



New Nursing Assistants at the MUHC A SUCCESSFUL RECEPTION!



Elizabeth Campeau



Noel Guzman



Shy-Anne Hickey

The first nurse assistants (NAs), hired through the Nursing Staff Mix GPO, are now among us. As of January 2014, 18 of them were officially welcomed into the care teams of seven in-patient units. This number is in addition to the existing 125 NAs who were already working at the McGill University Health Centre (MUHC).

Upon arrival, the recruits were given common training that enabled them to understand their role within the MUHC. They were then supervised by a preceptor during their first six weeks of work. Despite several constraints and tight deadlines, managers of the targeted care units worked to facilitate the implementation of this organizational change. In addition, to meet the concerns of nurses and clarify the issues, roles and collaborative practices they needed to adopt, communication channels were established. All these factors contributed to the early success of the integration during January and February 2014, as evidenced by three NAs who agreed to comment on their new positions:

Elizabeth Campeau, MGH 18 (Surgery)

- What I like the most about my work is that it is very dynamic. I keep meeting new people and I learn about several types of surgery. It's exciting!
- I appreciate that nurses let me take initiatives and they recognize my good work. From the beginning, I felt helped and supported.
- Every day has its challenges as new things happen. Nurses know that if I have a doubt about something I'll ask as we have good channels of communication. This is important to establish trust between us.

Noel Guzman, MGH 14 (Neurology)

- My entry on the unit went very well. Because I worked at the Neuro as a PAB before, I already knew the environment and many doctors who work in the unit. I feel lucky because our team has the best spirit!
- What I like the most is to work at the bedside. When I lived in the Philippines, I was a medical technologist. Working as a NA is very different. What I like about it the most is that I work directly with the patients.
- I love my work. I find it very rewarding. There are a lot of things to learn, but I take it a day at a time. I am grateful to the MUHC for giving me this opportunity.

Shy-Anne Hickey, RVH, S7 West (Hospitalist Unit)

- When I arrived, despite the change they were experiencing, nurses were very open. They were also really well prepared. These are all experienced nurses who are familiar with the hospital, and they took the time to explain everything to us. I really felt welcomed.
- I received valuable support from all. The nurses, the nurse educator and, of course, my preceptor, helped me a lot. I've never felt left out—I immediately realized that I was part of the team.
- I love working in my unit because I have time to get to know the patients and

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France Paquet receives Excellence in Infusion Therapy Award for Eastern Canada

France Paquet is a nurse and clinical practice consultant with the Transition Support Office at the McGill University Health Centre (MUHC). For over three years, she has been working with clinical teams to harmonize practices, particularly those related to IV therapy and vascular access.

In January 2014, she received the Excellence in Infusion Therapy Award for Eastern Canada given out by the Canadian Vascular Access Association (CVAA) and the medical technology company BD. Driven by a profound desire to improve patient safety, Paquet has been making a mark in this field for nearly 15 years.

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Message from **NORMAND RINFRET**

MUHC programs moving close to the Glen

This fall we will take ownership of the facilities on the Glen, and in the spring of 2015 we will welcome our first patients. Simultaneously, we will reorganize our programs and services at the Montreal General Hospital (MGH), Lachine Hospital and The Neuro.

But our redevelopment is about more than bricks and mortar. Behind the scenes, with the support of our Transition Office, 60 teams are currently working on improving our policies and procedures and adopting best practices across the board to the benefit of our patients and their families.

We appreciate that the changing roles of the MUHC and our partners in the healthcare network will present challenges for our patients so our commitment is to accompany them every step of the way. From our perspective, access to health care comes down to the four C's – patient choice, complexity, continuity of care and critical mass. By applying these criteria, we will provide patients with the best assurance that they will receive the right care at the right place at the right time, while enhancing the quality of care and cost-effectiveness of the healthcare network.

While respecting supraregional and provincial mandates, as well as our edu-

cational, research and technology assessment requirements, the MUHC will continue to provide access to care to those within the McGill RUIS, as well as to those outside the RUIS who require either care in English or specialized and/or multi-disciplinary complex care.

