The adoption of Bill 10 on April 1, 2015, modified the organization and governance of the health and social services network, by abolishing regional agencies

Goals:
- To promote and simplify access to services for the population
- Contribute to improving the quality and safety of care
- Increase the efficiency and effectiveness of this network
- Creation of integrated health and social services centres (CISSS) and integrated university health and social services centres (CIUSSS), which are responsible for providing the majority of services in a given territory.

The network has grown from 182 to 34 establishments
13 CISSS
• Resulting from the merger of the public institutions of a single region and, where applicable, the Regional Agency
• Reduced management structure from 3 to 2 hierarchical levels
• Located at the heart of their territorial network

9 CIUSSS
• Same model as CISSS
• In a region where a university offering a full undergraduate medical degree programme or operating a university institute in the social field is located
• Excludes university hospital centres (except CIUSS Estrie)

12 Non-amalgamated establishments
• University hospitals, university institutes and institutions not covered by the Act
5 CIUSSS
1. CIUSSS West Island Montreal
2. **CIUSSS West-Central Montreal**
3. CIUSSS South Shore Montreal
4. CIUSSS North Shore Montreal
5. CIUSSS East Montreal

5 non-amalgamated establishments
1. Montreal University Hospital Center
2. Ste-Justine Hospital
3. McGill University Health Center
4. Montreal Heart Institute
5. Philippe-Pinel National Institute of Legal Psychiatry
Where we are

The CIUSSS covers an area of 54 km²

It covers in part of totally 5 neighbourhoods: Côte-des-Neiges/Notre-Dame-de-Grâce, Villeray/Saint-Michel/Parc-Extension, Rosemont/La Petite Patrie, Plateau Mont-Royal and Ville-Marie)

5 linked cities: Hampstead, Westmount, Montréal-Ouest, Mont-Royal and Côte-Saint-Luc
Mission of the CIUSSS

- Provide a continuum of quality health and social services across the network of institutions
- Provide compassionate, patient-centred care and create an exceptional patient experience.
- Establish and promote leadership and excellence in health and social science education
- Advancing knowledge in the health and social sciences through excellence in research and innovation
The values of the CIUSSS

- Top quality care
- Compassion, dignity and respect (core value)
- Security
- Teamwork
- Knowledge and innovation
- Community
- Integrity and accountability
Responsabilities of the CIUSSS

- Ensure the provision of care and services to the population of its territory
- Take responsibility for the population in its territory
- Ensure the organisation of services and their complementarity within the framework of its multiple missions (CH, CLSC, CHSLD, CPEJ, CR).
- Enter into agreements with other facilities and organizations in its territory (and other territories)
The CIUSSS establishments

- Donald Berman Maimonides
- Donald Berman Jewish Eldercare
- Centre St-Andrew
- Centre St-Margaret
- Centre Henri-Bradet
- Centre Father-Dowd

Senior Care

- Centre Miriam
- CR Lethbridge-Layton-Mackay
- Catherine-Booth Hospital
- Richardson Hospital
- Mont-Sinai Hospital

Rehabilitation

- CLSC Benny Farm
- CLSC René-Cassin
- CLSC Côte-des-Neiges
- CLSC Parc-Extension
- CLSC Métro
- Point of service Outremont (IU social)
- Côte-des-Neiges birthing center
- Info Santé - Info Social

CLSC / Others

- Jewish General Hospital

Acute Care
131 medical clinics

- Of these 15 GMF’s (comprising 53 medical clinics), 6 are designated "Network" (GMF-R) and 4 "University" (GMF-U) with sampling and medical imaging services.
- 567 family doctors, including 403 doctors (with registration)(2) in GMF
- 26 specialized nurse practitioners (IPS) who practice in GMF/GMF-U
- 465,749(3) patients registered with family doctors practising in the territory, including 364,274(3) by GMF doctors (78.2%)

