



## PROFILE

### Dr. Mathias Kalina: Ready to listen and committed to the success of the Lachine Hospital at the MUHC

**M**y first priority is listening to people and facilitating communication between staff at Lachine and at the McGill University Health Centre (MUHC)."

This is the tone that has been set by Dr. Mathias Kalina, associate director of Professional Services at the MUHC, who is temporarily assuming the new role of Interim Associate Director of Professional Services at the Lachine Hospital.

After getting his degree in medicine in 1972, Dr. Kalina practised in a rural area, where he appreciated the interaction with patients— a closeness he has upheld throughout his career. He then went on to study epidemiology at McGill and following this worked in emergency medicine while serving in various medical-administrative positions starting in 1981—first in Saudi Arabia and then at Urgences-santé for 13 years—before leaving for France in 1997.

When he arrived at the MUHC in 2004, he devoted himself to medical-administrative duties, but he never forgot his first calling: "I never stopped being a doctor,"



he says. He has also been able to keep up his interest for international consultation, which for many years has led him to travel all over the globe.

Dr. Kalina's intimate knowledge of the Lachine Hospital, and particularly with the doctors who work there, is an essential asset when it comes to his new responsibilities. He also played a key role during the 2008 integration of the Lachine Hospital with the MUHC.

Dr. Kalina has high regard for the Lachine Hospital and its staff and he is confident that the integration of the hospital with the MUHC, along with the \$66-million Redevelopment Project promised by the government, will allow the hospital to rise to future challenges to both integrate new doctors and maintain its community focus.

"Thanks to all staff and physicians for your continued work to develop a hospital that we can all be proud of, especially in two or three years when the development process starts and is well on its way. ■

## OTHER

### ICU and ED nursing staff merge for the benefit of the Lachine Hospital

**N**ursing staff at the Lachine Hospital's Intensive Care Unit (ICU) and Emergency Department (ED) will be merging this fall in an effort to improve patient care.

"This new structure will lead to many positive changes for not only

the units directly affected but also our entire organization, including our patients and our employees," explains Jasmine Boyer, associate director of Nursing at Lachine. "Our decision to combine nursing staff in the ICU and the ED was not taken lightly. There

will be many highly positive changes for the hospital in the next few years, and we need to get ready."

In the years to come, the hospital will become home to more specialties (such as dialysis) and will see increased

» continued on page 2



numbers of bariatric surgeries and patients suffering from respiratory conditions and other health issues. These changes represent a real advantage for the community, who will benefit from direct access to more types of specialized care. “We therefore need permanent nurses who are versatile and trained in various types of critical care, since patient acuity will increase,” says Manon Latendresse, head nurse of Emergency and Intensive Care.

Reducing independent staff and training employees are the two initiatives we have chosen to meet these new challenges. “Closing beds was another option, but this is not the policy favoured by the MUHC,” explains Boyer. “We needed to achieve greater flexibility in both of these units, while creating a stimulating and appealing workplace for a new generation of nurses.”

**By merging the nursing staff of these units, we will provide our clients with:**

- Better follow-up for those requiring specialized care
- More versatile nursing staff
- A stable care team whose members have all been trained in the highest standards in specialized care

**This merger will provide nursing staff with:**

- An increased recognition of their role
- Access to training and knowledge transfer
- More varied work schedules to help them trade shifts more easily
- The opportunity to develop new and up-to-date expertise

“I am confident that, in both the medium and long term, this merger will give us the stability we need in terms of nursing staff—a stability we haven’t had in close to ten years,” says Boyer.

“All nurses from these two units have the ability to meet this challenge, and we understand what we are asking of them,” adds Latendresse. “Their commitment to this project will ensure our hospital can successfully rise to the challenges laid in our path.”

Starting September 12, members from both teams will help develop the transition toward a single Critical Care Unit. Starting on October 21, the change will be implemented over a number of months so that all nurses can develop and consolidate their new skills and required competencies.

“Nurses with expertise in both emergency and intensive care will be a great asset for a small hospital such as ours,” says Boyer. “And they will be a model for other hospital centres.” ■

**EVENTS**

**Hot fun in the summer  
— Residents of the Camille-Lefebvre Pavilion  
busy fishing, gardening, and partying**

The summer season brought a wide range of activities for the residents of the Camille-Lefebvre Pavilion, with outings such as trout fishing, picnics on the waterfront and pontoon rides on the river, as well as a pilgrimage to the “Chapelle de la reparation” and participation in the MUHC Olympics at Angrignon Park.

