

Vision of the Service Offering of RSSS de l'ouest de Montréal

Final Consultation Report

Mandatory: The Minister of Health and Social Services, Gaétan Barrette

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Foreword

The Minister of Health and Social Services has done me the honour of entrusting me with the mandate to conduct a consultation within the McGill University Health Network in West Montréal (McGill University Health Centre , CIUSSS de l'Ouest-de-l'Île-de-Montréal / Montréal West Island Integrated University Health and Social Services Centre, CIUSSS du Centre-Ouest-de-Montréal and McGill University). This gigantic task proved to be a rewarding and fascinating experience. I was deeply impressed and inspired by the commitment, passion and enthusiasm of the teams and individuals met during the consultations. This was a great lesson in humility. I can affirm unequivocally that the practitioners, users, community members and volunteers I had the opportunity to meet are very patient and care about the clients and their families. The participants from the different sectors and levels showed openness, frankness and ease in discussing difficult and delicate subjects. Also, the academic component of this network is greatly appreciated by all the members.

Despite all my efforts to ensure as broad and inclusive a consultation as possible, I have no doubt that some groups and individuals might have the feeling they were not consulted. I wish to extend my most sincere apology to these groups and individuals. Nonetheless, I can assure the network and the community that I did my utmost to accommodate as many people as possible during such a short six-month mandate. I remain confident nonetheless that the contents of this report represent the true picture of the outlook of the community and the institutions.

It would have been impossible to complete a mandate of this magnitude in so little time without the support of the Project Coordinator.

Finally, the Minister of Health deserves credit for engaging in this bold and innovative approach.

I thank him for the confidence he showed by entrusting me with this fine mandate.

Dr. Arvind K. Joshi,
Project Manager

Key Messages

There is almost no interest in undertaking another structural reorganization at this time.

The leadership and budget situation of the MUHC, the University Hospital Centre of the McGill University hospital network, must be turned around. A final decision on this subject must be made quickly.

The transformations are in progress. The emerging successes must be consolidated, communicated and reproduced elsewhere in the network.

The network hopes to build on better functional integration, which should include recognized poles of expertise, in a spirit of collaboration, inclusion and respect.

Harmonization of the integrated information systems is a cornerstone of the functional integration, concertation, fluidity and continuity of services. It is therefore necessary to consolidate this integration.

The importance of preserving or even enhancing community engagement is recognized unanimously. This engagement is rooted in the history and culture of the network's institutions.

The McGill University health and social services network, which serves all Quebecers, enjoys a worldwide clinical and academic reputation. This network serves all Quebecers.

Executive Summary

The consultation of the four institutions of the McGill University Health Network (MUHC, CIUSSS-ODIM / WIM IUHSSC, CIUSSS-COIM and McGill University) is a bold and innovative initiative of the Minister of Health. The purpose of the mandate was to facilitate discussions and conduct consultations with the community concerned and submit a report based on a strong shared consensus.

This report is the result of this consultation process with the community of the McGill University Health Network, which was conducted over a six-month period. Nearly 800 people were met individually and in groups. The approach was carried out in two phases. The first was conducted with each of the four institutions and the second was cross-cutting. Users and community representatives were included in the two consultation phases. The persons consulted presented several ideas and raised issues and challenges regarding the continuity and fluidity of health services and social services. They also raised issues and challenges regarding training and research within the network and shared their ideas about avenues for improvement for the network's future.

The health and social services system in Québec is in the midst of a profound transformation. Large-scale changes have occurred within a short time. Consequently, the four institutions concerned by the mandate have gone through major changes over the past two years. The move of the MUHC to the Glen site, the adoption of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (AMHSSN) with the creation of this network's integrated university health and social services centres (CIUSSS), and several other Acts adopted or in the process of adoption, have generated tensions and stress for the system. In view of the fast pace and short space of time of the transformations, the fulfillment of the changes and the measurement of their impact, successes and challenges have barely begun.

The consultation process raised several issues, including the absence of a shared uniform information system, the still unresolved question of activity-based funding, and the difficulties posed by the Medical Staffing Plans (MSP) in view of the reality and the challenges confronting the health and social services institutions with an academic mission. Although these issues do not only concern the McGill University Health Network, they were raised repeatedly during the meetings.

The consultations also brought up other issues of significant importance for the McGill University Health Network, presented as follows:

- In the first place, the fear of a risk of community disengagement was often expressed. We should note that community engagement continues to be at the heart of this network. The participants unanimously expressed the importance of preserving and enhancing this engagement.
- Secondly, for various reasons, many users and their families from all over Québec receive their services in this network. There is a strong and shared feeling that the right of the users to access the services of the institution of their choice should be respected and maintained whenever possible.
- Finally, the participants shared their wish to retain the language designation of the institutions of this network, in order to ensure the maintenance of the service offering in French and in English.

We were pleasantly surprised at the consensus on many points among the network's partners. The absence of interest in other structural changes at this time is almost unanimous. The network's priority tends instead to consolidation of the transformations in progress. The sectors outside the hospitals fear they will feel more marginalized, a situation that could worsen in the event of other expansions. A climate of unhealthy competition seems to be incubating within the network and should be managed otherwise than by

restructuring. There is a need and an interest for development of performance measurements, building primarily on the psychosocial and community sectors. The added value of restructuring to a mega-institution is called into question as long as these concerns are not resolved. Other administrative and communication challenges have persisted since the beginning of the reforms. They can be exacerbated by a new restructuring. In the wake of the reform of the system, there is a generalized feeling of misapprehension and suspicion that a major change will be imposed without consultation or transparency. A general feeling also exists that the CIUSSS and MUHC administrations have often been absent and unreachable since the last reform.

Added to this is the imperative of turning around the leadership and the budget concerns of the MUHC as the university hospital centre of the network. A final decision on this subject must be made quickly.

There is a great desire to focus instead on a functional integration that would enable the network to work together more concertedly and offer better fluidity and continuity of services through continuums of services. Certain promising models already exist in the network, and it is hoped an attempt will be made to transfer them to other sectors.

