



Glen site gradually opened to authorized personnel

The first employees of the Glen site of the McGill University Health Centre (MUHC) will be testing out the new building's equipment, furniture and systems and familiarizing themselves with the state-of-the-art security system and design that will optimize the patient experience and make employees' work easier.

"The early activators must show up according to a predetermined schedule and sign in and out at identified entry points," explains Benoit Lalonde, coordinator, Logistics and Emergency Measures Services. "Once inside, they'll use their card to go through secured doors and access the sector they have to activate."

Once the hospital is open, this same security system will control the flow of patients, staff and visitors within the building. All doctors, volunteers and employees will be issued an access card that will give them access to specific areas. This way, only authorized staff will be able to enter sensitive areas such as the MUHC Research Institute laboratories, server rooms, or delivery docks.

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Surgical oncologist Dr. Henry Shibata: half a century of pioneer work at the Royal Victoria Hospital

The soft-spoken, 84-year-old Dr. Henry Shibata sits amid displaced pictures and books in his office at the Royal Victoria Hospital (RVH) of the McGill University Health Centre (MUHC) as he takes a look back at his life and his career.

After 53 years in the RVH Surgery and Oncology departments, Dr. Shibata, who is a pioneer in the fields of cancer prevention, palliative care, bariatric surgery and cryosurgery, is planning to retire.

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"Teaching is just as important as taking care of patients," says Dr. Shibata. "As a doctor, the knowledge that you gain through your own efforts should be passed on to the next generation. That's the only way progress is made."



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Message from **NORMAND RINFRET**

Countdown MUHC 2015: less than 6 months left to get ready!

The official countdown for the transfer of activities of the Royal Victoria Hospital (RVH) to the Montreal General Hospital (MGH) has passed the six month mark. Preparations for the transfers are progressing well and will be accelerated with the activation of the Glen site in October.

As a first step, the Admitting and Medical Records offices at the MGH will be relocated internally in the fall to allow the necessary work for the creation of the Psychiatric Emergency and the Short Stay Unit on B1. Further renovations are planned so that we can host Geriatrics and some RVH outpatient clinics at the end of March 2015.

Concurrently, certain rooms in the Camille-Lefebvre Pavilion are presently being upgraded for the transfer of our ventilo-assisted patients from the Montreal Chest Institute at the end of January. At the same time, The Neuro is continuing to implement the transition plan in order to ensure a smooth and safe operation, independent from the RVH as of spring of 2015. The timetable for each of these projects is not only tight, but they constitute the beginning of a massive cascade towards the MUHC 2015.

I would be remiss if I did not acknowledge all the hard work that has been achieved to date in line with our transformation. Over the last few months, the mission leads in collaboration with several members of the management team have worked hard on the distribution of beds between the different missions as well as the allocation and redeployment of outpatient visits. This immense work constitutes another step towards the implementation of the clinical plan adopted in 2007 by the MUHC, and endorsed by the *Agence et le Ministère de la santé et des services sociaux*. As you will recall, the clinical plan not only laid the foundation for the functional and technical program, which in turn allowed us to proceed with the Glen project, but will also establish our operating budget in accordance with our mission as an academic healthcare centre. The MUHC and the MSSS are presently discussing the necessary financial resources for the implementation of our planned clinical activities. In the meantime, we are continuing our discussions with network partners in order to establish new corridors of service required to achieve our clinical plan; namely an increase in the complexity of cases and a greater focus on specialized and ultra-specialized procedures.

As you can appreciate, the cascades of dominoes have started to fall. It is not surprising that HCR, the firm hired to plan the transfers, considers the mandate of the MUHC as the most complex hospital move to date. The synchronization of the different phases of our redevelopment requires rigor and discipline from everyone. It is therefore essential that all sectors continue to work diligently with the various teams assigned to transfer planning and activation.

Indeed, with the imminent end of the Glen construction, the days are numbered to transform the construction site into a fully functional hospital and ensure readiness to receive the first patient in April. We will need to execute each activation plan on-time and each team has a responsibility that goes beyond their department or unit which inevitably has implications for the entire organization. Your usual dedication, professionalism, and support are invaluable and instrumental for our transformation. I am confident that together we will pave the way to our MUHC 2015 success.

