

**Opening Remarks from the Chairman of the Board, Mr. Claudio F. Bussandri
Public Board of Directors' Meeting – June 14, 2017**

On behalf of the McGill University Health Centre's Board of Directors, I would like to welcome all of you to the MUHC's last public board meeting before our summer recess.

As you may be aware, we have just completed our fiscal year, and I would like to focus this evening on some of our major accomplishments achieved under the leadership of Martine Alfonso and her management team. I also appreciate that there has been much public discussion in recent weeks about the MUHC and the challenges we face. I will over the course of my remarks touch on some of the key issues that have been raised.

Following the move to the Glen Site, one of North America's largest hospital moves, the MUHC continued its internal transformation and its focus on becoming a performance driven organization. Management deployed all efforts to refocus our clinical activities on specialized and ultra-specialized patient care in accordance with our mission as an academic health centre, while developing partnerships with other organizations in the health and social services network.

The MUHC's mandate stipulates that all of our beds should be dedicated to patients requiring active care. Nevertheless, as you have previously heard from our PDG, patients requiring an alternative level of care (also known as NSA) are continuing to occupy acute-care beds on a day to day basis. Obviously the availability of these beds is essential for access to specialized and ultra-specialized care and services, whether it is for MUHC patients or those transferred from our network partners. Complex daily bed management has become a fact of life at the MUHC. The impact of the chronic deficit of acute-care beds is having an effect on the efficiency of operating rooms as well as the number of surgeries performed. Clinical teams have made considerable efforts, in concert with network partners, to optimize bed utilization at the MUHC by quickly identifying those patients no longer needing specialized care and accelerating their transfer to appropriate facilities. The MUHC is also collaborating actively on the regional transformation plan for NSA patients. But this remains an ongoing challenge and concern.

Management has also simultaneously and successfully been tackling Ministry initiative priorities such as optimization of patient-care trajectories, optimization of endoscopy units, implementation of Optilab, the organization of referral mechanisms for specialized care, as well as participating in the unified information systems project. Finally, the MUHC has relaunched the redevelopment projects for the Montreal General Hospital and the Neuro, while entering into the active planning phase for the redevelopment of the Lachine Hospital.

As you can appreciate, the MUHC has been extremely hard at work, and I am pleased to convey that it has yielded positive results. At our last public meeting in May, our Interim PDG reported that a balanced budget was submitted for 2017-2018. This

is consistent with the 2-year plan to return to budget equilibrium as agreed upon and approved by the Ministry. This major feat is due to the perseverance of management to achieve budget equilibrium through performance and optimization measures, coupled with rigorous oversight mechanisms. Over and above, a structured approach was established to obtain performance targets that were aligned with comparable institutions as a means of identifying additional saving opportunities and achieving sustainable results. The Board of Directors is committed to working very closely with the leadership to oversee the realization of this plan.

The development of the plan to return to equilibrium revealed financial pressure in certain areas associated with the evolution of medical practice in specialized fields and higher volume in emergency room visits. The Board is pleased that the government has agreed to provide a \$13 Million non-recurrent funding to manage these additional clinical activities.

It goes without saying that we need adequate funding to ensure we continue to fulfill our mandate as a university teaching hospital to the benefit of all Quebecers.

Also at the beginning of the year, the MUHC embarked on an internal strategic consultation process led by our board member, Melissa Sonberg, in order to define the contribution of the MUHC as an academic health centre within the Quebec health network. First and foremost, I would be remiss if I did not thank the many different constituents who took the time to participate in this important undertaking. The report's recommendations were clear:

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

As you are all aware, this position was reflected in our submission to Dr. Joshi whose report was submitted at the end of April.

In looking ahead, the Board maintains that it is vital that a permanent PDG be appointed as soon as possible.

We have asked for a meeting with the Minister on all these issues, and we look forward to a constructive dialogue.

Once again I wish to thank Martine Alfonso, and her team, for their dedication and tenacity. We are impressed by their achievements over the past 9 months. We also wish to highlight the dedication and commitment of the women and men who work at the MUHC. They perform miracles on a daily basis.

Finally, I would like to pay tribute to my colleagues on the Board of Directors. I don't think your hard work and commitment to patient care has been adequately recognized. This has been a challenging time for all of us, and I and the MUHC family appreciate your dedication and leadership.