Sources:
(1) PROS 2019 – 2022 – Liste nominale DRMG
(2) Rapport 1 RAMQ – 4 octobre 2019
(3) Rapport 4 RAMQ – 4 octobre 2019
• The average attendance rate for all the GMFs in the region rose from 79% to 81.4%.
• Deployment of the EMR and addition of professionals to GMF Cavendish
• GMF Village Santé has risen from 63.7% to 81%.
The configuration of GMF in the territory

15 family medicine groups including
3 academic mission (GMF-U) and 6 super clinics (GMF-R)

- GMF MétroMédic (GMF-R)
- GMF Kildare (GMF-R)
- GMF ForceMédic (GMF-R)
- GMF Santé Médic (GMF-R)
- GMF Cavendish (GMF-R)
- GMF Westmount Square (GMF-R)
- GMF Santé Mont-Royal (GMF-U)
- GMF Queen Elizabeth (GMF-U)
- GMF Cité médicale de Montréal (GMF-U)
- GMF Village-Santé (GMF-U)
- GMF St.Mary’s (GMF-U)
- GMF Diamant (GMF-U)
- GMF ELNA (GMF-U)
- GMF MDCM (GMF-U)
- GMF Herzl (GMF-R)
345,275 people in the 2016 census, i.e. 18% of the Montreal area

- Composite population
  - 17.3% of people 65 years plus (16.7% for Mtl)
  - 20% of youth under the age of 18 (18.8% for Mtl)
  - 37% seniors living alone (36% for Mtl)
  - 42.1% immigrants (34% for Mtl)
  - 24.3% speak a language other than English or French (18.3% for Mtl)
  - 18.9% of single-parent families (20.5% for Mtl)
- 64.8% have access to a family doctor (octobre 2018)

It should be noted that almost 50% of patients treated at JGH do not live on CIUSSS territory (almost 20% come from outside the Montreal area).
• **Income**
  o 22.9% of the population are considered low income (compared with 17.9% in Montreal)

• **Education**
  o 15.5% of the population have no diploma or certification (16.9% in Montréal)

• **Lifestyle and chronic diseases**
  o Many homes are too small and have mould
  o Obesity (10.6% vs 15.7%)
  o Have at least one chronic disease (31.9% vs 34.7%)

• **Highest life expectancy at CIUSSS Montréal**

• **Lower avoidable mortality rate (70.9% vs 89.4% in Montréal)**
Clinical Components
- Info-Santé et Info-Social
- Motor, hearing and visual impairments
- Technical Support service
- Neurological and respiratory rehabilitation
- PRAIDA and prevention of radicalization

For certain groups of the population
- Anglophone clients
- Supports the practice of certain religious traditions (Jewish and Presbyterian)
Clinical Components

- Oncology
- High-Risk Pregnancies and Neonatology
- Urology, Uro-oncology, Gyneco-oncology
- Surgery: cardiac, cervico-facial due to cancer, hepatobiliary, colorectal, neurology
- Infectiology, especially for tuberculosis
- Anti-radicalization intervention team
- Cochlear Implant Programming and Rehabilitation
- Hearing Rehabilitation Services
- AAA Line (Senior Bus Assistance)

For certain groups of the population

- Reception of refugees and asylum seekers (PRAIDA)
- Anglophone clients
- Supports the practice of certain religious traditions (Jewish and Presbyterian)
• ICSUSSW West-Central employs 10,495 people
• Management staff: 386 people
• Nursing staff: 3,018 people
• Clinical professionals: 1,662 people
• Technical (clinical and administrative) and clerical staff: 4,386
• Labourers, maintenance and service personnel: 1,043 people

• We have approximately 750 physicians, including 251 general practitioners and nearly 500 specialists.
• Planetree officially launched in September 2018 (Note: The pandemic has slowed down the deployment)
• Recruitment of 67 patient/user partners collaborating in the continuous improvement of quality through all our missions
• Largest volunteer organization in Montreal - 2,200 volunteers contribute to improving the user experience throughout ICSU
• Residents, users and their families have been greatly affected by the pandemic in all settings. New structures have been put in place to respond to a more acute level of care. New means have been put in place to compensate for social distancing and maintain communication with families (emails, use of iPads, etc.).
User experience (cont’d)

Continued evaluation and improvement of the individual's experience in the various sectors.

