

March 24<sup>th</sup> 2008

Dr Arthur Porter  
Director General and Chief Executive Officer  
President of the RUIS McGill University

RE: Centre Hospitalier de Lachine

Doctor,

In the mandate given to me I have visited the Centre Hospitalier de Lachine, met with clinical chiefs and consulted various documents. I submit a preliminary report for your consideration.

The Hospital has been under transient leadership for the past 5 years. Communications between the medical staff and management have deteriorated. Under the CSSS banner, the merger with CH LaSalle is perceived as a hostile takeover. Recent talks about redefining the mission of this hospital were interpreted as "closing the hospital" a reminder of the fate of the Lachine General hospital which closed in 1998. The pressure to reopen to ambulance is a reflection of the CH Lachine desire to remain a general community hospital. Of note, the hospital still receives ambulances (one or two a day) for cardiac distress cases. The emergency room currently manages transfers for secondary and tertiary care with a variety of partners, MUHC, JGH, GHUM, CH LaSalle and CH Verdun. The medical staff is competent, devoted and resourceful. It is to their credit that they have been able to maintain services, recruit part-time physicians and assure continuity of care despite some lacunes.

In the matter of the Centre Hospitalier de Lachine's ability to re-open to receiving a full quota of ambulances, it is my opinion that this institution is not ready to do so at this time. There has been insufficient organization of medical services in preparation for the receipt of general ambulance cases and the management of the daily ambulance quota. There is no urgency to redirect general ambulances to the hospital's 2004 ambulance quota of 5 to 10 ambulances per day. Of particular concern, is the lack of anesthesia coverage worsened by the expected departure of one anesthetist by May 2008, leaving the institution with only full time anesthetist. The McGill Dept of Anesthesia cannot be expected to cover this service breakdown as of May 2008. The McGill RUIS will prioritize the anesthesia coverage for CH LaSalle in view of its obstetric mission and the existence of the MUHC-JGH ambulatory surgery program. Further demands for anesthesia services from the regions can also be expected over the summer.

This is not say that the status quo should be tolerated. The hospital has viable technological and medical manpower, which, in certain areas, are misused or underused. It is time to engage the physicians in discussions on performance measures and cost effectiveness of care. Post merger administrative restructuring is required and the engagement of an ad joint an DSP professional for the CH Lachine is necessary. As well, visionary leadership of the new Lachine-LaSalle CMOP will be needed.

The strategic repositioning plan deposited by CIM in January 2006 presents a contemporary redefinition of the mission of the CH Lachine. It proposes an ambulatory care center and day hospital, specialized clinics for the most vulnerable clientele, a clinic resour, and hospitalization for palliative care (7 to 10 beds) and rehabilitation (32 beds). I believe this is a viable option, in line with the CSSS model of care. I would relook at the proposal in regards to the number of palliative care beds (increase) and the possibility of geriatric-alternative level of care beds (as do currently exist). The capacity of CH LaSalle to absorb all elective surgeries and general medical admissions, (including those awaiting for placement) currently at Lachine remains to be validated.

Furthermore, the Municipality of Lachine will undergo urban renewal in the next decade as evidenced by the new condo- townhouse developments. The new mission of the institution will need to plan for primary care needs of young families, pediatric and adolescent clients. Of importance, the need to address the peculiarities of public transport from Lachine to LaSalle and downtown.

The CH Lachine offers tremendous possibility for delivering community medical and social services to a geographically isolated population. There is no intent to close this hospital. Maintaining a relative ban on ambulances is necessary to better organize care on this territory and assure sustained and safe service delivery. The most pressing need at this time is for the CSSS to set forth a communication plan to address the population's concerns about their hospital.

I am in receipt of a copy of a mandate given on March 16<sup>th</sup> 2006 by Minister Couillard to the RUIS McGill to make recommendations on the project for CH Lachine. I believe the RUIS McGill can make a significant contribution to the success of such project with our CSSS LaSalle- Lachine partners. I would be pleased to assist the RUIS in this new mandate.

Respectfully submitted,



Françoise P. Chagnon, MDCM, FRCG, FACS, AOMA, CHE  
Director of professional services, MUHC