The past many months have been marked by improved dialogue and collaboration with both the Ministry and the Agence. We are meeting on a regular basis, have jointly identified key issues and set time lines for addressing them. The best evidence of this is that we have reached an agreement in relation to the number of key programs and services.

In light of public demand and the fact that the dialysis chairs that had been planned for the Lachine Hospital will not be ready in the short term, the MUHC will be establishing 15 dialysis chairs on a temporary basis in a location to be determined between the Royal Victoria Hospital and the Lachine Hospital. We are confident that these chairs, along with the inpatient chairs at the Glen and those located in partner hospitals nearby, will be sufficient to meet patient demand for now.

The following programs will be moving in close proximity to the Glen:

- The MUHC's vision of excellence for

comprehensive care in fertility treatments will be crystalized with the creation of a Reproduction Centre. It will regroup a full spectrum of reproductive medicine services, in tandem with Women's Health activities and professionals at the Glen.

• An Eye Centre will be established to enhance our ophthalmology academic program and better serve our RUIS patients.

• The Centre of Outcomes Research and Evaluation (CORE) of the Research Institute of the MUHC comprises researchers in population and patient-oriented research. The essential and common theme of these researchers lies in the methodological approaches used to address research questions that are important to the individual patient, the healthcare system and the general population from which they arise.

We appreciate that our transformation, by definition, creates uncertainty. In the coming months we will redouble our efforts to engage both internal and external stakeholders, seeking input and feedback and addressing concerns as they arise to the best of our ability. By engaging patients and their families in our transformation, we will not only foster our patient-centric vision but more importantly, ensure the patient experience is optimized in the MUHC 2015.

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carefully examine the patient charts. I can discuss cases with the doctors, the social worker and the other professionals too. They are open to suggestions and I think this is great!

Thanks to the hard work from the Nursing Staff Mix GPO steering committee's co-chairs Susan Drouin and Patricia Rose, and the clinical leader Jane Evans Chambers, as well as to the

collaboration of nurse managers, nurses and members of each sub-committee, the 18 NAs of this first wave have been well supported.

For Drouin and Rose, there is still plenty of work to do, in the short and medium term. They must accommodate the second wave of NAs in April 2014, consolidate practices, work with Human Resources to create a pool of NAs to respond when

there are absences, establish what the NAs learning needs are, tailor teaching approaches to assist them, look at the possibility of receiving nursing assistant students and adapt the team composition to the configuration of patient care units at the Glen. But they are more than ready to meet these challenges that lie ahead.



Nevine Fateen

Needs analysis underway at Lachine for expansion of Volunteer Program

Historically at Lachine Hospital, volunteers have only had a place in the Camille Lefebvre Pavilion. But this is about to change. With the help of Nevine Fateen, the program will extend to Lachine Hospital.

"The change will not happen overnight," says Fateen, who manages the volunteers at the Royal Victoria Hospital, the Montreal Neurological Hospital and the Montreal Chest Institute. "We are starting with a needs analysis with core volunteers, auxiliary members, nursing, management, physicians, unit coordinators, assistants and so on, and of course, the residents of Camille Lefebvre and patients and family members of Lachine hospital—we are trying to reach as many people as possible to access the needs of everyone at Lachine."

Fateen will be creating a temporary committee to help compile the results and then create a plan of action.

"I am excited about this," she says. "I have had the chance to meet many people at Lachine already and they are all so devoted to their hospital—I feel a real sense of community."

According to Fateen, the people she has talked to are very open and welcoming. What is clear so far, is Lachine wants more volunteers and programs like the coffee hour at the MCI, the humour program at the Neuro, and the greet and meet in the Emergency Department at the RVH.

"I hope to be able to fulfill their needs," says Fateen, "which will be fully understood upon completion of the needs analysis."

Did you know that the MUHC has an Employee Recognition Program?

THE MCGILL UNIVERSITY HEALTH CENTRE (MUHC) PLACES A HIGH PRIORITY ON EMPLOYEE RECOGNITION.

