



OPHTHALMOLOGY AT THE MUHC: a vision of excellence in care, teaching and research

Not all eye disorders are fixed with a pair of glasses or eye drops. Patients who suffer from a detached retina, macular degeneration or visual loss from traumatic brain injury, for example, need ophthalmologists with special training. The McGill University Health Centre (MUHC) Department of Ophthalmology offers patients with complex needs high-quality clinical care, while providing outstanding teaching and conducting cutting-edge research.



Dr. Leonard Levin's vision for the new Ophthalmology Department encompasses specialized eye care, top-level teaching and cutting-edge research.

In 2015, the McGill Academic Eye Centre will open at 5252 de

Maisonneuve Blvd West, near the Glen site. As chief of Ophthalmology at the MUHC and professor of Ophthalmology at McGill University, Dr. Leonard A. Levin will lead a team of more than 20 physicians. His goal? To transform his department into the leading academic centre for vision in Canada.

"When I arrived here, my goal was for us to do everything at the highest level," says Dr. Levin, who began his mandate two years ago. "We can't settle for second best."

A GREAT MATCH

Dr. Levin is thrilled to share the new location with the epidemiologists and biostatisticians from the MUHC Research Institute's Centre for Outcomes and Research Evaluation (CORE) and to work near the investigators from the Centre for Innovative Medicine (CIM), located at the Glen site.

"The opportunities for synergy in our goal of advancing clinical ophthalmology and finding new diagnostic and therapeutic

procedures are vast," he notes. "We will be at the cutting edge of knowledge; not just using it, but advancing and creating it as well."

"The department's list of achievements in clinical research is already impressive," he says, citing a few examples. "Dr. Robert Hess and his research team found an innovative approach to treat adult amblyopia, commonly known as 'lazy eye', by using a device similar to a video game. And Dr. Robert Koenekoop was the lead investigator on a study that reported a potential treatment for a form of childhood blindness, Leber congenital amaurosis (LCA)."

Besides being applied in complex clinical care, this new knowledge is integrated in the department's teaching practices.

"Our faculty and eye care centre attract residents and fellows who come from all over the world to be trained in a wide variety of hospital and clinical settings," he says.

A PLEASANT ENVIRONMENT FOR ALL
The unit's new and advanced clinics will be used for examining patients, performing state-of-the-art diagnostic and minor surgical procedures, and conducting research. Beyond the physical setting, Dr. Levin highlights the importance of creating and maintaining a pleasant atmosphere for all.

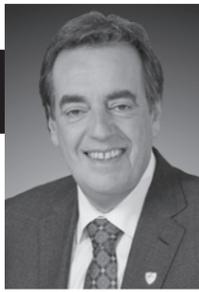
"Whether you visit us as a patient or come here to learn or work, you can expect that the environment in the McGill Academic Eye Centre will be as friendly and positive as possible," says Dr. Levin.

Ophthalmic subspecialties at the MUHC's Adult Ophthalmology Department

- Trauma and emergency
- Surgical and medical retina – for conditions at the back of the eye
- Neuro-ophthalmology
- Ocular oncology
- Ocular Immunology and uveitis
- Glaucoma
- Anterior segment – for conditions relating to the cornea, iris and lens
- Conditions relating to the eyelids, extra ocular muscles, orbit and lacrimal glands

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Message from **NORMAND RINFRET**

Planning clinical activities for the transfers

For the past month, teams have been working with our Research Institute (RI) to ensure that all equipment, systems and other components are not only in place at the Glen site, but will also be tested and functional by the RI's February moving period from the 10th to 26th.

At the same time, transfer plans for our hospitals, which have departments and units moving to the Glen, were finalized and presented internally (they are available on the MUHC 2015 section of the intranet, under Activation and Transfers > Usefull tools). Our partner, Health Care Relocations (HCR), which has over 300 successful hospital moves to its credit, recommended the evidence-based approach we are using.

This approach calls for each hospital being given a three-week period to move, starting with support services, followed by ambulatory services and then critical sectors a few days prior to the Sunday transfers of patients (Royal Victoria Hospital - April 26; Montreal Children's Hospital - May 24; Montreal General Hospital and Montreal Chest Institute - June 14).