Regarding the network's academic mission, better concerted action would reduce compartmentalization of efforts and duplication of resources, while enhancing the reputation of the McGill network, to the benefit of Québec as a whole. Moreover, the McGill network cannot and must not operate in isolation. Four university networks exist in Québec and strong collaboration should be found among them.

To summarize, it is recognized that health services and social services are evolving and that this imposes the need to review the usual methods of the past. Several interesting avenues were shared for the future of the network. Everybody recognizes

that compartmentalized work and unhealthy competition are not to this network's benefit.

This network is rich in expertise, with a great willingness to evolve toward an innovative future. Many key people want to contribute to such an evolution.

It is incumbent on the leaders of the institutions and the community to propose to the Minister the path the network should follow toward this future, without losing sight of the three components of the university health network, namely uninterrupted service to the users, teaching and research. In light of the preceding results and in respect for this expressed consensus, we conclude with the following recommendations:

1. That there be no merger or structural reorganization at this time.
2. That the necessary decisions be made definitively and immediately to turn around the MUHC's leadership and budget.
3. That the opportunity be seized to study the impact of the reforms (the creation of CIUSSS, the bringing together of certain MUHC facilities on a single site, Optilab and the concerted action required by the partners for its development, etc.), demonstrating their tangible benefits.
4. That a vision and an integrated strategy be proposed commensurate with a world-renowned university health network, more specifically:
 - a. That a group, representative of all the partners, be established to work on the development of a shared vision and an action plan to concretize it. This will necessitate external expertise.
 - b. That the mandate and deliverables of the group be established from the outset.
 - c. That the plan be developed over a short timeline.
 - d. That the plan and the results be communicated to the community as a whole to ensure its engagement.

- e. That the initiatives currently in progress in the offering of continuous and uninterrupted services be consolidated.
- f. That poles of expertise be identified within the network and supported concertedly by all partners.
- g. That the plan be implemented gradually, starting with pilot projects deployed progressively throughout the network once their benefits will have been perceived.

Although the question of integration of information systems is beyond the scope of the current mandate, this point was raised during almost all the consultation meetings. The consolidation and integration of information systems thus should be prioritized in all sectors of the network (health services and social services).

Needless to say, the next steps must be carried out in a spirit of collaboration, inclusion and respect. It is obvious that a concerted effort by all the partners of the McGill University Health Network will benefit the entire healthcare network in Québec.

Background

The Québec health and social services network is vast and complex. The system consumes the greatest proportion of the Government's budget (nearly 50%). Like any other modern healthcare system, the Québec health and social services system is dealing with rapid evolution. An aging population, better educated and informed, and the emergence of personalized medicine¹, social media, new technologies and numerous innovations in the health and social services field impose enormous pressures on the system. This system, largely funded by the public sector and constrained by limited resources, nonetheless must take on today's challenges.

Over the years, the health and social services system has evolved from a system led by professionals, primarily physicians, to a system led by institutions, the hospitals, and finally to the current system, which entrusts the institutions with population-based responsibility. This responsibility includes the identification of the health and social services needs of the entire population throughout the institution's territory, and the planning and follow-up of services according to these needs, in order to ensure the continuity and adaptability of the services, while preferring a multidisciplinary team approach.

¹Personalized medicine, according to the definition commonly accepted and repeated by the European Medicines Agency (EMA)[1] consists of "providing the right treatment to the right patient, at the right dose at the right time", to which can be added "and for the right period". According to the Food and Drug Administration (FDA)[2], this is "the tailoring of medical treatment to the individual characteristics, needs and preferences of a patient during all stages of care, including prevention, diagnosis, treatment and follow-up." Personalized medicine is often presented as medicine "made to measure", as opposed to "one size fits all". It concerns every stage of the medical act, from molecular diagnosis with preparation, to detailed therapeutic conditions. Marquet et al. *Recherche translationnelle : médecine personnalisée, médecine de précision, thérapies ciblées : marketing ou science?* *Thérapie*. 2015 January-February; 70 (1): 1–10. <http://www.journal-therapie.org/articles/therapie/pdf/2015/01/therapie140030.pdf>

In the wake of this evolution, the current Government proposed and adopted several bills with the goal of harmonizing practices, ensuring better fluidity of services and seeing to the financial health and sustainability of the public health system (*See Appendix 1: Acts and Bills*). To all indications, these are important Acts and bills, bringing about major transformations within a short time in a sector which traditionally undertakes changes at a long and slow pace.

In this context of accelerated reforms, the designation of university hospital centres (CHU) has been maintained. According to the clinical plans in the context of the CHU modernization project, these institutions are pursuing their own transformation by focusing more on specialized and ultra-specialized care instead of on offering first and second-line services. The MUHC is the institution designated as the university hospital centre (CHU) in the McGill network.

For the past few years, Québec has committed to invest considerable amounts for modernization of the infrastructure of the academic institutions (CHUs and Institutes). These large-scale investments are among the greatest not only in Québec, but probably in the world. On the Island of Montréal, the biggest modernization projects are those of the MUHC, the CHUM and CHU Sainte-Justine. The MUHC and CHUM construction projects were funded by public-private partnerships, while CHU Sainte-Justine was funded by the traditional route. (*See Appendix 2: Investments in the Infrastructure of Montréal CHUs*).

We should note that the MUHC and CHUM are new construction, whereas CHU Sainte-Justine was expanded and redeveloped. The MUHC, the first to be completed, has been in operation since spring 2015. The move of the MUHC was a large-scale and complex operation. Several issues related to integration still persists and are being resolved on the new premises. The CHUM will open its doors in the next few months.

Montréal is a unique and privileged city in Québec and in the rest of the world. The city hosts two world-renowned university health networks (Université de Montréal and McGill University). In addition, Montréal enjoys a rich linguistic duality (French and English) and great cultural diversity. These facts represent real value added for Québec as a whole.

