



THE RI-MUHC AT THE GLEN: AN INTERACTIVE ENVIRONMENT WITH INFINITE POTENTIAL FOR DISCOVERY



Dr. Vassilios Papadopoulos, executive director of the RI-MUHC, in the atrium of the new research building.

This is it! After years of planning, consultations, construction and preparations, the Research Institute of the McGill University Health Centre (RI-MUHC) is about to open its doors at the Glen site.

The new biomedical and research facilities, together with the redesigned and renovated laboratories and clinical research units at the Montreal General Hospital (MGH), will “redefine how the RI-MUHC’s researchers, post-doctoral fellows and students conduct cutting-edge research,” says Dr. Vassilios Papadopoulos, executive director of the RI-MUHC, and researcher in human reproduction and development.

“What excites me the most about the new location is that it will promote a continuous flow of communication among researchers coming from different health research fields, whether it’s basic laboratory, clinical or evaluative research,” he says. “At the Glen, scientists will be grouped around specific areas such as child health and human development, respiratory medicine, infectious diseases, experimental therapeutics and metabolism and cancer. The RI-MUHC will merge the pediatric and adult components of research so that our scientists can investigate disease onset and outcomes of individuals across the lifespan.”

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Collaboration among colleagues at the heart of a healthy hospital

A new research project aimed at developing managers at the McGill University Health Centre (MUHC) is beginning to yield positive results. Members of a Montreal General Hospital (MGH) team say they’re better prepared to effectively complete the launch of a new electronic records system after receiving project management training through the Collegial Collaboration project.

The interdisciplinary team in charge of implementing the ARIA electronic medical records in the Cedars Cancer Centre at the Glen site wanted to maximize their project’s chances of success. So in the fall of 2014, the ten professionals accepted to take part in an action research project on Collegial Collaboration, which included training in project management.

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Message from **NORMAND RINFRET**

Moratorium on Change Requests and New Projects before the Moves

We have long dreamt of MUHC 2015 and now it is upon us! However, with the excitement also comes intense pressure to complete the activation phase and carry out, securely, five moves. Across the MUHC, Activation, IT and Technical Services teams, to name just a few, must respect strict timelines and the most complex moving sequence Health Care Relocations has ever encountered so that we're ready to welcome our patients in a few short months.

Last July, we established a moratorium on any change request related to the facilities of the Glen site that was deemed not essential to its safe opening. Previously in May, we also set a moratorium on IT projects, except those required for patient safety or mandated by legal or government requirements.

Given that we're all still facing considerable pressure, we renewed the IT projects moratorium in November 2014 and are now doing the same thing for the moratorium on change requests or new projects not essential to the safe opening of the Glen.

The Planning Office will start evaluating change requests related to the Glen site and new space-related projects at the end of 2015. For IT, however, the Comité exécutif de priorisation des ressources informationnelles (CePRI) will evaluate projects as of July 1, 2015.

Thank you for being respectful of your colleagues, who are doing their best to maintain the quality and safety of patient care. Your understanding and patience are greatly appreciated.

Board of Directors highlights

In order to keep the community apprised of its decisions, our Board of Directors of the McGill University Health Centre (MUHC) regularly reports on resolutions that it has passed. The items below relate to decisions taken at the January 13, 2015 meeting.

The Board of Directors approved:

- The amendment to the Permis d'exploitation du Centre universitaire de santé McGill to change the addresses of the sites that will be moving to the Glen site and the establishment of 5252 de Maisonneuve as a new establishment for clinical purposes;
- The new 2015 RI-MUHC Clinical Research Standard Operating Procedures;
- A number of resolutions pertaining to loan authorizations in support of the establishments' regular operations.

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

- Interim Appointment of Dr. Anne-Louise Lafontaine as MUHC Chief Department of Neurology effective November 17th, 2014 for a six-month period.
- Interim Appointment of Dr. Togas Tulandi as MUHC Chief Department of Obstetrics and Gynaecology effective December 31, 2014 until a new Chief is appointed.

The Board of Directors approved the following in relation to space allocations:

- To consult with the Agence in order to obtain prior authorization in relation to non-clinical areas allocated to ATMs located on both the MUHC health facilities is the Montreal General Hospital and the Lachine Hospital and authorize the Director General and CEO of the MUHC, Normand Rinfret, to give effect.
- To consult with the Agence in order to obtain prior authorization in relation to non-clinical areas allocated to the vending machines located on three MUHC health facilities – the Montreal General Hospital, the Hospital Lachine and the Glen – and to authorize the Director General and CEO of the MUHC, Normand Rinfret, to give effect to these.

