Our patients, At the heart of our optimization activities

Annual report
2023 —— 2024

Centre universitaire de santé McGill

McGill University Health Centre

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01

Messages

Message from the McGill University Health Centre

Dear readers,

In accordance with the 2022-020 circular from the Québec Ministry of Health and Social Services (MSSS), we are proud to present the 2023–2024 Annual Report of the McGill University Health Centre (MUHC).

As this report illustrates, the MUHC remains focused on its tertiary and quaternary mission while optimizing its activities to better serve its patients. Our teams accomplished a great deal despite enormous pressures on many services and a shortage of human resources. Commitments to the MSSS' Management and Accountability Agreement and accountability reporting were a priority. The infocentre team and PowerBi tools used throughout the MUHC ensured reliable, high-quality data entry and improved data availability and accessibility. Rigorous monitoring made it easier to respond to requirements and implement actions to improve our performance and lay a solid foundation for excellence and innovation. Our experts continued to provide specialized and ultra-specialized clinical care, teaching and training, and basic, clinical and evaluative research. In addition, the MUHC promoted a respectful and healthy workplace, and encouraged practices aimed at social, economic and environmental sustainability. In fact, the MUHC was honoured to be recognized by the MSSS with a Prix d'excellence in the Sustainable Development category.

Members of the Board of Directors (BoD) contributed to continuous improvement by sharing their perspectives and experience in the areas of governance, audit and finance, quality and safety of care, real estate management, research and patient experience. They also shared their views with the MSSS on the future of the healthcare system following the adoption of Bill 15 and creation of Santé Québec. Among other things, they pointed out that academia, medical training, research and innovation constitute a complex and stimulating relationship between an academic health centre and its affiliated university; the two must constantly resolve numerous issues and challenges, while acting in concert to pursue research opportunities, hence the importance of the role of community representatives in bringing healthcare and teaching closer together. This role exists at the level of the MUHC BoD, as it benefits from the representation and active participation of McGill University, which is absolutely crucial to the continuous improvement of the quality of patient care.

As of summer 2023, financial measures were adjusted to ensure a balanced budget. Financial results are monitored periodically while constant vigilance allows the MUHC to understand and document variances from the budget and take corrective action. The institution ended the year with a small operating deficit of $6.1 million on an annual budget of approximately $1.6 billion, but as per the results on page 200 of the Financial Report for the year ended March 31, 2024, the MUHC maintained a balanced budget.

We couldn't be prouder of the teams at the MUHC. Their collegiality and determination to improve the experience and outcomes of our pediatric and adult patients, as well as those of our long-term-care residents, is a testament to the sense of belonging they derive from their accomplishments. At the same time, the MUHC's management and BoD have supported them with strong, unifying leadership, recognizing their achievements and the contributions of our partners, foundations and generous donors.

Peter Kruyt
Chairman of the
MUHC Board of Directors

Lucie Opatrny, MD, MHCM, FRCPC, MSc
President and Executive Director
of the MUHC

Message from the Research Institute of the MUHC

At the Research Institute of the MUHC (RI-MUHC), a premier hospital-based research institution, and at the MUHC, one of Canada's foremost research hospitals, we are privileged to engage with the diverse expertise and perspectives of researchers, care providers and patients. In our quest to pursue world-class scientific and healthcare research, we are dedicated to personalizing our approach, enhancing inclusivity and improving access to care for all.

In the past year, researchers at the RI-MUHC have spearheaded significant advancements in lung disease, cancer, heart disease, antibiotic resistance, new treatments for patients with rare diseases and much more. We are leaders in clinical trials and novel diagnostics. With a robust array of research programs and facilities supporting over 650 dedicated researchers, the members of our organization continue to drive our understanding of many facets of illness and health. Our distinctive research facilities, embedded within the MUHC hospitals, ensure seamless access for patients, clinical trial participants and researchers, alike, to collaborative research endeavours that translate into innovative care. These invaluable resources help make that care increasingly accessible to all.

I am extremely proud to support our new environmental efforts this year, which complement ongoing projects to make our research more sustainable. Recognizing that diverse perspectives drive innovation and foster excellence, I also applaud the many new initiatives supporting equity, diversity and inclusion in all our research activities. With all in place to launch the RI-MUHC scientific strategy and 2030 Vision, we are committed to supporting our excellent early career researchers and trainees, whose growth and success ensures a dynamic research community for years to come. Together, let us uphold these values and pillars as we continue to push the boundaries of knowledge and make impactful contributions to society.

Rhian M. Touyz
MBBCh, M.Sc. (Med), PhD,
FRCP, FRSE, FMedSci, FCAHS
Executive Director and Chief Scientific Officer,
RI-MUHC

Message from the McGill Faculty of Medicine and Health Sciences at McGill

Improving access to healthcare for all Quebecers is a priority for everyone involved in patient care in the province.

McGill University's Faculty of Medicine and Health Sciences (FMHS) and the McGill University Health Centre (MUHC), have long partnered to train the health professionals of tomorrow who will provide this care, and are working closely with the government to increase training capacity to better serve our diverse populations with complex health needs.

An excellent health sciences education requires excellent teaching hospitals. We are extremely fortunate for our partnership with the MUHC, which allows our learners to flourish and provides opportunities for our clinical faculty to pursue the innovation and discovery that continuously improves healthcare. Top-notch clinician-teachers – physicians, nurses, speech-language pathologists, occupational therapists, physiotherapists and others – inspire in our trainees the same dedication and commitment to offering the highest quality of care, even in the current challenging context. Our partnership's joint mission is far-reaching; through the McGill RUISSS (Réseau universitaire intégré de santé et services sociaux), the FMHS and MUHC are key members of a large network that aims to help improve access to health services, training and research over an area that covers 63% of the province.

We take the well-being of Quebecers to heart and look forward to continuing on this path together towards our shared goal of creating a healthier future for all.

Lesley Fellows, MDCM, DPhil
Vice-President (Health Affairs) and Dean

02

Declaration of reliability of data and related controls

As President and Executive Director, I am responsible for ensuring the reliability of the data contained in this annual report and the related controls.

Throughout the year, reliable information systems and controls were maintained to ensure that the objectives of the Management and Accountability Agreement with the Minister of Health and Social Services were met.

The results and data in the 2023-2024 Annual Report of the McGill University Health Centre:

- Describe accurately the mission, mandates, responsibilities, activities and strategic orientations of the institution;
- Present the objectives, indicators, targets and results; and
- Provide accurate and reliable data.

I therefore declare that, to the best of my knowledge, the data contained in this annual report, as well as the controls related to this data, are reliable and correspond to the situation as it existed on March 31, 2024.

Lucie Opatrny, MD, MHCM, FRCPC, M.Sc.
President and Executive Director
McGill University Health Centre

03

Presentation of the institution

Vision

Make a local to global impact by mobilizing together on sustainable, innovative practices, research and teaching that deliver compassionate world-class complex care to people of all ages and promote a healthier planet.

Mission

As a leading, bilingual academic health centre for people of all ages, we work in collaboration with our diverse patients, families, and local and global partners to challenge continually the status quo through the integration of world-class care, cutting-edge research, exceptional learning opportunities, and rigorous evaluation.

Care

We provide exemplary and culturally safe care with compassion for our pediatric and adult patients, with a specific commitment to specialized and ultra-specialized care and service in one's native tongue.

Research

We expand health knowledge through fundamental, clinical and outcomes research, to transform our clinical, teaching and administrative policies and practices within and beyond our walls.

Education

We provide outstanding cross-disciplinary learning within the MUHC and the broader community, to train new leaders in the rapidly evolving healthcare and societal landscapes.

Evaluation

We develop and assess technologies, processes and practices across our organization and with our partners to facilitate personalized health care, and to promote fair, transparent and pertinent decisions regarding resource allocation.

Values

Excellence
Compassion
Respect and integrity
Collaboration

McGill-affiliated academic health centre (AHC)

The MUHC is the result of a voluntary merger in 1997 of the Montreal General Hospital (1821), the Royal Victoria Hospital (1893), the Montreal Chest Institute (1903), the Montreal Children's Hospital (1904) and the Montreal Neurological Hospital (1934). Designated as a non-merged institution by the MSSS, it is the AHC affiliated with McGill University's Faculty of Medicine and Health Sciences. In 2008, the Lachine Hospital (1913) and the CHSLD Camille-Lefebvre became part of the MUHC.

The Research Institute of the MUHC (RI-MUHC, 1997) brings together 8 research programs in adult and child health. It accelerates the translation of biomedical research to improve human health.

The MUHC employs more than 14,500 people:

3,989
Nursing and cardiorespiratory care employees

1,420
Physicians

69
Dentists

137
Pharmacists

802
Clinical biochemists, medical physicists and residents

2,573
Paratechnical, auxiliary services and trades employees

2,484
Office workers, technicians and administrative professionals

2,048
Health and social services technicians and professionals, other than physician and nurses

383
Managers

746
Volunteers at our hospitals, plus board members of our facilities and foundations, as well as their fundraising offices

The RI-MUHC employs over 3,500 people, including:

723
Researchers in basic, clinical and evaluative science, including 529 with funding

1,386
Students, including 410 master's, 602 doctoral and 174 postdoctoral students, and approximately 200 clinical research trainees

1,420
Research and administrative staff

Some clinical data

CATEGORY	TOTAL	MONTREAL GENERAL HOSPITAL	ROYAL VICTORIA HOSPITAL AND CEDARS CANCER CENTRE	MONTREAL NEUROLOGICAL HOSPITAL	LACHINE HOSPITAL	MONTREAL CHILDREN'S HOSPITAL
Admissions per year	**32,239**	7,280	16,586	1,979	813	5,581
Admissions per day	**88**	20	45	5	2	15
Emergency room visits per year	**173,185**	33,271	46,900	511	20,724	71,779
Surgeries at the MUHC	**24,653**	8,549	6,226	1,163	2,198	6,517
Surgeries in specialized medical clinics (CMS)	**5,458**	226	1,753	–	3,479	–
Outpatient visits	**507,381**	113,446	268,877	17,635	26,870	80,553
Births per year	**2,654**	0	2,654	0	0	0

Some clinical data

CATEGORY	TOTAL	MONTREAL GENERAL HOSPITAL	ROYAL VICTORIA HOSPITAL AND CEDARS CANCER CENTRE	MONTREAL NEUROLOGI-CAL HOSPITAL	LACHINE HOSPITAL	MONTREAL CHILDREN'S HOSPITAL
Imaging tests	506,446	138,739	218,762	27,643	36,890	84,412
Electro-physiology tests (ECG, EEG and EMG)	213,694	61,219	94,618	5,314	12,446	40,097
Nuclear medicine and PET scans	20,998	0	20,016	0	0	982
Radiation oncology treatments	24,556	0	24,556	0	0	0
Chemotherapy treatments	26,948	0	21,444	0	0	5,504
Hemodynamic and interventional electrophysiology examinations	25,050	10,020	14,528	0	0	502

Some clinical data

CLINICAL LABORATORY TESTS	OPTILAB - MUHC CLUSTER	MONTREAL GENERAL HOSPITAL	ROYAL VICTORIA HOSPITAL AND CEDARS CANCER CENTRE
TOTAL	32,133,409	1,839,439	10,561,494

CLINICAL LABORATORY TESTS	LACHINE HOSPITAL	JEWISH GENERAL HOSPITAL	ST-MARY'S HOSPITAL
TOTAL	310,301	8,389,247	3,049,797

CLINICAL LABORATORY TESTS	LASALLE	LAKESHORE	ABITIBI
TOTAL	693,373	3,808,397	3,481,361

Specialties and supra-regional vocation for certain ultra-specialized services

The MUHC carries out its responsibilities through more than 231 active and formal clinical agreements with institutions in the network.

During the year, 4 new agreements were established to meet service commitments in: emergency medicine (Lachine Hospital), obstetrics-gynecology (Crowley Medical Clinic), diagnostic radiology (PNSSI), and medical laboratory (MUHC-OPTILAB cluster). Clinical services are organized by department.

In all, fifteen departments cover the range of pediatric and adult services offered by the MUHC.

Departments

01 | Anesthesia

Dr. Vynka Lash, Chief

- Adult anesthesia
- Pediatric anesthesia

02 | Surgery

Dr. Liane Feldman, Chief

- Cardiac
- General
- Ophthalmology
- Orthopedic
- Otolaryngology (head, neck)
- Plastic
- Thoracic
- Urological
- Vascular

03 | Dentistry

Dr. Nicholas Makhoul, Chief

04 | Medical Imaging

Dr. Jean-Pierre Pelage, Chief

- Nuclear medicine
- Diagnostic radiology
- Pediatric Radiology

05 | Medicine

Dr. Marc Rodger, Chief

- Allergy and immunology
- Biochemistry
- Cardiology
- Clinical epidemiology
- Dermatology
- Endocrinology and metabolism
- Gastroenterology
- Genetics
- Geriatric medicine
- Hematology
- Infectious diseases
- Internal medicine
- Medical oncology
- Nephrology
- Radiation oncology
- Rehabilitative medicine
- Respiratory medicine
- Rheumatology

06 | Family Medicine

Dr. Anita Brown-Johnson, Chief

- Primary care
- Secondary care
- Palliative care

07 | Clinical Laboratory Medicine

Dr. Alan Spatz, Chief

- Biochemistry
- Hematology
- Microbiology
- Molecular and genetic diagnostics
- Pathology

08 | Emergency Medicine

Dr. Zachary Levine, Chief

09 | Neuroscience

Dr. Guy Rouleau, Chief

- Neurocritical care
- Neurology
- Neurosurgery
- Neurological reception zone

10 | Obstetrics and Gynecology

Dr. Togas Tulandi, Chief

- Gynecology
- Gynecologic oncology
- Obstetrics
- Reproductive endocrinology

11 | Pediatrics

Dr. Bethany Foster, Chief

- Adolescent medicine
- Allergy, immunology and dermatology
- Cardiology
- Emergency medicine
- Endocrinology and metabolism
- Gastroenterology and nutrition
- General pediatrics
- Hematology
- Infectious diseases and microbiology
- Intensive care
- Neonatology
- Nephrology
- Neurology
- Respiratory medicine
- Rheumatology

12 | Pediatric Surgery

Dr. Sam J. Daniel, Chief

- Cardiovascular
- Dentistry
- Gynecology
- Neurosurgery
- Ophthalmology
- Orthopedics
- Otolaryngology (head and neck)
- Pediatric
- Plastic
- Urology

13 | Child and Adolescent Psychiatry

Vacant as at March 31, 2024

14 | Pharmacy

Mr. André Bonnici, Chief

15 | Psychiatry

Dr. Karine Igartua, Chief

Organization of care and services

The organization is structured around clinical missions. These are co-managed by a medical leader and a senior administrative executive.

The MUHC's missions are Women's Health, Mental Health, Montreal Children's Hospital, Neurosciences, Surgery, Medicine and Cancer Care. There is also the Lachine Hospital and the Camille-Lefebvre long-term-care centre as well as various other services such as Emergency, Perioperative Services and Medical Imaging, Pharmacy, and the OPTILAB-MUHC cluster. These services are deployed on multiple MUHC and network sites in a complementary and coordinated fashion. Ambulatory services are constantly evolving, strengthening the clinical offer while optimizing the use of hospital services.

Some MUHC programs have been designated by the MSSS, including the following:

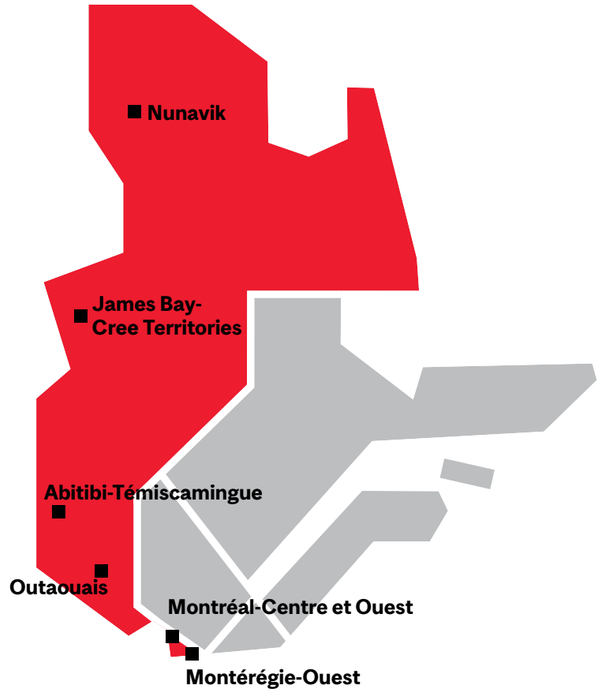
- Centre responsible for the lung cancer network
- Centre responsible for the musculoskeletal sarcoma cancer network, with CIUSSS de l'Est de-l'Île-de-Montréal
- Tertiary trauma centres (adult and pediatric)
- Centre for the Development of New Molecular Diagnostic Assays (OPTILAB-MUHC Cluster)
- Institution responsible for managing the National Home Ventilatory Assistance Program
- Responsible for the West Pole of the cochlear implant program (with CIUSSS Centre-Sud de l'Île-de-Montréal, CIUSSS Centre-Ouest-de-l'Île-de-Montréal, CHUM and CHU Sainte-Justine)
- Provincial telehealth support centre (ticketing project)
- Secondary and tertiary and secondary stroke centre
- Designated facility for islet cell transplants in patients with type 1 diabetes
- Designated facility for the Foundation for the Accreditation of Cellular Therapy (FACT) accredited stem cell transplantation and CAR-T cell therapy programs
- Designated centre for solid organ and multi-organ transplants
- Facility responsible for an operational centre for a digital learning environment (ENA)

Main characteristics of the population served

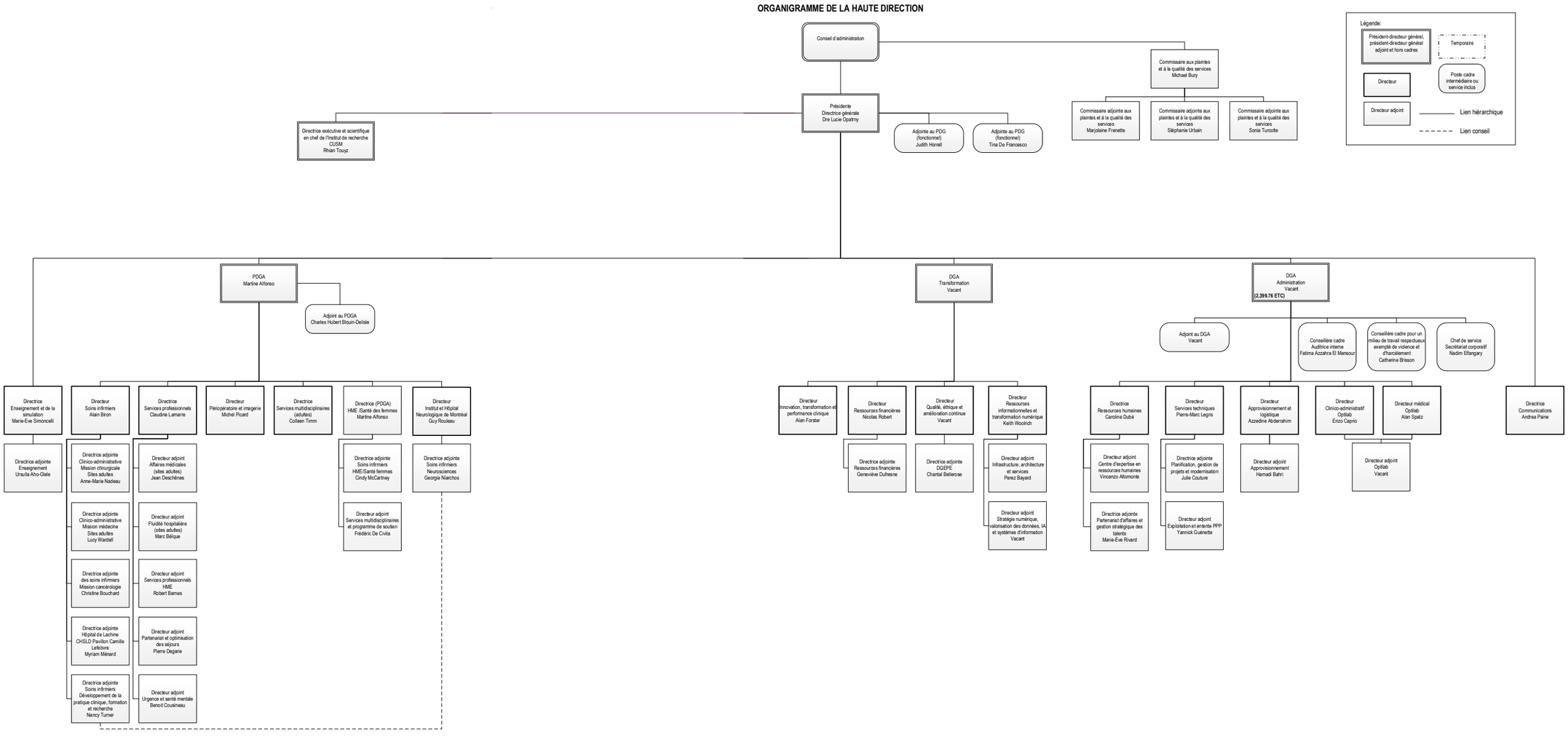
The RUISSS McGill regions are:

REGION 6 – **Montreal**
REGION 7 – **Outaouais**
REGION 8 – **Abitibi-Témiscamingue**
REEION 10 – **Nord-du-Québec**
REGION 16 – **Montérégie**
REGION 17 – **Nunavik**
REGION 18 – **James Bay-Cree Territories**

The population served is marked by significant socio-economic and cultural diversity, which has an impact on health determinants. Montreal attracts immigrants, and has a pool of vulnerable and homeless people seeking employment, better living conditions, and education, etc. Moreover, given the specialized and ultra-specialized care and services of an academic health centre, many people seek care at the MUHC. This care must be sensitive to their particular needs to ensure communication that facilitates informed decision-making, safety and the well-being of patients and their families. The MUHC relies on the principles of equity, diversity and inclusion, on training and awareness programs, and on the commitment of its patients, among others. In addition, a significant number of patients from the University of Montreal AHC's territory choose to receive their care at the MUHC.



MUHC organization chart as at March 31, 2024



Centre universitaire de santé McGill
McGill University Health Centre

MUHC Board of Directors

The MUHC benefits from a strong and diverse Board of Directors (BoD). In 2023-2024, its members brought their professional and personal experience to bear on important issues concerning governance and ethics, risk management, auditing, finance and accounting practices, human resources, real estate management, information services and technology, quality and performance, research, teaching, as well as equity, diversity, inclusion and social responsibility.

Six meetings, an annual public meeting and committee meetings were held during the year. Over one hundred resolutions and consent items were approved. In addition, members closely followed the evolution of the MUHC's strategic plan, exercised their leadership by sharing their observations on Bill 96 (now Bill 14) with the Minister of Health and Social Services, and had many discussions and shared thoughts on Santé Québec and the changes that will follow its creation. The Board also welcomed Prof. Deep Saini, President of McGill University, as well as Mr. Uriel Pierre and Mr. Vincent Ballenas of the MUHC as new members.

At March 31, 2024, the members were:

Independent members

Peter Kruyt, MBA, B. Comm, Chair

Sarah Prichard, MD, FRCPC, Vice-Chair

Samira Sakhia, MBA, B. Comm.

Mary-Anne Carignan, MBA

Lynne Fornarolo, BA

Michal Piotr Kuzmicki, MBA, IAS.A

Deep Khosla, BA

Clemens Mayr, LL.B

James Cherry, FCPA, FCA, B. Comm.

Appointed members – affiliated universities

Deep Saini, Ph.D.

Laurie Snider, OT., Ph. D.

Designated members

Anita-Marie Brown-Johnson, BSc, MD, CM, CCFP (Regional Department of General Medicine)

Steven Grover, MD, MPA, FRCPC (Council of Physicians, Dentists and Pharmacists)

André Bonnici, B. Pharm., M.Sc. (Regional Pharmaceutical Services Committee)

Vincent Ballenas, MSc. (A), BScH, Nurse Educator (Council of Nurses)

Uriel Pierre, PT, M.Sc., M.A.P. (Multidisciplinary Council)

Ingrid Kovitch, MD (MUHC Users' Committee)

Observer member (no voting rights)

Marc Tellier, BSocSc, MUHC Foundations Representative

Ex officio (President and CEO)

Lucie Opatrny, MD, MHCM, FRCPC, M.Sc., Secretary

Committees, councils and advisory bodies

Governance and Ethics Committee
- **Clemens Mayr,** Chair

Human Resources Committee
- **Lynne Fornarolo,** Chair

Audit and Finance Committee
- **Samira Sakhia,** Chair

Real Estate Committee
- **Michal Kuzmicki,** Chair

Vigilance Committee
- **Deep Khosla,** Chair

Academic Affairs Committee
- **Laurie Snider,** Chair

Office of the Local Service Quality and Complaints Commissioner
- **Michael Bury,** Ombudsman

MUHC Users' Committee
- **Ingrid Kovitch,** Chair

CHSLD Camille-Lefebvre Residents' Committee
- **Anick Courval,** Chair

Council of Physicians, Dentists and Pharmacists
- **Tatiana Cabrera Aleksandrova,** President

Council of Nurses
- **Alexis Parent,** President

Multidisciplinary Services Council
- **Jesse Burns,** President

Council for services to children and adolescents
- **Sylvia Morin,** Chair

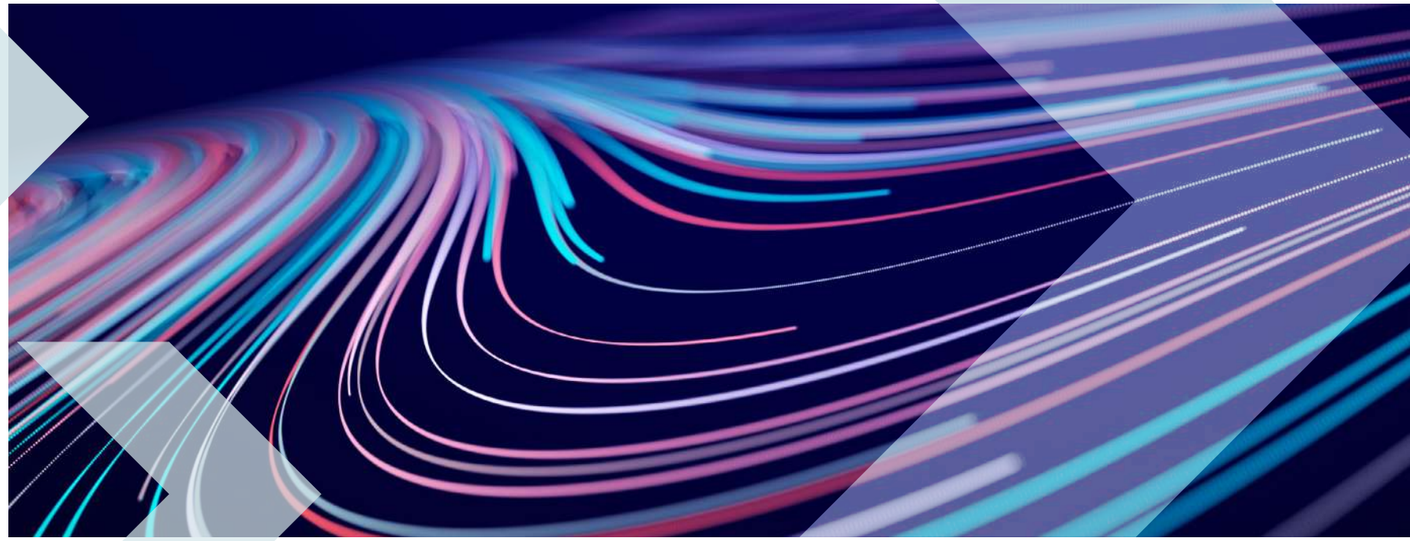
Advisory Board for the Montreal Neurological Hospital
- **Monique Leroux,** Chair

Patient Safety and Risk Management Committee
- **Annie Duguay,** Chair

Cases dealt with relating to the Code of Ethics and Professional Conduct

During the current year, no cases or breaches were referred to the Governance and Ethics Committee or to the MUHC Board of Directors.

Highlights



01 Challenges and priorities

Under the leadership of the president and executive director, the organization sought to put in place the structure to build capacity for innovation and create a data-driven culture for outstanding performance; influence key projects to improve access to complex patient care; as well as recognize and promote the MUHC's successes, both internally and externally.

The year was thus marked by strong dynamism and major transformations in response to multiple contemporary challenges. This is a reflection of how MUHC teams mobilize to overcome challenges by implementing best practices and introducing new ideas.

Staff shortages continue to plague the network, creating major challenges for the maintenance of services. Despite sustained growth in our teams and the attraction of new talent, the MUHC has to contend with staff shortages in several sectors, most notably in care units. Strike periods in the health and social services network (RSSS) also affected workforce planning over the past year. To improve the situation, the MUHC coordinates workforce planning and the creation of new positions centrally. An enhanced workforce planning effort prioritizes clinical positions with direct patient care. In addition, representatives of the organization are actively involved in regional and supra-regional tables working on the revision of fields of practice. The MUHC remains on the lookout for new work organization strategies that will enable it to achieve its ambitious goals.

Hospital fluidity was also a high priority for the organization, both internally and in our relations with the MSSS, particularly because the occupancy rate in the MUHC's adult emergency department reached record levels during the year due to heavier patient load and more difficult access to hospital beds. As such, the MUHC created an assistant director of fluidity position, formalizing several roles within the organization. This structure enables the MUHC to implement several new mechanisms related to fluidity and hospital capacity, such as the review of the overcapacity plan, the weekly command room, recurrent reviews of long hospital stays and many others.

The structure has been added to the existing Alternative Level of Care (ALC) patient management one, which focuses on representing the organization to RSSS partners to ensure access to post-hospital resources. A number of internal and MSSS-mandated projects are also underway, positioning the MUHC as an innovative and dynamic centre within the network. Several of these projects have been mentioned, including the posting of discharge dates on care units, the opening of new ambulatory oncology services as an alternative to emergency or hospitalization, the revision of discharge planning processes, and the new day medicine model with rapid management of emergency patients.

Another priority for the MUHC was to begin a reorganization of its outpatient scheduling services to improve access and simplify communications for users. With regard to the latter, the MUHC has modernized its appointment confirmation tools and enhanced its call centre services to better support patients. The organization has also set up a structure and mechanisms to ensure uniformity and standards in communication, greatly simplifying the patient experience.

02 Strategic planning

Since the adoption of the “Work as One” strategic plan by the MUHC BoD in December 2022 and the arrival of a new president and executive director in January 2023, management began to reflect on its implementation, notably in order to harmonize objectives and orientations with those of the RI-MUHC and the clinical department heads, who were conducting parallel strategic planning and activity prioritization exercises. Over the coming year, this work should culminate in action plans to bring the following strategic orientations up to date and anchor the decisions to be made in the short, medium and long term:

03 Volunteer work

The MUHC is fortunate to be able to count on 746 volunteers. We are also privileged to be able to rely on dedicated leaders who do their utmost to welcome them and oversee their placement, including Erin Kennedy, Volunteer Services manager for our adult sites, and Joanna-Maria Sciascia, professional coordinator of Volunteers and Patient Partnerships at the Montreal Children’s Hospital, as well as their respective teams.

Some volunteers give their time once a week, while others come several times and even work four- to six-hour shifts. They help patients find their way around our large buildings and support them during stressful times. They create a happy, pleasant atmosphere for our youngest patients, and help the elderly get around and socialize on the hospital wards to prevent deconditioning. Some volunteers are new to the MUHC, others have been with us for decades. Some are retired, while others are between 16 and 20 years of age, and participate in the STEP program (Student Training and Education Program). Our volunteers are also committee members, patient partners and board members who share their unique perspectives and expertise. We are most grateful for their invaluable support within our pediatric and adult facilities.

Spotlight on optimization activities for our patients

As the theme of this report underscores, the MUHC focused on better serving its patients during the year through a multitude of optimization efforts, some of which are described below.