Appreciation is a fundamental human need and praise and recognition are essential to an outstanding workplace. People want to be respected and valued for their contributions. Being recognized as an individual or member of a group, feeling a sense of achievement for work well done, or even for a valiant effort, all contribute to a better work environment.

The MUHC Employee Corporate Recognition Program was developed to recognize employee contributions to the provision of excellent care to our patients and families. No matter what job one holds at the MUHC, everyone contributes in their own way.

Below is an overview of some of what the Corporate Employee Recognition Program includes. We encourage you to take advantage of one or all!

The Corporate Advantage Program: The MUHC has partnered with reputable companies and has negotiated discounts for employees on a variety of products and services. At present, the MUHC offers discounts in different service categories.

MUHC e-cards: It's fun to send an e-card for birthdays and retirements or simply to congratulate someone or even just to show appreciation. It is even more fun to receive! You can choose from a selection of e-cards available to all Lotus Notes users.

The On-the-Spot Recognition Program: A program for managers to recognize individual employees or a team of employees who have gone the extra mile.

Service Awards: In five-year increments, employees are recognized for their commitment to the organization with a small token of appreciation. In fact, after one year of service employees are recognized with a card of appreciation from our CEO and Director General.

To learn more about *all* of the options available, visit the Employee Recognition Program page on the Intranet, which can be accessed via Departments on the left side, then Human Resources and then by clicking on the Employee Recognition tab at the top.

This program is developed and updated by the Training and Organizational Development sector of the MUHC Human Resources Department.

NEW MUHC POLICY

Whistle Blower policy

IN ORDER TO PROMOTE A TRANSPARENT ADMINISTRATION AND PROVIDE PROTECTION FROM REPRISAL TO ANY PERSON WHO IN GOOD FAITH REPORTS WRONGDOING, MUHC BOARD OF DIRECTORS HAS APPROVED THE NEW ADM 610 WHISTLE-BLOWER POLICY.

The entire MUHC community, including employees, volunteers, consultants, students, contract employees, management and physicians, is invited to report any perceived wrongdoing to an investigator named by the Board of Directors. Wrongdoing includes instances of fraud and misappropriation of assets and refers collectively to any illegal or inappropriate conduct.

Wrongdoing may be reported to the Investigator David H. Laidley, Chair MUHC Board Audit Committee, in writing dlaidley@deloitte.ca, or verbally at 514-393-5012. All reports will be kept confidential until the Investigator takes appropriate action and makes a recommendation to the Board.

Any person who believes that they are the subject of a reprisal, and any manager or supervisor who is informed of, or becomes aware of reprisals, as a result of a report of wrongdoing, shall report the alleged reprisal to the Investigator, who may recommend action to stop, reverse or remedy the reprisal.

All policies can be found on the Intranet.

SPREAD THE WORD, NOT THE GERMS!



Dan Schipprack, Stella Zombolas, (Unit coordinators)



Dr. Maria Cortes, Dr. Donatelle Tampieri, Dr. Jeff Hall

Along with these strategies, two champions took the initiative to install five additional antiseptic foam dispensers and print posters encouraging staff to wash their hands.

“We share our floor with the Radiology department. Our success is contagious because they’ve already begun their certification,” says Dr. Chartrand. “We challenge all MUHC teams to do the same!”

On May 5, 2014, the team will participate in the STOP! Clean Your Hands Day survey (Canadian Hand Hygiene Audit) which is organized by the Canadian Institute for Patient Safety.

Do you want your team to meet *Canada’s Hand Hygiene Challenge*? Visit the Canadian Patient Safety Institute website at this address: <http://www.handhygiene.ca>



Jocelyne Pépin, Danielle St-Arnaud, Dr. Daniel Chartrand

It’s been a known fact for decades: hand washing is the easiest and cheapest way to prevent infections. Although the practice seems ordinary, changing the culture of hand hygiene within teams can be a complex process. However, that is precisely what the operating room team at the Montreal Neurological Institute and Hospital (The Neuro) has accomplished.

“In just two weeks, 100 per cent of the staff received *Canada’s Hand Hygiene Challenge* certificates,” explains Danielle St-Arnaud, clinical nurse in charge of the nurses in the Radiology department at The Neuro.