Lively summer activities were held at the centre, including musical cocktail parties with jazz and Mexican fiesta themes, a beach party and a corn roast. The residents

of the Pavilion enjoyed sitting in the peaceful shade of their terrace and participated in favourite activities like bingo and gardening. They also enjoyed going for walks in the shelter of ancient trees the beautiful neighbouring Lasalle Park.

With the help of Joannie, the animator, the proactive recreational planners Judith and Valérie, and a ubiquitous team of volunteers, residents enjoyed their summer to its fullest. ■

**Training session helps volunteers help others**

The Leisure-Animation services held a one-day training session to help volunteers facilitate their daily work. The training touched upon practical topics, including the issues of mobilization of people in wheelchairs, the approach to take with clients with cognitive deficits,

confidentiality and security issues in the institution, and the different textures of food served to the residents.

This full day of training included a BBQ lunch. The volunteers appreciated the opportunity to learn new ways to enhance the comfort and safety of the Camille-Lefebvre residents. ■



## ADMINISTRATIVE NEWS

### Message from the Chair of the Board of Directors

The Board of Directors is pleased to announce that it has unanimously accepted the unanimous recommendation of the Selection Committee and appointed Normand Rinfret as Director General and Chief Executive Officer of the McGill University Health Centre (MUHC) for a four-year mandate, effective immediately.

The nomination of Normand by the Selection Committee was based on an extensive international search.

Having worked at the MUHC in increasingly senior positions for more than three decades and for the past nine months as Interim Director General, Normand has demonstrated that he has an in-depth understanding of our academic healthcare centre, as well as the Quebec healthcare network. We are confident that he has the leadership and management skills to lead us through the ongoing transformation of the MUHC, including the move to the Glen site and the renovations

of both the Montreal General and Lachine hospitals. Under his guidance we will continue to fulfill our mission of perpetuating and growing excellence in patient care, research, teaching and health technology assessment while being fiscally responsible.

We look forward to working with Normand in the years ahead. Please join me in congratulating him on his appointment. ■

*Claudio F. Bussandri*

## MUHC NEWS



### Smoking, head injury and pesticide linked to rare sleep disorder

Risk factors also associated with neurodegenerative diseases

Smoking, head injury, pesticide exposure and farming are risk factors for a rare sleep disorder that causes people to act out their dreams, occasionally causing bodily harm, according to new research. The disorder, known as Rapid Eye Movement Sleep Behaviour (RBD) disorder, is often a precursor to neurodegenerative diseases, such as Parkinson's disease and dementia. The new study, led by Dr. Ronald Postuma of the Research Institute of the McGill University Health Centre (RI-MUHC), is published in the online issue of *Neurology*®. ■



# MESSAGE FROM NORMAND RINFRET

I am deeply honoured to have been selected to lead the MUHC for the next four years and look forward to working with all of you to ensure that we continue to be a centre of excellence and a leader in academic health care locally and internationally.

Having been immersed in the MUHC for more than 30 years, I continue to marvel at the talent of our community and the dedication and commitment. Day-in and day-out, you make the difference in the lives of our patients and their families. Together, our loyalty and drive will ensure that the MUHC remains at the forefront of health care.

I am also well aware that we are at a challenging juncture in our history, as we are in the midst of a major transformation of our healthcare system. The redevelopment of our facilities represents an enormous opportunity, allowing us to soon take advantage of a modern infrastructure while taking a fresh look at our clinical, administrative and research practices. Our commitment is to create and to adopt best practices and to remain at the leading edge of patient care, teaching, research and health technology assessment in Montreal and abroad.

At the same time, the new MUHC is a work in progress, and we have

substantive issues to address together including finalizing plans for the redevelopment of both the Montreal General and Lachine hospitals, the future of the MNH and MNI on the Glen Site and the development of the health quarter on de Maisonneuve. In addition, we will need to progress with our plans for what we commonly refer to as our delta—those services and programs that we currently offer for which a new home has not yet been identified. Finally, I am convinced that we can be the benchmark for quality of care, and I am committed to working together to realize our Performance Improvement Plan.

My approach to these and other challenges that will no doubt arise in the years ahead will be to tackle them head-on in a collaborative and open manner. Together we will identify the issues and develop and implement practical and effective solutions, always with the best interests of our patients and their families foremost in our minds. I am also determined to work with our partners from McGill University, our RUIS, our Foundations, the Agence, and the Ministry in order to strengthen collaboration and enhance our quadripartite mission.

