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McGill University
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CONVERSATIONS 2017

“VOICES OF CONSENSUS AND THE ROAD AHEAD”

Consultations report on the future of the MUHC
Strategic Initiatives Committee
Chaired by Melissa Sonberg

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FOREWORD

In May 2016, the Board of Directors (BOD) of the McGill University Health Centre (MUHC) formed the Strategic Initiatives Committee. Chaired by Board member Melissa Sonberg, the Committee's mandate is to define the contribution of the MUHC as an academic health centre (AHC) within the Quebec health network and explore new forms of collaboration with partners while taking into account the reforms brought about by Bill 10 (an *Act to modify the organization and governance of the health and social services network*). The Committee commissioned two reports: the first on the structural evolution of AHCs and the second on an external comparative study of AHCs that have contemplated integration or were integrated with other institutions.

During the summer of 2016, two candidates applying for the position of president and executive director presented their vision for the future of the MUHC. Their proposals led Minister of Health and Social Services Gaéтан Barrette to suspend the MUHC's selection process and suggest that the organization continue its strategic discussions. Thereafter, on October 19th, at a meeting organized by Minister Barrette to present the candidates' visions to the boards of directors and foundations of the three west-end organizations implicated—the MUHC, the *Centre intégré universitaire de santé et de services sociaux (CIUSSS) de l'Ouest-de-l'Île-de-Montréal* and the *CIUSSS du Centre-Ouest-de-l'Île-de-Montréal*—, the Minister announced that Dr. Arvind K. Joshi would lead a consultation process on behalf of the Quebec Ministry of Health and Social Services (MSSS) on the future of health and social services in the westend of Montreal.

As some might argue that it is better to lead change versus having it prescribed, the Strategic Initiatives Committee continued its strategic exercise by initiating an internal and external consultation process. During a series of consultation sessions, representatives from different levels of the MUHC's organizational structure, significant stakeholders from the community, network partners, as well as physicians, personnel and patients were heard. Consensus was reached on many themes. The Committee also heard proposals for change, which also garnered consensus. This report presents the results of the consultation sessions and the ensuing orientations. It will feed the ongoing debate about the organization of care and services in the west-end of Montreal and is meant to help orient the MUHC's future.

The Consultation Process

The consultation process sought to:

1. Identify the key imperatives the MUHC must satisfy to provide excellence in patient care and marked improvements in the patient experience, as well as those necessary to nurture and build innovation, performance and excellence in clinical care, research and education;
2. Ensure that priority outcomes and critical indicators for success are aligned; and

3. Explore optimal collaborative models that will create the best environment for improvements in the patient experience, in quality and in performance across the continuum of care.

Consultations conducted by the Strategic Initiatives Committee began after approval of the methodology proposed at a meeting of the BOD on November 8, 2016. Sixteen (16) consultation sessions were held from November 27, 2016 to January 13, 2017.

Preparation

An e-mail from the Interim PDG's Office invited participants to reflect on the current situation and to consult the two reports mandated by the BOD:

- *"Integration Benchmarking Final Report - Latimer Health Strategies"*, by H. Scot Latimer¹, with the results of an external comparative study on AHCs that have been integrated, or not, with other institutions;
- *"The Structural Evolution of Academic Health Centres: Challenges and Opportunities"*, by Jean-Louis Denis², featuring research data on the structural evolution of AHCs.

Conversations

The consultation sessions were conducted in the form of semi-structured interviews led by Melissa Sonberg. Participants were asked three main questions:

1. What impresses you most about the MUHC? What is our unique contribution, our unique value?
2. What would a successful MUHC look like in 10 years?
3. How can we get there?

Participants

A total of 153 of 252 invitees participated in the consultation sessions (61% participation rate).

