Creation of the CIUSSS

• Adoption of the Act to Modify the Organization and Governance of the Health and Social Services Network, in Particular by Abolishing the Regional Agencies (Bill 10)

• Goals
  o Facilitate and simplify public access to services
  o Improve the quality and safety of care
  o Make the network more efficient and effective.

• Consolidate and continue efforts to improve the health and social services system

• Create integrated health and social services centres (CISSS) and integrated health and social services university networks (CIUSSS) responsible for providing the majority of services for a given territory

• The network was reduced from 182 to 34 facilities
From a network of facilities to a network of patient services

• April 1, 2015 – the Act comes into force **Mergers**

• The province’s health and social services network was reduced from 182 to 34 facilities

• Reorganization of all services → transversal structure
Portrait of the Quebec health and social services network

13 CISSSes
- Created by merging a region’s public facilities with its Regional Agency, if applicable
- Management structure reduced from 3 to 2 hierarchical levels
- The hearts of their territorial networks

9 CIUSSSes
- Same model as the CISSSes
- Located in regions where a university offers a full pre-doctoral program in medicine or operates a university institute related to the social services
- Excludes university hospital centres, except CIUSSS de l’Estrie

11 unmerged facilities
- UHCs, university institutes and facilities are not subject to the Act
Portrait of the Montreal network

5 CIUSSSes
1. CIUSSS de l’Ouest-de-l’Île-de-Montréal
2. CIUSSS West-Central Montreal
3. CIUSSS du Centre-Sud-de-l’Île-de-Montréal
4. CIUSSS du Nord-de-l’Île-de-Montréal
5. CIUSSS de l’Est-de-l’Île-de-Montréal

5 unmerged facilities
6. Centre hospitalier de l’Université de Montréal (CHUM)
7. CHU Ste-Justine
8. McGill University Health Centre (MUHC)
9. Montreal Heart Institute
10. Institut Philippe-Pinel de Montréal
Our CIUSS covers 54 km²
It partially or completely serves **five boroughs:**
Côte-des-Neiges/Notre-Dame-de-Grâce, Villeray/Saint-Michel/Parc-Extension, Rosemont/La Petite Patrie, Plateau Mont-Royal and Ville-Marie)

**Five on-island suburban cities:**
Hampstead, Westmount, Montreal West, Town of Mount Royal and Côte Saint-Luc
FMGs on the territory
CISSS-CIUSSS responsibilities

• The heart of a territorial network
• Delivery of care and services to the population on its territory
• Population health on its territory
• Oversight of service organization and synergy across its missions (CH, CLSC, CHSLD, CPEJ, CR)
• Conclude agreements with other facilities and organizations
The values of your CIUSSS

- Highest quality of care
- Compassion, dignity and respect (core value)
- Safety
- Teamwork
- Knowledge and innovation
- Community
- Integrity and accountability
The mission of your CIUSSS

• Provide the highest quality continuum of health care and social services throughout our network of institutions

• Provide compassionate care and services that are centred on the user and create an exceptional user experience

• Develop and promote leadership and excellence in health and social sciences education

• Advance health and social sciences knowledge and practices through excellence in research and innovation
CIUSSS facilities

Long-term care

- Donald Berman Maimonides
- Donald Berman Jewish Eldercare
- Saint Andrew Centre
- Saint Margaret Centre
- Henri Bradet Centre
- Father Dowd Centre
- Mount Sinai Hospital

Rehabilitation

- Miriam Home and Services
- Lethbridge-Layton-Mackay
- Catherine Booth Hospital
- Richardson Hospital

CLSC

- CLSC Benny Farm
- CLSC René Cassin
- CLSC Côte-des-Neiges
- CLSC Park Extension
- CLSC Metro

- Family Medicine Group (FMG): 15
- Super clinics: 6

Acute care

- Jewish General Hospital
Regional mission

• For specific clinical services
  o Info-Santé and Info-Social
  o Motor, hearing and visual disabilities
  o Technical assistance
  o Neurological and respiratory rehabilitation
  o PRAIDA and radicalization prevention

• For specific groups in the population
  o English-speaking users
  o Support for the practice of certain religious traditions (Jewish and Presbyterian)
Supra-regional mission

