Claudio F. Bussandri
Chairman, MUHC Board of Directors
Chairman’s Remarks

- 92.9% rating from Accreditation Canada
- Committees Up and Running
**Legislated Committees and Councils**

- Governance and Ethics (181 HSSS Act)
- Vigilance Committee (181.0.1 HSSS Act)
- Research Ethics Committee (Quebec G.O. Avis juridique 29/08/1998 No. 35)
- Audit (181 HSSS Act)
- Finance Sub-Committee
- Quality and Risk Management (COQAR) (183.1 HSSS Act)
- Safety Sub-Committee
- Users’ Committee (209 HSSS Act)
- Council of Physicians, Dentists and Pharmacists (CPDP) (213 HSSS Act)
- Council of Nurses (219 HSSS Act)
- Multidisciplinary Council (226 HSSS Act)

**Non-Legislated Committees and Councils**

- Real Estate Committee
- Human Resources and Organizational Culture Committee
- Lachine Hospital Committee
- Nominating Committee
- Adhoc Committee (Clinical Operations)
- Adhoc Committee (Organizational Structure)
- Communications Committee

**THE BOARD COMMITTEES**
Chairman’s Remarks

- 92.9% rating from Accreditation Canada
- Committees Up and Running
- Budget Equilibrium
- Transparency
- Redevelopment
  - Glen: On budget and on time
  - Neuro moving in 2019
  - MGH and Lachiine redevelopment
- Community involvement is key
- McGill/MAHN
MUHC Annual General Meeting agenda

- Ombudsman’s Report: Lynne Casgrain
- Finance Report: Stephane Beaudry
- Research Institute Report: Miguel Burnier
- Clinical and Operational Report: Ann Lynch
- Dr. Morin presentation on “PAIN FREE” quality improvement initiative
- Director General & CEO’s Report: Normand Rinfret
Lynne Casgrain
Office of the Local Service Quality and Complaints Commissioner / Ombudsman
MUHC
Mandate:

• Receive and manage complaints as per the Health Act
• Equitable, impartial, diligent and compassionate while investigating and resolving complaints

Focus:

• The patients, the representatives and the front line staff.
Complaints Commissioners
Complaints 2010-2013

Number of complaints

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2011</td>
<td>828</td>
</tr>
<tr>
<td>2011-2012</td>
<td>1037</td>
</tr>
<tr>
<td>2012-2013</td>
<td>1377</td>
</tr>
</tbody>
</table>
Complaints Commissioners
Assistances 2010-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Assistances</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2011</td>
<td>864</td>
</tr>
<tr>
<td>2011-2012</td>
<td>918</td>
</tr>
<tr>
<td>2012-2013</td>
<td>849</td>
</tr>
</tbody>
</table>
Protecteur du citoyen cases 2010-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2011</td>
<td>6</td>
</tr>
<tr>
<td>2011-2012</td>
<td>10</td>
</tr>
<tr>
<td>2012-2013</td>
<td>3</td>
</tr>
</tbody>
</table>
Medical Examiners - Complaints 2010-2013

- 2010-2011: 271 cases
- 2011-2012: 257 cases
- 2012-2013: 279 cases
Medical Examiners - Complaint categories
2012 - 2013
Review Committee 2010-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2011</td>
<td>18</td>
</tr>
<tr>
<td>2011-2012</td>
<td>32</td>
</tr>
<tr>
<td>2012-2013</td>
<td>19</td>
</tr>
</tbody>
</table>
Stéphane Beaudry
Associate Director General, Financial Resources, Procurement & Biomedical Engineering, MUHC
### Surplus | Deficit

<table>
<thead>
<tr>
<th></th>
<th>2010-2011</th>
<th>2011-2012</th>
<th>2012-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Produits (Revenue)</td>
<td>1,002,502</td>
<td>1,018,574</td>
<td>1,059,866</td>
</tr>
<tr>
<td>Charges (Expenses)</td>
<td>1,009,451</td>
<td>1,048,121</td>
<td>1,132,379</td>
</tr>
<tr>
<td>**SURPLUS</td>
<td>(DEFICIT)**</td>
<td>(6,949)</td>
<td>(29,547)</td>
</tr>
</tbody>
</table>