Invited groups, in chronological order, are as follows:

- Medico-Administrative Leadership Table (MALT)
- Senior Management
 - Interim Committee
 - Clinical Governance Committee
 - Governance Committee – Administration and Support
- Council of Nurses (CN)
- Multidisciplinary Council (MDC) and Directorate of Multidisciplinary Services (DMS)
- Council of Non-Clinical Personnel (CNCP)

¹ H. Scot Latimer, Healthcare Strategist and President of Latimer Health Strategies

² Jean-Louis Denis, Researcher, Associate Professor, DGEPS, École de santé publique, Université de Montréal

- Unions
- Volunteers
- Friends of the MUHC
- Corporations
- Faculty of Medicine - McGill University
- Users' Committee
- Foundations
- Nursing Executive Committee (NEC)
- Office of the Ombudsman
- Medical Advisory Committee (MAC)
- Council of Physicians, Dentists and Pharmacists (CPDP)
- Research Institute Executive (Expanded)
- Council for Services to Children and Adolescents of the Montreal Children's Hospital (CSCA)

Roundtable with Professor Jean-Louis Denis

On December 15, 2016, Jean-Louis Denis, a researcher and associate professor in the department of Management, Evaluation and Health Policy at the Université de Montréal's School of Public Health, met with the MUHC's clinical leaders to discuss evidence-based research that would ground discussions with evidence.

Survey

After each consultation session, participants were invited to complete an online survey. Based on the two aforementioned reports, this survey was used to help interpret the conversations.

STRUCTURE OF THE REPORT

The first part of the report summarizes the comments shared by a significant proportion of participants during the consultation sessions with the MUHC's various stakeholders. The input of patients and members of the external community served as the basis for the report, an obvious choice as results were analysed. The scope and nature of insights shared by patients, users and members of the community were remarkably pertinent and telling. This approach also allowed us to respect the wishes of the MUHC's personnel, physicians and researchers, who wanted the interests of patients and the population to be the determining factor guiding our choices.

The second part highlights observations and comments submitted by the MUHC's personnel, physicians and researchers.

The third part summarizes responses from all participants on how the MUHC could achieve its full potential.

Finally, the conclusion presents recommendations regarding the organization of health and social services in the west-end of Montreal and the McGill RUIS based on the comments received.

INTRODUCTION: REFOCUSING ON THE ESSENTIALS

The McGill University Health Centre is emerging from a long, transformational journey marked by considerable investment, both in time and energy, in the redevelopment project at the Glen site. Moreover, according to a number of MUHC members, the process of adapting to the Glen site is not yet complete; while the redevelopment of the MUHC's other sites (Montreal General Hospital, The Neuro and Lachine Hospital) must also be advanced.

In such a context, it would be normal to expect an organization to take the necessary time to get its affairs in order and stabilize operations. However, the MUHC finds itself in an evolving environment, affected as much by the recent and profound restructuring of the health and social services network as by the search for a new president and executive director. In addition, the MUHC is faced with the possibility of another restructuring involving the institutions offering health and social services in the west-end of Montreal.

During tumultuous change, it is equally normal and healthy for an organization to anchor itself on its accepted values to rally individuals, re-evaluate its journey and make informed choices about the future collectively. By seeking to refocus on the essentials, the MUHC's interim management is making a conscious gesture in the name of organizational balance and health.

These values are stitched into the fabric of positive relationships between patients, personnel, physicians and researchers. Mobilization in a healthcare organization occurs precisely at the nexus of what is eminently human (patients) and what is eminently professional (treatment teams). The organizational framework is there only to provide appropriate support for this rich tapestry of interactions. Such is the meaning the MUHC's people give for their dedication and commitment to the organization. It is what drives our people when caring for patients, training healthcare professionals, and discovering new treatments. It is also what could explain the palpable disappointment of the MUHC's personnel, physicians and researchers when they feel that they cannot invest all their energy in our primary mission: caring for our patients.

Recognizing this fundamental reality, we have chosen to re-examine our recent journey and that which represents the road ahead, whilst being guided by the needs and expectations of our patients, their families and our stakeholders. It is also with humility stemming from lessons learned that we prepare our future with the firm conviction that it requires a strong network built with the vital strengths of all our partners.

1. THE VOICE OF PATIENTS AND THE COMMUNITY

Both patients and representatives of the MUHC community expressed similar and insightful views about the MUHC, about what defines it and about its future orientations.

An Indispensable Presence

In the eyes of our patients, it is clear that the status of academic health centre (AHC) sets the MUHC apart and is of critical importance. Patients value the richness of an institution that combines research, innovation and teaching with excellent clinical care and innovative treatments. The presence of an AHC in the community and easy access to it is reassuring to the community; members of the community know they can count on the institution to receive the complex, specialized and ultra-specialized care they may require at various stages of their healthcare journey. Quality care also inspires trust, something which is represented by the excellence of our people and, secondly, by our infrastructure. The AHC symbolizes, for many, the hope of healing and a better quality of life. All this explains why access to such an institution is essential for our community.

