



TELEMEDICINE IN JAMES BAY: How the MUHC is supporting Cree communities to manage diabetic retinopathy screenings



Debbie Deforge is an imaging technician from Oujé-Bougoumou, who sends electronic images to an MUHC specialist for remote interpretation.

The McGill University Health Centre (MUHC) in partnership with the Cree Board of Health and Social Services of James Bay (CBHSSJB) and the Department of Ophthalmology of McGill University is pleased to announce a new tele-ophthalmology service that has been implemented in the Cree communities of the James Bay region of Quebec. Given the diabetes epidemic in the north, this service, which will be used to detect diabetic retinopathy, is a priority for the Cree territories.

Diabetes is one of the main health problems that affect the Cree population and it increases in prevalence every year. The problem is compounded by limited access to specialists and general practitioners, so that the medical care needed to control diabetes is limited, while waiting lists are long. Side effects of this disease, including diabetic retinopathy (damage caused to the retina by complications of diabetes, which can lead to blindness) occur at a higher rate than in the rest of Quebec's population.

The tele-ophthalmology service gives access to diabetic retinopathy screening tests that are performed by trained personnel in the Cree communities and are then digitally transmitted for →

Continued on page 3

What does it take to earn a Six Sigma Black Belt?

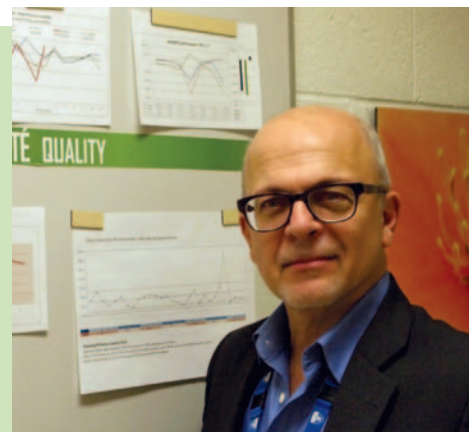
We're all involved in some sort of continuous improvement," says Carmin Cristofaro, operations manager for McGill University Health Centre (MUHC) Document Services. "When you are in a production environment, there are lots of processes and you are always looking for ways to make something better, faster and more efficient."

Several years ago, a few MUHC senior administrators attended a seminar on Lean Six Sigma, a holistic approach to problem-solving that uses strategies, techniques and tools to improve processes. They returned from the seminar and selected a few individuals to follow an online course in Lean Six Sigma, one of them being Cristofaro. Recognizing the value of this approach, Cristofaro made it his personal goal to pursue internationally-recognized Six Sigma certification. He completed the online course, joined the American Society for Quality, hired a tutor, and spent his spare time mastering the skills and techniques needed to become a Six Sigma Black Belt, which he acquired in October 2013.

The Six Sigma methodology is vast and includes hundreds of tools designed to apply a strict methodology to problem-solving. As Cristofaro explains, "A lot of time, when we solve a problem, we look for the quickest solution. This approach forces you to take the time to put a structure in place." Six Sigma was originally developed for the manufacturing industry but is gaining increasing popularity with service organizations and hospitals because it cuts out waste and reduces variation in processes, resulting in improved efficiency and lower costs.

In order to earn his certification, Cristofaro completed several projects at the MUHC, one of which had to do with optimizing a process at the Glen site. He also applies the Six Sigma principles while overseeing the management of MUHC Document Services, and shares information with his team by posting relevant charts and statistics on the bulletin board to provide a snapshot of their performance.

"What I love about Six Sigma is that it really stresses working with people and working in teams," says Cristofaro. "Being a leader means respecting everyone's input. It is not a cold, calculating numbers approach – it is a whole, integrated approach that involves listening to the customer."





Message from **NORMAND RINFRET**

As we head into the New Year, the transformation of IS/IT is crucial to the overall success of our endeavour. The immediate priorities in preparation for the opening of the Glen and the shutting down of our central computer are the implementation of the Logibec Suite and Oacis.

A few months ago we successfully managed the migration of Finance and Purchasing, and over the holidays, thanks to the dedication and commitment of many of our colleagues in Payroll, IS and HR, we completed the migration of Payroll and HR in advance of our December 31st deadline. On behalf of all of us, I wish to thank everyone who contributed to the success of this initiative.