• For specific clinical services
  o Oncology
  o High-risk pregnancies and neonatal care
  o Urology, urologic oncology, gynecological oncology
  o Surgery: cardiac, head and neck due to cancer, hepatobiliary, colorectal
  o Infectious disease including tuberculosis
  o Radicalization prevention team
  o Cochlear implant programming and rehabilitation
  o Hearing disability rehabilitation services
  o Ligne AAA (Elder Mistreatment Helpline)

• For specific groups in the population
  o Refugee and asylum seeker services (PRAIDA)
  o English-speaking users
  o Support for the practice of certain religious traditions (Jewish and Presbyterian)
Population served by the CIUSSS

345,275 people based on the 2016 census – 18% of the Montreal area

• Population breakdown
  o 17.3% age 65 and over (16.7% for Mtl)
  o 20% under age 18 (18.8% for Mtl)
  o 37% seniors living alone (36% for Mtl)
  o 42.1% immigrants (34% for Mtl)
  o 24.3% whose mother tongue is neither French nor English (18.3% for Mtl)
  o 18.9% single-parent families (20.5% for Mtl)

• Access to a family doctor
  o 48% in April 2015 (52.4% for Mtl)
  o 64.8% today (October 2018)
Population characteristics and health status

• Income
  o 22.9% under the low income after-tax cut-off (17.9% for Montreal)

• Education
  o 15.5% have no diploma or certification (16.9% for Montreal)

• Lifestyle and chronic illness
  o More housing of insufficient size or with mold
  o Less obesity (10.6% vs. 15.7%)
  o Fewer with at least one chronic illness (31.9% vs. 34.7%)

• Highest life expectancy of all Montreal CIUSSSes
• Rate of avoidable mortality (70.9% vs. 89.4% in Montreal)
Human resources

• CIUSSS West-Central Montreal employs 9,973 people (9,730 in 2016-2017) representing 7,303 FTEs

• Most growth in SAPA, per MSSS objectives

• Breakdown by employee type
  • 406 management staff (467 in 2016-2017)
  • 2,935 nursing staff (2,825 in 2016-2017)
  • 1,574 professionals (1,455 in 2016-2017)
  • 4,241 technical and office staff (4,198 in 2016-2017)
  • 983 workers, maintenance and service staff (990 in 2016-2017)

• Over 400 physicians, including 137 general practitioners and nearly 300 specialists
Medical clinics

• Medical clinics and FMGs

• 132 medical clinics, including 16 family medicine groups (FMG) and 50 medical clinics
  o 2 family medicine units (FMU) connected respectively to JGH Herzl and to CLSC Côte-des-Neiges, Metro, Park Extension
  o 600 family physicians, including 396 in FMGs
  o 9 specialized nurse practitioners (SNP) who practice in the FMGs/FPUs
  o 449,571 patients registered with a family doctor practicing on the territory, including 335,981 by physicians practicing in FMGs (64.7%)

Source: MSSS 2014
CIUSSS organization chart
Overall achievements

Quality of care and service

• Creation of the Respect Campaign
• Recruiting, training and deployment of about twenty patient/user partners
• Overall improvement in hand hygiene compliance
• 45% reduction in infections caused by carbapenemase-producing organisms
• Interdisciplinary complex discharge planning team helped reduce length of stays and was recognized by Advisory Board International
• Significant improvement to imaging wait times
• Significant improvement to surgery wait times
Overall achievements

Performance of administrative, management and partnership services

• Beginning of the creation of 7 patient trajectories in the Integrated Practice Units (IPU)

• Consolidation of the financial, human and material resource management information systems for the different sites

• Creation of our unique patient index in all CIUSSSes

• Strengthened ties between the CIUSSSes, FMGs and pharmacies on the territory
Achievements: Department of Nursing

The Department of Nursing gave itself three strategic priorities: patient experience, access and academic

- Implementation of targeted rounds of hospitalized patients to improve patient safety and experience. Initial results:
  - Fewer falls
  - More effective communication
  - Fewer uses of nurse call button
  - Launch of the Symptom Management Hotline to help patients and reduce emergency department visits

- Creation of an action plan to deploy 140 specialized nurse practitioners
- Launch of evaluative research on patient deterioration risks
- Leadership training program for 25 head nurses
Achievements: Professional Services Directorate