Invitation for MUHC employees – Upcoming courses

MINDFULNESS

To adopt healthy life habits, better manage stress,
improve personal abilities

October 23, 2014 (French, Lachine Hospital)
October 28, 2014 (English)
November 6, 2014 (French)

FINDING YOUR WAY THROUGH CHANGE

To create a healthier work environment during times of change

October 22, 2014 (French)
November 4, 2014 (French, Lachine Hospital)

Register now! Please contact your manager
with your preferred date for a full-day session.

For more information, please contact:
Jamil Bhatti 514 934-1934 ext. 3404

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HISTORY ON DISPLAY AT THE RVH CLINICAL HERITAGE EXHIBIT

The history and ingenuity of the McGill University Health Centre (MUHC) Royal Victoria Hospital (RVH) is going on display at the RVH Clinical Heritage Exhibit taking place on November 11, 2014 as part of the MUHC's Legacy Year.

What better way to mark Remembrance Day than by taking in the history of the RVH, particularly the contributions of its doctors and nurses as part of the war effort during World War I.

Few are more well known than Dr. John McCrae, a physician at the Royal Vic and Montreal General hospitals who was appointed as a field surgeon in the Canadian artillery and put in charge of a field hospital during the Second Battle of Ypres in 1915.



DR. MCCRAE

He famously wrote the poem *In Flanders Fields*, an original copy of which will be on display after it was discovered in a vault at the Allan Memorial Institute. The poem is in his writing and bears his signature, which is being authenticated. While the whereabouts of the original copy are unknown, he did hand write several additional copies for friends and family.

There will also be artifacts that tell the story of Dr. Francis Scrimger, a surgeon at the Vic, when he too was called to duty during World War I. He became the first Canadian officer awarded the Victoria Cross during the second battle of Ypres in 1915. After the war he was appointed assistant surgeon at the RVH and became surgeon-in-chief in 1936.

The exhibit will also tell the story of the hospital's evolution since its opening in 1894 with an original staff of 150 employees, including 14 doctors.

At least 18 departments will put their history and achievements on display:

- Cardiac Surgery
- Cardiology
- Central labs/Specialized labs
- Diagnostic Radiology
- Emergency Medicine
- MUHC Art and Heritage Centre
- Medicine
- Nephrology
- Nursing
- Obstetrics/Gynecology
- Otolaryngology-Head & Neck Surgery (ENT)
- Palliative Care
- Pharmacy
- Research Institute
- Royal Victoria School of Nursing
- The RVH's architecture, McGill University
- Therapeutic and Allied Health
- Transplantation

The exhibit will run from 8:30 a.m. to 5 p.m. on H4.

For more information about the MUHC's Legacy Year, great stories from the past and the full list of events, please visit muhclovesmtl.ca.

The Cedars Cancer Centre at the Glen: designed to optimize patient experience

On September 15, 2014, the McGill University Health Centre (MUHC) announced that the new Cancer Centre at the Glen would be known as the Cedars Cancer Centre.

"It's fitting that our new state-of-the-art cancer centre bear the Cedars name. This Foundation has been supporting MUHC cancer patients and their families for almost 50 years and has helped ensure we remain a world leader in cancer care, teaching and research," said Normand Rinfret, MUHC director general and CEO. "This honour is in appreciation of our longstanding partnership and in recognition of the important and expanded role we expect Cedars to play within the MUHC and the Rossy Cancer Network over the coming years."

"This modern centre," added Dr. Armen Aprikian, chief of the Cancer Care Mission of the MUHC, "will allow our medical professionals to continue to be pioneers in cancer diagnosis and treatment, while providing patients with the highest level of care and support. Patients and their families will benefit from having everything they require in one location, in a space that has been conceived and designed to optimize as much as possible the patient experience."

The patient has been at the forefront of the thinking throughout the design of the Cedars Cancer Centre. Very ill patients, for example, who arrive at the Emergency Department will be assessed immediately and directed to the appropriate service or department. They will also benefit from a dental care room, a patient and visitor resource centre and healing gardens, to name a few of the advantages of the new facility.

The Centre is set to open in June 2015.



