



THE VIC IS ON THE MOVE



From April 8 to 26, 2015, the Royal Victoria Hospital (RVH) of the McGill University Health Centre (MUHC) is transferring its activities to its new facilities at the Glen site. After years of planning, the whole RVH community is now living this long awaited moment and getting ready for the patient move, scheduled for Sunday, April 26.

Read all about last-minute preparations and heartfelt emotions surrounding this historic moment, as well as a few facts and FAQs about patient transfers.

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Better care, equipment and research possibilities at the new Cedars Cancer Centre

At the new Cedars Cancer Centre at the Glen, all physicians, nurses, and support staff in cancer care will be regrouped so that they are centered around the patient," says Dr. Armen Aprikian, director of the McGill University Health Centre Cancer Care mission. "Today, patients go from one department to another and often times across institutions."

According to Dr. Aprikian, the patient experience will be much improved, including much more efficiency with consultations with doctors, delivery of treatments, and better communication. "When you are more efficient and improve communication, this equals fewer delays, less errors, and the patients feel better during their trajectory of care. This usually contributes to improved cancer care outcomes."

Continued on page 6



Message from **NORMAND RINFRET**

A Spring Message

With the moves starting up again, I know everyone would be happier if there were more hours in a day to juggle move-related work and regular hospital operations. I recognize how overwhelming this period is, as most of us are facing unprecedented demands on our time. I would therefore like you to know how grateful I am for the additional efforts made by all, across the entire MUHC, to keep us moving forward. This is a testament to your dedication, and I thank you profusely.

While it's been said before, it's worth repeating that the moves between our hospitals and to the Glen site represent a complex orchestration of interconnected responsibilities. Our recently-formed special task force, called the war room, is responsible for clarifying and resolving mission-critical issues during this challenging activation period. Such issues include deficiencies at the Glen site that would affect patient safety and therefore must be fixed before the moves, as well as the activities and functionality of the Montreal General, Montreal Neurological and Lachine hospitals.

Members of the war room meet twice weekly. Decisions are made first on the basis of patient safety using a risk-assessment methodology with clinicians, then with fiscal responsibility and mission continuity in mind. The special task force doesn't leave the room until solutions are determined. These may include defining a clear process for a contingency plan with the clinical teams involved that is centred on our patients' best interests. Thereafter, the goal is to inform mission executives, department managers and early activators in a timely manner about decisions made and solutions. In turn, mission executives, department managers and early activators are responsible for sharing vital updates with healthcare professionals and staff so as to reduce uncertainty related to incomplete information or misinformation. If you have questions or concerns, speak directly with your department manager and the early activators assigned to your work area; they are there to support you and provide the answers you need.

On another note, there's been considerable discussion lately about our patients' experience and the patient-care setting. I believe all this talk is good for us. Challenging our practices will make us better, and that is something to which we should always aspire. Moreover, our patients' experience is an intrinsic part of quality care. While we've implemented changes to improve their experience, there is always room for improvement. I therefore ask that we be mindful of the fact that each of us individually, regardless of our role, contributes to the MUHC's collective impact on our patients' healthcare experience. Similarly, we also contribute to their families' experience and that of our own colleagues.

We should, as such, welcome the voice of our patients, as well as that of their families and our colleagues. By aiming for as constant a dialogue as possible, we increase our understanding of what we should improve and how we can work respectfully together to effect the positive changes that build on current experience and practice. In so doing, we also build an organizational culture that values patient- and family-centred care and a healthy work environment.

Once again, many thanks to department managers, early activators and all those working at local levels for the extraordinary efforts in managing issues during this challenging period.

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 March 10th meeting.

- On recommendation from the Director of the MUHC Centre for Applied Ethics, the Board of Directors approved the appointment of the new members of Research Ethics Boards of the MUHC:
 - Dr. Heather Gill, Surgery, SDR
 - Norine Heywood, Clinical Nurse Specialist, Surgical, SDR
 - Lori Seller, Staff Ethicist, as the REB Pediatrics Co-Chair
 - Dr. Bertrand Lebouché, as the REB 'Biomedical B' Chair

Patient Transfers: DO'S and DON'TS

As we get closer and closer to the patient moves, here are some important things for all employees to remember:



Bring your things home with you

Ensure your personal belongings (i.e. plants, photos, etc.) are taken home with you by April 25. Once we move out of the RVH on April 26, there will be no opportunity to re-access the site to pick up forgotten belongings.

