Public Meeting
McGill University Health Centre Board of Directors

July 13, 2020
12:00 p.m. - 1:30 p.m.

Via ZOOM due to COVID-19 Pandemic
1. Call to Order and Confirmation of Quorum
2. Approval of the Agenda
3. Approval of Minutes and business arising from previous minutes (January 27, 2020; May 22, 2020)
4. Approval of Consent Items / Resolutions
5. Report of the President and Executive Director
6. Equity, Diversity and Inclusion Announcement
7. Public Question Period
8. Adjournment
1. Call to Order and Confirmation of Quorum
2. Approval of the Agenda
3. Approval of Minutes and business arising from previous minutes (January 27, 2020; May 22, 2020)
4. Approval of Consent Items / Resolutions
5. Report of the President and Executive Director

- Executive Update
- Financial Results Presentation
- Clinical Activities Presentation
- MUHC Visiting Policy Presentation
5. Update by the President and Executive Director

Coronavirus (COVID-19)

- Update on COVID-19 situation
  - MUHC
  - Greater Montreal Area
  - Quebec
5. Mise à jour par le président-directeur général

- Remaniement ministériel (22 juin 2020)
  - Nouveau ministre – M Christian Dubé
  - Nouvelle sous-ministre – Mme Dominique Savoie

- Mise à jour des réunions ministérielles
  - 25 mai 2020 et 1 juin 2020 (Danielle McCann)
  - 23 juin et 26 juin 2020 (Christian Dubé)

- Visite du ministre délégué à la Santé et aux Services sociaux, Lionel Carmant
  - 13 juillet 2020
  - Présentation du logiciel Atlas Télémed et Projet OPAL
5. Mise à jour par le président-directeur général

Dans les actualités

- La Presse – 29 juin 2020
  Le CHSLD Pavillon Camille-Lefebvre de l’Hôpital de Lachine – « CHSLD : la recette pour résister au virus »

- The Conversation Canada – June 22, 2020 / La Tribune – 5 juillet 2020
  Julian Menezes, soins spirituels de l’Hôpital Royal Victoria
  « La vie et la mort dans un hôpital luttant contre la COVID-19 »
5. Update by the President and Executive Director

Varia

• Inauguration of new MGH Dialysis Unit (June 17, 2020)
  - B7 was transformed into a modern unit that boasts plenty of natural light, a state-of-the-art dialysis system, and 9 new private stations.
  - Organized to meet social distancing requirements and patient protection measures.
  - The 9 new fully-equipped stations are in addition to the 15 chairs on L2, for a total of 24.

• New parking rates effective June 20, 2020
5. **Update by the President and Executive Director**

- **Air conditioners (AC)**

  Montreal General Hospital (MGH)
  - Two phase project - 70 AC units were installed last year and 50 were installed this year for a total of 120 new AC units
  - Every patient room at the MGH now has an air conditioning unit

  Camille Lefebvre
  - Dehumidified corridors
  - UV stickers installed on windows to reduce humidity
  - AC units are available to residents upon request

Lachine
- HVAC (heating, ventilation and air conditioning) work has been done throughout the hospital
- Larger systems have been installed in the patient care units
5. Update by the President and Executive Director

Research Institute Update

- Creation of a Search Committee and the acceptance of two senior leaders from the MUHC and McGill to co-chair
  - Ms. Martine Alfonso, Associate President and Executive Director, MUHC
  - Dr. Lesley Fellows, Vice-Dean, Academic Affairs, McGill Faculty of Medicine, McGill University
- Call for Applications under way (June 30, 2020 – July 31, 2020)
- Members of the community are invited to write to the co-chairs should they wish to bring something to the committee’s attention.
- To preserve the confidentiality of the application process, there will be no further announcements until the end of the process
5. Update by the President and Executive Director

Interim Leadership of the Research Institute

- The Board of Directors of the Research Institute of the McGill University Health Centre (RI-MUHC) announced the appointment of Dr. Miguel N. Burnier, Jr. to the position of Interim Executive Director and Chief Scientific Officer of the RI-MUHC effective June 15, 2020.

- Sincere gratitude to Dr. Bruce Mazer for having not only served in this capacity since fall 2016 but also graciously agreed to extend his term until June 15, 2020.
5. Update by the President and Executive Director

Awards

• Dr. Alan Evans recipient of one of the five prestigious Killam Prizes, namely the one for Health Sciences (May 27, 2020)
  o Awarded by the Canada Council for the Arts
  o The Killam Prizes are awarded yearly to Canadian scholars who have made a significant impact in their respective fields—Dr. Evans received his award for his work furthering the understanding of the human brain.