In looking ahead and following an analysis of our ongoing IT projects, the Management Committee has approved the accelerated deployment of the Oacis order features for medical imaging, laboratory and nutrition in the care units, outpatient clinics, critical care units, and emergency rooms of the adult sites between January and June 2014. This strategy will ensure Oacis and Logibec suite components (our admissions/discharges/transfers software) are available in a timely manner and that our IT and clinical teams can then refocus their energies on preparing for the move.

I should also point out that the use of electronic health records will be the norm on the Glen site and as a result, there will not be space to archive paper records. Prior to the move, we will be scanning patient documents and incorporating them in Oacis. This approach increases the quality and safety of patient care and also has the advantage of centralizing information and entry in the Oacis electronic medical record.

We are aware that the deployment of Oacis and Logibec represents a major challenge at a time when our resources are already stretched. Please rest assured that we will be offering you the necessary support and training details will be unveiled in the very near future. In the meantime, I thank you for your assistance with the deployment and for helping us find optimal solutions for a successful transformation. By working together, we all will emerge as winners to the benefit of our patients and their families.

Board of Directors highlights

IN ORDER TO KEEP THE COMMUNITY APPRISED OF ITS DECISIONS, OUR BOARD OF DIRECTORS HAS DECIDED TO REPORT REGULARLY ON RESOLUTIONS THAT IT HAS PASSED. THE ITEMS BELOW RELATE TO DECISIONS TAKEN AT MEETINGS HELD ON JANUARY 7, 2014.

The Board of Directors approved:

- An addendum to the Entente de gestion et d'imputabilité 2013-2014 signed with the Agence;
- The MUHC Transition Support Office Funding;
- The MUHC's brief on Bill 60, the "Charter affirming the values of State secularism and religious neutrality and equality between women and men, and providing a framework for accommodation requests" as it affects the operations of the MUHC;
- The RI-MUHC Clinical Research Standard Operating Procedures and acknowledged receipt of the RI's Annual Report for 2012-2013;
- The Conflict of Interest's Statement according to section 198 HSSS;
- The intervention of the Royal Victoria Hospital in an agreement between the City of Montreal and the McGill University with respect to the establishment of a public easement for a right of way in order to construct a pedestrian path and stairs to connect University Street with the Parc du Mont-Royal;
- A number of resolutions pertaining to loan authorizations in support of our regular operations.

On recommendation from the Council of Physicians, Dentists and Pharmacists, the Board approved the appointments of:

- Dr. Kevin Schwartzman, Division Director, Respiratory Medicine
- Dr. Donald Sheppard, Division Director, Infectious Diseases
- Dr. Andrey Cybulsky, Director, Division of Nephrology
- Dr. James Martin, MUHC Chief Department of Medicine

Continued from page 1

TELEMEDICINE IN JAMES BAY

→ interpretation to the MUHC Ophthalmology team. If follow-up treatment is required appointments are set at the Val-d'Or Health Centre or at the MUHC in Montreal.

"The purpose of this system is that it brings healthcare services closer to patients that are otherwise difficult to reach," explains Dr. Laurent Marcoux, medical director of Professional Services in the Cree region. "In some cases, a doctor would have to travel more than 15,000 kilometres for over two days to reach the affected communities or the patient must travel south. By having on-site personnel trained to deliver these exams, the communities are taking ownership of their own community health care. We are very proud to support this endeavour."

According to Johanne Desrochers, associate director for Telehealth Services at the MUHC, among the many benefits of this new technology, is it greatly facilitates the exchange of clinical information, while respecting the standards of security and confidentiality.

Behind the scenes

Behind the tele-ophthalmology service is The *Centre virtuel de santé et de services sociaux (CvSSS)*, which is a model for the organization, coordination, and delivery of telehealth services across the RUIS McGill. The McGill University Health Centre (MUHC) plays a leading role within this RUIS. In an area spanning 63 per cent of the territory of the province of Quebec – which includes 7 different regional authorities, 19 CSSS and four other health centres – RUIS McGill works to offer better access to tertiary health care for a population of 1.8 million that includes the areas of Nunavik, the Cree Territory, Nord du Québec, Abitibi-Témiscamingue, Outaouais, western Montérégie and western Montréal. Within these regions, RUIS McGill supports the training and development of healthcare professionals, including in the areas of research, teaching and technology evaluation.

The CvSSS organizes health and social services in a network fashion for all of the RUIS McGill territory, forming a single virtual entity. The team supporting all the current telehealth services as well as new development is located at the MUHC, which has been mandated by the RUIS and the Health and Social Services Ministry to manage the Telehealth activities.

