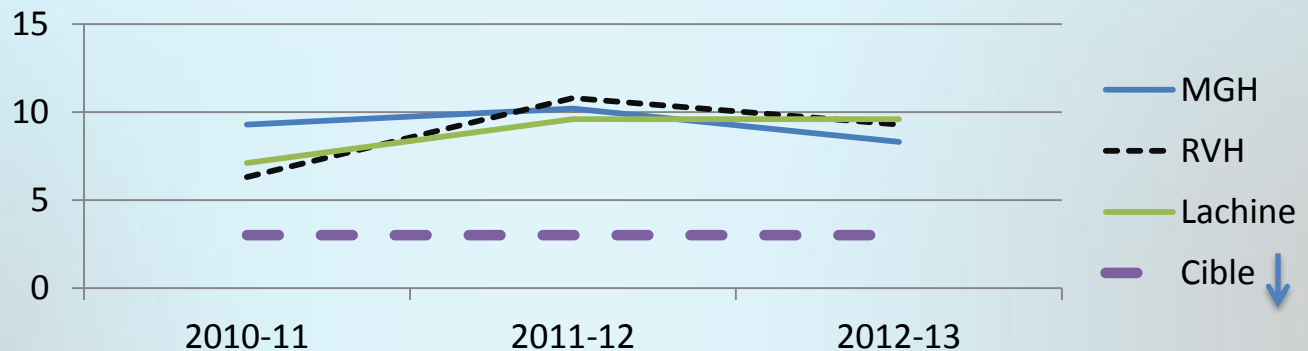


Est-ce que l'expérience patient s'améliore ?

Fin de soins actifs
Patients en attente de services de soins palliatifs

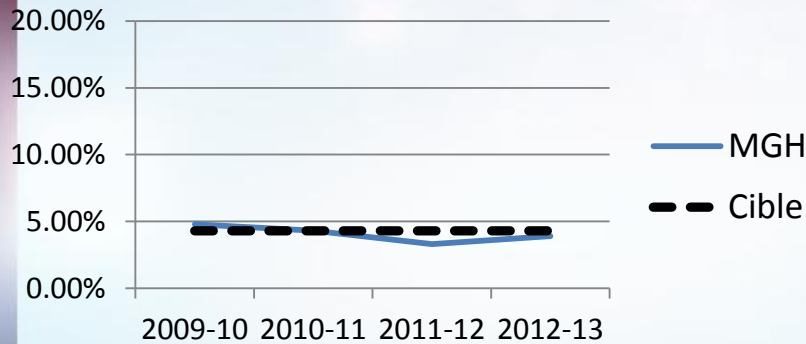


Fin de soins actifs
Patients en processus ou en attente d'éval/orientation

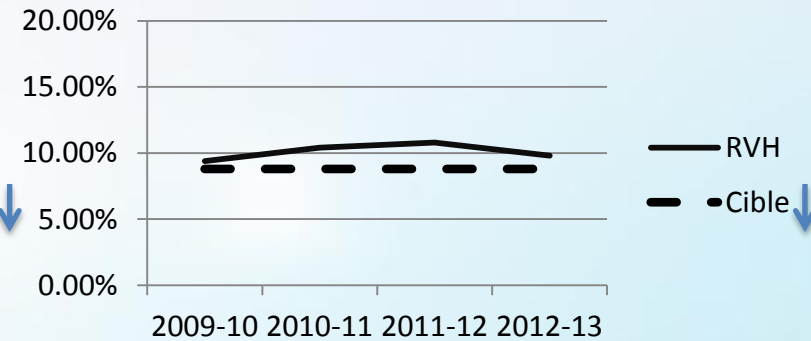


Est-ce que l'accès s'améliore?

