



**Séance publique du Conseil
d'administration du CUSM**
*Public Meeting of the
McGill University Health Centre
Board of Directors*

14-05-2021

Via ZOOM



Peter Kruyt

Chairman - MUHC Board of Directors

1. Call to Order and Confirmation of Quorum
2. Approval of the Agenda
3. Approval of Minutes (March 22, 2021)
4. Business Arising from Minutes
5. Approval of Consent Items / Resolutions
6. Report of the President and Executive Director
7. Presentation: *Patient-Partner Programme*
8. Varia
9. Public Question Period
10. Chairman's Closing Remarks and Adjournment



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Rapport du président-directeur général

President and Executive Director's Report



6. Rapport du président-directeur général

- La pandémie
- La campagne de vaccination
- Retour à la « normale »

Sincères remerciements du Ministre Dubé



Depuis près de 425 jours, le personnel du réseau de services de Santé et des Services sociaux est mobilisé et dévoué afin de prodiguer des soins et des services de santé dans un contexte épidémiologique difficile. Travailler dans le contexte de cette pandémie réclame courage, abnégation et bienveillance.

Je suis impressionné par les réalisations et l'engagement de toutes les personnes qui œuvrent à prendre soin de notre monde. Elles ont fait preuve de créativité et d'initiatives pour offrir les services requis par la population. On peut penser à la réorganisation du réseau en quelques jours du début de la pandémie, en passant par les initiatives innovantes dans le domaine de la vaccination.

Si nous pouvons convenir que chaque vague fut difficile, force est d'admettre que nous n'avons cessé de nous améliorer et d'en arriver à additionner les succès et les réussites.

Lorsqu'on constate le travail accompli et les résultats que nous obtenons présentement, je suis convaincu que tout comme moi, les Québécoises et les Québécois éprouvent un grand sentiment de fierté et de reconnaissance envers tout le personnel clinique, d'entretien, de soutien et les gestionnaires qui en sont les artisans.

Cette pandémie marquera l'histoire mais on se souviendra des braves qui ont été au front pour prendre soin de celles et ceux qui en avaient besoin.



6. Rapport du président-directeur général

- Distribution de masques et dépistage aux entrées
 - Les personnes qui ne sont pas des employés et qui entrent sur les sites du CUSM seront invités à changer leur masque (couvre-visage et tout autre type de masques) à l'entrée par des masques de procédure.

- Mask Distribution and Screening at entrances
 - Non-employees entering MUHC sites will be asked to change their mask (face coverings, and all types of masks) at the entrance for procedure masks.



6. Rapport du président-directeur général

- Désencombrement des salles d'urgences
 - Équipe STAT (Soutien, Transformation, Accès, Terrain)
 - Visite du MSSS des salles d'urgences du site Glen et l'Hôpital de Lachine - les 25 et 26 mai 2021

- Évaluation du rendement annuelle
 - le 17 mai 2021



6. Report of the President & Executive Director

Recruitment to Fill Senior Positions

- Associate Director of Communications
 - Andrea Paine (May 10, 2021)
- Director of Information Resources
 - Axel Van Leeuw (May 31, 2021)
- Chief MUHC Department of Emergency Medicine
 - Dr. Zachary Levine (July 1, 2021)
- Chief MUHC-MCH Department of Pediatrics
 - Dr. Bethany Foster's (September 1, 2021)

Senior Positions Posted

- Director of Multidisciplinary Services
- Associate Director of Optilab
- Associate Director of Procurement and Logistics
- Associate Director Professional Services



6. Report of the President & Executive Director

Varia

- MUHC Stem Cell Transplant Program
 - Inspection visit by the Foundation for the Accreditation of Cellular Therapy (FACT)

- MUHC Patients' Committee Liaison with Management
 - Keith Woolrich, Director of Quality, Evaluation, Performance and Ethics



6. Report of the President & Executive Director

Highlights

- Nursing Team Appreciation Week
- Remote programming of implantable defibrillator at the MUHC - A first in Canada
 - New programming software eliminates the need for presence of second expert in operating room, thus reducing use of personal protective equipment (PPE)



6. Report of the President & Executive Director

Highlights

- MGH 200th Anniversary
 - A Special 200th Anniversary Edition of McGill's Holmes VP-Dean Distinction Lectures (April 21, 2021)
 - Large-scale virtual exhibition (www.mgh200.com ou <https://hgm200.com/>)