This assigned mandate had the objective of consulting the community of West Montréal, which is served by the three health and social services institutions of this sector. However, it was also essential to consult the McGill University community, given that the three institutions in question are academic institutions attached to McGill University and its Faculty of Medicine and Health Sciences Schools. Moreover, these three institutions are mostly responsible for teaching and research activities in collaboration with the University. This report therefore concerns the following 4 institutions:

1. McGill University Health Centre (MUHC),
2. Centre intégré universitaire de santé et de services sociaux du Centre-Ouest-de-l'Île-de-Montréal (CIUSSS-COIM),
3. Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île-de-Montréal (CIUSSS-ODIM) / Montréal West Island Integrated University Health and Social Services Centre (MWI IUHSSC), and
4. McGill University.

Introduction

In spring 2016, the CEO of the McGill University Health Centre (MUHC) decided not to renew his mandate. A competition was opened and a recruiting and selection advisory committee was duly constituted to identify a successor.

During the recruiting and selection process, the media reported that the two candidates selected by the advisory committee each proposed a distinct vision for the MUHC's future. The President and Chief Executive Officer (CEO) of CIUSSS du Centre-Ouest-de-l'Île-de-Montréal (CIUSSS-COIM) proposed an integration of the MUHC, CIUSSS-COIM and CIUSSS-ODIM / WIM IUHSSC, whereas the CEO of CIUSSS de l'Ouest-de-l'Île-de-Montréal (CIUSSS-ODIM) / Montréal West Island Integrated University Health and Social Services Centre (MWI IUHSSC) instead proposed the integration of the MUHC and CIUSSS-ODIM / MWI IUHSSC. The resulting rumours disrupted the search and selection process. Various reproaches and recriminations were raised and several people took public positions, adding to the existing confusion.

To manage this upheaval, the Minister appointed an Acting President and CEO for the MUHC. He then called a semi-public meeting last October 19. Among the guests were the boards of directors of the three health and social services institutions, the representatives of their respective foundations, representatives of McGill University, the media and Dr. Joshi.

Each of the three CEOs offered a presentation during this session. (*See Appendix 3: CEOs' Presentations of October 19, 2016*). After a question period, the Minister announced the interruption of the search and selection process of a new CEO for the MUHC, and appointed Dr. Joshi to conduct a consultation of the network to reach a consensus on the future of the Montréal West Island network. The Minister established four guiding principles for this consultation:

1. The option of returning to the creation of a structure resembling that of the Agencies was not to be considered.
2. The Minister would not impose anything regarding the visions presented without the consensus of the community concerned.
3. The perception of a hostile/aggressive takeover was not admissible, regardless of the option chosen.
4. The status quo was acceptable if this is what the network wanted.

A six-month consultation mandate (from October 20, 2016 to April 20, 2017) was entrusted to Dr. Joshi, who would report directly to the Minister of Health. (See *Appendix 4: Letter from Minister Barrette to the CEOs*). A follow-up schedule was established for the submission of progress reports and to present a status report on the work to the Minister.

An expanded and transparent consultation was undertaken with the goal of reaching a strong consensus shared by this entire community on the vision of the service offering of the West Montréal health and social services network.

The university health and social services network of West Montréal

The institutions

(See Appendix 5:) The Institutions)

The McGill University health and social services network includes a CHU (university hospital centre) and two integrated university health and social services centres (CIUSSS). The network and the University have a reputation for excellence in care, research and teaching at the local, national and international levels.

MUHC

Mission

The McGill University Health Centre (MUHC), the university hospital centre (CHU) of this network, has a fourfold mission: patient-centered care, research, teaching and technology assessment. As a university hospital centre, the MUHC, first and foremost, provided specialized and ultra-specialized care to a regional and supraregional population, but it also receives patients from its immediate territory or adjacent territories who seek to receive general care. In view of its language designation,²³ the MUHC is required to make health services and social services accessible in French and in English.

The MUHC was created in 1997 following the merger of five Montréal hospitals: Montreal General Hospital (MGH), Royal Victoria Hospital (RVH),

²Under section 508 of the Act respecting health services and social services (AHSSS) (1991, c. 42, s. 508; 1994, c. 23, s. 5), the Government may designate from among the institutions and facilities recognized under section 29.1 of the Charter of the French Language, those which are required to make health services and social services accessible in English and in French.

³In light of the amendments made by the AMHSSN to the organization and governance of the health and social services network, the recognition under section 508 of the AHSSS is maintained. AMHSSN s. 206-207.

Montreal Children's Hospital (MCH), Montreal Neurological Hospital (MNH) and Montreal Chest Institute (MCI)). In 2008, Lachine Hospital joined the MUHC. In 2015, the MUHC carried out the biggest hospital move ever done in Canada by transferring the nativities of three founding hospitals (RVH, MCH, MCI) to its new hospital complex, the Glen site. Shriners Hospital for Children, the Research Institute of the MUHC and Cedars Cancer Centre are also located at the Glen site. The other three MUHC hospitals remain at their respective facilities. The MUHC organization chart is still in development and has not yet been finalized. Today, the MUHC is one of the biggest and most modern bilingual university healthcare institutions in North America.⁴

The MUHC, with a budget of over \$1 billion, has 10,767 employees, corresponding to 8,247 full-time equivalent employees. The supervision ratio is 4.7%. The overall overtime rate is 2.8%, while for the nurses it is 4.0%. The rate of reliance on independent labour for nurses is 0.8%. The overall absenteeism rate is 14.9 days/year, while the rate of salary insurance hours is 4.9%. Finally, the turnover rate is 13.5%. According to its MSP (Medical Staffing Plan), the MUHC has 816 medical staff, including 16 vacant positions.

The current issues

- For the past few years, the MUHC has been under pressure to meet the requirements of its budget. It has been assigned several monitors. The MUHC incurred a deficit of more than \$40 million in 2015-2016.⁵
- The MUHC's leadership is faced with several challenges.
- The employees and the professionals feel targeted and demoralized.

⁴<https://much.ca/homepage/page/muhc-glance> ⁵CUSM. *Annual Report: 2015-2016*.