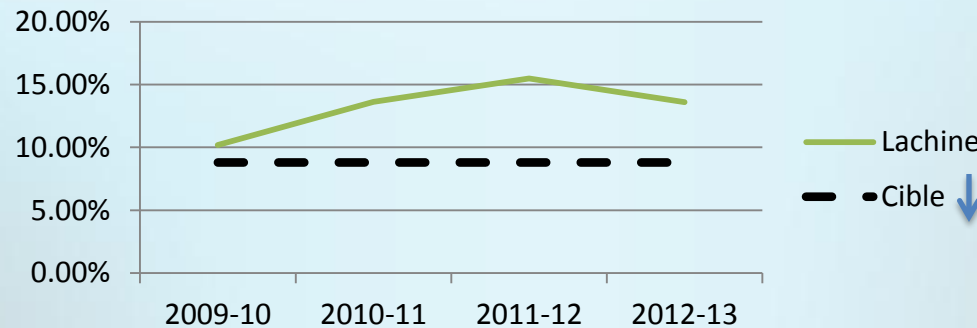
% de séjour >48h sur civière à l'urgence - HGM



% de séjour >48h sur civière à l'urgence - HRV



% de séjour >48h sur civière à l'urgence - Lachine

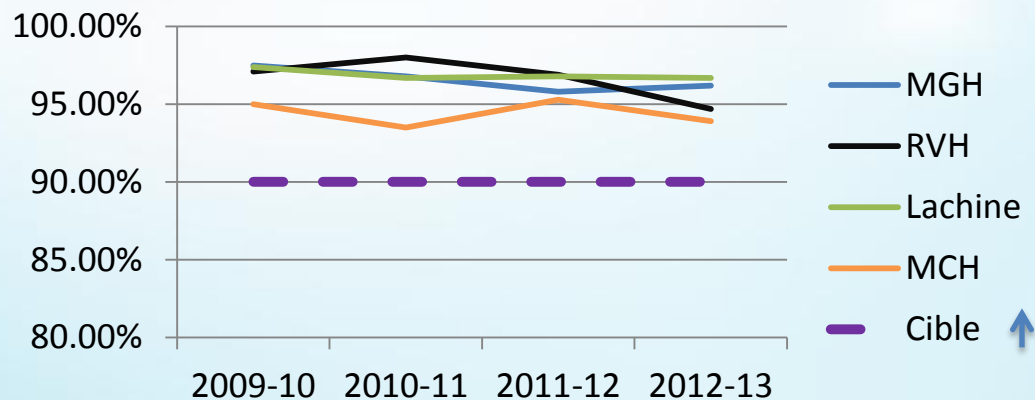


Note: HME est à 0% de 48h et plus depuis quelques années



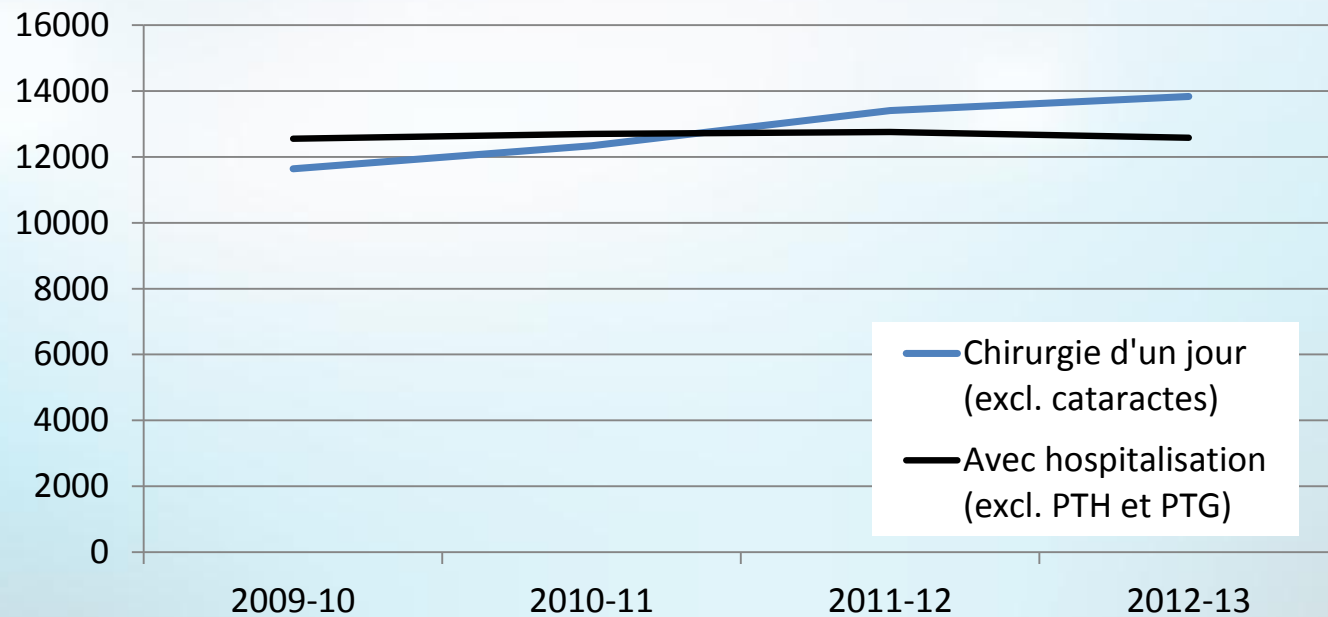
Est-ce que l'accès s'améliore ?