• Dr. Emmett Francoeur recipient of 2020 Prix Letondal
  o Awarded by the Association of Pediatricians of Quebec for important contributions to pediatric medicine.
  o The Order has recognized Dr. Francoeur’s pioneering work in child development during an exceptional and still ongoing 45-year career at the Montreal Children’s Hospital.
C’est avec une grande tristesse que nous annonçons le décès de Hichem Motemem, directeur des ressources informationnelles du CUSM.

Le décès de Hichem est une perte immense pour sa famille ainsi que pour ses collègues du Centre universitaire de santé McGill. Nous présentons nos plus sincères condoléances à tous ses proches.
5. Report of the President and Executive Director

Financial Results Presentation

Ms. Dawn Singerman
Director of Financial Services
MUHC Net Results

• MUHC has made great strides over the past years to improve its financial situation
• Financing arrangement for the Glen parking (which caused significant losses in 17-18 and 18-19) has been addressed with the MSSS, resulting in a surplus in the fonds d’Immo in 19-20

* Note: 19-20 results are net of COVID19 impact ($5M)
Evolution of Financial Results

Deficit in 19-20 in operating budget driven by common issues across the RSSS:
- Expensive drugs not financed by MSSS ($4M)
- Shortage of manpower
- Pressure in the emergency rooms and lack of beds for inpatients
- Optimization targets set by MSSS for Santé physique

*Note: 19-20 results are net of COVID19 impact ($5M)*
5. Report of the President and Executive Director

Clinical Activities Presentation

Dr. Ewa Sidorowicz
Director of Professional Services
COVID-19 : RAMP-UP Update
Public Board Meeting
July 13, 2020
RAMP-UP on the ADULT SITES
Ramp-up of Regular Activities: Adult Inpatient Units (MGH and Glen)

- **Reduction of the number of adult COVID+ beds from 108 regular beds (April 2020) to 12 beds (July 2020)**

<table>
<thead>
<tr>
<th>North Pod</th>
<th>Center Pod</th>
<th>South Pod</th>
</tr>
</thead>
<tbody>
<tr>
<td>C07</td>
<td>12 beds</td>
<td>C07N- VASCULAR SURGERY</td>
</tr>
<tr>
<td>C08</td>
<td>12 beds</td>
<td>C08N - SURGICAL/GYNE</td>
</tr>
<tr>
<td>C09</td>
<td>12 beds</td>
<td>COVID</td>
</tr>
<tr>
<td>C10</td>
<td>12 beds</td>
<td>C10N - GENERAL SURGERY/ENT</td>
</tr>
<tr>
<td>D03</td>
<td>12 beds</td>
<td>D03 - ICU</td>
</tr>
<tr>
<td>D06</td>
<td>12 beds</td>
<td>D06N-MATERNITY</td>
</tr>
<tr>
<td>D07</td>
<td>12 beds</td>
<td>CCU</td>
</tr>
<tr>
<td>D08</td>
<td>12 beds</td>
<td>D08N- RESPIRATORY</td>
</tr>
<tr>
<td>D09</td>
<td>12 beds</td>
<td>D09C- INT MED (6 beds) &amp; PAL (6 beds)</td>
</tr>
<tr>
<td>D10</td>
<td>12 beds</td>
<td>D10N - HEMATOLOGY</td>
</tr>
</tbody>
</table>

Glen Adult Units description planned for 01-07-2020

MGH Units description planned for 07-01-2020

- **Creation of a dedicated pod for COVID recovered and NSA patients at the Glen to help with patient flow from the ED**
Ramp-up of Regular Activities: Surgical and Interventional Platforms

- **Resumption of about**
  - 70% of regular activities in Ors
  - 80% for Angioradiology
  - 65% for Cath Lab
  - 50-71% for EP Lab
  - 30% for Endoscopy

- **Challenges to go further:**
  - Availability of human resources displaced during COVID and now for well-deserved vacations
  - Coordination with the capacity of post intervention care
  - New infection control protocols extending procedure time
## Snapshot of Surgical Wait Lists at MGH, RVH, Lachine and Neuro on July 9