Naturally, the health and safety of our patient population is of paramount importance to us. Therefore, for a number of weeks before and after the scheduled patient transfers, we will reduce our volume of our clinical activities (ambulatory care and all scheduled surgeries). This will allow us to be appropriately prepared to receive those patients being transferred and new patients too. Authorized volumes presented in the table below must not be exceeded unless approved by Dr. Ewa Sidorowicz, associate director general of Medical Affairs, and either Ann Lynch, associate director general of Clinical Operations - Adult sites, or Martine Alfonso, associate director general - Montreal Children's Hospital.

PERIOD PRECEDING PATIENT TRANSFER DAY	PERCENTAGE OF ACTIVE CLINICAL ACTIVITIES
7 to 0 days prior	25% capacity
PERIOD FOLLOWING PATIENT TRANSFER DAY	PERCENTAGE OF ACTIVE CLINICAL ACTIVITIES
0 to 7 days after	25% capacity
8 to 14 days after	50% capacity
15 to 21 days after	75% to 100% capacity

Rest assured that provisions will be in place internally and externally with our network partners to manage the overflow of patients in need of urgent and/or time-sensitive care during this time frame.

We thank you for your collaboration in ensuring our patients' health and safety leading up to and after each transfer to the Glen.

To the Glen, we go!

EVERYTHING YOU NEED TO KNOW ABOUT TAKING PUBLIC TRANSIT TO THE GLEN SITE

The MUHC has been working since 2008 with its public transit partners as well as with local and community groups to make the Glen site as accessible as possible. In response, the government of Quebec has committed to improving accessibility at the Vendôme station, which will be completed in two phases.

PHASE ONE: Measures are being taken to improve traffic flow, including adding stairs, reorganizing booths, widening the existing tunnel, and creating an outdoor pedestrian link between De Maisonneuve and the tunnel to the Glen site.

PHASE TWO: Plans to build a second entrance have now been adopted as part of the 2014-2024 Quebec Infrastructure Program

plan, with construction to begin over the coming years. This second entrance will provide a universally accessible link complete with elevators for metro and commuter train users as well as for Glen site employees, patients and visitors.

In total, the City of Montreal, the Ministère des transports du Québec (MTQ), and the MUHC have invested \$90M to improve local infrastructure and the surrounding network of highway systems in order to provide appropriate access to the Glen site.



Better care at Lachine Hospital thanks to the new Short Stay Unit

The newly-created Short Stay Unit at the Lachine Hospital of the McGill University Health Centre (MUHC) means that many patients at the Emergency Department have a shorter, more efficient and more comfortable experience.

Since its inauguration in May, the Short Stay Unit (SSU) at the Lachine Hospital has significantly helped improve health care for patients. The SSU falls under the hospital's "Grand projet d'optimisation" (GPO), a project aimed at improving efficiency in the Emergency Department (ED), the Medical/Surgical Unit and with Ambulatory Care.

"There have been many positive changes at the hospital that have led to better patient flow. I believe the SSU in particular has had a big impact," says Dr. Sebastian Negrete, site director for General Medicine and for the Department of Family Medicine and a physician at the Lachine Hospital.

Located on the sixth floor, the SSU has 12 beds and takes patients with acute conditions, such as heart or lung failure, serious skin infections or pneumonia. The length of stay is less than 72 hours.

"Before, many patients might stay for days in the ED waiting for treatment or a bed. Now, these patients are identified as soon as they arrive and they are admitted very quickly," notes Dr. Negrete. "A long hospital stay increases the risks of infection and can lead to a loss of independence." For Dr. Negrete, the idea isn't to get patients out more quickly, but rather to ensure they don't stay any longer than necessary.



Dr. Sebastian Negrete was pleased with the positive impact of the new Short Stay Unit at the Lachine Hospital.

the ED for patients who were then admitted to the hospital was reduced by 16.5 hours

LACHINE HOSPITAL STAFF APPRECIATES THE CHANGES

"Nurses who used to work on the floors now get to see a more diverse population. For me as a doctor, it's stimulating to treat a wider range of pathologies. It's also refreshing to see a patient improve quickly and go home," explains Dr. Negrete.