% de demandes inscrites traitées dans les délais pour une chirurgie avec hospitalisation



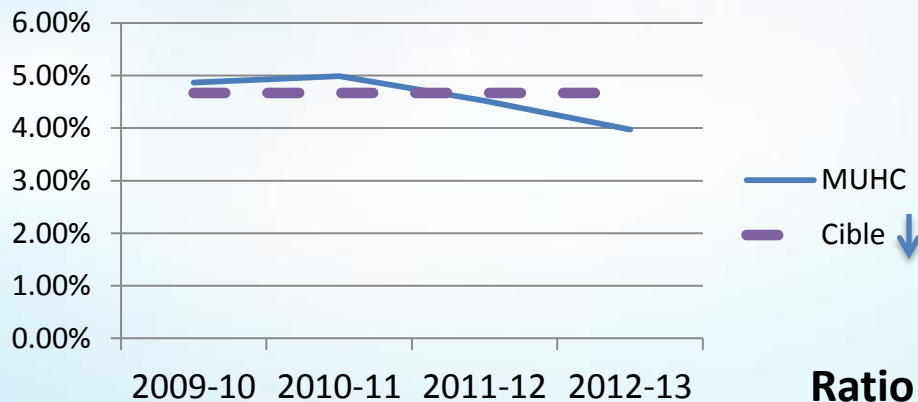
Est-ce que la productivité s'améliore?

Nombre de chirurgies réalisées

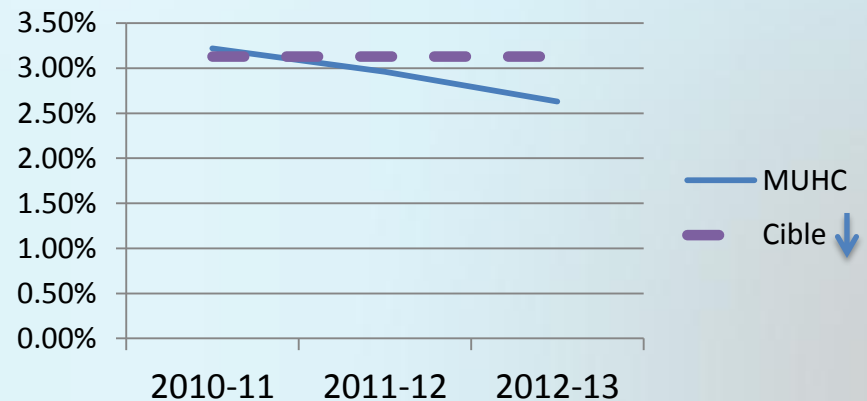


Est-ce que l'environnement de travail s'améliore?