THE HUMAN SIDE OF HEALTH CARE



Véronique Hurteau, nurse assistant, and Clifford Jordan, patient representative

For a full year, the team in the Medicine and Surgery unit at the Lachine Hospital of the McGill University Health Centre (MUHC) has been hard at work on the program, Transforming Care at the Bedside (TCAB). With the aim of approaching care from the perspective of patients and their families, the team is helping find solutions to improve the experience of each patient.

Four employees from the unit are taking part in the program: nurses Sylvie Cadieux and Marie-Claude Pelletier, orderly Nelia Victoria, LPN Véronique Hurteau and TCAB facilitator Marjolaine Frenette. In addition, Clifford Jordan, a patient representative and former patient on the unit, is helping the team better understand how patients perceive care.

“The goal is to help our personnel develop the leadership aspects needed to make changes in their unit,” explains Frenette. “We want the team members to improve their analytical skills, communication strategy and ability to find long-term solutions. Plus, we want to teach them how to develop simple approaches, so they can share them with the rest of the team.”

After taking a short summer break, the TCAB team is back at work preparing a wide range of projects and new initiatives for

the fall. “We’ve been making posters and signs, reorganizing the unit, and virtually rebuilding the fourth floor,” says Cadieux. “We’re trying to find the right methodology to move the changes forward. It requires a great deal of teamwork, but we want our department to be safer for everyone.”

Since 2013, the team has also been conducting hand-washing audits to encourage



Storage room, before its reorganization (left) and after (right).

good hygiene habits, and in each room they have installed a chart with the names of the doctors, nurses and other staff members involved in the treatment. The objective is to help the patients feel safer and know where to direct their questions or concerns. Patients actually use the board to ask their questions and communicate with the staff.

Another project the team is particularly proud of is the rearrangement of one of the rooms used to store patient supplies.

Victoria explains how the reorganization of this room has had an impact on her work. “As an orderly, I often have to fetch equipment such as wheelchairs. Unfortunately, the storage room where we kept these kinds of supplies was in very poor condition, and we always had trouble accessing it. Now, it’s well organized. This makes our work so much easier and enables us to spend more time with patients,” she says. “Above all, it’s gratifying to know that our employer is listening to our opinions and ideas for improvement.”

Jordan, the patient representative on the team, spent 69 days on the unit, of which 25 were spent in a coma. So grateful to the hospital staff for their care, he now volunteers his time once a week.

“It’s because of everyone at the hospital that I came out of my coma,” he states. “I feel that since my stay at the Lachine Hospital,



Nelia Victoria, PAB, and Marie-Claude Pelletier, nurse



Sylvie Cadieux, nurse, and Marjolaine Frenette, TCAB facilitator

many things have changed for the better. I’ve seen quite an evolution, and I know how much the personnel put into their work.”

Céline Dufour, manager of the unit, adds that the impact made by the TCAB team has inspired other units to make changes to their

work environment. “I receive all kinds of positive feedback from our colleagues,” she affirms. “We have a young, professional team with lots to offer; we’re a department that likes challenges, and we always make room for creativity.”



From left to right : Céline Dufour, nurse manager, medicine and surgery unit, Véronique Hurteau, nurse assistant, Sylvie Cadieux, nurse, Marie-Claude Pelletier, nurse, Nelia Victoria, PAB, Clifford Jordan, patient representative, and Marjolaine Frenette, TCAB facilitator

Tell us about your success stories! They deserve to be recognized.

The Public Affairs and Strategic Planning Department wants to highlight your accomplishments via its platforms, including web and printed publications (MUHC today, enBref, muhc.ca and social networks). If you, your team or your colleagues, across the MUHC, have provided exceptional care, completed a major project or simply demonstrated altruism, contact us! public.affairs@muhc.mcgill.ca

The Glen site was also designed to keep the flow of ambulatory patients and visitors separate from that of staff and inpatients. "Some elevators and hallways are reserved for the public, while others are dedicated for patient transportation or logistical services," explains Lalonde. To reduce contamination risks, clean and soiled items will also take different routes. Overall, 58 elevators will ensure everyone gets to where they are going.

