Travailler mieux ensemble

Working Smarter Together

McGill University Health Centre
Board of Directors

June 17th, 2014

Centre universitaire de santé McGill

McGill University Health Centre

Conseil d'administration du Centre universitaire de santé McGill

McGill University Health Centre Board of Directors

Public Meeting

Le 17 juin 2014 / June 17th, 2014

Centre universitaire de santé McGill | McGill University Health Centre

Conseil d'administration du Centre universitaire de santé McGill

McGill University Health Centre Board of Directors

Claudio Bussandri

Président / Chairman

Le 17 juin 2014 / June 17th, 2014

Centre universitaire de santé McGill | McGill University Health Centre

Conseil d'administration
du Centre universitaire de santé McGill

McGill University Health Centre
Board of Directors

Normand Rinfret

Directeur général et chef de la direction /
Director General and Chief Executive Officer

Report of the Director General and CEO

Le 17 juin 2014 / June 17th, 2014

Centre universitaire de santé McGill
McGill University Health Centre

Under TAB 10

Conseil d'administration du Centre universitaire de santé McGill

McGill University Health Centre Board of Directors

Stéphane Beaudry

ADG - Financial Resources, Procurement & Biomedical Engineering

Financial Review

Le 17 juin 2014 / June 17th, 2014

Centre universitaire de santé McGill | McGill University Health Centre

Under TAB 10

2013-2014 Financial Results Highlights

- The MUHC concluded the 2013-2014 financial year with an operating deficit of $13.2M.
- Including a $6.8M or 34% cost savings ahead of the $20M budgeted deficit.
- As compared to the $40.4M deficit from prior year (before special items) and $5.0M for the Research Institute, cost reduction measures and performance efficiencies resulted in:
  - $28M cost savings from hospital operations for deficit reduction
  - $13M reduced MSSS funding for provincial wide optimization measures
  - $4.2M cost savings from the Research Institute

Under TAB 10

2013-2014 Operating Results

	Current Year 2013-2014		Prior Year 2012-2013	Delta	Delta
	Results	Budget	Results	Current Year vs Budget	Current Year vs Prior Year
"Amounts rounded to millions"					
Revenue	755.1	749.3	754.4	5.8	0.7
Salaries	540.2	544.0	559.5	(3.8)	(19.3)
Expenses	223.5	217.3	261.8	6.2	(38.3)
Other complementary operating activities	3.8	2.5	0.6	1.3	3.2
Deficit from operations, before the Research Institute	(12.4)	(14.5)	(67.5)	2.1	55.1
Research Institute	(0.8)	(5.5)	(5.0)	4.7	4.2
Deficit from operations, including the Research Institute	(13.2)	(20.0)	(72.5)	6.8	59.3

Under TAB 10

2013-2014 Financial Results
Key Activity Centres (AS-471)

Activity Centre		2013-2014 (Current Year)	2012-2013 (Prior Year)	% Change (Current year vs Prior Year)	
AS-471 6050 In -patient areas - Short Stay	Patient Days (PD)	272,691	274,936	-0.8%	↓
AS-471 6260 Operating Room	Number of procedures	34,792	33,199	4.8%	↑
AS-471 6300 Ambulatory	Number of visits	664,962	686,164	-3.1%	↓
AS-471 6600 Clinical Laboratories	Weighted procedure (WP)	43,691,223	44,526,897	-1.9%	↓
AS-471 6830 Medical Imaging	Provincial technical units (PTU)	13,267,136	12,566,922	5.6%	↑

Centre universitaire de santé McGill
McGill University Health Centre

Under TAB 10

2013-2014 Financial Results
Key Activity Centres (AS-471)

Activity Centre		2013-2014 Current Year	2012-2013 Prior Year	% Change Current Year vs Prior Year With indexation (2.45%)	Symbol
AS-471 6050 In -patient areas - Short Stay	Gross unit cost per patient day	$ 490.05	$ 509.82	**6.2%**	●
AS-471 6260 Operating Room	Gross unit cost per procedure	$ 1,852.80	$ 1,954.76	**7.5%**	●
AS-471 6300 Ambulatory	Gross unit cost per visit	$ 41.78	$ 44.06	**7.4%**	●
AS-471 6600 Clinical Laboratories	Gross unit cost per weighted procedure	$ 0.98	$ 1.00	**4.3%**	●
AS-471 6830 Medical Imaging	Gross unit cost per provincial technical unit	$ 2.34	$ 2.62	**12.8%**	●