In the short term, we will set up an organizational and committee structure with clearly defined roles and

responsibilities. The aim is to ensure that decision making is effective and transparent. With this in mind, I will soon be launching a search for a chief operating officer. I will also be setting up task forces where appropriate to lead each of the key initiatives that I have mentioned above and fine-tuning our organizational structure within weeks after consulting with key stakeholders.

I believe that people who have worked with me here at the MUHC over the years would agree that my management style is to be inclusive and to seek advice when appropriate. Between now and the end of the year, I intend to meet with as many members of the MUHC family as possible either through town halls, committee meetings or by simply walking around our various facilities. I encourage you to provide me with feedback and to share your concerns with me in person when our paths cross or by sending me an email at [normand.rinfret@muhc.mcgill.ca](mailto:normand.rinfret@muhc.mcgill.ca).

The MUHC is an outstanding institution, and with your help I am determined to ensure that it will continue to be a great place to work. In this way, we will make a difference in the lives of Montrealers, Quebecers, Canadians, and worldwide. ■

## Stay informed, get inspired. Don't miss the next Townhall.

Please find below dates for upcoming town halls. Don't miss these opportunities to hear the latest news about your hospital and the new MUHC.

**Montreal Children's Hospital**  
TBD

**Lachine Hospital**  
Friday, October 5th from noon to 1 p.m.  
Rooms A & B

**Royal Victoria Hospital**  
Friday, October 12th from noon to 1 p.m.  
H4 Lounge

**Montreal Chest Institute**  
TBD

**Montreal General Hospital**  
Thursday, November 1st from noon to 1 p.m.  
Livingston Hall

## MUHC Residents and Fellows Orientation Day 2012



◀ **D**r. Ewa Sidorowicz, MUHC director of Professional Services, welcomed approximately 180 new residents and fellows to the MUHC this past June. Their orientation day included registration and more than 13 booths from various areas of the health centre to help them become familiar with the MUHC. The day was a huge success.

We would like to extend a warm welcome to all of our new trainees.

## Moving forward with the Lachine Hospital's redevelopment

| By *Caroline Phaneuf*



Dr. Olivier Court, interim director of the MUHC's Bariatric Surgery Program, and his team performing the first bariatric surgery at Lachine in April.

**T**he different pieces of the puzzle are coming together at Lachine," says Normand Rinfret, interim director general and chief executive officer of the McGill University Health Centre (MUHC). "The Clinical Activities Priority Settings exercise (CAPS Lachine) was completed this spring and the recommendations were recently approved by the MUHC Board of Directors, bariatric surgery is well

underway, user groups are about to begin, as is the construction of the extension for the new MRI."

Indeed this fall will be busy at Lachine. The most visible change will be the start of construction of a home for a new special magnetic resonance imaging (MRI) machine, which will provide the best patient care for all, including bariatric and claustrophobic patients.

"It will be the first of its kind in Quebec's public healthcare system and we are honoured to have it at Lachine," says Administrative Director Jocelyne Faille. "We will not only be servicing our local community, but much of the province as well."

The hospital will be adding 4,800 ft<sup>2</sup> of space divided over three floors (basement through level 2) in addition to a mechanical room on the extension's third floor. Phase one – the envelope – will be complete next spring. Phase two will include the construction of the interior walls and rooms, as well as renovations to over 3,500 ft<sup>2</sup> of the existing hospital surrounding the new MRI area. "These renovations will provide for a new waiting area, preparation rooms and new ultrasound rooms, including one adapted for obese patients," says Faille.

Another major advancement will be the start of user groups in September whose mandate is to better define space, flow and adjacency requirements going forward. The user groups will be helping to update Lachine's Functional and Technical

Program (FTP), which was done in 2009 and revised in 2010 – a key next step in obtaining a revised cost estimate for the rest of the Redevelopment Project. "This update will be used to make adjustments to the project and determine the phasing of construction. Then we will be able to break ground," adds Faille.

In the meantime, in keeping with its mandate to be a province-wide Centre of Excellence in Bariatric Surgery, the number of these operations performed each week at Lachine will double as of September. Dr. Olivier Court, interim director of the MUHC's Bariatric Surgery program, and his team will operate on four patients a week at Lachine in the new Minimally Invasive Surgery suite. The goal is to perform 100 bariatric surgeries at Lachine this year.