Cupping Set and scarificators, 19th century. Art & Heritage Centre of the MUHC, 2020-0046



Ward M, Surgical Pavilion, Montreal General Hospital (Dorchester location), c. 1904. Courtesy of the Alumnae Association of the Montreal General Hospital School of Nursing



The Completed Montreal General Hospital. Art & Heritage Centre of the MUHC, Berkovitz Fonds, 2014-0014.04.473.2

6. Report of the President & Executive Director



Awards

- **Prize for Public Engagement through Media**
 - ⇒ Dr. Donald Sheppard – *Awarded McGill Principal Prize for his valued contributions in news media since the beginning of the COVID-19 pandemic to help shed light on the complex science behind the virus, public health and safety measures, and vaccination*
- **Governor General's Innovation Award**
 - ⇒ Dr. Sheila Wang – *Awarded the Governor General's Innovation Award for her leadership in the creation of an artificial intelligence-driven technology for monitoring wound care patients remotely.*



COVID HR Organizational Practices and Post-COVID HR Trends



COVID, HR, and the healthcare network in Quebec

COVID-19 – Healthcare workers



RADIO-CANADA

5000 absents COVID chez le personnel soignant au Québec

Après des semaines de baisse et d'accalmie, le nombre de travailleurs de la santé absents en raison de la COVID est de nouveau en hausse. Avec un retour du délestage dans certaines régions.

Publié le 9 avril 2021

LA PRESSE

Milieu hospitalier

Un manque criant de ressources

La pression sur le système de santé est à ce point insoutenable que le gouvernement du Québec a récemment été sur le point d'enclencher le Protocole de priorisation des patients aux soins intensifs. Alors que la province est aux prises avec une importante éclosion de COVID-19, nos infirmières et inhalothérapeutes quittent le navire.

Publié le 29 janvier 2021 à 12h00

RADIO-CANADA

3000 préposés aux bénéficiaires toujours attendus dans les CHSLD au Québec

Après l'hécatombe dans les CHSLD au printemps dernier, le gouvernement Legault a mis sur pied un programme de formation accélérée pour recruter 10 000 préposés aux bénéficiaires. Huit mois plus tard, on en compte un peu plus de 7000 dans ces établissements.

2021-01-26 | Mis à jour le 27 janvier 2021

SOURCE: [InfoSanté Québec](#)



Data – Employees & COVID-19

COVID + employees and exposure events

	Number
MUHC employees screening for COVID-19	13088
Current active positive cases (employees and MDs)	9
Cumulative positive cases (including MD)	1013 (+ 736 since sept 1)
Current number of employee quarantined	395
Total number of exposure event to Covid-19- CUSM	965
Current number of active exposure to manage (follow up required)	2

COVID + breakdown per job title (over 1,013 total cases)

Title	#
Nurses	304
PAB	114
Admin support	92
Residents	53
Housekeepers	60
Doctors	38
Transport	15
Inhalation therapist	17
Lab tech	23



COVID-related services implemented for the MUHC community

Data as of May 11, 2021

MUHC – COVID info



44FLU

A dedicated phone line to report symptoms and contacts

Since January 2021:

over **14,064** calls (44FLU/results)
4,318 contact tracing calls
14,724 emails sent



Covid Portal

A dedicated phone line to report symptoms and contacts

A database created to centralize employee COVID-related info:

44FLU calls
Lab results:**13,088** screening results (total)
Exposures and quarantine management
Vaccination status



OHS expo

Central email and information center

Since the beginning of the pandemic...

965 exposure events
1,013 COVID + employees



COVID vaccination

COVID vaccination for MUHC employees

11,737 doses given, 2nd dose ongoing
Employee immunization status kept on file



HR organizational practices - COVID

Agility and adjustment

- Offloading HRCLAD staff and staff from other units to meet the needs of the pandemic
- Reorganization of services
- New work organization method: telework in consideration, reference framework adopted
- Implementing new service offers in record time, including *Je contribue*
- Many accountability reports and results-based management



HR organizational practices - COVID

Collaboration

- MUHC culture: from internal to external
- Implementing procedures and follow-ups required by ministerial orders
- Epidemiological surveys and outbreak monitoring by IPC
- Over 4,318 contact tracing calls and 14,724 emails
- 44 FLU
 - Employee screening results monitored by the Health Office