● **Compared to prior year, key activity centres improved gross unit cost**

Centre universitaire de santé McGill
McGill University Health Centre

Conseil d'administration
du Centre universitaire de santé McGill

McGill University Health Centre
Board of Directors

Normand Rinfret

Directeur général et chef de la direction /
Director General and Chief Executive Officer

Report of the Director General and CEO

Le 17 juin 2014 / June 17th, 2014

Centre universitaire de santé McGill
McGill University Health Centre

6.1 Rapport de l'accompagnateur du CUSM (May 15, 2014)

- The *Accompagnateur,* Dr. Bureau, deposited his report to the Ministry at the beginning of June

- For the 2nd consecutive year, the MUHC closed the fiscal year better than anticipated (34% in 2013-2014)
  - Improved performance
  - Maintained (in some instances, increased) volumes and quality of care

- **Acknowledge** and **congratulate** the efforts of all the MUHC staff who contributed to this achievement!

BRAVO!

Centre universitaire de santé McGill
McGill University Health Centre

6.1 Rapport de l'accompagnateur du CUSM (May 15, 2014)

- The MUHC's transformation is an opportunity to work with our Network partners
  - To optimize proximity care
  - To refocus on our primary mission of speciality and ultra specialized care

- Recommendations for improvement:
  - Positioning the MUHC as a network partner
  - MUHC collaboration to establish Year 1 Budget by September 30th, 2014
  - *Grand projets d'optimisation* (GPOs)
  - IT/IS and governance of subsidiaries
  - Involvement of Chiefs & Chairs in the decision-making for change management

6.2 Rapport d'intervention du Protecteur du Citoyen (May 16, 2014)

- Welcome the Protecteur's report
  - Will actively contribute to the implementation of its recommendations

- December 2011
  - Very ill patent was transferred to the MUHC care on the recommendation of the Ministry of Health of Kuwait
  - Multidisciplinary care was needed and unavailable in her home country
  - MUHC's clinical team acted with compassion
  - Only foreign patient admitted since this case

- The Kuwaiti patient did not bump a Quebec patient from receiving care at the MUHC
  - All scheduled surgeries that day took place
  - Insufficient budget to perform additional surgeries

6.2 Rapport d'intervention du Protecteur du Citoyen (May 16, 2014)

- Acknowledge that certain administrative procedures must be corrected and MUHC is committed to address them
- Will collaborate with Dr. Michel Bureau, who has been asked by the Ministry of Health and Social Services (MSSS) to analyze the Protecteur's report from a financial perspective
- Recommendation for the MSSS to lead a review of the policy framework governing the international involvement of Quebec hospitals.
- In the future , the MUHC commits to securing approval from the government **prior** to admitting any new patient from abroad for specialized care

6.3 Update on current matters

- Appointment of MUHC Director of Nursing
- Preparatory dinner with the Mission Leaders
  - Retreat planned July 9th and July 10th
- *Journée annuelle des directrices et directeurs généraux et des président(e)s de conseil d'administration des établissements de santé et de services sociaux de Montréal*
- *Comité sur la configuration des services dans la région de Montréal*

6.3 Update on current matters

Recent Events

Date	MUHC Event
May 22, 2014	MGH Auxiliary AGM
May 22, 2014	The Ball for the Children's
May 24, 2014	Spartan Race
May 27, 2014	Quarter Century Plus Celebration
May 29, 2014	25th Annual Fraser Gurd Awards
June 3, 2014	RVH Auxiliary AGM
June 5, 2014	Council of Physicians, Dentists & Pharmacists AGM
June 5, 2014	Department of Medicine Annual Dinner
June 14, 2014	MUHC Golf Tournament

Events to Come

June 19, 2014	Commerative Event for Dr. William Feindel
July 7, 2014	Cedars Golf Tournament

Under TAB 11

Conseil d'administration du Centre universitaire de santé McGill

McGill University Health Centre Board of Directors

Michèle V. Lortie

Glen Activation Project Director

Transfers: On Our Way to MUHC 2015

Le 17 juin 2014 / June 17th, 2014

Centre universitaire de santé McGill
McGill University Health Centre

Under TAB 11

Once upon a time…

Under TAB 11

And Now?