**Pie Charts**

- **2010-2011**: 1,002,502 and 1,009,451
- **2011-2012**: 1,018,574 and 1,048,121
- **2012-2013**: 1,059,866 and 1,132,379

---

Centre universitaire de santé McGill  
McGill University Health Centre
## Financial Results

### Operating Fund

<table>
<thead>
<tr>
<th>Produits</th>
<th>Revenue</th>
<th>2010-2011</th>
<th>2011-2012</th>
<th>2012-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agence de la santé et des services sociaux de Montréal</td>
<td>Health and Social Services Agency of Montreal</td>
<td>747,932</td>
<td>773,617</td>
<td>811,249</td>
</tr>
<tr>
<td>Ventes de services et recouvrements</td>
<td>Sales of services &amp; recoveries</td>
<td>26,662</td>
<td>31,780</td>
<td>33,580</td>
</tr>
<tr>
<td>Usagers</td>
<td>Patients</td>
<td>22,905</td>
<td>26,691</td>
<td>23,390</td>
</tr>
<tr>
<td>Recherche</td>
<td>Research</td>
<td>82,962</td>
<td>83,359</td>
<td>79,826</td>
</tr>
<tr>
<td>Autres</td>
<td>Other</td>
<td>122,041</td>
<td>103,127</td>
<td>111,821</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>1,002,502</strong></td>
<td><strong>1,018,574</strong></td>
<td><strong>1,059,866</strong></td>
</tr>
</tbody>
</table>

---

**Centre universitaire de santé McGill**  
**McGill University Health Centre**
### Charges | Expenses

<table>
<thead>
<tr>
<th>Service Description</th>
<th>2010-2011</th>
<th>2011-2012</th>
<th>2012-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soins infirmiers (Nursing care)</td>
<td>230,076</td>
<td>248,028</td>
<td>255,362</td>
</tr>
<tr>
<td>Services diagnostiques &amp; thérapeutiques (Diagnostic &amp; therapeutic services)</td>
<td>369,161</td>
<td>380,822</td>
<td>390,193</td>
</tr>
<tr>
<td>Services techniques et de soutien (Technical and support services)</td>
<td>165,141</td>
<td>157,881</td>
<td>168,844</td>
</tr>
<tr>
<td>Administration (Administration)</td>
<td>54,116</td>
<td>56,953</td>
<td>56,029</td>
</tr>
<tr>
<td>Autres (Other)</td>
<td>190,957</td>
<td>204,437</td>
<td>261,951</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,009,451</strong></td>
<td><strong>1,048,121</strong></td>
<td><strong>1,132,379</strong></td>
</tr>
</tbody>
</table>

- 2010-2011: 1,009,451
- 2011-2012: 1,048,121
- 2012-2013: 1,132,379
A reward for our fiscal discipline

- Anticipated deficit for 2013-2014 of $32.3m:
  - $14.5m operational deficit
  - $5.5m Research Institute deficit
  - $20m
  - $12.3m deficit authorized by the Agence

- The MSSS has paid the $12.3m authorized deficit for 2013-14 and announced that our budget base will be increased by $12.3m for the future
The importance of maintaining our fiscal discipline – period 6

- Our financial results demonstrate that the deficit is below the anticipated amount by $4m:
  - Positive variance of $2.6m on clinical operations
  - Positive variance of $1.3m for the Research Institute

- There are however, four sectors with negative variance:
  - Logistics: improving as of period 6
  - Cardiology: additional funding received, but deficit still expected due to elevated volumes
  - Lachine: budget review and GPO in progress
  - SYSCOR: delay related to an agreement with the Agnence’s TechnoCentre

- The 2013-2014 budget includes a reduction plan of $37.4m. Of this amount, $8.6m is connected to the *grands projets d’optimisation* (GPO). Certain delays in implementation may cause a negative variance of $3m
Dr. Miguel Burnier

General Director, Clinical Research and Training, Research Institute of the MUHC (RI-MUHC)
RI-MUHC at the Glen