01 | Improved patient communication

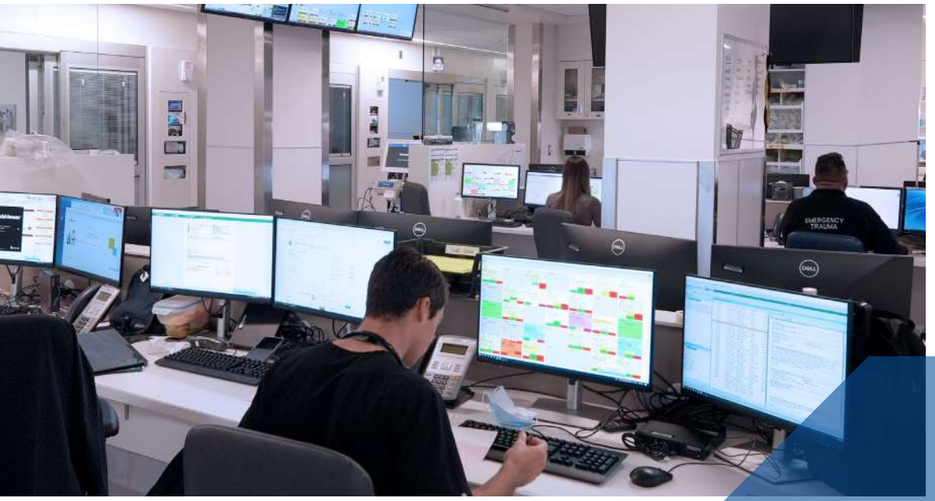
The MUHC made it a priority to improve communication between patients and its ambulatory clinical sectors. We chose to work on this issue in response to feedback received from patients, and following a careful analysis of their complaints. The project aimed to reduce the number of complaints and not only achieve, but also maintain a number that is within standards and the norms for healthcare establishments. The project therefore aims to simplify and improve the patient experience by reducing current telephone traffic, better managing necessary telephone calls and offering patients multiple channels of communication. The MUHC launched SMS appointment confirmation in 2023-2024 in almost all ambulatory clinical areas, reducing patient complaints by 20% to date. Patients can now receive an SMS appointment confirmation the day after they book their appointment, and a second SMS seven (7) days before their appointment. This initiative reduces the number of phone calls and makes the reorganization of appointments cancelled by clinics more efficient. The MUHC has also increased the service offering of its central call centre operators. Operators now have the visibility they need to answer simple questions asked by patients, such as: when is my appointment or where is it? Previously, these calls had to be transferred to the clinical department. Over the coming year, more projects will be rolled out, all designed to make life easier for our patients.

02 MUHC Emergency Command Centre at Glen site and MGH

In June 2023, an online PowerBi platform was launched for MUHC clinicians. The platform gathers information on adult emergency patients from the Glen site and MGH from several systems. The tool aims to centralize information on a single portal to facilitate consultation and, above all, to improve the coordination of care by highlighting delays and obstacles in patient trajectories. It offers clear, relevant information in real time. The information is accessible on a wide range of devices, including smartphones.

03 Access Care Coordination Centre

Launched in 2023, this centre directly links referring healthcare professionals with specialists and sub-specialists at the Montreal Children's Hospital (MCH). To facilitate and accelerate exchanges between doctors, a direct line has been set up. All requests from RUISSS McGill referring hospitals can now be routed through a single telephone number. To respond to requests and ensure efficient transmission of information, a team of care access coordinators has been created. Acting as intermediaries, they are responsible for transmitting telephone consultations to doctors, coordinating transfer or transport requests by gathering information and putting the professionals concerned in touch with each other. They also handle calls for emergency, trauma, pediatric intensive care and day hospital services. The Access Care Coordination Centre ensures smooth, well-coordinated care for children across Quebec, and provides timely advice to physicians working in other Quebec centres.



04 Early joint discharge planning

Since June 2023, multidisciplinary stakeholders have been holding discharge planning meetings during which they analyze the situation of patients at risk of complex discharge. The aim of this meeting is to plan the steps required to ensure that the necessary services are organized to meet the needs of these patients, and put them in place quickly to avoid delays in discharge planning. Ultimately, this initiative aims to reduce the average length of stay (ALOS) in acute care, decrease the occupancy rate of acute beds by alternative care level (ALC) patients, and increase patient satisfaction with discharge planning.

05 Medical Day Centre to reduce emergency room wait times

Since early 2024, the Medical Day Centre at the MGH houses ten treatment stations, including three stretchers, three treatment chairs, an ultrasound machine and other equipment. It offers patients the right service, at the right time, while helping to improve patient flow in the care units. Patients are referred from all MUHC adult sites, including adult emergency departments at the MGH, Royal Victoria Hospital (RVH) and Lachine Hospital. This means more emergency beds are available. Headed by the Division of General Internal Medicine, the centre is unique in that it provides not only care for recently discharged patients, but also diagnostic and treatment services. Staff are equipped to administer general and specialized treatments and manage conditions such as infectious diseases, cancer, respiratory diseases, etc. The centre also serves as a dynamic teaching environment for fellows, residents, medical students and nursing students.

08 | Clinical reception service for patients suffering from certain sub-acute conditions

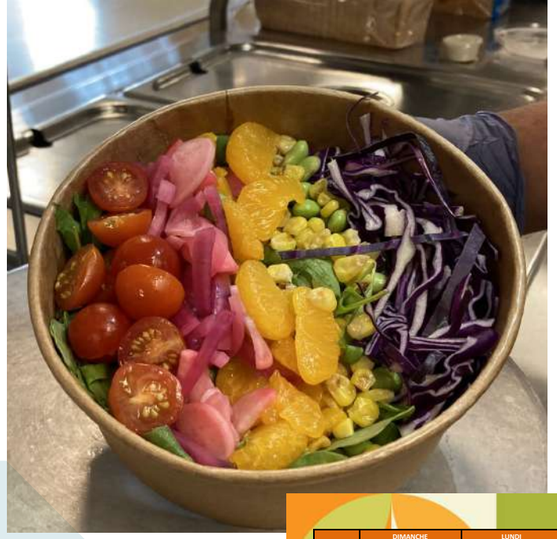
This service enables ambulatory emergency patients with a sufficiently stable clinical condition to continue investigative tests on an outpatient basis. These patients have faster access to technical and diagnostic facilities, and to consultations. Under the governance of the Medical Day Centre, the service is staffed by nurses responsible for coordinating and following up investigative requests for patients with certain clinical conditions only. Once the investigative tests have been carried out, the patient will be referred to the appropriate department according to the results, for management as required. The service is not responsible for following up a patient with a negative test and continuing investigations.

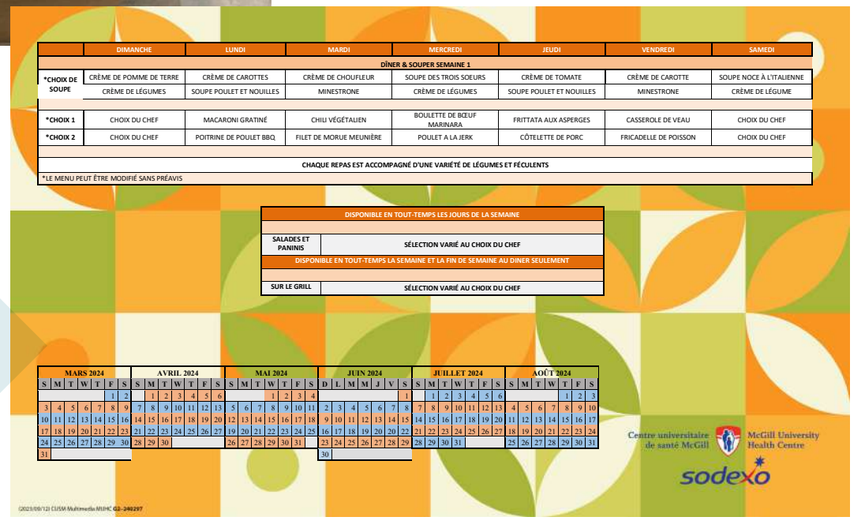
09 | Enhanced Recovery After Surgery (ERAS) to reduce surgical wait times

In 2023, the ERAS unit was inaugurated at the MGH. Comprising eight beds, the unit improves care for surgical patients and optimizes bed access for OR and ER patients, maximizing user flow and reducing surgical cancellations. This unit is the fruit of 15 years' hard work: back in 2008, Dr. Liane Feldman, Chief of the Surgical Mission, and her team began to draw up clear guidelines for optimal recovery. These are now used for over 30 types of operations performed at the MUHC. Each pathway includes more than 20 best practices, and a different trajectory is required for each type of surgery. Research at the MUHC has shown that the approach reduces complications and length of hospital stay. *"The ERAS pathway takes into account everything that happens before, during and after surgery, from nutritional recommendations to pain management to the exercises recommended at each stage," says Dr. Feldman. "The unit staff follows these established pathways for the patient's well-being."*

10 | Day surgery pathway (CDJ)

Colorectal cancer is the fourth most common cancer diagnosis in Canada. Every year, some 6,800 Quebecers are diagnosed with the disease. Surgery remains the principal curative treatment. Advances in perioperative care and minimally invasive surgical techniques have reduced the traditional average length of stay to 3 days. However, more than two-thirds of these patients are uncomplicated and remain hospitalized pending return of bowel function and/or adequate pain control, criteria considered essential for discharge to date. With this in mind, the MUHC has set up a day surgery pathway that includes optimization of the perioperative pathway and remote digital monitoring. A smartphone loaned to the patient contains relevant educational material, a daily health monitoring questionnaire and a patient-physician communication function. This digital health intervention significantly reduces the number of unnecessary emergency room visits, and improves patient satisfaction and sense of security. Since the launch of the CDJ pathway, more than 85% of patients have been discharged on the day of the intervention, with no unplanned emergency room visits. The shortened pathway can also provide timely care and free up beds more quickly. Other procedures with short, planned hospital stays have CDJ potential, such as hysterectomy and bariatric procedures. The MUHC has shared its protocol with three major healthcare institutions in Quebec.





11 | Improved patient care one meal at a time

MUHC food services prepare over two million meals a year, many of them for patients on special diets. The menus were in need of a redesign. Balance, nutritional quality, portion size, colour, flavour and texture played a key role in the redesign. The priority was to improve the patient experience and create meals that were diversified, original and more nutritious. “The menus contain many more nutrient- and energy-rich foods,” explains Deborah Fleming, Clinical Nutrition Services Manager (adult sites). “Some of our soups are enriched and higher in protein, which is very important for wound healing and for our patients to recover faster.” Salmon with basil and pesto, peach-glazed beef meatballs and vegetarian lasagne with green salad and French dressing — these are just some of the delicious high-protein options now on the menu.

12 | Improving access to mental health services

In 2023-2024, the Mental Health Mission worked on five axes, including defining an ultra-specialized and distinctive service offering based on the needs of the network; improving access to our services; deploying a strategy to promote and support research and innovative projects based on the Mission’s expertise; increasing the efficiency, collaboration and cohesion of clinical teams; and becoming an attractive first choice for professionals in all mental health disciplines. Among other things, its healthcare professionals have implemented a centralized referral system for all outpatient services, an online triage and referral system giving patients from other MUHC missions access to outpatient psychiatric consultations (“CL Bridge Programme”), and an online triage and referral system for the McGill University Sexual Identity Centre (MUSIC) to identify patients most in need of this clinic’s tertiary services. Several outpatient clinics have also launched specialized group therapies to offer care to a wider range of patients (multi-diagnosis DBT groups, gender identity exploration group, virtual reality therapy). The expertise of its clinicians has been recognized by several bodies: Dr. Gabrielle Gobbi was named the first female president of the International College of Neuropsychopharmacology, Drs. Karine Igartua and Richard Montoro were heard by the CAQ’s Comité des Sages on gender identity, and Dr. Jean Philippe Gagné received the McGill Digital Health Fellowship to study virtual reality therapy for anxiety disorders.

13 | Pediatric transport team to support regional hospitals

transportation from regional hospitals for children requiring intensive care at a teaching hospital. A designated trio of physician, nurse and respiratory therapist is always on call. Before the pilot project, the only option for a regional hospital's care team was to stabilize the patient and escort him or her to a major centre. Now, regional staff have access to specialized pediatric expertise by phone even before the transport team arrives, and the child's diagnosis and overall situation can be better managed until the transport team takes him or her to the MCH or CHU Sainte-Justine. The team also has access to high-level pediatric-specific equipment, which many regional centres do not have.

14 | Network of community pediatricians for follow-up and ongoing care

Many children born at the MUHC, admitted to the MCH or treated in one of our subspecialty clinics, do not have a general pediatrician to provide follow-up and ongoing care. Dr. Matthew Donlan has developed a network of partner community pediatricians willing to accept new patients. The system connects infants and children in need of care with a pediatrician in their community. In the past year, more than 2,000 children with were connected with community pediatricians. A community liaison navigator position was also created to support this vital service, which promises to be a game-changer in terms of access to care for children with special health needs. Community pediatricians are working in partnership with MCH specialists to keep children healthy and out of hospital.

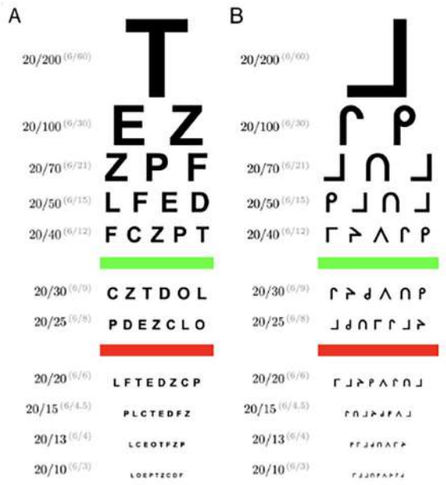
Spotlight on innovation and excellence

Every day, the teams at the MUHC strive to c how to do things differently to improve all facets of their mission as an AHC. Here's a look at what they've accomplished over the course of 2023-2024 to modernize and/or make upgrades.

01 | Clinical care

Ultrasound soothes Parkinson's disease at the Neuro

Dr. Abbas Sadikot, neurosurgeon at The Neuro, put into practice a treatment for tremors in people with Parkinson's disease. "*It involves increasing the heat at the level of the neurons that are abnormal and generate the tremors. You have to destroy them. By destroying them, we can see on the magnetic resonance where the lesion has occurred, and at the same time, we can do the physical examination to see the result,*" explains Dr. Sadikot. This minimally invasive treatment enables people suffering from uncontrollable tremors to perform simple actions such as drinking water without having to undergo the usual treatment, deep brain stimulation, which involves intervention on the brain and prolonged recovery times. This program, set up thanks to a grant from the Canada Foundation for Innovation, also enables important research and new therapies to be developed for a number of neurological conditions. This is a first in Quebec, as this pioneering treatment was launched in 2018 as a collaboration between the Neuro and the MGH. Montreal is one of three cities in Canada where this innovative intervention is being carried out. "*The success of this procedure is a perfect illustration of the concrete, positive results of research for patients who want relief,*" *says Dr. Guy Rouleau, Director of the Neuro.* "*As the first facilities in Quebec to offer MRI-guided ultrasound, The Neuro and the MUHC are improving patient care and initiating extensive research in this field, which will benefit many others in the future.*"



©Bhambra et al (2023). Can J Ophthalmol

Doctors develop the first eye chart with characters used in Indigenous languages

MUHC ophthalmologist Dr. Christian El-Hadad and his colleague Shaan Bhambra have developed the first known visual acuity charts in Canadian Aboriginal Syllabics, an alphabet used in Inuktitut, Cree and Ojibwe, to improve access to eye care for Canada's First Nations and Inuit.

Better support for bereaved parents

To enhance family support, in May 2023, the MCH adopted a new unified bereavement program that applies to all its divisions, making it the first hospital in Quebec to do so. Families are offered a number of commemorative initiatives, including a keepsake box with a recording of the patient's heart, handprints and two stuffed animals—one that stays with the child and another that parents and siblings keep. In addition, relatives are accompanied for a year by a staff member who has already worked with the family (social worker, spiritual care professional, etc.).

Birthing and Maternity Centre of the MUHC

Two MUHC Birthing and Maternity Centre teams, led by a multidisciplinary core team co-chaired by Ruth-Lynn Fortuné, Sophia Kapellas, Dr. Anne-Maude Morency and Dr. Marie-Julie Trahan, have worked diligently to invest in communication. In so doing, they have demonstrated their ongoing commitment to obstetrical patient care, safety and quality through simulations, as well as online and in-person training. The teams are pursuing projects related to cultural safety, simulations and training activities with other units. They are also embarking on the Optimizing birth outcome initiative, during which they will conduct audits of patient records to determine what could be improved. They are also focusing on perinatal bereavement and training activities.

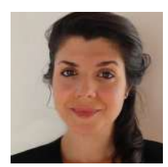
02 | Research

Viagra to treat oxygen-deprived newborns

Dr. Pia Wintermark conducted a clinical trial of sildenafil (also known as Viagra) to treat babies with neonatal encephalopathy at the MCH. The results indicate that the use of sildenafil is feasible and safe in babies who have developed neurological sequelae despite therapeutic hypothermia, which is the only option currently used to prevent brain damage. The study also showed encouraging signs of efficacy, bringing much needed hope in that area.

Over 75% of Canadians had immunity to SARS-CoV-2 infection by March 2023

Dr. David Buckeridge and Dr. Bruce Mazer co-led a study that used aggregate data to estimate trends in both infection-acquired and vaccine-induced SARS-CoV-2 seroprevalence across Canada. The COVID-19 Immunity Task Force published this comprehensive analysis in the *Canadian Medical Association Journal* in August 2023.



A world-first clinical trial to help millions of people with a penicillin allergy

The PALACE study, an international research endeavour, has evaluated a safer and simpler approach to penicillin allergy testing. Dr. Ana-Maria Copaescu is first author of this study, published in JAMA Internal Medicine, which opens the door to making penicillin delabeling more universally available.

Research advances screening for pancreatic cancer in high-risk individuals

An international collaboration of scientists and healthcare professionals is developing a promising surveillance program for pancreatic cancer and driving new discoveries to improve early detection of the disease, when the chance of cure is highest. Dr. George Zogopoulos is co-lead author of the interim study analysis published in *Journal of the National Comprehensive Cancer Network*.

A roadmap to improving healthcare disparities in Northern Quebec

Some Indigenous communities are too short-staffed to perform lifesaving procedures, according to a study published in the *Canadian Journal of Surgery*. Co-authored by Dr. Evan Wong, the study aimed to evaluate current surgical, trauma and telemedicine capacity in Nunavik, Quebec. It confirmed a major need for a telemedicine program and outlined the improvements required for its implementation.

Severe maternal complications at childbirth: a recurring risk?

A study led by Dr. Natalie Dayan paints a clear picture of maternal health within the population of Quebec; it also provides detailed data around recurrent complications collectively termed “severe maternal morbidity.” Published in *The American Journal of Obstetrics & Gynecology*, this study yields knowledge that will help counsel women about future pregnancy risks and help plan and allocate resources.

Is your child really allergic to antibiotics?

Dr. Moshe Ben-Shoshan led a study that used direct oral testing to determine whether reactions to antibiotics are actually allergic. Published in *The Journal of Allergy and Clinical Immunology*: In Practice, the study showed that a direct graded oral challenge, without performing prior skin tests, is safe and appropriate in cases of non-severe skin reactions. This work will promote optimal and cost-effective use of antibiotics in children with bacterial infections.

Genetic mutation found to cause chronic lung disease in Indigenous children

A team of scientists led by Dr. Adam Shapiro has thrown light on why indigenous children have greatly increased rates of respiratory infections and chronic lung disease. Their work published in The Journal of Pediatrics shows that one explanation could lie in a specific genetic mutation known to cause a rare disease called primary ciliary dyskinesia.

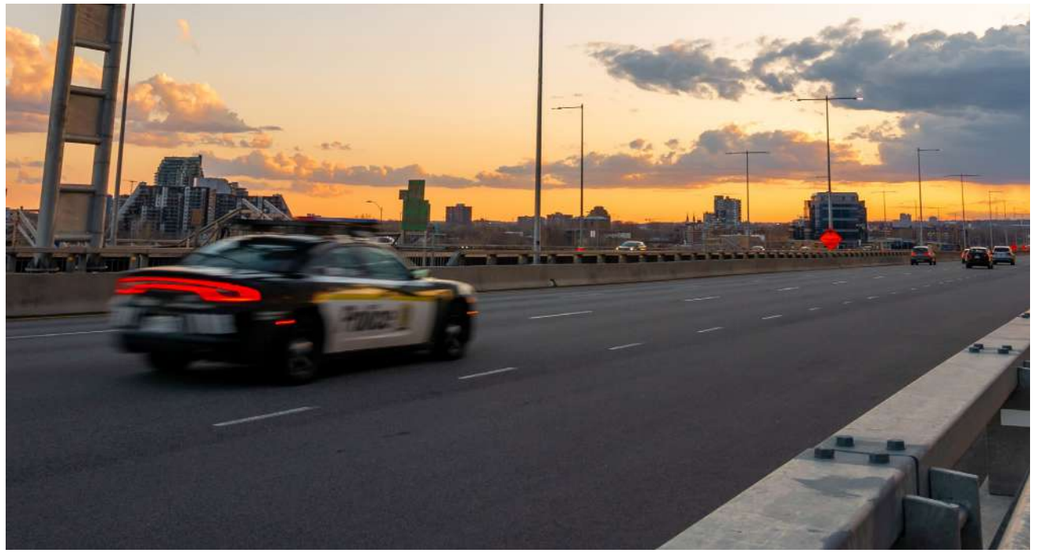
03 Education and training

Working group to optimize internship opportunities

In December 2023, an interdisciplinary working group was set up to improve the provision and supervision of internships across the MUHC. Representatives from directorates offering internships collaborated to improve the internship coordination structure and harmonize processes and procedures. This enabled best practices to be shared across the various directorates. The aim of this work is to facilitate recruitment in a number of disciplines, both clinical and for administrative and support services.

Adult Simulation Centre, an essential tool for the Women's Health Mission

One of the teaching tools of the Women's Health Mission is the use of simulation, which is available at the MUHC's SIM Centre. The availability of advanced simulators at the MUHC, including the mother birthing mannequin, is unique. It enhances teaching, as well as the quality and safety of the birthing centre. What's more, teaching can take place at the hospital, making it easier for residents to attend.



Helping new police officers better understand the realities of patients with mental health problems

In November 2023, the MGH's psychiatric care team welcomed for the first time two recruits from the Montreal police department (SPVM) to familiarize them with the reality of patients with mental health disorders. During a full day of immersion, the two officers visited the medical and psychiatric emergency departments, toured care units and took part in various meetings to better understand the patient care trajectory. The MUHC is a proud partner of the SPVM's Immersion MTL police integration program. "*This is a first for us," noted Colleen Timm, MUHC Director of Multidisciplinary Services. "We're delighted to be able to offer our expertise to new SPVM officers and we welcome this immersion initiative. As we work closely with police officers on a regular basis, it's important to show them what happens when patients arrive in the emergency department."* The day's schedule was carefully put together by Benoît Cousineau, MUHC Assistant Director, Emergency and Mental Health, and the management team.

MGH Adult Trauma Centre inspires young adults

Young people aged 16 to 20 from the MUHC's STEP volunteer program, who are interested in working in the medical field, had the opportunity to discover the adult Trauma Centre. They toured the facilities, including the trauma room in the emergency department, CT scan room, operating room, intensive care unit and rehabilitation gym. The group heard from inspiring professionals committed to trauma care: Tara Grenier, injury prevention professional; Dr. Dan Deckelbaum, trauma surgeon and intensivist; as well as Nicolas Steresco, injury prevention ambassador and trauma survivor. They also met medical imaging technicians, physiotherapists and occupational therapists. It was an opportunity to discuss exciting topics such as recovery, safety, organ donation and work-life balance.

Nurses from around the world welcomed

In 2023, as part of the International Council of Nurses Congress held in Montreal, the MUHC was delighted to welcome nurses from all over the world, including Africa and Asia. The nurses were able to tour our facilities, hear from some of our leaders and take part in well-designed educational activities. The visit enabled the MUHC's nursing and simulation teams to highlight some of its most advanced practices.

04 | Infrastructure

HOP Lachine!

Carried out in partnership with the MSSS and the Société québécoise des infrastructures (SQI), this project — called HOP LACHINE! A Patient-Focused Hospital — is being carried out in accordance with the *Directive sur la gestion des projets majeurs d'infrastructure publique*. Among other things, the expansion and redevelopment, scheduled for completion between 2026 and 2027, include day surgery and operating room, care units, medical device reprocessing unit, spaces for day medicine, emergency, test centre, and outpatient clinics. Progress since 2023 includes pouring the slab on the first and sixth floors, the laying of membrane and backfilling, changing the gas pressure regulator, installing the retention basin, shaping and backfilling the future parking lot, installing the façade's steelwork, partitions and electrical conduits, winterizing the second floor and installing the plumbing it, and so on. This project owes a great deal to the Lachine Hospital Foundation and the MUHC Foundation, and to their generous community of donors.

New CT scanner at Lachine Hospital

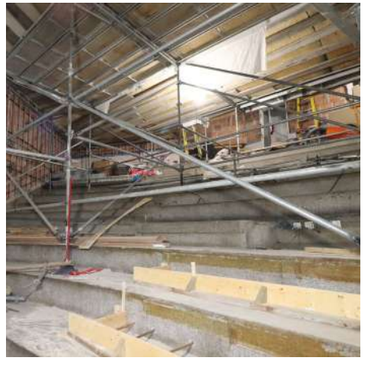
The Lachine Hospital's new Somatom Definition Edge CT scanner offers enhanced image quality and, for patients, a reduction in radiation exposure of over 50%.
To deliver the device, the MUHC had to create an additional opening at the hospital entrance. This CT scanner has made it possible to increase the speed and reliability of new examinations at the Lachine Hospital.

Renovations to MGH emergency room

Three years of painstaking renovations have resulted in a modernized emergency department at the MGH. This includes seven new patient rooms, each with its own sink, a new ventilation unit, two full bathrooms with showers, negative pressure rooms, a new pharmacy area and other important upgrades. The renovated emergency department is having a positive impact on patients and families, as well as on our dedicated staff.

Renovation of the Sir William Osler Amphitheatre at the MGH

The Osler Amphitheatre is a place that perpetuates the legacy of Sir William Osler, MD LLD, FRS, FRCP, and his vision of medical innovation, knowledge exchange and teaching. "*Dr. Osler was a pillar of the scientific approach to medicine that laid the foundation for modern medicine*," says Dr. Marc Rodger, MUHC Chief of Medicine. Sir William Osler obtained his medical degree from McGill University in 1872. He became a professor at the same faculty two years later. He went on to hold a number of senior positions at the MGH and created the first medical residency program. The renovated space boasts 148 seats equipped with power and USB outlets, and space for three wheelchairs. Other improvements include improved acoustics, state-of-the-art audio-visual equipment and an adjustable lighting system. "*The new Osler has a lot to offer. It's beautiful, practical, comfortable, and exactly what we wanted from the start*," says Jacques Avital, project supervisor, MUHC Technical Services. The renovation was partly funded by the MGH Foundation, which continues to raise funds to support the project.



Helipad

This year, the MUHC was chosen as one of four sites in Quebec to build a helipad as part of the MSSS' first action plan for Quebec's pre-hospital emergency system. The MUHC has been advocating for such a service for several years to support patients requiring emergency transport for neonatal intensive care, specialized and ultra-specialized neurological and cardiovascular care, and trauma care. "*This announcement is a first step in the development of a truly organized helicopter transport system in Quebec that will benefit all patients. We look forward to working with the MSSS to offer our expertise and collaboration in advancing this project*," said Dr. Kosar Khwaja, medical director of the MUHC Adult Trauma Program and Critical Care Medicine. The helipad will also serve MUHC pediatric patients.

Installation of an electrophysiology room at the Glen site

A new room was built for inpatients at the Glen site who require electrophysiology procedures. Installation of the metal structure in the ceiling to house the Canon system, booms and other equipment was completed on March 31, 2024. Ventilation ducts were in place, the sprinkler system restored and other milestones achieved.

Kat Demes Pavilion at the Glen site

In January 2024, the Montreal Children's Hospital Foundation (MCHF) held a press conference to announce the creation of the Kat Demes Pavilion, a residence for families of seriously ill or injured children and adolescents treated at the MCH. Located in a new seniors' residence, the pavilion is within walking distance of the MUHC's Glen site, home to the MCH. It features six bedrooms, each with a private bathroom and a study where parents can rest and recharge; a shared kitchen; a common living and dining room; a play area for siblings, a large warm-weather terrace and laundry facilities. These accommodations, the first of their kind in Quebec, are provided free of charge. Eight years of fundraising and planning went into this special launch, named in honour of an adorable little girl who lost her life at the age of five to a brain tumour called diffuse intrinsic pontine glioma. Catherine "Kat" Demes was treated at the MCH, and her family has raised $1 million for cancer research and pledged to raise a further $2 million for the new residence.

New playground for the Centre de la petite enfance (CPE) Charles W. McDougall at Royal Victoria Hospital (RVH)

The mood was upbeat at the inauguration of the new playground at the CPE Charles W. McDougall at the RVH of the Glen site, a centre reserved for the children of MUHC employees. The event took place on November 27, in the company of children, parents, members of the CPE's Board of Directors and MUHC president and executive director, Dr. Lucie Opatrny. "*It was important for me to support the CPE's new playground project. It represents a fundamental element at the heart of the well-being and development of the children of some of our MUHC employees. It's impossible not to mention my strong sense of belonging to the centre, as my children attended it and I have wonderful memories of them*," says Dr. Opatrny. The playground is an integral part of children's daily lives. "*We know that physical motor skills are of great importance in children's motor development. They also need to get some fresh air and movement to support the learning they'll be doing throughout the day*," says Tanya Kusiewicz, executive director of CPE Charles W. McDougall, which celebrated its fortieth anniversary in 2021 and has 80 places for children aged six months to five years.

Pediatric simulation centre at the Glen site

Led by Dr. Ilana Bank, the Pediatric Simulation Centre was launched at the MCH in spring 2023. This initiative, funded by the MCHF, creates and runs simulations for a wide variety of medical conditions and situations. Simulations are not only important for the training of students and residents, as well as for the ongoing development of attending physicians, they are also an effective tool for quality improvement. They promote the development of new skills, teamwork, problem-solving, decision-making and child- and family-centred care, while improving clinical outcomes. When complex medical situations are simulated, we identify bottlenecks in processes and risks of error, enabling them to be corrected. The centre has been extremely active since its launch, helping to improve the efficiency and quality of care.

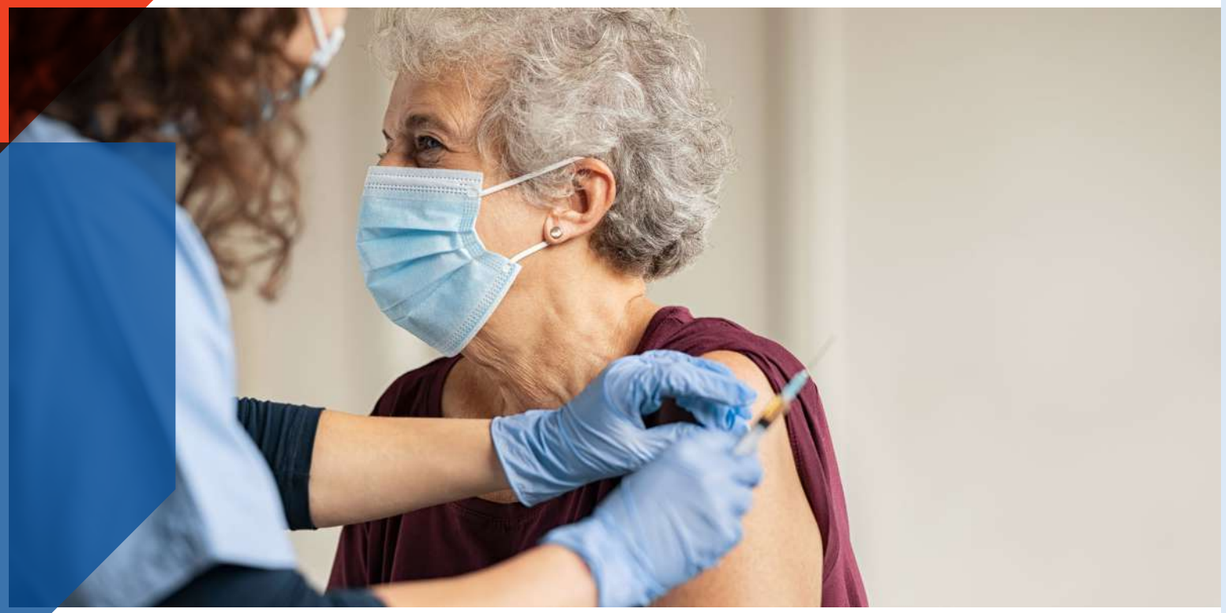
Tree planting at the Glen site

The landscape of the MUHC and the west end of the city was densified in October 2023 thanks to an ambitious project to plant several hundred trees on the Glen site. Preparations for the planting began under sunny skies and mild temperatures. A dozen Soverdi tree specialists descended on the steep slope between Glen Road and Rue Saint-Jacques to prepare for a busy week of planting. Red dots marked the locations of the saplings, and a small excavator dug the holes with ease. "*We planted 400 small to medium-sized trees. The MUHC's LEED certification requires species native to Quebec and Canada, such as oak, maple and pine. We made sure to plant trees with a diameter of 30 millimetres and a height of two metres, as it's at this size that the trees are most likely to survive their first winter*," explains project manager Marie-Louise Bédard at the time of planting.