“The MUHC is a centre for research, teaching and innovation where patients can benefit from innovative treatments.”

An Institution that Reflects Them

Another important variable in the connection of patients to our institution is identity. The MUHC is, as our patients have pointed out, rich in cultural and linguistic diversity that reflects the Montreal landscape. Our patients emphasized that they appreciated being able to find themselves in a health facility that resembles them. If, historically, the MUHC intended to serve the English-speaking community of Montreal, it has clearly transcended this group. Today, the MUHC is one of the health centres that is most open to Montreal’s many cultural and linguistic groups.

“The MUHC is the image of its community, the image of diversity, of people of all origins ... inclusive.”

Access to Care throughout the Network

For patients, *“what matters is not structure, but rather access to care, organized with patients and around the needs of patients”*. Patients expressed the need to feel more trusted links among the different players in the entire network.

In sum, if the network approach is accepted by patients, they nevertheless expect the network to provide them with the care they need, delivered by the right professional at the right time and at the right place.

This requires clearly defined mandates and priorities for the entire network, as well as close collaboration amongst all players. It also assumes the existence of structured and strong primary care services, ready to refer patients for complex care and repatriate them after at the appropriate time.

The Challenge of Navigating the Network

Patients are apprehensive about the prospect of having to assume the responsibility of navigating in a superstructure such as the health network. "Navigating the network" is a difficult task. While patients may recognize the need to deal with a network rather than a single facility, they do not want to be burdened with excessively fragmented services. They feel the need to have a point of reference, an anchor individual who would help them navigate the system. They want to be able to count on safe and appropriate transfers between levels of care when required.

"We are patients - not trajectories!"

"Navigating the network is difficult; the patient should not be a victim of a fragmentation of services..."

"The patient runs from place to place to continue treatment. He/she does not understand the logic of this trajectory. "

"We need to be reassured by a "network" quality seal."

The Partnership Relationship in a Networked Environment

Another positive feature highlighted by patients is the MUHC's approach with patients. MUHC patients increasingly define themselves as partners in their care and wish to be involved in the development of their healthcare plan. To the extent that the network provides care, it is important that the network as a whole adheres to this approach.

In the current context, bridging the communication gaps between the different players in the network lands too often on patients' shoulders. This can undermine patients' trust, especially as they often do not have access to all the necessary information. In this regard, patients expressed a desire to be able to count on an effective information-technology system, such as a patient portal, that would provide access to their information.

"It's important to define the care plan with the patient."

"The patient lacks information about his/her care. He/she should have access to that information."

2. THE VOICE OF THE MUHC (PERSONNEL, PHYSICIANS, RESEARCHERS)

Invited to identify what constitutes the essence of the MUHC, the different members of our organization emphasized a number of points around which a clear consensus emerged.

The Importance of the Academic Mission

For our people, our academic mission is the cornerstone of our uniqueness and the essence of our identity. Beyond care, physicians, in particular, define themselves as teachers (*"We are professors - we train the professionals of tomorrow."*), and the Faculty of Medicine emphasizes the dominant role the MUHC plays in its teaching activities.

Members shared the importance of caring about and having the ability to bring research to the patient's bedside as quickly as possible. The synergistic integration of fundamental, clinical and evaluative research facilitates the development of treatments for diseases through the lifespan. It is the lifeblood that will allow the MUHC to continue providing *"the best care for life"*.

The ultramodern Research Institute of the MUHC, including its Centre for Innovative Medicine, is at the root of this promise to bring research to the patient's bedside.

"The integration of care, teaching and research in everything we do, in our way of thinking...that's how we learn, how we can be innovative."

"Research produces the medicine of tomorrow and serves the entire population."

"We must focus on what sets us apart, combine research, innovation and teaching with excellence of care, and dismiss anything that might dilute the richness of our mission."

"We should be at the forefront of development and testing new technologies, but also challenge their use and impact on patients and society."

The Strength of the Brand

Many highlighted the vital importance of the McGill brand for the MUHC. The international reputation of McGill University helps attract the best candidates from around the world. We are proud of this reputation, and we are conscious of our duty to preserve and enrich it. We do this by putting the expertise of the MUHC to work for the Quebec health network and by sharing this expertise throughout the world, notably with our Research Institute, which produces the medicine of tomorrow that will serve the entire population.