“A clean environment and hands are two basic factors in effectively preventing the spread of infections,” says St-Arnaud. Team members decided to join forces and use the tools already at their disposal to improve patient safety. “We began by asking staff to do a 15-minute online training module that leads to a certificate,” she says. “Some of them even proudly displayed their certificates in their office.”

A board with all of the employees’ names was mounted in a central location to show who had done the online course and obtained certification and who had not.

“We then named several champions whose mission it was to advance the cause and promote hand hygiene. These champions, from all job categories, are mandated to remind others to wash their hands,” says Dr. Daniel Chartrand, anesthesiologist at The Neuro. “Our team members



Alex Arenas, PAB

have always made safety and quality of care a priority, so they readily took up the challenge.” As with any new approach, some people were more reluctant to participate in the project. According to Dr. Chartrand, the best way to convince recalcitrant employees is to show them how much the whole team is taking the challenge to heart.

“Our team members have always made safety and quality of care a priority, so they readily took up the challenge.”

Missing from this champions’ team photo are Laurence Berko, Dr. Jeff Hall and Dr. Daniel Chartrand.



Yves Lachance

Lyanne Bédard

Front row: Manny Podaras, Janel Nicholas, Lyanne Bédard, Nathalie Héту, Frédérique Ducheine, Danielle St-Arnaud, Anna Buske. Back row: Kelvin Mok, Claudine Robert, Richard Barecki, Dr. Daniel Chartrand



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 or person who meets these criteria?

Contact us! julia.asselstine@muhc.mcgill.ca

Plan your wait, with a text update

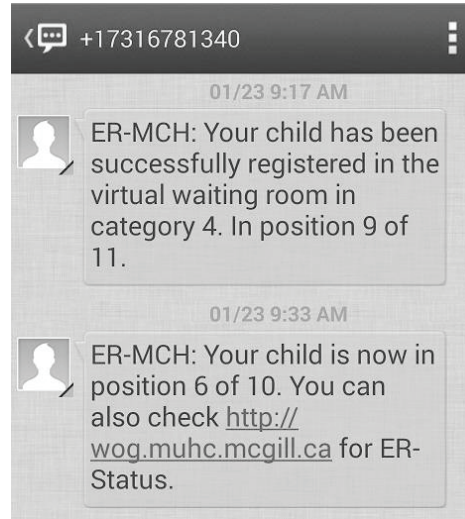
NEW TEXT MESSAGE-BASED APP LETS PARENTS KNOW ABOUT MCH PEDIATRIC EMERGENCY WAIT TIMES

Nobody likes spending hours and hours sitting around a crowded waiting room, not knowing who will be called next. So imagine if patients and families could be notified by a text message about the number of patients ahead of them.

Thanks to a team of two engineers at the McGill University Health Centre, Jean-Pierre Cordeau and Jorge Pomalaza, along with Dr. Harley Eisman, director of the Montreal Children's Hospital's Pediatric Emergency Department, this ideal scenario is now a reality. The pilot project was launched at the MCH at the end of January this year, and is the first of its kind in a complex emergency room environment in Quebec.

How it works

"Once a patient has been evaluated by the triage nurse, parents can input either their child's hospital card or Medicare card number to register for the text message (SMS) service via a kiosk, built by the



hospital's technical services department, located just outside the ED's triage area, or by visiting a website using smartphones or tablets," says Cordeau. "Parents must also provide a cell phone number and select French or English language preference. Once the information has been submitted, they will receive their first SMS within seconds, detailing a summary of their

child's waiting status in the Pediatric Emergency Department."

Once the first text message has been sent, parents continue to receive updates on their child's position in the ED waiting room every time the position of the patient moves closer to zero. Once there are only five or less patients ahead of them, the family will receive a text message notifying them to head back to the emergency room so as not to miss their turn.

Placing patients and families needs at the forefront

According to Dr. Eisman, the goal is to make wait times more palatable for patients and families so that ultimately, they can make more empowered decisions.