The coordination centre for Telehealth is financed by the Québec Health Ministry, as with each of the other centres in the three other RUIS areas. The main objective of the CvSSS is to provide patients the access to care that is sufficient and timely, as close to home as possible, continuous, and of the same quality as traditional care.

For further information about the CvSSS and its services, do not hesitate to contact the Telehealth expertise and coordination centre, at extension 24294, or look on the Intranet (under Telehealth RUIS McGill) for additional information, or on the Internet at <http://telesantemcgill.ca>.

MUHC Trauma Program hits the slopes of Quebec

Over the last few years, the McGill University Health Centre (MUHC) Trauma Centre at the Montreal General Hospital (MGH) has joined forces with the Quebec Ski Areas Association to promote public awareness surrounding the importance of wearing helmets while participating in winter sports.

The fact is, more than 5,600 Canadians are seriously injured every year while taking part in winter activities. Skiing and snowboarding lead to twice as many hospitalizations as hockey.

The Trauma Centre receives about 10,000 patients each year, including 1,500 with injuries serious enough to involve intensive care, surgery and rehabilitation.

"A trauma is a physical injury caused by an external force that puts your life or a part of your body in danger," explains Tara Grenier, injury prevention coordinator of the MUHC Trauma Program. "Many of these patients are admitted with serious brain injuries."

The statistics are alarming; among those who have sustained head injuries on ski slopes, 83 per cent were not wearing helmets and 25 per cent of those patients were seriously injured. In most cases, these are beginner skiers or snowboarders, so the ones likely to fall more often, who fail to wear helmets.

- Head injuries account for 19 per cent of all cases handled by ski patrolers and emergency services
- Head injuries are the leading cause of death among skiers and snowboarders

The Trauma Program, with the Quebec Ski Areas Association, will visit five ski areas in Quebec over the 2014 winter season. Don't miss your chance to learn more about safety on the slopes.

St-Gabriel: Feb. 1, 2014
St-Sauveur: Feb. 2, 2014
St-Bruno: Feb. 9, 2014

Mont-Habitant: Feb. 15, 2014
Mont Ste-Anne: Feb. 16, 2014
Mont Rigaud: March 2, 2014



Pensez avec votre casque
THINK WITH YOUR HELMET

HÔPITAL GÉNÉRAL DE MONTRÉAL
LE PROGRAMME DE
TRAUMA
THE TRAUMA PROGRAM
MONTREAL GENERAL HOSPITAL



Centre universitaire de santé McGill
McGill University Health Centre

FACES OF THE MUHC RVH Care Unit S7 West: leaders on the flu vaccination



Dr. Goldie Marmor

Dr. Cedric Doucet

Fever, headaches, body aches and exhaustion: the flu is no fun! While the flu season is in full swing, only 38 per cent of McGill University Health Centre (MUHC) personnel have been vaccinated since the beginning of the current inoculation period. The team of Care Unit S7 West (The Hospitalist Unit) at the Royal Victoria Hospital stands out from all the others with a 73 per cent vaccination rate. How did they do it? What is the secret to their success? The EnBref team met with them and here's what they said:

"Every morning we looked at the vaccination and staff schedules to find a time when employees would be available for inoculation," explains Chantal C. Lefebvre, the department's nurse manager.

"It's easy to encourage patients and colleagues to go for vaccination when we believe in its importance," adds Dr. Anita Brown-Johnson, director, secondary care division, department of Family Medicine and medical director of the Hospitalist Unit. "All team members must make it a common goal. Mutual support, communication and teamwork are the keys to success."

The spirit of mutual support cooperation emanating from this multidisciplinary team is contagious!



Madge May



Louise Berthiaume

"We take the time to educate and talk to staff and patients about the benefits of being vaccinated to reduce fears sometimes associated with vaccines," says Dr. Brown-Johnson.



"Our team is made up of very conscientious people, close to their clientele, who show great respect for patients," says Lefebvre. The spirit of mutual support and cooperation emanating from this multidisciplinary team is contagious!

Left to right: Arianne Lessard, Dr. Marie Weber, Dr. Magdalena Orzeszyna, Madge May, Dr. Anita Brown-Johnson, Dr. Joseph Defay, Marie-Yoleine Voltaire, Connie Franco, Marcia Ryan, Louise Berthiaume, Dr. Crestein Ghattas and Erika Alphonse.