SELF-CARE FOR BETTER PATIENT CARE

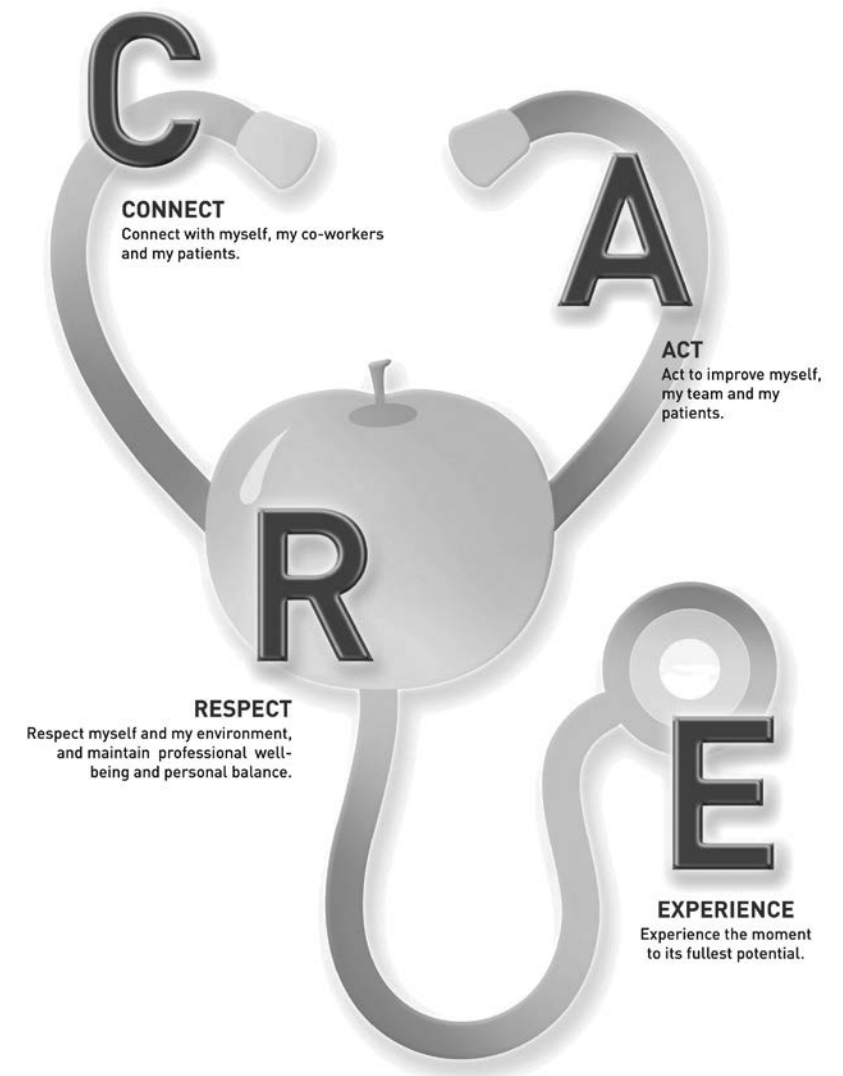
As the McGill University Health Centre (MUHC) transitions through the most comprehensive transformation in its history, there are not many stones that have been left unturned. To increase resiliency in the face of personal and professional challenges, the MUHC's Human Resources Directorate, Training and Organizational Development Sector innovated a Self-Care for Better Patient Care program. This new program comprises the four C.A.R.E practices, namely Connect-Act-Respect-Experience, which fosters personal coping strategies while promoting community well-being.

The aim of this program is to stimulate a healthful balance between the output of energy in the workplace, while catalyzing personal strength and equilibrium.

At the MUHC, our purpose is Patient Care and we can create synergy by supporting each other to achieve this common mission. Reserving time for Self-Care allows us to function optimally and feel revitalized. This well-being and balance will, ultimately, contribute to providing a better quality of service and care for our patients: our *raison d'être*.

To support this initiative, the Human Resources Directorate has redesigned its training program for managers and all MUHC employees to offer new resources and tools. For example, new training sessions for employees and managers have included Stress Management, Change Management, and Mindfulness.

It is our hope that we will all prioritize time for self-care to Connect, Act, Respect and Experience in order to feel a greater sense of regeneration and enjoy a heightened sense of well-being, both professionally and personally. To see how MUHC employees take the time for self-care for better patient care, we will soon share a video for the benefit of the entire MUHC community.



NEW APPOINTMENT BOOKING FOR MUHC PATIENTS BY ARC

THE MCGILL UNIVERSITY HEALTH CENTRE (MUHC) HAS DEVELOPED A NEW PROCESS TO CENTRALIZE APPOINTMENT BOOKINGS. THE APPOINTMENT AND REFERRAL CENTRE (ARC) WILL OFFER TWO TELEPHONE LINES, ONE FOR ADULT SERVICES AND ONE FOR PEDIATRIC SERVICES.

The service will be launched on February 27, 2015.