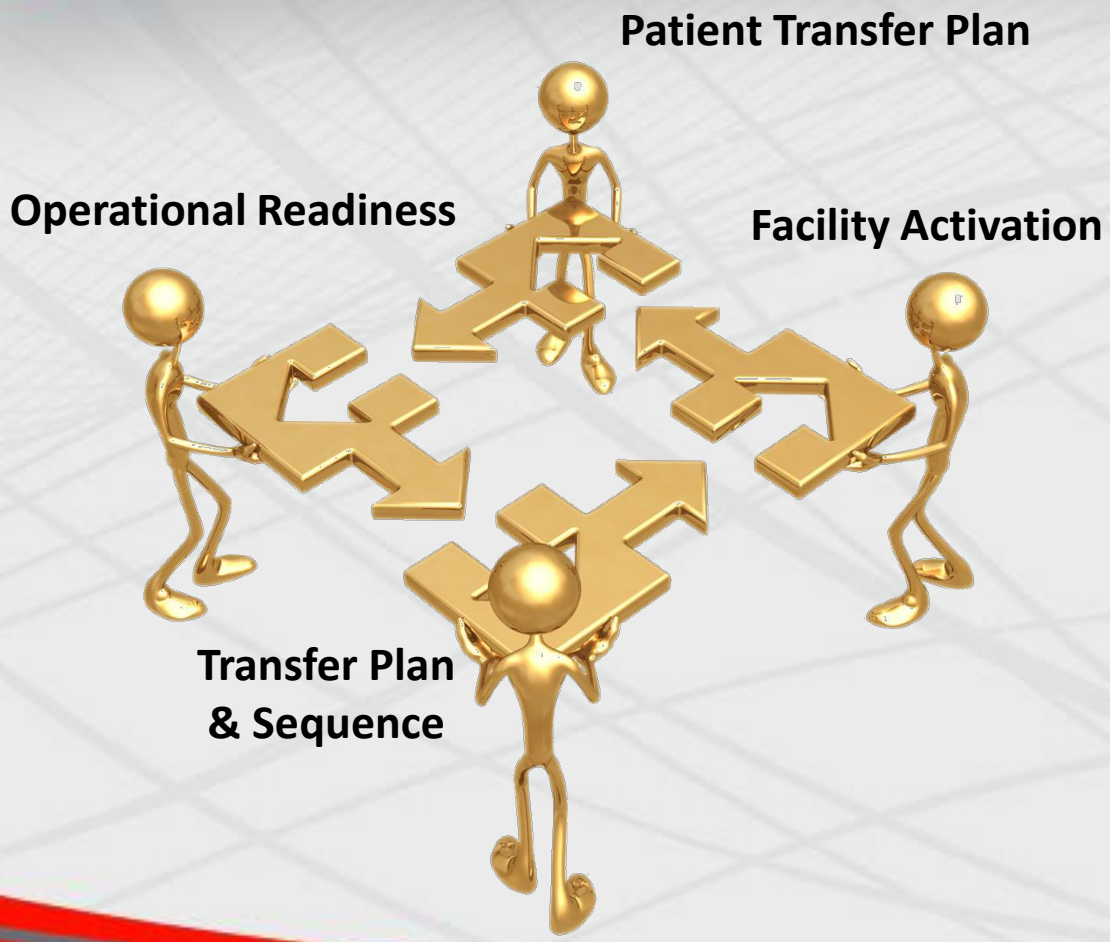
Under TAB 11

Partnering with experts at Healthcare Relocations (HCR)

- A Canadian company, in business for more than 20 years
- Assisted and moved more than 300 hospitals
- Proven methodology applied by competent team members with clinical expertise
- HCR's commitment:
  That the MUHC has safe and efficient transfers without unnecessary interruption to patient care.