Inauguration of the OPTILAB-MUHC laboratory at the Jewish General Hospital site

This new biochemistry platform marks a major milestone in the improvement of healthcare and medical research, and highlights several of OPTILAB-MUHC's strengths: the importance given not only to automation, but also to the recruitment of specialized personnel, the synergy between OPTILAB-CUSM's different sites, the successful co-management model of medical and clinical-administrative managers, and the competence and dedication of its teams.

Impact of the COVID-19 pandemic on MUHC activities

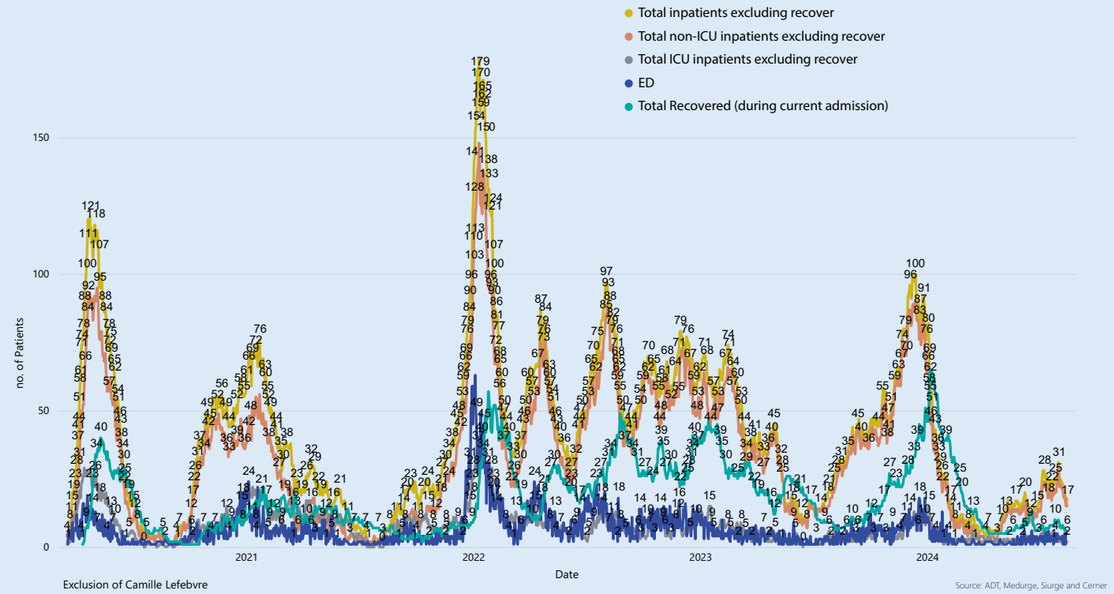


The 2023-2024 year is in continuity with the end of the previous year. COVID-19, which has become endemic, is integrated into routine clinical activities. Like other respiratory infections, it is governed by best practices in infection prevention and control. The Infection Prevention and Control department also remains active, monitoring the various outbreaks still occurring on care units.

The MUHC, ever mindful of maintaining a high level of service, has renewed several partnerships in imaging and surgery, which have enabled us to limit access times thanks to agreements with specialized medical centres (CMS) and medical imaging laboratories (LIM). In addition, the organization has deployed numerous retention and recruitment measures to protect itself from systemic staff shortages in our health and social services network since the acute period of the pandemic.

MUHC inpatient & ED: COVID+ and Recovered patients

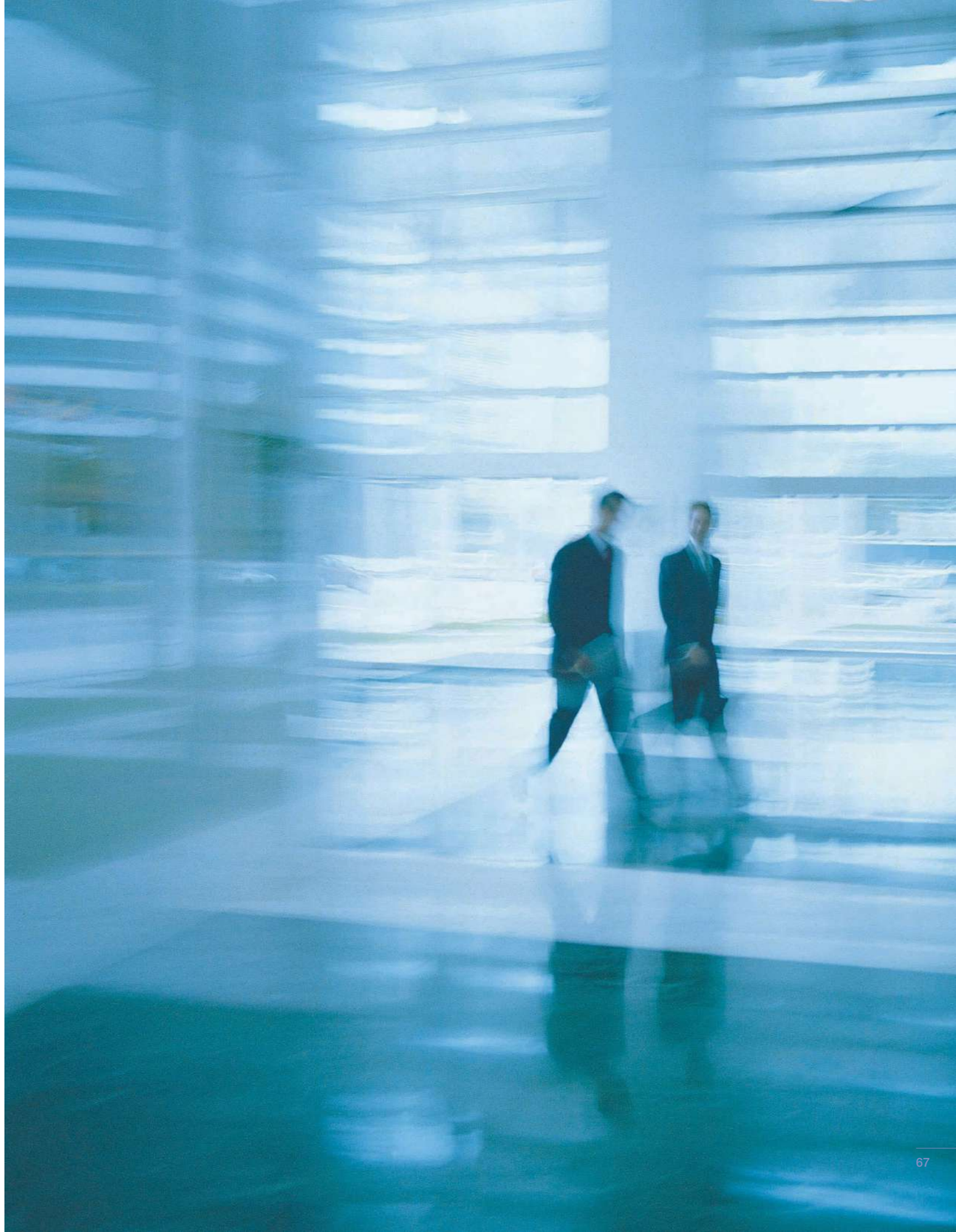
Last updated August 13, 2024



Principal partners

The MUHC thanks its partners for the confidence they place in its leadership and teams. It goes without saying that this list is not exhaustive, and that the MUHC wishes to recognize the contribution of each and every partner, listed or not.

- AtkinsRealis
- Bank of Montreal – BMO
- Canadian Armed Forces
- Cedars Cancer Foundation
- Cégep Saint-Laurent
- City of Lachine
- City of Montréal and its boroughs
- Collège Ahuntsic
- Concordia University
- Dawson College
- Government of Canada
- Government of Québec
- HEC Montréal
- John Abbott College
- McGill University
- Montreal Children's Hospital Foundation
- MUHC Foundation (Montreal Chest Institute and Lachine Hospital Foundations)
- Montreal General Hospital Foundation
- National Bank of Canada
- Neuro Development Office
- Raymond Chabot Grant Thornton
- RUISSS McGill
- Service de police de la Ville de Montréal
- Sodexo
- Soverdi
- University of Montreal
- UQÀM
- Urgences-santé
- Vanier College
- Westmount

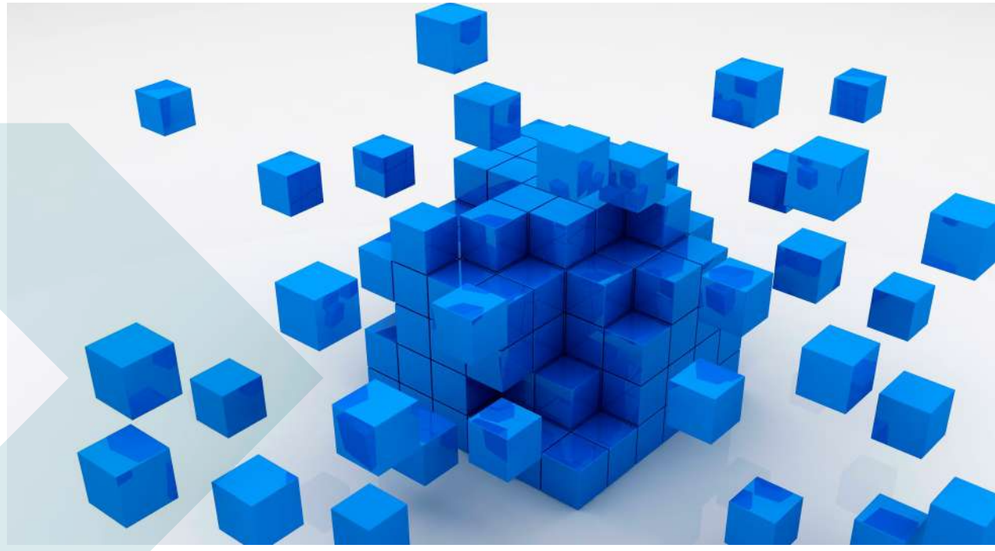


MUHC management structure

The management of the MUHC is based on a hierarchical structure (see organizational chart). The Executive Office, comprising the president and executive director and her team, reports to the Board of Directors.

The office's responsibilities include overseeing all directorates, government affairs, relations with major partners, organization of Board meetings, committee meetings and all related matters, strategic planning, and corporate communications. The president and executive director is supported by other executives, such as the associate president and executive director, responsible for clinical coordination, and by various committees overseeing strategic and operational issues.

Until December 2023, Ms. Patricia Lefebvre, associate director general–Support, Administration and Performance, also supported the president and executive director. Ms. Lefebvre retired after a 38-year career in the RSSS. The MUHC would like to take this opportunity to thank her warmly. Ms. Lefebvre nurtured talent and developed a new generation proud of their achievements. She also inspired those around her and enabled the MUHC's partners to surpass themselves, to think differently, to collaborate more in interdisciplinary teams, to innovate and to make judicious evidence-based choices for the well-being of patients and their families, as well as that of the institution. By introducing patient-partnership, LEAN organizational design and appreciative inquiry at the MUHC, among other things, she multiplied her positive impact on the MUHC's effectiveness and efficiency, as well as on the sustainability of a people-centred clinical approach.



Her retirement, along with other directives and priorities, led to the following organizational changes:

- Three strategic positions were created:
  - Associate director general–Administration (filled on an interim basis as at March 31 by Me Caroline Dubé)
  - Associate director general–Transformation (vacant at March 31)
  - Director of Innovation, Transformation and Clinical Performance, filled by Dr. Alan Forster
- The Human Resources, Communications and Legal Affairs directorate was split into three, forming:
  - The Human Resources directorate, reporting to the DGA–administration
  - The Legal Affairs directorate, reporting to the DGA-administration
  - The Communications directorate reporting to the president and executive director
- The Admissions, Reception and Medical Records sectors, as well as the Health Technology Assessment Unit sector, were transferred from the Quality, Evaluation, Performance and Ethics directorate (DQEPE) to the new Innovation, Transformation and Clinical Performance directorate.
- The Infocentre Performance team was transferred to the Information Resources and Digital Transformation directorate.
- The DQEPE became the Quality, Ethics and Performance directorate (DQEP).

Nursing Directorate

The strength of the MUHC's Nursing Directorate lies in, among other things, the competence of its staff. The directorate is fortunate to have a dedicated and committed workforce of over 3,548 nurses (3,194 nurses and 354 auxiliary nurses).

This workforce remains the predominant challenge in terms of both recruitment and retention. To this end, a number of projects are underway or have been created, including a major job fair in January 2024 on the MGH site to support recruitment at all MUHC sites. Following this event, several nurses and auxiliary nurses were recruited to add to the hires already made, for a total of 464 new hires (543 hires + promotions) in 2023-2024. The directorate was also honoured to welcome 19 nurses with diplomas from outside Canada and who are currently specializing at CÉGEP Saint-Laurent while working as patient attendants at the Lachine Hospital and the Neuro. It also had the privilege of adding 14 new nurse practitioners in adult, pediatric and neonatal care.

Over the course of the year, 2,221 nursing students completed internships at the MUHC, the equivalent of nearly 300,000 hours of supervision. In addition, ties were strengthened with student interns by creating student café events on all sites, offering the opportunity to meet, as well as with the ambassador program. Our ambassadors work closely with the Human Resources directorate, liaising with nursing students, and are available to provide answers, describe the support and types of growth opportunities available at the MUHC. Every nursing trainee group arriving at the MUHC now has the opportunity to meet an ambassador.

From a retention point of view, the Nursing directorate has ensured the implementation of clinical support targeting our new nurses in the evenings and on weekends, in addition to the training already offered by the care consultants. Also with a view to better supporting our teams, it has expanded the roles that can benefit from the Genesis program, which is now also offered to nurse managers, care advisors in training and those in advanced practice, in addition to our new nurses. Genesis is a program that was developed to support our newly-hired nursing staff once they have completed their orientation/integration period, and provides a narrative community and safe space where participants can share their experiences, increase their knowledge and skills, and spend time with their managers. The program is one of the recommendations in the Nursing Retention Toolkit published by Health Canada in March 2024.

A career path program has been developed for nurses with more than two years of experience in clinical expertise or leadership skills development. Pathways in wound care, vascular access and infection control have been launched from a clinical point of view, as well as in education. The implementation of these career paths is a key factor in retention. They give our nurses a glimpse of career development opportunities at the MUHC.

At the same time, the Nursing directorate has been actively working on its other priorities. It set up a quality monitoring program with a dedicated monthly calendar, including spotlights on nursing-sensitive practices and indicators, with the aim of moving from a reactive to a proactive safety culture. Topics such as communications at transition points, blood specimen identification and bad blood in the tube were analyzed in depth. Toolkits were developed for managers and their teams to better monitor and support these practices. In terms of safe, evidence-based clinical monitoring, a number of clinical practices were approved or revised, including 36 protocols, 43 pre-printed prescriptions, 12 collective prescriptions, 2 policies and 22 clinical documents.

To support our nursing teams, a nursing process optimization project aimed at restoring nurses' bedside time has been implemented on the 3rd floor of The Neuro, which won awards in Health Canada's Innovation Challenge for Healthcare Personnel. Already, 5% of the time, equivalent to 90 minutes on the day shift, has been freed up, and efforts are continuing with teams to identify further gains. Still in support of the teams, inter-site transport has been reintroduced to accompany patients during certain investigations that may take place at a site other than their admission site.

Success stories

The Nursing directorate is proud of the 78 clinicians nominated at the 2023 Nursing Team Excellence Ceremony, who represent a portrait of the quality of care offered at the MUHC. One of our advanced practice nurses, Véronique Fraser, also stood out by winning a provincial award from the *Ordre des infirmiers et infirmières du Québec*, the Florence Award for Collaborative Practice. Véronique has distinguished herself through her outstanding collaborative practice, guiding MUHC teams and patients through the medical aid in dying process.

Our leadership teams contributed to the MUHC's outreach by participating in nearly 50 presentations or displays on a multitude of nursing topics and clinical expertise. In addition, the MUHC's Council of Nurses (CN) won an award from the Quebec's association of councils of nurses (ACIIQ) for setting up midday conferences. Another achievement was the participation of *Les piliers*, a group of MUHC nurses, in the "MUHC's Got Talent" evening to raise funds for the recruitment and retention of MUHC nurses. The group took top honours as the audience favourite, and third place as the judges' favourite.

In short, the MUHC's nursing teams' clinical practice and care environments are dynamic and constantly evolving, thanks to a strong team with an exceptional ability to ensure access to high-quality nursing care for patients. This is confirmed by our patients, who report being treated with respect and feeling that we are listening to them.

Professional Services Directorate

The Professional Services directorate (DPS) has many responsibilities and oversees everything to do with physicians, dentists and pharmacists. The DPS supervises the Partnership Office, traumatology, the pharmacy and telehealth.

Telehealth

The virtual or remote care offering is growing, with no fewer than 104 active services to date, up 16 in one year. In all, 55% of active services are in the physical health sector, 33% in multidisciplinary services and 13% in mental health. The use of teleconsultation with real-time videoconferencing represents a service volume ranging from 10% to 30% of total monthly ambulatory consultations (visits).

Partnerships

Approximately 20 MUHC clinical staff per northern region (Nunavik and Terres Cries/Eeyou Istchee) work in the North on northern leave. This sharing of resources with isolated regions for which the MUHC is responsible for specialized services is strongly encouraged among staff. For example, over twenty medical specialists work in Nunavik and the Cree/Eeyou Istchee territories, in addition to their work at the MUHC. This service offer is organized around care provided on the territory, at the MUHC and remotely via telehealth.

Cultural safety, aboriginal health

The Partnerships Office has integrated two liaison officers as members of the Indigenous Health team. They accompany clinical teams at their request and offer their support for cultural safety initiatives and projects. Over the course of the year, coaching and support were offered to 10 clinical teams to provide culturally safe services to Indigenous patients. In addition, more than 15 MUHC clinical departments were made aware of the importance of the cultural safety approach. Alliances were established or strengthened between MUHC teams and more than 20 community organizations providing services to urban Indigenous clientele.

Of note:

- Alliance and collaboration with northern partners: Nunavik Regional Board of Health and Social Services (NRBHSS), Ullivik, Cree Board of Health and Social Services of James Bay (CBHSSBJ), and Wiichihiituwiin (CPS);
- Collaboration between various MUHC directorate to meet the specific needs of Indigenous patients and their families, including: food services; spiritual services; complaints and quality commissioner; communications; Patient Experience Measurement Office;
- Various tools distributed and available on the “Indigenous Health” Intranet, including a guide for Indigenous patients at the Montreal General Hospital; lists of community organizations working with the Indigenous population and the services offered, and lists of services for Northern Indigenous peoples;
- Under a partnership between the MUHC’s Office of Patient Experience Measurement and the Partnerships Office, we continued to collaborate on the Indigenous Patient Experience Measurement project. This project is funded by the MSSS, as part of the funds allocated to the CIUSSS Centre-Sud for cultural safety initiatives.

Success stories

- Reopening of Lachine’s emergency department and, more recently, 24/7 ambulances
- Introduction of coordinated advanced discharge planning at the Royal Victoria Hospital (RVH)
- 2 recent IPSSAs welcomed to the RVH emergency room
- Integration of nursing assistants to promote collective prescriptions
- Rate of referrals reaching MSSS targets (RVH)
- Maintaining first contact targets (RVH)
- Start of clinical reception
- Opening of the Day Medical Centre at the Montreal General Hospital (MGH)

Context and factors involved:

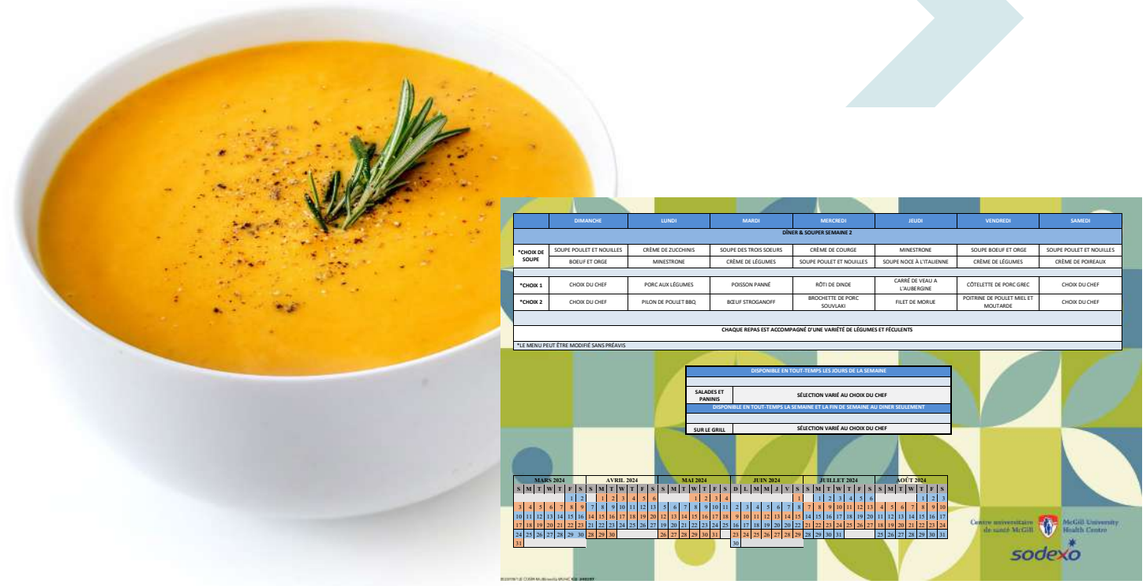
- Average RVH occupancy rate for the year is 183%.
- Average occupancy rate at the MGH for the year is 157%.
- Patients waiting to be admitted to the MGH and RVH emergency departments contribute to the high occupancy rate and to exceeding the targeted average length of stay (ALOS).
- One of the factors contributing to the difficulty of rapid care is the chronic overcrowding of the MGH and RVH emergency departments, making rapid consultation difficult

Corrective measures implemented to promote improvement:

- An associate director of professional services–fluidity is now in place.
- An associate director of fluidity and an associate director of clinical transformation are also in place to help fluidity and implement projects to support it.
- Advanced coordinated discharge planning
  - Clinical reception
  - Medical Day Centre

Assessment of performance compared with the previous year:

- Our ALOS remained virtually unchanged despite higher occupancy rates than last year
- Average wait time improved despite higher occupancy rates



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DÎNER & SOUPER SEMAINE 2							
*CHOIX DE SOUPE	SOUPE POULET ET NOUILLES	CRÈME DE ZUCCHINIS	SOUPE DES TROIS SOEURS	CRÈME DE COURGE	MINESTRONE	SOUPE BOEUF ET ORGE	SOUPE POULET ET NOUILLES
	BOEUF ET ORGE	MINESTRONE	CRÈME DE LÉGUMES	SOUPE POULET ET NOUILLES	SOUPE NOCE À L'ITALIENNE	CRÈME DE LÉGUMES	CRÈME DE POIREAUX
*CHOIX 1	CHOIX DU CHEF	PORC AUX LÉGUMES	POISSON PANNÉ	RÔTI DE DINDE	CARRÉ DE VEAU À L'AUBERGINE	CÔTELETTE DE PORC GREC	CHOIX DU CHEF
*CHOIX 2	CHOIX DU CHEF	PILON DE POULET BBQ	BŒUF STROGANOFF	BROCHETTE DE PORC SOUVLAKI	FILET DE MORUE	POITRINE DE POULET MIEL ET MOUTARDE	CHOIX DU CHEF
CHAQUE REPAS EST ACCOMPAGNÉ D'UNE VARIÉTÉ DE LÉGUMES ET FÉCULENTS							
*LE MENU PEUT ÊTRE MODIFIÉ SANS PRÉAVIS							

DISPONIBLE EN TOUT TEMPS LES JOURS DE LA SEMAINE	
SALADES ET PANINIS	SÉLECTION VARIÉ AU CHOIX DU CHEF
DISPONIBLE EN TOUT TEMPS LA SEMAINE ET LA FIN DE SEMAINE AU DÎNER SEULEMENT	
SUR LE GRILL	SÉLECTION VARIÉ AU CHOIX DU CHEF

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JUIN 2024

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JUILLET 2024

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AOÛT 2024

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Multidisciplinary Services Directorate

The Multidisciplinary Services directorate (MSD) employs over 1,000 people, including professionals from many fields who are at the heart of interdisciplinary teams in all MUHC missions and hospitals, including physiotherapists, occupational therapists, social workers, liaison nurses, clinical nutritionists, respiratory therapists, spiritual care workers, perfusionists, speech therapists, audiologists, recreational therapists and psychologists.

The MSD is also proud to encompass the Mental Health Mission, the care and services of the CHSLD Camille-Lefebvre, food services and the volunteer, animation and recreation service. The directorate is guided by the following mission and vision:

Mission: To provide expert, caring interdisciplinary care and services, while contributing to the transfer of knowledge through research and teaching.

Vision: In partnership with our patients and their families, ensure the excellence of our services and act as a leader in the health and social services network (RSSS) by supporting continuous improvement, pushing the boundaries of interdisciplinarity and fostering innovation.

The MSD is involved in a number of internal and cross-functional projects. As is the case in many establishments in the RSSS, the MUHC's MSD is facing a significant labour shortage. Consequently, several initiatives have been put in place to stimulate recruitment and retention of employees, and to integrate different job categories within the teams (i.e. kinesiologist, social work technician and recreologist).

Success stories

Rollout of a new patient menu

On September 6, 2023, after several years of work, Food Services, in collaboration with the Clinical Nutrition department, successfully launched a new menu for patients. The menu is designed to better meet patients' calorie, protein and micronutrient needs. Nutrition specialists and food service managers analyzed patient feedback and recommendations from meal satisfaction surveys. Clinical nutrition updated the diet module in OACIS to reflect best practices and harmonize diets across all MUHC sites. The new diet ordering module was launched at the same time as the new inpatient menu. One of the highlights of this change was the updating of diet nomenclature and specialized diets for postoperative surgical care in several care areas. As part of its commitment to quality care, Food Services will continue to conduct patient satisfaction surveys and adapt the menu as required.

Clinical transformation projects to improve fluidity

At the MUHC, as elsewhere in the RSSS, fluidity issues hinder patient access to care and services. Over the past year, the MSD oversaw the implementation of two major clinical transformation projects aimed at improving fluidity:

The first is Early Joint Discharge Planning (EJDP), a departmental initiative that involves "pooling the expertise of various stakeholders, both inside and outside the hospital, to effectively plan the discharge of users". To achieve this, new stakeholders have been integrated into the emergency department: a CCOMTL network worker (RVH) and two systematic follow-up nurses (MGH, RVH). Essential elements of the EJDP include systematic identification of vulnerable patients at risk of complex discharge, setting up caucuses to coordinate actions to achieve a target discharge date, communication with patients and their families at every stage of the care trajectory, and early communication with external partners to facilitate care in the community. Deployment of this major project is underway and should be completed by late spring 2025.

The second is the implementation of a new role, namely that of systematic client follow-up nurse on all MUHC adult sites. The management of episodes of care at the MUHC currently relies on a number of different players (e.g. assistant head nurses, liaison nurses, pivot nurses, etc.). The introduction of this new team player will standardize practices surrounding the management of hospital stays in the MUHC's adult physical health sectors. Each admitted patient will benefit from systematic follow-up by the same nurse throughout his or her care episode, and from enhanced coordination of the actions of internal and external stakeholders. The preparatory phases of this project began in 2023-2024, and the project is scheduled for completion in December 2024.

Perioperative Services and Medical Imaging Directorate

The Perioperative Services and Medical Imaging directorate (PSMID) is young (just 2 years old) and brings together the activities of the operating rooms, endoscopy, medical device reprocessing unit, non-invasive cardiology and multisite medical imaging. Its mission is, among other things, to provide access to patients requiring specialized tertiary and quaternary services.

The directorate is made up of a management team that works in co-management with the various medical chiefs and clinical directors representing their sectors/services. In 2023-2024, the management team and surgical teams (operating room) were exemplary in their handling of surgical wait lists in oncology and “hors-délai” (beyond 12 months), with results surpassing the objectives expected of the MUHC.

Partnership agreements

In collaboration with the Procurement, Logistics and Finance Departments, PSMID awarded three new partnership agreements with specialized medical clinics (CMS and LIM) in surgery and medical imaging, in order to maintain access to MUHC patients for surgery and diagnostic tests.

New agreements:

- Medical agreement – Surgical Medical Clinic Ville-Marie
- Medical agreement – Montreal Eye Institute for ophthalmic surgery
- Medical agreement – Biron Medical Imaging Laboratory for medical imaging

Concluded agreements:

- Brunswick specialty medical clinic agreement for endoscopy access
- Rockland Surgical Specialty Medical Clinic agreement

Clinical action plans

Over the course of the year, several clinical action plans were drawn up for the MSSS and the Direction générale des affaires universitaires, médicales, infirmières et pharmaceutiques (DGAU-MIP) in connection with surgical accessibility:

- Access to cardiac surgery and wait list management
- Access to surgery for “*hors-délai*” patients waiting for 1+ years and for patients waiting for oncology surgery for 56+ days
- Improvement of the general functioning of operating rooms and the management of surgical wait lists

An important aspect of PSMID is the management of access and accountability for wait lists in medical imaging, cardiology, endoscopy and surgery. These sectors have wait list management committees that meet monthly with medical co-managers. In addition, the Ordre des technologues en imagerie médicale, radio-oncologie et électrophysiologie médicale du Québec came to meet its members in February 2024 as part of their provincial tour.

Improvements in medical imaging

New equipment

The medical imaging department has acquired a new CT scanner, the Somatom Definition Edge from Siemens. The room has been completely renovated and is well thought out, with a preparation room adjacent to the room, improving patient transfer from the stretcher to the examination table. Technologists are close to their patients and can keep an eye on them. The Somatom Definition Edge is more efficient and reduces the dose administered to the patient. A Cios Alpha was also acquired from Siemens. This device enables the MUHC to perform picc-lines, biopsies, port-a-cath, arthrography, etc. The room has been completely renovated. It’s a large room, and one of the advantages is that all the equipment can be inside. Examinations will be developed and this will help patients.

Renovations

Changing rooms have been renovated and are now larger (hooks installed for hanging clothes) so patients can change more easily. Two toilets have been renovated: one with grab rails on the walls to help patients with reduced mobility and the other with an automatic door opener for patients in wheelchairs. A probe disinfection room has been set up next to the ultrasound rooms. This prevents technologists from walking down the corridor with dirty probes. This room complies with infection control recommendations, with two sinks (one for soiled equipment and the other for staff). Ultrasound rooms have also been renovated, as have offices for radiologists, the department manager and the assistant manager. Finally, mechanical and electrical systems were replaced and redesigned to better serve these areas. In addition, furniture and space planning were carried out in consultation with the medical staff.

Success stories

- Implementation of a provincial database project for all Quebec facilities, the ERAS Program; Dr. Liane Feldman, Chief of Surgery, and the MUHC are the initiators.
- Deployment of the Central Operating Room Board (CORB) for reservations at the Lachine Hospital in surgery to harmonize wait list management and reporting mechanisms with the MSSS.
- Installation of a surgical robot in the MGH operating theatre, financed entirely by the MGH Foundation.

OPTILAB-MUHC Cluster

Quality is the cornerstone of the OPTILAB Montreal-MUHC Laboratory Network (OPTILAB-MUHC Cluster), and Management sets the course. Our mission, which guides our actions and those of the 1,300 professionals in the OPTILAB-MUHC Cluster, is to serve the people of Quebec through a laboratory network that is excellent, integrated, efficient, innovative and responsive. Excellence is at the heart of the mission. It is measured by qualitative indicators and by the results of quality assurance processes, which are communicated periodically. The integration of laboratories ensures continuity of care by guaranteeing the accessibility of laboratory results throughout the patient's life cycle. Efficiency is reflected in easily and rapidly available laboratory results and rapid action on system faults and security breaches. Our vision is to be a world leader in laboratory medicine for clinical excellence, teaching, medical and scientific innovation and to play a decisive role in precision medicine through the multidimensional integration of laboratory and clinical data. Our vision and mission require three essential and interacting conditions: global, transparent and accountable quality management at all stages of our laboratory activities; a single, integrated laboratory information system (LIS) for server centers and associated hospitals; and management focused on data and their application.

Highlights in 2023-2024

The shortage of personnel is creating significant pressure on operations. Our response to the shortage is a global reorganization of operations, increased automation and comprehensive efforts with clients to enhance the clinical relevance of the analyses requested.

We have restarted the accreditation certification process with ISO 15189. All cluster sites have been inspected. All non-conformities have been addressed. We are awaiting a response from the Standards Council of Canada. We have started digital pathology programs, and the validation phases are underway. Pathology procedures have been integrated and harmonized between sites.