- A transformative, world-class, research institute bridging the gap between biomedical research and clinical medicine.
- An environment that accelerates the translation of basic discoveries to public uses while providing the basis for novel public health policies.
- To bring together pediatric and adult research programs and focus on improving the health of individual patients throughout their life cycle.
- Set the stage for the transition to individualized medicine: the successful personalized care and treatment
The RI-MUHC in numbers

- 2nd research hospital centre in Canada and top research hospital in Quebec
- 550 researchers (fundamental, clinical and health outcomes research)
- 1,200 graduate students, post-doctorates and clinical fellows
- 1,700 peer-reviewed scientific publications annually
- Over 1,900 clinical research studies are conducted each year
- More than $170 million in funding received
Research Highlights

- Major player in CLSA, one of the most comprehensive studies ever conducted on aging
- Improved the diagnosis and treatment of pediatric and adolescent mild traumatic brain injury
- First-ever 3D atlas of the brain freely accessible to researchers and medical world
- Explored novel ways to tame symptoms of Parkinson’s disease
Integrated Studies on Metastatic Disease

Ocular Pathology Laboratory
Uveal Melanoma

MUHC-RI Melanoma Research Program

Blood Dissemination of Cancer Cells

Liver Metastases

• Ophthalmology
• Pathology
• Dermatology
• Oncology
• Experimental Medicine
• Surgery
International visibility of the RI-MUHC

Collaborations with more than 35 countries worldwide
"We don’t do research as an intellectual exercise. We do research because there is a patient at the end of the day".
Ann Lynch
Associate Director General, Clinical Operations, Adult Sites, MUHC
<table>
<thead>
<tr>
<th>Usagers admis</th>
<th>Inpatients</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
<th>2012-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lits dressés (incluant les berceaux)</td>
<td>Bed Set-up (including bassinets)</td>
<td>Courte durée - adultes</td>
<td>Acute Care - Adults</td>
<td>945</td>
<td>928</td>
<td>931</td>
</tr>
<tr>
<td>Courte durée - enfants</td>
<td>Acute Care - Children (note 1)</td>
<td>134</td>
<td>134</td>
<td>132</td>
<td>104</td>
<td>107</td>
</tr>
<tr>
<td>Nouveau-nés - soins généraux</td>
<td>Newborns - General Care</td>
<td>26</td>
<td>26</td>
<td>26</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>Nouveau-nés - soins intensifs</td>
<td>Newborns - Intensive Care</td>
<td>55</td>
<td>55</td>
<td>55</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Longue durée - adultes</td>
<td>Chronic Care - Adults</td>
<td>256</td>
<td>256</td>
<td>239</td>
<td>243</td>
<td>170</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>1,416</strong></td>
<td><strong>1,399</strong></td>
<td><strong>1,383</strong></td>
<td><strong>1,379</strong></td>
<td><strong>1,239</strong></td>
</tr>
</tbody>
</table>
## Statistical Data

<table>
<thead>
<tr>
<th>Usagers admis</th>
<th>Inpatients</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
<th>2012-13</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Admissions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Courte durée - adultes</td>
<td>Acute Care - Adults</td>
<td>27,355</td>
<td>27,822</td>
<td>28,833</td>
<td>29,276</td>
<td>29,911</td>
</tr>
<tr>
<td>Courte durée - enfants</td>
<td>Acute Care - Children</td>
<td>6,346</td>
<td>5,705</td>
<td>5,643</td>
<td>5,657</td>
<td>5,484</td>
</tr>
<tr>
<td>Nouveau-nés - soins généraux</td>
<td>Newborns - General Care</td>
<td>3,309</td>
<td>3,499</td>
<td>3,679</td>
<td>3,704</td>
<td>3,564</td>
</tr>
<tr>
<td>Nouveau-nés - soins intensifs</td>
<td>Newborns - Intensive Care</td>
<td>699</td>
<td>778</td>
<td>857</td>
<td>728</td>
<td>751</td>
</tr>
<tr>
<td>Longue durée - adultes</td>
<td>Chronic Care - Adults</td>
<td>527</td>
<td>490</td>
<td>488</td>
<td>257</td>
<td>162</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>38,236</td>
<td>38,294</td>
<td>39,500</td>
<td>39,622</td>
<td>39,872</td>
</tr>
</tbody>
</table>
## Statistical Data

