



HAPPY HOLIDAYS FROM THE MUHC PUBLIC AFFAIRS AND STRATEGIC PLANNING TEAM!

Volume 3 – Issue 11 – December 2012

MUHC SPIRITUAL CARE SERVICE CATERS TO ALL

By Christine Zeindler

Forty years ago, hospitals of the McGill University Health Centre (MUHC) provided a Catholic Priest or a Protestant Minister to patients and families seeking spiritual care. Today, we have a diverse team of spiritual care professionals providing support throughout the MUHC.

“We cater to a very large international community,” says Robert Lambert, manager of the adult McGill University Health Centre (MUHC) Spiritual Care Service, who has been working at the health centre for 15 years. “It is therefore important to understand the diversity of different cultures and always be open to learning and adapting to new practices and beliefs. Although we do favour a non-denominational approach of spiritual accompaniment, faith-based care is still offered.”

The MUHC Spiritual Care Service addresses the spiritual, emotional, and religious needs of patients as these contribute to, and are a significant part of, the health or illness of patients and families. “We are not here to judge or convert our patients—we are simply here to support them,” says Mr. Lambert.

Continued on page 3

STAFF PROFILE

Location, location, location...

—STRATEGICALLY PLACED CODE BLUE CARTS AT THE MGH EQUAL BETTER RESPONSE TIMES, MORE LIVES SAVED

By Julia Asselstine

When a Code Blue is called it means one thing: a patient requires an immediate response to a critical event. Every second counts—especially if the patient’s heart has stopped.

A few years ago, response times to Code Blues and ways they could be improved were analyzed at the Montreal General Hospital (MGH) of the McGill University Health Centre (MUHC). The outcome: decentralize Code Blue carts from units to key remote areas so the response rate is between three and five minutes or less.

“There are certain areas at the MGH where Code Blues are called more often than others,” says Nathalie Comtois, nurse manager of the Coronary Intensive Care Unit at the MGH, who with Michel

Sergerie, MUHC clinical nurse specialists specialized in Cardiology, adult sites, have spearheaded this project and ensured its completion. “So we placed three carts in these strategic locations that we call alcoves, which include above the Dialysis Unit on the 6th floor of Livingston Hall, on the main 6th floor of the Cedar entrance and between the Radiology and Oncology Angio departments on the 5th floor of the D and E wings.”

According to Sergerie, these new Code Blue Alcoves were chosen to decrease the amount of time spent running with the cart to high-resuscitation areas and chosen for the lack of obstructions that could slow down the race against the clock.

Continued on page 3



Michel Sergerie, MUHC clinical nurse specialist specialized in Cardiology, adult sites, left, and Nathalie Comtois, nurse manager of the Coronary Intensive Care Unit at the Montreal General Hospital (MGH), squeeze into one of the three new remote Code Blue alcoves at the MGH that have been strategically placed to improve response rates when this code is called.



Holiday Message from **NORMAND RINFRET**

At the McGill University Health Centre we contribute to creating successes everyday—from bringing lives into the world to saving lives. This is no small feat. I fully appreciate the dedication, compassion and most importantly teamwork that this takes.

With the start of the holiday season, we pay tribute to all of you, the talented people who make up the MUHC. We thank, for example, housekeeping for doing their very important job of disinfecting room after room, patient attendants for caring for the patient on a very humane level, and volunteers for providing comfort and distraction. We celebrate the contribution of equipment technicians who operate the technology that supports modern medicine and the nurses, nutritionists, physiotherapists, occupational therapists, physicians, surgeons, psychologists and psychiatrists who skillfully provide exceptional health care, as well as the chaplains and social workers who guide families and patients through the toughest of times.

Thanks to each of you, we deliver excellent care 365 days per year. During this holiday season—a time of reflection, thanks, family and appreciation—I wish to express my gratitude. We have a strong foundation to build upon and with your support I am confident we will meet the challenges ahead effectively and to the benefit of all Montrealers.

I offer warm wishes to you and your families. May this holiday season bring you much joy and happiness!

MUHC team members reflect on the holiday season

We took some time this year to ask what the holiday season means to some members of our MUHC team. You will find below what they had to share with me. I realize this is just a snippet of the compassion and dedication that can be felt from our 14,000 plus family, but I think it is enough to highlight how special our teams truly are.

For the BPD team, we try very hard to think about the holiday season in September! Most of our patients are on social assistance and really struggle to make ends meet, so the holidays can be stressful. Therefore, we want to make sure each fall that we connect everyone eligible with the Gazette Xmas Fund. It really makes a difference in their lives, and they are so appreciative.