Joane Cadet

Erika Alphonse

Jaycee Flores, a member of the Housekeeping team, wasn't sure about the usefulness of the flu vaccine so Lefebvre asked him if he would like to talk about it with a specialist who could explain the facts. The specialist informed Flores of the importance of getting the vaccine for the protection of himself and others. He ultimately chose to get the flu vaccination. "Every person who believes in the need for vaccination becomes an advocate for the cause," explains Dr. Brown-Johnson.



Jaycee Flores

himself and others. He ultimately chose to get the flu vaccination. "Every person who believes in the need for vaccination becomes an advocate for the cause," explains Dr. Brown-Johnson.

We take the time to educate and talk to staff and patients about the benefits of being vaccinated



Louise Papillon-Ferland

Tamara Kaloche



Chantal Lefebvre

Marcia Ryan

Did your team or a colleague recently achieve something exceptional?

The Public Affairs and Strategic Planning department would like to know more! We are looking for teams or individuals across all sites of the MUHC who have provided exceptional care, carried out an important project, or simply demonstrated selflessness and compassion. By sharing these moments with us, your achievement could be shared on the intranet, MUHC Today, Enbref, website and our social media platforms. Do you know a particular team that meets these criteria? Contact us!

julia.asselstine@muhc.mcgill.ca



The Campaign Cabinet of the Best Care for Life Campaign, Lachine division, chaired by Lachine mayor Claude Dauphin.

Lachine Hospital Centennial Closing

Official closing of the Lachine Hospital's Centennial year: a record for the foundation.

The Lachine Hospital's Centennial year officially drew to a close at a special ceremony held at the Camille-Lefebvre Pavilion on Thursday, December 5.

Many dignitaries were on hand to mark the end of this milestone year, which saw numerous events held throughout 2013 to celebrate 100 years of excellent care pro-

vided to patients at the Lachine Hospital. It was the perfect opportunity to remember the institution's values and rich history.

The Centennial events also helped the Lachine Hospital Foundation achieve its goal of raising \$3 million as part of its *Best Care for Life* Campaign, launched in 2009.

Jacques Filion, chair of the Foundation's board of directors, delivered the news that the goal had been surpassed with a total of \$3.1 million raised. "On behalf of the Foun-

ation's board of directors and the citizens of Lachine and beyond, I would like to thank members of the Campaign Cabinet who have invested their time and energy and made personal and corporate commitments to ensure the success of our campaign."

Thanks to the generosity of many donors and community partners, the Lachine Hospital will continue to fulfill its mission of providing the best care to patients and their families in a modern hospital that will be a centre of excellence in geriatric medicine, bariatric surgery and ophthalmology.

Revealing the hidden talents of our employees

HUMAN RESOURCES RECOGNIZES OPPORTUNITIES FOR ADVANCEMENT AT THE MUHC

In the fall, the McGill University Health Centre (MUHC) Human Resources training sector held information sessions on Recognition of Acquired Competency (RAC) in vocational training, in collaboration with various Montreal school boards.

RAC in vocational training is a process to officially recognize skills developed through education and other activities so that they can be applied to a vocational diploma, an attestation of vocational specialization, or a transcript or report card from the Ministère de l'Éducation, du Loisir et du Sport.

Over 75 employees attended these sessions at different MUHC sites to find out about RAC and, more specifically, about secretary and medical secretary programs.

The RAC approach focuses on the needs of people who have developed competencies through work experience in a specific field in Quebec or elsewhere. It also identifies skills learned through training, professional development, volunteer work, recreation or any other relevant activity. The process aims to increase opportunities for advancement, shorten the duration of a training course or facilitate a career change, among others.

The initiative has enabled employees to learn about new possibilities and has led many to take action. As part of the MUHC CSN2 and CSN3 Human Resources development plan, a scholarship was awarded to 25 employees determined to obtain a vocational secretary or medical secretary diploma—a success both on personal and organizational levels.



This year will be different – a short guide to setting and keeping your New Year's resolutions

New Year's resolutions... most of us make them, sometimes we try to follow-through with them, but few amongst us really care about them after February. Nonetheless, New Year's resolutions are an important opportunity to make beneficial changes in our lives, particularly if those changes are meant to improve our overall health. So why do we fail so often to fulfil them?