HR organizational practices - COVID

Rigour

- Interpreting and applying MSSS orders in very short timeframes
 - MO 2020-007 on work organization
 - MO 2021-017 on indirect labour costs
 - MO 2021-024 on vaccination and screening
 - MO 2021-032 on lump sums to maintain staffing at vaccination clinics
- Reorganizing many procedures to comply with ministerial orders
- Implementing interpretation to comply with MSSS orders



HR organizational practices - COVID

Human relations

- Management in an emergency situation
- Listening to our employees, managers, and unions
- Involvement of the President and Executive Director



HR organizational practices - COVID

Taking care of our employees

- Salary insurance rate down to 6.66 at the MUHC, whereas the national average is 7.3
- Psychosocial support (DMS)
- LifeSpeak wellness strategy





HR organizational practices - COVID

- Recognition program related to COVID
- Thoughts on benefits to give employees in accordance with collective agreements
- Thoughts on celebrations

Optimizing communication methods



Support for the EMCC: Intranet and webinar

- New *COVID-19* section
- COVID-19 Today newsletter: latest protocols, infection control updates, news, etc.
- COVID-19 webinar hosted by Dr. Gfeller: updates on the COVID situation in Quebec, the MUHC, etc.
- Executive Office Message: important information from the EMCC and the COVID-19 webinar

Support for teams and directorates: communication campaigns on the intranet and social media

- Infection prevention and control
- Prevention and Health Promotion, Labour Relations
- COVID-19 screening centre
- Vaccination programs for MUHC staff and the public
- Nursing
- Engagement campaigns:
 - Bon coups/Thumbs up
 - Champions – putting the spotlight on teams that have gone above and beyond
 - Pictures from a Pandemic - photos documenting and highlighting our efforts
 - Silver Linings – lessons learned during the pandemic

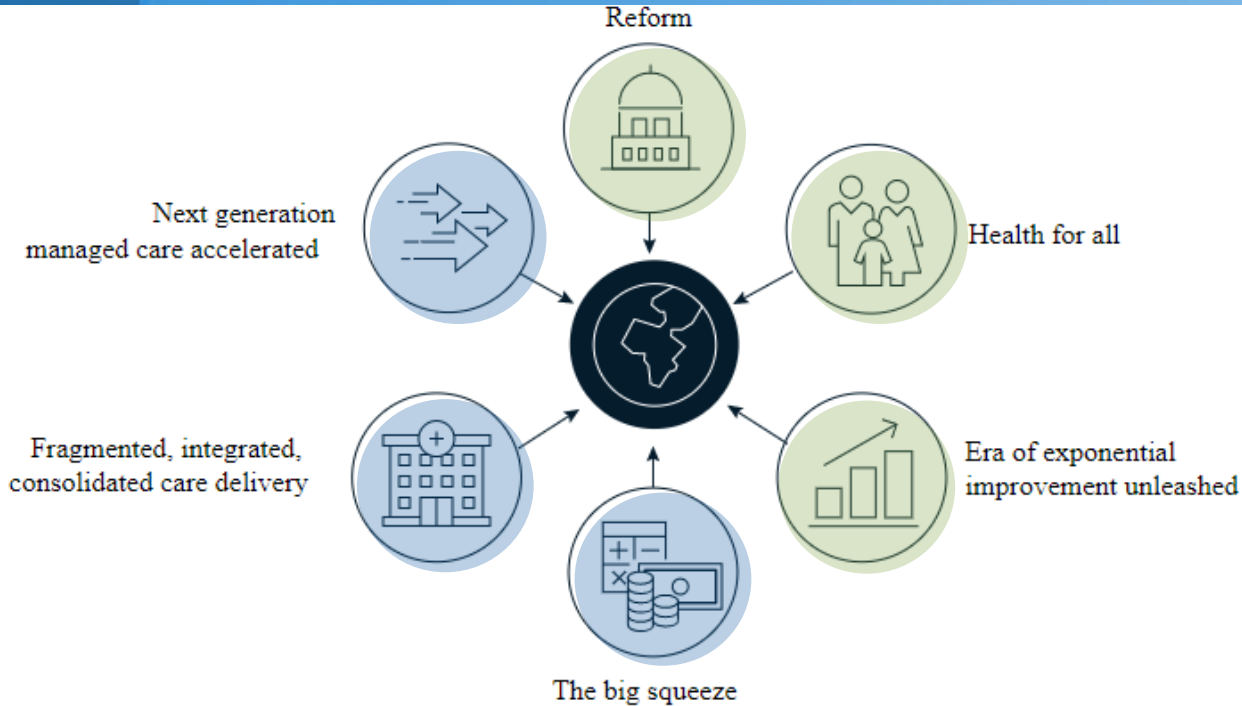
Recognizing our teams and highlighting our experience: media relations