<table>
<thead>
<tr>
<th>Usagers admis</th>
<th>Inpatients</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
<th>2012-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jours-présence</td>
<td>Patient Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Courte durée - adultes</td>
<td>Acute Care - Adults</td>
<td>265,945</td>
<td>263,610</td>
<td>277,729</td>
<td>282,624</td>
<td>279,730</td>
</tr>
<tr>
<td>Courte durée - enfants</td>
<td>Acute Care - Children</td>
<td>30,413</td>
<td>30,624</td>
<td>31,404</td>
<td>31,861</td>
<td>30,012</td>
</tr>
<tr>
<td>Nouveau-nés - soins généraux</td>
<td>Newborns - General Care</td>
<td>7,657</td>
<td>7,907</td>
<td>7,814</td>
<td>7,601</td>
<td>6,955</td>
</tr>
<tr>
<td>Nouveau-nés - soins intensifs</td>
<td>Newborns - Intensive Care</td>
<td>13,855</td>
<td>14,257</td>
<td>14,411</td>
<td>14,693</td>
<td>15,397</td>
</tr>
<tr>
<td>Longue durée - adultes</td>
<td>Chronic Care - Adults</td>
<td>113,037</td>
<td>102,497</td>
<td>91,722</td>
<td>82,449</td>
<td>74,234</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>430,907</strong></td>
<td><strong>418,895</strong></td>
<td><strong>423,080</strong></td>
<td><strong>419,228</strong></td>
<td><strong>406,328</strong></td>
</tr>
</tbody>
</table>
### Usagers admis | Inpatients

<table>
<thead>
<tr>
<th>Durée moyenne de séjour</th>
<th>Average Length of Stay</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
<th>2012-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courte durée - enfants</td>
<td>Acute Care - Children</td>
<td>4.79</td>
<td>5.37</td>
<td>5.57</td>
<td>5.63</td>
<td>5.47</td>
</tr>
<tr>
<td>Nouveau-nés - soins généraux</td>
<td>Newborns - General Care</td>
<td>2.31</td>
<td>2.26</td>
<td>2.12</td>
<td>2.05</td>
<td>1.95</td>
</tr>
<tr>
<td>Nouveau-nés - soins intensifs</td>
<td>Newborns - Intensive Care</td>
<td>19.82</td>
<td>18.33</td>
<td>16.82</td>
<td>20.18</td>
<td>20.50</td>
</tr>
<tr>
<td>Longue durée - adultes</td>
<td>Chronic Care - Adults</td>
<td>214.49</td>
<td>209.18</td>
<td>187.95</td>
<td>320.81</td>
<td>458.23</td>
</tr>
<tr>
<td>**Total pondéré</td>
<td>Weighed Total**</td>
<td><strong>11.27</strong></td>
<td><strong>10.94</strong></td>
<td><strong>10.71</strong></td>
<td><strong>10.58</strong></td>
<td><strong>10.19</strong></td>
</tr>
<tr>
<td>Services ambulatoires (visites)</td>
<td>Alternative Care to Hospitalization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultations externes</td>
<td>Outpatient Clinics</td>
<td>171,944</td>
<td>170,935</td>
<td>169,283</td>
<td>178,070</td>
<td>173,200</td>
</tr>
<tr>
<td>Planification familiale</td>
<td>Family Planning</td>
<td>668,161</td>
<td>671,075</td>
<td>681,918</td>
<td>690,279</td>
<td>688,361</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>27,066</td>
<td>24,755</td>
<td>30,189</td>
<td>46,142</td>
<td>46,805</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services ambulatoires (visites)</th>
<th>Alternative Care to Hospitalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>
MUHC Quality Review