"We are well on our way to ensuring our patients, their families and our employees benefit from modern and up-to-date facilities at Lachine," concludes Rinfret. ■



Red: Expansion for MRI  
Green: Renovations to the existing roof

## Improve quality at the MUHC

Take the Q+ Challenge!

Applications for the 2012 Q+ Challenge will be accepted until September 24. The winning improvement project will be announced in October and it will receive a grant of \$150,000.

For more information, please call local 35663 or email [margaret.hayami@muhc.mcgill.ca](mailto:margaret.hayami@muhc.mcgill.ca).



## HUMAN RESOURCES

### Training offered to MUHC employees

To register, please contact your manager.

#### Improving The Client Experience In Healthcare

September 18, 2012 (French)  
November 21, 2012 (English)

#### Interpersonal Communication

September 27, 2012 (English)  
October 11, 2012 (French)  
November 13, 2012 (English)

#### Emotional Intelligence

16 October 16, 2012 (English)  
17 October 17, 2012 (French)  
18 October 18, 2012 (English)

#### Techniques for Better Time and Workload Management

September 14, 2012 (English)  
October 26, 2012 (French)  
November 20, 2012 (English)

#### How to Deal With Difficult Patients: Alleviation of Acute Crisis State

September 12, 2012 (English)  
October 10, 2012 (French)  
November 7, 2012 (English)

If you require any further information, don't hesitate to communicate with Jamil Bhatti, administrative technician, Training and Organizational Development department of the Human resources, at extension 34043. ■

McGill University Health Centre

### DIRECTOR GENERAL'S AWARDS NOMINATIONS

# 2012 HURRY!

Nominate your colleagues—  
an individual or team—  
for their exceptional  
contribution to the MUHC

Awards will be presented on November 17 during a gala at the Plaza Volare-Crowne Plaza.

Don't miss this wonderful opportunity to move your colleagues from behind the curtain to center stage!

Nomination forms are available on the Intranet and at the following locations:

**Nursing Resource Centres :**  
MCH : A-403 — MCI : K1.02 — MGH : L6 132  
RVH : A3.34 — MNH : 176

**Cafeterias**  
MGH — MCH—MCI —RVH

**Montreal Neurological Hospital**  
Information - Security Desk

**Lachine Campus**  
Lachine : 1J18 — HR & Employees' Room



# From management to medicine — 360° career change

| By Pamela Toman



Dr. Leigh Chantal Pharand

**T**wenty eight year-old Leigh Chantal Pharand didn't always have plans to become a doctor. The fourth-year McGill Medical student, who received a previous degree in commerce, had her sights set on a career in business consulting. However, during a volunteer day she organized while working at a management consulting firm, Pharand recalls feeling a new sense of satisfaction. She and her colleagues spent the day with young oncology patients, creating a Harry Potter themed event. It became more than just

a volunteer exercise for Pharand; it was a glimpse into her future.

After two years in the business consulting industry, it became clear that although she enjoyed the challenges of her current job, something didn't feel quite right. It was time for a change.

Soon afterwards, Pharand, a Montreal native from a family of business professionals, decided to go back to school to complete a number of science classes. She also applied for a volunteering position at the MCH, where she worked on 6C1 and 6C2 two half days per week.

The experience, she says, only reinforced her wish to study medicine at McGill, and she was admitted to the Faculty of Medicine in the spring of 2008. "What it came down to was a question of values," she says of her career change, "in business, your values may not always be aligned with your client's, but in medicine, the bottom line is that everyone wants what is best for the patient."

It's in chatting about this steadfast commitment to putting patients first that stirs up the most passion in this ambitious soon-to-be doctor, as she recalls some of the patients she has met along the way that have taught her some of her most valuable professional and personal lessons.

One experience she recalls fondly was during a recent rotation in pediatrics at the MCH in the Short Stay Unit, which she completed this past September. "I had the opportunity to work with very inspiring physicians, in particular, on a somewhat challenging case with a three-year-old boy who required several hospitalizations for respiratory distress and asthma-like symptoms; he needed a series of investigations and tests from many of the MCH departments," says Pharand.

"One of the physicians I worked with demonstrated strong patient-centered approach to medicine and really took the time to comfort the patient's mother, which I thought mirrored what medical students should aspire to do as physicians...and it really inspired me."