Ratio heures supplémentaires personnel infirmier

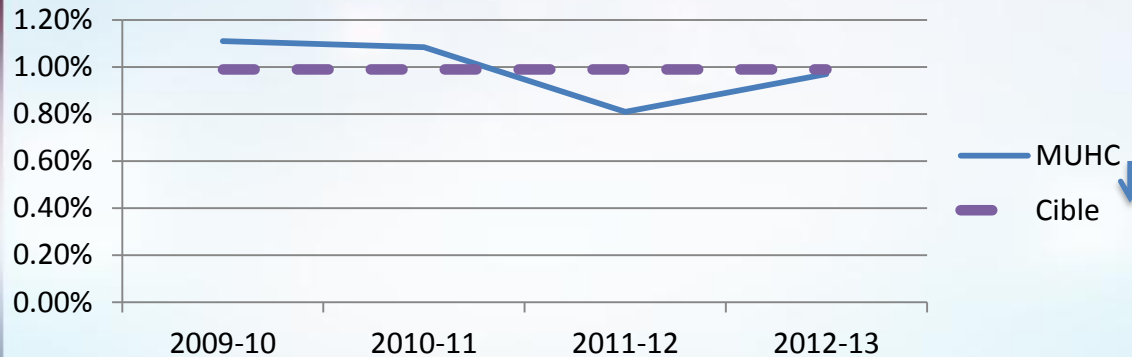


Ratio heures supplémentaires personnel réseau

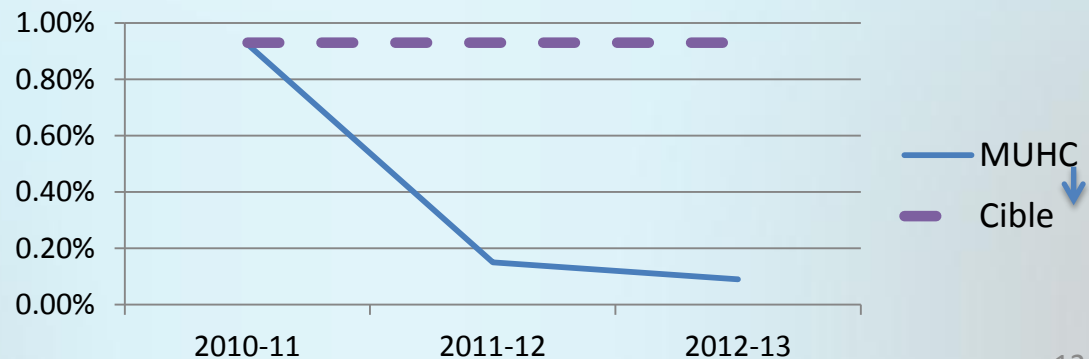


Est-ce que l'environnement de travail s'améliore?

Ratio main d'œuvre indépendante Infirmières



Ratio main d'œuvre indépendante Préposé aux bénéficiaires



***Conseil d'administration
du Centre universitaire de santé McGill***

***McGill University Health Centre
Board of Directors***

Stéphane Beaudry

Directeur des finances / Director of Finance

***Financial Results
Period 1, 2013-2014***

Le 17 juin 2013 / June 17, 2013



2013-2014 Budget

- The \$32.3M deficit for the 2013-2014 budget consists of:
 - ❖ \$26.8M from Operations
 - ❖ \$5.5M for the Research Institute
- The \$26.8M operating deficit includes a \$12.3M approved deficit by the MSSS. Consequently, the net operating deficit is \$14.5M.