- Quality Plan (Missions / Departments)
- Patient Experience Measurement
  - HCAHPS (Inpatient)
  - AOPSS (Oncology Ambulatory)
- Clinical Outcome Benchmarking
  - NSQIP
- Initiation of the First Annual Challenge
- Q+ Quality Project
Suzanne Morin
Division of Internal Medicine, Department of Medicine, MUHC
Improving PAIN control following FRactures; towards an Elder-friendly Emergency department (PAINFREE)

Suzanne Morin, MD MSc
Team Lead

Maryse Godin, MSc N
Marie-Andrée Jacques, BSc N
Maral Koolian MD
Danièle Lamarche, MSc N
Nadine Larente, MD
David Lussier, MD
Christian Machuca, BSc N
Chantal Ranallo, BSc N

Brenda MacGibbon-Taylor, PhD
Jean-Marc Troquet, MD
Eric Villeneuve, PharmD
Michelle Wall, MSc

Isabelle Assouline, MA
Project Coordinator

December 2013
Rationale

• Skeletal fractures are frequent in older adults.

• Pain is a major component of a patient’s experience following a fracture.

• Fracture and pain, constitute major physiological and psychological stressors for patients.

• There is room for improvement in the management of pain in our institution.
Objective

To improve acute pain management for older adults (75 years and older), including those with cognitiveimpairment, who present to the Emergency Department with a fracture.

In partnership with the foundations of the MUHC and

How did we develop the intervention?

1. Review of Medical Records

Patient electronic records and medical charts
  - Montreal General Hospital
  - Royal Victoria Hospital
  - Lachine Hospital

2. Survey Administration

Emergency Department healthcare professionals
  - Nurses
  - Physicians

Patients with previous visits to the Emergency for fractures

3. Analysis of Results
1. Branding Committee
   Django Design©

2. Patient Representatives Committee

3. ED Nurses Committee

4. ED Physicians Committee

5. MUHC Patient Education Committee
Intervention

The PAINFREE Initiative’s Patient-Centered Intervention

Nurses
- PowerPoint presentation
- Pocket cards
- Pain reassessment tool

ED Environment
- Awareness
- Lanyards
- Posters

Physicians
- PowerPoint presentation
- Standardized prescriptions for analgesia

Family and Caregivers
- Discharge fact sheet
- Website
Intervention

ED Healthcare Professionals

Nurses:

• Educational PowerPoint presentations
• Pocket cards
• Pain reassessment tool

Physicians:

• Educational PowerPoint presentations
• Standardized prescriptions for analgesia
Intervention

Patients & Families/Caregivers

• Discharge fact sheet

• Website
  www.painfreeinitiative.org

• Follow-up appointments
**You have broken a bone. ARE YOU EXPERIENCING PAIN?**

This fact sheet provides important information to help you and your family better understand and treat your pain once you leave the Emergency Department.

**Why is it important for me to treat my pain?**

- Treating your pain early can help improve your well-being.
- It will help you move and breathe more easily, eat and sleep better, return to your independence.
- The faster you recover, the sooner you can get back to your regular everyday activities!

**How long can I expect my pain to last?**

- Depending on the type of fracture you have experienced, it is possible for your pain to last between 6 weeks and 6 months.

---

### What pain medication have I been prescribed?

Doctors prescribe different medications for different levels of pain. Use the pain scale to assess your pain level and follow the guidelines below:

<table>
<thead>
<tr>
<th>Pain Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Severe pain</td>
</tr>
<tr>
<td>9</td>
<td>Severe pain</td>
</tr>
<tr>
<td>8</td>
<td>Severe pain</td>
</tr>
<tr>
<td>7</td>
<td>Moderate pain</td>
</tr>
<tr>
<td>6</td>
<td>Moderate pain</td>
</tr>
<tr>
<td>5</td>
<td>Moderate pain</td>
</tr>
<tr>
<td>4</td>
<td>Mild pain</td>
</tr>
<tr>
<td>3</td>
<td>Mild pain</td>
</tr>
<tr>
<td>2</td>
<td>Mild pain</td>
</tr>
<tr>
<td>1</td>
<td>Mild pain</td>
</tr>
<tr>
<td>0</td>
<td>No pain</td>
</tr>
</tbody>
</table>

- **For severe pain (7-10), take:**
  - What? Opioid (a stronger medication) such as Dilaudid or Morphine combined with Tylenol.
  - When? Regularly every 4 hours.

