Public meeting
McGill University Health Centre
Board of Directors

May 16, 2017
6:00 p.m. – 7:30 p.m.
Claudio Bussandri
Chairman
1. Call to Order
2. Quorum
3. Approval of the Agenda
4. Chairman’s Report
5. Report of the Interim President and Executive Director – M. Alfonso
   5.1 Update by the Interim President and Executive Director on current matters
   5.2 Presentation: *Creating a Culture of Quality at the MCH: From Strategic Planning to Staff*  
   *(Chantal Souliigny, Frederic DeCivita, Dr. Tanya Di Genova and Dr. Sasha Dubrovsky)*
6. Report of Committees of the MUHC Board
   6.1 COQAR (March 29 and April 267, 2017) - M. Sonberg
7. Consent items resolutions
8. Question Period
9. Termination
Interim PDG’s Report

1. Research
2. IS/IT Update
3. OPTILAB Update
4. Financial Update
5. Clinical Update
6. Presentation: *Creating a Culture of Quality at the MCH: From Strategic Planning to Staff*  
   *(Chantal Souligny, Frederic DeCivita, Dr. Tanya Di Genova and Dr. Sasha Dubrovsky)*
7. Awards
8. Upcoming Events
1. Research Update

1) **CIM delivery (OR, Stem Cell labs, scientific progress)**

2) **CORE-5252 Construction and move**

3) **Strategic Infrastructure fund**

4) **Montreal In Vivo Clinique Precoce**

5) **MRIs**

6) **Budget**

7) **FRQ-S evaluation**
2. Information Services Update

- Nomination of Director of Informational Resources
- DAS Update
- Cyberattacks
3. OPTILAB Update

a) Transfert des employés des autres établissements de la grappe au CUSM – 1er avril 2017

b) Travaillons à la structure médicale

c) Activités cliniques se poursuivent normalement
4. Financial Update

a) Submitted a balanced budget for 2017-18
b) Continue optimization projects
c) 13 M $ received for additional activities in 2016-2017 and 2017-18
5. Clinical Update

Realization of the Clinical Plan

a) Hospital beds 910 ↓ 832 ↓ 798
b) Ambulatory visits 436,092 (5% ↓ 460,045)
c) Emergency room visits 87,367 (16% ↑ 75,317)
5. Clinical Update

Impacts cliniques de la transformation du CUSM

- Patients en attente de réadaptation, de convalescences ou d’hébergement occupent encore des lits prévus pour les patients ayant besoin de soins actifs

- Malgré un taux d’occupation oscillant autour de 100%, le manque de lits entraîne:
  
  • L’engorgement des salles d’urgence
  
  • Un volume de chirurgie de 21% en deça de la cible à l’HRV et à l’HGM

- La situation entraîne une perte de flexibilité et d’efficience
A Culture of Quality
From Strategic Planning to Staff Empowerment

Presentation to the MUHC Board of Directors

May 16th, 2017

(Chantal Souligny, Frederic DeCivita, Dr. Tanya Di Genova and Dr. Sasha Dubrovsky)
Agenda

- MCH Strategic Goals, Quality Structure and Dashboard
- Access to Care: Teaming for best Asthma Care
- Managing Patient Flow
- Creating a culture of Quality
- Moving forward
In 2012, the MCH had defined a strategic plan to help the organization evolve as an elite pediatric hospital

• Patient Family Centered Care
• Access to Care
• Patient Flow
• And Continuous improvement

Were among our key goals of excellence…
Our vision: engage and empower our teams and patients in Quality and Continuous Improvement
### MCH Executive Dashboard

**2015-16 YTD P1-9**

#### Integrated Patient and Family-Centered Care
- **Details**
  - Page 1
- **Patients and families involved in decision making**
  - Page 1
- **Increase access and performance of tertiary healthcare delivery**
  - **Accessibility**
    - Page 2
  - **Patient Flow**
    - Page 2
  - **Quality of tertiary healthcare**
    - Page 2
  - **Ensuring a culture of continuous quality improvement and safety**
    - **Risk Management and Safety**
      - Page 3
    - **Quality of Services**
      - Page 3
- **Align, develop and efficiently utilize our resources**
  - **Human resources**
    - Page 4
  - **Budget utilization**
    - Page 4
  - **Productivity**
    - Page 4