- The MUHC is continuing its efforts to consolidate the merger of its institutions, which is already several years old.
- The MUHC's services and clinical missions remain dispersed over four sites (the new Glen site and three other sites), which poses several challenges to the institution's integration, continuity of services and efficiency.
- Since the reform in April 2015, the population-based responsibility for the territories of West Montréal has been incumbent on the two CIUSSS (COIM and ODIM / WIM). The MUHC, in the context of the modernization project and its clinical plan, is adhering more to its regional and supraregional mandate for specialized and ultra-specialized care.
- The MUHC also offers services to the remote regions that are part of RUIS-McGill.
- The population living near the MUHC or coming from neighbouring regions persists in resorting to the MUHC for services other than specialized and ultra-specialized care.

CIUSSS – ODIM / WIM IUHSSC

Mission

The mission of Centre intégré de santé et de services sociaux de l’Ouest-de-l’Île-de-Montréal (CIUSSS-ODIM) / Montréal West Island Integrated University Health and Social Services Centre (MWI IUHSSC) includes the offering of health services and social services all along the continuum, teaching, research and innovation. Like all CIUSSS and CISSS in Québec, it assumes a population-based responsibility for the population of its health and social services territory. The Direction de la protection de la jeunesse is responsible for applying the Youth Protection Act. There are two Provincial Directors on the Island of Montréal.

CIUSSS-ODIM / MWI IUHSSC resulted from the merger of four institutions (CSSS l’Ouest-

de-l'Île, CSSS Dorval-Lachine-Lasalle, Centre de réadaptation de l'Ouest de Montréal / West Montreal Readaptation Centre and Batshaw Youth and Family Centres). Ste. Anne's Hospital very recently merged with CIUSSS-ODIM / MWI IUHSSC. CIUSSS-ODIM / MWI IUHSSC also includes three institutions, Douglas Mental Health University Institute, Grace Dart Extended Care Centre and St Mary's Hospital. With the exception of CSSS de Dorval-Lachine-Lasalle and Ste. Anne's Hospital, all the facilities are designated to offer services in English and in French. CIUSSS-ODIM / MWI IUHSSC has 53 points of service. The territory served by CIUSSS-ODIM / MWI IUHSSC extends over 184 km². Three facilities are located in three other CIUSS territories.

CIUSSS-ODIM / MWI IUHSSC, with a budget exceeding \$800 million, has 10,016 employees, corresponding to a 7,443 full-time equivalent employees. The supervision ratio is 4.1 %. The overall overtime rate is 3.6%, whereas for nurses it is 5.6%, and the rate of reliance on independent labour for nurses is 4.3%. The overall absenteeism rate is 17.7 days/year, while the rate of salary insurance hours is 5.1 %. Finally, the turnover rate is 11.3

%. The MSP of CIUSSS-ODIM / MWI IUHSSC grants it 315 medical staff, including 14 vacant positions. The staff in place exceeds the staff allocated in nine instances.

The current issues

- The reform is the first merger in the history of several ODIM / MWI institutions.
- The reform has brought together different cultures within CIUSSS-ODIM / MWI IUHSSC:
 - community health and 1st and 2nd line care with specialized care;
 - medical services with psychosocial services;
 - institutions that have a historical university affiliation with institutions that have a recent affiliation.
- A new Director of Professional Services was appointed recently.
- The Medical Chiefs were appointed in the last two months.

- In addition to serving the territory of CIUSSS-ODIM / MWI IUHSSC, Batshaw Youth and Family Centres (Batshaw Centres) offer their services to residents of the Island of Montréal who wish to receive services in English, and to members of the Montréal Jewish community, in English and French (as a designated institution). The Batshaw Centres also offers residential rehabilitation centres for youths from other regions of Québec, who require them in English.
- The Douglas Mental Health University Institute is one of two mental health university institutes on the Island of Montréal. It offers second-line services and specialized and ultra-specialized services in mental health.
- St. Mary's Hospital is a university affiliated hospital (CHAU).
- The move of residents from the Grace Dart Centre to Ste. Anne's Hospital is scheduled.
- Ste. Anne's Hospital, previously administered by Veterans Affairs Canada, was ceded to the Gouvernement du Québec in April 2016. It currently falls under Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île-de-Montréal (CIUSSS-ODIM) / Montréal West Island Integrated University Health and Social Services Centre (MWI IUHSSC). A portion of the hospital will continue to accommodate veterans.

CIUSSS – COIM

Mission

The mission of Centre integral de santé et de services sociaux du Centre-Ouest-de-l'Île-de-Montréal (CIUSSS-COIM) includes the offering of health services and social services all along the continuum, teaching, research and innovation. CIUSSS-COIM assumes a population-based responsibility for the population of its health and social services territory.

CIUSSS-COIM is the result of the merger of two institutions (CSSS Cavendish and CSSS de la Montagne). It also includes seven institutions, in particular, Jewish General Hospital, Miriam Centre, CHSLD juif de Montréal / Jewish Eldercare Centre, Mount Sinai Hospital, Maimonides Geriatric Centre, Constance-Lethbridge Rehabilitation Centre (CLRC) and MAB-Mackay Rehabilitation Centre, which merged in 2017 with CLRC. There are 25 points of service in the territory served by CIUSSS-COIM. The territory served by CIUSSS-COIM covers 54 km². All the facilities have the language designation requiring services to be offered in French and in English.

CIUSSS-COIM, with a budget over \$800 million, has 9,327 employees, corresponding to 6,999 full-time equivalent employees. The supervision ratio is 4.8 %. The overall overtime rate is 2.2 %, whereas for nurses it is 4.7 %, and the rate of reliance on independent labour for nurses is 2.2 %. The overall absenteeism rate is 14.2 days/year, while the rate of salary insurance hours is 4.4 %. Finally, the turnover rate is 10.8 %. The MSP of CIUSSS-ODIM / MWI IUHSSC grants it 324 medical staff, including 13 vacant positions. The staff in place exceeded the staff allocated in four instances.

The current issues

- The reform is the first merger in the history of several COIM institutions.
- The reform has brought together different cultures within CIUSSS-COIM:
 - community health and 1st and 2nd line care with hospital care;
 - medical services with psychosocial services;
- Several institutions had a university affiliation before the reform.
- The appointment of the Medical Chiefs of CIUSSS-COIM is in progress.
- The three adult physical disability rehabilitation centres of West Montréal and MAB-Mackay are all in the territory of CIUSSS-COIM. They serve the entire population of West Montréal.