- **For moderate pain (4-6), take:**
  - What? Opioid (a stronger medication) such as Dilaudid or Morphine combined with Tylenol.
  - When? Regularly every 6-8 hours.

- **For mild pain (1-3), take:**
  - What? Acetaminophen such as Tylenol.
  - When? Regularly every 6 hours.

*Note: If you are taking Dilaudid or Morphine, make sure that you are also taking a laxative. Ask your pharmacist or physician, he can recommend one.*

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### What appointment(s) should I make after leaving the Emergency Department?

- A check-up with your family doctor. If you do not have a family doctor, contact your local CLSC.
- A follow-up appointment at the orthopedic clinic (if applicable).

### Who should I contact with important questions and/or concerns?

- **Orthopedic clinic** (if you have already been seen): Montreal General Hospital / Royal Victoria Hospital: (514) 934-8041 / Lachine Hospital: 514 934-1934 ext. 77110
- Your family doctor or CLSC
- Info-sante: 8-1-1

For more information, visit [www.painfreeinitiative.org](http://www.painfreeinitiative.org)
Intervention

ED Environment

• Posters

• Colored lanyards

• Plasma screen advertisements

• Pamphlets
<table>
<thead>
<tr>
<th>Intervention development</th>
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<tbody>
<tr>
<td>Medical records review, survey administration, analysis of results, preparation of all materials and tools</td>
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<tr>
<th>Intervention launch 1: MGH &amp; RVH</th>
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<tr>
<td>Educational presentations and use of tools</td>
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<th>Intervention launch 2: LH</th>
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<tr>
<td>Educational presentations and use of tools</td>
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<tr>
<th>Data collection and analysis</th>
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<th>Intervention launch 3: MGH other nursing units Orthopedics, Medicine</th>
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<tr>
<th>Presentations to the scientific community</th>
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<tr>
<th>On-going use of tools in the Emergency Department</th>
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</table>
The PAINFREE Initiative

- Importance of internal funding opportunities
- Multidisciplinary collaboration at the MUHC
- Ability to export the intervention to other departments and institutions
- Importance of involving the patient in the improvement of care
TREATING PAIN, IT’S VITAL.

WWW.PAINFREEINITIATIVE.ORG
Normand Rinfret
Director General and CEO, MUHC
“La tradition, c’est le progrès dans le passé ; le progrès, dans l’avenir, ce sera la tradition.”