Under TAB 11

Transfer Planning Requirements

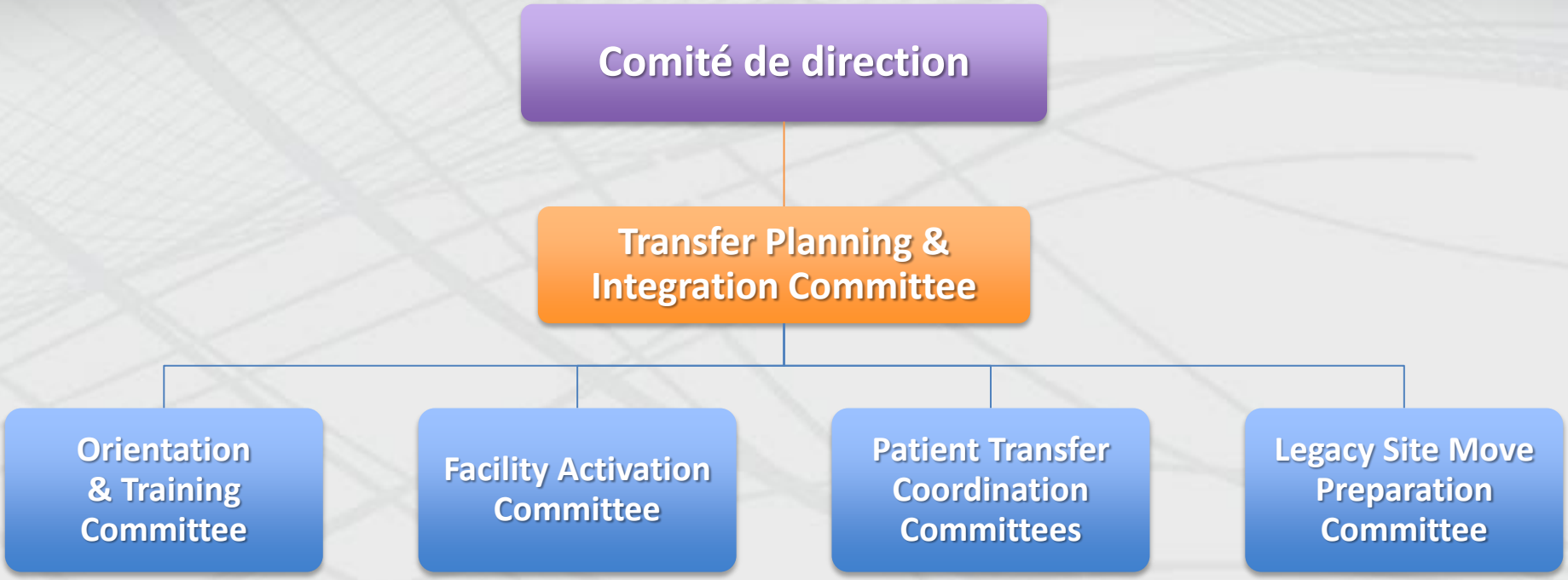


Guiding Principles

1) Maintain safe, quality patient care and the integrity of biological research materials.
2) Minimize operational downtime.
3) Mitigate all risks

Under TAB 11

Transfer Project Structure



Transfer calendar

- Moving days
- Patient Moves
- Stat Holiday

February 2015 RI-MUHC

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

April 2015 RVH

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2015 MCH

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

June 2015 MGH & MCI

S	M	T	W	T	F	S
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Under TAB 11

Under TAB 11

Ready, set: ACTIVATE!

Research Institute Activation	October 1 – February 10
Hospital Activation	October 1 - April 8
Deficiencies	October 1 - December 15
Activation of support services	October 1 - March 1
Activation of Clinical Departments	Based on training schedule
Training & Orientation	As of December 15

Under TAB 11

Critical Success Factors

- Early planning, quality execution
- Respect of methodology and planning schedule
- Operational readiness planning completed
- Detailed communication plan & execution
- Coordination with support services

+ TEAM WORK

Under TAB 12

Conseil d'administration du Centre universitaire de santé McGill

McGill University Health Centre Board of Directors

Gwen Nacos

COQAR Committee

Le 17 juin 2014 / June 17th, 2014

Centre universitaire de santé McGill
McGill University Health Centre

COQAR 2013-2014 Annual Report
Neuroscience Mission

Under TAB 12

Better health, better health care, lower per capita costs…

The Triple Aim Initiative

Represented by:
L. Durcan
L. Fabijan
T. Mack
L. Vieira

MUHC Board
June 17, 2014

Neurosciences
IHI Triple Aim International Collaborative

Under TAB 12

Motivating factors:

- Baron Report emphasis on budget reductions based on performance indicators.
- MUHC Transformation and leadership CHU role within a network of health care organizations.

Triple Aim provides the framework and tools to meet these challenges.