#### Reporting Date: Jan. 22nd, 2016

<table>
<thead>
<tr>
<th>Objective and Dimension</th>
<th>Data Q2 to Q3</th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
<th>Variation (%) vs Last Year</th>
<th>Target</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Flow</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. ED-AI&lt;60 of admitted patients (in hrs)</td>
<td>P1-9</td>
<td>8.07</td>
<td>6.57</td>
<td>9.88</td>
<td>9%</td>
<td>↑</td>
<td>0.16</td>
</tr>
<tr>
<td>8. Outpatients - ALOS (Incl. Em)</td>
<td>P1-9</td>
<td>9.2</td>
<td>8.8</td>
<td>7.8</td>
<td>14%</td>
<td>↑</td>
<td>8.3</td>
</tr>
<tr>
<td>9. OB - # of postponed surgeries due to ED bed availability</td>
<td>P1-9</td>
<td>18</td>
<td>30</td>
<td>27</td>
<td>-30%</td>
<td>↓</td>
<td>0</td>
</tr>
<tr>
<td>10. 5% of ED EDU cases</td>
<td>P1-9</td>
<td>254</td>
<td>270</td>
<td>258</td>
<td>-4%</td>
<td>↓</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td><strong>Increase tertiary care prioritizing capacity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. ED - ECHO category 1-3 (Ember)</td>
<td>P1-9</td>
<td>35.30%</td>
<td>33.31%</td>
<td>31.09%</td>
<td>-4%</td>
<td>↓</td>
<td>47%</td>
</tr>
<tr>
<td>12. Important: # of admission level 3 (Ember) (per 5000)</td>
<td>P1-9</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>13. OR - # of previous 24-hour emergency 7 to R</td>
<td>P1-9</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>14. Mortality: # of deaths (measuring 90 days)</td>
<td>P1-9</td>
<td>78.861</td>
<td>78.210</td>
<td>56.662</td>
<td>-10%</td>
<td>↓</td>
<td>58.69</td>
</tr>
</tbody>
</table>
## MCH Strategic Dashboard

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2015-2016</th>
<th>2016-2017</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>PFCC: % of patients who agree they are communicated with effectively (P1-9)</td>
<td>79%</td>
<td>82%</td>
<td>(+3%)</td>
</tr>
<tr>
<td>PFCC: % of patient - Consultation in decision making about patient care (P1-9)</td>
<td>67%</td>
<td>63%</td>
<td>(-4%)</td>
</tr>
<tr>
<td>ER Access: ER – Average Length of stay</td>
<td>4.36</td>
<td>4.62</td>
<td>(+6%)</td>
</tr>
<tr>
<td>Patient Flow: Nb of postponed surgeries due to ICU beds availability</td>
<td>48</td>
<td>29</td>
<td>(-39%)</td>
</tr>
<tr>
<td>OR Access: Nb of OR-ICU Cases performed</td>
<td>398</td>
<td>415</td>
<td>(+7%)</td>
</tr>
<tr>
<td>OR Access: Nb of cases waiting for more than 1 year</td>
<td>376</td>
<td>77</td>
<td>(-79%)</td>
</tr>
<tr>
<td>Safety: Hand Hygiene Compliance (P1 vs P13)</td>
<td>74%</td>
<td>79%</td>
<td>(+5%)</td>
</tr>
<tr>
<td>Safety: HAI device-related infections: CLABSI per 1K catheter-days – NICU</td>
<td>7.99</td>
<td>3.37</td>
<td>(-57%)</td>
</tr>
</tbody>
</table>
Teaming for best asthma care

Partnering with families and frontline providers in the co-design of a continuous quality improvement (CQI) project in the pediatric emergency department

Dr Sasha Dubrovsky
Timely oral corticosteroid for kids with asthma exacerbations leads to:

↓ length of stay
↓ admission rates
↓ time to resolution of respiratory distress

Despite presence of a clinical pathway in our ED, optimal timing was met in < 50% of patients
Our objective was to determine if partnering with frontline staff and family providers in a Lean-based CQI project will result in improve asthma care on the following metrics:

1. Proportion of asthmatic children getting timely steroids (< 1 hour of arrival)
2. Length of stay and admission rates
3. Number of physician assessments pre-post and associated cost-savings
Define

Measure

Analyze

Improve

Control

Shorter waits for asthma treatment in the ED
A Lean Black Belt project improves quality of asthma care at the Children’s