DR. RONALD FRASER

Director of the Long-Term Therapy Program for Borderline Personality Disorder in the MUHC Department of Psychiatry

For me, the holiday season is a time to be thankful for family and friends that are dear to our hearts. As the manager of the IS Security and Surveillance team, I take pride in our contribution in ensuring high availability of patient care services and we will continue our efforts to make the MUHC one of the safest technological environments around. Although we are in the background of patient and family care, we wanted to let everyone know that we hold all the MUHC missions at heart this holiday season and throughout the year.

JERRY JEAN

MUHC Manager of IS Security and Surveillance Centre



Being a nurse, you are drawn into the lives of so many people. Everyone you care for, you help them see and use their strength, their potential, their faith and more. This often reinforces for me one very important word: GRATITUDE. At this time of year, I am very thankful for my profession, for the people I work with and the patients and families I serve.

CHANTAL SOULIGNY

MUHC Nursing Coordinator of Respiratory Services

I am continually impressed by the dedication of everyone involved in Housekeeping at Lachine. This past year has been challenging, yet very rewarding. During this holiday season, I think we should take time for our families and friends, but also take the time to give words of appreciation and thanks to our work families. As the year ends, I want to thank everyone—across the MUHC—for their extraordinary support. I'm grateful for their dedication, sincerity and hard work.

JOE VIEIRA

Section Manager of Housekeeping Services, Lachine Hospital

What I appreciate most about the holiday season is it gives me the opportunity to “review” the past year and to think of those children who have been cared for by our volunteers. Families often stop in to express their gratitude during the holidays, many times bringing us pictures of their children who are now in better health. For me, it is also a time to slow down and appreciate my work family—and family at home! When I think about all the hours The Montreal Children’s volunteers donate to our patients, I know what a wonderful gift they are giving all throughout the year.

ANN HÉBERT

Volunteer Coordinator, MCH



Continued from page 1 – SPIRITUAL CARE SERVICE

According to Erin LeBrun, a new member of the Spiritual Services team, they help reflect how a patient's illness has changed his/her life and what this means for them and their families. "We look at where they have supports and what they can celebrate," she says. "It is incredibly rewarding to help individuals evaluate their lives and see the positive."

ADAPTING TO SPIRITUAL EVOLUTION

Learning about the evolving spiritual environment at the MUHC is a large part of the training for students who wish to embark on a career as a spiritual care professional.

"Students come to us from university with a background in religious studies or theology," says Mr. Lambert. "Our training focuses a lot on listening. Spiritual needs are not only very different, they are not often expressed directly and it is our task to learn how to discern them. We listen to how patients feel, how they understand the process of what's happening to them and how to make some meaning of what they're living through."

Ms. LeBrun agrees. "My goal is to be present, so nobody feels like they have to go through this alone," she says. "Our patients are living through some major change; this is fundamental to illness. Our role is to help people make sense of this from within their own framework of beliefs."

HOLISTIC CARE

The MUHC Spiritual Care professionals are assigned to every inpatient unit at the MUHC and work with a multidisciplinary group of nurses, doctors and social services professionals. Most of the patients and families are referred by staff or they will directly request the service. In some cases, such as in the palliative care units, the team will introduce themselves to patients and families.

"We always meet with the healthcare team to ensure that patients are receiving holistic care," says Ms. LeBrun. "In this way, everyone is working together to fully support the patient and their family."

As the teams rally to offer support in many ways they often learn a few things about life along the way. "Regularly, patients tell us to appreciate what we have and to live for today," says Mr. Lambert. "It really is a privilege and honour to accompany these people on their journey."

Continued from page 1 – LOCATION, LOCATION, LOCATION...

In each Code Blue cart there is emergency medication, equipment to intubate the patient, a defibrillator, blood pressure cuffs, IV access devices and a glucometer to name a few of the essential items in the mobile tool box. There is also always one to two nurses and a minimum of one doctor who carry a beeper to respond to the emergency immediately.

"Our goal with these alcoves is to have a better response time, however, even with a well-placed cart if you don't have someone administering cardiac pulmonary resuscitation (Circulation, Airway,

Tragic ski accident meets happy ending

—SPIRITUAL CARE SERVICE AT THE MONTREAL CHILDREN'S HOSPITAL SEES FAMILY'S HOLIDAY WISH COME TRUE

By Julia Asselstine

On the evening of December 24, 2009 Mary Rea received the worst call of her life—her husband Mike found their 10-year-old daughter Laura lifeless at the base of a tree, which she had hit while downhill skiing.