The ARC will be located outside the Glen site at 5100 de Maisonneuve West and the team will consist of 30 full-time employees from existing departments. Ten employees will be on the pediatric side and 20 on the adult side. The operating hours will be Monday to Friday from 8 a.m. to 5 p.m.

When patients dial the adult ARC number (514) 934-8488, the automated menu will guide them to different options. For a first time appointment in a service, they will be told how to send their consultation request and what information to include. The requests can be sent by e-mail at rendezvousmuhc@muhc.mcgill.ca, by fax at (514) 934-4404 or by mail at 5100 de Maisonneuve West, room 2.46, Montreal, Quebec, H4A 3T2.

The ARC agents will enter the received requests in the appointment system waitlist and send them to the specific department, which will triage and prioritize the requests and book the appointments. Upon the department's request, the ARC will eventually be able to book new appointments after the departments' triaging and the priorities indicated on the waitlist. "Referring physicians or patients sending the consultation request must ensure all pertinent information is included," says Nathalie Fréchette, manager of the ARC. "Patients will be contacted to confirm reception of their documents."

It will be possible to schedule a follow-up appointment at the clinic reception, following the visit.

As services are being integrated into the ARC, patients will be informed of the phone number to call for appointment scheduling.

The Oacis team hard at work to centralize clinical patient data

At the McGill University Health Centre (MUHC), the Oacis electronic medical record is the main source of patient information. Although the first MUHC modules were rolled out in 2006 and 2007, the Oacis team has been developing the system since 2002. Let's take an up-close look at this tight-knit, veteran team.

The Oacis team is a multidisciplinary group with members who come from an Information Technology (IT), clinical, nursing or other health background, which includes project managers and training experts. Some team members have been working on the Oacis deployment for eight, ten or even twelve years, which attests to their dedication to this ambitious project.

"Our job is to bring health informatics to the MUHC with a high-quality system and to support users while paying constant attention to patient safety. That's our priority," says Katy Shadpour, Oacis project manager.



From left to right : Katy Shadpour, project manager; Dawn Bonsor, deployment coordinator; Daniel J. Morin, director, Clinical Information Systems (interim); Sabina Choudhury, supervisor, Training and Quality Assurance; Marie Lyne Martel, administrative assistant; absent: Adams Brooker, trainer.

FUNCTIONALITIES THAT CONTINUE TO GROW

Over time, the Oacis team has made the system more comprehensive. Depending on their roles and professional activities, MUHC clinicians can now use Oacis to:

- View inpatient lists for each care unit and create their own patient lists
- Consult patients' demographic data, lab results, pathology and imaging reports, and medical record documents (that are scanned or electronically transmitted)
- Document patient information, such as allergies and vital signs
- Prescribe various procedures and tests for inpatients (medical imaging, labs, microbiology, nutrition, transfusion services, neurophysiology and respiratory medicine)



Clinical Analysis and Configuration Specifications. From left to right: Catherine Gauvin, clinical analyst; Adrielle Houweling, clinical analyst; Alain Désir, clinical analyst; Ellen Clark, senior advisor (interim); absent: Annick Deslongchamps, clinical analyst.

A CONSTANT FOCUS ON PATIENT CARE AND SAFETY

Whenever clinicians want to perform new tasks in Oacis, such as document patient information or enter prescriptions, the Oacis clinical analysts sit down with users to perform a detailed review of the processes for the requested task. The goal is to pinpoint how doctors, consultants, nurses and professionals will interact with the system.

"We have great team spirit," says Catherine Gauvin, a clinical analyst who is also a nurse. "For example, we analysts work with

our training and deployment colleagues, who have close contact with end users."

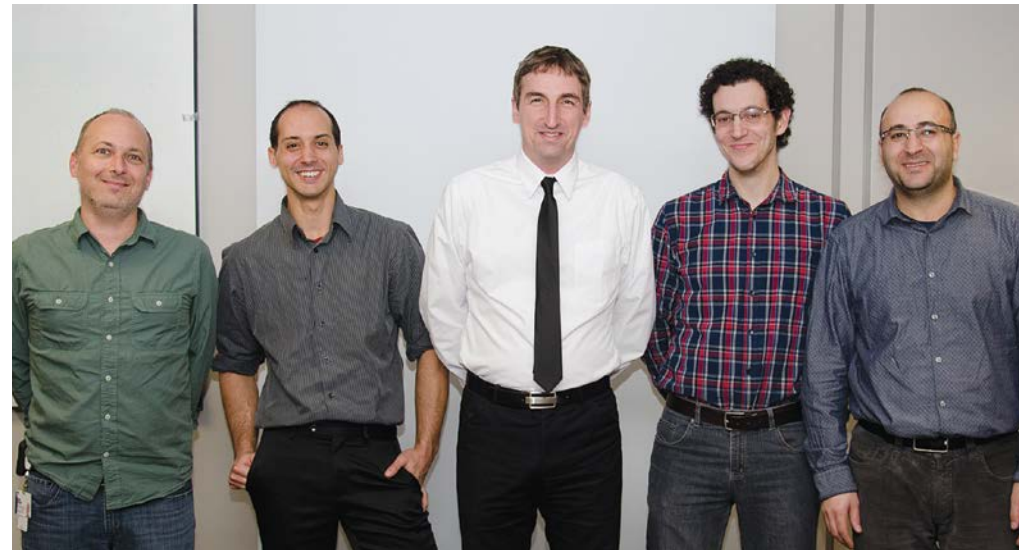
The development and production team then adapts Oacis to the process. The new functions and interfaces are tested first by the training and quality assurance team, and are then tested in a few pilot care units. Required system adjustments can be made afterwards.