• **Strengths in acute care (JGH)**
  - General appreciation as measured by the propensity to recommend the hospital to other patients and the appreciation of being treated with courtesy and respect

• **Strengths in 1st line**
  - Respect and appointments guaranteed

• **Strengths in senior care**
  - Room personalization, respect, privacy, cleanliness, security, improved dining experience

• **Strengths in mental health**
  - Assistance within less than 30 days for mental health services in specific and specialized services, involvement of consumers in the definition of care and services,
  - Primacy of Person Committee,
  - Offering peer helper and family peer helper services

• **Strengths in rehabilitation**
  - Congé précoce assisté et réadaptation à domicile chez la clientèle avec AVC léger-modéré
  - Besoins de la clientèle vieillissante DI-TSA adressés

• **Strengths for the CIUSSS :** improved hand hygiene and safe medication management
**Trajectory management and integrated practice units (IPU)**

What is an IPU?

An IPU is the organization and/or operation of a comprehensive continuum of care and services that ensures that users receive care and services that are:

- accessible (in the right place, at the right time and/or by the right person), appropriate (based on evidence), safe, flexible, adaptable, coordinated and multi/interdisciplinary.

The guiding principles of an IPU and trajectory management

It is based on four fundamental principles: 1) Optimal user experience, 2) Integration of care and services in the network, 3) Digital transformation of the network, and 4) Transversal and matrix management.

Integration of care and services

The integration of care and services involves a complete reorganization of the value chain according to client needs, with all interventions along the continuum being based on best practices and evidence.
IPU currently under development

1. Cardiovascular Care (Acute Coronary Syndrome)
2. Neurosciences (Vascular-Cerebral Accident)
3. Musculoskeletal (Hip fracture)
4. Children 0-7 years with developmental delays (children with Autism Spectrum Disorders)
5. Youth Mental Health 12-25 years old (Anxiety & Depression)
6. Mother - Children - Family (Perinatal Mental Health)
7. Seniors with Geriatric Profile (SCPD Clients)
8. Chronic pain (Low back pain)
COVID 19
• As of February 2020, all the energies of all departments have been devoted to managing the pandemic.
• The Jewish General Hospital was designated one of the first two adult hospitals in Quebec to receive clients contaminated with VIDOC-19.
• We organized screening activities in the emergency room, subsequently implemented a screening clinic and then a designated assessment clinic.
• We set up the necessary procedures to allow the Info-Santé 811 line to adapt to the major increase in the number of calls received.
• We provided major support to all private living environments in our territory, by sending personnel and personal protective equipment (masks, gowns, gloves). A large number of employees from all clinical departments have been transferred to these facilities, and our usual activities have had to be reduced.
Ex: Complexity of load shedding during the 1st wave
En actions ...
Highlights
Nursing Directorate

• Early mobilization (DIANA): Progressive mobilization activities beginning immediately after hemodynamic and respiratory stabilization. This is the first initiative of its kind. The program was endorsed by the Canadian Council of Cardiac Nurses in April 2019 as an official national mobility program.

• HOPE - Oncology Patient Symptom Assessment for Early Intervention: This project aims to equip people living with cancer so that they can have control over their symptoms throughout their care trajectory.

• Several modalities have been put in place to facilitate access: creation of an emergency clinic, a dedicated telephone line and an early education program. The HOPE project is one of the 4 finalists in the Integration of Services category for the Awards of Excellence of the Réseau de la Santé et des Services sociaux.