- A patient population is targeted using three key dimensions:
  1. Improving the patient experience of care (including quality and satisfaction);
  2. Improving the health of populations; and
  3. Reducing the per capita cost of health care.

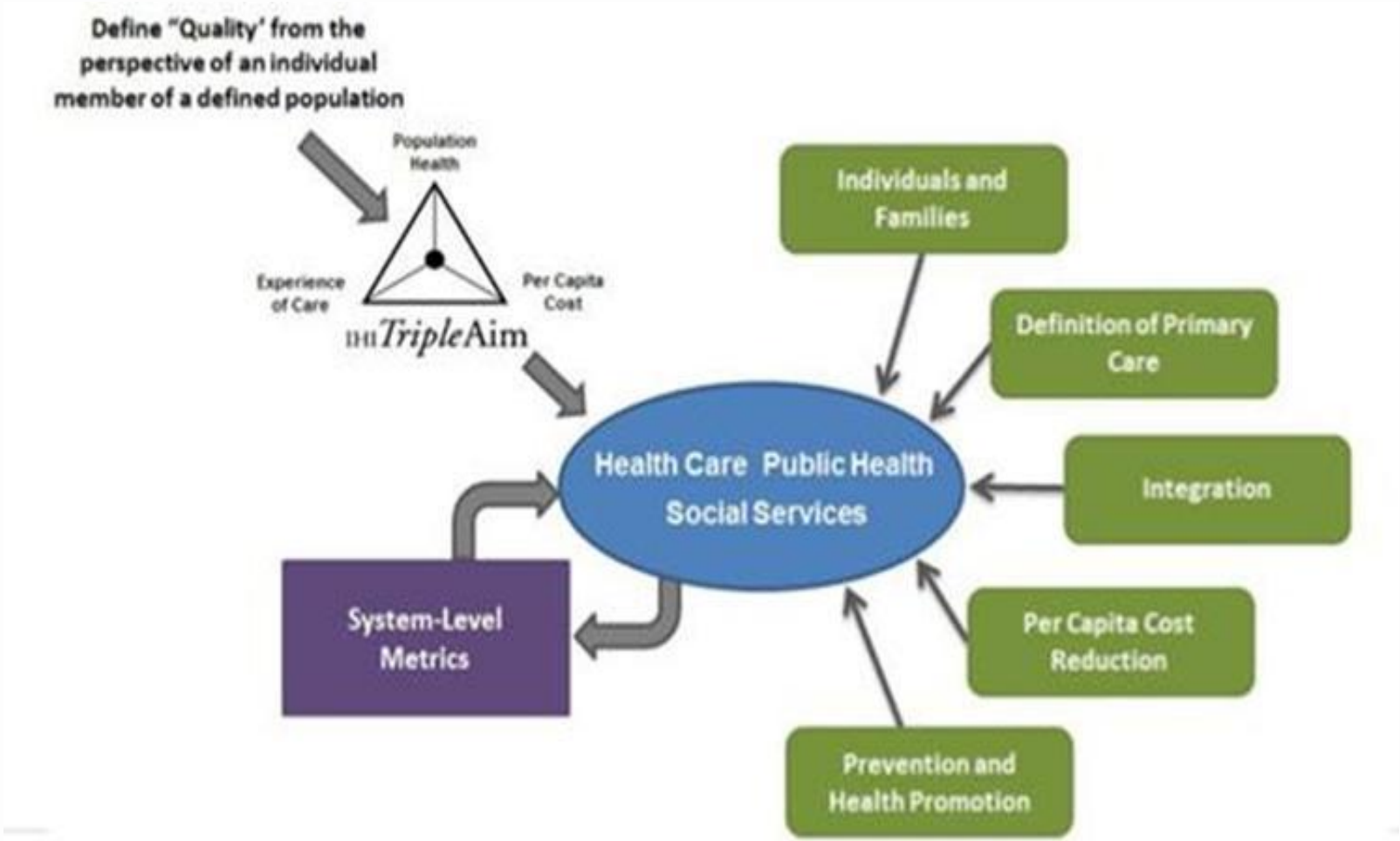
Neurosciences
IHI Triple Aim International Collaborative

Under TAB 12

- MUHC approached by IHI to apply to this international initiative because of our focus on quality projects.
- Neurosciences Mission saw this as a unique opportunity to improve performance and the quality of care provided to our patients.
- Matched funding provided to accepted candidates by the Canadian Foundation for Healthcare Improvement (CFHI).
- CFHI selected 10 organizations across Canada and the MUHC is the only one from Quebec.