On average, 10 of the SSU's 12 beds are occupied every day. In the future, Dr. Negrete would like to optimize bed use and reinforce coordination with the Emergency Department.

STATS THAT SAY IT ALL

In June 2014, the occupancy rate of Emergency Department stretchers at the Lachine Hospital decreased from 91 per cent to 80 per cent compared to 2013. Below are some more telling statistics:

LESS TIME IN THE HOSPITAL

This new procedure has greatly improved patient flow from the ED to the floors. In fact, the average occupancy rate of ED stretchers dropped from 91 per cent in June 2013 to 80 per cent in June 2014. For the same period, the average stay on an ED stretcher decreased by 7 hours and the average stay in

STATS THAT SAY IT ALL

	JUNE 2013	JUNE 2014	DECREASE
Average stay between admission request and discharge from emergency	19.5 hrs	12 hrs	38.5%
Average stay in emergency for patients on a stretcher	25.5 hrs	18.5 hrs	27.4%
Average stay in emergency for admitted patients	45.5 hrs	29 hrs	36.3%

THE GLEN TRANSFERS LINGO GUIDE

In this time of preparation for transfers, we thought of clarifying some terms commonly used in our internal communications.

TRANSFER LEADER:

a person from the redevelopment office who works with a Legacy site (current hospital) to make sure it is ready for the move.

EARLY ACTIVATOR:

a staff member who will carry out a specific role during the facility activation period.

SUPER-USER:

a person who undergoes training on a new piece of equipment and is then responsible for teaching others about it.

SUBSTANTIAL COMPLETION:

the end of the construction period.

FACILITY ACTIVATION:

activities carried out by MUHC staff after October 1 in order to prepare the Glen site for operations on Day 1 (starting with the RI-MUHC transfer on February 10, 2015).

PURPOSEFUL VISITS:

visits to the Glen site organized for early activators to help them better understand their new environment and to prepare for their role.

ACTIVATION CHECKLISTS:

list of tasks that an early activator has to perform in order to prepare its department/unit/sector for its first patient.

The MUHC's Spiritual Care team adapts to the needs of patients



Franck Fambo and Erin LeBrun, Spiritual Care professionals at the Royal Victoria Hospital

It is during the most difficult times of illness and disability that people draw on their spiritual resources for strength and comfort. Here at the McGill University Health Centre (MUHC), we have a diverse team of spiritual care professionals offering support throughout our different sites.

The history of our Spiritual Care team goes as far as 50- years ago, when our hospitals provided a Catholic Priest or a Protestant Minister to patients and families seeking religious counselling. Today, our team focuses on providing services that respect the different views that our patients have on spiritual health.

"As a team, we have the vision that the human being is a whole: body, spirit and mind. Therefore, we concentrate on the wellbeing of our patients regardless of their religion or faith," says Franck Fambo, Spiritual care professional at the Royal Victoria

Hospital. "Most of the time, patients rely on us to share their feelings and struggles. They want to know they can count on someone who will listen to them without fearing to be judged."

In fact, the MUHC Spiritual Care team is not only available 24/7 but it is also trained to provide different services in emergency situations. In a crisis there is not always someone available from the patient's own religious background but the Spiritual Care team can adapt by sharing in prayers or rituals from the patient's own tradition.

Besides offering support during difficult times, the Spiritual Care team also reaches out to psychiatric patients who are treated at the Allan Memorial Institute. Every Thursday, patients are invited to participate in a group called "the emotional journey" where they have a chance to openly talk about the emotions they are going through. "We deal with topics such as forgiveness, anger, sadness, guilt, and many other spiritual concerns. It's an opportunity for them to express their feelings," says Max Climan, spiritual care professional at the Montreal General Hospital.