"It's an honour and a privilege to bring such an important system to the MUHC

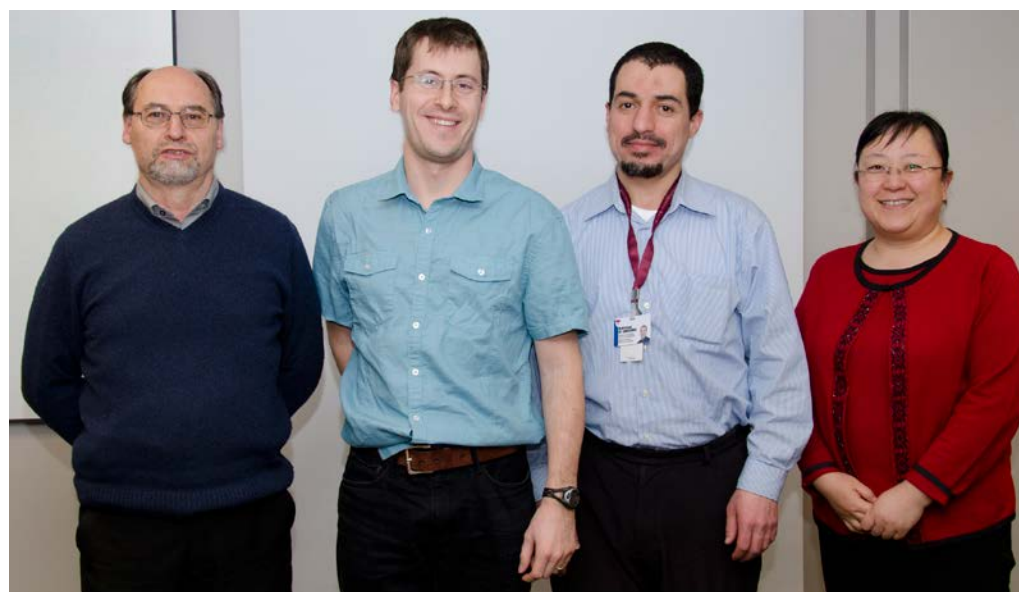
community. I'm here to serve end users. Whatever we do is for them," says Sabina Choudhury, supervisor, Training and Quality Assurance.

Dawn Bonsor, deployment coordinator, supports the implementation of changes at various MUHC sites in collaboration with trainers and clinical representatives.

Behind the scenes, the technical team carries out essential work. The team of Ted Van Rossum, supervisor, Database and



Development and Technical Support. From left to right: Marc Potvin, analyst programmer; Mathieu Biosca, analyst programmer; Benoit Tardif, supervisor; Manuel Gamero-Parra, analyst programmer; Toufik Senoune, analyst programmer; absent: Pascale Marois, analyst programmer.



Database and Architecture. From left to right: Ted Van Rossum, supervisor; Vincent Rives, specialised analyst; Makhelouf Ait Boudaoud, specialized analyst; Lin Liu, specialized analyst.

Architecture, performs maintenance on the platforms that support Oacis so that data is always backed up, protected and accessible, while the team of Benoit Tardif, supervisor, Development and Production, constantly monitors Oacis to ensure it's running smoothly. The team is on standby 24 hours a day, 7 days a week to respond to any bugs, slowdowns or other technical problems.

"The technical team works meticulously to ensure that clinicians don't have any

problems accessing information and that medical records are error-free. We help ensure that patients receive the best care, which is very motivating. This is why, I think, staff stay for a long time and become invested in the project," says Tardif, who is about to celebrate 10 years on the team.

IMPORTANT PARTNERS PITCH IN

From the start, the Centre hospitalier de l'Université de Montréal (CHUM) has also

helped develop the system. Under the direction of Dr. Jeffrey Barkun, chief of Medical Informatics, the MUHC's clinical champions (which include MUHC doctors and health professionals) have overseen the development and implementation of the Oacis system through discussions about clinical needs and any proposed solutions. The Oacis team is working closely with Telus, the system supplier, and collaborates with other MUHC Information Services teams, including the team that develops specialized clinical systems, such as O-Word, O-courbes, V-Sign and other applications that interface with Oacis.