Now in her final year of medical school, Pharand says that working at The Children's was unlike any other clinical experience she has had to date. And while she admits having toyed with the idea of specializing in pediatric medicine, she says she hopes to devote her residency to family medicine, balancing adult care "with a lot of peds!" ■

## OPERATIONAL NEWS

### Please be advised

Work on water and sewer mains around RVH and The Neuro will affect hospital access

**A**ccess to the RVH and The Neuro will be affected by major underground infrastructure work on Avenue des Pins and Avenue du Docteur-Penfield that will be carried out by the City of Montréal's Direction de l'eau potable. The work is set to begin toward the end of September and will continue until August 2013. The project will be conducted in three phases and will cause changes to traffic flow. Phase 1 will last from October to December and will involve work on Avenue des Pins between Docteur-Penfield and McTavish. This section of Avenue des Pins will be fully closed, with two-way traffic on Docteur-Penfield.

As a result, the RVH parking lot P3 off of des Pins will be blocked; however it can be accessed via parking lot P2.

Please inform patients and visitors of the likely traffic congestion so that they may consider taking public transit (STM website: [www.stm.info/English/a-somm.htm](http://www.stm.info/English/a-somm.htm)) or give themselves more time to reach the hospitals. If patients call to inquire about the work, you can direct them to the website and Twitter accounts listed below or to the City of Montréal's Info-travaux hotline.

Updates on lane closures and detours will be published in En Bref, E-En Bref and at [muhc.ca](http://muhc.ca) and [mni.mcgill.ca](http://mni.mcgill.ca). You can also call the City of Montréal's Info-travaux hotline by dialing 514-872-3777 between 8:30 a.m. and 4:30 p.m. or visit their website at: [ville.montreal.qc.ca/chantiers](http://ville.montreal.qc.ca/chantiers). In addition, residents can join the City's Twitter feed at Twitter MTL\_circulation. ■

## AWARDS AND APPOINTMENTS

### Leadership Transition for Department of Neurosurgery

After leading the MUHC's department of Neurosurgery for 22 years, Dr. André Olivier is stepping down as Chief. In light of this, **Dr. Kevin Petrecca** has been approved as Interim Chief by the Central Executive Committee of the Council for Physicians, Dentists and Pharmacists and the MUHC Board of Directors. The selection of Dr. Petrecca came following consultations with members of the department of Neurosurgery and other stakeholders so that various insights and opinions could be taken into consideration. A Search Committee for the next official Chief is now being formed.

On behalf of the MUHC and the countless patients who have benefited from his renowned expertise, I'd like to extend sincere gratitude to Dr. Olivier for contributing significantly to the advancement of patient care, research and teaching at The Neuro and our institution's international reputation.

### Children's Director of Trauma Services takes on CHIRPP

**Debbie Friedman** has been named Director of the Canadian Hospital Injury Reporting and Prevention Program (CHIRPP) for the MCH. Debbie is well known to the MCH and MUHC communities as Director of Trauma Services at the MCH. In 2011, in recognition of her dedication to teaching, research and public education, she was appointed Assistant Professor in the Department of Pediatrics, Faculty of Medicine, McGill University.

### New MUHC Director of Public Affairs and Strategic Planning

**Richard Fahey** is joining the MUHC as Director, Public Affairs and Strategic Planning (PASP) effective September 10. A seasoned, bilingual executive with strong interpersonal skills, Richard has worked extensively in both the private and public sectors where he has played a leadership role in the management and implementation of complex and multi-faceted communications strategies.

Richard has a Master's Degree in Public Administration and International Affairs from the London School of Economics and Political Science and a Baccalaureate Degree in Law from the University of Montréal.

In his new role, Richard will work closely with senior management to develop and implement a comprehensive strategic communications plan as we move forward with our plans to transform the MUHC.

### New MUHC Director of Education

**Mark Daly** has been appointed the MUHC Director of Education, effective September 4, 2012. Prior to this appointment, Mark developed several interdisciplinary patient safety initiatives and was a major contributor to the last Accreditation Canada visit as a Patient Safety Officer.

Mark will exercise a leadership role in planning the strategic direction, coordination and promotion of the educational mission of the MUHC and he will continue to work within the Directorate of Quality, Patient Safety and Performance on a number of special projects.

Mark brings outstanding interpersonal and organizational skills to this position and a Master's degree in Educational Studies from McGill University.