Max Climan, Spiritual Care professional at the Montreal General Hospital



Chapel at the Montreal General Hospital

Erin LeBrun, Spiritual care professional at the Royal Victoria Hospital, believes that the main focus of the Spiritual Care team is to make sure they are working in collaboration with nurses, doctors and social workers, in order to fully support patients and their families.

"It is both an honour and a privilege when people let you be part of their story," says LeBrun. "Sometimes when we get a crisis call or when there is a particular need, it's amazing that people are willing to welcome us into their lives and trust us. There is something really beautiful about that and it just makes all the difference about our job."

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

MGH Admitting and Registration Services and Medical Records move mid-November to make way for Psych ED

November is a busy month at the Montreal General Hospital (MGH) of the McGill University Health Center (MUHC), with the Admissions desk and Medical Records departments relocating offices mid-month. These location changes are necessary so we can begin construction on our Psychiatric Emergency Department (ED) and Short Stay Unit – a new department being integrated into the MGH clinical plan as part of our MUHC2015 transformation project.

AS SUCH, PLEASE NOTE THE FOLLOWING CHANGE IN LOCATIONS TAKING PLACE MID-NOVEMBER:

Admitting and Registration Services are moving to the Cedar Ave. entrance on L6
Please contact x42190 or x42191 for more information.

Medical Records is moving to BS1.113.3
Please contact: x42162.
For the Chief Archivist, please contact: x42164.

Release of Information Office is moving to Cedar Ave. Entrance L6.120.
Please contact x42238 or x42239.



NEW PSYCHIATRIC ED AND SHORT STAY UNIT

With the opening of the Glen site in April 2015, psychiatric patients will be directed from the MUHC Royal Victoria Hospital (RVH) to the MGH to consolidate mental health resources and to increase efficiency of care. The new Psychiatric ED and Short Stay Unit at the MGH will become the only psychiatric emergency department for

adults at the MUHC, with some 3,000 visits per year expected. It will be made up of a six-stretcher psychiatric emergency service, an eight-bed brief intervention unit, and two seclusion rooms. The new space, adapted for the hospital's psychiatric clientele, will significantly shorten the length of stay, provide more patients with access to therapeutic services, and decrease congestion in the Emergency Department.

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 October 7th meeting.

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

- Appointment of Dr. Richard Massé as MUHC Chief, Department of Public Health;
- Interim appointment of Dr. Hilal Sirhan as the MUHC Chief Department of Dentistry and Oral and Maxillofacial Surgery;
- Interim appointment of Dr. Steven Backman as the MUHC Chief Department of Anaesthesia;
- Terms of Reference for the MUHC Pediatric Clinical Ethics Sub-Committee;
- Appointment of the new members of Research Ethics Boards of the MUHC

NEW MEMBERS	AREA EXPERTISE	QUALIFICATIONS	LINK TO MUHC	MEMBER TYPE
Me Brigitte Pâquet	LL.B	Health law	Affiliated to McGill University	Neurosciences / Alternate Legal
Me Marie Gabrielle Bélanger	LL.B	Master of law and biotechnology	Labor law, Pharmaceutical law	Unaffiliated Pediatrics / Alternate Legal

The Board of Directors also approved:

- A number of resolutions pertaining to loan authorizations in support of the establishments' regular operations.

MUHC Family Day & Hockey Match at the Bell Centre

PLUS A RARE OPPORTUNITY TO SKATE ON THE HABS' HOME ICE!

What better way to get into the hockey spirit than by cheering on McGill University Health Centre (MUHC) doctors and staff as they go head-to-head in a "friendly rivalry" hockey match at the MUHC Family Day and Hockey Match on Sunday, November 30, 2014 at the Bell Centre.

The MUHC Family Day and Hockey Match also includes four 30-minute free-skate sessions and plenty of off-ice activities, such as face-painting and family-friendly kiosks. The event is being organized by the MGH Legacy Committee and is open to all MUHC employees and their families.

IMPORTANT!

Anyone under the age of 18 who wishes to skate must bring a hockey or bike helmet and those under 12 years must wear gloves or mittens. No exceptions will be granted – safety first!
BYOS – Bring Your Own Skates!