Budget 2013-14 Highlights

	<i>In millions</i>
MSSS & Patient Revenue	\$730.7
Parking (excess revenue over expenses)	<u>\$ 4.9</u>
Total Revenue	\$735.6
Clinical Missions	\$482.2
Professional Services	\$128.5
Support Services	\$142.0
Interest & Other expenses	\$ 9.8
Total Operating Expenses	\$(762.4)
Deficit from Operations before the Research Institute	\$(26.8)
Research Institute	\$(5.5)
Deficit from Operations	\$(32.3)

Note:

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



Period 1, 2013-2014-Statement of Operations

Four weeks ended May 3rd (P 1)			April 1, 2013 to May 3rd, 2013 (P 1)				
Prior year	Current year			Current year		Prior year	Full Year
Actual	Budget	Actual		Actual	Budget	actual	Budget
			Revenues				
61.2	66.1	66.2	MSSS funding	66.2	66.1	61.2	708.0
1.7	1.7	1.3	Patients revenues and other income	1.3	1.7	1.7	22.7
62.9	67.9	67.5	Subtotal	67.5	67.9	63.0	730.7
1.2	1.1	1.1	Parking revenue	1.1	1.1	1.2	11.8
(0.4)	(0.7)	(0.7)	Parking expenses	(0.7)	(0.7)	(0.4)	(6.9)
0.8	0.5	0.5	Parking subtotal	0.4	0.5	0.8	4.9
63.7	68.3	67.9	Total Revenue	67.9	68.3	63.8	735.6
			Expenses, net of recoveries				
46.0	46.2	45.9	Clinical Missions	45.9	46.2	46.0	482.2
11.7	11.6	11.5	Professional Services	11.5	11.6	11.7	128.5
9.0	9.2	9.2	Financial & Clinical Support	9.2	9.2	9.0	100.4
3.8	4.0	3.7	Other Support Services	3.7	4.0	3.8	41.6
70.4	71.0	70.4	Expenses total	70.3	71.0	70.5	752.7
(0.1)	0.2	0.2	Interest and other corporate expenses	0.2	0.2	(0.1)	8.1
0.1	0.1	0.1	Non admissible	0.1	0.1	0.1	1.7
0.0	0.3	0.3	Subtotal	0.3	0.3	0.0	9.8
70.4	71.4	70.7	Total expenses, net of recoveries	70.7	71.4	70.4	762.4
(6.7)	(3.0)	(2.8)	Deficit from operations before Syscor and The Research Institute	(2.8)	(3.0)	(6.7)	(26.8)
0.0	0.0	(0.6)	Syscor	(0.6)	0.0	0.0	0.0
Presently not available			Research Institute (as of Period 11)	Presently not available			(5.5)
0.0	0.0	(0.6)	Subtotal	(0.6)	0.0	0.0	(5.5)
(6.7)	(3.0)	(3.4)	Deficit from operations	(3.4)	(3.0)	(6.7)	(32.3)

Note:

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



Period 1, 2013-2014 Results

- The overall operating results at the end of period 1, indicates that expenditures are on target with the allocated budget.
- Some areas of concern at the end of period 1 and are currently under review are:
 - ❖ Logistics
 - ❖ Cardiology
 - ❖ Drug costs
 - ❖ Syscor.



***Conseil d'administration
du Centre universitaire de santé McGill***

***McGill University Health Centre
Board of Directors***

David Laidley
Chair

Audit Committee

Le 17 juin 2013 / June 17, 2013



***Conseil d'administration
du Centre universitaire de santé McGill***

***McGill University Health Centre
Board of Directors***

Gwen Andrews Nacos

Chair

***Committee on Quality and Risk
Management (COQAR)***

Le 17 juin 2013 / June 17, 2013



Cancer Care Mission: Annual Report 2012-13

Presenters: Dr. A. Aprikian, Dr. C. Freeman

Initiatives undertaken:

- Dashboard developed and published;
- Creation of interdisciplinary improvement teams and the adoption of a project management approach.

Improvement projects currently underway:

- Implementation of a symptom assessment tool;
- Guidelines implementation in the Emergency Room for febrile neutropenia;
- Access to diagnostic imaging for initial investigation;
- Review of surgical oncology wait times.

Priorities for 2013-14:

- Measuring the patient experience;
- Implementation of distress screening in the Oncology Day Centre;
- Timely access to diagnostic imaging;
- Timely access to surgery;
- Preparation for the QMentum accreditation visit.