By Sandra Scanyula
TIMELY, FAMILY-CENTERED, EQUITABLE

% Asthmatic children in distress receiving *timely* steroids

- % within 1 hour
- Target

75 minutes

Baseline performance  Test  Live
Protocol Adherence
Exclusion checklist by RN
38% → 92%

2nd dose steroid by MD
56% → 92%

Patient Outcomes
Length of stay
5.7 → 5.2 hours

Admission rate
7.5% → 4.8%

Provider assessments
Preliminary data

Physician acts per patient
4.4 → 2.8
- Cost-savings per RAMQ
  $ 75 per patient
  > $ 150 000 per year

Number of RN acts
↓ 30%
When identified gaps in care exist, frontline providers and family partners are well placed to learn how to improve together, use data to drive positive change, and partner for *sustained* improvements in evidence-based care.

Organizations may consider encouraging and prioritizing such team-based, Lean-CQI projects to improve the safe delivery of quality care in all sectors.
Managing Patient Flow

On behalf of Patient Flow Committee

Tanya Di Genova MD, FRCPC, MBA

Frederic De Civita, MAP
1. Defining the team
2. Becoming a data-focused institution
3. Matching capacity and demand
4. Routinely auditing waste
Defining the Team
EXCO

Patient Flow Core Team

Robert Barnes (ADPS)
Chantal Souligny (ADON)
Tanya Di Genova (Medical Director of Patient Flow)

Lucy Caron (Nurse Lead of Patient Flow)
Frederic De Civita (Lean Project Advisor)
Taxia Katrakazas (Administrative Assistant)

Data Management Team

Patient Flow Committee

Bed Management Team
Patient Flow Liaison
Data-driven Institution
# Hospital-Wide Dashboards

## Patient Flow Dashboard

### Improve nursing coverage of inpatient unit

<table>
<thead>
<tr>
<th>Date</th>
<th>P01</th>
<th>P02</th>
<th>P03</th>
<th>P04</th>
<th>P05</th>
<th>P06</th>
<th>P07</th>
<th>P08</th>
<th>P09</th>
<th>P10</th>
<th>P11</th>
<th>P12</th>
<th>YTD Total</th>
<th>YTD Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-Apr-16</td>
<td></td>
<td></td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15.0%</td>
<td>21.15%</td>
</tr>
<tr>
<td>01-May-16</td>
<td></td>
<td></td>
<td>9.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14.9%</td>
<td>19.0%</td>
</tr>
<tr>
<td>25-May-16</td>
<td></td>
<td></td>
<td>9.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12.9%</td>
<td>19.1%</td>
</tr>
<tr>
<td>26-Jun-16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.0%</td>
<td>18.4%</td>
</tr>
<tr>
<td>24-Jul-16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11.9%</td>
<td>18.8%</td>
</tr>
<tr>
<td>21-Aug-16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11.0%</td>
<td>18.8%</td>
</tr>
<tr>
<td>08-Sep-16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.3%</td>
<td>18.6%</td>
</tr>
<tr>
<td>15-Oct-16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.3%</td>
<td>18.6%</td>
</tr>
<tr>
<td>13-Nov-16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.3%</td>
<td>18.6%</td>
</tr>
<tr>
<td>31-Dec-16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.3%</td>
<td>18.6%</td>
</tr>
<tr>
<td>07-Jan-17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.3%</td>
<td>18.6%</td>
</tr>
<tr>
<td>04-Feb-17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.3%</td>
<td>18.6%</td>
</tr>
<tr>
<td>04-Mar-17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.3%</td>
<td>18.6%</td>
</tr>
</tbody>
</table>

### Improve access to intensive care type beds

- Operating room cancellations due to lack of beds in ICU or wards
  - P01: 0
  - P02: 0
  - P03: 0
  - P04: 0
  - P05: 0
  - P06: 0
  - P07: 0
  - P08: 0
  - P09: 0
  - P10: 0
  - P11: 0
  - P12: 0
  - YTD Total: 0
  - YTD Trend: 