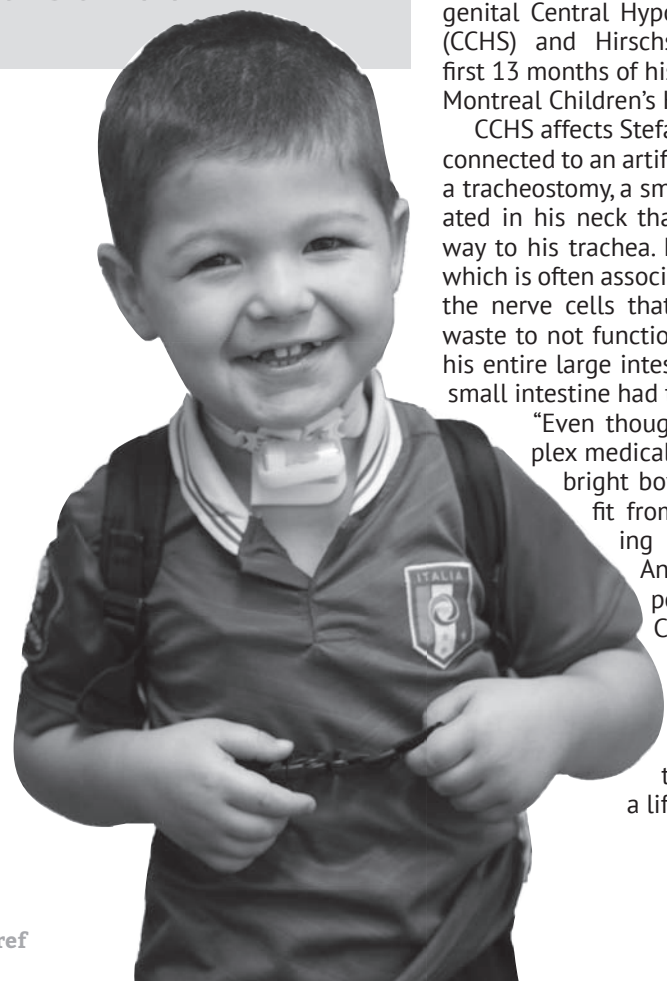
Finally, just as for the other MUHC sites, safety at the Glen will rest on knowledge and application of emergency measures. "The same emergency codes will apply at the Glen. However, instructions for certain codes, such as Code Reds for fire, will be adapted to the realities of the new environment," says Lalonde. Everyone working at the Glen will undergo emergency measures training before the first patients are transferred and admitted on April 26, 2015.



Can't wait to discover our new state-of-the-art hospital? Register for a tour during our open-house days on December 6 and 7, 2014! MUHC experts will be on site to answer your questions and provide information on how the new hospital will improve patient care, research and teaching.

Reserve your spot at www.tourGlen.ca.

Despite major physical health obstacles, young patient starts pre-school



FOR YEARS, MONTREAL CHILDREN'S HOSPITAL PREPARED FOR THE TRANSITION

Four-year-old Stefano Ruvo started pre-school on September 2. For any other child this may be just another milestone but for young Stefano it was an incredible feat. As a baby, he was diagnosed with Congenital Central Hypoventilation Syndrome (CCHS) and Hirschsprung's disease. The first 13 months of his life were spent in the Montreal Children's Hospital (MCH).

CCHS affects Stefano's breathing so he is connected to an artificial ventilator through a tracheostomy, a small hole surgically created in his neck that acts as a direct airway to his trachea. Hirschsprung's disease, which is often associated with CCHS, causes the nerve cells that help discharge body waste to not function properly. As a result, his entire large intestine and a third of his small intestine had to be removed.

"Even though Stefano has a complex medical condition, he is a very bright boy who will truly benefit from a stimulating learning environment," says Dr. Anne Marie Sbrocchi, his pediatrician in the MCH Complex Care Service (CCS). "Our department is devoted to getting patients home quickly and in school so that they can live as normal a life as possible."

In the lead up to Stefano's first full day of pre-school, the CCS spent years preparing, which included his father Vito, Dr. Sbrocchi and Sylvie Canizaris, a nurse clinician in Complex Care, speaking to the school staff and students to educate them about Stefano's condition.