- The MUHC and St. Mary's Hospital are located in the geographic territory of CIUSSS-COIM; the sector's population thus has access to the services of the three institutions.
- Under its regional mandate, the Regional Program for the Settlement and Integration of Asylum Seekers (PRAIDA) meets the needs of asylum seekers in Québec's territory under section 80 of the Act respecting health services and social services. It is located at CSSS de la Montagne, a facility of CIUSSS-COIM;
- There is only one hospital in this CIUSSS;
- For the first time in their history, the territory's two CSSS are merged with a hospital.

McGill University

(See Appendix 6:) Portrait of McGill University)

The Faculty of Medicine includes several clinical education programs, particularly medicine,⁶ nursing sciences, physical and occupational therapy, human communication sciences. The University also offers education programs in dental medicine, social work and psychology. In addition, McGill University has a wide range of other faculties.

⁶The Faculty of Medicine also offers studies in basic sciences, such as biochemistry, microbiology, physiology and pharmacology.

The current issues

- For several consecutive years, McGill University has ranked first among Canadian universities that have a school of medicine and doctoral programs.⁷
- For the first time in its history, the medical school was put on probation following the last accreditation inspection in 2015.⁸ This was a hard hit for the Faculty's prestige.
- The majority of the Heads of the university clinical departments of the Faculty of Medicine are physicians based at the MUHC.
- The McGill Association of Students in Healthcare (MASH) was established in 2017. This initiative brings together students from different programs in the healthcare field, such as medicine, nursing, physiotherapy, psychology, social work and many others. It offers an equitable and collaborative forum for student representation, arguments, social interactions, knowledge sharing and promotion of interprofessional healthcare.
- McGill University is a top-ranking university.

⁷ McGill Reporter. *McGill tops Maclean's 2016 rankings*. October 2015.

<http://publications.mcgill.ca/reporter/2015/10/mcgill-tops-macleans-2016-rankings/> Web page consulted on March 29, 2017.

Peritz, I. *McGill University takes hit to prestige as medical school put on probation*. Globe and Mail. June 17, 2015. <http://www.theglobeandmail.com/news/national/education/mcgill-universitys-medical-school-put-on-probation-following-investigation/article25012146/> Page WEB consulted on March 29, 2017.

The network's academic mission

(See Appendix 7:) Academic Mission)

Teaching

On the whole, the McGill University health and social services network welcomes many interns to West Montréal institutions (MUHC, CIUSSS-ODIM / MWI IUHSSC, CIUSSS-COIM). Depending on the schools and faculties surveyed, the internships performed in these institutions correspond to 2,596 full-time equivalent employees.

Research

Research conducted in the health and social services fields by all of the network's partners is rich in volume and worldwide renown. Research is conducted in each health and social services institution and at McGill University. The network induces several research entities.

RUIS McGill

In 2003-2004, four RUIS, or integrated university health networks were created [TRANSLATION] *"to favour concertation, complementarity and integration of the care, teaching and research missions of healthcare institutions that have a university designation and the universities to which these institutions are affiliated..."*⁹

Four territories were defined throughout Québec, each of which was assigned to one of the four RUIS, respectively attached to one of the four universities that has a Faculty of Medicine.¹⁰

⁹ Québec (Gouvernement du) (2006). Act respecting health services and social services: R.S.Q., chapter S-4.2, Éditeur officiel du Québec, s. 436.

¹⁰ MSSS. *The Integrated University Health Networks (RUIS) 2016-2020. Consultation on the Future of the RUIS. Final Report.* April 2016.

McGill was assigned a vast and diversified territory of Québec, extending from Montréal to Nunavik in the Far North, 63% of Québec's territory.¹¹ (See Appendix 8: RUIS-McGill). RUIS McGill serves nearly 1.8 million people from different communities and all backgrounds. Its territory encompasses seven administrative regions, in particular, Nunavik (region 17), Terres-Cries-de-la-Baie-James (region 18), Nord-du-Québec (region 10), Abitibi-Témiscamingue (region 8), Outaouais (region 7), Ouest de la Montérégie (region 16) and central and western Montréal (region 6). In addition to the MUHC, several health and social services institutions are located in this territory, particularly two CIUSSS, three CISSS and three other health centres. In these regions, RUIS McGill supports training and development of healthcare professionals, particularly in the fields of research, teaching and technology assessment.

The current issues

- After ten years of existence and following the reforms introduced by the AMHSSN,¹² the role of the RUIS should be revisited. Some even called the existence of the RUIS in question. A consultation was held, which resulted in several recommendations,¹³ some of which introduced changes that are currently in progress, in particular:
 - There was recently a change in the management structure of RUIS McGill. The RUIS henceforth is under the direction of the Acting CEO of the MUHC.
 - It is anticipated that the social component will be added to the mandate of the RUIS, which up to now primarily addressed the health - medical component.

¹¹ RUIS McGill. Territory. <http://www.mcgill.ca/ruis/fr/propos/territoire> Web page consulted on April 3, 2017.

¹² Québec (Gouvernement du) (2015). Act to modify the organization and governance of the health and social services system, in particular by abolishing the regional agencies, Available on the

¹³ MSSS. *The Integrated University Health Networks (RUIS) 2016-2020. Consultation on the Future of the RUIS. Final Report.* April 2016.

Web: <http://legisquebec.gouv.qc.ca/fr/ShowDoc/cs/O-7.2>. Web page consulted on April 19, 2017.

¹³ MSSS. *The Integrated University Health Networks (RUIS) 2016-2020. Consultation on the Future of the RUIS. Final Report*. April 2016.

- It is also anticipated that support for deployment of promising practices will also be added to the RUIS mandate.
- These changes are in addition to the transformations resulting from the reform.

The Montréal West Island community

Profile of the population

(See Appendix 9:) Profile of the Population of West Montréal)

The proportion of the population age 65 and over is approximately 16% in both CIUSS, while throughout the Island of Montréal, this proportion is slightly below 16%. In the territory of Montréal West Island (ODIM / MWI), the proportion of youth (ages 5 to 17) is higher than in the territory of Centre-Ouest-de-l'Île-de-Montréal (COIM) and of Montréal as a whole (15.8%; 13.2%; 12.8% respectively).