The series of events that followed were enough to put any family through the ringer and back. Thankfully for the Rea family, the Spiritual Care Service at The Montreal Children's Hospital was there every step of the way.

"We really thought she was dead," says Ms. Rea. "She was rushed to the Ste-Agathe Hospital, where they stabilized her. We were in The Children's care by 6 p.m. that night. Her injuries were so extensive she was placed in an induced coma."

As soon as Laura was brought into the Emergency Department, Spiritual Care Service was by the Rea family side. "It was Doreen Shalla, a chaplain, who stayed with us all night that first night," says Ms. Rea. "You know when a mother comforts a child; that's how I felt with her and I did not want her to leave my side—which she didn't. Her presence gave me strength, talking to me the whole time and also listening and reassuring us. Laura was in the hospital until the end of January and Spiritual Care Service was there every day."

Laura was in her induced coma until the first week of January. Since her accident she has had eight operations, including for her ruptured bladder, her broken hip bone and for her crushed eye socket and ear. The physicians could not believe she was wearing a helmet, the injuries were so severe.

Laura is 13 now and as of this past summer was given a good bill of health. The only remaining side effect is the accident-induced diabetes insipidus from the trauma to her head. Her body does not retain essential nutrients so she must take enzymes in the form of a pill every day.

"Spiritual Care Service gave me so much hope," says Ms. Rea. "Laura is back to being a healthy kid and I thank The Children's for this and I thank Doreen and her team for the constant support that got us through this most traumatic event of our lives. We couldn't have asked for a better Christmas gift that year."



Laura Rea

Breathing «the CAB») before it arrives—especially if the person is in full cardiac arrest and the heart is not pumping—brain damage can occur," says Sergerie. "My message to everyone is get CPR certified; you never know when you can help save a life."

CPR training is offered to all nurses at the MUHC. Visit the Nursing Intranet site, Education section for more details.

Michel Sergerie is the recipient of the 2012 Director General's Award (DGA) in the Management category. This is just one example of how he contributes to excellence at the MUHC day in and day out.



CODE ORANGE

A CODE ORANGE IS RECOGNIZED BY HEALTHCARE CENTRES IN QUEBEC AND ELSEWHERE AS A SIGNAL THAT A CATASTROPHE OR EXTERNAL EMERGENCY HAS OCCURRED THAT MAY RESULT IN MULTIPLE CASUALTIES.

The MUHC participates in emergency preparedness event

By Tamarah Feder

At 8:35 a.m. October 24, 2012, a simulated Code Orange emergency incident was declared in Montreal. More than 100 actors, dressed and made-up to appear as injured patients, were brought by ambulance and city bus to the Emergency Departments (ED) of the Montreal General Hospital (MGH) and Montreal Children's Hospital (MCH). The simulation was designed to evaluate the emergency preparedness of Montreal services should a major event really occur.

The MUHC was invited to participate in this unique opportunity with the Agence de la santé et des services sociaux de Montréal, the Corporation d'Urgences-Santé, le Service de police de la Ville de Montréal, the Montreal Transit System and the Canadian Forces. With nearly 40 medical and paramedical disciplines, the Montreal General and Montreal Children's Hospitals deliver ultra-specialized trauma care for adults and children in Quebec – the only institutions providing such care in downtown Montreal. Each year, the MUHC receives approximately 10,000 trauma victims, including more than 1,500 who present with injuries sufficiently serious to involve intensive care, surgery and rehabilitation.

THE MAKING OF A CODE ORANGE SIMULATION EVENT

About a year before it was scheduled to take place, the MUHC began discussions with the Agence de la santé et des services about executing a Code Orange simulation, which would offer an extraordinary opportunity for the MUHC to test and assess its procedures.

Very few people were aware of the simulation to ensure the maximum number of MUHC employees would respond as if it were a real Code Orange event.



DAY OF THE CODE ORANGE SIMULATION

In the early hours of October 24th, military artists made up approximately 100 actors of different ages to appear to have realistic-looking wounds on their faces and bodies. The actors then boarded city buses and ambulances bound for MUHC hospitals.

At 8.35 a.m., the Agence launched the Code Orange simulation. The MUHC Call Centre began contacting department leaders throughout the institution in accordance with Code Orange procedures.

As the ambulances made their way to the hospital, they called into the EDs of both participating hospitals to advise them on the number of patients they were bringing in and their status. The blue trauma light flashed, alerting the ED teams to prepare for the arrival of patients.

Within minutes of the Code Orange being called, the ambulances and city buses were rushing to the MGH and MCH EDs carrying "patients" in various states of injury.