MAJOR CHALLENGES FOR 2015

As the transfer to the Glen site approaches, the Oacis team has to adapt the system to the new site, which involves creating tools and configuring the care units. "This process is more complex than it seems, as the Glen care units have been designed differently and sometimes have multiple decentralized treatment areas called 'pods,'" explains Daniel J. Morin, director, Clinical Information Systems. "Interfaces also have to be created, such as with the Emergency Department's MedUrge system. Finally, pharmacy prescriptions have to be developed and tested in 2015. This is one of the last prescription types for clinicians we have left to provide and the most complex we've had to deploy, but we are up for the challenge!"

OACIS FACTS

At the MUHC, Oacis has:

- Nearly 7,000 unique monthly users and over 3,500 unique daily users
- Over 250,000 monthly logins
- Peaks of 1,075 concurrent users

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

One last Tea Party at the Vic Before the Big Move



^ Marie-France Coallier from the Montreal Gazette interviews Marsha Hunter, 1962 graduate of the Royal Victoria Hospital School of Nursing and past president of the Auxiliary, about the longstanding tradition high tea at the Vic.

< Marsha Hunter, Dr. Sylvia Cruess, Dr. Richard Cruess, Donna Carroll and Joanne MacPhail with a silver tea set that dates to circa 1932.

Hundreds of McGill University Health Centre (MUHC) employees dropped into the H4 lounge on January 15 to say a final farewell to the Royal Victoria Hospital. The hospital's auxiliary sponsored and hosted Tea & Treasures, an informal Victorian-style tea party where cucumber sandwiches and little cakes were served. The event paid tribute to the longstanding tradition of tea service at the Vic and was the last in a series of Royal Victoria Hospital Legacy Year activities organized by a hardworking committee led by Joanne MacPhail.

EVERYONE IS INVITED TO THE HISTORIC INAUGURATION OF THE GLEN SITE

The committee will now turn its sights on ensuring that Royal Vic staff attend the inauguration. Joanne MacPhail and Dr. Larry Stein are co-captains of "Team Royal Vic" for the Walk for Montreal!, which kicks off the celebrations on June 20. The following Walk teams have been created: Team MUHC, Team Montreal Children's, Team Montreal Chest, Cedars Cancer Foundation Team, Team Montreal General, Lachine Hospital Team, RI-MUHC Team, Neuro Team. **Join one today at WALKFORMTL.CA!**

The inaugural events would not be possible without our sponsors listed below:

PLATINUM: Bell, BMO Banque de Montréal, Cinémas Guzzo, CJAD, CTV Montréal, Evenko, Fairmont The Queen Elizabeth, Innisfree/SNC-Lavalin, La Presse, Montréal en Santé Magazine, Montreal Gazette, Pattison, Power Corporation of Canada, Rio Tinto Alcan, Rouge FM, Sodexo, Solotech, Sports Experts, Trevi.

GOLD: Aimia, Dynamite-Garage, Pomerleau-Verreault, Redbourne, Transcontinental.

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The new infrastructure of over 400,000 sq. ft. at the Glen was indeed planned so that scientists and clinicians can work together under one roof. The five-storey building will house open-concept lab modules equipped with cutting-edge equipment and advanced computer systems.

A DREAM COME TRUE FOR RESEARCHERS

"The new RI-MUHC is a dream come true for investigators doing translational research, in other words, those who work to apply the results of basic research to improve patient care," says Dr. Papadopoulos. "At the Centre for Translational Biology, they will not only do fundamental studies using cells and animal models of disease but they will also be able to develop new molecules and, potentially, new treatments."

The McConnell Centre of Innovative Medicine (CIM) of the RI-MUHC, which specializes in leading clinical research and trials, will occupy one entire floor, crossing from the Montreal Children's Hospital to the Royal Victoria Hospital.

"I like to call it a research hospital within a hospital," he says. "The McConnell CIM is fully equipped for testing, interviewing and imaging. It has beds for patients who are participating in studies and dedicated staff. It's a unique setting that will facilitate the continuum of research, from discovery to the patient, and from the patient to the population."

The majority of epidemiologists, biostatisticians and health services researchers working at the Centre for Outcomes Research and Evaluation will be located on De Maisonneuve St., across from the Glen site.

"The idea with these three centres is to break the barriers of the classic academic university environment," says Dr. Papadopoulos. "The highly interactive RI-MUHC facilities at the Glen and the ones that we will have at the MGH will allow us to do that in an unprecedented way, so that we can remain at the forefront of research and excel in our mission to improve the health of the population."