Leading the physicians in the hockey match will be Dr. Ed Harvey, the team captain, and their coach Dr. David Mulder – the long-time chief physician for the Montreal Canadiens. The staff team will be led by Technical Services Manager Joseph Ferrera and coached by MUHC director general and CEO Normand Rinfret.

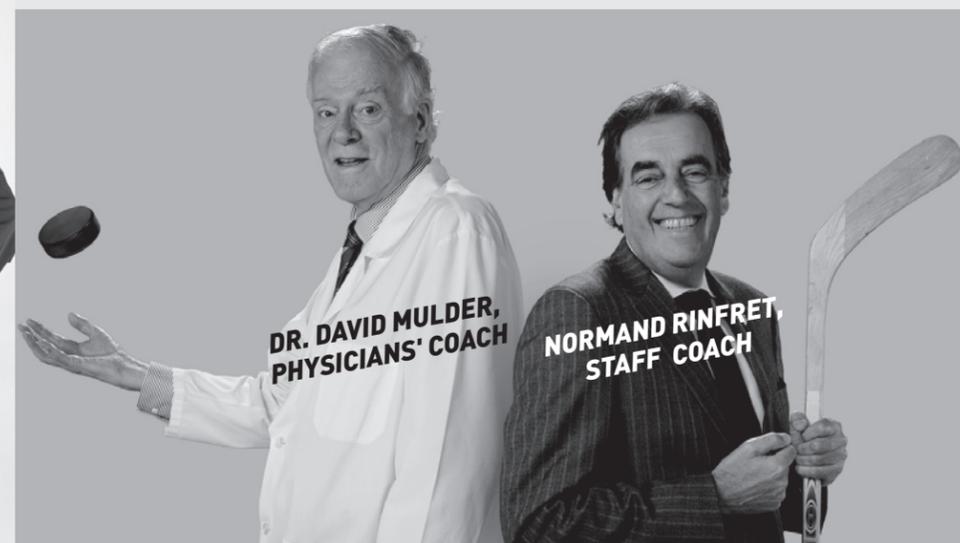
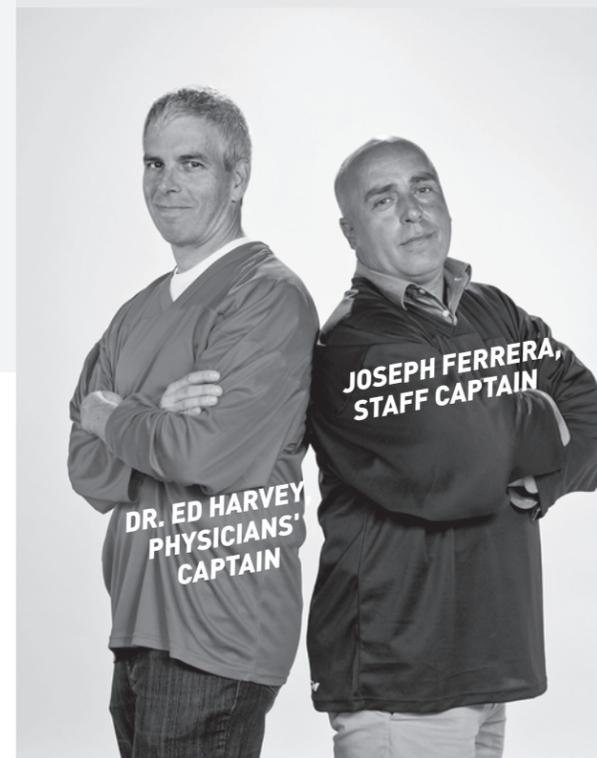
Tickets for the event are \$5 per person for all ages. Raffle tickets will also be available for purchase and include great prizes including four chances for a once-in-a-lifetime Zamboni ride for those aged 5-12, as well as a one-night stay at the Ritz Carlton Hotel with full breakfast.

To give the match a professional flavour, a live play-by-play will be provided during the game by CTV's Brian Wilde and TSN 690's Elliott Price.