"Sometimes, this can mean that they decide to go for a walk, or get a bite to eat while they wait, and other times, it may mean they decide to go home or seek care elsewhere. Ultimately, we hope that by giving parents more options with this new service, it will help to enhance the patient experience."

Virtual waiting rooms throughout the Glen?

Given that many of the waiting rooms at the Glen site have been designed to be more intimate and will be located within clinical areas, this project serves as a valuable pilot that can be adapted for a variety of clinics and services at our new hospital. Jean-Pierre Cordeau and Jorge Pomalaza, the project's engineers, believe that this kind of solution could be implemented in more departments given the necessary priorities. This solution could encourage users to visit outdoor areas, commercial spaces and common healing environments in the new buildings while they wait to see a specialist.



THE THANK YOU CORNER



Front row left to right: Lidia Sunak Ferguson, Georgiana Walter, Maxine Smith, Svetlana Bogdanova Back row left to right: Subrina Latchman, Tony Camara, Ngoc Nguyen, Norma Baysa, Rosemary Afrani, Valerie O'Connor, Lorna Daley, Maria Rosa Valente

I am writing to commend the Endoscopy Department at the Royal Victoria Hospital, following my colonoscopy on the morning of January 10, 2014.

From the moment I entered the Endoscopy Department, I was treated with courtesy and kindness, and I noticed that patience and friendliness was extended to every person coming in for a procedure.

After arriving back home, I experienced severe pains and cramps, so much so that I felt compelled to call the department. The nurse who answered, patiently advised what to do, and the pain eventually dissipated.

Later, the nurse called back to check on how I was feeling. This concern was completely unexpected, and it was heartwarming. Such a gesture reflects so very positively on the Royal Victoria Hospital.

*With sincere thanks,
Anonymous*

Continued from page 1 — France PAQUET

While working at the Cystic Fibrosis Clinic at the Montreal Chest Institute in 2000, she became interested in the various types of vascular access and learned how to insert long peripheral catheters. In 2003, she became one of the first nurses in Quebec to be trained and authorized to use peripherally inserted central catheters (or "PICC lines") before becoming a trainer herself. In 2008, she was the first nurse in Quebec to use ultrasound guidance for catheter insertion. "This very different practice is safer and has better success rates," she explains.

More recently, as part of the Transition Support Office team, Paquet has been helping with *Be Line Wise*, a program that has significantly reduced infections at the MUHC related to the use of central catheters. To prominently display each team's great work and results, she implemented tracking charts in each care unit to indicate the number of days since the last infection and the unit's record. She got the idea after watching the movie *Monsters, Inc.*, in which a sign indicates how many days the company has been accident free. "The more clinicians are aware of the impact of their practices and their power to prevent most complications," she says, "the more likely they are to take action."

She and other Quebec nurses have also launched the Greater Montreal Chapter of the CVAA, for which she was elected president. The CVAA's meetings are becoming very popular and attract nurses from nearly every region in Quebec. Through her involvement, Paquet is showcasing the MUHC's expertise while helping to harmonize and gradually improve vascular access practices across Quebec.



The RI-MUHC getting ready for the Transfer

The transition team at the Research Institute of the McGill University Health Centre (RI-MUHC) is actively preparing for the transfer to the Glen site that will take place in February 2015. The preparation gained momentum at the end of 2013 with the appointment of five program leaders:

- Dr. Simon Wing, Experimental Therapeutics and Metabolism
- Dr. Erwin Schurr, Infectious Diseases and Immunity in World Health
- Dr. Constantin Polychronakos, Childhood Health and Human Development
- Dr. Basil Petrof, Translational Research in Respiratory Diseases
- Dr. Peter Metrakos, Cancer Diseases Research

They are responsible for recruiting members and locating the space for their program, as well as identifying locations for shared equipment in the coming months. They will receive technical support from the transition team, under the supervision of Jean-Marie Chavannes,

director of the Redevelopment Division. The members of this transition team are:

- Lucie Grégoire, Research Institute Transfer Project Manager
- Wanda Cromlish, Research Coordinator, Glen Transfer Project
- Khalil Choucair and Nancy Steenart, Equipment technicians specialists, Research Transfer Coordination Team
- Dr. Lucie Côté, Veterinarian and Director of the Animal Resource Division
- Anna Choy, Department Head of the Animal Resource Division
- Julie Knowles, Technician, Research Transfer Coordination Team

The team will ensure that the transition is smooth and well-organized and that the RI-MUHC community gets the information it needs throughout the transition period.