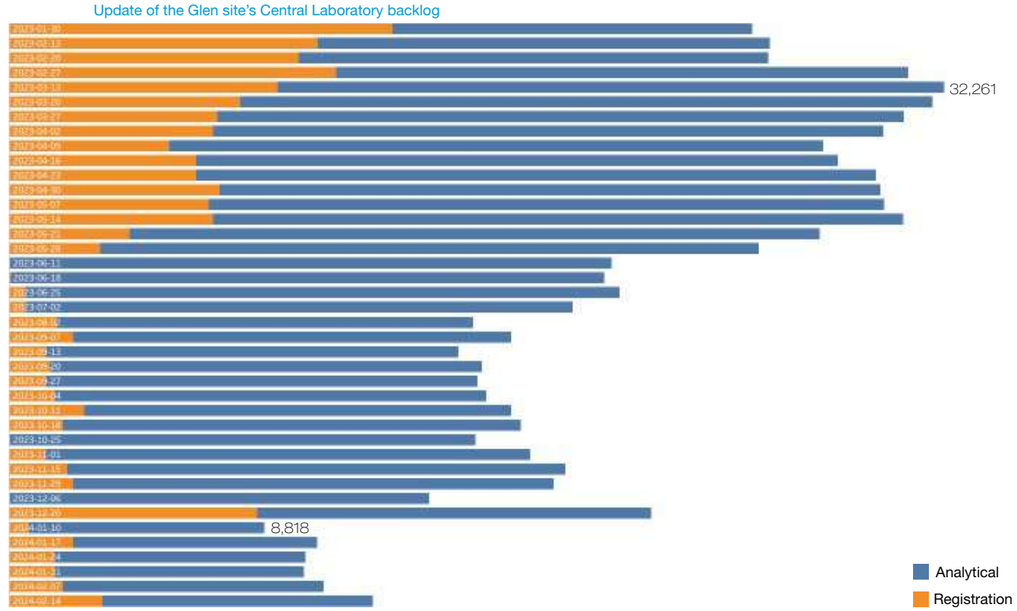
The molecular genetics department began offering a new-generation sequencing panel for hereditary cancer predisposition, which was able to repatriate the volume sent out of province as part of the Quebec molecular diagnostics network project.

With the decline of the COVID-19 pandemic, the Glen site microbiology team has implemented new automated molecular microbiology assays, including tests for JC and BK viruses as well as pneumocystis, three pathogens of particular importance in transplant recipients and other immunocompromised hosts. Renovations to the Molecular Microbiology Laboratory at the Jewish General Hospital are nearing completion, and we will soon be able to offer HPV testing to patients across our cluster.

Initiatives have been implemented at central laboratories to reduce response times and the number of samples waiting to be processed. Some strategies are currently being implemented, including:

- The introduction of auxiliary nurses at test centres, B technicians and 1,207 positions, bachelor's of science and collaboration with the professional order and training schools to increase and diversify the labour pool.
  - Recruiting, training and retaining the next generation of technologists
  - Considering an increase in the number of trainee positions
  - Expanding professional practice
  - Atypical working hours
  - Retention plan
- Deployment of a single LIS to optimize customer service activities
- List and update customers and their contact details
- Formalize, update and implement service agreements to improve malfunctions in the pre-analytical phase
- Traceability system
- Increased automation
- Prepare calls for tender
- Automated microbiology line installed at the Jewish General Hospital
- Finalize acceptance and rejection policy
- Enhance the clinical relevance of requested analyses to reduce volume
- Definition of roles, responsibilities and accountabilities for off-site medical biology examinations via an agreement between the cluster and establishments

Update of the Glen site's Central Laboratory backlog



Updated lead time for the Glen site's Central Laboratory

TEST	EXPECTED TURNAROUND TIME (DAYS)	COMPLETION TIME (DAYS) 2023	CURRENT TURNAROUND TIME (DAYS)
Anti-TTG	10	70	3
TB Quantiferon	20	84	4
ANA	7	100	7

HR Indicators

INDICATOR	2020	2021	2022	2023	2024
Active employees	1,056	1,159	1,173	1,144	1,127
Vacancies	136 (14%)	217 (20%)	215 (20%)	225 (20%)	187 (17%)
Overtime rates	3.8%	4.0%	4.8%	5.4%	6.5%
Salary insurance	6.9%	6.9%	6.4%	4.9%	3.6%

Education and Simulation Directorate

In 2023-2024, the Education and Simulation directorate welcomed 1,091 residents and 933 medical students.

In addition, 264 observation internships were carried out. Nursing received 2,385 trainees and multidisciplinary services 273. The department of pharmacy welcomed 133 students and the support services departments 63. An inter-sector working group was set up to improve the provision and supervision of internships across the MUHC. This group developed a policy on the management and supervision of internships, which was adopted in March 2024.

The Interprofessional Simulation Centre (MUHC-i-SIM) welcomed 5,471 participants in 2023-2024, an increase of 63% over the previous year. New courses offered include mechanical ventilation, ultrasound-guided procedures, heart rhythm recognition and debriefing techniques. The team collaborated on the ABC du Nord project initiated by internal medicine residents to provide information and define service trajectories based on the realities of aboriginal patients. The MUHC-i-SIM participated in the creation of a community of practice with other partners in the healthcare network to promote the exchange of knowledge on best practices in simulation. Approximately $50,000 in ministerial funding was obtained through the Programme d'accueil en milieu clinique (PAMC) for simulation equipment for clinical teams.

The medical multimedia department supported numerous projects, including the development of 54 educational video productions in French and English, as well as 448 photographs (medical and corporate) and 184 medical illustrations.

The Library Service responded to 155,428 requests for information, books or articles (including requests for online access). Librarians conducted over 200 medical searches for MUHC employees and students, and 56 searches for patients. In addition, they co-authored 10 systematic reviews. Five systematic reviews conducted in previous years were published. The Library Service team also supported the creation of a new online course on the Enhanced Rehabilitation after Surgery Program. The Plain-language Review Service offers reviews of patient education material to clinical teams. The library strives to keep various links on their health and wellness Web site up to date, including a newly-created page on Indigenous health issues. The book collection was updated to provide the MUHC community with the latest editions of medical textbooks, patient-friendly books and over 170 digital books available through the Libby app.

Renovation of the Sir William Osler Amphitheatre at the MGH was completed. An assessment is underway to modernize the equipment in the Drs. Sylvia and Richard Cruess Amphitheatre at the Glen site in order to harmonize technology across the MUHC. In addition, the number of conference room reservations totalled 27,804, with 236 reservations for public event spaces. The team provided 136 audiovisual services to support these events. A new ticketing system was introduced to facilitate the management of requests.

Success stories

Sustainable development

The MUHC-i-Sim recovers obsolete medical supplies throughout the MUHC for educational activities. Some of these supplies are then donated to medical groups in Togo, Africa. These donations help medical professionals and patients in this country by providing resources otherwise inaccessible due to financial constraints. This not only reduces the MUHC's carbon footprint, but also supports quality medical care elsewhere in the world. A green initiative allowing the use of decommissioned and outdated equipment has resulted in the recovery of over $370,000 in 2023-2024.

CPR Challenge, a new event in the MUHC-i-Sim service offering

In collaboration with IS and with the support of the MUHC Foundation, the MUHC-i-Sim Centre organized the first CPR (cardiopulmonary resuscitation) challenge in February 2024. This friendly competition aims to promote effective CPR techniques among healthcare professionals. As such, it was an opportunity for staff from different units to test their CPR skills and receive feedback. This first edition attracted a great deal of interest. Participants came from medicine, general surgery, cardiac/plastic surgery and cardiology units, as well as the catheterization laboratory, intensive care unit and respiratory therapists at the Montreal Chest Institute. The next challenge is scheduled for October.

Quality, Ethics and Performance Directorate

The Quality, Ethics and Performance directorate (QEPD) is made up of several teams whose mission is to provide consulting services and support to the various directorates of the organization, with a view to continuously improving services and the experience of patients and their families.

QEPD teams offered services to the MUHC community in the following areas:

- Quality and risk: continuously improving the quality and safe delivery of care and services
- Continuous improvement; propose and implement improvement initiatives for all MUHC projects, processes and trajectories
- Information security: protecting our information assets and assessing security risks
- Radiation protection; ensuring the safe use of ionizing radiation within the facility's walls
- Document management; overseeing document management and providing production services
- Organizational Project Office: implement cross-functional projects aligned with our organizational objectives by coordinating the organizational project portfolio
- Centre for Applied Ethics; developing and supporting the implementation of the MUHC ethics framework
- Participatient program; promoting patient participation through recruitment and interpretation of patient experience measures
- Access to information; helping the organization meet its governance and privacy obligations

Success stories

On October 19, 2023, the first symposium on health technology assessment (HTA) was held by the Quebec HTA Community of Practice. The event brought together close to 90 participants — ETMIS professionals, researchers and managers. The MUHC was one of the organizing AHCs, and members of the UETMIS team as well as the MUHC president and executive director took part in this unifying event. It was an opportunity to raise the profile of ETMIS in Quebec, as well as to promote exchanges and knowledge transfer with other government and university bodies.

Following the last accreditation visit in January 2023, the teams worked hard and in cooperation with the clinical sectors to provide the information that had been requested in connection with the recommendations made by the surveyors. All information was provided within the requested deadlines.

From October 23 to 27, 2023, the quality and risk management team organized various activities across the MUHC in connection with *National Patient Safety Week 2023*. The team reached out to clinical teams, as well as patients and their families, to raise awareness and advocate a new approach to the vision and actions to be taken in relation to patient safety.

Following changes introduced by the *Act respecting access to documents held by public bodies and the protection of personal information*, a process has been put in place to ensure that a Privacy Impact Assessment (PIA) is carried out for research projects using personal information held by the MUHC. PIA is a preventive and evolutionary approach that considers all the risk factors that could infringe on the privacy of the individuals concerned in the cases provided for in the Act. The MUHC and the RI-MUHC worked together on this project.

In terms of the patient engagement program, this year, the surveys were expanded beyond hospitalization to include ambulatory and imaging services. This provided a more comprehensive and detailed view of the patient experience at the MUHC. Particular attention was paid to long-term care residents, adapting our approach to better meet their specific needs. We also value patient narratives as a key tool for continuous improvement. By facilitating access to over 3,000 patient comments for MUHC managers, we encourage regular consideration of the patient experience, reinforcing our commitment to people-centred care. A perfect example is how we worked closely with nursing and multidisciplinary care teams to integrate patient feedback into quality improvement and training initiatives.

Insofar as the Applied Ethics Centre is concerned, a video on ethical analysis was made available to the entire MUHC community (June 2023). There was an increase in the volume of clinical ethics consultations (80 consultations in fiscal year 2023-2024). The revision of the ethics framework was initiated to integrate the people-centred care approach and practice frameworks that support preventive ethics. In addition, the Organizational Ethics Advisory Committee initiated a working group on appropriate care. In research ethics, collaboration was established with the James-Bay-Cree Territories Board of Health and Social Services (CBHSSBJ) to have the MUHC Research Ethics Centre (REC) act as their REC and support the development of their capabilities, and a joint policy was developed between the two organizations to promote culturally safe research.

Document Services acquired an envelope printer to meet high demand and improve production capacity, as well as a new automatic folding machine to provide new services needed by the MUHC community. A new paper supply contract saved nearly $80,000 on procurement costs. For the permanent archives, the MUHC obtained a $15,000 grant from Digital Museum Canada to put a virtual exhibition online in 2025. The department also acquired eight specialized filing cabinets for special formats, and a work table to optimize archiving space and ensure the preventive conservation of numerous historical documents and works of art. The archive optimization project, in collaboration with the Information Resources and Digital Transformation Department and the Procurement and Logistics Department, obtained the budget and signed a contract for the purchase of the digitization stations that are at the heart of the project. A project to obtain FSC (Forest Stewardship Council) certification for the printing plant is currently underway. This will enable the MUHC to promote the quality of its processes based on the sustainable use of forest resources.

A cybersecurity awareness campaign was set up for the entire MUHC community, including information capsules, an interactive game and prizes to be won.

In October 2023, the MUHC welcomed a delegation from the Brazil-Canada Chamber of Commerce on a tour of the GLEN site. The Continuous Improvement and UETMIS teams were proud to present one of the many innovative projects implemented by the facility.

The DQEP was responsible for coordinating and supporting the 2024 HSSR Awards of Excellence; this year, three applications were received, two of which were selected for the ministerial jury.

The MUHC is currently reviewing certain criteria and processes of its Strategic Alignment and Prioritization Committee (SAPC).

On the continuous improvement front, work to consolidate the team and the service offering is well underway.

Human Resources Directorate

The Human Resources directorate (HRD) is committed to supporting the MUHC's mission by providing high-quality advice and support to employees and managers.

The HRD is made up of some 180 employees deployed across the following areas:

- Attendance management
- Relationships
- Talent acquisition
- Business partnership
- Compensation and benefits
- One-stop service
- Internal staffing and replacement activities
- Talent recognition and development
- Prevention and health promotion
- Performance, HR information systems and workforce planning
- Shared continuing education

Here are some notable achievements over the last year within the HRD:

- The process of welcoming and integrating new managers at the MUHC has been optimized thanks to the digitization and integration of the BlueKanGo platform. This enhancement facilitates a smooth transition for new managers within the organization, contributing positively to their retention.
- To support our managers and promote proximity management with their teams, we have introduced PowerBI so that managers can track their team members' contribution assessments.
- A centralized C2 Atom ticketing system was launched, an innovative tool facilitating the process of submitting questions or documents to the HRD. This platform is designed to optimize follow-ups with our employees and is accessible from the office and from home.
- A major project to implement the Sigma-HR cloud-based software package, selected by the MSSS, has been rolled out to our teams. This solution centralizes data and facilitates decision-making. It integrates advanced analysis tools and modernizes disability management and health and safety prevention within the company.
- This year, three job fairs were organized (Montreal General Hospital, Montreal Children's Hospital and Montreal Neurological Hospital). These events were the result of major collaborations between different sectors to attract new talent to the MUHC. These initiatives reached many participants and were publicized on various platforms.

It should be noted that 2023-2024 was marked by a strike by unionized employees, as well as an upsurge in measles cases, highlighting the adaptability of our teams and the close collaboration with our various partners. We are also pursuing our efforts with the *Programme d'accès à l'égalité en emploi* (PAÉE), which aims to maintain our commitment to diversity and inclusion within the MUHC, in line with the *Loi sur l'accès à l'égalité en emploi dans des organismes publics* (See table undersection 11).

Communications Directorate

The Communications directorate is a dynamic team whose director participates in weekly senior management meetings and ensures that the internal communications, media relations, social media and digital teams are aligned with the strategic priorities of the MUHC and MSSS.

The main objective in 2023-2024 was to improve patient access to information. Some initiatives of note:

- Assignment of a team member to the Patient Communications Improvement Committee, which is spearheading six major projects to improve the way the MUHC communicates with patients and families.
- Promotion of the new SMS appointment confirmation system to patients and contribution to internal communication on change management.
- Modification of the MUHC Web site's home page and search engine to make it easier to find information on popular topics.
- Design of more user-friendly web pages with addition of contact information.
- Utilization of data to determine the most visited Web pages and modifications according to user experience-based best practices

In addition to these projects, the Communications directorate continues to maintain close ties with colleagues in the HR directorate, contributing to recruitment initiatives and promoting the MUHC's people, organizational culture and professional development opportunities. The directorate also actively supports internal operations with intranet publications via electronic newsletters and monthly hybrid meetings.

News and stories published on the Web site and social media platforms ensure that the public has access to the latest information on MUHC services, innovations and improvements, as well as cutting-edge research. In addition, the team promotes the institution's reputation as a world leader in care, teaching and research, coordinating coverage in local, provincial and international media.

Success stories

Media relations and social media: a successful year

Our sustained media relations and social media efforts paid off, with front-page articles and features in major newspapers highlighting our initiatives and achievements. In addition, our experts and teams were featured prominently in major print and electronic media, offering their perspective and raising the profile of our organization. In addition, we have seen in-depth articles focusing on our innovative programs and success stories, underlining our commitment to excellence and community impact.

New life for MCH social networks

In August 2023, the MCHF and the MCH communications team decided to separate the accounts they shared on various social networks. While the separation meant the complete loss of the various MCH communities on the networks, it also marked the beginning of a new digital era, notably with the introduction of a visual identity (colours, typography and logo) specific to the hospital, more in line with its principles. This new identity enables consumers to recognize the MCH brand at a glance and to distinguish it from other hospitals. Since then, results have been encouraging, with steady growth across all platforms.

Technical Services Directorate

The Technical Services directorate (TSD) is one of the largest at the MUHC. The TSD supports the MUHC's clinical activities through services such as Building Services, which maintains the buildings and their systems and infrastructure, and Housekeeping.

Biomedical Engineering procures, replaces and repairs medical equipment used by clinical staff. The Planning and Project Management teams coordinate and carry out major renovation projects required on an ongoing basis in a healthcare facility. The TSD also supports patients, visitors and staff through Security and Parking Services, and minimizes the damage and adverse consequences of serious, unforeseen incidents through the Emergency Measures team. Finally, the TSD contributes to the MUHC's sustainable development objectives with a dedicated team to carry out green projects and initiatives.

Safety, emergency measures

We successfully launched the Emergency Training Policy and Procedure, providing staff with the resources they need to respond effectively to critical situations. On the Security front, we acquired protective vests for our security staff working at night and in the evenings, and developed a search and seizure policy and procedures to enhance the security of our facilities.

Parking and grounds

We successfully launched a new DUO parking permit and installed signage to improve the parking experience for patients and their loved ones. These initiatives reflect our ongoing commitment to providing high-quality, accessible care to all our patients.

Planning, project management and major projects

The team carried out a multitude of significant projects for the MUHC over the past year, optimizing access and the experience for patients and employees alike. A number of projects are underway or have been completed, enabling the modernization of infrastructures such as the renovation of the MGH emergency room, renovation of MGH operating rooms, the replacement of the MGH PET/CT scanner, the renovation of the MGH Sir William Osler Amphitheatre, the installation of integrated furniture in the MGH pharmacy, renovation of the MGH morgue, replacement of the CT scanner at the Lachine Hospital, replacement of the CT scanner at the Neuro, installation of an electrophysiology room at the Glen site, and installation of an uninterruptible power supply for the operating rooms at the Glen site. Other projects have improved traffic flow, such as improved signage at the various hospital sites and the creation of a Medical Day Centre at the MGH to relieve pressure on the emergency department; some have made the environment more accessible, such as the installation of two new breastfeeding rooms at the MCH, and others have reduced energy consumption, such as the replacement of lights with LEDs at the MGH and Gilman Pavilion. In addition, we must not forget major projects such as the pre-feasibility studies for the creation of a helipad at the Glen site and at the MGH, the start of the Functional and Technical Program (FTP) for the redevelopment of the intensive care unit at The Neuro, the start of the business case stage for bringing the MGH up to standard, and the continuation of expansion work at the Lachine Hospital as part of the modernization project.

Hardware installations

Since 2021, the MUHC has responded to the MSSS request to create an Accessibility Committee and has produced three action plans that have been sent to the Office des personnes handicapées de Québec. In terms of accessibility and safety in physical environments, several measures have been 100% completed, such as:

- Conversion or addition of universally accessible bathrooms
- Addition of wheelchair-accessible water fountains
- Lighting upgrades: replacement by LED lights in premises
- Addition of a wheelchair-accessible reception desk in cardiology

Another example of a measure carried out at the Glen, MGH and Lachine sites is the implementation of a call system in patient rooms, adapted to the needs of people with reduced mobility, to ensure timely assistance from nursing staff and patient safety. Other measures are underway, such as the conversion of three rooms at the MCH to create an adapted bathroom with lift and changing table accessible to patients and their families.

With the modernization and expansion of Lachine Hospital, a number of improvements are planned to comply with standards: bathrooms, fountains, parking spaces, non-slip surfaces, etc.

Hygiene and health

Residual materials: The Housekeeping department has endeavoured to be a leader in various collaborative environmental projects within the organization. In line with the MUHC's efforts to reduce its carbon footprint, Housekeeping has worked with various departments, such as MGH operating rooms, the kitchen for composting and Consigne Québec for recycling plastic cans and bottles. We recently completed an assessment of our procurement contracts to ensure that we take recyclable packaging into account, that we source locally, and that all the products we use for cleaning comply with LEED requirements.

The ability to better sort our various waste streams has been a challenge at our older facilities, such as the MGH, and together with project management, building services and the vision of the housekeeping department, we are delighted to announce the creation of the waste management centre to be completed by autumn 2024. Once this is in place, we will be able to expand our recycling sorting capabilities to include the recycling of materials such as plastic, cardboard, metal and other recyclables.

Fluidity: The Hygiene and Health department's decontamination team, which looks after the maintenance of rooms between patients, has begun a pilot project to manage the bed roster in real time, in order to speed up the processing of requests. This is a precursor project to the addition of specialized software that will not only speed up and increase fluidity, but also generate statistics and indicators to aid decision-making.

Biomedical engineering

Biomedical Engineering is involved in projects to replace and add state-of-the-art medical equipment. Over 2,400 pieces of medical equipment have been acquired in 2023-2024. The consulting engineering team has worked to improve its documentation system, increasing the number of projects completed annually. These include:

- The MGH's operating theatre, now equipped with a surgical robot;
- The merger of operating theatres 1 and 2 as well as 5 and 6 at the MGH to bring them up to standard;
- A new CT scanner at the Lachine Hospital; and
- Hospitals in the OPTILAB-CUSM cluster have been equipped with new analyzers, such as an antibiogram analyzer in Abitibi and a hematology electrophoresis analyzer at the Glen site.

The role of the biomedical engineering is also to ensure that clinical teams have the basic equipment they need to function, and that equipment is maintained and in good condition. That's why its team participated in the acquisition and implementation of new beds in the MGH care units, and in the replacement of stretchers at the MNH. The team completed over 9,800 work orders in 2023-2024 for corrective maintenance, preventive maintenance and electrical safety checks. The Hop Lachine! project is well underway, and the team is working with clinicians to define needs, prepare procurement documents and plan the logistics for commissioning the new equipment.

Performance and sustainability

In July 2023, in order to accelerate the integration of sustainable development into MUHC activities, the TSD created a new position of assistant to the director–Performance and Sustainable Development. Responsibility for coordinating the activities of the MUHC's Sustainable Development Committee now falls under this new Technical Services position. In December 2023, the members of the Committee produced an initial organizational report on sustainable development, including sustainable development achievements and priorities for each department.

Two important new commitments to sustainable development have been ratified:

- Declaration of commitment to the Montreal initiative "L'économie sociale : j'achète!" signed by Dr. Opatrny in October 2023.
- Letter of commitment to biodiversity signed by Technical Services Director Pierre-Marc Legris in February 2024.

Several sustainable development initiatives were launched or continued, including:

- The design of the MUHC's first carbon footprint began in September 2023;
- The planting of 400 trees on the Glen site in September 2023;
- A pilot anesthetic gas recovery project began in October 2023;
- The study of the vulnerability of our buildings to climate change began in November 2023;
- An energy-saving pilot project at the Glen site, done in collaboration with the Clinical Innovation Platform (CLIP), began in January 2024.

Procurement and Logistics Directorate

The objective of the Procurement and Logistics directorate is to respond in a timely manner to the evolving needs of the MUHC's clinical and non-clinical staff for goods and services required to ensure the delivery of health and social services. The Directorate is:

- Strengthening its teams and integrating multi-sector expertise to support the continuity of hospital and outpatient activities by ensuring the timely availability of supplies and various specialized services.
- Improving continuously its logistical and operational strategy with the introduction of new tools, procedures, innovations, automation and a strengthening of internal and external partnerships. In this way, we ensure that critical goods are available close to clinicians and therefore to patients. This approach, focused on precision and responsiveness, is designed to constantly improve the service offering.

Our mission is to align operations in support of clinical activities by focusing our efforts on four strategic pillars: Building strong teams; Creating a data ecosystem; Improving the patient care pathway; and Stimulating innovation and research. The MUHC's procurement activities are now subject to new handling and supervision mechanisms based on contract management processes that leverage complementary expertise, and a methodology that focuses on customer experience excellence by adopting a partnership approach with internal customers.

For 2023-2024, the Directorate had several priorities and challenges which are summarized below:

- Reductions
  - Inventory levels
  - Non-value-added tasks through the increased introduction of artificial intelligence and automation in our processes
- Increases
  - Percentage of requirements contracted
  - Staffing levels
  - The reliability and accuracy of our databases
  - Management of our orders and approval of our substitutes
- Transition to a post-pandemic mode of operation, ensuring continuity and improvement in the level of service offered to the MUHC community, while respecting and ensuring efficient use of available resources.
- Transformation and enhancement of logistics with the acquisition and deployment of new technologies and software.
- Development of a succession plan to ensure continuity of operations, in view of retirements (managers and staff) and extended absences of key people.

Success stories

Procurement

- Restructuring of Procurement by creating the "Operations/Risk Management" and "Contract Management" departments.
- Deployment of an ongoing training program (workshops) covering the normative framework of the *Act respecting contracting by public bodies (*LCOP), customer service and process clarification: More than a dozen workshops have been held since March 2023.
- Progress on the project to parameterize contracts by customer direction and optimize our contract management.
- Implementation of a SaaS *(Software as a Service)* signature management platform.
- Development of a tool for monitoring active contracts and contracts up for renewal, by BI, department and procurement category.
- Reorganization of purchase order assignment by buyer (segmentation).

Logistics

- Improvement in the level of service offered to our patients with the implementation of certain initiatives such as ETA 15 at the MGH for medical imaging (paired round-trip transport mission to reduce the time patients are on stretchers), the introduction of dedicated transport attendants on certain clinical units at the Glen to ensure better fluidity, and the increase in the internal patient transport service offer at the MNH until 10 p.m. on weekdays with the redeployment of the team to cover the time slots.

- Initiation and implementation of the pandemic inventory disposal project, reducing the value of the MUHC's internal inventory from $7.1 million to $4.6 million, while ensuring the availability of products to clinical units.
- Optimization of inventory management with the closure of pandemic stores and achievement of less than 1% variance in annual inventory.
- Improved working conditions for staff in the laundry and linens room at the Glen, with the start of a project to install a table in the soiled linen chutes to reduce movements that could harm the health of team members.
- Reorganization of the logistics management team to better serve MUHC needs and stabilize the presence of logistics managers on weekends.
- Increase in substation staffing rate from 81.06% the previous year to 91.86%.

DigiTran

- Develop a training plan for the DigiTran team and capture training via video vignettes to make learning more user-friendly.
- Develop an automated process to capture projects received from requesters in procurement and logistics, and ensure efficient allocation of resources to avoid bottlenecks.
- Develop 36 operational dashboards for the directorates' three divisions: Supply, Logistics and DigiTran (information system and process optimization).
- Deploy an automated process to capture transfers between different sites to ensure visibility of product transfers between MUHC facilities while managing urgency and ensuring closure of the loop based on the principles of agile methodology.
- Migration of the data warehouse server from the 2008 version to the 2012 version, following a series of tests to ensure the switchover had no impact on operations.
- Successfully closed and opened the last 13 financial periods to serve the finance department without impacting their workflow.
- Duplicate the database from production to the test environment to test the new policy of 12 financial periods.
- Develop 22 decision-support tools for procurement and logistics to streamline the decision-making process and better serve clinicians without impacting the value chain.
- Develop a Platform as a Service (PaaS), a machine learning-based ecosystem that will be presented at the Association québécoise de la logistique et de l'approvisionnement du Secteur de la Santé, to predict consumption, avoid backorders and obsolete products.
- Develop a contingency plan to ensure risk management of Logibec's integration system and software to guarantee their proper operation and avoid service disruptions.

Financial Resources Directorate

The Financial Resources directorate aims to ensure sound management of the organization's financial resources. It does so by maximizing the efficient use of available resources to deliver quality patient care and achieve organizational and corporate priorities, while ensuring reliability and transactional fluidity in its operations. It also works as a business partner with clinical operations and other support departments.

To achieve its goals, management relies on a team of 120 employees with different specializations and functions within its departments:

- Administration/Management
- Budget and financial performance
- Accounts payable
- Accounts receivable
- Cost per episode of care and service pathway (CPSS) / patient-oriented financing (PAF)
- Accounting, Fixed Assets and Special Funds
- Payroll department

An administrative reorganization began in the autumn and was gradually implemented until early spring, in order to respond more optimally to the organization's needs.

The 2023-2024 year saw the introduction of PAF for 3 major new sectors, as part of the MSSS deployment plan over the next 5 years, following which the majority of hospital financing will be under PAF, i.e. variable according to the level of activity, and the achievement of targeted quality objectives. Changes to collective agreements continue to be a major challenge for the payroll team. The first changes resulting from the adoption of the new law (PL15) are already being felt and teams are working to implement the modified financial period calendar. Efforts to improve billing for services not insured by RAMQ are showing positive results. Teams are continuing their efforts to improve processes and automation in order to offer the best possible service to the entire MUHC community, notably in the automation of transactional processes, the capture of precise information to improve cost information by care trajectory, and the management of special funds.

For further information, see section 8 of this report.

Information Resources and Digital Transformation Directorate

The past year has been a pivotal one for the Information Resources and Digital Transformation directorate, firstly due to an important organizational change; the addition of the digital transformation component to the department. This addition to its field of expertise will lead to increased collaboration between the directorate and others across the MUHC, with the common goal of optimizing efficiency within the organization and improving the patient experience.

For more information, see section 9 of this report, Information Resources and Digital Transformation.

Important appointments

Leadership renewal through staffing continues to be critical to the MUHC's ability to fulfill its mission and meet its challenges. In 2023-2024, the following leadership positions were filled:

Quality and Complaints Commissioner
Michael Bury

Assistant Quality and Complaints Commissioner
Sonia Turcotte

Director of Education and Simulation
Marie-Ève Simoncelli

Assistant Clinical-Administrative Director – Surgical Mission, adult sites
Anne-Marie Nadeau

Assistant Director – Lachine Hospital and CHSLD Camille-Lefebvre
Myriam Ménard

Assistant Director – Partnership and Optimization of Stays
Pierre Dégarie

Assistant Director– Emergency and Mental Health
Benoit Cousineau

Director of Innovation, Transformation and Clinical Performance
Dr. Alan Forster

Director of Financial Resources
Nicolas Robert

Director of Information Resources and Digital Transformation
Keith Woolrich

Assistant Director of Operations and the PPP Agreement
Yannick Guénette

Director of Communications
Andrea Paine

Department Manager – Corporate Secretariat
Me. Nadim Elfangary

Awards and recognition

Members of the MUHC/RI-MUHC community have distinguished themselves due to their contributions to their field. The MUHC honours the following individuals and also celebrates the many professionals and trainees who have received awards, but are not listed below.

Dr. Raquel Zegarra del Carpio-O'Donovan: Member of the Order of Canada

MUHC neuroradiologist, researcher in the **Brain Repair and Integrative Neurosciences Program** at the RI-MUHC and Professor of Radiology, Neurology and Neurosurgery at McGill University, Dr. del Carpio-O'Donovan was invested as a Member of the Order of Canada. She was recognized "*for her leadership as a renowned neuroradiologist and for mentoring a generation of radiologists around the world.*"

Dr. Sam Shemie: Transplant Québec Grand Prix

Dr. Sam Shemie was awarded Québec Transplant's highest honour, its Grand Prix, which recognizes outstanding contributions to the development of a culture of organ donation. Dr. Shemie is internationally recognized for his efforts to improve our understanding of the dying process and remove barriers to organ donation. By working to increase organ donation, he has improved access to life-saving transplants for children suffering from organ failure.

MedSecure: 1st Jury Prize at the Acfas Génies en affaires competition

The 1st Jury Prize, awarded to students for an innovation stemming from public research, went to Émilie Bortolussi-Courval and Gregory Gooding, McGill University, and Sara Bortolussi-Courval, University of British Columbia, for their project to integrate MedSécure deprescription software into Québec's electronic medical records. The team was mentored by Dr. Emily McDonald, a scientist in the **Infectious Diseases and Immunity in Global Health Program** at the RI-MUHC and co-creator of MedSecure.

Dr. Emily McDonald and Émilie Bortolussi-Courval: Prix Profession Santé

The mission of the Prix Profession Santé is to promote the values of teamwork and communication embodied by healthcare professionals. This year, Dr. Emily McDonald, and the doctoral student she supervises, Émilie Bortolussi-Courval, each received a Prix Profession Santé in the Innovative Practice category for their leadership in drug deprescribing.

Dr. Lawrence Lee, Anne Mahalia Olivier and Sonia Sandberg:
Finalists for the Prix d'excellence de l'Administration publique du Québec (IAPQ)

Together, Dr. Lee, Ms. Olivier and Ms. Sandberg established the Same Day Discharge for Planned Colon Surgery pathway. Advances in perioperative care and minimally invasive surgical techniques have reduced the average length of stay to 3 days. With this pathway, patients are discharged on the same day as their surgery, thanks to an optimized perioperative pathway and remote digital monitoring. The team was a finalist for the IAPQ Award of Excellence.

Dr. David S. Rosenblatt:
Jacob's Ladder Award Norman Saunders International Research 2023

Dr. Rosenblatt, Senior Scientist in the **Child Health and Human Development Program** at the RI-MUHC and Holder, Dodd Q. Chu and Family Chair in Medical Genetics at McGill University, was honoured for his work on the study of individuals with rare inborn errors in vitamin B12 and folate metabolism.