<table>
<thead>
<tr>
<th>Oncology</th>
<th>RVH</th>
<th>MGH</th>
<th>MNH</th>
<th>Lachine</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Oncology:</td>
<td>169</td>
<td>114</td>
<td>1</td>
<td>5</td>
<td>289</td>
</tr>
<tr>
<td>Over 56 days:</td>
<td>33</td>
<td>39</td>
<td>0</td>
<td>2</td>
<td>74</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Over 1 Year</th>
<th>RVH</th>
<th>MGH</th>
<th>MNH</th>
<th>Lachine</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 12 months:</td>
<td>50</td>
<td>95</td>
<td>15</td>
<td>84</td>
<td>244</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cardiac</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cardiac:</td>
<td>74</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hors-Delai:</td>
<td>32</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Orthopaedics</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Ortho:</td>
<td>700</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hors-Delai (+4 weeks)</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hors-Delai (+6 months)</td>
<td>104</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hors-Delai (+1 year)</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Ortho Oncology (over 4 weeks)
- Knees and hips (over 6 months)
- Ortho cases waiting over a year
Adult Non-ED and Non-hospitalized Patient Imaging Wait Time Data

<table>
<thead>
<tr>
<th>TABLEAU GESTION IMAGERIE MÉDICALE PENDANT COVID</th>
</tr>
</thead>
<tbody>
<tr>
<td>--------------------</td>
</tr>
<tr>
<td>Nombre total d'examens électifs en attente 90 jours</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Ramp-up of Regular Activities: Adult Ambulatory Services

- Resumption of more than 75% (including telehealth modalities) of regular activities in ambulatory clinics;
- Oncology volumes have remained high even during the pandemic; this creates challenges in terms of wait room management.
Ramp-up of Regular Activities: Ambulatory Services

- Orientations for ramping up:
  - Review the pertinence of physical visits as much as possible
  - Strictly respect social distancing and infection control precautions
  - Review assignment of existing resources in order to be aligned with new service delivery organizational model
  - Create a oversight governance for each clinical area to manage the planning and prioritizing of ambulatory activities
  - Adapt teaching activities to the new reality

- Consolidation of the implementation of telehealth from COVID19 period
- Review of the physical layout of ambulatory spaces
- Evaluation of technological solution for a safer management of waiting areas
- Review of clinic’s schedules with renewed clinical leadership teams
- Project definition for implementation of new technological tools for teaching
RAMP-UP at the MCH
### Outpatient stream
- Medical Clinics: physical visits avg. 42%, telehealth: avg. 84%
- Surgical Clinics: physical visits avg. 47%, telehealth: avg. 14%
- Day Hospitals: physical visits avg. 96%, telehealth: avg. 3%
- Allied Health: physical visits avg. 16%, telehealth: avg. 20%

### Inpatient stream
- Inpatient Units: avg. 95%
- Inpatient ICU: avg. 83%

### Periop stream
- OR 75% pre-Covid cases with 96% utilization
- Hors bloc: 60%
# MCH Wait List 2020

<table>
<thead>
<tr>
<th>Date</th>
<th>Total OR Cases Waiting</th>
<th>Cases Waiting 0-9 months</th>
<th>Cases Waiting over 9 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 20, 2020</td>
<td>2152</td>
<td>1727</td>
<td>425</td>
</tr>
<tr>
<td>June 2019</td>
<td>2153</td>
<td>2023</td>
<td>130</td>
</tr>
</tbody>
</table>
Family Presence Policy in the Context of COVID-19

Ms. Chantal Souligny
Director of Nursing
Objectives

1. Understand the revision of our existing visiting policy for the purpose of safety of our patients and our staff during the pandemic.
2. Introduce key components of its implementation.
3. Present the communication plan of these temporary changes.
A New Family Presence Policy During the Pandemic?

- **Why:**
  - A new novel coronavirus and need for additional precautions
  - MSSS directives
- **How:**
  - Consultation: Infection control specialist and ombudsman
  - Staff experience data
  - Capacity to ensure safe presence
- **Benchmarking with other organizations**
- **Staying committed to the guiding principles of our existing visiting policy and the important role of the family.**
Key Messages

- Non-essential visits remain suspended (June 2nd 2020 MSSS directives) with the exception of essential family members and caregivers (June 19, 2020)
- The MUHC welcomes family presence in the following circumstances:
  - Pediatrics and obstetrics
  - Inpatient and outpatient areas
  - Camille-Lefebvre Pavilion
  - Palliative and end-of-life care
  - Essential caregivers/family members
Key Messages

• Current COVID-19 epidemiologic context allows for the reintegration of families at the bedside
• “No risk” does not exist, but ways to mitigate them do.  
  – Need to educate, support and coach families.
• Expect changes to the policy and ongoing reevaluation. These will take place in phases.
How Are the Visits Planned?

