Public Meeting
McGill University Health Centre
Board of Directors

May 22, 2020
10:30 - 12:00

Via ZOOM due to COVID-19 Pandemic
1. Call to Order and Confirmation of Quorum
2. Approval of the Agenda and Addition of items in Varia
3. Approval of Minutes and business arising from previous minutes (January 27, 2020; March 20, 2020; April 27, 2020)
4. Approval of Consent Items Resolutions
5. Report of the President and Executive Director
6. Varia
7. Public Question Period
8. Adjournment
Peter Kruyt
Chairman - MUHC Board of Directors

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5. Report of the President and Executive Director

Update by the President Executive Director on Current News, Legal Declarations and Upcoming Priorities
5. Update by the President and Executive Director

Coronavirus (COVID-19)

- Emergency Measures Coordination Centre (EMCC) / Centre de coordination des mesures d’urgences (CCMU)
  - Activation ⇔ 12 mars / March 12
  - How it operates / Le fonctionnement
5. Update by the President and Executive Director

Coronavirus (COVID-19)

- Communications (a few examples)
  - Daily updates to staff
  - Weekly webinars
  - Conference calls with union representatives
  - Intranet / Internet / Social Media
  - Videos
  - Frequently-asked questions (FAQ)
5. **Mise à jour par le président-directeur général**

- **Travaux avec les établissements de réseau de la santé**

- **Efforts dans les CHSLD**

  - Déploiement d'employés du CUSM pour prêter main-forte au CIUSSS de l'Ouest-de-l'Île-de-Montréal :
    - CHSLD Nazaire-Piché ⇒ 20 avril 2020
    - CHSLD Vigi Dollard-des-Ormeaux ⇒ 23 avril 2020
5. Mise à jour par le président-directeur général

Remerciements à toutes les équipes engagées dans la lutte contre la COVID-19 pour leur travail acharné et leur inlassable dévouement
5. **Mise à jour par le président-directeur général**

**Déclarations légales**

**2019-2020 :**
- TOTAL des gardes provisoires et des mises sous gardes présentées et autorisées : **449**, comptabilisées à compter de la période financière 5.

**2020-2021 : pour la période financière 1**
- Nombre de gardes provisoires présentées au tribunal et ordonnées : **13**
- Nombre de mises sous garde présentées au tribunal et autorisées (incluant les renouvellements) : **15**
5. Report of the President and Executive Director

COVID-19
4 months after ....

Dr. Charles Frenette
Director
Infection Control and Prevention
MUHC Daily COVID-19 Lab Stats - First Positive by Date

% First positive rate by day (nbr 1st POS / total tests)

Number of first positives by day

Number of tests by day

Avg: 232

Avg: 13

Avg: 5.8%
Admissions

MUHC (all) Adult & Ped, Covid+ & Recovered Patients: 0800 22/05/2020

- # Total Admissions
- # Total départs excl. décès
- # Soins intensifs
- # Décès

Date vs. # of Patients

Mar 2020
Apr 2020
May 2020
Where we are – Admissions

- **Current admissions:** active confirmed 78 + including 26 recovered
  - ICU : 18
  - Mortalité : 21%

- **ER Encounters:** 576 CoVid confirmed
Nosocomial cases / HCW

- Patient nosocomial cases: RVH = 3, MGH = 6
  - Only two outbreaks:
    - MGH15: 4 patients, 8 HCW
    - MNH: 13 HCW, 0 patients
  - Numerous Exposures: 173 events
    - MGH: 11, 12, ER, HD
    - Glen: ER, D9
    - Lachine: CL 2 east
- HCW: over 2740 tests done = 197 +
  - Community/travel = 27 %
  - Health care associated other HCW = 12%
  - Health care associated patient = 33 %
  - LTC / Other institution = 17 %
What we have done well