Neurosciences
IHI Triple Aim International Collaborative

Under TAB 12



*Institute for Healthcare Improvement, 2012

Neurosciences
IHI CFHI Triple Aim International Collaborative

Under TAB 12

Our Target Patient Population – STROKE

Why?

- Represents a high risk/high cost patient population
  - In Canada every 7 minutes a persons is having a stroke
  - Annual cost of $3.6B in terms of health care resources and economy
- Neurosciences implementation of tertiary and secondary stroke mandates
- Population Characteristics (2012-2013):
  - Volume of Montreal stroke patients = 3,087
  - MUHC Neurosciences stroke patients = 509 or 16%

Our Team:

- Neurologists – L. Durcan, L. Vieira
- Nurses – L. Fabijan, R. Sourial, H. Perkins
- Allied Health – A. DiRe
- Patient Representative – E. Pereira
- Administration – T. Mack
- Quality Performance – A. Biron, D. Dubé

Neurosciences
IHI CFHI Triple Aim International Collaborative

Under TAB 12

Population Health – "hot spotting" example

	De la Montagne	Dorval-Lachine-Lasalle	Sud-Ouest-Verdun	Cavendish	Ouest-de-l'île	5 CSSS	MtI
Stroke pts admitted to MNH-MGH 09-12	*284*	*228*	*209*	*195*	*170*	*1086*	*1448*
Population Health							
N=	219770	134115	142995	121900	217535	836315	1886480
Average age	38	42	40	41	40		40
% 65 y.o.+	15%	17%	13%	17%	14%	15%	15%
Family Dr 12 y.o.+	62%	73%	59%	73%	79%	69%	65%
Risks factors							
Smoking, 12 y.o.+	21%	26%	24%	18%	15%	20%	23%
Overweight, 18 y.o.+	38%	55%	45%	47%	50%	47%	47%
Hypertension, 45 y.o+	31%	37%	35%	26%	24%	30%	30%
Diabetes, 20 y.o.+	7%	9%	8%	7%	8%	8%	8%
Diabetes,65 y.o.+	21%	24%	24%	22%	22%	22%	24%
Index of material deprivation	2.67	2.79	3.39	2.14	1.78	2.55	2.94
Index of social deprivation	3.34	3.69	4.34	3.55	2.26	3.44	3.67

Source: EMIS - ASSSS

Neurosciences
IHI Triple Aim International Collaborative

Under TAB 12

Projects Selected:

- Stroke Rehabilitation
- Rapid Access Clinic
- Satellite Stroke Prevention

Example - Project #1 Stroke Rehabilitation

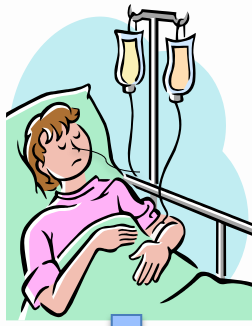
- Improve access to rehabilitation services for patients with swallowing disturbances specifically with feeding tubes.
  - Goal :improve functional recovery and a patients' quality of life.
  - Tracking decrease of LOS and ED visits to determine cost avoidance
  - Partner CSSS Cavendish – Julius Richardson

Under TAB 12

Project Example: Stroke Rehabilitation

Current context:

- Mr. P is hospitalized for stroke the past 10 days.
- He is ready and motivated to go to inpatient rehabilitation center but has a feeding tube as unable to swallow.
- Rehabilitation centres don't accept patients with feeding issues this delay is a set back for his stroke recovery.



Solution:

- Develop a partnership with Rehabilitation Hospital Centers to accept those patients ready for rehabilitation with feeding tubes.

Improvement method:

- Kaizen with representatives from the MNH, MGH, Centre hospitalier Richardson, and a patient.