**Doors open at 12:30 p.m.,
the free-skate sessions begin at 1 p.m.
and the hockey match takes place at 4 p.m.**

Buy your tickets at the following locations:

Montreal General Hospital – Volunteer Services, E6.227
Royal Victoria Hospital – Volunteer Department, E3.10
Montreal Neurological Hospital – Rosie Senerchia, room 174
Montreal Children's Hospital – Tina LeBlanc, Tiny Tim Boutique 2B
Montreal Chest Institute – Mélanie Lemay, K108
Lachine Hospital – Foundation office, 2D5
2155 Guy – Manon Desgent, 1446



FLU SEASON IS BACK AT THE MUHC

– BUT THIS YEAR IT PACKS A PUNCH...OR MAYBE WE SHOULD SAY, A TOUCH DOWN!

The MUHC departmental team to have the highest rate of vaccinations by December 12, 2014 will get to enjoy a delicious breakfast with the Alouettes at the end of January 2015!

So grab the flu vaccination schedule and pull your team together for a huddle and be the leaders in flu vaccination for 2014.

You can find the schedule on the intranet (Quick Links > Human Resources > Occupational Health and Safety > Flu) or call 44-FLU.

Don't wait! The Alouettes look forward to meeting you...

Glen 101... or how to discover the Glen before working there

As we approach the transfer to the Glen site, the information needs of McGill University Health Centre (MUHC) staff and physicians grow. In response, the Training and Organization Development sector of the Human Resources Directorate has prepared a complete training program. In Phase 1, activities are primarily intended to inform employees and physicians moving to the Glen site so that they may become familiar with their future

work environment. MUHC transfers and reorganization concerning all staff and additional training activities are being explored as a Phase 2 with the goal of orienting staff of all sites to the Glen site. A learning platform, accessible internally and externally, has also been created to support training efforts.

This table shows the different training activities in Phase 1.

Activities	What is it?	When and Where?
Exhibition Hall at the Legacy Sites (No registration required)	An exhibition hall that includes over a dozen common clinical subjects such as infection control, patient rooms, pneumatic tube system, nursing call system, code blue, supply carts, media entertainment centre specimen transport, etc. Through posters, equipment and pictures , participants will discover several new and specific elements of the Glen.	RVH: December 8-13 and 15-20 (including one Saturday), 7 a.m. to 7:30 p.m., in the cafeteria MCH: Jan 12-21 MCI: Jan 26 & 27 MGH: Jan 28, 29, 30 <i>Simply show-up whenever you want!</i>
General Orientation and Training Day at the Glen Site (Mandatory and registration is required)	A full day of general practical and clinical information on the Glen, including: <ul style="list-style-type: none"> A half-day during which participants will attend an information meeting (Town hall), visit the Glen and get their access card. Staff and doctors will learn how to access the Glen, to navigate the building, to manage to take better care of themselves and will be given tips for patient care (CARE model – Connect Act Respect Experience). A quick reference guide will also be provided. A half-day during which participants will go on a care unit and visit the four common clinical stations to better familiarize themselves with clinical topics of general interest, mainly: <ul style="list-style-type: none"> ~ Infection control ~ Patient rooms ~ Nurse call system – code blue ~ Pneumatic tube system 	At the Glen Site <ul style="list-style-type: none"> January: sessions for the staff of the RI-MUHC and early activators February-March: sessions for the RVH March-April: sessions for the MCH April-May: sessions for MGH and MCI <p><i>Managers will register their employees and every effort is made so that a majority of people can be replaced on the day of their General Orientation session.</i></p> <ul style="list-style-type: none"> Weekdays from 8 a.m. to 4 p.m., occasionally, from 3 p.m. to 11 p.m. Certain Saturdays from 8 a.m. to 4 p.m.
Department Specific Training (Mandatory)	Activities are organized by each department. Relevant information will be communicated by managers in a timely manner.	Will vary among departments.