History and reputation

(See Appendix 10: History)

- McGill University and the majority of the institutions in its network were founded by the Anglophone community.
- The communities have been closely involved since the very beginning of the network. They have overseen the creation and evolution of their institutions.
- Historically, the institutions have been accountable to their community.
- The institutions have adapted to Québec's reality, i.e. a cultural and linguistic diversity that today is recognized and respected.
- The institutions are proud to serve all Quebecers.

Community engagement

(See Appendix 11: Community Engagement)

The institutions of the McGill University Health Network are rooted in a rich history, more than a century old. Created largely by ethno-confessional groups, the institutions of West Montréal today serve a culturally diverse population but are still supported by communities who are faithful to them.

There are many volunteers in this network, and they are proud to be associated with it.

The benefactors want to remain faithful to the original institutions. This sometimes poses challenges when several institutions are merged. Indeed, the risk of community disengagement is felt throughout the network, to its great detriment. Several foundations and donors are withholding project funding in light of the uncertainty about the network's future. Moreover, it is estimated this risk would increase after the next institutional expansion. The annual revenues of all the foundations of the institutions of the McGill University Health Network combined are approximately \$140 million.

The auxiliaries, the volunteers, the members of the owner corporations and the foundations are all an integral part of this network's institutions.

It is important to preserve this sense of engagement among the volunteers and the community, because the sense of belonging to "the local institution" is deeply rooted in the history of many facilities.

Methodology

A project management approach was applied to the consultation process. A consultation plan was drawn up at the beginning of the mandate and timelines were defined (*See Appendix 12: Work Plan*). Four progress reports were presented in person to the mandatary, Minister Barrette, on December 2, 2016, and on January 27 and March 3, 2017, and at the end of the mandate. The consultation was conducted in two phases. The first phase sought to consult the representatives of each institution, while the second phase was a cross-cutting consultation, during which participants came from all institutions and the community. Nearly 800 persons were consulted.

From the beginning of the mandate, interlocutors in each institution were greatly involved in deployment of invitations and organizing the meetings.

Phase 1 of the consultations

(See Appendix 13:) Phase 1 of the Consultation

The first phase consisted of a series of consultations per institution. The participants were invited by each institution's interlocutor, based on the consultation plan, which specified the roles and functions that had to be represented. This list was identical for the three health and social services institutions, whereas McGill University's role was adapted to academia. An information kit and a convening letter were provided to the interlocutors, who took charge of sending them to the participants. The group meetings during the first phase of the consultations were held in the respective institutions, at the time and date determined by the institution according to a main calendar. The consultations of the first phase were held from November 21, 2016 to

January 30, 2017. In all, 415 persons participated in the consultations during the first phase.

Phase 2:

(See Appendix 14:) Phase 2 of the Consultation)

The second phase of the consultation stood out for its cross-cutting nature. First of all, a series of consultations were held for 15 continuums of services. A common table was drawn up, specifying the representation sought and the institution of origin of each participant concerned. The table then was validated by the interlocutors of each institution. A calendar specifying the date and time of each meeting and a series of convening letters (one per continuum) were distributed to the interlocutors, who took charge of identifying the participants for their institution and distributing the convening letter. The group meetings during the second phase were mostly held at the offices of the Minister of Health and Social Services in Montréal. Other individual or group meetings were held at the premises proposed by the participants. The meetings of the second phase of consultations were held from February 23 to April 6, 2017. In all, 357 persons participated in the second phase of consultations.

Results

A consultation of nearly 800 persons cannot fail to generate an enormous quantity of information and ideas. Needless to say, we learned a lot regarding the ideas, concerns and perceptions of the people consulted, many of which went beyond the context of the assigned mandate. The participants at all times were open and respectful during the consultation meetings and expressed themselves freely.

The information and perceptions collected during the consultations are summarized in two categories:

1. Issues that do not only concern the McGill network;
2. Issues of significant importance to the McGill network;
3. Points of consensus among the participants of the community addressed;
4. Other highlights.

Issues that do not only concern the McGill network

Some issues were raised repeatedly during the consultations, but do not only concern the McGill University Health Network.

1. The almost unanimous feeling that the absence of a uniform information system shared throughout the network and throughout the continuums of services poses an immense challenge to efficient communication, planning and management of care trajectories and the continuity of information concerning the user throughout the continuums of services. Although the complexity of this issue is recognized and accepted by everyone, it is unequivocally the highest priority for the network as a whole.

2. The question of activity-based funding (or patient-focused funding - PFF) was the subject of a recurring theme. Several groups and individuals mentioned the importance of raising this question, because it is especially important for the Island of Montréal as a whole, and subject to the effects of mobility and the service consumption profile of the population of the Island and the neighbouring regions. We should remember that many ultra-specialized services and care are provided in Montréal CHUs. Moreover, the McGill network receives users from different ethnocultural communities outside the region.
3. Another issue raised concerns the MSPs (Medical Staffing Plans) in the health and social services institutions that have an academic mission. To all indications, this questions should be raised with the universities, the university health and social services institutions, the Fédération des médecins spécialistes du Québec (FMSQ) and the Fédération des médecins omnipraticiens du Québec / Quebec Federation of General Practitioners (FMOQ). According to several participants, the time has come to reexamine this issue so that the entire system can recognize, measure and ensure follow-up of the academic and clinical performance of medical staff.
4. The roles and responsibilities of the network's different partners must be specified and communicated. Although it is recognized that the network is in transformation and rapidly evolving following the reforms, they have created great confusion, both among the users and among the practitioners. An example of such confusion is in first-line care, where the roles and responsibilities of the CLSCs are confused with those of the FMGs, to which resources are currently being transferred, whereas the CLSCs nonetheless seem to be required to deliver the same level of services as before.

Issues of significant importance for the McGill network

Certain issues specific to the McGill network were raised passionately and enthusiastically by several participants and thus were worth mentioning specifically.