- Operating room / Intensive care bed caseload performed: 145

### Efficient use of beds and cope with seasonality

- Average inpatient unit occupancy: 134.60

### Manage hospital stays and optimize discharge planning

- Emergency pre-admission: less than 2 hours
  - P01: 5.22
  - P02: 5.22
  - P03: 5.22
  - P04: 5.22
  - P05: 5.22
  - P06: 5.22
  - P07: 5.22
  - P08: 5.22
  - P09: 5.22
  - P10: 5.22
  - P11: 5.22
  - P12: 5.22
  - YTD AVG: 5.22
  - YTD Trend: 

- Average time between admission request and ER departure
  - P01: 6.04
  - P02: 6.04
  - P03: 6.04
  - P04: 6.04
  - P05: 6.04
  - P06: 6.04
  - P07: 6.04
  - P08: 6.04
  - P09: 6.04
  - P10: 6.04
  - P11: 6.04
  - P12: 6.04
  - YTD AVG: 6.04
  - YTD Trend: 

- Best turnover time (patient out, next patient in)
  - P01: 12.43
  - P02: 12.43
  - P03: 12.43
  - P04: 12.43
  - P05: 12.43
  - P06: 12.43
  - P07: 12.43
  - P08: 12.43
  - P09: 12.43
  - P10: 12.43
  - P11: 12.43
  - P12: 12.43
  - YTD AVG: 12.43
  - YTD Trend: 

- Average length of stay (LOS) for admitted patient
  - P01: 4.22
  - P02: 4.22
  - P03: 4.22
  - P04: 4.22
  - P05: 4.22
  - P06: 4.22
  - P07: 4.22
  - P08: 4.22
  - P09: 4.22
  - P10: 4.22
  - P11: 4.22
  - P12: 4.22
  - YTD AVG: 4.22
  - YTD Trend: 

*Note: YTD = Year-to-Date*
Matching supply and demand
### Smoothing OR Demand

Weekly OR meetings and reports

#### Table 1:

<table>
<thead>
<tr>
<th>Date</th>
<th>(Multiple Items)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Column Labels</th>
<th>BO9</th>
<th>B09</th>
<th>PACU</th>
<th>PICU</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td>1</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>5</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>21</td>
</tr>
</tbody>
</table>

#### Table:

<table>
<thead>
<tr>
<th>Period</th>
<th>Year</th>
<th>Service</th>
<th>DX</th>
<th>MRN</th>
<th>Holding Unit</th>
<th>Receiving Unit</th>
<th>Date</th>
<th>Day of week</th>
<th>PICU/ACU e LGS</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>P01</td>
<td>2017-2018</td>
<td>Ortho</td>
<td>Spinal fusion</td>
<td>5239182</td>
<td>Home</td>
<td>PICU</td>
<td>2017/04/24</td>
<td>Monday</td>
<td></td>
<td>Shriners</td>
</tr>
<tr>
<td>P01</td>
<td>2017-2018</td>
<td>Neuro</td>
<td>Craniotomy</td>
<td>5310202</td>
<td>Home</td>
<td>PACU</td>
<td>2017/04/24</td>
<td>Monday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P01</td>
<td>2017-2018</td>
<td>OTL</td>
<td>T&amp;A</td>
<td></td>
<td>Home</td>
<td>PICU</td>
<td>2017/04/24</td>
<td>Monday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P01</td>
<td>2017-2018</td>
<td>Cath</td>
<td>Diagnostic Cath</td>
<td>5084104</td>
<td>Home</td>
<td>PICU</td>
<td>2017/04/25</td>
<td>Tuesday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P01</td>
<td>2017-2018</td>
<td>Cath</td>
<td>Valvuloplasty</td>
<td>5308699</td>
<td>Home</td>
<td>PACU</td>
<td>2017/04/25</td>
<td>Tuesday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P01</td>
<td>2017-2018</td>
<td>Uro</td>
<td>Stone removal</td>
<td>1477523</td>
<td>B09</td>
<td>PICU</td>
<td>2017/04/25</td>
<td>Tuesday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P01</td>
<td>2017-2018</td>
<td>CVS</td>
<td>Glenn Shunt</td>
<td></td>
<td>Home</td>
<td>PICU</td>
<td>2017/04/25</td>
<td>Tuesday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P01</td>
<td>2017-2018</td>
<td>Uro</td>
<td>Ureteroscopy</td>
<td>149766</td>
<td>Home</td>
<td>BO8</td>
<td>2017/04/26</td>
<td>Wednesday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P01</td>
<td>2017-2018</td>
<td>OTL</td>
<td>Laryngeal cleft</td>
<td>1329542</td>
<td>Home</td>
<td>PICU</td>
<td>2017/04/26</td>
<td>Wednesday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P01</td>
<td>2017-2018</td>
<td>Neuro</td>
<td>Lumineotomy</td>
<td>5297243</td>
<td>Home</td>
<td>PACU</td>
<td>2017/04/26</td>
<td>Wednesday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P01</td>
<td>2017-2018</td>
<td>GS</td>
<td>Pre-op admit</td>
<td>1531131</td>
<td>Home</td>
<td>BO9</td>
<td>2017/04/26</td>
<td>Wednesday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P01</td>
<td>2017-2018</td>
<td>Ortho</td>
<td>Bil femur SPICA</td>
<td>5303805</td>
<td>Home</td>
<td>PICU</td>
<td>2017/04/26</td>
<td>Wednesday</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Graph:

- BO9
- B09
- PACU
- PICU

- PICU Max / day
- Med Sur Max / day

**Comments:**
- Glycogen storage
- If no bleeding PACU/Shriners
Smoothing OR Demand

Pre-project

Post-project

<table>
<thead>
<tr>
<th>Day</th>
<th>Avg ElectiveRequest</th>
<th>Avg OR Emerg</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>6.5</td>
<td>2</td>
<td>8.5</td>
</tr>
<tr>
<td>Tuesday</td>
<td>6.3</td>
<td>2</td>
<td>8.6</td>
</tr>
<tr>
<td>Wednesday</td>
<td>4.3</td>
<td>2</td>
<td>6.6</td>
</tr>
<tr>
<td>Thursday</td>
<td>7.8</td>
<td>2</td>
<td>9.8</td>
</tr>
<tr>
<td>Friday</td>
<td>3.7</td>
<td>2</td>
<td>5.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>6.5</td>
</tr>
<tr>
<td>Tuesday</td>
<td>7.2</td>
</tr>
<tr>
<td>Wednesday</td>
<td>5.4</td>
</tr>
<tr>
<td>Thursday</td>
<td>7.2</td>
</tr>
<tr>
<td>Friday</td>
<td>4.5</td>
</tr>
</tbody>
</table>
Improving OR Access

Methods:

• Weekly reporting
• Reviewing booking procedure
• Reinforced booking rules to book old cases

Results:

• From 20% to 83% of compliance to rules
• Decreasing Number of patient waiting for + 1 year from 376 to 77
• Decreased OR cancellations by 60% and increase OR cases performed by 6%
Routinely auditing waste
Modified Waste Capacity Measurement Tool - updated October 27, 2016

The Modified Waste Capacity Measurement Tool is designed to quickly sample a unit for waste capacity as defined by the bed not being used or appropriately being used.

**STEP 1** - Use tool at 10AM and 3PM during weekdays on PICU/ACU, surgical and medical wards and the emergency department to assess wasted capacity.

**STEP 2** - Classify each bed space as PLUS or MINUS depending if a patient is using bed.

**STEP 3** - For each PLUS or MINUS notation, write THE (one) number that corresponds with the primary reason for the PLUS or MINUS.

**STEP 4** - Use total number of MINUS notations as numerator and use total number of beds as denominator. Calculate percentage of waste.

**PLUS**
1. Bed has a patient currently getting active treatment.

**MINUS**
2. Bed has a patient waiting for hear from admitting for bed assignment
3. Bed has a patient waiting for team of nurses to handover to be moved out/into unit
4. Bed has a patient waiting for medical team to handover to be moved out/into unit
5. Bed has a patient waiting for paperwork to be completed to be moved out/into unit
6. Bed has a patient waiting for bed to be cleaned on receiving unit to be moved out/into unit
7. Bed has a patient waiting for consultant to see patient prior to moved out/into unit
8. Bed has a patient waiting for an investigation to be moved out/into unit
9. Bed has a patient who is discharged but waiting for transport out of hospital
10. Bed has a patient who can be medically moved but does not have a bed on receiving unit
11. Bed needs to be cleaned or in process of being cleaned
12. Bed is being held for an admission or transfer
13. Bed is closed
14. Bed is empty with no demand
15. Bed has a patient waiting to be placed in a rehab centre or equivalent.
16. Bed has a patient that is waiting for medical equipment to go home. (ie home O2)
17. Bed has a patient that is currently out on pass.
Improving communication to decrease transfer delays
Improving communication

Distribution of discharges by hours

B09 Median: decreased by 1.5hrs

Optimized hospital stay and discharge planning
Creating a culture of Quality and Building Organizational Capacity

To engage and empower our teams and patients in Quality and continuous improvement
How?