- Promoting our doctors, researchers, and scientists specializing in COVID-19
- Telling stories that show our staff's commitment, dedication, and courage



POST-COVID TRENDS

Post-COVID trends specific to the healthcare sector



Note: Although this article mentions trends that could have a global effect, this article was written from an American perspective, where health care is not managed the same way as in Quebec.

Only the first three components of this model will be discussed, since they have the greatest potential to occur in Quebec.

Post-COVID trends specific to the healthcare sector



Reform

COVID-19 has potentially set the stage for healthcare reform along three dimensions:

- COVID-19-era waivers that could become permanent.
- Actions that may be taken to strengthen the healthcare system to deal with pandemics
- Reforms to address the COVID-19-induced crisis (e.g., the effects of offloading)



Health for all

- COVID-19 has amplified existing inequitable health outcomes. These five intersecting health and social conditions are correlated with poorer health outcomes:
- Physical health status (e.g., chronic conditions, the immunocompromised, the elderly)
- Behavioural health challenges
- Unmet social needs (e.g., food and housing insecurity)
- Racial inequity (e.g., more cases in areas on the Island of Montreal with a higher proportion of visible minorities)
- Access to care (remote communities, CHSLDs)



Post-COVID trends specific to the healthcare sector



Era of exponential improvement unleashed

Technology-driven innovation may improve our understanding of patients and enable the delivery of more convenient, individualized care.

While the pace of change in healthcare has lagged other industries in the past, potential for rapid improvement may accelerate due to COVID-19 (e.g., exponential uptake of digitally enabled, virtual care).

Proliferation of digitally enabled, virtual care could further contribute to the rise of personalized and intuitive **healthcare ecosystems**. Ecosystems in healthcare have the potential to deliver an integrated experience to consumers, enhance productivity of providers, engage both formal and informal caregivers, and improve outcomes while lowering cost.

1. Use of telehealth
2. Scientific innovations in healthcare
3. Integrated use of technology

Source: The great acceleration in healthcare: Six trends to heed, Sept. 2020, McKinsey & Company

Post-COVID trends specific to the healthcare sector



- Assessing **public health policies**: some temporary government decisions will remain, while others will have long-term effects (e.g., offloading).
- Where does **mental health** fit into this? What impact will it have on the care we provide? Will our medical staff need to be trained? Will new protocols for specific care need to be developed?
- For **non-medical staff** (call centre nurses, office professionals, managers, etc.): What proportion of these employees can do telework and how often? What impact will these decisions have on our ability to attract employees?
- What about the **workforce shortage**? What are the alternatives and required work organization?



Some “best practices” in human resource management



Prioritizing the transformation of the workforce and work practices

- The HRCLAD's position must be strategic
- Workforce planning to meet our future needs
- Inclusion, equity, and diversity
- Employee autonomy and work tool performance
- Remote management
- Organizational resilience: the new agility

Workplace recognition/wellness



The COVID-19 crisis has reminded us that the well-being of our employees is essential and needs to be integrated in their everyday work. In order to survive, work, health, and wellness have become inseparable. Here are a few HR trends and best practices in 2021.

- Encouraging employees to take small breaks and voice their needs proactively.
- Creating teams based on everyone's work preferences and contacting employees on a regular basis.
- Ensuring the psychological health and safety of our employees.
- Developing personalized care.

Workplace recognition/wellness



- Balancing care and performance.
- Creating a work environment that meets the physical and emotional needs of our employees, using the office to encourage collaboration, raising employee awareness about physical activity (e.g., gym rebates, physical activity account, free bike parking, group sports competitions, BIXI card).
- Using new technology, such as virtual reality, to teach employees how to manage stressful situations and how to use apps and online objects to help them manage distractions, increase their vigilance, and improve their health.