According to Dr. Gail Myhr, psychiatrist and director of the McGill University Health Centre's (MUHC) Cognitive-behavioural therapy unit, "we craft resolutions that are often very important long-term goals that require long-term changes. They are not easy to fulfill, and we tend to disengage from them early on if we do not see an immediate result." Fortunately, Dr. Myhr has three recommended techniques that can help us achieve our resolutions:

STEP ONE - DEFINE YOUR LONG-TERM GOAL

It is important to be introspective and know what in your life is pushing you to make these life changes. Be sure that the motivation comes from you, and that the result is for you.

Begin by asking yourself: who do you wish to be by this time next year? Do you wish to be someone who knows how to manage his or her anger? Do you wish to be a non-smoker? Do you wish to be someone who looks fabulous?

"These goals are designed to be very open-ended," says Dr. Myhr. "They are not necessarily easy to accomplish in the short term, and often require sustained life changes." According to Dr. Myhr, your long-term goals or dreams are important motivators for change, but they are not enough. Not seeing progress on these long-term goals from day to day can become discouraging and lead to early disengagement.

STEP TWO - SET YOUR SHORT-TERM OBJECTIVES

Now that you know your long-term goals, set the short-term objectives that you can reach easily in the course of your typical week. "Let's say your long term goal is to become a calmer, more relaxed person," explains Dr. Myhr. "Plan to achieve this over the course of the year by breaking down the job into short-term objectives. For example, you might start by reading a book or take a course in stress management. Then each week, you could set a short-term objective which will lead you to your goal - like meditating, or exercising twice a week, or turning off your emails in the evening."

Your short-term objectives should be activities that are relatively easy to accomplish. "Measure your overall progress by comparing the improvements you make in your short-term goals from week to week," says Dr. Myhr. "In this way, you can keep your steps manageable without being distracted by how much more you need to accomplish to reach your goal."

STEP THREE - FORM POSITIVE HABITS

It becomes much easier to keep true to our short-term objectives if the actions we take to accomplish them are part of our daily routines. "The key is to make the actions you take to achieve your short-term objectives into habits," explains Dr. Myhr. "To do this, an individual must engage in a new behaviour at least 30 times." It may seem like a daunting and repetitive task, but once you have performed an action about thirty times, you become used to it, and you will not succumb as easily to excuses that make you stop.

LOOKING FORWARD TO A HEALTHIER 2014

No matter what resolutions you wish to make for the New Year, the MUHC wishes you good luck, and stands with you for a healthy lifestyle in 2014.



MOVING TO THE GLEN

NICU nurses trade places in innovative 'shadowing' project

For the past year, the neonatal intensive care units at the Montreal Children's Hospital (MCH) and the Royal Victoria Hospital (RVH) have been working on clinical harmonization in preparation for their move to a single NICU facility at the Glen site. As part of the process, MCH nurse Kim Ervens and RVH nurse Marnie Chuipka have been working on new protocols that will help the NICU standardize its processes according to best practice guidelines in neonatal care.

While working together, Ervens and Chuipka began to see an opportunity that would benefit nurses on both teams, one that would allow nurses from each unit to spend the day at the other NICU, effectively 'shadowing' Ervens or Chuipka for the day, observing them work and learning about their practice.



RVH nurse Mireille Perreault (r.) recently shadowed MCH nurse Kim Ervens (l.) for the day in the MCH NICU.

Ervens and Chuipka proposed the shadowing project to their supervisors at the end of the summer, explaining what they were hoping to achieve. By mid-October, they made their first 'switch.' "Currently, the shadow day participation is on a voluntary basis," says Ervens, "but now that we've had at least a dozen nurses take part, word is starting to spread. Our list is getting longer now."

The shadowing project ties in well with the clinical harmonization process since shadowing allows more and more nurses to see a wider range of neonatal intensive care. "There are differences in our patient populations," says Chuipka. "So when MCH nurses spend the day at the RVH, they see more maternal-fetal medicine, and RVH nurses going to the MCH see more cases involving pediatric specialists. The shadowing helps demystify concerns and answer questions."

The nurses are given a questionnaire afterwards to get their input on the project. Ervens and Chuipka also keep their supervisors and managers up to date on the progress. They have found that each nurse comes away with their own experience, which they are sharing with colleagues afterwards.

There is also strong support from other NICU team members. "The shadowing takes place every Wednesday, with a nurse from each unit spending the day at the other hospital," says Kim. "The neonatologists and nurse practitioners move freely between both NICUs so it's fun when you hear one of them welcome a nurse to the unit for the day!"