EQUIPMENT

The process for purchasing new equipment for the Centre for Translational Biology (CTB) is almost complete and de-

liveries and installation of equipment have already begun at the Glen site.

An inventory of the equipment at existing sites that has to be transferred to the Glen is being prepared. Teams are working hard to harmonize the location of new and existing equipment to ensure that the new spaces meet researchers' needs.

Other support activities, a standardization policy for the preservation and digitization of paper documents as well as a policy for the safe transfer of chemicals and radioactive substances will also be implemented.

THE TRANSFER

Finally, the consultation meetings held at the beginning of February with the support of the transition team, Glen site researchers and Health Care Relocations (HCR) (the specialized relocation company hired by the MUHC) allowed us to produce a plan for the transfer. During these meetings, HCR explained its role, described how the move is organized, and answered questions.

The RI-MUHC is also organizing a seminar for June 2014 to update its community on transfer preparations.

Next steps include validating and certifying the new facilities and equipment at the Glen site, developing methods to transfer specialized equipment, and providing orientation and training to employees. The goal is to ensure that the RI-MUHC at the Glen is fully functional in February 2015.

straight talk

What will help our patients and families find their way at the Glen site?

- The colour code for each institution. For ex. at the MCH, turquoise will be the predominant shade on signage, while at the Cancer Centre, it'll be green.

- Electronic kiosks, directional signage and information desks (one at the Montreal Children's Hospital and one on the adult side).

- Artefacts, like the statue of Queen Victoria, which will serve as landmarks.
- Clustered departments, which will allow patients to stay in one area. For ex. Women's Health patients will be able to register and receive the care they need on the 6th floor.

- Separation between public spaces (on the lower levels) and inpatient units (on the upper levels), which allows for outpatients to be contained to one area of the facility and provides a quieter environment for inpatients and their families.

For more Q&As, consult our Straight Talk and Transfer Intranet pages.

Got a question, send it to: dialogue@muhc.mcgill.ca.



MUHC Volunteer Rosa Shields receives Transplant Quebec prestigious Ambassador Award

Left to right: Louis Beaulieu, Director General of Transplant Québec, René Dussault, President of Transplant Quebec Board of Directors, Rosa Shields, Dr. Mark Angle, Intensivist and President of the MUHC Organ Donation Committee, Dr. Peter Metrakos, MUHC Director of the Multi-Organ Transplant Program and Director of the Hepatopancreatobiliary Surgery Program, and Normand Rinfret, CEO and Director General of the MUHC

Rosa Shields is both an organ recipient and a dedicated and passionate volunteer, who has spent countless hours over the past two decades raising awareness about organ donation and raising funds for the Multi-organ Transplantation Program at the Royal Victoria Hospital (RVH) of the McGill University Health Centre (MUHC).

In light of Shield's exemplary contribution to organ donation, she was presented in February 2014 with the prestigious Ambassador Award from Transplant Quebec during a ceremony held at the RVH.

"I'm honoured to have a hand in helping so many people," says Shields. "It's incredibly rewarding to know we're making a difference by raising awareness and much-needed funds to support life-saving transplants at the MUHC."

The award ceremony held special significance as the MUHC

has just completed an extraordinary year in the field of transplants. Our surgeons, nurses, and professionals have performed a record 107 kidney transplants in 2013, up 46 per cent from 2012, and a record 49 liver transplants, up 44 per cent from 2012.

Transplant Quebec and hospitals are partners in saving lives. To continue to achieve good results such as these and to even push further for better performance, all Quebec hospitals need to keep working toward improving organ donation by identifying all potential donors in Critical Care Units and in our Emergency Departments.

"We wish to thank Rosa Shields for her unwavering commitment to organ donation," says Normand Rinfret, CEO and director general of the MUHC. "She is an inspiration and she has most definitely contributed to making a difference for many."