Dr. Steven Paraskevas:
Canadian Society of Transplantation (CST) Excellence in Leadership Award

In 2023, Dr. Paraskevas, surgeon, Director of Pancreas and Islet Cell Transplantation, Director of Transplantation Research at the MUHC and Senior Scientist in the **Metabolic Disorders and Complications Research Program** at the RI-MUHC was presented with this award. The SCT recognized his vision and commitment to improving transplant patient care at the MUHC, as well as his leadership in the development of transplant programs, including the Islet Cell Transplant Program, the Living Kidney Donor Program and the Paired Kidney Donor Program.

Michael Evans:
2023 Gold Medal of the Canadian Organization of Medical Physicists (COMP)

A clinical physicist and head of radiation protection at the MUHC for the past 20 years, Mr. Evans has been awarded the professional organization's highest honour, the OCPM Gold Medal, in recognition of his contributions to medical physics over a career spanning almost 40 years.

Véronique Fraser:
Prix Florence

The prestigious Prix Florence in the Collaborative Practice category was awarded to [me] Fraser, who competed against several other talented candidates, all dedicated nurses from Quebec. This victory recognizes her outstanding work as an advanced practice nurse specializing in medical aid in dying at the MUHC, a position that requires a deep understanding of medical ethics.

Dr. Suzanne Morin:
Osteoporosis Canada Award of Excellence

Director of the Division of General Internal Medicine at the MUHC, scientist in the **Metabolic Disorders and Complications Research Program** at the RI-MUHC and associate professor in the Faculty of Medicine and Health Sciences at McGill University, Dr. Morin received the Award of Excellence in recognition of her lifetime achievements, remarkable determination, resilience and dedication to raising awareness of and championing the cause of osteoporosis.

Dr. Donald Vinh:
Fellow of the Infectious Diseases Society of America (IDSA)

Clinician in the Division of Infectious Diseases and scientist in the **Infectious Diseases and Immunity in Global Health Program** at the RI-MUHC, Dr. Vinh has been named a Fellow, one of the highest honours in the field of infectious diseases, of the IDSA. The title is awarded to physicians and scientists in recognition of their professional excellence and significant service to the profession.

Dr. Jean Bourbeau:
Distinguished Lecturer Award in Respiratory Sciences from the Institute of Circulatory and Respiratory Health (ICRH) of the Canadian Institutes of Health Research (CIHR) and the Canadian Thoracic Society (CTS)

Clinician-scientist at the MUHC, professor at McGill University, senior scientist in the **Translational Research Program in Respiratory Diseases** and at the Centre for Evaluative Health Research of the RI-MUHC, Dr. Bourbeau is recognized internationally as an expert in chronic obstructive pulmonary disease (COPD). His work, such as his self-management program Living Well with COPD and his prospective study of the disease (Canadian Cohort on Chronic Obstructive Lung Disease [CanCOLD]), has left an indelible mark on clinical practice worldwide. The award is presented to individuals who have made significant contributions to their field at the mid-point of their career, setting an example of research excellence and embodying a strong and recognized presence in Canada and abroad.

MCH Eating Disorders Team:
Children's Miracle Network Impact Award

The Children's Miracle Network Hospitals Awards recognize individuals, partners and groups who have made extraordinary contributions to children's hospitals to improve children's health and transform the future. The MCH is the only Canadian pediatric hospital to be recognized by this North American-wide network. The Eating Disorders team, which received the Impact Award, includes Dr. Holly Agostino (physician), Peggy Alcindor (dietician), Dr. Jason Bond (psychiatrist), Sally Cooke (creative arts therapist), Dr. Giosi DiMeglio

(physician), Dr. Julius Erdstein (physician), Patricia Hames (psychologist), Emma Kruger (social worker), Dr. Maya Leitner (physician), Lara Malo (psychologist), Dr. Maya Leitner (physician), Dr. David Martens (physician), Dr. Suzanne McDonald (physician), Sue Mylonopoulos (psychotherapist) and Shari Segal (program coordinator).

Dr. Bertrand Lebouché: ACRV-CANFAR 2023 Research Excellence Award

Researcher-clinician in the Department of Family Medicine at the MUHC and in the **Infectious Diseases and Immunity in Global Health Program** at the RI-MUHC, holder of a Canadian Institutes of Health Research Strategy for Patient-Oriented Research Mentoring Chair in Innovative Clinical Trials, as well as Associate Professor and Director of the Clinician-Scientist Program, Department of Family Medicine, Faculty of Medicine and Health Sciences, McGill University, Dr. Lebouché received an ACRV-CANFAR 2023 Research Excellence Award in the Clinical Sciences category from the Canadian Association for HIV Research (CAHR) and the Canadian Foundation for AIDS Research (CANFAR). The award recognizes and promotes the contribution of Canadian researchers to HIV/AIDS research in Canada and internationally.

Dr. Kaberi Dasgupta: Research Excellence Award from the Canadian Gestational Diabetes Study Group

At the Vascular Congress 2023, held in Montreal last fall, the Canadian Diabetes in Pregnancy Study Group (CanDIPs) awarded the Prix d'excellence to Dre Kaberi. Principal Investigator in the **Metabolic Disorders and Complications Research Program** and former Director of the Centre for Evaluative Health Research at the RI-MUHC, Dr. Dasgupta co-leads the RESET for Remission clinical trial, funded by the Canadian Institutes of Health Research and the Medical Research Council, with her UK colleague Tom Yates.

Tania Janaudis-Ferreira, PhD: Two awards from the Institute of Musculoskeletal Health and Arthritis (IMHA)

Scientist at the RI-MUHC and Associate Professor at the School of Physical and Occupational Therapy, Faculty of Medicine and Health Sciences, McGill University, Dr. Janaudis-Ferreira has won two IMHA awards from the Canadian Institutes of Health Research (CIHR) for promoting inclusion in the concept of research excellence. Her two projects are in the field of patient engagement and serve as examples of research excellence to help guide the development of CIHR's concept of inclusive research excellence.

Joanne Power: Canadian Association of Nurses in Oncology (CANO) 2023 Boehringer Ingelheim Oncology Nurse of the Year Award

At CANO/ACIO's annual conference, MUHC gynecology-oncology advanced practice nurse Joanne Power received the 2023 Boehringer Ingelheim Oncology Nurse of the Year Award. This award recognizes a CANO nurse who has demonstrated the highest level of nursing excellence and leadership, and who has contributed to the advancement of oncology nursing and/or health system transformation over the past year.

Dr. Marina Klein and Dr. Sapha Barkati: Fédération des médecins spécialistes (FMSQ) Research Award 2023

Dr. Marina Klein, head of the MI4 research platform at McGill, principal investigator in the **Infectious Diseases and Immunity in Global Health Program** (MIISM) at the RI-MUHC, and Dr. Sapha Barkati, educational director of the J.D. MacLean Centre for Tropical Diseases at McGill and also a researcher in the **MIISM** program, received the FMSQ Research Award for excellence in their article published in The New England Journal of Medicine. MacLean Centre for Tropical Diseases and a researcher in the MIISM program, received the FMSQ Research Award 2023 for the excellence of their article published in The New England Journal of Medicine, entitled "Monkeypox Virus Infection in Humans across 16 Countries -April-June 2022". This award recognizes physicians who have made a significant contribution to medical research in Quebec through the publication of a research article.

McGill University Health Centre (MUHC) Birthing Centre and Maternity Ward teams: Salus Global Recognition Award

For the second year running — a rare feat for a university hospital — teams from the MUHC's Birthing Centre and Maternity Ward were honoured with the Salus Global Recognition Award for their outstanding participation in amproOB - an inter-professional program aimed at improving teamwork, communication and quality of care to effectively manage obstetrical risks.

Nicole Andersen: Prize for the best research summary by a 2nd or 3rd cycle trainee, awarded by the Canadian Rheumatology Association

A trainee at the RI-MUHC and a doctoral student in the Department of Counselling Psychology at McGill University, Ms. Andersen won the prize for best research abstract by a 2nd or 3rd cycle trainee, awarded by the Canadian Rheumatology Society at the organization's annual conference. The winning abstract was entitled "*Cannabis use in arthritis: characteristics and comparisons between users and non-users*".

04

Results with regard to the management and accountability agreement

Results of annual commitments under the management and accountability agreement (Chapter IV)

- 100% of annual commitment achieved
- Achievement of annual commitment equal to or greater than 90% and less than 100%
- Achievement of annual commitment below 90%

ORIENTATION 1: BECOMING AN EMPLOYER OF CHOICE

INDICATORS	RESULTS AT MARCH 31, 2023	COMMITMENT 2022-2023	RESULTS AT MARCH 31, 2024	COMMITMENT 2023-2024
3.03 0-12 month retention rate for new hires in the network	76.06	NA	ND	77.70
3.02 Percentage of health and social services network employees who recommend their establishment as an employer	ND	NA	ND	NA
3.06.01 Number of hours worked by employees of employment agencies and self-employed workers	80.75	NA	78,664	145,188
3.01.02 Percentage of employees trained in Indigenous issues	92.99	100	97.22	100

3.03 0-12 month retention rate for new hires in the network
The MUHC has been monitoring retention rates at 6, 12 and 24 months for several years. The actions taken have been effective and have contributed to the improvement of our 0-12 month retention rate. Retention surveys at 6, 12 and 24 months are carried out regularly, and the overall results are shared with the institution's directors. In addition, the MUHC closely follows up on particularly positive and negative results. Our 6-, 12- and 24-month retention surveys have been adjusted as of April 1, 2024 to better measure employee satisfaction. In the coming months, we plan to roll out retention surveys at intervals of 5, 10, 15 years, etc., to measure satisfaction and understand the motivations of workers who choose to remain employed by the MUHC.

3.02 Percentage of health and social services network employees who recommend their establishment as an employer
Data not available

3.06.01 Number of hours worked by employees of employment agencies and self-employed workers
The target was achieved, and the results were more favourable than those of the previous year. At the MUHC, hours worked by employees of personnel placement agencies and by independent workers are down, in line with the regulation limiting the use of these services in the health and social services sector. This reduction was made possible, among other things, by the creation of permanent positions, and despite the shortage in the network, the MUHC is pursuing its strategies to recruit and retain labour. In accordance with the Regulations, as of October 20, 2024, the use of labour from personnel placement agencies and independent workers will be prohibited in the Montreal region, and as of October 18, 2026 for OPTILAB sites in Abitibi-Témiscamingue. In short, government measures are also helping to reduce the use of self-employed workers, improve results and meet the target.

3.01.02 Percentage of employees trained in Indigenous issues
Results are evolving in a notable and encouraging way, even if the target has not yet been reached. At the MUHC, significant progress has been made in terms of employee training on Indigenous realities, reaching 97.22%, just short of the target set by the MSSS. This slight difference of two percentage points could be partly explained by the fact that the MUHC estimates that around 10% of its employees are on leave at any given time (sickness, long-term leave, etc.), making it difficult to train all staff and reach the 100% target.

As part of the cultural safety initiatives for First Nations and Inuit peoples, 91 MUHC employees took part in training courses provided by the Université du Québec en Abitibi-Témiscamingue in 2023-2024:

- "Piwaseha – Indigenous culture and realities,
- "Wedokodadowiin - Let's work together!
- "Mikimowin - Program to train employees of the ministère du Travail, de l'Emploi et de la Solidarité sociale in Indigenous realities.

In addition, the MUHC Partnerships Office continues to take concrete action through a number of projects, offering tools and facilitating access to resources such as interpreters and educational materials translated into Indigenous languages.

ORIENTATION 3: OFFER A PATIENT EXPERIENCE FOCUSED ON ACCESSIBILITY AND QUALITY

INDICATORS	RESULTS AT MARCH 31, 2023	COMMITMENT 2022-2023	RESULTS AT MARCH 31, 2024	COMMITMENT 2023-2024
1.08.17 Proportion of users who received mental health care and services within the prescribed timeframe	NA	ND	62.17	68 %

For adult and child psychiatric customers, the gap with the target can be explained by several factors:

- An increase in the number of requests for psychiatric services.
- A high percentage of NSA/TAQ patients on the psychiatry unit.
- The transformation of mental health care and services with the rollout of the Programme québécois pour les troubles mentaux (PQPTM).
- The sometimes difficult return of customers to the front line.

For the MUHC's adult clientele, various success stories and corrective measures are noteworthy:

- Extension of mental health liaison nurses' hours of coverage in the emergency department, from 37.5 to 71.25 hours per week, an increase of 90%.
- Continuation of the nurse on leave in the inpatient unit on the 4e floor.
- Systematic internal and external consultations to improve hospital fluidity (patient discharge management) and the management of our patients by outpatient clinics.
- Consolidation of the centralized outpatient access desk.
- Regular monthly meetings on quality of care on the psychiatric unit.
- Optimization of episodes of care through the introduction of clinical tools such as systematic follow-up, individualized action plans, BMPs and BAPs.
- Implementation of shared communication tools to improve efficiency and access to real-time information for decision-making.
- Structured outpatient transfer process.

100% of annual commitment achieved
Achievement of annual commitment equal to or greater than 90% and less than 100%
Achievement of annual commitment below 90%

For child psychiatry patients at the Montreal Children's Hospital (MCH):
- On average, 66.8% of patients were seen within 30 days.
- Close collaboration with West Island community partners has considerably reduced the wait list, from 50 to 2 patients.
- An improved triage system enables rapid and efficient management according to clinical presentation, and aims to improve wait list management with a patient-centred approach.
- The implementation of territories as defined by the MSSS in child psychiatry and the mental-health access mechanisms planned for 2024-2025 will promote timely access to care and better alignment with the resources allocated to the MCH.

3.5 ENSURING EASY ACCESS TO EMERGENCY SERVICES

INDICATORS	RESULTS AT MARCH 31, 2023	COMMITMENT 2022-2023	RESULTS AT MARCH 31, 2024	COMMITMENT 2023-2024
1.09.16.01 **Average time to emergency care for all patients**	171.62 mins	N/A	149.06 mins	152 mins
1.09.01 **Average length of stay on stretcher**	22.31 hours	15.7 hours	25.1 hours	20.4 hours

1.09.01-PS and 1.09.16-PS: The target is reached for the time to care, but less favorable for the average length of stay in the emergency department.

The MUHC is one of only three facilities in the healthcare network to have achieved the target for average emergency department turnaround time. This result is the fruit of our teams' efforts to optimize medical consultations in order to reduce unnecessary visits, and the flexibility of consultation locations to meet patients wherever space is available, provided they can do so safely and confidentially. In addition, during annual appraisals, performance data is reviewed with each doctor with a view to improving efficiency.

The deviation from target for average length of stay on stretcher is linked to :
- Chronic overcrowding in the emergency departments of the Montreal General Hospital (MGH) and the Royal Victoria Hospital (RVH), making rapid consultation difficult.
- Patients awaiting admission to the MGH and RVH emergency departments contribute to the high occupancy rate.
- The average occupancy rate is particularly high for stretchers on these two sites: it is 157% at the MGH and 183% at the RVH for the year 2022-2023. This makes the emergency department dysfunctional, despite efforts to improve medical response times.

At the MUHC, despite the bottlenecks, several good things have been achieved in the emergency department:
- The complete reopening of the Lachine emergency department and 24/7 access to ambulances.
- Integration of nursing assistants to promote group prescriptions.
- A reorientation rate that meets MSSS targets (HRV).
- Maintaining first contact targets (HRV).
- The creation of a new ZER zone at the MGH, which will begin shortly.

The arrival of two Adult Nurse Practitioners (ANP) in the RVH emergency department.

For 2024-2025, corrective measures are underway:
- To improve fluidity and facilitate the implementation of projects aimed at helping it, a Deputy DPS for Fluidity is in place. An Assistant Director and an Assistant Director for Clinical Transformation are also in place.
- Early joint preparation of vacations began a few months ago at the RVH, and will shortly begin at the MGH.
- The beginning of clinical reception.
- The opening of a Day Hospital for less urgent cases.
- Continuing to redirect patients to the right resource.

3.6 IMPROVING ACCESS TO SPECIALIZED SERVICES

INDICATORS	RESULTS AT MARCH 31, 2023	COMMITMENT 2022-2023	RESULTS AT MARCH 31, 2024	COMMITMENT 2023-2024
1.09.32.00 **Number of surgical requests pending for over a year**	774	115	638	320
1.09.33.01 **Percentage of patients treated by oncological surgery within 28 days**	43.5	70.0	43.5	54.0

1.09.32.00 et 1.09.33.01: Commitments were not met, but results were better than the previous year for surgeries that had been pending for more than a year.

The MUHC ranks 5th out of 28 institutions in the network in terms of the number of surgical requests pending for more than a year. The concerted efforts of surgeons, managers and operating room teams have improved and stabilized the increase in cases over one year compared to 2022-2023. The key to access remains the availability of multiple nursing, respiratory therapy and anesthesia resources, compounded by the lack of access to surgical beds at the Montreal General Hospital.

Despite these challenges, several successes have been achieved at the MUHC in surgery for the year 2022-2023:

- Implementation of a new agreement with 108 specialized medical clinics (CMS) in surgery, helping to stabilize wait lists.
- Improved catch-up in surgery for patients on wait list for more than a year (hors délai or HD) and in oncology for patients waiting more than 56 days.
- Surpassing of the MSSS weekly productivity target for HD patients, set at 46 cases per week, while the MUHC averages 64 cases per week.
- Weekend blitzes to deal with HD patients.

Corrective measures implemented to promote improvement:

- Maximized use of access to specialized medical clinics (CMS).
- Implementation of a daily/weekly clearing of wait lists by the OR booking centre.
- Close weekly and monthly monitoring of surgical access with results, as well as constant vigilance of wait lists by the operating room medical director.
- The MUHC has communicated its surgical action plans to the MSSS and participates in follow-up meetings (4 per year) on these same action plans.

05

Risk and quality management activities

Accreditation

Accreditation Canada Cycle 1 (2018-2023) concluded following the visit in January 2023 and was a great success for the MUHC, with the final report revealing an overall compliance rate of 94.9% on all criteria.

In 2023-2024, MUHC teams pursued their continuous improvement activities with respect to the quality of care and services in order to meet the 148 criteria deemed non-compliant during Accreditation Canada's last visit. Of these, 76 non-compliant criteria are required organizational practices (ROPs) and high-priority criteria for which action plans were filed on the Accreditation Canada portal in February 2024. Here is an overview of the main themes of the action plans submitted:

- For ROPs:
  - Medication reconciliation
  - Preventing of falls
  - Measuring information transfer efficiency
  - Hand hygiene, patient flow, suicide prevention and safe patient identification (in one sector each)
- For high-priority criteria:
  - Reprocessing: pre-cleaning - disinfection
  - Record-keeping monitoring process
  - Performance appraisal register
  - Training register
  - Emergency simulation register
  - Informed consent documentation
  - Documentation of the interdisciplinary intervention plan

Cycle 2 of accreditation is underway and MUHC teams have already begun preparing for their next visit, which will take place in November 2024. This is the first phase of the new cycle, which will focus on the chapters of leadership and transversal standards: telehealth, infection prevention and control (IPC), medical device reprocessing (MDR) and medication circuits. Following the announcement of Bill 15 *(An Act to make the health and social services system more efficient)*, the MSSS and Accreditation Canada announced that the governance chapter will not be evaluated within this sequence.

All sectors of the MUHC are committed to preparing for the next accreditation visit to ensure its success. We are determined to offer the highest quality of care and safety to all our patients and their families.

The safety and quality of care and services

Actions taken to promote the ongoing reporting and disclosure of incidents/accidents (I/A).

- Ongoing support and communication with managers on incident and accident reporting (types, procedures, etc.);
- The transmission of quarterly and annual reports of declared I/A to the persons in charge, mission co-managers and directors;
- Presentation of quarterly and annual I/A reports to the Patient Safety and Risk Management Committee and to the various quality committees;
- The availability of adverse event data and reports on the MUHC's Info BI portal, which can be consulted at any time; offering the possibility of displaying reports on care unit visual stations;
- DQEP's promotion of National Patient Safety Week, which ran from October 23 to 27, 2023. The Quality and Risk Management department organized a tour of MUHC sites to promote the Healthcare Excellence Canada's theme *Small Changes. Big Impact. Safer Care*. This includes good reporting practices;
- Training workshops on I/A reporting, disclosure, communication of adverse events and patient safety were offered to MUHC professionals, managers and physicians, representing a total of 28 training sessions and more than 461 participants from various sectors. The following table details the training sessions offered in connection with a safety culture:

Training workshops in 2023-2024

	NUMBER OF SESSIONS	NUMBER OF PARTICIPANTS
Incident and accident reporting (AH-223), disclosure, in-depth analysis, risk analysis	6	114
Patient safety & AH223 – Reporting – Summary analysis – Disclosure – Investigation – Risk analysis (managers)	10	26
Orientation of nursing assistants	11	311
Resident orientation day	1	10

Analysis of incident and accident trends

Gravity scale

GRAVITY	DESCRIPTION
A	Circumstance or situation likely to cause an undesirable event or have consequences for the user.
B	An undesirable event has occurred, but the user has not been affected (thankfully avoided).
C	An undesirable event has occurred and affected the user, without causing any consequences. The presence of inconveniences that do not require any particular additional intervention (neither first aid, nor monitoring, nor tests or examinations to verify the absence of consequences, nor modification of the intervention plan).
D	An undesirable event occurred, affected the user and required additional checks (monitoring, physical tests or examinations, changes to the intervention plan, accompaniment) to verify the presence or appearance of consequences.
E1	An undesirable event has occurred, affected the user and caused minor and temporary consequences requiring only non-specialized interventions (first aid, dressing, ice, disinfection, Heimlich maneuver).
E2	An undesirable event has occurred, has affected the user and has caused temporary consequences requiring specialized care, services, interventions or treatments that go beyond routine services (X-ray, consultation, laboratory tests), but have no impact on the necessity/duration of the hospitalization or episode of care.
F	An undesirable event has occurred, has affected the user and has caused temporary consequences that have an impact on the need for or duration of hospitalization or accommodation.
G	An undesirable event has occurred, affecting the user and causing permanent consequences on his/her physiological, motor, sensory, cognitive or psychological functions (alteration, reduction or loss of function, autonomy).
H	An adverse event has occurred, affected the user and caused consequences requiring life-sustaining interventions (intubation, assisted ventilation, cardiopulmonary resuscitation).
I	An undesirable event has occurred, affected the user and led to consequences that have contributed to the user's death.

Nature of the three main types of incident for 2023-2024 (severity indexes A and B)

MAIN TYPES OF INCIDENT	NUMBER	PERCENTAGE OF ALL INCIDENTS	PERCENTAGE OF TOTAL EVENTS
Medication	922	32.1 %	10 %
Other	519	18.1 %	6 %
RDM/MMUU reprocessing of medical devices	378	13.2 %	4 %

All categories of incidents at the MUHC (severity indexes A and B)

	2023–2024		2022–2023	
TYPES OF INCIDENT	NUMBER	PERCENTAGE OF ALL INCIDENTS	NUMBER	PERCENTAGE OF ALL INCIDENTS
Medication	922	32.1 %	1,037	39.8 %
Other	519	18.1 %	424	16.3 %
RDM/MMUU	378	13.2 %	285	10.9 %
Treatment	252	8.8 %	202	7.7 %
Equipment-related	224	7.8 %	128	4.9 %
Hardware-related	201	7.0 %	163	6.3 %
Test Dx Laboratory	107	3.7 %	146	5.6 %
Drop	67	2.3 %	77	3.0 %
Personal effects	65	2.3 %	39	1.5 %
Diet	62	2.2 %	49	1.9 %
Building-related	47	1,2 %	31	1.2 %
Test Dx Imaging	24	1.6 %	21	0.8 %
Abuse/Assault/ Harassment/Bullying	3	0.1 %	6	0.2 %

Other types of incidents at the MUHC (severity indexes A and B)

	2023–2024		2022–2023	
TYPES OF INCIDENT	NUMBER	PERCENTAGE OF ALL INCIDENTS	NUMBER	PERCENTAGE OF ALL INCIDENTS
Other	197	38.0 %	136	32.1 %
File-related error	90	117.3 %	82	19.3 %
Transportation event	62	9.0 %	38	9.0 %
Inaccurate surgical billing – omitted	43	8.3 %	31	7.3 %
Linked to identification	40	7.7 %	36	8.5 %
Found in possession of dangerous objects (firearms, knives, etc.)	18	3.5 %	10	2.4 %
Runaway/disappearance (intensive supervision)	18	3.5 %	11	2.6 %
Related to control measures (isolation and restraint)	15	2.9 %	19	4.5 %
Event related to an activity	12	2.3 %	25	5.9 %
Sexual relations in shelters	5	1.0 %		
Pressure ulcer	4	0.8 %	1	0.2 %
Linked to consent	4	0.8 %	8	1.9 %
Attempted suicide/suicide	3	0.6 %	2	0.5 %
Injury of known origin	2	0.4 %	4	0.9 %
Breach of confidentiality	2	0.4 %	3	0.7 %
Escape (closed custody)	1	0.2 %	1	0.2 %
Unauthorized access (premises, equipment, etc.)	1	0.2 %	9	2.1 %
Failure to wear protective equipment/ clothing	1	0.2 %	4	0.9 %
Self-harm	1	0.2 %	1	0.2 %

Nature of the three main types of accidents for 2023-2024 (severity indexes C to I)

MAIN TYPES OF ACCIDENT	NUMBER	PERCENTAGE OF ALL ACCIDENTS	PERCENTAGE OF TOTAL EVENTS
Medication	1,839	28.6 %	20 %
Drop	1,610	25.0 %	17 %
Other	1,132	17.6 %	12 %

All MUHC accident categories (severity indexes C to I)

	2023–2024		2022–2023	
TYPES OF ACCIDENT	NUMBER	PERCENTAGE OF ALL ACCIDENTS	NUMBER	PERCENTAGE OF TOTAL EVENTS
Medication	1,839	28.6 %	1,558	24.1 %
Drop	1,610	25.0 %	1,486	23.0 %
Other	1,132	17.6 %	1,234	19.1 %
Treatment	906	14.1 %	838	13.0 %
Hardware-related	230	3.6 %	209	3.2 %
Diet	216	3.4 %	143	2.2 %
Equipment-related	179	2.8 %	629	9.7 %
Test Dx Laboratory	162	2.5 %	173	2.7 %
Test Dx Imaging	58	0.9 %	69	1.1 %
Personal effects	33	0.5 %	49	0.8 %
Abuse/Assault/ Harassment/Bullying	29	0.5 %	38	0.6 %
RDM/MMUU	22	0.3 %	5	0.1 %
Building-related	12	0.2 %	22	0.3 %

Other types of accidents at the MUHC (severity indexes C to I)

	2023–2024		2022–2023	
TYPES OF ACCIDENT	NUMBER	PERCENTAGE OF ALL OTHER ACCIDENTS	NUMBER	PERCENTAGE OF ALL OTHER ACCIDENTS
Other	380	33.6 %	321	26.0 %
Injury of known origin	125	11.0 %	127	10.3 %
Injury of unknown origin	124	11.0 %	119	9.6 %
Pressure ulcer	115	10.2 %	159	12.9 %
Inaccurate surgical billing – omitted	95	8.4 %	84	6.8 %
Runaway/disappearance (intensive supervision)	68	6.0 %	53	4.3 %
File-related error	39	3.4 %	53	4,3 %
Transportation event	36	3.2 %	93	7.5 %
Event related to an activity	30	2.7 %	51	4.1 %
Linked to identification	26	2.3 %	31	2.5 %
Related to control measures (isolation and restraint)	18	1.6 %	27	2.2 %
Self-harm	17	1.5 %	24	1.9 %
Intoxication following consumption of drugs/alcohol or dangerous substances	15	1.3 %	18	1,5 %
Attempted suicide/suicide	10	0.9 %	22	1.8 %
Unauthorized access (premises, equipment, etc.)	8	0.7 %	4	0.3 %
Found in possession of dangerous objects (firearms, knives, etc.)	8	0.7 %	12	1.0 %
Respiratory obstruction	7	0.6 %	5	0.4 %
Failure to wear protective equipment/ clothing	4	0.4 %	2	0.2 %
Breach of confidentiality	2	0.2 %	4	0.3 %
Sexual relations in shelters	2	0.2 %	0	0 %
Linked to consent	2	0.2 %	13	1.1 %
Behavioral disorganization (with injury)	1	0.1 %	11	0.9 %

Note: SISSS data extraction and manual countdown to June 17, 2024

Analysis of incident and accident trends

The culture of safety and the number of declarations continue at the MUHC. In 2023-32024, we had 9,299 reported events (vs. 9,060 in 2022-2023 and 8,604 in 2021-2022).

Incidents (A, B) accounted for 31% of reported events (vs. 29% in 2022-2023). In addition, 89.3% of reported events had no consequences (A, B, C, D) and 10.6% had minor consequences (E1, E2, F), i.e. 91.6% and 6.3% respectively in 2022-2023. We note a slight increase in events with minor consequences. We also note an increase this year in the number of events with serious, permanent or fatal consequences (G, H, I): 12 events (0.1%) in 2023-2024 vs. 10 events (0.1%) in 2022-2023 and vs. 7 in 2021-2022 (0.1%).

The Patient Safety and Risk Management Committee, with support from the DQEP, and expert committees such as those dedicated to medication safety and falls prevention, will conduct an in-depth analysis of the data and improvement plans will be adjusted.

In-depth analysis

The MUHC is committed to taking proactive measures to minimize and prevent errors by learning from these events. This rigorous process of in-depth analysis identifies the contributing factors to an adverse event, in order to propose recommendations and action plans for continuous improvement. These recommendations are followed up by the Patient Safety and Risk Management Committee (PSRMC) and the executives of the missions involved.

During 2023-2024, the MUHC carried out 152 analyses of incidents and accidents reported as sentinels to the Quality and Risk Management Department of the Quality, Ethics and Performance Division (DQEP). As a result, 59 in-depth analyses were carried out, leading to numerous recommendations aimed at minimizing the risk of recurrence of undesirable events, with a view to improving the quality of care and services and patient safety.

Here are a few examples of the recommendations implemented following these analyses:

CATEGORIES	EXAMPLES
Safety optimization initiatives	• Continuous monitoring during administration of nephrotoxic drugs • Strengthen the independent double-checking procedure prior to drug administration • Revise Lexicomp wording for elemental magnesium and magnesium sulfate concentration • Centralize all equipment and drugs in the operating room and on the resuscitation cart. • Store the two different concentrations of Baclofen separately in the safety cabinet. • Increased monitoring of patients at risk of falling • Ensure the implementation of universal and individualized falls prevention measures for patients identified as being at high risk of falls • Strengthening the protocol for *assessing and caring for adults at risk of suicide* • Follow Cancer Diagnosis and Treatment Committee (CDTC) guidelines • Ensure proper transfer of patient care between care providers • Implement the *Bedside Paediatric Early Warning System (BPEWS)* in the hematology-oncology department. • Remind staff that parents and caregivers are partners in their children's care • Implement tools to improve team communication (e.g. SBAR) • Remind people that verbal orders should only be used in urgent situations • Apply a forcing function on the radiation oncology unit to ensure the prescribed dosage • Include a checkbox label on form FMU-1375 - "OPERATING ROOM - Surgical account". • Increase the volume of the loudspeaker system in the operating room
Updating and/or creating policies, procedures, algorithms, processes, SOPs	• Review regular preventive maintenance procedures for URDM equipment • Revise vancomycin protocol • Review standard practice for taking verbal orders • Develop and implement a falls prevention strategy for emergency departments • Develop a transfer protocol between CMS and the MUHC in the event of an emergency patient transfer to hospital. • Review standard operating procedures and protocols for dermatopathology specimen preparation. • Develop an emergency overcapacity algorithm integrated into the response plan • Revise and update the current technical procedures manual to include a pre-radiotherapy verification process • Develop and implement a procedure within the unit on how to search a patient's personal belongings. • Establish a procedure for transferring the request for booking urgent stroke transfers to the Access to Care Coordinator (ACC) • Develop and deploy an algorithm for urgent vascular access requests at the MCH
Training	• Assessing patients at risk of suicide • Bedside Pediatric Early Warning System (BPEWS) • Managing difficult airways • Code Blue, other critical situations - recognizing and managing shock, calling for help, etc. • Best practices and evaluation of patients under procedural sedation • Ultrasound-guided peripheral intravenous access

The Patient Safety and Risk Management Committee (PSRMC)

The PSRMC met seven (7) times in 2023-2024, with strong participation from its members representing all sectors of the institution, including that of a patient partner.