• ERAS Protocol (Enhanced Recovery After Surgery): This type of care reduces complications, shortens hospital stays and, above all, improves the well-being of users following surgery (colorectal, hepatobiliary, urology and gynecological oncology).

• Pavillon N Screening Clinic (JGH) - was the first nurse-led clinic in Quebec. More than 20,000 people were screened.
Nursing Directorate (cont’d)

• Intentional tour: This tour consists of visiting the person being treated every hour, asking 4 questions: if he or she is in pain, if he or she is comfortable in his or her position, if he or she needs to go to the bathroom, and if he or she has all his or her personal belongings within reach to prevent a possible fall.

• Excellence in nurse recruitment over the past 5 years. Innovative "Design Your Career" program.
• Operating Room - Cost of each case in the operating room. This project was recognized by the MSSS for the provincial platform.

• Pharmacy - The emergency department now uses electronic prescription (Gespharlite). As a result, 95% of the hospital's units have access to computerized physician prescription entry and electronic drug administration records.

• Inhalotherapy -
  
  • Several centers have contacted us for advice and referrals on respiratory therapy policies and procedures to safely manage these patients.

  • The rapid increase in the number of patients in the critical care unit has created a need for additional respiratory therapists. A training program was quickly put in place for respiratory physiology and anesthesia therapists so that they could be integrated into the neonatal and adult intensive care units.

  • Within a week, the Respiratory Physiology Department was renovated by Technical Services to comply with the COVID 19 regulation of the Association of Respirologists of the Province of Quebec for PFT testing to provide a safe environment for patients and staff.
Rehabilitation and Multidisciplinary Services Directorate (DRSM)

• Accreditation Canada's Stroke Services Distinction Program at Richardson Hospital is now in its third year with a 98.0% compliance rate.

• Decreased wait time for first service for children under 5 years of age with Autism Spectrum Disorder (ASD). Services for children with ASD now begin with an initial assessment of the child and a training program for parents on strategies to use while waiting for individual intervention.

• Implementation of the Early Intervention Centre and the "1 Team, 1 Roof" team in the context of the deployment of the Early Start program. The Early Adopt program works towards the overall development of toddlers.

• Implementation of the TranXition program, an innovative project supporting young people aged 15 to 25 with disabilities and their families in the transition to adulthood.

• Opening of 4 additional beds at Complexe Guimont for clients with an intellectual disability and/or an autism spectrum disorder with severe behavioural problems.

• The Service des aides techniques (SAT) is the recipient of a "Stars of the health network" award from the Caisse Desjardins for the project "Process of decontamination of equipment in the service of technical aids."
• Achievement of our target for access to youth mental health services within the
time frame for care.

• Homelessness and Addictions Unit: Presence of a general practitioner on the
homelessness team that improves access and the patient experience.

• Availability of the 14+ service offer in all CLSCs in the dependent territory.

• Adult mental health specific services and specialized services: 65% reduction in
waiting lists in 2019 despite the increase in new requests.

• Youth mental health and child psychiatry: Support to the West Island of Montreal
ICSUSS for the maintenance of their day hospital services in child psychiatry;
Mental Health and Addiction Directorate

- Achieving our target of timely access to youth mental health services.
- Homelessness and Addictions Desk: Presence of a general practitioner on the homelessness team that improves access and the patient experience.
- Availability of the 14+ service offer in all CLSCs in the dependent area.
- Adult mental health specific services and specialized services: 65% decrease in waiting lists in 2019 despite the increase in new requests.
- Youth mental health and child psychiatry: Support to the West Island of Montreal's ICSUSS for the maintenance of their day hospital services in child psychiatry;
Accommodation components

• With funding for the addition of resources in CHSLDs:
  • Creation of 3 specialized educator positions for units with SCPDs in 3 of our CHSLDs;
  • Creation of a wound care nurse specialized position - In operation as of April 2020;
  • Creation of evening and night nursing and nursing assistant positions in certain CHSLDs to provide better coverage;
  • Creation of 2 PAB coach positions;
  • Enhanced social work hours to better meet the needs of residents and their families.