An Executive Team that:

• Defines a vision
• Defines SMART objectives
• Cascades objectives
• Supports a QI Infrastructure

Teams and staff who:

• Become experts in QI
• Set objectives
• Align Actions
• Manage Capacity
• Engage in PFCC

BFEACC
New Strategic Planning exercise

BQAC
Bureau Qualité et Amélioration Continue
Building the Future of Excellence in Child Care

New MCH Strategic Plan that reinforces the need for:

- Data to support decision-making
- QI knowledge, structures and mechanisms
  - Executive Team defines 2017-2018 objectives
  - 100% of Directors define 2017-2018 objectives
  - 100% of Managers in Nursing define 2017-2018 objectives
BQAC – Strategic Goals and actions

• Developing knowledge and capacity for continuous improvement
  • 5 LEAN Black Belts and 5 completed projects
  • More than 280 LEAN Yellow Belts and KEY MESSAGE: Alignment

• Developing and distributing quality measures
  • Deploying HCAPS in all Inpatient units, ER and Outpatient settings
  • Dashboard: EXCO // // Patient Flow // Nursing // Unit based // etc.
  • MUCH Wide Portail d’information and Dashboards
BQAC – Strategic Goals and actions

- Engaging patients in care, QI and organizational development
  - We Should Talk - Cue to action: 8% to 44% of patients know how to report safety concerns
  - 18 Patient Partners, 400 communication trainings provided to staff
  - Reinforcing behaviours: PFCC Stars of the month

- Contributing to the organizational alignment and support of Strategic priorities
  - MCH Salle de pilotage
  - Portfolio and Project Management Support
Moving Forward

• An Executive Team that continues to set goals, objectives and priorities
• A Project approval process to manage a portfolio and decrease key project lead times
• A consolidated BQAC that:
  • Gathers Orphan Quality Data (silo busting)
  • Provides Data and Manages key projects
  • Continues to teach: QI and LEAN and supports alignment via Control Rooms
  • Leads Qmemtum 18
• Front line staff who contributes to Quality and Continuous Improvement, while…
PFCC STAR OF THE MONTH:
DONNA DRURY
NUTRITIONIST
PICU AND CYSTIC FIBROSIS CLINIC
Presentation by:

Chantal Souligny, Dr. Tanya Digenova, Dr. Sasha Dubrovsky, Frédéric De Civita
7. Awards

- **Prix de Florence 2017**
  - Luisa Ciofani – Leadership Category
  - Madeleine St-Gelais – Collaborative Practices

- **Ordre des pharmaciens du Québec**
  - Lyne Cédilotte - Prix Reconnaissance Élite 2017
  - Nancy Sheehan - Prix Roger Leblanc
  - Daniel Thirion - Prix APES
  - Sylvie Carle - Prix Louis Hébert

- **Association des libraires du Québec**
  - Eileen Beany Peterson - Anne Galler Award
Report of Committees of the MUHC Board

Melissa Sonberg

COQAR
7.1 Report from the MUHC Council of Physicians, Dentists & Pharmacists
- Qualifications Committee Reports
- Leaves of Absence and Resignation Reports

7.2 Report from the MUHC Professional Services
- Addition of Dr. Nader SADEGHI (License 96386) Department Chief of Otolaryngology – Head & Neck Surgery to the designated signatories list of the Régie de l’Assurance Maladie du Québec (RAMQ) for the Montreal General Hospital (Establishment code 0018x) as of May 5, 2017
- Removal of Dr. Saul FRENKIEL (Licence 72233), former Department Chief of Otolaryngology – Head & Neck Surgery and Ms. Anna-Maria DI GILIO, former Secretary at the Department of Otolaryngology – Head & Neck Surgery, from the designated signatories list of the Régie de l’Assurance Maladie du Québec (RAMQ) for: All the MUHC establishments as of May 05, 2017.

7.3 Report from the MUHC Centre for Applied Ethics
- Changes to the Membership and Renewal of the Appointment of Current Members of the MUHC REB

Consent Items Resolutions
• Question Period
• Adjournment
Thank you!