PATIENT TATTOOS DOCTORS' AND HOSPITAL INITIALS ON HIS ARM

ESOPHAGEAL CANCER
SURVIVOR NORMAND DUBÉ
GRATEFUL FOR THE CARE HE
RECEIVED AT THE MUHC

In spring 2009, Normand Dubé was diagnosed with an advanced case of esophageal cancer. But he still managed to stay upbeat during his treatment. How? Optimism, humour and gratitude.

When Dr. Lorenzo Ferri, director of the Division of Thoracic Surgery at the Montreal General Hospital (MGH) of the McGill University Health Centre (MUHC) first met with Mr. Dubé and discussed his treatment options, he stressed that the cancer was locally advanced and the chance of surviving five years was likely in only one out of three people in his situation. Mr. Dubé immediately answered, "This isn't great. You should take me on as a patient. I'll increase that average for you!"

The following months weren't easy. Between each chemotherapy session, Mr. Dubé lost 15 to 20 pounds. "I had no appetite, but my wife kept a close eye on my diet, as I had to gain weight to be strong enough for surgery." Then, with a slight quiver in his voice, he added, "I was very irritable. My wife had the patience of an angel with me, and I continue to thank her."

After his surgery in September 2009, Mr. Dubé was hospitalized in the Thoracic Surgery Unit at the MGH for nine days. Even there, he found a way to laugh and make others laugh. "One day I took a surgical glove and walked up and down the hallway like a chicken. I had a chest tube, catheter, IV, and tubes up my nose, but I made the rounds anyway to make other people laugh. It did them good and did me some good too."

"They took such good care of me," he said on a more serious note. "The staff was fantastic!" He added that he appreciated the punctuality of Dr. Thierry Alcindor, the oncologist who followed him at the MGH, and that Dr. Ferri came to see him every day he was in the hospital. "I couldn't believe it!" he exclaimed. Even the meals impressed Mr. Dubé.

"I definitely had to force myself to be optimistic at times and not worry my loved ones. But I've always had a lot of drive, and been aware there were people in the world suffering more than I was. I could have either felt sorry for myself or tell myself that I could get through it."



Normand Dubé shows off his tattoo with the name of his wife, Sylvie, the initials of his doctors, Lorenzo Ferri and Thierry Alcindor, as well as the initials of the Montreal General Hospital.

As a symbol of his extreme gratitude for the support and care he received, Mr. Dubé got a tattoo with the name of his wife, Sylvie, the initials of his doctors, Lorenzo Ferri and Thierry Alcindor, as well as the initials of the Montreal General Hospital. Today, five years later, Dr. Ferri believes Mr. Dubé's cancer has most likely gone into complete remission.

When asked where he got this ability to keep looking on the bright side, Mr. Dubé answered, "I definitely had to force myself to be optimistic at times and not worry my loved ones. But I've always had a lot of drive, and been aware there were people in the world suffering more than I was. I could have either felt sorry for myself or tell myself that I could get through it." Then he added, "I'm not a doctor, so I couldn't heal my cancer. But I could control my attitude. And I was lucky enough to get the best care team to support me!"

HERE WE COME!



Front row (from left to right): Wanda Cromlish, Patrice Vaillancourt, Lucie Grégoire, Jean-Marie Chavannes, Lucie Côté, Anna Choy, Caroline Lebrun, Wayne Powell. Second row (from left to right): Elie Salloum, Ali Salim, Sandra Atweh, Rami Tohme, Normand Lavoie, Joshua Ejdelman, Nancy Steenaert, Guylaine Gadoury, Philippe Aubry, Patrick Didace, David Alexander, Ruslan Pasternak. People missing from the picture: Walid Alchalle, Daniele Doura, Gheorghe Gainaru, Julie Gaudreault-Remillard, Daniele Karam, Fiona McIntosh, Dorothy Mckelvey, Domenica Moneta, Sonia Rea, Francois Schubert, Morteza Shamoradi, Shelldon Sladden, Dac Vuong Hien.

This is the final stretch before the redevelopment of the Research Institute of the McGill University Health Centre (RI-MUHC) at the Glen and the Montreal General Hospital. For several months, employees from the Transition team have been working hard to ensure the move goes well and that the new facilities are operational for researchers and staff of the Institute.

"I would like to say 'BRAVO' and thanks the transition team. In a few weeks from now this ambitious project will come true thanks to your continuous efforts"
 – Jean-Marie Chavannes, director of the redevelopment division of the RI-MUHC.



Continued from page 1

Collaboration among colleagues

"Implementing this system is complex and requires interaction among many health professionals and computer experts," explains team leader Dr. Tarek Hijal, radiation oncologist at the MGH.