"We told kids about all the different equipment that Stefano needs," explains Dr. Sbrocchi. "We also educated the staff about early warning signs that indicate he is in distress and helped them develop an action plan in case of an emergency."

Due to all of his daily medical needs, a registered nurse must remain by Stefano's side throughout the day. The school set aside a room for all of Stefano's clinical equipment and the space also allows the nurse to tend to him privately.

Stefano also took a big step forward last November when Dr. Sherif Emil surgically implanted a diaphragm pacemaker under his skin. The device stimulates Stefano's diaphragm to contract allowing him to breathe without the artificial ventilator for three hours, twice a day. "The external transmitter is hidden away in a knapsack that Stefano wears on his back," Canizaris explains, "which allows him to be more mobile and feel like the other kids." Eventually, Stefano will be able to use the pacemaker without the ventilator 12 hours a day.

"Despite his medical obstacles, Stefano will be able to do anything he wants one day," says Dr. Sbrocchi. "But for now, we'll focus on elementary school!"

Same look, but more bang for the buck: the new IP phones at the Glen

Integrated with the IT network, the Glen's 5,500 new IP phones will reduce operating costs and make the McGill University Health Centre's (MUHC) communications system more flexible.

When MUHC staff arrive at the Glen, they'll find brand new phones waiting on their desks. At first glance, these devices look exactly like conventional office phones, but IP (Internet Protocol) telephony has a lot more long-term benefits compared to traditional technology.

"From day one, there won't be a big difference for the people who move to the Glen. These phones have the same functionalities, and staff will dial and reach extensions as they did before. However, the new system will provide a technological platform for future development and reduce organizational costs," states André Demers, operations consultant and coordinator of telephony deployment at the Glen.

This new system will lead to definite savings. IP telephony will operate on the same network as the MUHC's data network currently in place. The two networks will be integrated and share much of the same infrastructure.

"One network costs a lot less than two," notes Angelo Bodo, IS program director for the Glen. "Before, we had two networks and two cabling systems. Now, everything will be centralized."



Brainstorming! Angelo Bodo and André Demers talk about the independent backup system in case of outages or maintenance on the main network.

AN INTEGRATED AND FLEXIBLE SYSTEM

IP phones have long-term benefits for employees as well. As Demers states, the integration of all information services, such as videoconferencing, faxing and smart phone services, will be evaluated so that we can provide even more solutions based on staff

needs in the future.

And nothing will go to waste: the old phones will be reused at our existing sites or sold to other healthcare institutions. Training on the new IP phones is available on-line from the intranet: [Quick links > Telecom > Telephone Training](#).

Leftovers: What will happen to the furniture and equipment not moving to the Glen?

At the Glen, all of our furniture and a large majority of our equipment will be brand new. The Legacy Site Move Preparation Committee at the McGill University Health Centre (MUHC) has developed a policy for managing objects from our legacy sites that will not be moving to the Glen.

HERE ARE A FEW IMPORTANT POINTS TO REMEMBER:

MUHC PROPERTY

Employees cannot take home objects from our legacy sites that are not moving to the Glen site. Everything inside the MUHC hospitals is property of the MUHC; taking something home, whether it is moving or not, is considered theft and is illegal.

PERSONAL ITEMS

To get permission to remove any piece of equipment or furniture from a legacy site, individuals

must provide proof of ownership (i.e. that no PO was issued and that it was paid for by private funds). Subsequently, an Equipment and Material Removal form must be obtained from Security, completed, signed by your manager and returned before the object is removed. This process should take place well before your Glen site transfer day. You will not be able to return to the hospital post-move to collect anything that was left behind.

Once items not moving to the Glen have been identified, an inventory of all the 'leftover' equipment and furniture will be created. The Montreal General Hospital, Montreal Neurological Institute and Hospital and Lachine Hospital have been asked to create a wish list of materials they need and they will get first dibs on whatever is left behind. Following that, we will send a list of the remaining objects to the Agence de la santé et des services sociaux de Montréal who will follow a detailed ministerial policy that outlines what should happen to them, which includes the distribution of objects across the network, or even to other organizations around the world.