"The MUHC is the flagship of McGill University's Faculty of Medicine."

"We define best practices: we maintain our place as an institution recognized for expertise and innovation."

The Vitality of the McGill Model

The McGill model of care is distinguished by the fact that it values interdisciplinarity and encourages academic training and continuing professional development. Recognizing the value of each individual's expertise constitutes an important driver of excellent care. The MUHC's workplace is therefore instilled with an egalitarian spirit that often astounds newcomers. Collegiality, dialogue and partnership are highly valued, and interactions between members of the various health professions are numerous, direct, frank, and absent of hierarchical mindset. Each professional thus feels supported by the team and encouraged to constantly make the best possible contribution to the treatment of patients. This model is also an important asset for recruitment. The result is a rich and unique professional culture founded on respect, autonomy, accountability and recognition of each other's expertise.

This model has an impact on the profile of our personnel. Several adjectives were used to describe the qualities of our personnel, notably: competent, resilient, dedicated, caring, collaborative, talented... We have a proven ability to turn challenges into opportunities, adapt to change and move forward. More specifically, our model encourages our people to deepen their level of expertise. By joining the MUHC, our professionals make the conscious choice to specialize and become experts in a particular field. For that matter, their expertise is recognized and sought within the network, outside the province and internationally.

"We shine in the face of challenges."

"The best people give the best care!"

3. THE ROAD AHEAD

In each of the consultation sessions, participants were asked to identify the conditions they deemed necessary for the MUHC to carry out its mission. In this section, we present the main themes that were brought forward.

“To be a major player, the MUHC has to be part of a broader community: that requires vision, passion and openness towards others.”

Enhance Our Relationship with McGill University

It is important to clearly display our relationship with McGill University:

- The AHC designation is recognized around the world and is a reassuring factor for the population in regards to the quality of care, especially when the name McGill is attached to it;
- The McGill brand is renowned and enjoys a positive reputation locally, nationally and internationally. It is a valuable asset for the MUHC. It facilitates and accelerates the recruitment of some of the best talent in the world in all disciplines;
- These identity markers have a determining impact on all of our philanthropic activities and make fundraising, which is vital to innovation, easier for our foundations.

The MUHC must seek to strengthen and revitalize its links with McGill University:

- Within the McGill RUIS, the MUHC is already the institution that provides specialized and ultra-specialized clinical care for all ages, and serves as the core for teaching and research for McGill-affiliated institutions. The MUHC should further develop this link and exercise leadership;
- It would also be appropriate to adapt the curriculum to interprofessional practice by developing a teaching core on the themes of patient partnership, quality improvement, ethics, etc. Significant progress can be made in this area.

It would also be useful to harmonize the missions of the Faculty of Medicine, the MUHC and the Research Institute of the MUHC, and establish common objectives.

Embrace a Networked Approach

To fulfill our mission, the MUHC will have to open up to the network, play a leadership role in terms of quality and innovation, and be an equal-share partner in care and performance. Concretely, research and development could propose new standards of care while teaching could transfer this knowledge within the network and to future generations of clinicians in the interest of the entire population.

The MUHC wants to flourish in a "network" by taking into consideration the needs of the population as a whole and by establishing a relationship of trust with partners that is based on recognition and respect of their expertise.

In order for the MUHC to fully assume its role as a health centre offering tertiary and quaternary care, ties with an already structured, appropriate, strong, and well-established primary-care service should be formalized. This assumes a mechanism to manage the trajectories of care and social services between partners. This process could also benefit from using the role of the RUIS to a greater extent.

In this new context, interprofessional care teams would work in an integrated and horizontal manner, and by client groups in order to:

- Establish trajectories of care for specific clientele;
- Develop evidence-based clinical guidelines;
- Implement best practices for the continuum of care;
- Establish “network” quality standards;
- Integrate teaching and research activities;
- Develop the capacity to measure the patient experience and health outcomes across the continuum of care; and
- Work in partnership with patients and their families.

Build Trust

The extent to which a network functions effectively depends largely on the trust that prevails among the constituent partners. As such, according to some participants, the MUHC would benefit from having more trust in other institutions in the network that propose innovative ideas and invest their expertise to implement them. Members of the network should ensure that the MUHC trust them, notably by collaborating on the development and implementation of best practices and sharing their own best practices such that a common seal of quality is created. Finally, patients must be able to feel this sense of mutual trust and therefore be able to trust as well.