The EDs kicked into high gear as the "patients" were brought in, assessed, "treated" and released. The hospital kept the media up-to-date with communiqués, press conferences and diligent use of social media, such as Twitter.

The Agence filmed the entire event with the intention of using the film as a teaching tool for Quebec hospitals. The event, which provided a rare opportunity to test and evaluate preparedness on such a large scale, lasted about five hours and touched many different MUHC departments, including the EDs, Trauma, the Intensive Care Unit, Housekeeping, Public Affairs, and many more. The entire process ran smoothly and with precision, all the while ensuring real patients continued to be properly seen. The MUHC was lauded by the Agence for its efficiency and professionalism – a testament to the dedication and team work of all our staff and physicians.



A BRIEF HISTORY OF CODE ORANGES AT THE MUHC:

The MUHC is always prepared for a possible Code Orange – the signal that alerts the hospital of an external incident that could result in mass casualties. Scheduled events, such as the U2 concert in the summer of 2011 or the student demonstrations that took place last spring triggered a pre-Code Orange, which ensured hospitals were on stand-by during these massively attended events. Unexpected events that take place elsewhere, such as the earthquake in Haiti, can also trigger a Code Orange if some casualties are expected to be brought to the MUHC. The last major Code Orange that took place was in 2006 following the Dawson shootings. Since then, the MUHC has initiated pre-Code Orange procedures several times, including the full-scale simulation this past autumn.



PARTNERS INVOLVED AND THEIR ROLES DURING THE DRILL

- Agence de la santé et des services sociaux de Montréal: evaluate the network coordination structure
- Canadian Armed Forces: prepare the volunteer victims (makeup)
- Urgences-santé: transport volunteer victims and evaluate the transfer of casualties as ambulances arrive at the hospital
- MUHC: receive and treat the wounded (e.g., validate the triage protocol and validate the intra-hospital patient transfer process)
- Service de police de la Ville de Montréal: evaluate crowd control around the site
- Société de transport de Montréal: evaluate the transportation of victims by bus

What the public should do during a Code Orange

If you require hospital treatment that is not urgent during a Code Orange, consider visiting your nearest health care resource or call Info Santé at 811.

For up to the minute information and to find out which hospitals are affected, check the Agence's website:

www.santemontreal.qc.ca/en/

Facebook page: www.facebook.com/santemontreal

or Twitter feed: <https://twitter.com/santemontreal>

To find out if a Code Orange is called at the MUHC, go to:

Twitter: [www.twitter.com/cusm_muhc](https://twitter.com/cusm_muhc)



PATIENT PROFILE

Tom Jonas

– CONTINUING THE FAMILY TRADITION AT THE MUHC

By Diane Weidner

Tom Jonas is no stranger to the Royal Victoria Hospital (RVH). He has great memories of hanging around the hospital grounds. When he wasn't busy swimming in the pool, you could find him watching the centrifuge machine in the vitamin lab where his mother worked for 37 years, or visiting his grandmother, now 99 years old and still going strong, who worked at the RVH gift shop for over 30 years.

Consequently, Tom never feared hospitals, which is a good thing because he has had reason to spend a great deal of time at the McGill University Health Centre (MUHC).

Tom has experienced some life-changing moments at the MUHC. In 2001, he had back surgery at the MGH and in 2009, he underwent bariatric surgery at the RVH that resulted in a dramatic weight loss of over 100 lbs. Most recently, Tom had a fever of over 102° F that lasted for over 19 days. He



Tom Jonas

was admitted to the RVH for a week and given a barrage of tests until eventually, the fever broke.

All his experiences have been positive and Tom has only good things to say about the care he has received. "Whenever I or

one of my loved ones has been treated at the MUHC, the entire team of physicians, nurses and orderlies has always gone out the way to make sure that there was good communication," he says.

A graduate of Ryerson University's film and photography program, Tom has always had a keen interest in cinematography and creating ghoulish skeletons. Six years ago, his wife suggested that he put his talents to use for the good of The Montreal Children's Hospital and "Big Chills for Little Kids" was born. Every October, Tom creates one of the spookiest houses in Canada for this annual Halloween event, which raises funds for much-needed medical equipment. This year, with over 2,500 visitors and lots of support from sponsors, money was raised to purchase Volumetric Pumps for the Neonatal Intensive Care Unit.

As the editor of *Montréal en Santé*, Tom works in collaboration with the staff to shed positive light on the activities of the MUHC.

It is obvious from his words and deeds that Tom Jonas is happy to give back, which has been such an integral part of his life. "I think it's a great organization, I really do."

His advice to MUHC healthcare workers is simple: "Continue what you're doing."