• Triage and rapid ID of patients
• Triage and identification of sick HCW
• Developping lab tests and lab capacity
  — Rapid turn around time
  — Expanding testing
• Adapting rapidly to new evidence / recommendations
  — V12 Infection Control policy
• Adapting to PPE shortage
  — Contingency plan for N95, Gowns, Visors reusage
• Covid bed capacity, Hot zones created and respected.
  — With some flexibility
• Change in Infrastructure: MGH15, MGH ER, MGH11, MGH10
• Occupationnal Health Infrastructure:
  — Info line
  — Management of sick HCW
  — Exposure management
• Infection Control Leadership respected
Challenges

- Dealing with PPE shortage, appropriate indications
- Increasing demands to ramp up, ER demands
- Staying ahead of the game of transmission
- Providing support to our partners
- Dealing with anxiety, fear and beliefs
  - vs facts, science and evidence
- Sick HCW
- Dealing with conflicting messages from MSSS / FMSQ
- Relaxing of attitudes
- Proper usage of mask and PPE.
Our greatest strength

- Leadership
- Collaboration
- Communication
- Respect
5. Report of the President and Executive Director

MUHC transformation with COVID-19

Dr Ewa Sidorowicz
Director of Professional Services
&
Martine Alfonso
Associate President and Executive Director
MUHC Response to COVID-19

MUHC prepared its sites and teams

- **Cold Sites:**
  - Lachine Hospital
  - Montreal Neurological Hospital
  - Montreal Children’s Hospital

- **Warm Sites:**
  - Glen (Adult)
  - Montreal General Hospital,
  - Montreal Children’s Hospital Neonatal Unit
MSSS : Désignations et activation

• Niveau d’alerte #1
  – Hôpital général juif et le CHU Ste-Justine
  – CHUM et CUSM gardent leurs patients
  – Tous les établissements doivent réduire les activités dites électives (ambulatoires, chirurgicales et d’endoscopie)

• Niveau d’alerte #2
  – Hôpitaux Sacré-Cœur et Maisonneuve-Rosemont
  – Tous les établissements doivent prendre les patients non Covid-19 des centres désignés

• Niveau d’alerte #3
  – CHUM et CUSM
## MUHC COVID19 Surge Capacity

### Glen Adult

<table>
<thead>
<tr>
<th>North Pod</th>
<th>Center Pod</th>
<th>South Pod</th>
</tr>
</thead>
<tbody>
<tr>
<td>C07</td>
<td>C07N - VASCULAR SURGERY</td>
<td>C07C - CCU</td>
</tr>
<tr>
<td>C08</td>
<td>C08N - SURGICAL/GYNE</td>
<td>C08C - SURGICAL/GYNE</td>
</tr>
<tr>
<td>C09</td>
<td>C09N - Int Med</td>
<td>C09C - Int Med</td>
</tr>
<tr>
<td>C10</td>
<td>C10N - GEN SURGERY/ENT</td>
<td>C10C - TRANSPLANT</td>
</tr>
<tr>
<td>D03</td>
<td>D03 - ICU</td>
<td>D03 - ICU</td>
</tr>
<tr>
<td>D06</td>
<td>D06N - MATERNITY</td>
<td>D06C - MATERNITY/NURSERY</td>
</tr>
<tr>
<td>D07</td>
<td>D07N - CARDIAC SX/PLASTICS</td>
<td>D07C - CARDIAC SX/PLASTICS</td>
</tr>
<tr>
<td>D08</td>
<td>D08N - RESPIRATORY</td>
<td>D08C - MCI ICU</td>
</tr>
<tr>
<td>D09</td>
<td>D09N - PALLIATIVE</td>
<td>D09C - INT MED</td>
</tr>
<tr>
<td>D10</td>
<td>D10N - HEMATOLOGY</td>
<td>D10C - HEMATOLOGY</td>
</tr>
</tbody>
</table>