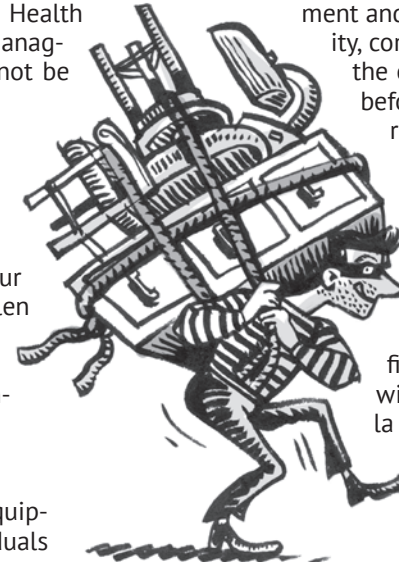


ILLUSTRATION: PIERRE DURAND - pdurand.com

Robots and medication at the Glen, a good mix

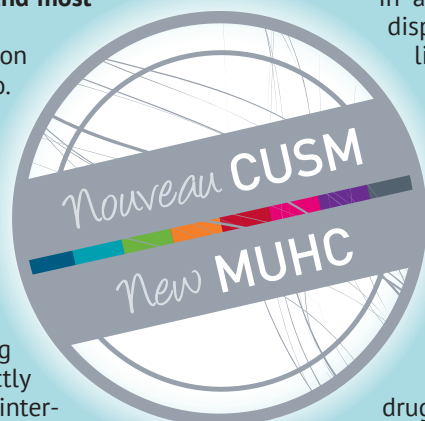
Cutting-edge robots will be used by the Glen's Pharmacy Department to ensure that patients receive the safest and most efficient medication care.

The biggest robot of the Pharmacy Department on the Glen will bring dispensing errors to virtually zero. Resembling the Space Shuttle's Canadarm, it will receive orders for patients, and then pick, label and double-check thousands of pills every day with an accuracy of almost 100 per cent.

"No human arm can be as efficient and precise for picking drugs as this robotic arm," says André Bonnici, chief of Pharmacy at the McGill University Health Centre (MUHC). "It will distribute and barcode each dose of medication individually before dropping it into the patient's bin, allowing us to track exactly which drug went to which patient. The only human intervention happens when entering medication orders into the computer system and replenishing the robot."

The Glen's robotic dispensing system stores pills and other solid medication and has a capacity of serving up to 650 beds. Besides being efficient and improving patient-safety, it will also be cost-effective.

"All pills are wrapped individually and bar coded. If not used, they are returned to the pharmacy, where the robot will double check the package and put it back into the inventory safely. There's no risk of someone misplacing medications or mixing them up," says Bonnici.



NO LINE-UPS FOR MEDICATION

In addition to the robotic arm, 84 automated dispensing cabinets (ADC), which function like advanced teller machines, are available throughout the campus. They will give nurses secure access to drugs that have to be administered immediately, such as narcotics for acute pain, pumps for asthma attacks or aspirin for suspected cardiac events. The ADC system is already successfully used in all MUHC Emergency departments and at the Montreal Neurological Institute and Hospital (MNI) - The Neuro.

"In order to avoid line-ups to pick up the drugs, there will be one machine for every 12 beds at the Glen. Access to all cabinets will require biometric finger recognition and personal identification numbers (PIN), so we will know which nurse picked which medication for a specific patient," says Bonnici.

All machines are in place at the Glen site. And while Bonnici is excited about the state-of-the-art equipment available, he is already dreaming of the next generation of machines that will help the department gain even more in efficiency and safety in the future: robots that will be able to mix and dispense intravenous medication.

Renovations underway at the MGH

The Medical Records and Admissions departments at the Montreal General Hospital of the McGill University Health Centre will both be moving from their current locations on B1 so that B1 can be completely demolished to make room for the new Psychiatric Emergency Department and Short Stay Unit.

Work began for Medical Records on September 2 and is expected to finish at the end of October. Medical Records will be moving to their new location on BS1.

Work on the Admissions department will begin on September 22 and is also expected to finish at the end of October. The Admissions department's new location will be at the intersection of D6 and L6, with Access to Information on L6.