How to manage kids' holiday expectations

By Pamela Toman

Here comes the holiday season again. The days are getting shorter, and so are children's attention spans. Their holiday wish lists, on the other hand, are getting progressively longer by the day. And who could blame them? Thanks to TV, social media, and their friends, today's children are constantly exposed to new toys, electronic innovations, and apps.

Meeting family needs is enough of a challenge today from a financial perspective. Adding in all those holiday wish-list "wants" can be a real strain on both the budgetary and emotional fronts.

SO, WHAT TO DO?

Often it's just not possible meet your children's every holiday expectation. "The potential for disappointment is certainly there," says Marie-France Haineault, certified child life specialist at The Montreal Children's Hospital. "But at the same time, the holidays present a great opportunity to bring families closer together, and to teach some valuable and useful life lessons."

"The first step to managing kids' expectations is to talk openly and honestly with them," says Ms. Haineault. Ask your children about their wish lists, and then discuss these together. If they're old enough, you can explain to them that they may not receive every item on their lists this holiday season. And if they're still Santa Claus believers, you can tell them that the man at the North Pole is very busy, working to get toys and games to millions of children around the world. You can have them make a Top Ten or Top Five list, and get them to assign priorities to each item on the list. That is, after all, how things are supposed to work in a well-ordered grown-up world! (Well, at least sometimes anyway.)

THE JOY OF GIVING IS A GIFT ITSELF

"You can also give your children another wonderful holiday gift," adds Ms. Haineault. "You can instill in them a strong sense of the joy of giving. That includes gifts in the traditional sense of the word, but also their time, effort and compassion."

For starters, you can give each child a holiday to-do list. Tasks will include helping you prepare for the holidays – as well as acts of kindness, such as visiting an elderly relative, or volunteering at a local food bank. This will help them to develop a greater sense of responsibility toward self, family and community. You might also give your children an advance cash gift – with the suggestion that they should donate all or a portion of this to a worthy charity of their choice.

For those children who haven't yet earned money of their own, that advance cash gift can also be used to buy gifts for other family members. If they cannot afford to buy small gifts for each family member, you can assign one gift recipient to each junior gift buyer.

A UNIVERSAL MESSAGE

And what if these holidays are not your family's holidays? Keep in mind that there's some common ground here. Look at all those bright lights during the shortest, darkest days of the year – a symbol of hope in many cultures. And then there's the Golden Rule – doing unto others as you would have them do unto you. That's one of the main tenets of most of the world's cultures and faiths.

The CHUM - MUHC Oacis project, an inspiration for the region, Quebec and abroad

By Chantal Beaudry

Each year, the Centre Hospitalier de l'Université de Montréal (CHUM) – McGill University Health Centre (MUHC) Oacis team receives requests from about 20 local and international organizations to share the expertise developed within the framework of its electronic medical record system.

AN INSPIRATION FOR THE MONTREAL REGION

The CHUM and the MUHC are pioneers in the Montreal region with regard to the integration of Oacis.

In 2006, the Montreal Health and Social Services Agency announced its desire to extend the use of Oacis—an electronic medical record software system—beyond the CHUM-MUHC to all healthcare institutions in the Montreal region. Some regions throughout Quebec also followed suit and decided to adopt Oacis, while others are still in the process of making a choice among different systems approved by the Ministry of Health and Social Services.

The institutions that have opted for Oacis often turn to the CHUM and MUHC to learn from their experience. For example, whenever there are advances made to the system—such as in capturing clinical documentation, prescribing orders, scanning paper documents or using an electronic signature—members of the CHUM and MUHC implementation teams are regularly called upon to share what they have learned. Discussions can revolve around project management, change management, training and communication.

AN ENRICHING EXPERIENCE ABROAD

But on a much broader scale, this voluntary collaboration between the CHUM and MUHC is a first in Quebec, Canada and probably North America. Tangible results from the relationship demonstrate a guarantee of suc-



Candidates for the Executive MBA in Hospital Management and from the Health Sector of the Frankfurt School of Finance and Management in Germany learning about CHUM-MUHC medical electronic record software system, Oacis, on November 23, 2012.

cess. The latest statistics indicate that more than 6,000 different clinicians per month use Oacis in each institution. And numerous achievements with the system have inspired people from around the globe.

Several aspects of the project have caught the attention of those who face or will face similar challenges as these two healthcare institutions, including the need to implement an electronic medical record bringing together patient data collected from different institutions, the socio-economic context in which the CHUM and the MUHC are evolving and their “multisite” reality. All of these are of particular interest to managers and clinicians internationally.