### MGH

<table>
<thead>
<tr>
<th>West</th>
<th>East</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>18E  - Gen Surg/ACS/Oral</td>
</tr>
<tr>
<td>17</td>
<td>17E  - Internal Medicine</td>
</tr>
<tr>
<td>15</td>
<td>15E  - Internal Medicine</td>
</tr>
<tr>
<td>14</td>
<td>MedSurg</td>
</tr>
<tr>
<td>13</td>
<td>13E  - Surg TBI</td>
</tr>
<tr>
<td>12</td>
<td>12E  - Ortho Trauma</td>
</tr>
<tr>
<td>11</td>
<td>11E  - CCU</td>
</tr>
<tr>
<td>10</td>
<td>9E   - ICU-East</td>
</tr>
<tr>
<td>9</td>
<td>9W   - ICU-West</td>
</tr>
<tr>
<td>8</td>
<td>8 PACU</td>
</tr>
<tr>
<td>7</td>
<td>7 PACU</td>
</tr>
<tr>
<td>4</td>
<td>4W   - Psychiatry</td>
</tr>
<tr>
<td>BIU</td>
<td>PSYCH-Brief Intervention Unit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>West</th>
<th>East</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>COVID</td>
</tr>
<tr>
<td>17</td>
<td>17E  - Internal Medicine</td>
</tr>
<tr>
<td>15</td>
<td>15E  - Internal Medicine</td>
</tr>
<tr>
<td>14</td>
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</tr>
<tr>
<td>12</td>
<td>12E  - Ortho Trauma</td>
</tr>
<tr>
<td>11</td>
<td>11E  - Intermediate care unit</td>
</tr>
<tr>
<td>10</td>
<td>Thoracic Surg</td>
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<tr>
<td>9</td>
<td>COVID ICU</td>
</tr>
<tr>
<td>8</td>
<td>8 PACU</td>
</tr>
<tr>
<td>7</td>
<td>11W  - CCU</td>
</tr>
<tr>
<td>4</td>
<td>4W   - Psychiatry</td>
</tr>
<tr>
<td>BIU</td>
<td>COVID ED</td>
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</tbody>
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# Level 3: COVID-19 Surge capacity

## COVID-19 Surge Capacity Plan

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Non-clinical evaluation to determine if the person should enter the hospital, go home or go to screening</td>
<td>Clinical evaluation to determine if a person not requiring hospitalisation is at risk for COVID-19 and testing</td>
<td>Clinical evaluation of patients at risk of COVID-19 that require hospital admission and testing</td>
<td>Zone where tested patients requiring hospital admission wait for COVID-19 test results (depending on lab turn around time)</td>
<td>Hospitalized COVID-19 patients not requiring ICU care</td>
<td>Hospitalized COVID-19 patients requiring ICU care</td>
<td>Hospitalized non COVID-19 patients requiring CCU or ICU care</td>
</tr>
</tbody>
</table>
Level 2 & 1: Planning for the Resumption of Regular Activities

Before COVID-19 Pandemic
January 2020

Level 3: < 40 % of activity, Pandemic stage
March 2020

Level 2: 40 to 70 % of activity, Intermediate stage

Level 1: > 70 % of activity, Post COVID-19 Pandemic Stage

Diagnostic services
Treatments and Procedures
Academic activities

Today

Diagnostic services
Academic activities
Treatments and Procedures

Diagnostic services
Academic activities
Treatments and Procedures

Diagnostic services
Academic activities
Treatments and Procedures
Level 2 & 1: Planning for the Resumption of Regular Activities

**Triggers to move from level 3 to level 2 activity**
- Warm Sites: Number of COVID cases using regular beds is stable and number of COVID cases using ICU beds is decreasing in the region.
- Cold Sites: Number of COVID cases has decreased or is stable in the region (ICU and care units) and Warm Sites have < 90% COVID occupancy.