1. The three institutions (MUHC, CIUSSS-ODIM / MWI IUHSSC, CIUSSS-COIM) and McGill University constitute a solid academic network. The lion's share of teaching and research activities is found in this network's institutions. A firm and unified feeling has emerged regarding the need for better recognition and support of these activities.
2. Most of this network's institutions have a rich history and community engagement since the beginning of their existence. The importance of preserving or even enhancing this engagement is recognized unanimously. Following the adoption of the AMHSSN and the move of part of the MUHC to a common site, there is a fear of community disengagement, to the network's great detriment. Moreover, it is believed that the risk would increase after the next institutional expansion. We should note that the auxiliaries, the volunteers, the members of the owner corporations and the foundations are all an integral part of this network's institutions.
3. The vast majority of the institutions have a language designation and those have the obligation to offer services in French and in English. The participants want this designation to be maintained and protected.
4. For various reasons, the institutions of the McGill network receive users and their families from all over Québec. There was a shared feeling that the right of the users and the possibility to access the services of the institution of their choice should be respected and maintained whenever possible.

Consensus points

At the time of project startup, we hoped to obtain a consensus on some specific points and we were pleasantly surprised. Several points received consent. The key points are highlighted below.

1. Among all the participants from all the sectors consulted and at all levels, there was almost no interest in other structural changes at this time.
 - a. The participants want to pursue consolidation of the transformations in progress following the adoption of the AMHSSN; another restructuring at this time would be a useless distraction.
 - b. The sectors outside the hospitals fear they will feel more marginalized, a feeling that has increased since the 2015 reform. A real concern persists that the network will become increasingly geared to hospital services to the detriment of first-line, community and psychosocial services.
 - c. Some participants raised the question of a climate of unhealthy competition within the network, which should be managed and moderated in the near future.
 - d. Some funding sources (foundations and donors) are withholding their financial support offered to the network's institutions in light of the uncertainty about the future.
 - e. The sense of engagement among the volunteers and the community is dissolved, because the sense of belonging to "the local institution" is more difficult.
 - f. The researchers recognize the opportunity and necessity to study the impact of the transformations on the objectives sought. They express the need and the interest for development of performance measurements, building primarily on the psychosocial and community sectors. As long as these questions will not have

been discussed, the added value of restructuring to a mega-institution is called into question.

- g. Several employees and professionals of the three health and social services institutions emphasized the administrative and communications challenges over the past two years. Among the examples cited are the challenges related to hiring staff, acquisition of equipment and coordination of internships, to name only a few examples. The general feeling is that these challenges would be aggravated if there were a precipitous move to a new structure.
2. The MUHC is the university hospital centre (CHU) of the McGill network and it is imperative that its leadership and budget concerns be turned around. A final decision on this subject must be made quickly. It is also hoped the network will evolve toward a clinical-medical management more shared by and representative of all the network's partners.
3. The participants wanted to build instead on better functional integration in the direction of concertation, fluidity and continuity of services throughout the network. This would not necessitate restructuring, according to the participants. Moreover, some promising models already exist in the network (the oncology pivot nurse and the support team for complex pediatric cases), while others are emerging (the trajectory for persons who have suffered a stroke and coordination of mental health beds in West Montréal). The participants also mentioned the importance of relying more on models accomplished successfully elsewhere.
4. The same is true for the resources and activities related to the network's academic mission. The participants evoke several benefits of concerted action on strategic planning in seeking and sharing material and human resources for the advancement of research. Such

- concerted action would reduce compartmentalization of efforts and duplication of resources, while enhancing the reputation of the McGill network as a whole.
5. Students and interns doing their internships in the network pointed out that better concerted action would make internship management more fluid and efficient. Work has begun to address these questions.
 6. There was a general consensus on the lack of clarity and operational precision of the presentations delivered by the two candidates. In the wake of the reform of the system, there is a generalized feeling of misapprehension and suspicion that a major change will be imposed without consultation or transparency, and in a perspective mainly geared to budget cuts. A general feeling also exists that the CIUSSS and MUHC administrations have often been absent and unreachable since the last reform. There was a profound feeling that the decisions were being made by upper management, without an adequate contribution by employees and professionals. This feeling possibly could exist in other territories.
 7. Our consultations also revealed that the McGill network cannot and must not operate in isolation. Four university networks exist in Québec and strong collaboration should be found among them. This is especially important regarding the links between the university networks of McGill University and the Université de Montréal. The imminent opening of the new CHUM (Centre hospitalier de l'Université de Montréal), the recent modernization of CHU Ste-Justine, and the conversion of Hôpital Notre-Dame into a community hospital are some factors that will have impacts on the McGill network.

Other points

The participants raised other points that are worth mentioning.

1. The document issued at the end of the consultation concerning the RUIS was released in April 2016. The recommendations of the report and the changes that resulted from it are very recent, including a change of the RUIS McGill leadership model. Thus, it would be premature to draw conclusions about the future of this file and its impact on the network.
2. Pediatric services play a key role in this network. The participants pointed out that the four partners of the McGill network must be sensitized to the network's pediatric mission and ensure they are duly represented and heard at the highest levels of the organizational structure.
3. The eventual adoption of Bill 130 and the negotiations with the groups of physicians will affect the organization and the delivery of services and care. Several groups attached great importance to the physicians' involvement and engagement to ensure the success of any future change in the network.

Recommendations

In summary, this mandate consisted of consulting the community and the partners of the McGill network on the future of health services and social services in West Montréal. To all indications, it is recognized that health services and social services are evolving and that the usual methods of the past are no longer valid. Several interesting ideas were shared about the network's future. Everyone recognizes that compartmentalized work and unhealthy competition are not to this network's benefit.

This is a network rich in expertise, with a great willingness to get involved and contribute to its evolution toward a future that is more innovative and collaborative.

It is incumbent on the leaders of the institutions and the community to propose to the Minister the path the network should follow toward this future, without losing sight of the three components of the university health network, namely uninterrupted service to the users, teaching and research, including assessment of technology and healthcare intervention modes. In light of the preceding results and in respect for this expressed consensus, we conclude this report with the following recommendations:

1. That there be no other mergers or structural reorganization of the McGill University Health Network at this time.
2. That the necessary decisions be made definitively and immediately to turn around the MUHC's leadership and budget.
3. That the opportunity be seized to study the impact of the reforms (the creation of CIUSSS, the bringing together of certain MUHC facilities on a single site, Optilab and the concerted action required by the partners for its development, etc.), demonstrating their tangible benefits.