• Significant decrease in the IOM (independent workforce) in nurses, RNAs and BNs: 3,361 hours in 2015-2016 compared to 7.5 hours in 2019-2020.

• Purchase of more than 150 RI and CHSLD beds to meet the demand of the territory's NSAs.
CLSC Component

- Additional budget of $8.2M
- Creation and recruitment of 109 additional positions in the APSS, mostly HCAHs, nurses and nursing assistants - 85 positions filled to date (78%).
- Creation of the BPSD ambulatory team's frame of reference and ongoing support to the BPSD team in the development of competencies by the territorial SAPA nurse since the team's deployment in June 2019.
- Collaborative work with the Centre Évasion for the opening of 11 respite bed spaces for a clientele of people with a loss of physical or cognitive autonomy. (Maison Gilles Carle). Scheduled opening of the Maison Gilles Carle in March 2020.
- Deployment of the SAPA telework policy for professionals (nurses, social workers) since January 2020 as an innovative practice to retain staff and promote better work-family balance. Pilot project in progress.
• Mobilizing stakeholders to engage them in our learning organization
  • Organized a retreat on the learning organization, "Adapting Learning Organizations for the 21st Century":
    • 120 participants bringing different stakeholder perspectives (researchers, service users, course supervisor, educational institution representatives, students)

• Re-engineering of internship management using an IT solution
  • Implementation of a digital platform and new processes for managing interprofessional internships
  • Conversion of manual data collection processes and obsolete tools to lean automated processes
• COVID-19 / Youtube Video Series of 5 video clips on the social issues of aging in the context of the coronavirus pandemic.

• Pandemic Preparedness: Aging and Social Engagement
• Abuse of residents in long-term care facilities
• The importance of meaningful occupations for seniors-
• Creation of a community for the exchange of best practices
• Supporting the bereaved elderly
Human Resources

- Attraction, retention and mobilization of staff through career path opportunities
  - Recruitment campaign "Design Your Career" has contributed to the hiring of more than 1,900 people
  - Executive Succession Program with over 70 participants in the first cohort.

- Employee wellness to foster a culture of prevention
  - Promotion of healthy lifestyle habits
  - Advantageous working conditions
  - Coaching of managers and work teams
  - Mediation project for the resolution of conflicts between employees.

- The CIUSS still holds the distinction of one of Montreal's Best Employers for 2020.
Communications

• Maximizing existing communication channels, while developing new and improved channels to communicate essential and timely information to our growing audience, despite the obvious logistical challenges.
  - Publication of 165 daily updates
  - Sent nearly 40 mass emails about the pandemic
  - Production of 50 podcasts
  - Responded to 1,500 media inquiries, compared to 400 the previous year.
  - Marked increase in social media traffic
Legal Affairs

- Leader in the Montreal health network to ensure the rapid implementation of visiocomparisons of patients who are the subject of applications for institutional custody (Court of Quebec) and applications for orders for care and accommodation (Superior Court) (work initiated before the pandemic and accelerated because of the pandemic)

- Adoption and implementation of the Institutional Custody Protocol

- In-house handling of large health law cases (very complex care files, injunction applications, custody cases at the Court of Appeal)
Global Security

• Addition of security guards in high-risk areas and revision and updating of security equipment to create a sense of security among staff.

• Implementation of the Alertus system in all ICSU facilities. Alertus is a mass notification system that sends alert messages on computer screens, by e-mail, SMS and phone call.
Réalisations de la Direction qualité, performance, évaluation et éthique

- Pandemic coordination (not in the report)
  - Strategic coordination structure
  - Accompaniment of the clinical teams in the preparation of the 1st wave: simulations
  - Implementation of a SWAT team for the support and accompaniment of RPAs in partnership with SAPA / SAD (Home Support), and the Infection Prevention and Control team. coordination stratégique
- Integrated performance management - deployment throughout the organization
- Poster presentation on the planning and implementation of the Planetree approach won 4th place at the Planetree conference in the fall of 2019.
• **Guimont Project:** Project of more than 4M$ opened last May 2019. This allowed us to increase our capacity by 8 new residents and thus meet a demand for this adult clientele with significant physical and psychological problems.