**Constraints to consider for a resumption of regular activities**
- Care units beds are use by COVID+ patients
- Healthcare workers have been displaced to COVID active areas or other sectors
- New infection control and prevention measures limit the capacity of some sectors to resume the same level of activity as before the COVID-19 pandemic
# Level 2 & 1: Planning for the Resumption of Regular Activities

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Neuro</th>
<th>MGH/Glen Adult</th>
<th>Lachine</th>
<th>Mental Health</th>
<th>MCH</th>
<th>WH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital &amp; ICU (COVID and Non-COVID) + EDs</td>
<td>Perioperative services</td>
<td>Imaging (diagnostic and interventional)</td>
<td>Ambulatory (Clin., Day hosp, accueils cliniques, RO, Chimio, Hemodialysis)</td>
<td>Hospital</td>
<td>OR</td>
<td>Imaging</td>
</tr>
<tr>
<td>EP &amp; Cath lab</td>
<td>Endoscopy</td>
<td></td>
<td></td>
<td>Ambulatory</td>
<td></td>
<td>Ambulatory and Day hospital</td>
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<td></td>
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<td></td>
<td>NICU</td>
<td>Pre-post partum</td>
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<td></td>
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<td></td>
<td>PICU</td>
<td>Birthing Centre</td>
</tr>
</tbody>
</table>
A Bit More about Perioperative Services

Getting to Level 2 for scheduled surgery (40-70%):

- Constraints mentioned (beds, staff including anesthesia, infection control and prevention measures etc). Today we are about at 40% of activity overall at the MUHC;
- Development of algorithm to handle COVID-19 positive and suspect cases, and identification of COVID-19 ORs;
- Committees on each site overseeing scheduling week by week to ensure access for urgent and semi-urgent cases (non-urgent stopped on March 16th). Tremendous support from CORB;
- Status by site:
  - The Neuro status is quite good with close to 70% functioning and control of the waiting list;
  - At Lachine, ramp up challenges given redeployment of staff;
A Bit More about Perioperative Services

- Getting to Level 2 for scheduled surgery (40-70%) by site:
  - MGH and adult Glen:
    - Progressive increase in volumes in the last 2 weeks with further growth planned to get to 70%, this requires 11 ORs at the MGH and 8 at the RVH;
    - Growth of the wait list over the last few weeks in general;
    - Usage of specialized medical clinics (i.e. Rockland) etc to increase access;
    - Decrease in the cancer wait list (patients prioritized, but also fewer new patients);
    - Ramp up of cardiac surgery proceeding;
    - Renal Transplants to restart soon.
  - MCH:
    - Also slowed to 35% of usual;
    - Wait lists have grown over the last few weeks;
    - Ramp up to 70% being planned
5. Report of the President and Executive Director

Finance / Budget Update

Dawn Singerman
Director
Financial Resources
Preliminary* Financial Results 2019-2020

- Operating deficit of approximately 1%
- The plant fund is still under review with the MSSS in light of the financing changes announced for the Glen parking

* Note: 19-20 Results are preliminary and subject to change
Highlights of Preliminary Results 2019-2020

- MUHC, like all other establishments in the province, started the year facing significant challenges across several areas that resulted in a deficit:
  - Shortage of manpower
  - Lack of beds for in-patients creating pressure in critical areas such as ED and OR
  - Optilab project
  - Optimization targets set by MSSS for Santé Physique and procurement contracts

- The results are net of the following items:
  - Coronavirus-related expenses ($5M)
  - Oncology drugs and Spinraza (non-recurring funding to cover 100%)

- We continue to work with the MSSS to recognize our patient population needs and provide appropriate funding.
Budget 2020-2021

- The official budget process for the RSSS is delayed to the summer
- MUHC anticipates that 2020-2021 will be a challenging year financially, as do many other establishments in the province
- The main factors that we anticipate causing pressure:
  - Evolution of the pandemic
  - Ramp-up of treatments and services delayed during the pandemic
  - Shortage of manpower
  - Pressure in the emergency rooms, and lack of beds for in-patients
  - Increasing costs and volumes of medication, for oncology and other needs
  - Optimization targets set by MSSS for Santé Physique

- The support of the MSSS to recognize our patient population needs and provide appropriate funding is critical to alleviate the financial and operational pressures the MUHC faces
6. Varia
7. Public Question Period
8. Adjournment