"The Department of Radiation Oncology has been using the ARIA electronic records system for the past six years. In the transition to the Glen Cancer Centre, we are now integrating surgery, oncology, hematology and palliative care services."

The project management training is given by François Chiocchio, professor of Organizational Behaviour and Human Resources Management at University of Ottawa's Telfer School of Management. The customized program includes two workshops of two hours each.

"There is a huge return on investment of time," says Dr. Tarek Hijal. "Professor Chiocchio helped us realize that the usual approach to management in a hospital was not enough to implement a project. He helped us to articulate our project vision and put us all on the same wavelength so that we knew what we wanted to achieve."

The Collegial Collaboration project aims to better prepare health professionals who want to make positive changes to their organization. "The approach is 100 per cent pragmatic and applied. It promotes immediate results," explains Marie-Claire Richer, director of the Transition Support Office of the MUHC.

"Cooperation among colleagues from different disciplines is essential to the success of the initiative," stresses Melany Leonard, nurse manager in Ambulatory Hematology-Oncology at the MGH. "In a team, it's not just a matter of giving your opinion. Everyone should have a specific role and responsibility. The course gave us a structure and common language to function properly in this manner."

Rosemary O'Grady, nurse manager in Supportive Palliative Care at the MGH, and Suzana Darvasi, information systems technician in Medical Physics, say they have realized the importance of using timelines to avoid falling behind and of assessing risk and adjusting accordingly.

Equally essential to the success of the project were the support of the MGH's Radiation-Oncology staff and the enthusiasm of all members of Dr. Hijal's team.

"I don't think anyone knew how much work this project would entail, but everyone is completely devoted to it," Rosemary O'Grady says with a smile.

Collegial Collaboration will soon offer new training opportunities to expand its research program. Interested inter-professional teams can contact Marie-Claire Richer or Dr. Carolyn Freeman by email.



All members of Dr. Hijal's team appreciated the project management courses offered by the Collegial Collaboration project. From left to right, front row: Lucie Tardif, associate director of Nursing, Cancer Mission; Ngoc Tran, programmer-analyst; Nathalie Aubin, clinical nurse specialist, Palliative Care. Back row: Dr Tarek Hijal, radiation oncologist; Suzana Darvasi, information systems technician, Medical Physics; Marija Popovic, medical physicist; Melany Leonard, nurse manager in Ambulatory Hematology Oncology; Rosemary O'Grady, nurse manager, Palliative Care; absent: William Parker, chief, MUHC Department of Medical Physics.

The Collegial Collaboration initiative

Increasingly, health professionals are asked to take part in team projects aimed at improving organizational performance and the quality of services. These efforts are essential to the actual health of the health organizations themselves, but there's no doubt that they add to an already heavy workload.

How can we help these professionals achieve better results, faster and with less effort when they are collaborating on such projects? That is the research question behind the Collegial Collaboration initiative. The researchers in charge, Dr. Carolyn Freeman, MGH radiation oncologist and physician quality champion, Marie-Claire Richer, director of the Transition Support Office of the MUHC, and François Chiocchio, professor of Organizational Behaviour and Human Resources Management at University of Ottawa's Telfer School of Management, offer training to inter-professional teams working on organizational improvement projects.

This is action research, so it has an intervention component; in this case training, and a scientific component measuring the impact of projects to obtain useful knowledge.

Project management is gradually being applied to transform organizations. This discipline, developed in the engineering and construction sector, offers a set of tools and methods that can be adapted quickly and profitably to the field of health, as illustrated in the article, "Collaboration among colleagues at the heart of a healthy hospital."



A Healthy Organization Includes Everybody!