*Edouard Herriot (1872-1957)*
The MUHC – a rich history

1877
Introduction du système anesthésique de Lister
T. G. Hodgkin

1890
Développement de la culture du blasté de la dizygote
W. J. Johnston

1932
Isolation des hormones pituitaires et paracorticales
J. B. Callip

1937
Premier essai de transplantation d’organes de la dizygote
W. J. Johnston

1943
Premier traitement de la duplication de la colonne vertébrale
R. O. F. MacEwen

1950
Preuve de la présence de récepteurs hormonaux dans les tissus cibles connus
C. Bessey

1953
Isolation du facteur responsable de la calcification des artères
R. M. Wilson

1955
Prévalence de la maladie de la croûte de la thyroïde
W. J. Johnston

1961
Développement de la méthode de transfusion sanguine
R. M. Wilson

1965
Premier essai de transplantation d’organes de la dizygote
W. J. Johnston

1969
Détection d’un antécédent de maladie de la thyroïde
R. M. Wilson

1970
Prise de relecture du rôle de l’hormone thyroïdienne
R. M. Wilson

1972
Détection d’une mutante de la thyroïde
R. M. Wilson

1975
Prévalence des anomalies génétiques de la thyroïde
R. M. Wilson

1980
Premier traitement de la maladie de la croûte de la thyroïde
R. M. Wilson

1985
Détection d’une anomalie génétique de la thyroïde
R. M. Wilson

1990
Prévalence de la maladie de la croûte de la thyroïde
R. M. Wilson

1993
Prévalence de la maladie de la croûte de la thyroïde
R. M. Wilson

1995
Prévalence de la maladie de la croûte de la thyroïde
R. M. Wilson

2000
Prévalence de la maladie de la croûte de la thyroïde
R. M. Wilson

2005
Prévalence de la maladie de la croûte de la thyroïde
R. M. Wilson

2006
Prévalence de la maladie de la croûte de la thyroïde
R. M. Wilson

2007
Prévalence de la maladie de la croûte de la thyroïde
R. M. Wilson

2008
Prévalence de la maladie de la croûte de la thyroïde
R. M. Wilson

2009
Prévalence de la maladie de la croûte de la thyroïde
R. M. Wilson
From the dream to reality

...but then came...
The Perfect Storm

Alleged Fraud

Accompagnateur

UPAC
“Our greatest glory is not in never falling, but in rising every time we fall.”

Confucius (551-479)
New MUHC Structure

BOARD OF DIRECTORS

- Local Service Quality and Complaints Commissioner
  - L. M. Casgrain

- Director General and Chief Executive Officer
  - N. Rinfret

Local MUHC Ethics & Complaints Commissioner
- D. Bloudeau

- Director of Nursing
  - P. O'Connor

- Director, Human Resources
  - J. Biodeur

- Director of Quality, Risk Management & Performance
  - P. Lafontaine

- Director of Transition
  - M-C. Richer

- Director of Public Affairs & Strategic Planning
  - R. Fahey

- Director of Legal Affairs
  - H. Pouls

- Director, Development & Marketing
  - J. Quenneville

- ADG, Financial Resources, Procurement & Biomedical Engineering
  - S. Beauty

- ADG, Research at the MUHC & Scientific Director of the Research Institute
  - Dr. V. Papadopoulos

- ADG, Medical Affairs & Director of Professional Services
  - Dr. E. Siderowicz

- ADG, Clinical Operations
  - Adult Sites
  - A. Lynch

- ADG, Montreal Children's Hospital
  - M. Alfonso

- ADG, Neurological Mission
  - Dr. G. Koutouki

- ADG, Redevelopment, Planning and Real Estate Management
  - W. Heuff
Accreditation Canada surveyor’s observations

- Overall evaluation of 92.9%
- Commitment of the Board for the quality and safety of care
- Staff, Physicians and Volunteers Dedication
- Passion and Engagement of the Community
- Level of Client Satisfaction
- Focus on Transformation
- Resilience of the Organization and its People

“Some of your patients described you as miracle workers and as far as quality endorsement it just doesn’t get any better than that.”
Shelo’s story
The most significant transformation in the history of the MUHC and the network
The Glen Site
The Glen site

- 500 individual patient rooms;
- More than 25 centralized outpatient clinics;
- The latest equipment, providing the most advanced treatments and tailored to individual patients;
- Two emergency departments
  - One for children and the other for adults;
- Surgical facilities grouped for greater efficiency;
MUHC 2015 : Transfers
Shaping Quebec’s Healthcare Future – The MUHC

- Patient-centred, university-affiliated, research-based health care
- Providing ultra specialized and complex quality patient care across the lifespan
- Patient engagement - Patients involvement in care and decision-making
- Transition and transformation
  - Lean, Six Sigma
  - Standardization, harmonization and optimization
  - Ethics
Accreditation Canada recognizes Leading Practices in Canadian care organizations that are innovative solutions to improving quality.

This year, four Leading Practices were identified at the MUHC

1. **Impact of a Local Low Cost Rapid Response Team**
   Led by:  Dr. Dev Jayaraman – Co-Director of Quality Improvement, Department of Medicine and Director of Quality Improvement, Department of Critical Care

2. **MUHC surgical recovery (SURE) program**
   Led by:  Dr. Liane Feldman – Director of the Division of General Surgery

3. **Ethics and Advanced Communication Simulation Workshop**
   Led by:  Lori Seller – Clinical Ethicist, MCH

4. **Mass Casualty Simulation (Code Orange 2012)**
   Led by:  Stephen P. Black – Manager of Training and Prevention
MUHC Leading Practices video
Change is the law of life. And those who look only to the past or present are certain to miss the future.

John F. Kennedy