The major care safety issues reviewed were:

- Accreditation Canada's approach - review of recommendations from the January 2023 visit and preparation for the November 2024 visit;
- Results of patient experience and safety culture surveys;
- The patient experience measurement approach for admitted and outpatients;
- Annual report on adverse events (incidents, accidents and disclosure);
- Sentinel events review;
- Quarterly risk management reports and reporting rates for 2023-2024;
- Review of audits and results in relation to meeting required organizational practices (ROPs):
  - Infection prevention and control - PCI (adult and pediatric): infection rates, equipment cleaning and disinfection
  - Hand hygiene training and compliance (adult and pediatric)
  - Drug safety (adults and children)
    - Antimicrobial stewardship
    - High-alert drugs
    - Prophylaxis of venous thromboembolism
    - Limitation of high-concentration, high-total-dose opioids
    - List of abbreviations/symbols and designations not to be used
  - Medication reconciliation - BCM at transition points: short term, long term, outpatient-emergency-home;
  - Falls (adult, pediatric and SAPA);
  - Control measures;
  - Checklist for safe surgery (adult and pediatric);
  - The fight against abuse;
  - Prevention of pressure ulcers (adult and pediatric);
  - Skin and wound care and home safety risk assessment;
  - Infusion pump safety (adult and pediatric);
  - Radiation protection

Training courses on continuous improvement of care safety

Adult section

The MUHC Nursing directorate held orientation, integration and skills development activities for nursing staff throughout 2023-2024, including:

- A common nursing orientation core (for 306 participants) as well as orientation days focusing on elements specific to the different care units;
- Training in a number of emergency response activities, including:
  - *Basic Life Support* (BLS)
  - Advanced Cardiovascular Life Support (ACLS)
  - *Trauma Nursing Core Course* (TNCC)
  - CPI (*Crisis Prevention Institute*) White Code and Violence Prevention, De-escalation and Management Course
- Simulations in clinical settings or training workshops in collaboration with the medical management simulation team;
- Genesis program for nurses with less than two years' experience

In addition, several workshops were organized on the following topics:

- Suicide prevention (nurses and facilitators)
- Medical aid in dying
- Patient file documentation
- Continuous monitoring by orderlies of patients with at-risk behaviours
- Control measures and Code White
- Falls prevention
- Post-fall assessment and monitoring
- Warning signs of a medical emergency
- Wound care
- Tracheostomy care
- New standard of care: chest tubes
- Before Code Blue workshop
- Preceptorship and leadership workshop (junior and senior staff)
- Workshop to review nursing techniques (junior and senior staff)
- Care of patients with risk behaviours workshop
- Critical event debriefing training for facilitators
- Extracorporeal membrane oxygenation training (emergency and intensive care)
- Expansion of the nursing assistant's scope of practice - workshop to develop technical skills
- Training on the OACIS ingesta-excreta computer application
- Removal of CCIVP device (peripherally inserted central venous catheter)
- Management of central vascular access device occlusions
- Training related to the CSISS (Specific Control of Infections Strategies for Success) program

MUHC-pediatrics section

- Advanced care in pediatric intensive care
- Pediatric emergency nursing course
- Neonatal resuscitation program
- Training for ultrasound-guided intravenous access insertion in the emergency department
- Training for nurse preceptors
- Training for deployment of pediatric early warning score, response algorithm and critical care intervention team
- Lean Six Sigma yellow belt
- Patient safety luncheon
  - A just culture
  - Patient partnership
  - Incident analysis
  - Programs to promote professional and personal security
  - Promoting a culture of incident reporting
  - Understanding the medication circuit
  - Communication at transition points
- Mission: Safety training course for leaders
- Improving orderlies' knowledge of nosocomial infection prevention

Updating and/or creating policies and procedures for continuous improvements

MUHC General – Administration

The following is a list of administrative policies and procedures approved during fiscal year 2023-2024 (items in blue have been approved, but are pending publication).

ADM 170	Coordination of MUHC activities during special events (POL and PRO)
ADM 260	Parking (POL and PRO)
ADM 630	Hand hygiene - Policy and procedure
ADM 631	Use of hand hygiene sinks - Procedure
ADM 742	*"Pet Therapy Procedure"*
HPO 031	Code of Ethics and Professional Conduct for Members of the MUHC Board of Directors
PM 400	Fighting elder abuse and abuse of other vulnerable adults (POL and PRO)
SEC 030	Crime prevention and loss control (POL and PRO)
SEC 050	Management of video surveillance cameras and images (POL ET PRO)
SEC 060	Communication with police regarding activities involving firearms (Anastasia law enforcement) (POL and PRO)
SEC 080	Emergency measures training (POL and PRO)
SEC 100	Staff lockers (POL and PRO)
SEC 110	Lost & Found (POL and PRO)
SEC 165	Lock management for filing cabinets, drawers and storage units (POL and PRO)

MUHC–adults

The Nursing directorate chairs the 16-member Adult Clinical Practice Review Committee (comprising five nursing care consultants, four advanced practice nurses, three respiratory therapists, one pharmacist, one nurse practitioner specialist, one pediatric nurse manager and one nursing senior consultant). During the 2023-2024 year, the Adult Clinical Practice Review Committee had the privilege of reviewing a total of 115 clinical documents that were developed or revised.

DOCUMENTS APPLICABLE TO SEVERAL UNITS (N=37)	
New	7
Algorithm	1
Collective prescription	1
Poster	1
Protocol	4
Review	30
Collective prescription	4
Documentation form	2
Policy	2
Poster	2
MUHC procedure	3
Protocol	17

DOCUMENT APPLICABLE FOR 1 SPECIALTY POPULATION (N=78)	
New	60
Algorithm	2
Collective prescription	7
Documentation form	1
Guidelines	3
Poster	1
Pre-printed prescription	30
MUHC procedure	4
Protocol	11
Care rule	1
Review	18
Pre-printed prescription	13
MUHC procedure	1
Protocol	4

Subjects :

- Clinical home
  - Hematuria
  - Venous thrombosis
  - Urinary lithiasis
- Activating a medical emergency
- Improving recovery after surgery
  - Neurology
  - Cardiology
  - Bariatric
  - High-flow stoma
  - Maxillofacial surgery
  - Spinal column
  - Video-assisted thoracic surgery
  - Laparotomy following trauma
- Cardiology
  - Management of patients with ventricular assist devices
  - Heart transplantation
  - Cardiac surgery
- Confirmation of death for organ donation
- Physical restraint
- Recording and declaration of death by the nurse
- Pain assessment
- Neurology
- Obstetrics
- Oncology-Rapid Assessment Clinic
- Infection prevention and control
- Monitoring patients on opiates
- Tracheostomy
- Mechanical ventilation

MUHC-pediatrics

- Protocol for initiation of non-invasive ventilation in patients with sickle cell disease
- Revised preoperative preparation list for the neonatal intensive care unit (NICU)
- Pre-written prescriptions for organ donation
- Revised policy on verbal and telephone orders
- Revision of policy on hours of administration of standardized drugs
- Protocol for the use of the pediatric early warning score, response algorithm and critical care intervention team
- Protocol on bathing with chlorhexidine wipes for the prevention of central line infections
- Form and pre-written order for preparation for transport to medical imaging for magnetic resonance examination for pediatric intensive care unit patients
- Revised protocol for patients with diabetic ketoacidosis
- Revision of the pre-written prescription for parenteral nutrition
- Revision of the pre-written prescription for fluids in the neonatal NICU
- Pre-written prescription for the administration of Rituximab in pediatric hematology-oncology
- Pre-written prescription for continuous enteral feeding for patients in the pediatric intensive care unit
- Revision of protocol and pre-written prescription for asthma management in the emergency department

Falls prevention

Universal prevention

Preventing falls and reducing fall-related injuries continue to be priorities for the MUHC.

Given the evidence-based overlap of issues surrounding falls prevention and the prevention of cognitive and physical decline in the elderly, falls prevention is the responsibility of the interdisciplinary committee in charge of the MUHC's departmental program, *Approche adaptée à la personne agée* (AAPA) or approach adapted to the elderly. This steering committee is co-chaired by the Director of Nursing and the Director of Multidisciplinary Services. To ensure patient safety and meet Accreditation Canada requirements for Required Organizational Practices (ROPs), the Interdisciplinary Falls Prevention Committee continuously evaluates the impact of its program through organizational data. The committee also produced and distributed a poster on falls prevention to MUHC sites, aimed at both users and employees. In collaboration with patient partners, a working group is finalizing the development of a brochure for patients visiting certain outpatient clinics frequented by a significant proportion of patients at risk of falling due to their health condition.

Assessing the risk of falls and implementing targeted individual interventions

To assess the risk of falls and implement targeted interventions for users identified as being at risk, the MUHC continues to rely on the use of MORSE and TACC (Transfer, Admission, Fall, Change of Condition) tools. The use of these tools is subject to internal audits and results are communicated to nursing leadership teams in accordance with the new nursing quality calendar, in which falls prevention will be the subject of an annual special edition. During the same period, reminders will be issued to the Multidisciplinary Services Department.

Falls rate reports

The QEPD is making available, on a shared portal, statistics relating to falls collected through incident and accident reports. The aim is to make these data accessible to all. Unit fall rates are presented in comparison with the fall rate in force in the respective missions, as well as with a reference rate based on scientific literature from care in comparable contexts.

The following table shows the rate of falls at the MUHC (adults and children) over the last eight (8) fiscal years. These statistics are presented by severity scale, i.e. classes A to I and classes C to I. This rate is calculated as the ratio of the number of falls documented on AH-223 forms to the number of hospitalization days x 1000. This rate is stable from one year to the next.

Table 1: Falls rates at the MUHC (adults and children)

FINANCIAL YEAR (P1-P13)	FALLS RATE (A-I) AT MUHC NUMBER OF FALLS/DAY ATTENDANCES X 1000	FALLS RATE (C-I) AT MUHC NUMBER OF FALLS/DAY ATTENDANCES X 1000
2016–2017	3.9	3.7
2017–2018	3.3	3
2018–2019	3.5	3.2
2019–2020	3.7	3.6
2020–2021	3.8	3.6
2021–2022	3.5	3.3
2022–2023	3.6	3.5
2023–2024	4.2	4.0

Support for targeted units

In collaboration with a representative from the QEPD, the co-chairs of the Falls Prevention Committee support units with specific problems or falls rates above their reference rate. Discussions with these units focus on the factors contributing to falls on their units, the strategies in place to reduce the risk of falls, and how other tools/strategies available at the MUHC could be implemented.

Deconditioning prevention program

Staying active helps reduce falls. For this reason, and to prevent functional decline among hospitalized seniors, the MUHC has created a new program, "*Allez Hop!*", for users aged 75 and over admitted to certain units and emergency rooms of the MGH and RVH. Through this program, targeted users participate in physical activities and cognitive stimulation offered by physiotherapy attendants, recreologists and/or volunteers. Mealtime assistance and friendly visits are also available.

Preventing fall-related injuries

To ensure optimal monitoring of users who have suffered a fall, the post-fall monitoring grid was recently reviewed and modified in response to a sentinel event, and is currently being deployed on adult care units.

Falls training

Falls prevention and post-fall monitoring are part of the training provided to all new nurses at the MUHC. During the 2023-2024 year, over 300 nurses were trained in falls prevention and post-fall monitoring. Falls prevention was also included in the training of all volunteers who joined the MUHC over the past year. In addition, as of April 2024, a falls prevention training module will be offered to all orderlies upon hiring, and in June 2024, a new centralized orientation program will be inaugurated for new employees of the Multidisciplinary Services directorate, which will include training on falls prevention and the approach adapted to the elderly.

MUHC-pediatrics

The MCH falls prevention protocol has been revised to include recommendations for falls prevention in medical imaging. Data on the occurrence of falls are analyzed to identify potential improvements. An increase in the number of falls was observed in the pediatric medicine unit. Areas for improvement have been identified and implemented. Records are audited to assess compliance with fall prevention protocol guidelines. Documentation relating to the teaching of falls prevention to patients and their families has been identified as requiring improvement.

Safe medication management

The MUHC continues to monitor all aspects of medication safety, from purchasing, inventorying, preparation, prescription writing and administration, to adverse event monitoring.

Over the course of 2023-2024, several projects or activities were carried out to make the various stages of the medication circuit safer. These projects or activities include the following:

- Implementation of a pharmacy-internal quality dashboard;
- Revision of drug preparation recipe cards;
- Automation of the non-formulary drug request process;
- Taking charge of the provincial project to integrate the new pharmacy technician job title;
- Revision of the MUHC drug prescription policy;
- The signing of two new advanced practice partnership agreements in hematology and oncology (inpatient and outpatient), enabling pharmacists to manage patients and prescribe drugs, thereby reducing delays and improving the flow of care;
- An analysis of the quality of pharmacists' clinical notes by peer committee;
- Workplace Hazardous Materials Information System (WHMIS) training updates;
- Implementation of a new narcotics management system for pediatric operating rooms and corrective measures in adult operating rooms at the Glen site;
- The development of an anti-narcotics detour policy that will proactively identify at-risk situations;
- Continued deployment of the hazardous drug handling project;
- Continued implementation of medication reconciliation in all areas of the organization that require it;
- Implementation, in collaboration with the Departments of Medicine, of a new process for reporting serious adverse drug reactions to the MUHC

Review of incidents and accidents related to medication management

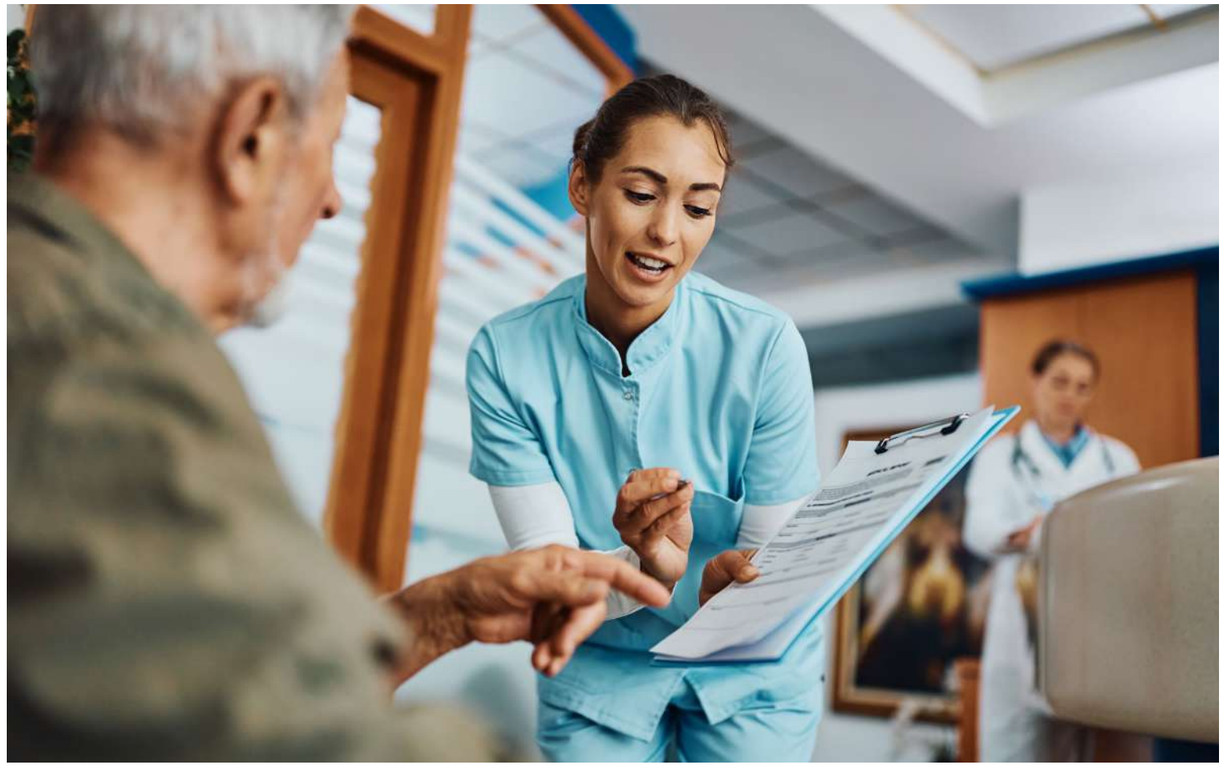
Analysis of statistical data on medication-related incidents and accidents is carried out on a quarterly basis by the missions, care units, risk management committee, patient safety committeé and medication safety committeé.

The Drug Safety Committee met six (6) times during the year. The main activities were the review and recommendation of:

- Protocols and best practices for drug administration;
- Sentinel events brought to its attention;
- Medication-related user guides;
- Reports of serious adverse reactions (Vanessa's Law).

Pertinent recommendations were made to the appropriate committees or stakeholders to make the necessary corrections or modifications.

Collaborative practices involving users



Patient Engagement Program

The Patient Engagement Program (Program) supports a variety of patient engagement methods, including advisory committees, surveys, interviews, storytelling, involving patient partners in committees and projects, and more. The diversity of engagement methods reflects the diversity of patients who have the potential and desire to contribute to improving care and services by sharing their experience. The Program aims for flexibility and inclusiveness in patient involvement in service improvement. The Program provides ongoing support to a community of around 60 patient partners who are involved in different projects and at different levels of the organization.

Measurement of the patient experience

The MUHC continues (since 2015) to distribute the Canadian Patient Experience Survey. This survey is sent to over 900 hospitalized patients at all periods (13). The program also supports the distribution of a patient experience survey at the ambulatory clinic level, as well as at the imaging services level. In addition, the MSSS satisfaction survey was deployed in two missions, Women's Health and Mental Health, according to the MSSS deployment schedule. The results, including comments received, are available to MUHC staff and managers via an Intranet dashboard, to support decision-making centred on the patient experience. The Program supports the dissemination and use of survey results for continuous improvement purposes, through meetings with groups and players who can influence care improvement: senior management, Patient Safety Committee, Mission Quality Committee, Clinical Coordination Table, etc. The Program pursues a strategy of disseminating and optimizing the feedback received so that the voice and words of patients have a more significant influence on service improvement.

Peopled-centred care

By using the patient perspective as a means of learning and transformation, the Program promotes and supports a culture of people-centred care throughout the organization. The people-centred approach and patient engagement activities evolve in symbiosis: a people-centred approach allows the institution to hear and collect patients' words and stories, and these help to build, reinforce and sustain a people-centred culture on an ongoing basis. The Program also collaborates in the development of educational materials for intensive care patients and their families to support a partnership approach to care.

Cultural safety

The MUHC has received $150,000 in funding from the MSSS over four years (2022-2026), for a special cultural safety project to implement a mechanism to measure the experience of Indigenous patients at the MUHC. The project collected over 14 testimonials from Indigenous patients. In addition, with a view to supporting partnership in care, ten consultations with various MUHC teams, involving more than one hundred healthcare professionals, led to constructive dialogue and collective reflection, supporting our organization's awareness of the unique experiences of these patients. This approach is already helping to strengthen bonds of trust and improve cultural safety in our practices.

Surveillance, prevention and control of nosocomial infections

The 2023-2024 year was marked by a return to our normal activities in a context of normalization of COVID-19 during the year and the return of regular respiratory viruses from October to April.

Our main objectives were to reduce central line-associated bacteremia (CLABSI), monitor and reduce surgical site infections (SSI), control multi-resistant bacteria, notably the emergence of Carbapenemase-producing Enterobacteriaceae (CPE), and continue our efforts to control vancomycin-resistant enterococci (VRE), MRSA and C. difficile. Our main efforts were deployed through the CSISS program, which monitors and ensures the implementation of hand hygiene and environmental cleaning and disinfection.

Despite our efforts, CLABSI remained at high levels in intensive care, and the absolute number of CLABSIs this year will be similar to last year outside intensive care (almost 90). Despite the introduction of alcohol mouthpieces on central catheters, the increased use of Chlorhexidine wipes for patient washing and Chlorhexidine dressings in high-risk areas, we were unable to observe a significant drop. The rise in ICU bacteremia rates has been observed elsewhere in Quebec and Canada, too, and has been reported in the international literature. Our ICU CLABSI rate is around 1.7 -1.9/1000 catheter days, and is slightly above the provincial average for comparable hospitals (1.5/1000 catheter days). In hemodialysis, the number of CLABSIs is stable, except at the RVH, which exceeds the provincial norm (0.8 vs. 0.58/100 patient months).

We have taken over all our SSI surveillance activities across the MUHC, and most surgical departments have received a report on their infection rates for the year 2023. Each report is accompanied by specific recommendations, particularly with regard to surgical prophylaxis. A review of all SSI prevention measures is underway, with a reactivation of the prevention measures implementation group in collaboration with the surgery department. Particular emphasis is being placed on perioperative glycemic control and the use of negative pressure dressings in high-risk surgery (cardiac surgery).

Unfortunately, we are seeing a significant increase in PCEs in all our environments, with 115 new nosocomial cases (+40), with some outbreaks in intensive care and internal medicine. Siphon disinfection projects are underway in our intensive care units. In addition, an awareness campaign on the proper use of sinks and the use of low-droplet-emitting faucets is underway in high-incidence units. Three nosocomial infections with PCE were documented.

We observed a significant increase in MRSA rates at our two main sites to 5/10,000 days-presence, compared with the provincial average of 1-2/10,000. Post COVID, we observed a drop in our hand hygiene rates from 81% to 74%, which largely explains the increase in MRSA, and this in a context of a significant drop in the number of audits carried out (n=5529). As a result, we had 8 nosocomial bacteremias with MRSA this year (vs. 4 in 2022-2023), also a significant increase, particularly at the MGH.

There was a significant drop in VRE at the MGH compared with last year, despite a resurgence at the end of the year. Discharge cleaning audits showed compliance of 96% (nearly 6,000 audits) and 73% (nursing) to 83% (housekeeping) for routine audits, down slightly. C. difficile rates were stable at around 6-7/10,000 days-presence on both sites, and still twice the provincial average (3-4/10,000). We observed 5 nosocomial infections with VRE, but only one bacteremia this year.

Finally, in this fourth year of COVID-19, we still had 780 adult patients admitted with COVID-19, 33% of whom (n=280) were nosocomial. The universal mask was withdrawn in June 2023, but reinstated in September 2023 and continued during the winter despite the recession of COVID-19 in relation to other respiratory viruses. In addition, healthcare workers continued to be affected by COVID-19 (n=2072).

We also had 127 nosocomial infections with other respiratory viruses, influenza A (n=27) and rhinoviruses (n=24) being the most frequent. In collaboration with nursing and the health department, we were able to introduce screening for other respiratory viruses in TS, which enabled us to identify 127 TS with URTIs other than COVID-19. In this category, we note the resurgence of measles, which led to numerous exposures in our emergency departments (Montreal Children's Hospital and Lachine Hospital).

The "Specific Control of Infections Strategies for Success" (CSISS) program, started in 2016 is essential as it enables stakeholder ownership of surveillance data. CSISS was developed to reduce hospital-acquired infections by improving infection control practices such as hand hygiene and environmental and equipment disinfection.

The lack of human resources at all levels was a major problem throughout the year, leading to a decline in the vigilance required to prevent infections. Staff shortages led to numerous bed and unit closures, with the remaining units reintroducing multi-bed rooms and opening overcapacity beds to relieve emergency overcrowding. This has created conditions conducive to the transmission of nosocomial infectious agents.

In the post COVID-19 period, a majority of healthcare establishments are also reporting an increase in nosocomial infections, and the lack of manpower has been identified as an associated predisposing factor. In itself, the stability of infections (SSI, C. difficile, VRE) is undoubtedly a good achievement in the current context, but we need to redouble our efforts with regard to CLABSI and PCC. The resumption of preventive surgical activities augurs well for the prevention of SSI.

Thirteen policies and procedures were updated during the year and 152 training sessions were given in addition to the weekly CSISS caucuses. We need to modernize our approaches to mobilizing and reaching HCs for infection prevention with modern, adapted and flexible tools, such as the production of newsletters or training videos (measles). It is through these tools that we can continue to instill a strong culture of prevention at the MUHC.

Application of user control measures (Art. 118.1 of the LSSSS)

For the adult sites, face-to-face training on control measures was given to 207 nurses and nursing assistants, and 60 orderlies. The majority of these courses covered de-escalation, the application of the MUHC's inter-professional protocol on the least restrictive use of physical restraints, and Code White.

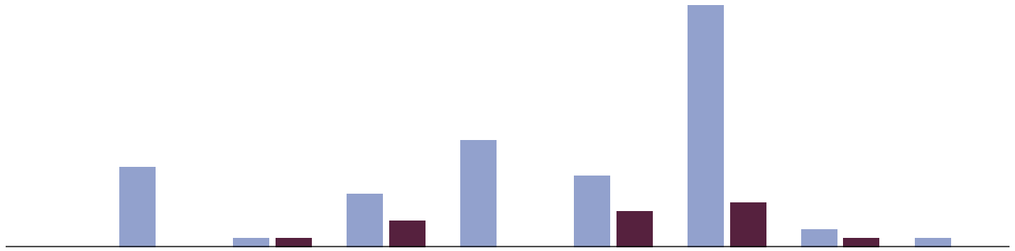
For the pediatric site, face-to-face training on control measures was given to 117 nurses. All were new hires.

At all sites, 115 security guards received face-to-face training in Code White (management of agitated or violent people). In addition, a specialized two-day Code White training course was given to 83 nurses and nursing assistants, 48 orderlies and 7 other healthcare professionals.

Complaints and Quality Commissioner

Topics covered by the recommendations:

The following chart shows the breakdown of systemic and individual measures by complaint category or reason. A total of 79 measures were implemented in 2023-2024: 66 were systemic and 14 individual.



	ACCESS	FINANCE	RIGHTS	ORGANIZ.	INTERP. REL.	CARE / SERVICE	MAL-TREATMENT	OTHER
Systemic	9	1	6	12	8	27	2	1
Individual	0	1	3	0	4	5	1	0

Summary of measures implemented following recommendations from the following bodies:

Systemic

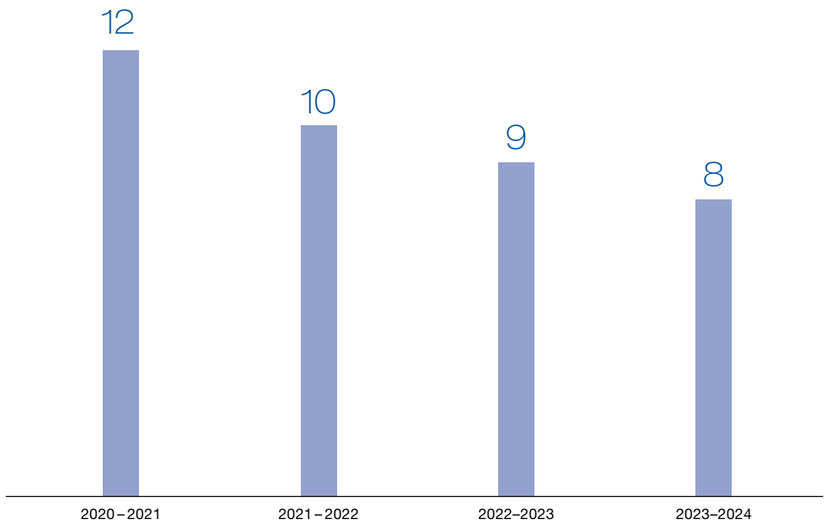
- Creation of a sub-committee on patient communication
- Integration of SMS technology
- Supervision of employees to ensure that services remain open according to published hours
- Code Blue documentation adjustment
- Adjustments to time allocation in the surgical operating room
- Adjustments to the physical environment to improve supervision
- Reassessment of training materials provided to patient attendants
- Procedure for reporting errors to patients
- Addition of human resources to reduce excessive delays
- Securing a hazardous environment
- Brochure update
- Ensure that human resources are allocated in such a way as to enable financial claims to be reimbursed on time
- Better coaching of employees in the use of communications tools
- Telephone tree review

- Opening of a shift for + year for doctors
- Obligation to identify the drug by its components rather than by its trade name
- Improved medical record documentation
- Improved fee information
- A reminder about double-checking information
- Web site update
- Improvements in ingredient identification for meals for patients on restrictive diets
- Revision of an admission guide
- Raising awareness among the care team of the need to communicate with families when discharging vulnerable patients
- Post-narcotic monitoring sheet now immediately inserted in the file
- Establishment of an action plan to improve teaching/support practice following a concussion
- Clarifying the resources available to the public

Individual

- Revision of collective orders
- Employee coaching
- Procedure revisions
- Reminder of the obligation to identify oneself
- Empathy awareness
- Improved documentation of problems and interventions
- Improved communication with various professionals.
- Job review
- Revision of pre-printed medical prescriptions for patient care
- Revisions to clinical overcapacity criteria
- Correction of information in the clinical application

Protecteur du citoyen (Québec Ombudsman)



TOTAL NUMBER OF CASES REFERRED TO THE QUÉBEC OMBUDSMAN 2020-2024

In 2023-2024, eight (8) complaint files were referred to the Ombudsman, 2 of which were concluded with recommendations.

There was also one intervention case that ended with 20 recommendations:

Complaint file 1:

This complaint mainly concerns the inappropriate way in which a Code White is carried out.

Recommendations:

R-1 Remind emergency staff that they must take the necessary measures to preserve the user's privacy during a procedure that involves undressing the person.

R-2 Ensure that emergency nurses document the Code White in the patient's file, in accordance with the institution's Protocol for Emergency Measures - Code White.

Staff reminder completed for R1 and R2.

Complaint file 2:

Billing for care and services for a non-Québec resident. The complainant states that he would not have proceeded with the consultation for his mother-in-law had he known that it would cost close to $700. He says he was never told the fees would be so high.

Recommendation: Cancel retinal angiography fees.

Intervention file 1:

Background : The Québec Ombudsman received a report of several shortcomings in the care provided by the MUHC's cardiac function program, specifically in relation to the mechanical ventricular assist and heart transplant programs. In addition, according to the report, patients with ventricular assist devices (VADs) who had been recalled by Health Canada and were being monitored by the MUHC were not receiving the best care available.

Recommendations:

R-1 Ensure that important decisions made at multidisciplinary meetings for the follow-up of people with VADs, who are waiting for a heart transplant or who are potential candidates for these therapeutic solutions, are recorded in the medical record.

R-2 Ensure that the overall assessment of people in the pre-operative phase of VAD implantation, outside the emergency context, is carried out using specific tools, particularly with regard to the following aspects: - Physical capacity; - Neurocognitive status; - Psychosocial status; - Fragility; - Quality of life.

R-3 Ensure that free and informed consent is sought by the entire care team during the decision-making process for implanting a VAD, in particular by the following means: - The presentation of an VAD by a professional to the patient; - The opportunity for the patient to meet a person with an VAD; - The patient's signature on a specific consent form for the implantation of an VAD, mentioning the consequences, risks and potential complications, as well as the consequences for a possible heart transplant; - A discussion with the patient concerning end-of-life care and the deactivation of the device.

R-4 Take the necessary steps to ensure that the skills and knowledge of the person with a VAD and those close to him or her are regularly reassessed, for example during outpatient follow-up or before discharge following re-hospitalization.

R-5 Evaluate the possibility of creating a special care trajectory for people with a VAD if they experience dependency or mental health problems, or financial or psychological difficulties.

R-6 Ensure that staff working in the heart failure clinic have the necessary resources to monitor the overall health of users, particularly with regard to changes in their social situation, their psychological health, their ability to exercise and their quality of life.

R-7 Develop decision-support tools to assist heart failure clinic nurses in their triage role.

R-8 Improve hospital fluidity for people with VADs who present to the emergency department, in particular by admitting them to the floor or intensive care unit, depending on their condition, when a bed is available.

R-9 Take the necessary steps to ensure that the emergency personnel involved have sufficient up-to-date knowledge to provide optimal care for people with VADs.

R-10 Ensure that clinical perfusionists' observation notes and follow-up data are recorded in the medical record so that they can be easily consulted by all care partners.

R-11 Demonstrate that an in-depth psychosocial and psychological assessment is carried out for each heart transplant candidate to assess the risk of non-adherence to medication and to determine whether the individual is capable of participating in the organization of his or her care (e.g. attending post-implantation follow-up clinical appointments and contacting transplant team contacts in the event of problems).

R-12 Take the necessary steps to ensure that information is shared and discussed for the follow-up of patients who have undergone heart transplants and are readmitted to hospital, for example at regular meetings of the multidisciplinary team.

R-13 Implement a personalized care plan for people waiting for a heart transplant.

R-14 Evaluate the possibility of creating a special care trajectory for people waiting for a heart transplant in the presence of addiction or mental health problems or when experiencing psychological difficulties.

R-15 Ensure that people waiting for a heart transplant receive complete and appropriate information about the processes, risks and benefits of heart transplantation at the time of their pre-transplant assessment, and that this is recorded in the patient's file.

R-16 Clarify the role of the various members of the heart transplant team with regard to the announcement and recording in the file of any change in waiting list status or any decision made regarding an organ offer, for example using a decision-making algorithm linked to the Transplant Québec appeal.

R-17 Take the necessary steps to ensure that a thorough analysis of the follow-up of people with VADs is carried out regularly by the multidisciplinary team, including adverse events and mechanical failures, recall procedures, deactivation procedures and deaths, duration of assistance, explantations and transplants.

R-18 Promote collaboration between the Heart Function Program and the Quality, Ethics and Performance directorate to collect, use and analyze data for the purpose of evaluating the various programs they oversee.

R-19 Update the external review carried out in 2018 to ensure that the resources currently required for the heart failure program are sufficient for the volume of people followed.

R-20 Initiate work to develop quality indicators with a view to continuous improvement for VAD programs in Quebec.