Please meet your Glen Town Hall Animators, from left to right: Niki Soilis (Advisor), Wendy Bernadette Wannier (Advisor), Alison Laurin (Admin Tech), Jessica Tana (Advisor), Ricardo Telamon (Trainer), Elizabeth Leiriao (Manager), Jamil Bhatti (Admin Tech), Saskia Weber (PPR Agent)

Expansion of the MGH Chronic Kidney Disease clinic



The Chronic Kidney Disease (CKD) or predialysis clinic and the peritoneal dialysis program at the Montreal General Hospital (MGH) are expanding to twice their current size to house the entire predialysis and peritoneal dialysis programs from the MGH and Royal Victoria Hospital (RVH).

Minor renovations and a shifting of some current activities away from floor 2 of Livingston Hall will offer a more functional space for outpatient hemodialysis and for telenephrology, which is where Dr. Murray Vasilevsky, director of Nephrology at the MGH, oversees the monitoring of three northern satellite dialysis clinics and predialysis care in several Cree communities.

Floor 4 of Livingston Hall will house offices for doctors and administrative staff in one wing.

On floor 5 of Livingston Hall, the main section will be reconfigured to house the enlarged peritoneal dialysis program, pre-dialysis clinics, and the home hemodialysis program.

Plans are also underway to expand home hemodialysis.

Renovations will begin in phases, starting in December, in order to be ready to receive the RVH teams in March 2015. The last stage of renovations will be completed by fall 2015.

straight talk

WHEN WILL THE EMPLOYEES BE TOLD WHETHER THEY GET TO MOVE TO THE GLEN OR NOT SO WE CAN ALL PLAN OUR LIVES LIKE THE MUHC IS PLANNING THE GLEN MOVE!

The workforce planning exercise is moving forward and each departmental manager is responsible for finalizing their staffing structures based on future needs. As this work is being finalized, support is being provided by various departments such as Human Resources and Finance, in collaboration with unions (when necessary), to ensure that contract provisions are being respected. As a department finalizes its workforce plan, employees will be informed as to their work location and working conditions (should these conditions be different). This exercise has already been completed in many departments and these employees have already been notified of their future work location. All departments have been asked to submit this information to the Department of Human Resources by the end of October 2014. Information to this effect is posted on the MUHC intranet site. To verify the departments which have confirmed future work location to their staff, please look at Transition and Labor under the MUHC 2015 intranet section. This information is updated on a regular basis. Employees of the Montreal Children's Hospital are moving to the Glen as is.

For more Q&As, consult our **Staight Talk and Transfer intranet pages**. Got a question, send it to: dialogue@muhc.mcgill.ca

RVH Bariatric Department has moved to the MGH

The McGill University Health Centre (MUHC) Bariatric Department at the Royal Victoria Hospital (RVH) has picked up and moved to the Montreal General Hospital (MGH). The decision to move now and not wait until March when some RVH clinics and Psychiatry Emergency are moving to the MGH was a strategic one: get out before the rush.

"After looking at where every service should be located in relation to the transfers to the Glen, it was appropriately decided that Bariatric Surgery would be a better fit with all of the other upper GI surgery services, which are located at the MGH," says Dr. Olivier Court, director of MUHC Bariatric Surgery.

The new location will include all the activities of Bariatric Surgery: an outpatient clinic on the 16th floor, where all patients will be seen before and after surgery; all surgeries will be performed in the operating rooms; and there will be inpatient services, which means the MGH will also see bariatric patients who come back with complications or problems through the MUHC Emergency Departments. Offices for the surgeons, nurses, dieticians and administrative assistants will also be located on the 16th floor.

The portion of Bariatric Surgery that is being performed at Lachine Hospital will remain there. This includes about 50 to 60 per

cent of the cases, which tend to be patients with fewer medical problems and whose body mass index is less than 60.

"So all of the other patients, which include those who have many medical problems, who have a body mass index over 60 or who are getting Revisional bariatric surgery (a more complex surgery) would be done at the MGH," says Dr. Court.

Currently there are approximately 150 surgeries performed at each hospital per year but the goal is to bring the Lachine number of surgeries up to about 400 cases a year.

"I am excited about the move," says Dr. Court. "I think it will be good for us to join all the other upper GI surgeries. Now we are hoping to grow our team."