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 the meeting held on March 11, 2014.

The Board of Directors approved:

- The election of officers to the MUHC for the upcoming year:
Chair: Claudio F. Bussandri
Vice-Chair: Robert Rabinovitch
Treasurer: David H. Laidley
Secretary: Normand Rinfret
The Board of Directors' delegation to the AQESSS conference

- The appointment of the new members of four Research Ethics Boards of the McGill University Health Centre
- A number of resolutions pertaining to loan authorizations in support of the establishments' regular operations

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

- Reappointment of Dr. Chris Tsoukas as Division Director, Allergy and Immunology
- Interim appointment of Dr. Lila Amirali as Head – Department of Psychiatry (MCH)
- Revised Departmental Regulations for the MUHC Department of Medicine
- Two OR Policies: MUHC Non RAMQ-Insured Surgical Procedures and OR Efficiency

MUHC researcher leads the Quebec part of a pan Canadian study to help women living with HIV

Historically, in Canada, the human immunodeficiency virus (HIV) has been predominantly considered a man's disease as it has mostly affected men who have had sex with men. As a result, healthcare services for people living with HIV are frequently more adapted to men's needs. Today, however, women represent an increasing proportion of the populations living with HIV. To improve care and services for these women, researchers of the Canadian HIV Women's Sexual & Reproductive Health Cohort Study (CHIWOS) are working to answer the following questions: What are the needs of women living with HIV in Canada, what are the currently available services, how do women access these services, and how can we improve them?

"What makes this research project unique is the fact that it incorporates community-based research principles: women living with HIV have been involved in the project from the very beginning, and have helped with nearly every aspect," says Dr. Alexandra de Pokomandy, Québec principal investigator for CHIWOS, and a researcher clinician at the Research Institute of the McGill University Health Centre (MUHC) and at the Chronic Viral Illness Service of the MUHC.

"The perspective of women from the community complements that of the researchers," she says. Indeed, these women, called Peer Research Associates (PRAs), were recruited and trained to conduct the survey interviews with over 1,000 participants from British Columbia, Ontario and Quebec.

"They have experience living with HIV and accessing services," explains Dr. de Pokomandy. "Not only do they give the researchers feedback on the methodology of the study and identify issues that need to be addressed in health care but they are also better able to form bonds of trust with the research participants they survey. The value of their feedback is immeasurable."

Health care delivery can vary greatly from region to region, and there are many services that may be lacking for



Angela Kaida, Ph.D., Principal Investigator, Simon Fraser University, BC; Mona Loutfy MD, FRCPC, MPH, Nominated Principal Investigator, Women's College Research Institute, ON; Alexandra de Pokomandy MDCM, MSc., Principal Investigator, McGill University Health Centre, QC; Robert Hogg, Ph.D., Principal Investigator, Simon Fraser University and BC Centre for Excellence in HIV/AIDS, BC.

women living with HIV. Sometimes, these deficiencies are related to medical practice. For example, pap tests for cervical cancer screening may often be forgotten among the management of other medical problems, or too often postponed access to this test is difficult. In other cases, the limitations to the delivery of health care may be societal rather than procedural: often, women spend more time caring for children and family members than men, and these activities may affect women's availability to follow up with their personal, medical or psychological appointments.

Dr. de Pokomandy points out "there is also the issue of women's sexuality and reproductive health after HIV diagnosis. We need to verify if women have the opportunity or feel the need to discuss these topics with their healthcare provider."

The current National Survey Phase, launched in October 2013, takes into

account the subject's economic status, aspects of their sexual lives, and their frequency of access to medical care and community service organizations. Recruitment is ongoing, and a follow-up survey will be completed 18 months later.

"Assembling a comprehensive and current picture of the experiences of women living with HIV in Canada will contribute to better adaptation of current services and will ultimately help improve these women's global health and wellbeing," concludes Dr. de Pokomandy.

More about CHIWOS:

<http://www.chiwos.ca/home>

To watch the CHIWOS video:

<http://www.chiwos.ca/?s=video>

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