Surgical Mission: Annual Report 2012-13

Presenter: Dr. G. Fried

- **Highlights**

- **Improvement projects currently underway:**
 - Enhanced Recovery After Surgery (ERAS) program;
 - Implementation of the National Surgical Quality Improvement Program (NSQIP).

- **Priorities for 2013-14:**
 - Ongoing monitoring of quality and safety of care (NSQIP);
 - Expansion of ERAS;
 - Preparation for the QMentum accreditation visit.



***Conseil d'administration
du Centre universitaire de santé McGill***

***McGill University Health Centre
Board of Directors***

Gwen Andrews Nacos
Chair

MUHC Communications Committee

Le 17 juin 2013 / June 17, 2013



MUHC Communications Committee

- Mandate
- Composition of Members



***Conseil d'administration
du Centre universitaire de santé McGill***

***McGill University Health Centre
Board of Directors***

Claudio Bussandri

Chairman

***Report of the AdHoc Committee
Clinical Operations***

Le 17 juin 2013 / June 17, 2013





Committee Structure

Committees

Governance and Ethics
(181 HSSS Act)

Vigilance Committee
(180.0.1 HSSS Act)

Research Ethics Committee
(Quebec G.O. Avis juridique
29/08/1998 No. 35)

Audit
(181 HSSS Act)

Finance
Sub-Committee

Quality and Risk
Management (COQAR)
(183.1 HSSS Act)

Safety Sub-Committee

Users' Committee
(209 HSSS Act)

Councils

Council of Physicians,
Dentists and Pharmacists
(CPDP (213 HSSS Act)

Council of Nurses (CoN)
(219 HSSS Act)

Multidisciplinary Council
(MDC) (226 HSSS Act)

Committees

Real Estate Committee

Human Resources
Committee

Lachine Hospital
Committee

Nominating Committee

AdHoc
Clinical Operations

AdHoc
Organizational
Structure

Communications
Committee

Councils

Council for Services to
Children and Adolescents
(CSCA) - MCH

Council of Non Clinical
Personnel (CNCP)

Advisory Council
Montreal Neurological
Hospital



Mandate

- To provide Board oversight and monitoring of the implementation of the deficit reductions initiatives as they affect clinical operations.
- To monitor the GPO's impacts on patient safety and quality of care
- May become a permanent committee.

Committee Composition

- Claudio Bussandri, Chair of Committee
- Colleen Timm
- Gwen A. Nacos
- Normand Rinfret
- Pierre Hurteau
- David Laidley
- Peter Abraham
- Robert Rabinovitch





Grands projets d'optimisation (GPO's)

- Operating Rooms
- Staffing mix on inpatient units
- Ambulatory care
- Adult medical imaging
- Laboratories (Optilab)
- Lachine Hospital





Summary

- Four meetings to date
- May 29th meeting
 - A. Dr. Ewa Sidorowicz – Director of Professional Services**
 1. Model of co-management. Alignment of physicians (offer of services) and administration (financial).
 2. Core Group Committee. Address outstanding issues and obstacles in order to ensure alignment of all missions, directorates and departments in the planning and in the execution of the plan.
 - B. Marie Claire Richer – Director of Transition**
 1. Modèle d'implantation – GPO
 2. Modèle d'implantation – Inter GPO



***Conseil d'administration
du Centre universitaire de santé McGill***

***McGill University Health Centre
Board of Directors***

Matters Requiring Board Discussion & Resolutions

Le 17 juin 2013 / June 17, 2013



Matters Requiring Board Discussion & Resolutions

7 Matters Requiring Board Discussion and Resolution

7.1 MUHC – Audit Committee

- Approval of the Rapport financier AS-471 for the fiscal year ended March 31, 2013 for the MUHC resolution request
- Authorization be given to Normand Rinfret to sign the Entente de gestion et d'imputabilité 2013-2014 resolution request



Questions