The CHUM and the MUHC were recently invited to present a report of their activities to streamline the exchange of clinical information for the well-being of the patient, first at the 5th World Conference of Francophone Nurses in Geneva, Switzerland, then in Montreal at the International Economic

Forum of the Americas and also at the Nurse Informatics (June 2012).

In November, for the third consecutive year, around twenty candidates for the Executive MBA in Hospital Management and from the Health Sector of the Frankfurt School of Finance and Management in Germany, came to meet the team members of the Oacis project. Composed of managers and clinicians from various parts of Europe and Africa, this cohort of students received intensive training on management and IT in the health sector.

The MUHC is proud of the attention attracted locally and around the world. Expertise continues to be built thanks to the efforts of the Oacis team, physicians, residents, nurses and professionals. There is still a long way to go but the vision and determination required to face the challenges that the rest of this project has in store are present. No doubt there will be many more experiences to share.



**One hundred years
is worth celebrating.**

THE LACHINE HOSPITAL
HAS KICKED OFF ITS CENTENNIAL YEAR!

For details, visit muhc.ca/Lachine100



1913-2013 **LES 100 ANS
DE L'HÔPITAL DE LACHINE**



**THE LACHINE HOSPITAL'S
100 YEARS 1913-2013**



Test Driving the Glen

By Cinzia Colella

Imagine being able to test a new hospital before it gets built: check that the equipment and furniture are in the right place; ensure that work flow is maintained and improved; get a feel for what a room will look like and just generally ascertain that everything is functioning optimally.

McGill University Health Centre (MUHC) clinical design teams are doing just that. With eleven mock-ups of the most critical areas in the hospital being built, planners and clinical advisors are visiting each room to make sure everything conforms to the highest standards.

“We are putting our design into practice,”

says Imma Franco, associate director of Programs and Services Planning, MUHC. “It is extremely important and helpful for our clinical advisors and users to actually see and use the space before it gets completely built and furnished—it gives them a chance to ensure that it is functional. Sometimes even a minor change, like deciding to move a chair, improves day-to-day practices and facilitates the work of our staff.”

According to Dr. Michael Tanzer, associate surgeon-in-chief, MUHC, “Actually being in the space is a wonderful opportunity to make improvements. Working from plans and drawings is great, but to see the plans come to life and make sure they work is a fantastic opportunity.”

Groups have already been to the OR mock-ups for both the children and adult sites and visits are underway for the Neonatal Intensive Care Unit. This will be followed by visits to the Adult Emergency Department resuscitation room; Intensive Care Unit; clinical exam room; clean utility room; soiled utility room; Emergency Department treatment bay; adult and pediatric inpatient rooms.

The mock-ups represent another major milestone in our move towards the Glen site—one that makes the transition a reality. “There’s a lot of work still to be done in terms of getting ready for the move,” says Ms. Franco, “but it’s worth it, there’s a lot to look forward to as well.”

Parking at the Glen site: a modern system to improve service

By Cinzia Colella

Parking a car in the McGill University Health Centre (MUHC) hospital lots is not always an easy task. Thanks to a new navigational system, this will all change at the Glen.

“The new technology is really going to simplify parking for our patients, visitors and staff,” says Gilles Côté, MUHC manager of Parking Services. “The system will direct drivers to free spaces by identifying the specific level, zone and lane where a space is vacant.”

The new parking structure will also boast covered and protected entrances for patients and visitors. “The underground parking lot connects directly to the hospital,” says Mr. Côté. “In this way, people don’t have to worry about braving bad weather once they arrive—they can just go straight up to the main galleria of the hospital.”

HOW IT WORKS

A detector fitted with a LED light is installed over every parking space, which checks for the presence of a vehicle every second and sends its status to a central computer. The computer then processes the data and updates the digital information panel in real time.



When a driver arrives, a sign indicates by means of arrows the way to go or avoid.