“Patients need to be reassured by a seal of quality within the network.”

It is therefore important to evaluate objectively the current state of the network. The fluidity of the network has become highly critical, as the MUHC is called upon increasingly to manage episodes of care in the continuum of treatment.

Optimize the Patient Experience

Strengthening our partnership with other institutions is also needed to improve the patient experience and remove current barriers to access and navigation within the system. In particular, participants highlighted the numerous difficulties in assuring the smooth transfer of patients to and from the MUHC.

The patient needs a reference, an anchor point, a navigation aid through the system. It is the network’s responsibility, not the patient, to ensure smooth navigation and continuity of care, as well as a safe transfer between levels of care.

Involve Our Patients

As part of the restructuring of health care, patients and their families should play an active role in their own treatment plan, in the organization of care and services, and in the management of our health centre. This partnership is all the more necessary in that it will help make the network more efficient and improve the patient experience, especially in regard to the network's current obstacles to fluidity and continuity of care.

"Patients should be involved in designing the organization of care and services to improve access, continuity and fluidity of care."

Rely on Technology

To ensure smooth navigation, it will be necessary to leverage the power of technology. For example, having access to a patient's clinical data throughout the trajectory of care would support decision-making at the point of care. The patient would also have access to his clinical data and be in a position to be a partner in his own care (patient portal, his "DSQ"), as well as to an information system and an infrastructure facilitating his navigation within the network.

"The patient needs access to his clinical information."

"Discoveries will be matched with information of patients who consented to be registered in a database to be offered quick access to research and emerging therapies."

Re-evaluate Funding and Measure Performance

Funding methods must recognize the reality of AHCs, which function, by definition, with complex infrastructures and sophisticated protocols, and whose mission demands innovation. Today, AHCs are funded using the same parameters as other healthcare institutions. This situation impedes innovation. There would be merit in focusing first on health outcomes and health economics rather than on a budget based on unit cost and volume. The fair value of services rendered in a facility such as the MUHC should take into account teaching and research activities and be established by measuring systematically health outcomes based on patients' expectations.

"Without quality metrics, there is no way to measure value."

Respect the MUHC's Ethos

Culture is more powerful than any structure or strategy. Our consultation sessions have provided us with an opportunity to discover the MUHC's deeply rooted culture, which is characterized by an organic, egalitarian and horizontal approach as opposed to a hierarchical, authoritarian and vertical one. This can be seen in several decisive aspects of our organizational reality. Every day, our model of care recognizes the value of interdisciplinarity and collegiality among our caregivers, which shapes the mindset of thousands of employees, physicians and researchers. The same dynamic can be seen in our relationships

with our patients. We have been amongst the first to promote the notion of partnership with our patients and their families, and we aim to increase their participation, in particular, through the 'Participatient' programme. This aggregative approach is further reinforced by our demography, which match, as we have seen, Montreal's diversity. This horizontal approach sits at the root of the MUHC.

Management guru Peter Drucker has said: *"Culture eats strategy for breakfast."* It is therefore important to ensure that the MUHC's ethos can continue to express itself in all new forms of collaboration if we want to be able to rely on mobilization and produce positive results as quickly as possible.

Protect Philanthropic Activities

Volunteers, foundations and corporations play key roles in helping us achieve our mission. Through fundraising, they complement our operating budget. They are also essential to innovation since our operating budget leaves very little margin to manoeuvre on that front.

In this regard, foundations, which have close ties to their diverse communities, emphasized the unique contribution of the MUHC, the richness of its human resources and the modernity of its technological platforms. They view the MUHC's association with the McGill brand as a defining asset for recruitment and their fundraising activities. To encourage the mobilization and commitment of the community, they expressed a desire to see the MUHC communicate its achievements more broadly to the community.

"The association with the McGill brand is a major asset for the foundations."

"Donors give to a cause, a disease or a renowned academic researcher."

"The support from foundations enables innovation."