• Consolidation of the Antibiotic Stewardship Program

• Ongoing sequential rollout of a medication management information system at the Jewish General Hospital

• Appointment of a bed management coordinator to reduce emergency department crowding
Achievements: Multidisciplinary Services Directorate

• Completed deployment of the pilot phase of the Help Project to maintain the functional autonomy of hospitalized patients

• Audit of the centralized sterilization processes showed good performance

• All technologists obtained the title of Technologue autonome and passed their ultrasound inspection
Achievements: Integrated Frontline Services

• Under the PRAIDA program, an average of 985 people sheltered daily and 23,609 unique users received psychosocial services
• 21,228 new people on the territory registered with a family doctor for a rate of 64.8%
• With the addition of 3 new FMGs, the territory is now served by 16 FMGs and 6 new super clinics.
• Co-lead of the Age 0-7 IPU for children with developmental delay
• Co-lead of the perinatal mental health IPU
• Completion of 100% of the deliverables for the Montreal public health regional integrated action plan
• 17% increase in flu vaccinations
Achievements: Intellectual Disability Rehabilitation Services

- Addition of 4 subsidized beds at the Guimont Complex of Miriam Home and Services for ID-ASD users with severe behavioral problems and opening of 3 new intermediate resources
- Creation of the innovative TranXition project for youth aged 15 to 25 living with a physical disability (transition to adulthood), subsidized by the MAB-Mackay Foundation
- Creation of an access desk for ID-ASD-PD rehabilitation services
- 50% reduction in wait times for children with an ASD
- Improved the sports/activity service offering for young people with motor disabilities
- At Richardson Hospital, increased the number of beds for AVBC victims and the number of beds for CVA victims from 21 to 31
- Harmonization of practices for in-home rehabilitation
- Development of the Early Supported Discharge Program offering intensive in-home rehabilitation for patients with light to moderate stroke
Achievements: Mental Health and Addiction

- Implementation of the Primacy of Patients plan to promote knowledge transfer on patient rights and combatting stigma
- Much work on suicide prevention (policy, training, tool kit)
- Centralization of the adult mental health service hotline
- Continued deployment of a 3rd Assertive Community Treatment (ACT) and Intensive Care Management (ICM) team, increasing places from 162 to 288
- Improved safety in the psychiatric emergency (rounds sheet, patient monitoring)
- Development of the Day Hospital project
Achievements: Support Program for the Autonomy of Seniors (SAPA)

CLSC
• Evaluation of needs and preparation of action plans based on MSSS target for 2020 (90%). Target nearly met this year (86.5%)
• Increased number of hours of direct in-home services
• Harmonized palliative care for patients who wish to die at home
• 577 patients received in-home palliative care

Long-term care
• Purchase of 106 beds to better meet the population’s needs and help reduce emergency department crowding
• Work underway to meet the major commitments on CHSLD best practices from the Forum du MSSS in November 2016. Many of our centres offer the 2nd weekly bath
• Major renovations at Henri Bradet Centre
Achievements: Research

Lady Davis Institute

- Organization of the inaugural annual Symposium on Emerging and Complex Infectious Diseases, in collaboration with McGill University and in memory of Dr Mark Wainberg

- The Segal Cancer Proteomics Centre, part of the Pan-Canadian Proteomics Centre, received funding from Genome Canada and Genome BC

- Inauguration of the new Centre of Excellence in Thrombosis and Anticoagulation Care (CETAC)

- Results of major clinical trials in which LDI researchers participated were published in the New England Journal of Medicine:
  - Study by Dr Assouline on lymphocytic leukemia
  - Study by Dr Karaplis on a medication to reinforce and maintain muscle mass
  - Study by Dr Kahn on the treatment of venous thromboembolism
Achievements: Research

Academic Affairs Directorate created by merging the Social Research and the Medical and University Education directorates