4. That a vision and an integrated clinical and academic strategy be proposed commensurate with a world-renowned university health network, more specifically:
 - a. That a group, representative of all the partners, be established to work on the development of a shared vision and an action plan to concretize it. That it be ensured that the necessary external experts are included in this group.
 - b. That the mandate and deliverables of the group be established from the outset.
 - c. That the plan be developed over a short timeline.
 - d. That the plan and the results be communicated to the community as a whole to ensure its engagement.
 - e. That the initiatives currently in progress in the offering of continuous and uninterrupted services be consolidated.
 - f. That poles of expertise be identified within the network and supported concertedly by all partners.
 - g. That the plan be implemented gradually, starting with pilot projects deployed progressively throughout the network once their benefits will have been perceived and communicated.
5. Although the question of integration of information systems is beyond the scope of the current mandate, this point was raised during almost all the consultation meetings. It is obvious that the absence of a uniform information system throughout the health and social services network is an enormous challenge that stands in the way of fluidity and continuity of services. The consolidation and integration of information systems thus should be prioritized in all sectors of the network (health services and social services).

Needless to say, the next steps must be carried out in a spirit of collaboration, inclusion and respect. It is obvious that a concerted effort among

the partners of the McGill University Health Network will benefit the entire healthcare network in Québec.

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Abbreviations and Acronyms

| | |
|----------------------------|---|
| AVC | Accident vasculaire cérébral (French term for "stroke") |
| MASH | McGill Association of Students in Healthcare (MASH) |
| CHSLD | Centre d'hébergement et de soins de longue durée (Long-term and residential care centre) |
| CR | Centre de réadaptation (Rehabilitation centre) |
| CLRC (in French, CRCL) | Constance-Lethbridge Rehabilitation Centre / Centre de réadaptation Constance-Lethbridge |
| CSSS | Centre de la santé et des services sociaux (Health and social services centre) |
| CH | Centre hospitalier (Hospital centre) |
| CHAU | Centre hospitalier affilié universitaire (Affiliated university hospital centre) |
| CHUM | Centre hospitalier de l'Université de Montréal |
| CHU | Centre hospitalier universitaire (University hospital centre) |
| CIUSSS – ODIM / WIM IUHSSC | Centre intégré universitaire de santé et de services sociaux de l'Ouest-de-l'Île-de-Montréal / Montréal West Island |
| CIUSSS – COIM | Centre intégré universitaire de santé et de services sociaux du Centre-Ouest-de-l'Île-de-Montréal |
| CLSC | Centre local de services communautaires (Local community service centre) |
| MUHC (in French, CUSM) | McGill University Health Centre / Centre universitaire de santé McGill |
| TCVS (in French, CCVT) | Thoracic and cardiovascular surgery / Chirurgie cardio-vasculaire thoracique |
| CSCA (in French, CSEA) | Council for Services to Children and Adolescents / Conseil pour les services aux enfants et aux adolescents |
| ID-ASD (in French, DP) | Intellectual disability - autism spectrum disorder / Déficience |
| PD (in French, DP) | Physical disability / Déficience physique |
| DARHGI | Direction adjointe des ressources humaines et gestion de l'information |
| DPJ | Direction de la protection de la jeunesse (Youth Protection) |
| DGCRM | Direction générale de la coordination réseau et ministérielle |
| FTE (n French, | Full-time equivalence / Équivalence temps complet |

| | |
|----------------------|---|
| FTE (in French, ETP) | Full-time equivalence / Équivalence temps plein |
| FMOQ | Fédération des médecins omnipraticiens du Québec / Quebec |
| FMRQ | Fédération des médecins résidents du Québec |
| FMSQ | Fédération des médecins spécialistes du Québec |
| PFF (in French, | Patient-focused funding / Financement axé sur le patient |
| FMG (in French, | Family medicine group / Groupe de médecine familiale |
| MCH (in French, | Montreal Children's Hospital / Hôpital de Montréal pour enfants |
| MGH (in French, | Montreal General Hospital / Hôpital général de Montréal |
| JGH (in French, | Jewish General Hospital / Hôpital général juif |

| | |
|------------------------------|---|
| MNH (in French, | Montreal Neurological Hospital / Hôpital neurologique de Montréal |
| RVH (in French, | Royal Victoria Hospital / Hôpital Royal-Victoria |
| RI MUHC (in French, IR CUSM) | Research Institute of the McGill University Health Centre / Institut de recherche du Centre universitaire de santé McGill |
| MCI (in French, | Montreal Chest Institute / Institut thoracique de Montréal |
| AMHSSN (in French, LMRSSS) | Act to modify the organization and governance of the health and social services system, in particular by the abolition of the regional agencies |
| AHSSS (in French, | Act respecting health services and social services |
| RMSP (in French, | Regional Medical Staffing Plan / Plan régional d'effectifs médicaux |
| MSP (in French, PEM) | Medical Staffing Plan (by institution) / Plans d'effectifs médicaux (par établissement) |
| ONP (in French, | Optional network position / Poste en réseau facultatif |
| MNP (in French, | Mandatory network position / Poste en réseau obligatoire |
| CEO (in French, | Chief Executive Officer / Président-directeur général |
| PRAIDA | Regional Program for the Settlement and Integration of Asylum Seekers / Programme régional d'accueil et |
| MUHN (in French, | McGill University Health Network / Réseau universitaire de santé |
| RUIS | Réseau universitaire intégré de santé (Integrated university health network) |
| MH (in French, | Mental health / Santé mentale |
| SIG | Service de la gestion de l'information |
| SAPA | Support Program for the Autonomy of Seniors / Soutien à l'autonomie |
| FMTU (in French, UMF) | Family Medicine Teaching Unit / Unité d'enseignement de médecine de famille |

Appendices

See Appendices document.