4. CONCLUSION AND RECOMMENDATIONS

The various avenues that have just been presented warrant exploration by the MUHC in the coming months. Based on the consultation process and the many conversations we have had over the last few weeks, we are prepared to offer recommendations that respect the expectations and aspirations of the many groups that have expressed themselves with openness, generosity, passion and professionalism:

Exercise Caution

The debate about the future of the MUHC and the opportunities for alliances, which have been shared publicly, has inevitably loomed large over our consultation sessions. Having said that, at no time whatsoever did we specifically solicit an opinion on these possibilities. We always invited participants to focus their reflection on what they felt was in the best interests of the MUHC. Several participants nevertheless wanted to express their point of view. In our opinion, the different aspects of the road ahead that we have just identified can certainly become "guiding principles" for evaluating possible scenarios.

Some patients and members of the community were upset that these issues must be decided in an urgent manner prompted by the recruitment of a new president and executive director for the MUHC. They would have liked the two files to be split and studied on the merits of the respective issues they raise.

Any organizational transformation has an unavoidable period of stabilization. While major restructuring is still being tackled, it would be unwise, according to participants, to rush unconsolidated organizations into a new reorganization—particularly as the clinicians consulted are not convinced that patients will benefit in the short to medium term. For their part, patients are not persuaded that a mega-structure is the solution to the issues around access to services, continuity and fluidity of care.

Act for the Patients' Interests First and Foremost

A clear vision guides our recommendations: any change has to translate, at the patient level, into a real and rapid improvement of access to services and into a simplified, user-friendly, navigation experience.

This vision leads us away from any solution involving a change in governance, as it seems that a more centralized administration will not necessarily deliver any tangible improvements in the patients' experience when they navigate the network. However, even if we cannot support the creation of a single administrative governance model, we can explore favourably the notion of an integrated clinical governance. That is the path we have chosen.

Our approach reflects the spirit of what constitutes a true network, notably a set of distinct but complementary organizational realities. It is not a hierarchical empire, but an organic system, harmonized from the bottom up and mobilized by the attainment of common goals.

Embrace an Integrated Clinical Governance Model

Based on our consultation sessions, we can attest that there is no support for any merger, be it two or three organizations. On the other hand, there is an equally clear consensus rejecting the status quo: we must have the courage to abolish swiftly the barriers to access and continuity of care. We must aim for greater fluidity to better serve our population.

To address patient and community access and navigation issues, and to ensure timely and safe transfers between institutions, it is important to agree on an integrated model of care for the entire McGill academic health network. This model should pursue the following objectives:

- Improve the population's health;
- Optimize the patient experience, the quality and safety of care by adopting best practices, from primary to ultra-specialized to end-of-life care;
- Include patients in the organization of care in order to take into account their needs. Lift barriers to access and ensure smooth navigation within the network;
- Support and stimulate innovation, performance and excellence in clinical activities, teaching and research, for the benefit of all Quebecers; and
- Enable institutions to optimize their performance.

With this being said, the network approach should unequivocally put clinical considerations first. This is the way to secure the commitment of the clinical leadership and care teams—a success driver for any organizational project. To achieve this, we believe that an organic and dynamic approach should be favoured as opposed to a hierarchical and structural one.

In this spirit, we conclude with two overarching recommendations and what we feel are key supporting measures:

1. Maintain the current governance of the institutions of the west-end of Montreal, as well as their close and respective ties to their community and foundations;
2. Implement a major change in the organization and coordination of the continuum of care, in partnership with patients and their families, by implementing an integrated clinical governance model under the umbrella of a revitalized RUIS.

These strategic orientations call for a set of key elements:

- That the academic director, the Chair, be the head of the medical department assembling the members of the three organizations and therefore be responsible for the medical workforce and the quality of the act on the whole continuum of care;

- That the chairman of the RUIS Steering Committee (the president and executive director of the AHC) coordinate the development of care and services trajectories, in partnership with patients and their families, drawing on the professional expertise in health and social services present in all three organizations;
- That each organization remains responsible for assuring care and services across the continuum of care;
- That ties with McGill University be tightened and revitalized to integrate academic activities within McGill-affiliated institutions; and
- That, in its capacity as the AHC of RUIS McGill, the MUHC be mandated to provide leadership in the implementation of this new model of clinical health governance.

In summary, our recommendations are underpinned by the development of clinical networks around subpopulations and care trajectories that are directed by clinical and interprofessional teams so that the care provided is evidence-based beyond organizational boundaries. This innovative model of clinical governance has already demonstrated its ability to improve patient outcomes and the patient experience, as well as generate system-wide innovation and improvement in care.