Preparing for the transfer: equipment inventory

In preparation for the transfers being planned in 2015, teams from the MUHC Biomedical Department and Planning Office have been visiting all MUHC sites and inventorying medical equipment.

This is being done in order to ensure that the right things will be moved to their new locations in 2015.

If you see round stickers that are yellow, purple, red or green (at Montreal General Hospital red and green are used), PLEASE DO NOT REMOVE THEM.

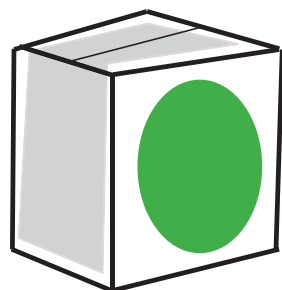
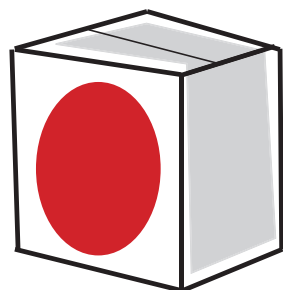
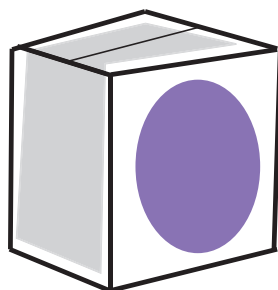
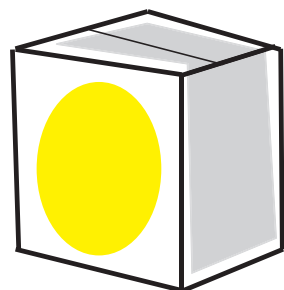
The stickers serve to:

- Identify equipment that will be re-used
- Identify equipment that is obsolete and will be replaced at the Glen site

Biomed and Planning teams are working diligently to ensure the items you necessary to your work get moved, thank you for supporting their efforts.

For any questions, please call: 48317 or email us at: construction@muhc.mcgill.ca

For more information about the transfer, please visit: http://www.emuhc.muhc.mcgill.ca/?q=transfer/who_where&frm=Home%20Page



Join us
on line!

[facebook.com/lechildren](https://www.facebook.com/lechildren)
twitter.com/HopitalChildren

[facebook.com/cusm.muhc](https://www.facebook.com/cusm.muhc)
twitter.com/cusm_muhc

Barbara Kane – Lung Cancer survivor

MUHC'S SMOKING CESSATION CLINIC HELPED
HER KICK THE HABIT AFTER 47 YEARS

Barbara Kane is a testament to the difficulty so many people face in their battle to quit smoking.

The 63-year-old grandmother and cancer survivor is well aware that her bout of lung cancer in 2010 was brought on by more than 47 years of smoking.

Yet despite knowing this, Kane continued to smoke as much as two packs a day in between her radiation and chemotherapy treatments.

"I would leave the hospital following my treatments and see others smoking outside the building who were in wheelchairs and who had IVs attached to their arms," Kane said. "I told myself at least I wasn't as bad as them."

It was only when Kane joined the Montreal Chest Institute's Smoking Cessation Clinic that she became motivated to give up her life-long habit.

The clinic has helped many people successfully quit smoking by offering individualized care consisting of medical tests, group sessions and medication to reduce their addiction. Many who turn to the clinic have tried unsuccessfully to give up the habit on their own.

Soon after joining, Kane began to ask herself what all the radiation and chemotherapy was for if she was going to continue her deadly habit.

"By being stubborn and continuing to smoke even after joining the clinic, I realized I was not only wasting my time, but now I was wasting the time of these healthcare professionals," she said. "That was the push I needed to finally quit."