IT'S ALL ABOUT THE WIRING

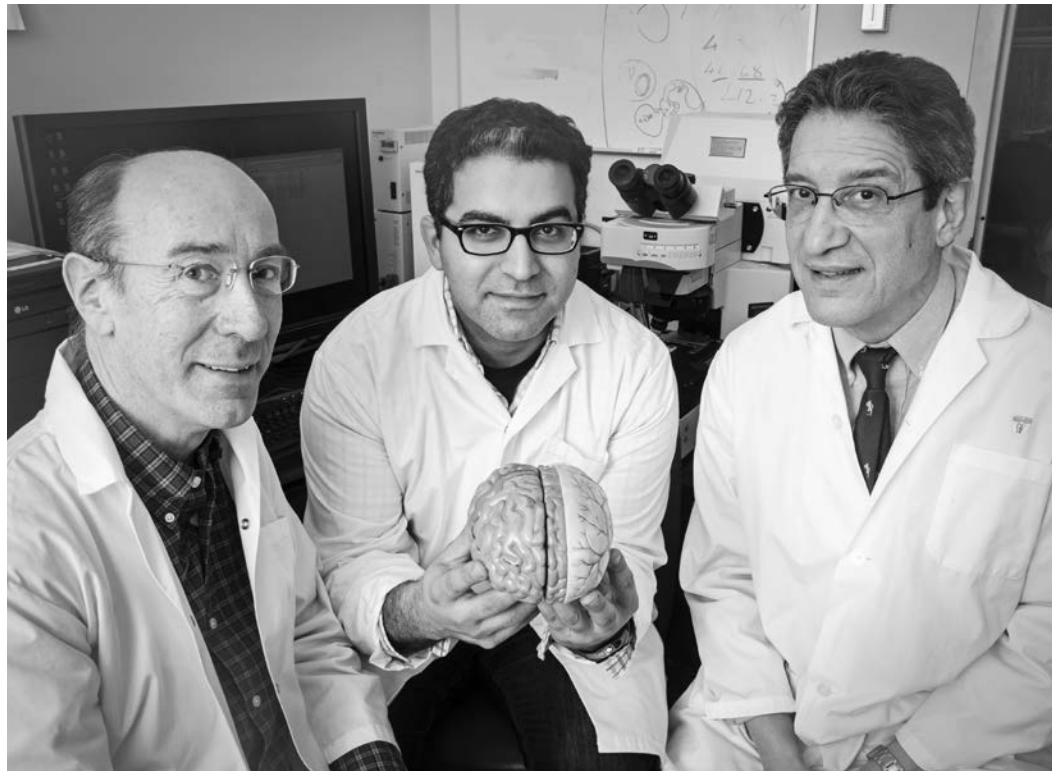
TWO TEAMS OF NEUROSCIENTISTS WILL WORK TOGETHER FOR THE FIRST TIME AS PART OF THE TRANSITION AT THE RI-MUHC

Merging two neuroscience teams who have never worked together can sometimes be almost as complex as the structure of a brain. But this is precisely the objective of a new Montreal General Hospital research program that will focus on brain, vision and brain trauma at the Research Institute of the McGill University Health Centre (RI-MUHC). This program will unite researchers from the Centre for Research in Neuroscience (CRN) and the McGill Vision Research Centre for the first time. The new merged team will work at unveiling the mysteries of brain wiring to better understand neurodevelopmental disorders such as amblyopia, autism, traumatic brain injury and schizophrenia.

"We focus on the idea that the brain is a very complex computer and that wiring of the elements of this computer is essential to brain function," explains RI-MUHC neuroscientist, Dr. Salvatore Carbonetto, director of the CRN at the Montreal General Hospital (MGH) and professor of Neurology and Neurosurgery at McGill University. "Furthermore, that wiring changes with development, and with experience."

Figuring out how the brain works is the driving force behind both groups of neuroscientists, but at different levels. One group (CRN) is focused on how neurons communicate via "cellular switches" called synapses and how malfunction of these switches can cause autism and other psychiatric disorders. The other is trying to optimize brain plasticity to reverse disorders that occur in childhood and cause visual loss. The connection between these two levels is necessary to properly understand how the entire system works. One could say it is a match made in the brain!

"This is a very good combination, because the CRN team does a lot of excellent work on synaptic transmission and responses from neurons in animal models, while what we do is really focused on the human side of things, to optimize brain plasticity to recover vision later in life," explains Director of the McGill Vision Research Centre Dr. Robert Hess. "We add the human side to their fundamental work and that will allow much greater translation into clinical therapies."



From left to right: Dr. Robert Hess, Dr. Reza Farivar and Dr. Salvatore Carbonetto. The new team of neuroscientists will occupy the research floors in the Livingston building of the MGH.

The CRN group has a long standing interest in trauma. Some of the researchers are studying the cellular and molecular events that occur during the neuro-regeneration process, with the aim of developing therapeutics that are now being tested. According to Dr. Carbonetto, the gap between this very basic research and the clinic will be bridged thanks to the tremendous potential of studies on clinical neuroplasticity.

Dr. Hess is studying amblyopia, also known as lazy eye syndrome, which is caused by a defect in wiring between neurons. He hopes this transition will be an opportunity to look at the changes in synaptic transmission relevant to lazy eye that will lead to the development of new treatment approaches.

The merged team will form the tightest concentration of fundamental neuroscientist researchers in a hospital setting, according to Dr. Reza Farivar, member of the McGill Vision Research Centre and scientific director of MGH Traumatic Brain Injury Program, who specializes in traumatic brain injury research. "If you had put cardiologists next to us, we wouldn't talk much because we do not have much to talk about. But between the CRN and us there is a lot to discuss," says Dr. Farivar, who is enthusiastic about the merger. "A new synergy will be created that pretty much does not exist anywhere else."

In the spring, this new group of neuroscientists will meet to initiate efforts to combine forces and develop new opportunities for team grants all of which will make the program one of the major research strengths of the MGH.

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