Result:

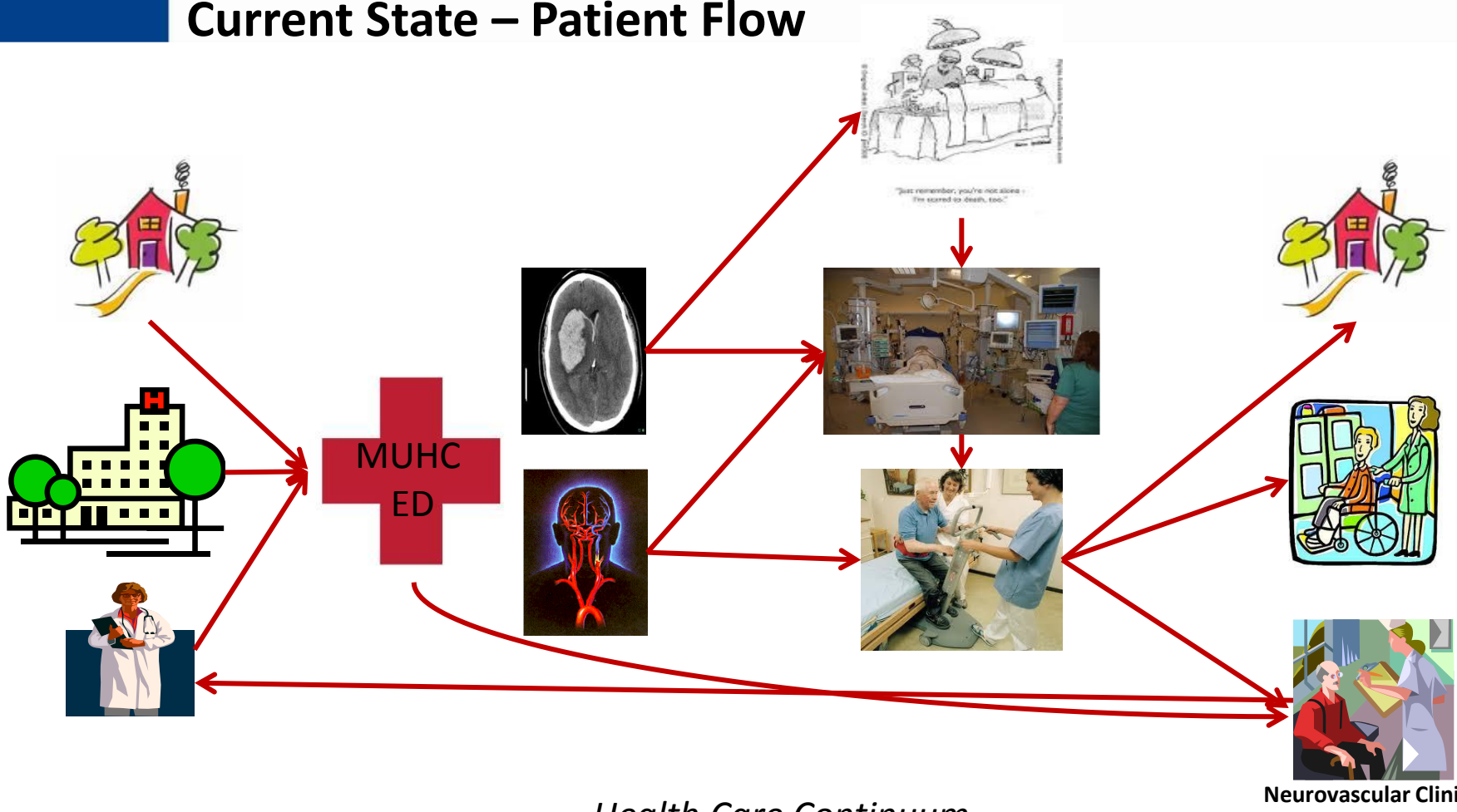
- Improved rehab access improves functional outcomes directly impacting on Mr P.'s quality of life and ability to return to work.

Changes patient experience and reduces costs to the system.