The work on B1 will incur minor disruptions to surrounding departments and no disruptions are expected in relation to the work on L6.

Board of Directors highlights

In order to keep the community apprised of its decisions, McGill University Health Centre (MUHC) Board of Directors has decided to report regularly on resolutions that it has passed. The items below relate to decisions taken at the September 9th meeting.

The Board of Directors approved:

- The RI MUHC Clinical Research Standard Operating Procedure amendment to SOP-CR002-EN04;
- The appointment of Dr. Eugene Bereza as Director of the MUHC Centre for Applied Ethics;
- The appointment of Dr. Robert Barnes as Associate Director of Professional Services for the Montreal Children's Hospital;
- The appointment of Dr. Sylvie Douyon as Associate Director of Professional Services for the adult Sites of the MUHC;
- The appointment of Karen Henri as the Associate Director of Nursing (Surgery);
- The appointment of Lucie Tardif as the Associate Director of Nursing (Cancer).

Continued from page 1 — SHIBATA

THE ROYAL VICTORIA HOSPITAL: A PERFECT FIT

Henry Ryusuke Shibata was born to Japanese parents in Vancouver in 1930. He was 11 years old when war with Japan started. By 1946, his parents decided to return to their home city of Hiroshima. There, Dr. Shibata mastered Japanese, graduated from medical school and met his wife.

Although he went on to complete a surgical residency at the Beverly Hospital, in Beverly, Massachusetts, Dr. Shibata wanted more. "I wanted to treat patients and work as a scientist, researcher and teacher. So I came to the Royal Victoria Hospital."

At the RVH, Dr. Shibata embodied the MUHC's vision, assuring exceptional patient care, engaging in cutting-edge research and technological development and embracing teaching.

FROM SURGEON TO SURGICAL ONCOLOGIST

In the 70's, it started to become very clear to Dr. Shibata that cancer patients should be looked after by a team of specialists in oncology. "But there was no such thing as surgical oncology in Canada," he says, "so I started the first Fellowship Training Program at McGill in 1978. About the same time, medical oncology and radiation oncology became subspecialties. Ten years later, I

founded the Canadian Society of Surgical Oncology."

Then in 1972, concerned about the high incidence of melanoma in Canada, Dr. Shibata co-founded the RVH Melanoma Clinic. He was also part of a US-led study that realized an operation alone could not cure breast and bowel cancer.

A NEW TECHNIQUE TO TREAT CANCER The results of the study showed a big improvement in the survival rate of breast cancer patients treated with chemotherapy after surgery. "This cooperative group initiated by surgeons changed the way we treat breast and colorectal cancer," he says.

Dr. Shibata and colleagues also spearheaded the use of partial mastectomy combined with radiation therapy in the '70s.

"Too many women were having their breasts removed unnecessarily," he reveals. "So we decided to do a study comparing total mastectomy, partial mastectomy and partial mastectomy plus radiation to the breast. That last technique is the standard still used today."

AS THE CURTAINS CLOSE

"I was very happy at the RVH because I was able to take care of patients, teach and do research," he says. "I am very thankful to the MUHC and to McGill University for having

given me the opportunity to wear these three hats."

Like the end of a grand performance, Dr. Shibata graciously removes these hats now and bows as the curtains close.

"It's now time," he says, "to enioy life a different way."

GREAT HONOURS

2006:
Cedars Cancer Institute creates the Henry R. Shibata Fellowship award, which supports basic and clinical research in oncology at the MUHC. In the same year, McGill University conferred him the title of Professor Emeritus.

2002:
Awarded one of Japan's medals, the Order of the Sacred Treasure, Gold Rays with Rosette, for long and meritorious service to the Japanese community of Montreal.

1995:
Canadian Society of Surgical Oncology initiates the Annual Henry R. Shibata Lecture Series, given at the Canadian Surgical Forum.

TOUR YOUR NEW HOSPITAL!