- 4,077 internships available
- Workshops to support attending physicians
- SHERPA, the university institute for cultural community research:
  - Mandate as part of the government’s 2015-2018 action plan on radicalization
  - 56 active research projects and arrival of nine new researchers
- The CREGÉS continued updating the academic mission of the CIUSSS in social gerontology
  - Brief filed on aging, social exclusion and solidarity in October 2017
  - Organization of multiple related knowledge transfer activities
  - Mandated to draft the policy framework to fight the mistreatment of residents in housing or long-term care. Policy submitted to the MSSS
- Researchers affiliated with the Centre for Interdisciplinary Research in Rehabilitation of Greater Montreal (CRIR) has over 40 active research projects
- The Donald Bergman Research Centre held multiple knowledge transfer activities and new research projects were funded
Achievements: Finance department

• Excellent financial performance – The CIUSSS has maintained a balanced budget for the past three years, as required by our management agreement

• Financial system standardization in October 2017 that merged the systems of nine facilities into one. The Finance team is now more efficient, producing more accurate information in less time

• Payroll system standardization for 10,000 CIUSSS employees in November 2017
Achievements: Technical services

• Multiple reorganization projects at the JGH (addition of 3 dialysis stations, conclusion of Mental Health Phase 1), renovation of Block D on the MAB site

• Site preparation for PRAIDA program refugees

• Delivery of a new clinical research centre (CRU) in Pavilion E

• MSSS approval of Pavilion K Phase 4 which consists of major renovations at the JGH

• 14-month redevelopment project for the Henri Bradet site
Achievements: Purchasing and logistics

• Merger and consolidation of 7 material management systems
• Improved the quality of data on products and services
• Significant support for the PRAIDA program to acquire temporary lodging, maintenance, food, etc.
• Savings of $1.2 million by contracting out more products and using group purchasing (Sigma-Santé)
• Expanded participation in group purchasing for significant savings
Achievements: Information technology

IT mobilization for the President and CEO’s strategic plan to improve service quality:

- Modernization of virtual infrastructure
- Consolidation of computing assets
- Replacement of the interoperability solution
- Unification of multiple administrative systems to simplify the working environment of employees
- To improve user access to proximity services, specialized care clinics were organized and access to the DSQ was improved
Human Resources, Communications and Legal Affairs

• Consolidation of Paie GRH system

• Electronic employee record management

• Implementation of the workplace health and wellness plan

• Start of workforce planning exercise to measure the potential of manager retirements

• Establishment of an integrated leadership and succession management program
Quality and safety

• In preparation for the next accreditation visit, planned for November 2018, 2,000 completed self-assessments

• Administration of organizational surveys on safety culture and staff mobilization

• The vast majority of our management agreement targets were met, from 95% to 100%. In 10 cases, targets were exceeded: imaging access, SAPA users, ICM places and number of FMGs

• MSSS living environment evaluations
  o 1 visit: Maimonides
  o 2 audit visits to Mount Sinai Hospital and the Henri Bradet Centre
  o Action plans underway to meet recommendations
User experience

• Ongoing user experience evaluation in our different sectors (mental health, rehabilitation, frontline services)
  • At the JGH, the user experience was improved in:
    o Information supplied to users (+11%)
    o Cleanliness (+13%)
    o Information given on condition and treatments (+4%)
    o Overall appreciation measured by likelihood of recommending the hospital to other patients (+9%)
  • Front line strength
    o Respect and appointments
  • Long-term care strengths
    o Room personalization
    o Security
• 2,200 volunteers help to improve the user experience throughout the CIUSSS
Performance management

• Development of performance management matrices, from the President and CEO to tactical and operational teams in all sectors

• Implementation of performance war rooms in different clinical departments

• Development and implementation of a safety and quality plan

• Quality and quarterly performance dashboards
  o Board, management committee, clinical advisory committee, per mission

• Support for teams with predictive analyses, e.g.: simulation of hotline and frontline mental health services to better meet patient and user needs
The issues for your CIUSSS

• Provide an exceptional patient experience
• Support projects in the community
• Mobilize staff and physicians
• Implement patient trajectories
• Maintain a balanced budget
• Constantly seek improvement opportunities for our patients, residents and clients
• Maintain a balanced budget
Conclusion

• Year three for the CIUSSS was once again very intensive and productive

• We see more and more advantages to being a CIUSSS rather than independent facilities for our users and organizational performance

• We will maintain the momentum of successful consolidation, integration and improvement projects.

• We seek your comments and suggestions!