## EVENTS

### Fundraising Flash

#### Recent Results:

\$100,000 – **The World According to David Feherty**, the July 2nd comedy show featuring golf personality David Feherty, raised \$100,000 for the Cedars Cancer Institute. The former professional golfer, TV host and best-selling author kept the crowd howling in laughter throughout the show, which took place at the Rialto Theatre.

#### Coming Soon:

**SATURDAY, SEPTEMBER 22: 7th Annual Cedars CanSupport "Rain or Shine" Dragon Boat Race & Festival** – This is a full day of competition, fun and fundraising

that has become a tradition for the roughly 800 participants and countless spectators who turn out each year. Proceeds benefit the Cedars CanSupport program of the MUHC. Time: 8 a.m. to 3 p.m. Location: Promenade Père-Marquette in Lachine. Contact: 514-934-1934, ext. 71207 or cedarsdragons@muhc.mcgill.ca

**SATURDAY, SEPTEMBER 29: Barbie's Fundraising Breakfast** – For the second year, the Lachine Hospital Foundation is holding its fundraising breakfast at Barbie's Bar & Grill. Proceeds benefit the Foundation's Best Care for Life Campaign. Tickets: \$10 for adults, \$5 for children 10 and under, and include a choice of three breakfast options and unlimited coffee. Tickets are good from Sept. 29 to Jan. 31, 2013 (excluding Sundays). Time: 7 a.m. to 2 p.m. Location: Barbie's Bar & Grill, 15 boul. Bouchard, Dorval. Contact: 514 637-2351, 77333 ■



# THE NEW MUHC

## Cancer Care at the Glen site | By Cinzia Colella



The shock of a cancer diagnosis can be overwhelming to patients and their loved ones. Feelings of fear and uncertainty are natural and can be intensified by the sudden responsibility of having to make and keep track of medical appointments and treatments.

The McGill University Health Centre (MUHC) has a long history of providing unparalleled care and support to cancer patients with its world-renowned research facilities and experts. Building on that strong foundation, the new Cancer Centre currently under construction at the Glen Site has been conceived to not only provide more efficient, multidisciplinary care, but also to give patients and their families the most comfortable experience possible.

In envisioning how to improve the experience and efficacy of cancer care at the new site, it was clear that centralizing services and access to experts would alleviate stress for patients and their families. For patients undergoing what can be intimidating and at times uncomfortable procedures and treatments, centralization is not only simpler for them to manage, it can help create a sense of familiarity.

“The Cancer Centre will be truly comprehensive. All care will be provided in one place. Patients will not have to travel from department to department, or go from hospital to hospital for appointments; nurse case managers specialized by type of cancer will assist patients and their families to navigate the health system throughout their illness trajectory,” says Dr. Armen Aprikian, MUHC chief of Oncology. “The design teams have worked diligently to ensure that all the services patients need are under one roof.”

The new Cancer Centre will also integrate other important non-medical aspects that encourage wellbeing and serenity such as healing gardens, green spaces, supportive care services and visual art. The healing gardens will be accessible both physically and visually from the Cancer Centre and available to patients, families, and staff who want some quiet time and a break from their treatment or stressful work day.

With that in mind, a tranquil setting near the main entrance of the Cancer Centre will be reserved for patient education materials, including informational pamphlets, books, and DVDs. Because knowledge and understanding

about one’s situation can play an important role in helping a patient manage their cancer and their path to healing, a Patient and Visitor Resource Centre will be provided where a dedicated librarian will assist patients in accessing professionally vetted information. Self-serve information kiosks that will give patients Internet access to cancer-related health information will also be available. The Patient and Visitor Resource Centre will be home to The Cedars Cancer Institute’s CanSupport Program, which provides cancer patients and their families with emotional, psychological and financial support and resources. The Resource Centre will host support groups, such as Look Good, Feel Better, and provide information and referrals for prosthetics.

“The layout and design of the Glen site Cancer Centre will make it easier for MUHC staff to treat the physical aspects of this disease, but it will also help ensure that we are supporting the people behind the disease,” says Dr. Aprikian. “It isn’t just about fixing their bodies, it’s about guiding them through the healing process.” ■

### The Cancer Centre will bring together:

- ◆ Multidisciplinary clinical teams
- ◆ Radiotherapy and Medical Physics departments
- ◆ Oncology Day Hospital
- ◆ Urgent Care and Test Centres
- ◆ Ambulatory Care and Pain Clinics
- ◆ Palliative Care
- ◆ Clinical Research Unit and Tumour Registry
- ◆ Patient and Visitor Resource Centre
- ◆ Health Information Resource Centre
- ◆ Dental services (for patients who develop oral health issues as a side effect of treatment)