S-1 Initiate work to develop quality indicators with a view to continuous improvement for VAD programs in Quebec.

S-2 The procedure established between emergency professionals and the heart failure clinic to ensure the expected arrival of the person with a VAD;

S-3 VAD training schedule for professionals and list of internal and external participants;

S-4 Measures put in place following the Lean standardization process, revised policy and training schedule for recall management.

Summary of measures:

- Review of the MUHC ventricular assist device (VAD) program (15 pages)
- Addition of a full-time pharmacist and nutritionist

**Recommendations still in progress*

Follow-up on coroner's reports

During 2023-2024, the MUHC received two reports from the Coroner's Office.

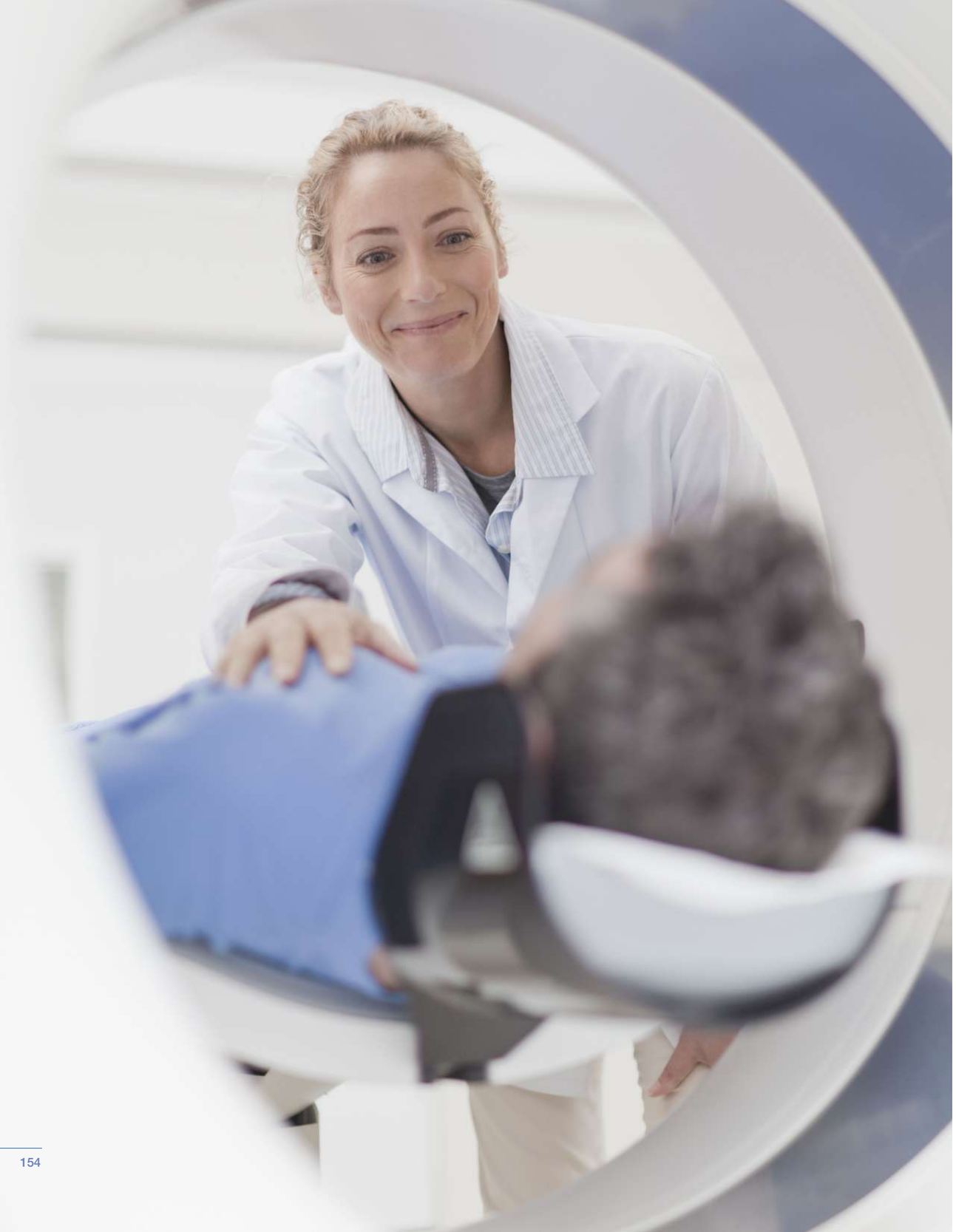
For the first report, the Coroner's Office recommended a review of his file and the practice guidelines for anticoagulation therapy. The case was reviewed at the Spine Surgery Department's morbidity and mortality sessions; an in-depth analysis was carried out by the QEPD; the case was also presented to the Medical, Dental and Pharmaceutical Assessment Committee (MDPEC). It determined that the care provided was in line with standard practices, including current MUHC anticoagulation guidelines. No specific recommendations for changes in practice were made. However, the MDPEC committee decided to review and update the anticoagulation guidelines with the help of experts in the field.

For the second report, the Coroner's Office recommended assessing the quality of medical procedures and, where necessary, implementing appropriate measures to improve the quality of patient care. The case was reviewed twice by the MDPEC committee, as well as by the DQEP. As a result, preventive measures have been identified to ensure that this type of event does not happen again.

The MUHC also treated another coroner's report, although it was not specifically directed at the institution. It informed the coroner of ongoing efforts to establish an information-sharing mechanism, as well as of the recently passed law on the sharing of information relating to missing persons.

In terms of systematic follow-up, the MUHC's Vigilance Committee and MDPEC Committee systematically discuss all coroner's reports with recommendations for the MUHC. The aim is to analyze cases in detail and draw up action plans specific to each situation, in collaboration with the departments involved.

In addition, all Coroner's Office reports addressed to other establishments in the RSSS are read for research and prevention purposes. Then, according to the established process, these reports are forwarded to the respective missions/departments/directorates for analysis and to determine whether the recommendations are applicable to the MUHC.



Follow-up on other reports

Radiation protection

In terms of radiation protection, in addition to continuing our routine internal inspections for nuclear medicine, the irradiator and research, the Canadian Nuclear Safety Commission (CNSC) carried out an inspection of our nuclear medicine activities on January 31, 2024. One non-conformity was noted and promptly resolved (training of nucleists), along with a request to provide additional information and clarification following the inspection.

In the fall of 2023, the MSSS set up a radiation protection consultation table to which the network's radiation protection managers were invited. Meetings have begun, and we are confident that this table will contribute to the advancement and updating of radiation protection practices in Quebec.

Here is an overview of other activities in the field of radiation protection:

- Renovation work on the nuclear medicine department at the Montreal General Hospital has continued and is nearing completion.
- Various radiation protection training courses were held in autumn 2023, including for all nuclear medicine technologists.
- Our protests following a CNESST inspection for a specific research activity resulted in a complete retraction of the inspector's demands.
- In-house inspections of various CNSC-licensed activities by radiation protection staff: all activities are in compliance

CHSLD Camille-Lefebvre

For the past year, the Camille-Lefebvre long-term-care centre did not receive a ministerial visit. We continue to follow ministerial directives and to respect the new measures linked to the new accommodation policy. Our policy against the abuse of the elderly and other vulnerable adults has been revised, and employees have been trained in the principles of good treatment. What's more, the January 2023 accreditation visit assessed our compliance with the Support for the Autonomy of the Elderly (SAPA) standard, and the team is proud to have met 100% of the criteria.

Number of confinements in the facility by mission

2023-04-01 to 2024-03-31

CONFINEMENTS	MISSION CH	MISSION CHSLD	TOTAL FACILITY
Number of preventive confinements applied	831	0	831
Number of applications (petitions for interim confinement) submitted to the court by the facility on behalf of a physician or other professional practicing in the facility	354	0	354
Number of court-ordered protective confinement orders executed	339	0	339
Number of applications (requests for confinement under article 30 of the Civil Code) submitted to the court by the facility	259	0	259
Number of confinements authorized by the court under article 30 of the Civil Code and executed (including renewal of authorized confinement)	248	0	248

Investigating complaints and promoting rights

Anyone can access the institution's annual report on the application of the complaints procedure, user satisfaction and respect for their rights. The annual report on the complaints system is available on the MUHC website at: https://muhc.ca/commissioner

Users and other interested parties can also contact the central office by telephone, e-mail or post to obtain a hard copy. Contact details are as follows:

Local Complaints and Quality Commissioner
McGill University Health Centre
1650 Cedar Ave., Suite E6-164
Montréal, QC
H3G 1A4

Tel.: 514-934-8306
Fax: 514-934-8200
Email: ombudsman@muhc.mcgill

06

Application of the end-of-life care policy

Application of end-of-life care policy (April 1, 2023 to March 31, 2024)

ACTIVITY	INFORMATION REQUESTED	NUMBER
Palliative and end-of-life care	Number of people receiving palliative care at the end of life	707*
Continuous palliative sedation	Number of continuous palliative sedations administered	14
Medical aid in dying	Number of requests for medical assistance in dying formulated	177
	Number of medical aids to dying administered	65
	Number of non-administered medical aids to dying and reasons for non-administration	112

REASONS NOT ADMINISTERED:	
28% transferred to another institution	31
21% patient changed his mind	24
18% in progress	20
11% did not meet eligibility criteria	12
13% eligible (approved), but died before administration	14
0% eligible (approved), but no longer eligible	0
10% died before the end of the assessment process	11

* Figure is from P1 to P11 (April 1, 2023 to January 27, 2024)

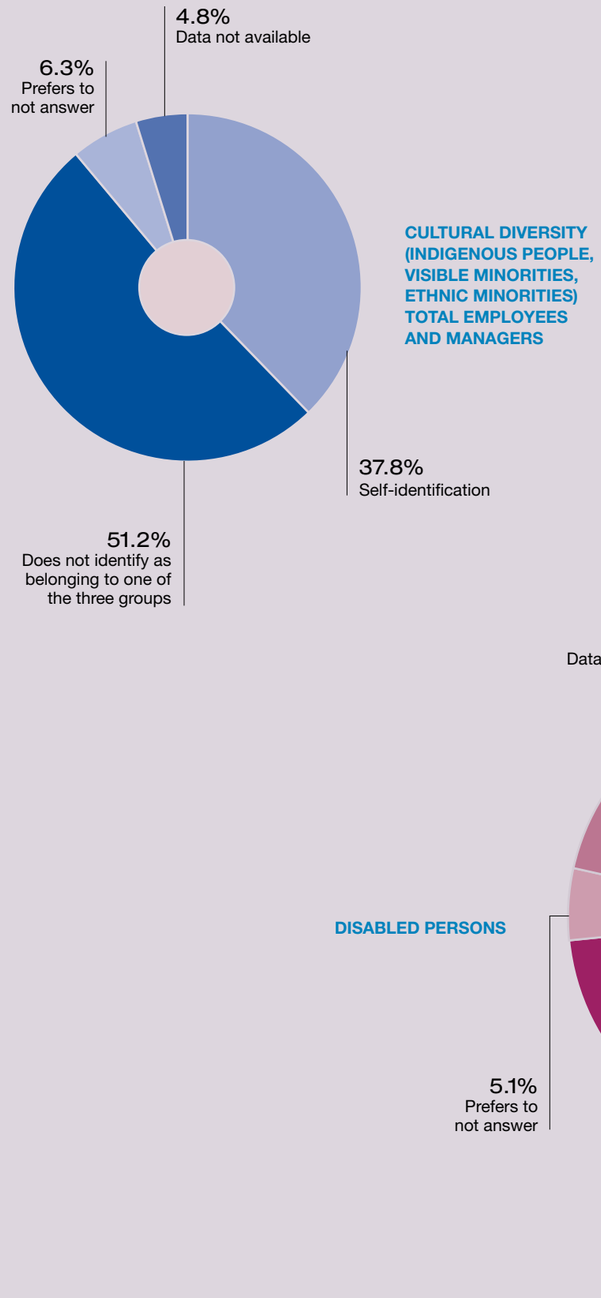
07

Human resources

Data on the breakdown of the workforce by staff category are not available.
Data on workforce management and control are not available.
Below are the data concerning workforce diversity.

		PERSONS EMPLOYED AT THE MUHC AS AT MARCH 31, 2024 EXTRACTION OF DATA ON MAY 1, 2024							
			1	2	3	4	5		
		Total employees and managers	Nursing and cardiorespira-tory personnel	Paratechnical, auxiliary and trades personnel	Office personnel, technicians and administrative professionals	Technicians and professionals in health and social services	Personnel not targeted by the Law concerning activities in the sector of social affairs*	Managers	Persons hired in 2023-2024
Cultural diversity (Indigenous people, visible minorities, ethnic minorities	Self-identification	**37.8%**	37.6%	41.3%	36.3%	36.6%	29.9%	36.6%	**39.1%**
	Does not identify as belonging to of the three groups	**51.2%**	53.9%	42.3%	52.3%	54.3%	61.0%	56.9%	–
	Prefers to not answer	**6.3%**	4.1%	8.9%	7.5%	6.2%	5.2%	3.9%	–
	Data not available	**4.8%**	4.7%	7.7%	3.9%	2.9%	3.9%	2.3%	–
Handicapped persons	Self-identification	**1.1%**	0.6%	1.9%	1.5%	0.8%	0.7%	0.5%	**0.6%**
	Does not identify as belonging to of the three groups	**72.3%**	66.3%	63.6%	79.7%	81.2%	80.5%	92.4%	–
	Prefers to not answer	**5.1%**	3.2%	6.8%	6.2%	5.7%	4.6%	3.1%	–
	Data not available	**21.5%**	29.9%	27.7%	12.6%	12.4%	14.3%	3.9%	–
Women		**74.8%**	86.4%	54.4%	75.9%	78.9%	69.5%	67.4%	**75.8%**

*pharmacists, clinical biochemists, medical physicists, midwives and students



08

Financial resources

Use of budgetary and financial resources by program

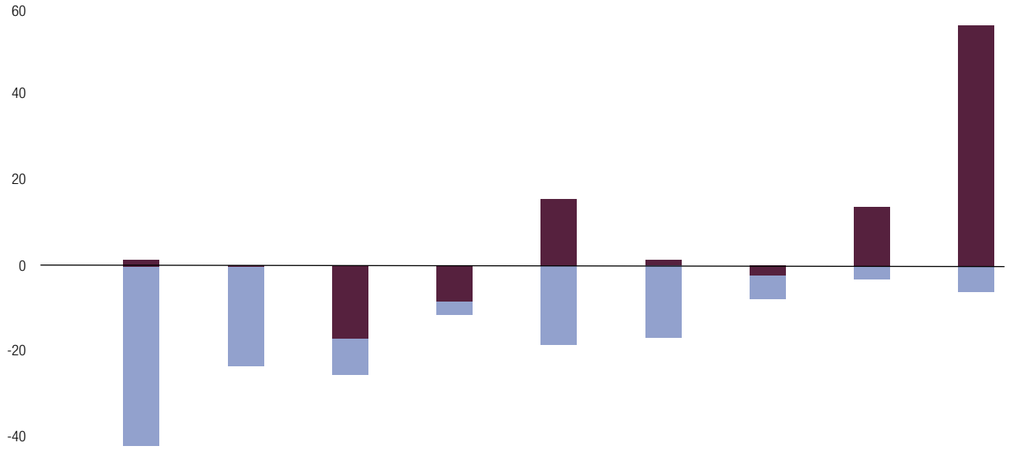
PROGRAMS	PREVIOUS YEAR		CURRENT YEAR		CHANGES IN EXPENSES	
	EXPENSES	%	EXPENSES	%	$	%
SERVICE PROGRAMS						
Public health	3,427,325	0.25	1,539,952	0.1	(1,887,373)	-2.14
General services - clinical and support activities	4,089,544	0.30	4,927,185	0.34	837,641	0.95
Supporting the independence of the elderly	14,175,968	1.03	13,963,798	0.95	(212,170)	-0.24
Physical impairment	-	-	5,277	0.00	5,277	0.01
Intellectual disability and ASD	-	-	-	-	-	-
Young people in difficulty	-	-	-	-	-	-
Dependencies	281,971	0.02	209,388	0.01	(72,583)	-0.08
Mental health	21,291,458	1.54	22,958,473	1.56	1,667,015	1.89
Physical health	1,02, 016,411	74.07	1,092,448,055	74.42	70,431,644	79.85
Administration	113,314,496	8.21	130,035 610	8.86	16,721,114	18.96
Service support	80,806,309	5.86	81,046,268	5.52	239,959	0.27
Building and equipment management	120,376,901	8.72	120,851,839	8.23	474,938	0.54
TOTAL	**1,379,780,383**	**100**	**1,467,985,845**	**100**	**88,205,462**	**100**

For more information on financial resources, please refer to the financial statements included in the AS-471 annual report published on the MUHC Web site (www.muhc.ca).

Balancing the budget

According to the results on page 200 of the Financial Report for the year ended March 31, 2024, the MUHC has maintained a balanced budget.

FINANCIAL RESULTS (IN $M)



	15–16	16–17	17–18	18–19	19–20	20–21	21–22	22–23	23–24
Total	(40.4)	(23.4)	(25.5)	(11.5)	(2.8)	(15.6)	(7.8)	10.5	50.2
Property	1.6	(0.3)	(17.1)	(8.5)	15.6	1.4	(2.3)	13.7	56.3
Oper. incl. RI	(42.0)	(23.1)	(8.4)	(3.0)	(18.4)	(17.0)	(5.5)	(3.2)	(6.1)

Service contracts

PROFILE OF MUHC PROCUREMENT AND LOGISTICS ACTIVITIES	
Acquiring goods and services through material resource management	$ 509M
Number of contracts signed 2023-2024	286
Invoices processed by EDI[1]	173,938
Purchase orders processed	570,162
Reception lines processed	920,615
Delivery lines delivered to units	993,822
Number of product returns processed	684
Number of calls for internal patient transport	94,765
Number of calls for outpatient transport	15,965

[1] Electronic Data Interchange

SERVICE CONTRACTS INVOLVING AN EXPENDITURE OF $25,000 OR MORE, ENTERED INTO BETWEEN APRIL 1, 2023 AND MARCH 31, 2024		
	NUMBER	VALUE
Service contracts with a natural person[1]	6	$ 430,775.00
Service contracts with a contractor other than a natural person[2]	85	$ 161,102,376.70
Total service contracts	**91**	**$ 161,533,151.70**

[1] A natural person, whether in business or not.

[2] Includes legal entities under private law, general partnerships, limited partnerships and joint ventures.

09

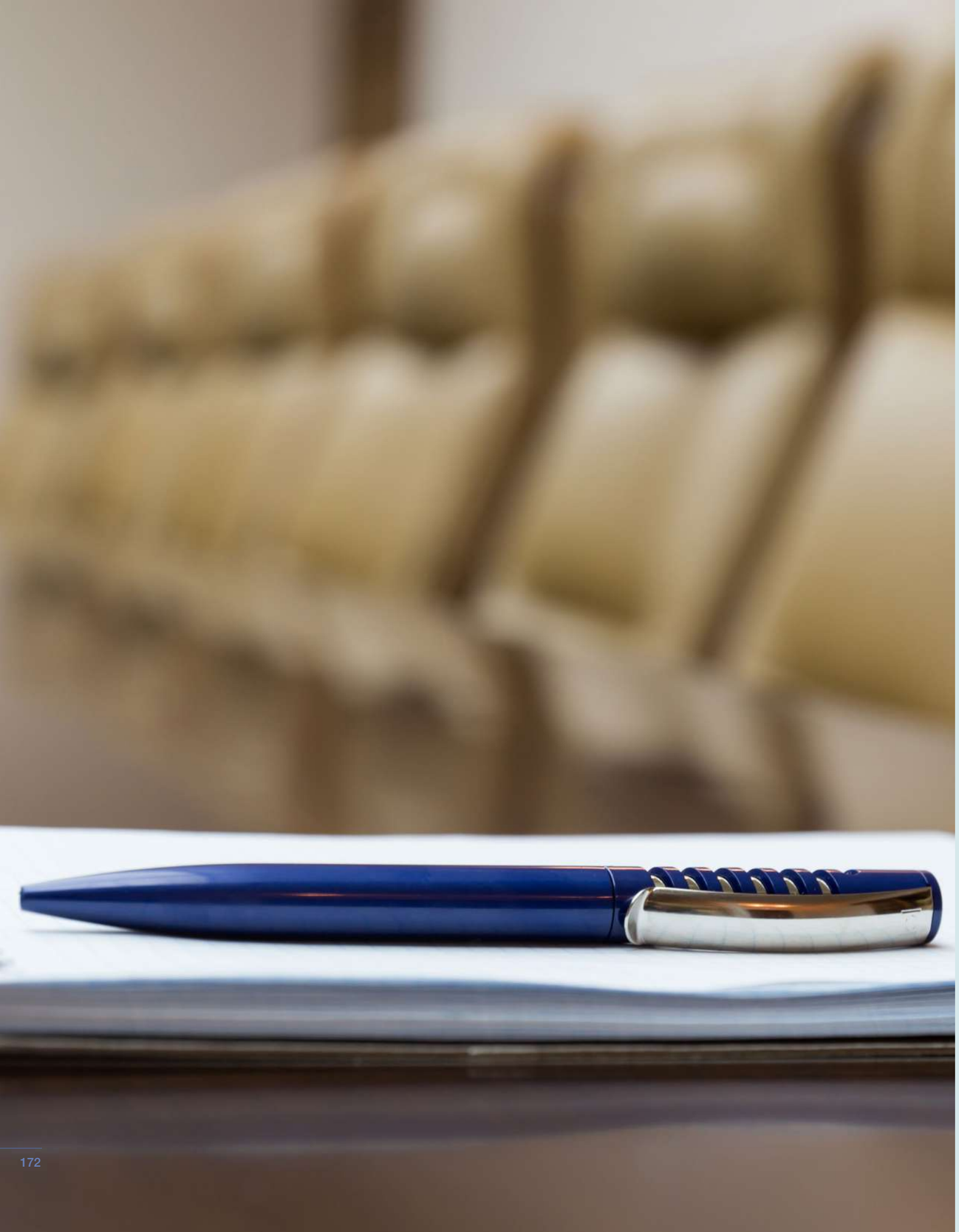
Information resources and digital transformation

The Information Resources and Digital Transformation directorate implemented and contributed to a number of projects in line with the institution's priorities.

A number of management positions were filled during the year, including director, assistant director and infrastructure coordinator, as well several positions were added and thus increased stability. The team also expanded following the transfer of the Infocentre-Performance sector, adding a new skill set to its service offering. Thanks to these sustained efforts, the shortage of technological resources has been brought under control. In fact, several other positions were filled, bringing the number of active positions to 90% (an 11% increase on the previous year). The directorate is also pleased to have reclassified the administrative agent job title from class 3 to class 2 for all call centre positions, thus improving staff satisfaction.

Success stories

- The PetalMD platform has been deployed to manage on-call schedules. It enables direct and rapid communication between doctors and authorized personnel, and thus decentralized management of on-call schedules.
- In preparation for the move to cloud computing, an inventory of the company's infrastructure and application ecosystem has been carried out. Work is underway to set up a second network link and our identity and access management (IAM) credentials. Updates to the firewall infrastructure have also been implemented.
- This year, teams working on the Quebec Newborn Hearing Screening Program, for which the MUHC is responsible, deployed the system in 20 additional facilities, bringing to 51 the number of facilities in Quebec now offering this service.
- As part of the Digital Transformation Master Plan, a portrait of the MUHC was drawn up to determine the current state of the pillars of digital transformation, and to raise awareness and sensitize staff and physicians to the issue. To this end, 93 MUHC resources from various sectors were consulted, and a survey of all staff was conducted.
- A number of upgrades and updates were made to clinical and clinical-administrative information systems, including the Opera operating room management application, the Nosokos infection control system, Medurge for emergencies, the NUMERx2 pharmacy application and the BDM Pharmacy application. The Oacis electronic medical record has been upgraded and a new version of the application has been installed, a new module for ordering inpatient diets and menus has been introduced, and a range of information has been added to the whiteboards.
- Technological upgrades were carried out as part of the modernization of Lachine Hospital and CHSLD Camille-Lefebvre: deployment of the SMS-RDV application (sending appointment reminders to patients by SMS) in the clinics, automation of the sending of documents at the close of the episode to the patient record in Siurge, and the addition of the operating schedule in Oacis.
- As the institution responsible for the Digital Learning Environment (DLE) platform for the whole of Quebec, the team has improved the performance of the platform, which now supports 1,600 simultaneous users (an increase of 60% in 2023). This year, the platform saw a 43% increase in the number of learners starting or completing a course compared with the previous year. Security measures have been strengthened to comply with the guidelines and recommendations of the Ministry of Cybersecurity and Digital Affairs. The upgrade of the platform has also enabled the addition of a booking function for face-to-face training courses, and the modernization of training courses, among others



10

Status of follow-up on reserves, comments and observations made by the independent auditor

Centre Universitaire de Santé McGill (CUSM)
exercice terminé le 31 mars 2024

État du suivi des réserves, commentaires et observations formulés par l'Auditeur Indépendant

Description des réserves, commentaires et observations	Année	Nature	Mesures prises pour régler ou améliorer la problématique identiifiée	État de la problématique au 31 mars 2024
Rapport de l'auditeur indépendant portant sur les états financiers				
Le CUSM a obtenu une subvention en lien avec les charges et pertes de revenus, déduction faite des économies, engendrées par la pandémie de Covid-19 pour le réseau de la santé. L'auditeur n'a pas été en mesure d'otbenir des éléments probants suffisants et adéquats en ce qui concerne les économies et les pertes de revenus prises en compte, et donc, ne peut déterminer si des ajustements pourraient devoir être apportés aux montants comptabilisés.	2020-2021	Réserve	Le MSSS a procédé au règlement final des subventions COVID-19 au cours de l'exercice 2023-2024	Réglé
Le CUSM a comptabilisé, au 31 mars 2024 et 2023 un passif au titre des obligations liées à la mise hors service d'immobilisations et une subvention à recevoir du MSSS. L'auditeur n'a pas été en mesure d'obtenir des éléments probants suffisants et appropriés en ce qui concerne le montant comptabilisé et les informations fournies sur les obligations.	2023-2024 et 2022-2023	Réserve	La direction applique la directive du MSSS	Non réglé
Rapport de l'auditeur indépendant portant sur les unités de mesures et les heures travaillées et rémunérées				
Le mandat des unités de mesures ainsi que la page 130 ayant été retirés, le suivi des réserves, commentaires et observations à l'égard des unités de mesures n'est plus effectués.				
Questionnaire à remplir par l'auditeur indépendant				
Le CUSM a comptabilisé, au 31 mars 2024 et 2023 un passif au titre des obligations liées à la mise hors service d'immobilisations et une subvention à recevoir du MSSS. L'auditeur n'a pas été en mesure d'obtenir des éléments probants suffisants et appropriés en ce qui concerne le montant comptabilisé et les informations fournies sur les obligations.	2023-2024	Commentaire	La direction applique la directive du MSSS	Non réglé
Rapport à la gouvernance				

11

Disclosure of wrongdoing

DISCLOSURE OF WRONGDOING IN RELATION TO PUBLIC BODIES	NUMBER OF DISCLOSURES	NUMBER OF MOTIVES	WELL FOUNDED REASONS
1 The number of disclosures received by the person responsible for monitoring disclosures[1]	0	Not applicable	Not applicable
2 The number of motives alleged in the disclosures received (point 1)[2]	Not applicable	0	Not applicable
3 The number of motives for termination under article 22, paragraph 3	Not applicable	0	Not applicable
4 Motives verified by the person responsible for monitoring disclosures: Of the motives alleged in the disclosures received (point 2), excluding those that have been terminated (point 3), identify to which category of wrongdoing they relate			
– Contravention of a Quebec law, a federal law applicable in Quebec or a regulation made under such a law	Not applicable	0	
– A serious breach of ethical standards	Not applicable	0	
– Misuse of a public body's funds or assets, including those it manages or holds on behalf of others	Not applicable	0	
– Serious mismanagement within a public body, including abuse of authority	Not applicable	0	
– An act or omission that seriously harms or risks seriously harming the health or safety of a person or the environment	Not applicable	0	
– Ordering or advising a person to commit a previously identified wrongdoing	Not applicable	0	
5 Total number of motives verified by the person responsible for monitoring disclosures	Not applicable	0	Not applicable
6 Of the reasons verified by the person responsible for monitoring (point 4), the total number of motives found to be well-founded is as follows	Not applicable	Not applicable	
7 Among the disclosures received (point 1), the total number of disclosures that were found to be well-founded, i.e. containing at least one motive deemed to be well-founded is as follows	0	Not applicable	Not applicable
8 The number of communication of information made pursuant to the first paragraph of article 23[3]	0	0	0

[1] The number of disclosures corresponds to the number of disclosers.

[2] For example, a whistleblower may allege that his or her manager used government property for personal purposes, or that he or she contravened a Quebec law by awarding a contract without a call for tenders.

[3] The transfer of information to the Anti-Corruption Commissioner or to any body responsible for preventing, detecting or suppressing crime or breaches of the law, including police forces and professional bodies, whether or not this results in the monitor ceasing to handle the disclosure, is listed under this point.

appendix

Code of ethics and professional conduct for directors

Ministère de la Santé
et des Services sociaux

CODE D'ÉTHIQUE ET DE DÉONTOLOGIE

DES ADMINISTRATEURS DE CONSEIL D'ADMINISTRATION

EN VERTU DE LA

***LOI SUR LE MINISTÈRE DU CONSEIL EXÉCUTIF* (chapitre M-30)**

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PRÉAMBULE

L’administration d’un établissement public de santé et de services sociaux se distingue d’une organisation privée. Elle doit reposer sur un lien de confiance entre l’établissement et la population.

Une conduite conforme à l’éthique et à la déontologie doit demeurer une préoccupation constante des membres du conseil d’administration pour garantir à la population une gestion transparente, intègre et de confiance des fonds publics. Ce Code en édicte donc les principes éthiques et les obligations déontologiques. La déontologie fait référence davantage à l’ensemble des devoirs et des obligations d’un membre. L’éthique, quant à elle, est de l’ordre du questionnement sur les grands principes de conduite à suivre, pour tout membre du conseil d’administration, et de l’identification des conséquences pour chacune des options possibles quant aux situations auxquelles ils doivent faire face. Ces choix doivent reposer, entre autres, sur une préoccupation d’une saine gouvernance dont une reddition de comptes conforme aux responsabilités dévolues à l’établissement.

Section 1 — DISPOSITIONS GÉNÉRALES

1. Objectifs généraux

Le présent document a pour objectifs de dicter des règles de conduite en matière d'intégrité, d'impartialité, de loyauté, de compétence et de respect pour les membres du conseil d'administration et de les responsabiliser en édictant les principes d'éthique et les règles de déontologie qui leur sont applicables. Ce Code a pour prémisse d'énoncer les obligations et devoirs généraux de chaque administrateur.

Le Code d’éthique et de déontologie des administrateurs :

a) aborde des mesures de prévention, notamment des règles relatives à la déclaration des intérêts;
b) traite de l'identification de situations de conflit d'intérêts;
c) régit ou interdit des pratiques reliées à la rémunération des membres;
d) définit les devoirs et les obligations des membres même après qu'ils aient cessé d'exercer leurs fonctions;
e) prévoit des mécanismes d'application dont la désignation des personnes chargées de son application et la possibilité de sanctions.

Tout membre est tenu, dans l'exercice de ses fonctions, de respecter les principes d'éthique et les règles de déontologie prévus par le présent Code d’éthique et de déontologie des administrateurs ainsi que par les lois applicables. En cas de divergence, les règles s'appliquent en fonction de la hiérarchie des lois impliquées.

2. Fondement légal

Le Code d’éthique et de déontologie des administrateurs repose notamment sur les dispositions suivantes :

- La disposition préliminaire et les articles 6, 7, 321 à 330 du *Code civil du Québec*.
- Les articles 3.0.4, 3.0.5 et 3.0.6 du *Règlement sur l’éthique et la déontologie des administrateurs publics* de la *Loi sur le ministère du Conseil exécutif* (RLRQ, chapitre M-30, r. 1).
- Les articles 131, 132.3, 154, 155, 174, 181.0.0.1, 235, 274 de la *Loi sur les services de santé et les services sociaux* (RLRQ, chapitre S-4.2).
- Les articles 57, 58 et 59 de la *Loi modifiant l’organisation et la gouvernance du réseau de la santé et des services sociaux notamment par l’abolition des agences régionales* (RLRQ, chapitre O-7.2).
- *Loi sur les contrats des organismes publics* (RLRQ, chapitre C-65.1).
- *Loi sur la transparence et l’éthique en matière de lobbysme* (RLRQ, chapitre T-11.011).

3. Définitions

Dans le présent règlement, les mots suivants signifient :

Code : Code d'éthique et de déontologie des membres élaboré par le comité de gouvernance et d'éthique et adopté par le conseil d'administration.

