

## Remarks for Claudio Bussandri at the 2013 AGM

On behalf of the Board of Directors of the MUHC as well as our management and clinical leadership I am pleased to welcome you to our 2012-13 Annual General Meeting. For Board members this marks the half-way point in our mandate, and, to say the least, it has been eventful up until now.

The next two years promise to be equally challenging as we are in the midst of the most significant transformation in our history. But we face them with confidence and optimism due to the progress we have made over the course of our mandate. Our belief is that the foundation is in place for our continued success.

But don't take my word for it.

This past September we were visited by a team from Accreditation Canada. During the course of the week, they met with Board members, leaders, staff, physicians, clients, families, community partners and stakeholders, reviewed volumes of relevant information and observed the actual delivery of care. We as a community take enormous pride in our 92.9% rating from Accreditation Canada, which evaluated our performance according to over 3,000 criteria. Furthermore the Accreditation Team pointed out that "The Board of Directors has set the tone for a high-performing organization."

The primary role of a Board is to set the strategic direction of the MUHC and to oversee its implementation. As Jean-Louis Denis, an expert in governance, told us at a Board retreat in September we should have "our noses in and our fingers out."

And that has been our approach.

Our focus on governance has been persistent. Members of the Board have not only participated on the various committees established by the law, but have also joined ad hoc committees that we have set up to focus on time-sensitive matters. Over the past twelve months we have, for example, set up ad hoc committees to follow up on the recommendations of the Baron Report, oversee clinical organization for optimal care delivery and support stakeholder communications and community engagement.

As a Board we have also kept a watchful eye on our fiscal performance. The Baron Report estimated our deficit would be around \$115 million. In fact we concluded the 2012-13 fiscal year at a \$72.5 million deficit - 37 per cent lower than expected –and are forecasting a \$20 million deficit for the current year. We expect to reach budget equilibrium the year after.

Another guiding principle of your Board is transparency. We believe that it is important for the internal and external community to be aware of our decisions as well as the overall performance of the MUHC. We are posting remarks and presentations, minutes and resolutions passed by the Board on the web. The MUHC has in the past been the leader in publishing quality of care indicators, and in the New Year we will be providing additional pertinent information for individuals visiting our institution.

In looking ahead we appreciate that we are in the midst of a major period of change, which will have an impact on our staff, health care professionals as well as our patients and their families. Accreditation

Canada identified this challenge in concrete terms, writing “Going forward it will be important for the board to ensure that the operations at MUHC are maintained at a high level, while successfully transitioning to the new site and managing changes.” Our transformation over the next eighteen months will result in changes in our practices, our work environment and the patient experience. Not only will the locations of different programs and services be moving, but our practices and processes will be changing as well. The good news is that the benefits in terms of patient care, teaching and research are enormous and will enable us to better fulfil our mission as a leading academic health centre. This will be facilitated by our redevelopment program.

I am pleased to report that the Glen project is on time and on budget. The Research Institute is scheduled to open its doors in February 2015, and our first patients are set to arrive in April 2015. We are in the process of implementing the transition plan for the Neuro, which is scheduled to move to the Glen in 2019. We have already invested in renovating the Montreal General, but much more needs to be done, and we are beginning to look at the next phase of its redevelopment. Finally we have submitted a revised functional plan for Lachine and hope that plans will be finalized in the New Year.

Continued community involvement and support is crucial to our success. One of our advantages is the work of our volunteers, who like our clinicians and administrators, are assessing how best they can contribute to the MUHC 2015. Another strength is our Foundations, who play a pivotal role through their support of our academic health care mission. And I am particularly pleased to report that the Best Care for Life Campaign is drawing to a close. Under the able leadership of John Rae we have raised more than \$300 million.

We are also pleased to be working hand-in-hand with McGill and the McGill Academic Health Network. We have recently signed a new affiliation agreement with McGill, and this past year we announced the launch of the Rossy Cancer Network with McGill, the Jewish and St. Mary’s. This \$58 million investment promises to improve quality of care and patient satisfaction, increase survival rates and reduce the burden of cancer.

Admittedly our primary focus is on the next eighteen months, but our horizon has to extend beyond that. It is in this context that the Board has agreed with management’s recommendation that we move forward with a limited strategic planning process. We are well aware that if we are to remain a leading academic health centre, we have to continue to innovate, to think outside the box and to anticipate the challenges ahead.

Due to the hard work and the commitment and professionalism of the women and men of the MUHC, our belief is that we are back on track. I think that will become clearer over the course of this annual general meeting.

We have a full agenda. We will first hear from our ombudsman. This will be followed by reports on our financial and clinical performance and the activities of our Research Institute. We will conclude with a presentation by our Director-General and, as is our tradition, a question and answer period.