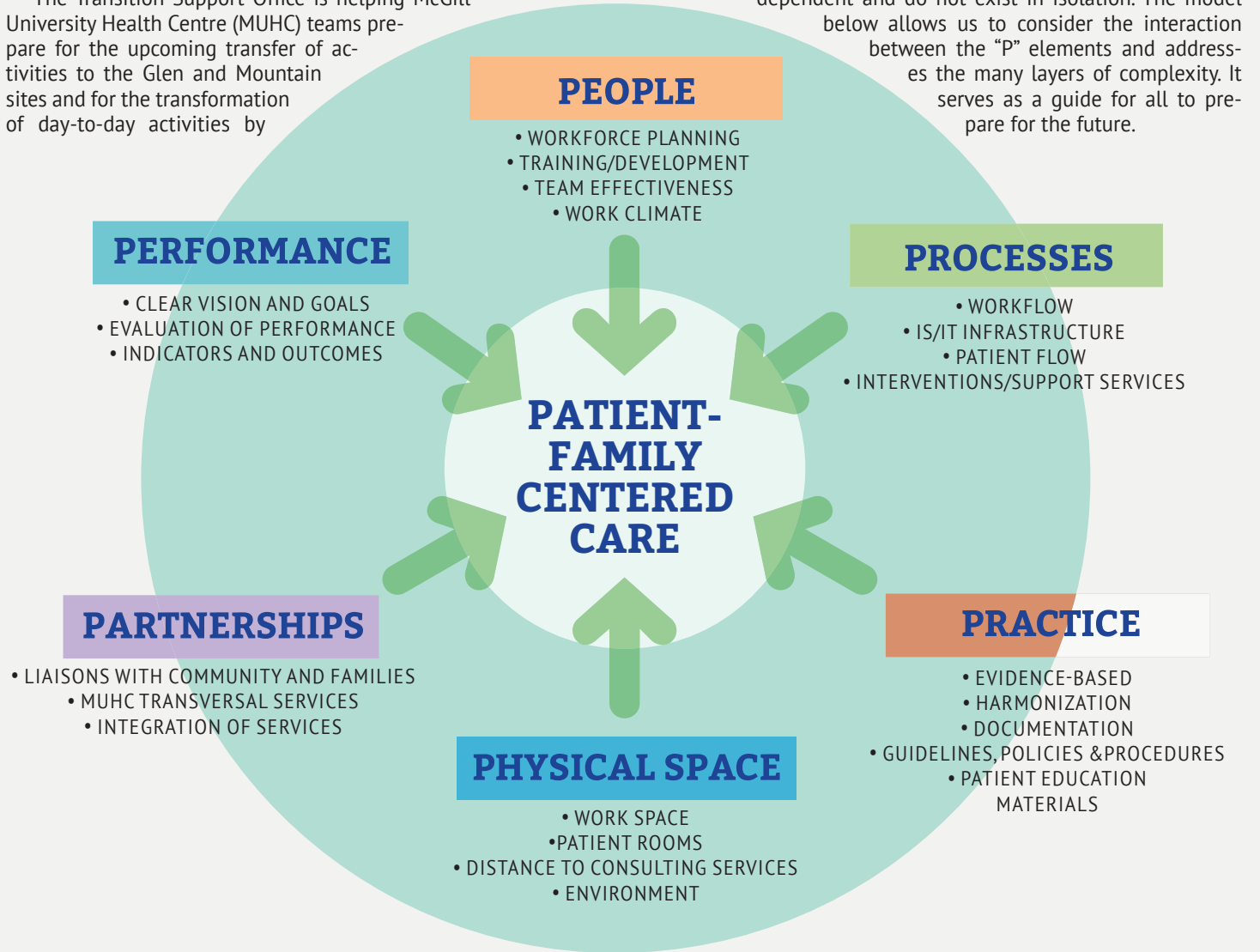
“When people come to the hospital, it is usually for important reasons,” says Mr. Côté. “The new system will allow our clients to save time and avoid unneeded stress. Our primary mission is to provide care to our community, any tool that makes that easier is a good one.”

HOW DOES ONE PLAN A TRANSITION? ONE “P” AT A TIME... By Carrie Mazoff

The idea of transition and change can be scary at the best of times. It can seem like an elephant on the horizon; simply overwhelming. And as the old adage goes, how do you eat an elephant? The answer: one bite at a time.

The Transition Support Office is helping McGill University Health Centre (MUHC) teams prepare for the upcoming transfer of activities to the Glen and Mountain sites and for the transformation of day-to-day activities by

breaking the change process into more manageable pieces. These manageable pieces are known as the basic elements of transition, also called “The 6Ps.” Each “P” element of transition should be considered with the patient and family at the centre. They are interdependent and do not exist in isolation. The model below allows us to consider the interaction between the “P” elements and addresses the many layers of complexity. It serves as a guide for all to prepare for the future.



MASTER RIBBON WEAVER DAZZLES ALL

Yat Wing Rock Mt Lo, also known as *Rocky the Ribbon Man*, shares his mastery of ribbon weaving with patients at the McGill University Health Centre (MUHC) as his children look on. A gifted artist with professional training, Rocky is an exuberant teacher with a lifelong commitment to volunteerism. At the MUHC, Rocky helps patients pass the time by teaching them how to make three-dimensional animals and other symbolic creations. He also participates in fundraising efforts at the hospital by selling his creations.