Comité d'examen ad hoc : comité institué par le conseil d'administration pour traiter une situation potentielle de manquement ou d'omission ou encore pour résoudre un problème dont il a été saisi et proposer un règlement.

Conseil : conseil d'administration de l'établissement, tel que défini par les articles 9 et 10 de la *Loi modifiant l'organisation et la gouvernance du réseau de la santé et des services sociaux notamment par l'abolition des agences régionales.*

Conflit d'intérêts : Désigne notamment, sans limiter la portée générale de cette expression, toute situation apparente, réelle ou potentielle, dans laquelle un membre peut risquer de compromettre l'exécution objective de ses fonctions, car son jugement peut être influencé et son indépendance affectée par l'existence d'un intérêt direct ou indirect. Les situations de conflit d'intérêts peuvent avoir trait, par exemple, à l'argent, à l'information, à l'influence ou au pouvoir.

Conjoint : Une personne liée par un mariage ou une union civile ou un conjoint de fait au sens de l'article 61.1 de la *Loi d'interprétation* (RLRQ, chapitre I-16).

Entreprise : Toute forme que peut prendre l'organisation de la production de biens ou de services ou de toute autre affaire à caractère commercial, industriel, financier, philanthropique et tout regroupement visant à promouvoir des valeurs, intérêts ou opinions ou à exercer une influence.

Famille immédiate : Aux fins de l'article 131 de la *Loi sur les services de santé et les services sociaux* est un membre de la famille immédiate d'un président-directeur général, d'un président-directeur général adjoint ou d'un cadre supérieur de l'établissement, son conjoint, son enfant et l'enfant de son conjoint, sa mère et son père, le conjoint de sa mère ou de son père ainsi que le conjoint de son enfant ou de l'enfant de son conjoint.

Faute grave **:** Résulte d'un fait ou d'un ensemble de faits imputables au membre et qui constituent une violation grave de ses obligations et de ses devoirs ayant pour incidence une rupture du lien de confiance avec les membres du conseil d'administration.

*Intérê*t : Désigne tout intérêt de nature matérielle, financière, émotionnelle, professionnelle ou philanthropique.

LMRSS : *Loi modifiant l'organisation et la gouvernance du réseau de la santé et des services sociaux notamment par l'abolition des agences régionales.*

LSSSS **:** *Loi sur les services de santé et les services sociaux.*

Membre : membre du conseil d'administration, qu'il soit indépendant, désigné ou nommé.

Personne indépendante **:** Tel que défini à l'article 131 de la *Loi sur les services de santé et les services sociaux*, une personne se qualifie comme indépendante, notamment, si elle n'a pas, de manière directe ou indirecte, de relations ou d'intérêts, notamment de nature financière, commerciale, professionnelle ou philanthropique, susceptible de nuire à la qualité de ses décisions eu égard aux intérêts de l'établissement.

Personne raisonnable : Processus par lequel l'individu fait une réflexion critique et pondère les éléments d'une situation afin de prendre une décision qui soit la plus raisonnable possible dans les circonstances[1].

Renseignements confidentiels **:** Une donnée ou une information dont l'accès et l'utilisation sont réservés à des personnes ou entités désignées et autorisées. Ces renseignements comprennent tout renseignement personnel, stratégique, financier, commercial, technologique ou scientifique détenu par l'établissement, ce qui inclut tout renseignement dont la divulgation peut porter préjudice à un usager, à une personne en fonction au sein de l'établissement. Toute information de nature stratégique ou autre, qui n'est pas connue du public et qui, si elle était connue d'une personne qui n'est pas un membre du conseil d'administration serait susceptible de lui procurer un avantage quelconque ou de compromettre la réalisation d'un projet de l'établissement.

4. Champ d'application

Tout membre du conseil d'administration est assujetti aux règles du présent Code.

5. Disposition finale

Le présent document entre en vigueur au moment de son adoption par le conseil d'administration. Le comité de gouvernance et d'éthique du conseil d'administration assume la responsabilité de veiller à l'application du présent Code. Ce dernier doit faire l'objet d'une révision par le comité de gouvernance et d'éthique tous les trois ans, ou lorsque des modifications législatives ou réglementaires le requièrent, et être amendé ou abrogé par le conseil lors d'une de ses séances régulières.

6. Diffusion

L'établissement doit rendre le présent Code accessible au public, notamment en le publiant sur son site Internet. Il doit aussi le publier dans son rapport annuel de gestion en faisant état du nombre de cas traités et de leur suivi, des manquements constatés au cours de l'année par le comité d'examen *ad hoc*, des décisions prises et des sanctions imposées par le conseil d'administration ainsi que du nom des membres révoqués ou suspendus au cours de l'année ou dont le mandat a été révoqué.

[1] BOISVERT, Yves, Georges A. LEGAULT, Louis C. CÔTÉ, Allison MARCHILDON et Magalie JUTRAS (2003). Raisonnement éthique dans un contexte de marge de manœuvre accrue : clarification conceptuelle et aide à la décision – Rapport de recherche, Centre d'expertise en gestion des ressources humaines, Secrétariat du Conseil du trésor, p. 51.

Section 2 — PRINCIPES D'ÉTHIQUE ET RÈGLES DE DÉONTOLOGIE

7. Principes d'éthique

L'éthique fait référence aux valeurs (intégrité, impartialité, respect, compétence et loyauté) permettant de veiller à l'intérêt public. Comme administrateur cela implique le respect du droit de faire appel, entre autres, à son jugement, à l'honnêteté, à la responsabilité, à la loyauté, à l'équité et au dialogue dans l'exercice de ses choix et lors de prises de décision. L'éthique est donc utile en situation d'incertitude, lorsqu'il y a absence de règle, lorsque celle-ci n'est pas claire ou lorsque son observation conduit à des conséquences indésirables.

En plus, des principes éthiques et déontologiques, le membre de conseil d'administration doit :

- Agir dans les limites des pouvoirs qui lui sont conférés, avec prudence, diligence et compétence comme le ferait en pareilles circonstances une personne raisonnable, avec honnêteté et loyauté dans l'intérêt de l'établissement et de la population desservie.
- Remplir ses devoirs et obligations générales en privilégiant les exigences de la bonne foi.
- Témoigner d'un constant souci du respect de la vie, de la dignité humaine et du droit de toute personne de recevoir des services de santé et des services sociaux dans les limites applicables.
- Être sensible aux besoins de la population et assure la prise en compte des droits fondamentaux de la personne.
- Souscrire aux orientations et aux objectifs poursuivis, notamment l'accessibilité, la continuité, la qualité et la sécurité des soins et des services, dans le but ultime d'améliorer la santé et le bien-être de la population.
- Exercer ses responsabilités dans le respect des standards d'accès, d'intégration, de qualité, de pertinence, d'efficacité et d'efficience reconnus ainsi que des ressources disponibles.
- Participer activement et dans un esprit de concertation à la mise en œuvre des orientations générales de l'établissement.
- Contribuer, dans l'exercice de ses fonctions, à la réalisation de la mission, au respect des valeurs énoncées dans ce Code en mettant à profit ses aptitudes, ses connaissances, son expérience et sa rigueur.
- Assurer, en tout temps, le respect des règles en matière de confidentialité et de discrétion.

8. Règles de déontologie

La déontologie est un ensemble de règles juridiques de conduite dont l'inobservation peut conduire à une sanction. On peut les retrouver dans diverses lois ou règlements cités au point 2. Ces devoirs et règles déontologiques indiquent donc ce qui est prescrit et proscrit.

En plus, des principes éthiques et déontologiques, le membre de conseil d'administration doit :

8.1 Disponibilité et compétence

- Être disponible pour remplir ses fonctions en étant assidu aux séances du conseil d'administration, et ce, selon les modalités précisées au *Règlement sur la régie interne du conseil d'administration de l'établissement.*
- Prendre connaissance des dossiers et prendre une part active aux délibérations et aux décisions.
- Favoriser l'entraide.
- S'acquitter de sa fonction en mettant à contribution ses connaissances, ses habilités et son expérience, et ce, au bénéfice de ses collègues et de la population.

8.2 Respect et loyauté

- Respecter les dispositions des lois, règlements, normes, politiques, procédures applicables ainsi que les devoirs et obligations générales de ses fonctions selon les exigences de la bonne foi.
- Agir de manière courtoise et entretenir des relations fondées sur le respect, la coopération, le professionnalisme et l'absence de toute forme de discrimination.
- Respecter les règles qui régissent le déroulement des séances du conseil d'administration, particulièrement celles relatives à la répartition du droit de parole et à la prise de décision, la diversité des points de vue en la considérant comme nécessaire à une prise de décision éclairée ainsi que toute décision, et ce, malgré sa dissidence.
- Respecter toute décision du conseil d'administration, malgré sa dissidence, en faisant preuve de réserve à l'occasion de tout commentaire public concernant les décisions prises.

8.3 Impartialité

- Se prononcer sur les propositions en exerçant son droit de vote de la manière la plus objective possible. À cette fin, il ne peut prendre d'engagement à l'égard de tiers ni leur accorder aucune garantie relativement à son vote ou à quelque décision que ce soit.
- Placer les intérêts de l'établissement avant tout intérêt personnel ou professionnel.

8.4 Transparence

- Exercer ses responsabilités avec transparence, notamment en appuyant ses recommandations sur des informations objectives et suffisantes.
- Partager avec les membres du conseil d'administration, toute information utile ou pertinente aux prises de décision.

8.5 Discrétion et confidentialité

- Faire preuve, sous réserve des dispositions législatives, de discrétion sur ce dont il a connaissance dans l'exercice de ses fonctions ou à l'occasion de celles-ci.
- Faire preuve de prudence et de retenue pour toute information dont la communication ou l'utilisation pourrait nuire aux intérêts de l'établissement, constituer une atteinte à la vie privée d'une personne ou conférer, à une personne physique ou morale, un avantage indu.

- Préserver la confidentialité des délibérations entre les membres du conseil d'administration qui ne sont pas publiques, de même que les positions défendues, les votes des membres ainsi que toute autre information qui exige le respect de la confidentialité, tant en vertu d'une loi que selon une décision du conseil d'administration.
- S'abstenir d'utiliser des informations confidentielles obtenues dans l'exercice ou à l'occasion de l'exercice de ses fonctions à son avantage personnel, à celui d'autres personnes physiques ou morales ou à celui d'un groupe d'intérêts. Cette obligation n'a pas pour effet d'empêcher un membre représentant ou lié à un groupe particulier de le consulter ni de lui faire rapport, sauf si l'information est confidentielle suivant la loi ou si le conseil d'administration exige le respect de la confidentialité.

8.6 Considérations politiques
- Prendre ses décisions indépendamment de toutes considérations politiques partisanes.

8.7 Relations publiques
- Respecter les règles applicables au sein de l'établissement à l'égard de l'information, des communications, de l'utilisation des médias sociaux et des relations avec les médias, entre autres, en ne s'exprimant pas auprès des médias ou sur les médias sociaux s'il n'est autorisé par celles-ci.

8.8 Charge publique
- Informer le conseil d'administration de son intention de présenter sa candidature à une charge publique élective.
- Démissionner immédiatement de ses fonctions lorsqu'il est élu à une charge publique à temps plein. Il doit démissionner si sa charge publique est à temps partiel et qu'elle est susceptible de l'amener à enfreindre son devoir de réserve et/ou le placer en conflit d'intérêts.

8.9 Biens et services de l'établissement
- Utiliser les biens, les ressources et les services de l'établissement selon les modalités d'utilisation déterminées par le conseil d'administration. Il ne peut confondre les biens de l'établissement avec les siens. Il ne peut les utiliser à son profit ou au profit d'un tiers, à moins qu'il ne soit dûment autorisé à le faire. Il en va de même des ressources et des services mis à sa disposition par l'organisation, et ce, conformément aux modalités d'utilisation reconnues et applicables à tous.
- Ne recevoir aucune rémunération autre que celle prévue par la loi pour l'exercice de ses fonctions. Toutefois, les membres du conseil d'administration ont droit au remboursement des dépenses effectuées dans l'exercice de leurs fonctions, aux conditions et dans la mesure que détermine le gouvernement.

8.10 Avantages et cadeaux
- Ne pas solliciter, accepter ou exiger, dans son intérêt ou celui d'un tiers, ni verser ou s'engager à verser à un tiers, directement ou indirectement, un cadeau, une marque d'hospitalité ou tout avantage ou considération lorsqu'il lui est destiné ou susceptible de l'influencer dans l'exercice de ses fonctions ou de générer des attentes en ce sens. Tout cadeau ou marque d'hospitalité doit être retourné au donateur.

8.11 Interventions inappropriées
- S'abstenir d'intervenir dans le processus d'embauche du personnel.
- S'abstenir de manœuvrer pour favoriser des proches ou toute autre personne physique ou morale.

Section 3 – CONFLIT D'INTÉRÊTS

9. Le membre ne peut exercer ses fonctions dans son propre intérêt ni dans celui d'un tiers. Il doit prévenir tout conflit d'intérêts ou toute apparence de conflit d'intérêts et éviter de se placer dans une situation qui le rendrait inapte à exercer ses fonctions. Il est notamment en conflit d'intérêts lorsque les intérêts en présence sont tels qu'il peut être porté à préférer certains d'entre eux au détriment de l'établissement ou y trouver un avantage direct ou indirect, actuel ou éventuel, personnel ou en faveur d'un tiers.

10. Dans un délai raisonnable après son entrée en fonction, le membre doit organiser ses affaires personnelles de manière à ce qu'elles ne puissent nuire à l'exercice de ses fonctions en évitant des intérêts incompatibles. Il en est de même lorsqu'un intérêt échoit à un administrateur par succession ou donation. Il doit prendre, le cas échéant, toute mesure nécessaire pour se conformer aux dispositions du Code d'éthique et de déontologie. Il ne doit exercer aucune forme d'influence auprès des autres membres.

11. Le membre doit s'abstenir de participer aux délibérations et décisions lorsqu'une atteinte à son objectivité, à son jugement ou à son indépendance pourrait résulter notamment de relations personnelles, familiales, sociales, professionnelles ou d'affaires. De plus, les situations suivantes peuvent, notamment, constituer des conflits d'intérêts :

a) avoir directement ou indirectement un intérêt dans une délibération du conseil d'administration;
b) avoir directement ou indirectement un intérêt dans un contrat ou un projet de l'établissement;
c) obtenir ou être sur le point d'obtenir un avantage personnel qui résulte d'une décision du conseil d'administration;
d) avoir une réclamation litigieuse auprès de l'établissement;
e) se laisser influencer par des considérations extérieures telles que la possibilité d'une nomination ou des perspectives ou offres d'emploi.

12. Le membre doit déposer et déclarer par écrit au conseil d'administration les intérêts pécuniaires qu'il détient, autres qu'une participation à l'actionnariat d'une entreprise qui ne lui permet pas d'agir à titre d'actionnaire de contrôle, dans les personnes morales, sociétés ou entreprises commerciales qui ont conclu des contrats de service ou sont susceptibles d'en conclure avec l'établissement en remplissant le formulaire *Déclaration des intérêts du membre* de l'annexe III. De plus, il doit s'abstenir de siéger au conseil d'administration et de participer à toute délibération ou à toute décision lorsque cette question d'intérêt est débattue.

13. Le membre qui a un intérêt direct ou indirect dans une personne morale ou auprès d'une personne physique qui met en conflit son intérêt personnel, celui du conseil d'administration ou de l'établissement qu'il administre doit, sous peine de déchéance de sa charge, dénoncer par écrit son intérêt au conseil d'administration en remplissant le formulaire *Déclaration de conflit d'intérêts* de l'annexe V.

14. Le membre qui est en situation de conflits d'intérêts réel, potentiel ou apparent è l'égard d'une question soumise lors d'une séance doit sur-le-champ déclarer cette situation et celle-ci sera consignée au procès-verbal. Il doit se retirer lors des délibérations et de la prise de décision sur cette question.

15. La donation ou le legs fait au membre qui n'est ni le conjoint, ni un proche du donateur ou du testateur, est nulle, dans le cas de la donation ou , sans effet, dans le cas du legs, si cet acte est posé au temps où le donateur ou le testateur y est soigné ou y reçoit des services.

Section 4 – APPLICATION

16. Adhésion au Code d'éthique et de déontologie des administrateurs
Chaque membre s'engage à reconnaître et à s'acquitter de ses responsabilités et de ses fonctions au mieux de ses connaissances et à respecter le présent document ainsi que les lois applicables. Dans les soixante (60) jours de l'adoption du présent Code d'éthique et de déontologie des administrateurs par le conseil d'administration, chaque membre doit produire le formulaire *Engagement et affirmation du membre* de l'annexe I du présent document.

Tout nouveau membre doit aussi le faire dans les soixante jours suivant son entrée en fonction. En cas de doute sur la portée ou sur l'application d'une disposition du présent Code, il appartient au membre de consulter le comité de gouvernance et d'éthique.

17. Comité de gouvernance et d'éthique
En matière d'éthique et de déontologie, le comité de gouvernance et d'éthique a, entre autres, pour fonctions de :

a) élaborer un Code d'éthique et de déontologie des administrateurs conformément à l'article 3.1.4 de la *Loi sur le ministère du Conseil exécutif*;
b) voir à la diffusion et à la promotion du présent Code auprès des membres du conseil d'administration;
c) informer les membres du contenu et des modalités d'application du présent Code;
d) conseiller les membres sur toute question relative à l'application du présent Code;
e) assurer le traitement des déclarations de conflits d'intérêts et fournir aux membres qui en font la demande des avis sur ces déclarations;
f) réviser, au besoin, le présent Code et soumettre toute modification au conseil d'administration pour adoption;
g) évaluer périodiquement l'application du présent Code et faire des recommandations au conseil d'administration, le cas échéant;
h) retenir les services de ressources externes, si nécessaire, afin d'examiner toute problématique qui lui est présentée par le conseil d'administration;
i) assurer l'analyse de situations de manquement à la loi ou au présent Code et faire rapport au conseil d'administration.

Comme ce sont les membres du comité de gouvernance et d'éthique qui édictent les règles de conduite, ils ne devraient pas être confrontés à les interpréter, dans un contexte disciplinaire. Si tel était le cas, cela pourrait entacher le processus disciplinaire en introduisant un biais potentiellement défavorable au membre en cause. C'est pourquoi, il est proposé de mettre en place un « comité d'examen *ad hoc »* afin de résoudre le problème ou de proposer un règlement, à la discrétion du conseil d'administration.

18. Comité d'examen *ad hoc*
18.1 Le comité de gouvernance et d'éthique forme au besoin, un comité d'examen *ad hoc* composé d'au moins trois (3) personnes. Une de ces personnes doit posséder des compétences appliquées en matière de déontologie et de réflexion éthique. Le comité peut être composé de membres du conseil d'administration ou de ressources externes ayant des compétences spécifiques, notamment en matière juridique.

18.2 Un membre du comité d'examen *ad hoc* ne peut agir au sein du comité s'il est impliqué directement ou indirectement dans une affaire qui est soumise à l'attention du comité.

18.3 Le comité d'examen *ad hoc* a pour fonctions de :

a) faire enquête, à la demande du comité de gouvernance et d'éthique, sur toute situation impliquant un manquement présumé par un membre du conseil d'administration, aux règles d'éthique et de déontologie prévues par le présent Code;
b) déterminer, à la suite d'une telle enquête, si un membre du conseil d'administration a contrevenu ou non au présent Code;
c) faire des recommandations au conseil d'administration sur la mesure qui devrait être imposée à un membre fautif.

18.4 La date d'entrée en fonction, la durée du mandat des membres du comité d'examen *ad hoc* de même que les conditions du mandat sont fixées par le comité de gouvernance et d'éthique.

18.5 Si le comité d'examen *ad hoc* ne peut faire ses recommandations au comité de gouvernance et d'éthique avant l'échéance du mandat de ses membres, le comité de gouvernance et d'éthique peut, le cas échéant, prolonger la durée du mandat pour la durée nécessaire à l'accomplissement de ce dernier. La personne qui fait l'objet de l'enquête en est informée par écrit.

19. Processus disciplinaire
19.1 Tout manquement ou omission concernant un devoir ou une obligation prévue dans le Code constitue un acte dérogatoire et peut entraîner une mesure, le cas échéant.

19.2 Le comité de gouvernance et d'éthique saisit le comité d'examen *ad hoc*, lorsqu'une personne a un motif sérieux de croire qu'un membre a pu contrevenir au présent document, en transmettant le formulaire *Signalement d'une situation de conflit d'intérêts* de l'annexe VI rempli par cette personne.

19.3 Le comité d'examen *ad hoc* détermine, après analyse, s'il y a matière à enquête. Dans l'affirmative, il notifie au membre concerné les manquements reprochés et la référence aux dispositions pertinentes du Code. La notification l'informe qu'il peut, dans un délai de trente (30) jours, fournir ses observations par écrit au comité d'examen ad hoc et, sur demande, être entendu par celui-ci relativement au(x) manquement(s) reproché(s). Il doit, en tout temps, répondre avec diligence à toute communication ou demande qui lui est adressée par le comité d'examen *ad hoc*.

19.4 Le membre est informé que l'enquête qui est tenue à son sujet est conduite de manière confidentielle afin de protéger, dans la mesure du possible, l'anonymat de la personne à l'origine de l'allégation. Dans le cas où il y aurait un bris de confidentialité, la personne ne doit pas communiquer avec la personne qui a demandé la tenue de l'enquête. Les personnes chargées de faire l'enquête sont tenues de remplir le formulaire *Affirmation de discrétion dans une enquête d'examen* de l'annexe VII.

19.5 Tout membre du comité d'examen ad hoc qui enquête doit le faire dans le respect des principes de justice fondamentale, dans un souci de confidentialité, de discrétion, d'objectivité et d'impartialité. Il doit être indépendant d'esprit et agir avec une rigueur et prudence.

19.6 Le comité d'examen *ad hoc* doit respecter les règles d'équité procédurale en offrant au membre concerné une occasion raisonnable de connaître la nature du reproche, de prendre connaissance des documents faisant partie du dossier du comité d'examen ad hoc, de préparer et de faire ses représentations écrites ou verbales. Si, à sa demande, le membre est entendu par le comité d'examen *ad hoc*, il peut être accompagné d'une personne de son choix. Toutefois, elle ne peut pas participer aux délibérations ni à la décision du conseil d'administration.

19.7 Ne peuvent être poursuivies en justice en raison d'actes accomplis de bonne foi dans l'exercice de leurs fonctions, les personnes et les autorités qui sont chargées de faire enquête relativement à des situations ou à des allégations de comportements susceptibles d'être dérogatoires à l'éthique ou à la déontologie, ainsi que celles chargées de déterminer ou d'imposer les sanctions appropriées.

19.8 Le comité d'examen *ad hoc* transmet son rapport au comité de gouvernance et d'éthique, au plus tard dans les soixante (60) jours suivant le début de son enquête. Ce rapport est confidentiel et doit comprendre :

a) un état des faits reprochés;
b) un résumé des témoignages et des documents consultés incluant le point de vue du membre visé;
c) une conclusion motivée sur le bien-fondé ou non de l'allégation de non-respect du Code;
d) une recommandation motivée sur la mesure à imposer, le cas échéant.

19.9 Sur recommandation du comité de gouvernance et d'éthique, à huis clos, le conseil d'administration se réunit pour décider de la mesure à imposer au membre concerné. Avant de décider de l'application d'une mesure, le conseil doit l'aviser et lui offrir de se faire entendre.

19.10 Le conseil d'administration peut relever provisoirement de ses fonctions le membre à qui l'on reproche un manquement, afin de permettre la prise d'une décision appropriée dans le cas d'une situation urgente nécessitant une intervention rapide ou dans un cas présumé de faute grave. S'il s'agit du président-directeur général, le président du conseil d'administration doit informer immédiatement le ministre de la Santé et des Services sociaux.

19.11 Toute mesure prise par le conseil d'administration doit être communiquée au membre concerné. Toute mesure qui lui est imposée, de même que la décision de le relever de ses fonctions, doivent être écrites et motivées. Lorsqu'il y a eu manquement, le président du conseil d'administration en informe le président-directeur général ou le Ministre, selon la gravité du manquement.

19.12 Cette mesure peut être, selon la nature et la gravité du manquement, un rappel à l'ordre, un blâme, une suspension d'une durée maximale de trois (3) mois ou une révocation de son mandat. Si la mesure est une révocation de mandat, le président du conseil d'administration en informe le ministre de la Santé et des Services sociaux.

19.13 Le secrétaire du conseil d'administration conserve tout dossier relatif à la mise en œuvre du Code d'éthique et de déontologie des administrateurs, de manière confidentielle, pendant toute la durée fixée par le calendrier de conservation adopté par l'établissement et conformément aux dispositions de la *Loi sur les archives* (RLRQ, chapitre A-21.1).

20. Notion d'indépendance

Le membre du conseil d'administration, qu'il soit indépendant, désigné ou nommé, doit dénoncer par écrit au conseil d'administration, dans les plus brefs délais, toute situation susceptible d'affecter son statut. Il doit transmettre au conseil d'administration le formulaire *Avis de bris du statut d'indépendance* de l'annexe II du présent Code, au plus tard dans les trente (30) jours suivant la présence d'une telle situation.

21. Obligations en fin du mandat

Dans le cadre du présent document, le membre de conseil d'administration doit, après la fin de son mandat :

- Respecter la confidentialité de tout renseignement, débat, échange et discussion dont il a eu connaissance dans l'exercice ou à l'occasion de ses fonctions.
- Se comporter de manière à ne pas tirer d'avantages indus, en son nom personnel ou pour le compte d'autrui, de ses fonctions antérieures d'administrateur.
- Ne pas agir, en son nom personnel ou pour le compte d'autrui, relativement à une procédure, à une négociation ou à toute autre situation pour laquelle il a participé et sur laquelle il détient des informations non disponibles au public.
- S'abstenir de solliciter un emploi auprès de l'établissement pendant son mandat et dans l'année suivant la fin de son mandat, à moins qu'il ne soit déjà à l'emploi de l'établissement. Si un cas exceptionnel se présentait, il devra être présenté au conseil d'administration.

ANNEXES

Annexe I – Engagement et affirmation du membre

Coordonnées du bureau d'élection

Je, soussigné, _____, membre du conseil d'administration du - _____, déclare avoir pris connaissance du Code d'éthique et de déontologie des administrateurs, adopté par le conseil d'administration le _____, en comprendre le sens et la portée, et me déclare lié par chacune des dispositions tout comme s'il s'agissait d'un engagement contractuel de ma part envers le _____.

Dans cet esprit, j'affirme solennellement remplir fidèlement, impartialement, honnêtement au meilleur de ma capacité et de mes connaissances, tous les devoirs de ma fonction et d'en exercer de même tous les pouvoirs.

J'affirme solennellement que je n'accepterai aucune somme d'argent ou considération quelconque, pour ce que j'aurai accompli dans l'exercice de mes fonctions, autre que la rémunération et le remboursement de mes dépenses allouées conformément à la loi. Je m'engage à ne révéler et à ne laisser connaître, sans y être autorisé par la loi, aucun renseignement ni document de nature confidentielle dont j'aurai connaissance, dans l'exercice de mes fonctions.

En foi de quoi, j'ai _____, pris connaissance du Code d'éthique et de déontologie des administrateurs du _____ et je m'engage à m'y conformer.

_____ _____ _____

Signature **Date** *[aaaa-mm-jj]* **Lieu**

_____ _____

Nom du commissaire à l'assermentation **Signature**

Annexe II – Avis de bris du statut d'indépendance

AVIS SIGNÉ

Je, soussigné, _____ *[prénom et nom en lettres moulées]*, déclare par la présente, croire être dans une situation susceptible d'affecter mon statut de membre indépendant au sein du conseil d'administration du _____ due aux faits suivants :

_____
_____
_____
_____
_____
_____
_____
_____

_____ _____ _____

Signature **Date** *[aaaa-mm-jj]* **Lieu**

Annexe III – Déclaration des intérêts du membre

Je, _____ *[prénom et nom en lettres moulées]*, membre du conseil d'administration du _____, déclare les éléments suivants :

1. Intérêts pécuniaires

☐ Je ne détiens pas d'intérêts pécuniaires dans une personne morale, société ou entreprise commerciale.

☐ Je détiens des intérêts pécuniaires, autres qu'une participation à l'actionnariat d'une entreprise qui ne me permet pas d'agir à titre d'actionnaire de contrôle, dans les personnes morales, sociétés ou entreprises commerciales identifiées ci-après *[nommer les personnes morales, sociétés ou entreprises concernées] :*

_____
_____
_____

2. Titre d'administrateur

☐ Je n'agis pas à titre d'administrateur d'une personne morale, d'une société, d'une entreprise ou d'un organisme à but lucratif ou non, autre que mon mandat comme membre du _____.

☐ J'agis à titre d'administrateur d'une personne morale, d'une société, d'une entreprise ou d'un organisme à but lucratif ou non, identifié ci-après, autre que mon mandat comme membre du _____. *[nommer les personnes morales, sociétés, entreprises ou organismes concernés]:*

_____
_____
_____

3. Emploi

J'occupe les emplois suivants :

Fonction	Employeur

Je me déclare lié par l'obligation de mettre cette déclaration à jour aussitôt que ma situation le justifie et je m'engage à adopter une conduite qui soit conforme au Code d'éthique et de déontologie des administrateurs du _____.

En foi de quoi, j'ai pris connaissance du Code d'éthique et de déontologie des administrateurs du _____ à m'y conformer.

_____ _____ _____

Signature **Date** *[aaaa-mm-jj]* **Lieu**

Annexe IV – Déclaration des intérêts du président-directeur général

Je, _____ *[prénom et nom en lettres moulées]*, président-directeur général et membre d'office du _____, déclare les éléments suivants :

1. Intérêts pécuniaires

☐ Je ne détiens pas d'intérêts pécuniaires dans une personne morale, société ou entreprise commerciale.

☐ Je détiens des intérêts pécuniaires, autres qu'une participation à l'actionnariat d'une entreprise qui ne me permet pas d'agir à titre d'actionnaire de contrôle, dans les personnes morales, sociétés ou entreprises commerciales identifiées ci-après *[nommer les personnes morales, sociétés ou entreprises concernées] :*

_____
_____
_____

2. Titre d'administrateur

☐ Je n'agis pas à titre d'administrateur d'une personne morale, d'une société, d'une entreprise ou d'un organisme à but lucratif ou non, autre que mon mandat comme membre du _____.

☐ J'agis à titre d'administrateur d'une personne morale, d'une société, d'une entreprise ou d'un organisme à but lucratif ou non, identifié ci-après, autre que mon mandat comme membre du _____. *[nommer les personnes morales, sociétés, entreprises ou organismes concernés]:*

_____
_____
_____

3. Emploi

« Le président-directeur général et le président-directeur général adjoint d'un centre intégré de santé et de services sociaux ou d'un établissement non fusionné doivent s'occuper exclusivement du travail de l'établissement et des devoirs de leur fonction.

Ils peuvent toutefois, avec le consentement du ministre, exercer d'autres activités professionnelles qu'elles soient ou non rémunérées. Ils peuvent aussi exercer tout mandat que le ministre leur confie. » (art. 37, RLRQ, chapitre O-7.2).

En foi de quoi, j'ai pris connaissance du Code d'éthique et de déontologie des administrateurs du _____ à m'y conformer.

_____ _____ _____
Signature **Date** *[aaaa-mm-jj]* **Lieu**

Annexe V – Déclaration de conflit d'intérêts

Je, soussigné, _____ *[prénom et nom en lettres moulées]*, membre du conseil d'administration du _____ déclare par la présente, croire être en conflit d'intérêts en regard des faits suivants :

_____
_____
_____
_____
_____
_____
_____
_____

_____ _____ _____
Signature **Date** *[aaaa-mm-jj]* **Lieu**

Annexe VI – Signalement d'une situation de conflits d'intérêts

Je, soussigné, _____, estime que le membre suivant : _____, est en situation de conflit d'intérêts apparent, réel ou potentiel en regard des faits suivants :

_____
_____
_____
_____
_____
_____
_____
_____

Je demande que le conseil d'administration adresse ce signalement au comité de gouvernance et d'éthique pour analyse et recommandation, et je comprends que certaines informations fournies dans ce formulaire constituent des renseignements personnels protégés par la *Loi sur l'accès aux documents des organismes publics et sur la protection des renseignements personnels* (RLRQ, chapitre A-2.1).

Je consens à leur utilisation aux seules fins d'examiner s'il existe ou non une situation de conflit d'intérêts apparente, réelle ou potentielle.

_____ _____ _____
Signature **Date** *[aaaa-mm-jj]* **Lieu**

Annexe VII – Affirmation de discrétion dans une enquête d'examen

Je, soussigné, _____, affirme solennellement que je ne révélerai et ne ferai connaître, sans y être autorisé par la loi, quoi que ce soit dont j'aurai eu connaissance dans l'exercice de mes fonctions d'administrateur.

_____ _____ _____
Signature **Date** *[aaaa-mm-jj]* **Lieu**

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Institut de recherche
McGill University Health Centre
Research Institute

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