Here are the new coordinates of the Bariatrics team:

- Dr. Olivier Court: room E16.165B
- Dr. Rajesh Aggarwal: room E16.157A
- Dr. Sebastien Demyttenaere: room E16.165A
- Marilyn Joyce (medical secretary): room E16.152 ext: 31531 and 35179
- Lindsay Florestal (administrative agent): room E16.152 ext: 35280
- Hélène Parent (nurse): room E16.168 ext: 36887
- Lyne Bélanger (nurse): room E16.157B ext: 36554
- Lisa Kaouk (nutritionist): room E16.158 ext: 35272

Helping kids recover from concussions

MUHC scientist conducts pioneering research to improve physical and mental well being

Concussions, also known as mild traumatic brain injuries (mTBIs), are a popular subject in the media these days, yet, few people know children and adolescents take longer to recover than adults. At the Montreal Children's Hospital (MCH) Concussion Clinic, physiotherapist and Research Institute of the McGill University Health Centre (RI-MUHC) clinician researcher Dr. Isabelle Gagnon conducts pioneering research that has a direct impact on the physical and mental well-being of her young patients.

Dr. Gagnon started investigating the effects of concussions on kids 20 years ago. "Concussions were not considered a problem then, even though they represent 70 to 80 per cent of traumatic brain injuries. Kids who felt dazed after a blow to the head were told they were fine," says the researcher, who is a member of the Centre for Outcomes and Research Evaluation (CORE) and assistant professor in the School of Physical and Occupational Therapy at McGill University.

"We were not picking up the more subtle signs that showed their brain wasn't functioning properly, so I decided to collect clinical evidence on the motor aspects of mTBIs in children, such as balance, effort and readiness to return to sports and general activities," she says.

A STATE-OF-THE-ART CLINIC

In 2007, she helped found the MCH Concussion Clinic with Debbie Friedman, MCH Trauma director and a pioneer in pediatric trauma care in Quebec. The state-of-the-art clinic, the first of its kind in Canada, is an excellent example of research findings being used in clinical care.

"Not only do we treat kids with concussions, but we also recruit participants for studies that will benefit them and other kids immediately or further down the road," she explains. "It's clinical research that doesn't require blood tests or wet labs. The kids run, stop, and take tests on computers."

WHEN HEALING TAKES TOO LONG

Dr. Gagnon has developed an innovative rehabilitation approach for children who are slow to recover after a concussion. "Most



Dr. Gagnon at the Montreal Children's Hospital Concussion Clinic.



Soccer player Robert Santos, 15, is being followed at the Montreal Children's Hospital Concussion Clinic since last July.

kids recover within a month with complete rest," she explains. "But if after that period there are still lingering symptoms, they can become depressed or anxious to go back to school or to sports. So we give them a controlled, low-intensity physical program to help with recovery."

Robert Santos was one of the kids who benefited from this new treatment. The 15-year old visited the clinic last July, after he suffered a concussion during a soccer game.

"I was dizzy, I felt a lot of pressure in my head and I had headaches," he says. "When they told me to rest, it was very demotivating, I was mad at the fact that I couldn't play and that I had let my team down. But, after I started doing some exercise every day, like light jogging, riding a stationary bike or kicking some balls on a wall, I actually felt a lot better."

The approach developed at the Concussion Clinic will be compared with results from the Children's Hospital in Hamilton, Ontario, where kids are still told to rest and are not as followed as in Montreal.

OTHER PARTNERSHIPS

In collaboration with Dr. Alain Ptito, neuropsychologist at the Neuro and the RI-MUHC, Dr. Gagnon is investigating structural and functional changes in the brain after a concussion. "We are using neuro-imaging to see where the blood flows while kids perform cognitive activities, like memory tests," she explains.

She recently began leading a pan-Canadian study about pediatric concussions in which collaborating researchers will use the same measures to collect and analyze data so that the results can be compared and combined. Their goal is to characterize the pediatric concussion population in Canada.

Join us on line!

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 twitter.com/HopitalChildren

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