*Patients going to the Cancer Centre can access it directly—it has its own entrance and a drop-off zone.*

## An ally in her fight against cancer

| By Marc-Antoine Pouliot

Marcelle Desrosiers and Viviane Amos are like long-time friends, they swap stories, tease each other, and laugh together. It was the most deadly of cancers in Canada – lung cancer – that brought them together, and that is no laughing matter. Marcelle is the patient and Viviane is her Nurse Navigator – a position that came about from the creation of the innovative Lung Cancer Navigation Centre at the McGill University Health Centre (MUHC).

Desrosiers, who is in her sixties explained, “I don’t have parents, siblings or an extended family. My only resources are my few friends, all of whom live outside Montreal. Viviane is my angel. I can call her any time. She’s there to answer my questions and refer me to the right person, at the right time.”

At first, she was hesitant about agreeing to treatment. After researching her disease, she learned that her chance of survival after five years was 16 per cent, and that chemotherapy and radiation therapy treatments are extremely difficult. “I read a brochure called *Living with advanced cancer*. In my head, it was like reading my death sentence.”

Despite all that, and thanks to the reassurance and support of her Nurse Navigator, she decided to begin wearing the patch to stop smoking and fight for her life.

On average, treatment for lung cancer involves the assistance of 10 healthcare professionals per patient, which can seriously complicate the coordination of care. “This complexity is a source of anxiety for patients,” says Amos. “Before the Navigation Centre opened, they would often go from one specialist to the next without any points of reference. After weeks of

referrals, some patients even lost track of who their treating doctor was.”

Andréanne Saucier, associate nursing director of Cancer Care and Respiratory Services, notes that the MUHC diagnoses 500 cases of lung cancer every year. “For two years now, the Lung Cancer Navigation Centre has made things easier for these patients thanks to a series of simple, efficient initiatives,” she says.

The outcome of the Navigation Centre points to definite improvements. In addition to a reduction in patient anxiety, the initiative has succeeded in reducing wait times between the initial referral date and the beginning of treatment by 18 days – a 24 per cent decrease.

“Although this reduction may seem relatively small, those 18 days have a direct impact on patient survival,” stresses the Centre’s director, Dr. David Mulder. “Lung cancer is one of the most virulent cancers, and each day gained is of crucial importance to the patient.”

The Lung Cancer Navigation Centre is successful not only because of its Nurse Navigators, also known as Nurse Pivots, but also because of the various tools it has employed based on the Toyota approach (see sidebar). From the start, the Rapid Investigation Clinic quickly diagnoses patients suspected of having lung cancer. Next, the one-stop service—an easy-to-access telephone assistance line—lets the Centre’s staff manage medical appointments and support patients experiencing any difficulties. So far, 1,214 patients have been registered in an electronic surveillance system that monitors treatment delays or waiting periods in real time. Finally, a continuous evaluation of the program makes it possible to identify deficiencies and correct them.

“We believe that the Centre is an important breakthrough in improving care for cancer patients. The main challenge for the healthcare system is to optimize working processes and avoid wasting resources, and that is exactly what we are doing with the Navigation Centre,” concludes Dr. Mulder.

Desrosiers underwent her 30th radiation therapy treatment at the beginning of June, and about 75 per cent of her cancerous tumours are now gone. “I have had other major health problems in the past and I can attest to the difference the Cancer Navigation Centre makes. Throughout my radiation therapy sessions, I slept for an average of 18 hours a day. Without Viviane, I don’t know how I would’ve made it!”

*The Lung Cancer Navigation Centre was made possible thanks to the Agence de la santé et des services sociaux de Montréal and the Montreal General Hospital Foundation, with special support from the Jarislowski Foundation. A reference guide aimed at extending this project to other hospitals and the diagnosis of other cancers will be available soon.* ■

### THE TOYOTA APPROACH

The Ministère de la Santé et des Services sociaux has used the Toyota approach as a basis for reorganizing work processes in the healthcare sector. The goal is to improve performance in terms of productivity, quality, wait times and costs. It also involves ongoing process improvement.

### LUNG CANCER

In Canada, lung cancer is the most deadly form of cancer. It is estimated that 20,200 people in the country will die from this disease in 2012. More than 8,000 new cases will be diagnosed in Quebec alone this year.