– Screening
– Consents
– Log in and bracelet

– Infection control measures
  • Videos: hand washing, mask, general directives
    https://www.youtube.com/watch?v=Fh7jMIC3LLE&feature=youtu.be
  • Poster
Family Presence Support Centre
Communication

- Posters
- Web page MUHC and MCH
- Telephone main message
Offering an Alternative

- Supporting patient and family connection
  - Communication assistance service: Tablet project
36.b. Despite the visit restrictions caused by the COVID19 epidemic, have you managed to keep in touch with your family or friends as much as you wanted? (n=134)

- Never: 7%
- Sometimes: 4%
- Usually: 15%
- Always: 70%
- I did not want to get in touch with family or friends: 4%

Canadian Patient Experience Survey – Inpatient Care (CPES-IC), online version DQEPE, updated: 2020-07-07
Questions?
6. Equity, Diversity and Inclusion Announcement
WHEREAS the general level of awareness about racism and discrimination of various forms is at an all-time high around the world, and has led individuals, groups, companies, and organizations to issue statements and/or take action;

WHEREAS the president and executive director of the McGill University Health Centre (MUHC) published a message on June 19, 2020 underscoring that the existence of racism and all forms of prejudice in 2020 is disturbing, upsetting and wrong and that while the MUHC has certain programmes and measures in place, it knows we can do better for all, and must do better;

WHEREAS the MUHC wishes to encourage a creative, respectful, multi-disciplinary, and inclusive work setting, which both welcomes and encourages job applications and trainees from racialized, socio-culturally diverse and marginalized persons, including members of First Nations, Indigenous persons, persons with disabilities, ethnic minorities, and persons of diverse sexual orientations and gender identities;

WHEREAS the MUHC serves a socio-culturally diverse patient population, including members of First Nations and Indigenous persons, racialized persons/visible minorities, women, persons with disabilities, ethnic minorities, and persons of diverse sexual orientations and gender identities;

WHEREAS the MUHC recognizes that cultural sensitivity in health care has an impact on communication, trust, informed decision-making regarding treatment and treatment compliance, the overall patient experience and health outcomes;
WHEREAS the chairman of the Board of Directors of the MUHC convened a small ad hoc group of members of the Board and Management to a meeting on July 6, 2020 to discuss equity, diversity and inclusion in preparation for a discussion at the in-camera meeting of the Board on July 13, 2020 announcing a series of next steps, notably:

- That the matter of systemic equity, diversity and inclusion has become an incontrovertible issue requiring not only words, but also a concrete, achievable and measurable action plan;

- That the MUHC is not an island and must therefore move forward with partners’ values, guiding principles, programmes, and initiatives in mind; and

- That the MUHC needs to examine its approach to equity, diversity and inclusion of socio-culturally diverse and marginalized groups are concerned from the perspective of the MUHC community, including its workforce, trainees, volunteers, patients, family members, and visitors in order to effect the necessary changes.
THEREFORE, UPON MOTION DULY MADE AND SECONDED, BE IT RESOLVED THAT:

• The Board of Directors approves the creation of the Committee for Action on Inclusion, Diversity and Equity (C-AIDE), which will 8 to 10 people, including Board members and stakeholders.

• In so doing, the Board also approves the initial mandate as follows:
  – Engage with the MUHC community to identify the metrics needed to provide an accurate picture of the current reality of EDI within the MUHC, and the optimal methodology to collect the data;
  – Identify all initiatives under way in the MUHC, as well as their level of success, and gaps for the work force, trainees, patients, families and visitors;
  – Analyse and ensure informal and formal alignment, as may be appropriate, with other initiatives, including but not limited to McGill University and its community, the Government of Quebec and Government of Canada;
  – Recommend immediate changes and/or initiatives to implement in the short term, with particular emphasis on work force, trainee and patient programmes;
  – Provide a progress report to the Board of Directors in the fall of 2020.
7. Public Question Period
8. Adjournment