Neurosciences
IHI Triple Aim International Collaborative

Under TAB 12

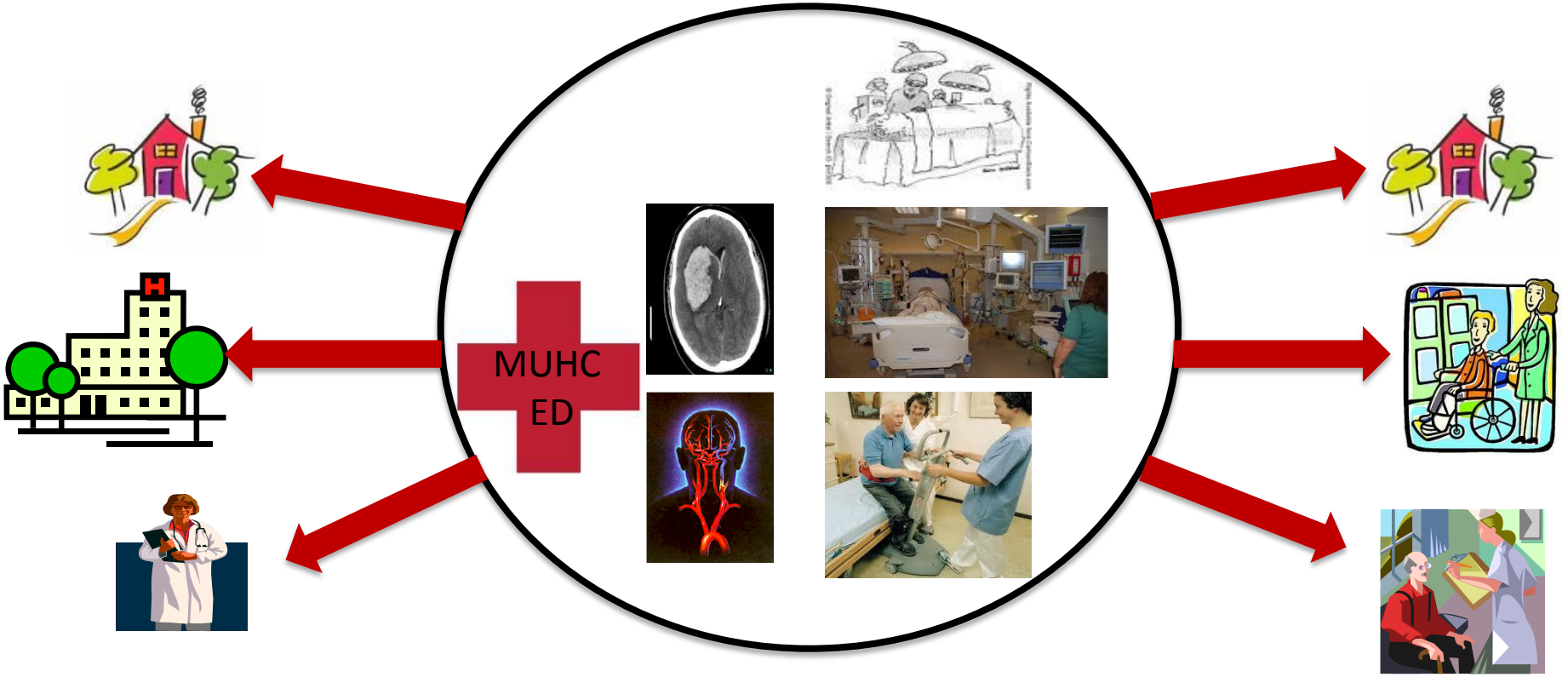
Current State – Patient Flow



Neurosciences
IHI Triple Aim International Collaborative

Under TAB 12

Future State – *Spreading the Expertise*



Neurosciences
IHI CFHI Triple Aim International Collaborative

Under TAB 12

Lessons learned to date…

1. Greater appreciation of strategies to select projects driven by population health research.

2. Importance of reviewing socio-demographic data to identify populations with risk factors:
   - Hot-spotting to target regions and partners

3. Approaching health care solutions from a patients perspective:
   - Guide project selection through the patients' story

4. Unique opportunity to take a leadership role, in developing capacity to drive improvement and transform care delivery.

5. Ability to spread this framework within and to other MUHC Missions.

6. Power of collaborating with community partners to improve patient access to services across the continuum – win-win-win!

Consent Items Resolutions

Consent Items Resolutions

7.1	Report of the MUHC Council of Physicians, Dentists & Pharmacists	Under TAB 13
7.2	Report from MUHC Professional Services	Under TAB 14
7.3	Report from MUHC Professional Services-MCH	Under TAB 15

Centre universitaire de santé McGill
McGill University Health Centre

- Question Period
- Termination

Thank you!

Centre universitaire de santé McGill
McGill University Health Centre


Centre universitaire
de santé McGill
McGill University
Health Centre
cusm.ca | muhc.ca