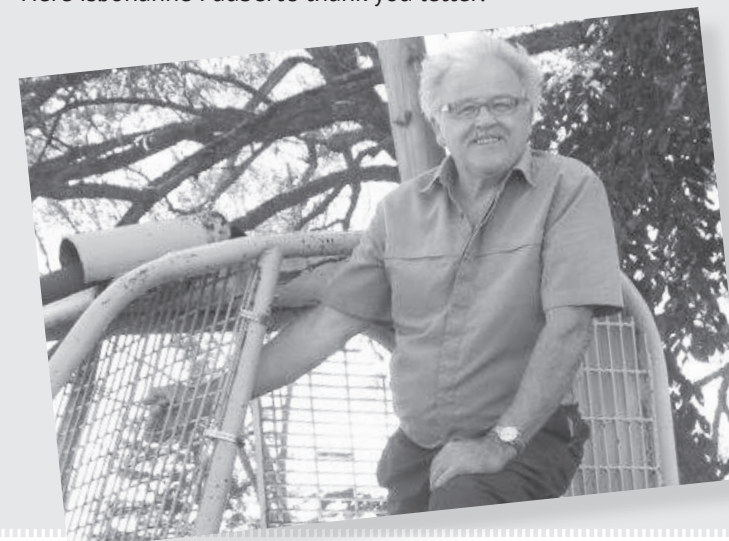
Despite challenges along the way Kane beat her cancer, kicked her smoking habit, and can now focus on more "mundane" health issues, like her arthritis.

"I'm just glad to be around to experience it," she says.

THE THANK YOU CORNER!

In September, Yvon Faubert, a patient with lung cancer at the McGill University Health Centre (MUHC), underwent thoracic surgery, performed by Dr. Christian Sirois at the Montreal General Hospital (MGH). "Dr. Sirois was able to save a part of my father's lung," explains Faubert's daughter, Johanne Faubert. "He was simply amazing as were the nurses who cared for my father during his stay at the MGH."

Here is Johanne Faubert's thank you letter:



MUHC Anecdotes

Friday, January 9, 1998 was the day the ice storm seriously impacted on the City infrastructure. Not only was there an electrical problem but the risk of losing drinking water was very real as pressure fluctuated wildly. Throughout the day McGill was having problems maintaining steam pressure (at the time the Montreal Neurological was heated by steam produced at McGill) and the possibility of having to evacuate the Neuro if heating was lost was worrying.

Most of the Neuro's administrative staff remained on site that evening anticipating the worst. Around 11 p.m. I joined a group of colleagues who went outside to survey the situation. We walked down University to Pine. If it had not been so frightening it would have been beautiful. The City was in complete darkness... except for the Neuro logo on the side of the building. For some reason, the sign had been connected to the Emergency generator and was now shining like a lonely beacon on the Mountain.

Despite being a lighthearted moment in a very tense situation we quickly had the sign turned off. Fortunately, there was no evacuation required.

Jim Gates

Now: Director, McGill Health Network Office

Then: Associate Executive Director, Montreal Neurological Hospital

Hello,

My father, Yvon Faubert, underwent surgery by Dr. C. Sirois in September 2013.

The operation was a success. He was hospitalized on the 11th floor of the Montreal General Hospital in Room 1104.

Our family wishes to thank Dr. Sirois as well as nurse Marion Bleunven, who showed exceptional dedication. This nurse was a gem for us. Also, thank you to Sandra Di Fulvio, head of the department, as well as Lisa Struzer, who told us about accommodations.

Many thanks once again,

Johanne Faubert

RI-MUHC researchers led three of the Québec Science magazine's top 10 discoveries of 2013



Three of the top ten scientific breakthroughs of 2013 selected by Québec Science magazine were achieved by researchers from the Research Institute of the McGill University Health Centre (RI-MUHC), the Montreal Neurological Institute and Hospital (The Neuro), and McGill University. Their work is featured in the January issue, now available on newsstands and online.

1 Dr. Lorenzo Ferri, MUHC director of the Division of Thoracic Surgery and the Upper Gastrointestinal (GI) Cancer Program, and Dr. Jonathan Cools-Lartigue, MUHC surgical resident, identified with their team a new mode of cancer progression and showed that cells from our own immune system could act as traitors in helping cancer to spread. This scientific breakthrough represents a major change in how we think about cancer progression, and how we may treat patients in the future.

2 The first 3D atlas of the brain is now accessible to researchers worldwide, thanks to Dr. Alan Evans a researcher from the The Neuro and scientists from Germany. BigBrain – reconstructed from 7,400 brain sections – provides a close-up of the billions of neurons, or brain cells, whose properties hold the secrets of healthy and diseased brain function.

3 Within a team of 40 researchers, Dr. George Thanassoulis, director of Preventive and Genomic Cardiology at the MUHC, linked aortic valve disease – the third most common form of cardiovascular disease in developed countries – to a specific gene, which may result in new ways to identify and treat high-risk individuals.

*CONGRATULATIONS
TO THE THREE
RESEARCH TEAMS!*