• **Opening of the new Inpatient Psychiatry Unit at the JGH:** This new 48-bed unit with an area of more than 28,000 sq. ft. on the 3rd floor of Pavilion B was built in several phases at a cost of $13M and is one of the most innovative care units in the field in Quebec.

• **Energy Efficiency Project:** As part of the Sustainable Development (SD) strategy, we have launched a huge ICSU-wide initiative to implement an energy efficiency project that will affect several of our sites including Catherine Booth, Maimonide and JGH. An $18.8M project has resulted in major energy savings and is expected to generate savings of $1.4M/year. This project also and above all addresses user comfort and building security.
Achievements of the Logistics/IoT Division

• The logistics department has grown as a result of the reorganization in 2018-2019, with the integration of services with logistics flows such as food services, biomedical engineering and the URDM (medical device reprocessing unit). In addition, we have created the **first directorate on object intelligence in the health network in Quebec**.

• In anticipation of Covid, robust and creative supply chains have been created to acquire the PPE and equipment necessary for ICSU and our community partners. ICSUSH was thus able to **ensure a supply without any shortages**.

• In partnership with the innovation team, the logistics team implemented Lean management techniques to reduce the waiting time issues for radiation oncology patients in order to reach the target of **100% compliance** with MSSS guidelines.
The restructuring of the information resources department, initiated in 2018-2019, has been completed with the final establishment of the teams. ICSU benefits from a brand new management team.

The IT project request management process makes it possible to better document needs, better identify solutions, make project requesters accountable and give ICSU management greater visibility of project requests.

The consolidation of the IT infrastructure offer continued with several initiatives in the areas of IP telephony, enterprise storage, tele-access and mobility solutions, integration of ICSU sites, as well as Cybersecurity (our ICSU demonstrates leadership in this area).

The Information Resources Department has also participated in several organizational projects: an enterprise solution for optimizing document printing/scanning management; accelerating the deployment of electronic clinical forms; the continued deployment of the appointment solution in clinics; and several projects in Pharmacy, Oncology and Radiology. In addition to these projects is the PQDSN - Deafness in Newborns.
• Organizing and coordinating the rapid implementation of telehealth across ICSU during the first wave of the pandemic, including in acute care hospital, ambulatory and community settings. Telehealth implementation includes coordinating technology platforms, aligning clinical and administrative workflows to enable virtual care. The Digital Health Telehealth team is now leading the expansion of telehealth services across the organization.

• Overseeing the design and implementation of descriptive and predictive analytical tools during the first wave of the pandemic to assist clinical and administrative teams to respond to the crisis based on data.

• Leads the activities surrounding the harmonization of clinical information and the planning of the next electronic health record solution for ICSU to achieve the goal of a single record for every patient across the organization.
Things to work on at the CIUSS

- Provide an exceptional patient experience
- Supporting projects in the community
- Mobilize staff and physicians
- Covid-19
- Aging employees and physicians and difficult succession
- Maintaining a balanced budget
- Always be on the lookout for opportunities for improvement for our users, residents and clients.
“The Jewish General Hospital was once again voted Nº 1 hospital in Quebec”

NEWSWEEK, Avril 2020
The fifth year of CIUSS was again very intense and fruitful.

Covid-19 was a demonstration of the advantages of being an ICSU rather than an independent facility for the users and the performance of the organization.

We are continuing to build momentum to successfully complete our consolidation, integration and improvement projects.
MERCI

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WEST-CENTRALMONTREAL

@CIUSSS_COMTL

@ciuss_comtl

ciussscentreouest.ca