GLEN SITE OPEN HOUSE
DECEMBER 6
EXCLUSIVE TO MUHC
DECEMBER 7
OPEN TO PUBLIC
10 AM - 4 PM

RESERVE YOUR SPOT
TOURGLEN.CA

MUHCLOVESMTL.CA
CUSM MTL MUHC

straight talk

WE HAVE ALL BEEN NOTIFIED THAT THERE WILL BE NEW ID CARDS FOR ALL EMPLOYEES GOING TO THE GLEN. THIS WILL BE A HUGE NUMBER OF EMPLOYEES. IN ALL OF THE COMMUNICATIONS THERE IS NO MENTION AS TO WHEN THE STAFF WILL BE EXPECTED TO GET THE CARDS AND IF NEW PHOTOS ARE REQUIRED ETC. WOULD MORE INFORMATION BE AVAILABLE?

It is true that some ID cards will be changing at the MUHC, but only for certain types of personnel like physicians and researchers. The change process with those groups will take place over time as we get closer to the move in 2015.

All personnel who will be working at the Glen site will be issued "electronic access cards" at their orientation session planned for early 2015.

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

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



Dr. Reza Farivar

Study of visual function may hold key to full recovery after brain injury

Like human society, the brain is heavily interconnected and highly competitive. In some cases of Traumatic Brain Injury (TBI), the competitive nature of healthy tissue may prevent patients from fully recovering. Scientists at the Research Institute of the Montreal University Health Centre (RI-MUHC) intend to study visual problems caused by TBI to find out if that is true, and what can be done about it.

Traumatic brain injuries affect tens of thousands of Canadians every year: victims of car, bicycle or work accidents, sports enthusiasts or soldiers exposed to blasts. TBIs can be mild, moderate or severe and are difficult to diagnose.

"People have symptoms, but we can't see affected areas in MRI scanners, so there's

no effective way to treat injuries," says Dr. Robert Hess, McGill University's professor of Ophthalmology and director of the McGill Vision Research Unit at the RI-MUHC.

Although many patients with mild TBI recover fully after a few days or weeks of rest, others will have lingering problems, such as recurring headaches, blurred vision and memory deficits.

"Sometimes this happens because not enough healthy tissue has survived, but in other cases, even remaining normal tissue may not be functional," explains Dr. Reza Farivar, assistant professor of Ophthalmology at the McGill Vision Research Unit and Scientific Director of the Montreal General Hospital Traumatic Brain Injury (TBI) Program.

Drs. Farivar and Hess suspect that full recovery after TBI may be undermined by other healthy areas right next to the injured part or even distant from it.

"Like human society, multiple areas of the brain are in constant competitive interaction. So when one area is impaired, other areas may be able to suppress it or block its action even more," explains Dr. Farivar.

Previous studies in patients with amblyopia - also known as lazy eye - have already proven that removing suppressive action of normal brain tissue leads to tremendous gains in functional recovery. Drs. Farivar, Hess and Christopher Pack, faculty member of the Montreal Neurological Institute and Hospital (MNI) - The Neuro, have received a \$ 1.1 million grant from the U.S. Government to find out if the same method can be applied to TBI.

"We'll use non-invasive methods to reduce activity in some areas of the brain, in order to give the injured part a chance to fully recover. It's like in a classroom. In order to give a shy kid a chance to talk, the teacher might have to get the chatty students to be quiet for a while," says Dr. Farivar.

The study will focus on visual deficits after injury, such as blurred vision, loss of depth perception or difficulty looking at computer screens.

"Vision is the perfect area to study, because we know so much about it," says Dr. Hess. "Also, visual symptoms are common after head trauma, because so much of the brain is devoted to vision or vision-related tasks."

If the results of the research are conclusive, new rehabilitation therapies to ease patients' visual deficits after TBI could be immediately implemented in hospitals, outpatient clinics, or even the optometrist's office.

"The sky is the limit in some ways," says Dr. Farivar. "We wouldn't be able to ignore what the rest of the brain does in case of TBI or stroke injuries anymore."



#MUHC2015 vlogs

MUHC video-blogs (vlogs) are short, conversational videos that focus on current MUHC topics and shed light on our transformation process through interviews with MUHC employees, experts and partners.

In the latest vlog, *The teddy has landed*, Quebec artist Michel Saulnier describes *Je suis là*, a multidimensional work of public art at the Glen site designed to inspire calm, confidence and courage. Check it out at muhc.ca/2015.

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