Fundraising Flash

Recent Results: Joint Corporate Campaign

\$3 million – On November 28, BMO announced this major donation as part of the Joint Corporate Campaign to support the MUHC's redevelopment project. L. Jacques Ménard, president of BMO Financial Group, Quebec, said, "With the major support of BMO and other companies, the CHUM and the MUHC will soon be able to do what they do best, and do it even better – namely saving lives and healing patients."

\$12.5 million – On November 26, Merck Canada announced an investment of \$12.5 million to fund research at three prominent university-affiliated and hospital-based research centres, including the Research Institute of the McGill University Health Centre. "We believe initiatives like investing in top research institutes that conduct innovative basic and translational research are one of the best ways to improve R&D productivity and stimulate innovation in Québec," said Cyril Schiever, President and Managing Director, Merck Canada.

\$150,000 – Splash & Dash: On November 3, families, students and co-workers formed teams and competed in a variety of running and swimming relay races at the McGill University Sports Complex. All money raised will support the continuing education program for the nurses and healthcare professionals at Sarah's Floor at the Montreal Children's Hospital. To date, close to \$1.5 million has been raised for Sarah's Fund of the Cedars Cancer Institute.

\$655,000 – MCHF Golf Tournament: The Montreal Children's Hospital Foundation is proud to announce that the 16th edition of its annual Golf Tournament raised over \$655,000, bringing the total amount raised to \$8 million since its first edition.



(Left to right) Frank Sullivan, Julie Dessureault, Marie-Josée Gariépy, Gary Silverman, Laurence Sellyn, honorary president, Ray Lacharite, Hugh Hallward, Peter Morton, event co-chair, Michael Whitworth, event co-chair, Marc Tremblay, Stuart Korne, Dr. Jean-Pierre Farmer, Alanna Ramgoolam. Absent from this picture: Brian T. Baxter, Phil Dixon, Scott Jones, Miles Leutner, Andrew Parsons, Paul Rabinovitch, Greg Rokos, Mark Smith, and Dr. H. Bruce Williams.

Join the Movement!

The McGill University Health Care (MUHC) Human Resources (HR) Department is proud to announce an exciting fundraising initiative to help build the New MUHC Wellness Centre at the Glen site. The Centre will provide comprehensive health and wellness services including a gymnasium for physical activity and fitness, a swimming pool, massage therapy and foot care, kinesiology and nutrition services, consultation and health risks evaluation, stress management, relaxation and meditation courses.

To assist in this fundraising initiative, HR has developed the following two wellness challenges:

Challenge #1.

On May 25, 2013, the MUHC community will have the opportunity to partake in the Spartan Race, a 5-km obstacle race in the majestic environment of Mont-Tremblant. To be part of this exciting venture, simply put together a team of 20 and visit http://www.muhcfoundation.com/wellnesscentre_spartanrace for details on how to register.

Please note that a portion of the registration fee for this event will be donated to the Wellness Centre fundraising project. Furthermore, each team (20 members) is challenged to raise \$10,000 (\$500 / member) towards their donation to the centre.

Challenge #2.

THE MUHC CARING FOR OURSELVES AND COMMUNITY WALKATHON

If obstacle courses aren't your bag, then why not join the MUHC Walkathon and lead by example! Sign up a team of 10 colleagues today and move towards a higher quality of life through physical fitness. All funds raised will also go towards the new Wellness Centre at the Glen site.

Champions are currently being recruited to lead a small team, department, or unit, in this MUHC Caring for Ourselves and Community Walkathon. The fundraising period will take place between January and September 2013. Don't miss out! Visit http://www.muhcfoundation.com/wellnesscentre_walkathon for details on how to register.

If you wish to simply donate to this campaign via payroll deduction please visit <http://muhc.ca/interne> FR (http://muhc.ca/sites/default/files/docs/Formulaire-de-dons_Donation-form.pdf)

Attenzione all MUHC healthcare professionals of Italian heritage!

The McGill University Health Centre's Best Care for Life Campaign is launching a new fundraising event in partnership with the Montreal Italian community that will pay tribute to the Italian-Canadian doctors, nurses and healthcare professionals who contribute to making the MUHC a world-class hospital.

The event's organizing committee is calling on any MUHC healthcare professionals of Italian descent who would be interested in participating by sharing their story.

Selected individuals will be featured leading up to and during the fundraising event that will take place in April 2013. Anyone interested should contact Cynthia Messina at 514 934-1934 ext. 71758 or cynthia.messina@muhc.mcgill.ca.