Welcoming and integrating employees



A four-part welcome and integration plan (pre-integration, welcoming, integration, and follow-up) in e-learning format (e.g., virtual platform with tutorials, videos, quiz, etc.) or standard format for new and current employees.

- A welcome and integration guide for new employees
 - The organization's intent with this process and its expectations for new employees.
 - One-pager introducing the resources available for new employees, as well as their role and responsibilities.
- Fast integration for employees who change positions.



Welcoming and integrating employees

- Tools to support new employees
 - Welcome kit (e.g., mug, plant, T-shirt, etc.)
 - First-day guide (steps, what to do, manager)
 - Welcome assessment questionnaire
 - First-impressions report
- Tools for coaches and/or immediate supervisors
 - Expected role in the welcome and integration process
 - Roadmap of the new employee's first few months to monitor the general and specific training on their agenda



Skills development and learning organization

Currently, employees need to adapt, transform themselves, and take on new roles and responsibilities to navigate an ever-changing environment. Organizations must therefore make their employees aware of their responsibilities by giving them the opportunity to make decisions and organize themselves more freely.

- **Modifying the supply-and-demand equation**
 - Creating “opportunity marketplaces” (platforms that offer visibility to training and networking opportunities) to help employees develop skills.
 - Imagining positions that can constantly reinvent themselves. Rewarding employees who identify critical skill needs and who reinvent themselves to meet them. Helping employees get the training they need.

Skills development and learning organization



- **Accessible and dynamic learning in real time**

- Asking employees how they would like their position to evolve and using their answers to encourage them to choose courses that will be useful for them and for the organization.
- Capitalizing on collective intelligence by dividing employees into teams to boost their performance.
- Cultivating the growth mindset, encouraging boldness, and embracing unforeseen events as learning opportunities.
- Allowing employees to become more involved in their own development, thereby helping them to reach their full potential, better serve the organization, and meet its ever-changing needs.
- Investing in skills improvement or renewal for all employees.



Performance management and collective leadership

- **Management analytics**

- Analytics is a process for developing, designing, and analyzing predetermined indicators in order to optimize management decisions. It is constantly and objectively assessed using measurable indicators collected from financial, human, and operational data (e.g., balanced scorecards).



Performance management and collective leadership

- **Strength-based management**
 - The strength-based management model identifies a certain number of strengths in an employee and allows them to apply them in their responsibilities.
- **Making teams responsible for following up on their goals**
 - By giving teams management tools and information, they can take collective initiatives that will affect their performance.

Source: The New Rules Of Talent Management (HBR)



Social media and employer branding

“General public” social media for professional use (organizations increasingly present on these platforms)

- **LinkedIn**

- Description of the institution on the homepage
- Number of posts by the employer
- Quality of ads and videos
- Number of employees who follow the institution’s page and work there

- **Facebook, Instagram, and Twitter**

- Reading the most relevant comments
- Monitoring the number of likes and follows on the page
- Monitoring the number and quality of posts

- **YouTube channel and Snapchat**



Conclusion

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Patient Partnership Program

Louise-Anna Regnaud

**Office of Patient Experience Measure and Patient Partnership Program
Quality, Evaluation, Performance and Ethics**



Agenda

- About People-Centred Care and Patient Partnership
- MUHC Patient Partnership Program
 - Activities
 - Some accomplishments
- Next steps and challenges



What is People-Centred care?

Accreditation Canada definition

It is an approach that fosters respectful, compassionate, culturally appropriate, and competent care that is responsive to the needs, values, beliefs, and preferences of clients and their family members. It supports mutually beneficial partnerships between clients, families and health care services providers.



What is Patient Partnership? - Evolution of the approach



To



For



With

In care, in designing services, in governance



Adapted from: Direction collaboration et partenariat patient (DCPP), Université de Montréal



PCC is a standard

- Woven throughout all **Accreditation Canada Standards**
- Health Standards Organization (**HSO**) and Canadian Patient Safety Institute (**CPSI**) jointed made PCC the #1 Goal in the Canadian Quality and Patient Safety Framework (2020)



Goal 1 | People-Centred Care

People using health services are equal partners in planning, developing, and monitoring care to make sure it meets their needs and to achieve the best outcomes.

- **MSSS - Cadre de référence en partenariat (2018)**: recognizes the responsibility of institutions to **choose the methodologies and actions best suited to their users and their families**, their communities and their region.



Why is it important?

- Improvement of patient, family and staff experience of care
- Less patients falls
- Less medication errors
- Less readmission at 14 and 30 days post discharge
- Less admissions from continuing care or community settings to the Emergency room



Why is it important?

- Because it directly affects patient experience

We were very impressed with the level of knowledge and empathy from the staff.

The doctors, residents, interns, nurses, liaison, dietician as well as the support staff were mostly A+. Best room cleaner.

J'aimerais remercier de façon exceptionnelle les gens qui m'ont beaucoup aidé durant mon séjour à l'hôpital. Au travers leur initiative et compassion ma famille était toujours au courant du jour au jour de mon état de santé. Je vais toujours référer votre Hôpital aux amis et famille grâce à votre compassion.



The Patient Partnership Program

4 Areas of action

Goal: Co-design of healthcare services for better health outcomes and experience of care



The Patient Partnership Program

Co-design of healthcare services for better health outcomes and experience of care



Leadership

- **Network** and connect internal and external actors
- **Share** expertise on people-centred care and patient partnership
- **Influence** and support an organizational transformation



Patient Partners in the MUHC community

- **Recruit** and build a diverse and strong community of patient partners
- **Match** patient partners with teams to collaborate on improvement projects and decision making
- **Support** all parties to achieve constructive partnerships



Partnership in Care

- **Train** staff on partnership in care
- **Engage** people in carrying out a partnership approach
- **Support** all parties to achieve constructive partnerships



Patient Experience Measure

- **Seek** patients' feedback on their experience
- **Report** results to MUHC actors
- **Inform** patient-centred decision making



The Patient Partnership Program

Some Accomplishments



Leadership

- **Accreditation** visit 2019: **excellent** feedback on the Patient Partnership approach at the MUHC

Patient Partners in the MUHC community

- A community of about **50 patient partners**
- COVID Patient Experience Group – **Advisory group** on issues patients are facing during the pandemic (ex: visit policy, telemedicine, etc.)
- Patient Partners **peer-support** and learning groups

Partnership in Care

- COVID context: **Patient and Family Partnership training sessions** given to all service aids cohorts (6) hired to support patient, families and staff on the units.

Patient Experience Measure

- **Ongoing measure** of the patient experience during hospitalization
- COVID context: Patient experience surveys in **electronic format** rather than on paper, allowing more **agility** in collecting results and adapting questions (for ex. : contact with family)

The Patient Partnership Program

Some Accomplishments



Partnership in Care

- **Partenariat patients et proches dans l'Approche adaptée à la personne âgée** : special project financed by the MSSS and allying DQEPE-Nursing-Allied Health
- **Goal: reinforce elderly patients safety during hospitalization by reinforcing partnership with families and patients.**
- **Results :**
 - Increased knowledge and expertise in partnership in care among staff.
 - Creation of material to support partnership in care for patients, families and staff.
- **Next steps:** will be attached to the MSSS directive regarding increasing involvement of families and friends in the prevention of functional decline.

Les familles sont plus que des visiteurs, elles sont des partenaires de soins.

Merci de faire partie de l'équipe!



Families are more than visitors, they're partners in care.

Thank you for being part of the team

Suggestions for being a partner in your care



Involve Family

- + **"Family"** are the people you choose to have with you for support and comfort.
- + **Choose** one family member staff can contact for updates.

Ensure Safety

- + **Share** your concerns with healthcare staff.
- + **Get to know** medications and activities (to do or not do).
- + **Write questions** for staff on the whiteboard or notebook.
- + **Stay as active** as you can (walking, brushing your teeth, etc.).

Ask

- + Your questions are important. Ask them!



Coming steps and challenges?

- Make sure our PP community is inclusive and represents the diversity of patient at the MUHC.
- Contribute to a transformation toward a stronger partnership in care, governance and MUHC life.
- Involve all professions in partnering with patients and families.

Challenge:

- The need is big: the more we are active, the more we are solicited.



9. Public Question Period



10. Chairman's Closing Remarks and Adjournment