DO

Talk to your patients and their families

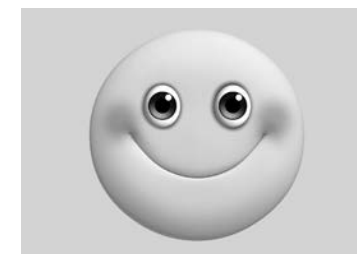
Take the time to inform your patients and their families about how the move will take place. Reassure them that patient care and safety are the number one priority during the transfers.

Your patients and their families will have many questions about accessing and using the new Glen site. Be sure to answer as many questions as possible, or let them know where they can find more information (www.muhc.ca/2015).



Discuss the transfer plan with your team

Make sure everyone clearly understands how the day will unfold and what role everyone will play. Even if some staff will not be working on the 26th, it is important that everyone understands the process so they can inform patients.



Promote a positive attitude

Our behaviour can have an effect on the way our patients feel about the move. A positive outlook on the experience will both reassure and motivate our patients and their families.



Bid farewell to the Vic

For many, saying goodbye to the Vic will be an important and emotional moment. Be sure to plan your farewell parties and take your pictures before April 26. There won't be any time for goodbyes and group shots during the patient transfers!

Get excited!

Not only are we all taking part in a once-in-a-lifetime experience, we're moving to a world-class healthcare facility. Don't forget to have fun and savour the moments!

DON'T

Show up for work on April 26 if you are not scheduled



We know that patient transfer day will be an exciting one, but it is also very important that only those who are scheduled to work are present for the moves. Too many helping hands may only complicate things.

Leave packing to the last minute

Health Care Relocations will drop off packing tools and boxes 24-48 hours before your area is scheduled to move. Be sure to start packing as soon as possible to avoid last-minute panic.



Faces of the MUHC FAREWELL ROYAL VIC

It's the end of an era and a new beginning for the Royal Victoria Hospital (RVH) of the McGill University Health Centre (MUHC). The Vic has gone through everything: historic wars, revolutionary surgeries, years of growth, difficult times and definitely amazing times that have marked the history of Montreal. Entire generations of families have been born at the Vic and we have seen great nurses, doctors and staff members commit their lives to the cause of helping others. As we look back at memory lane, we remember the moments and the people who have made the Royal Victoria Hospital what it is today: a great institution, filled with remarkable and devoted staff, who are now going to write a new chapter at the Glen.

Before the big move, we asked members of the RVH to tell us what they will miss the most about this place that has seen them laugh, cry, smile and that has borne witness to their growth at the MUHC!



1, 2, 3. The guys at M5 – Cardiology just couldn't choose one thing they'll miss the most about the Vic. For them it was everything from the pool to the view of the city from the parking lot to the historic architecture! From left to right: Steve Cadette (1), Martin Sills (2) and Olivier Dupuis (3).

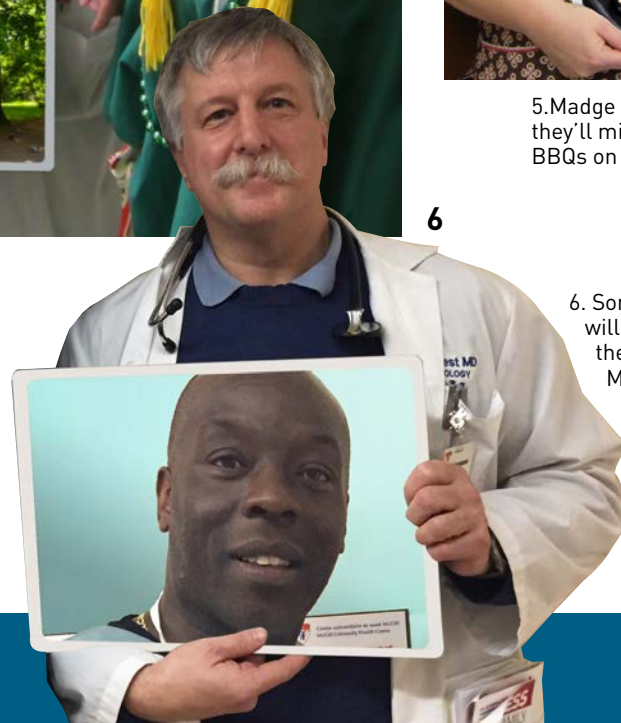


4. For the team from S4 Medical Imaging, the Vic is all about the gorgeous view. It's Montreal at sunrise; it's the mountain, the people, the trees... That's what they'll miss the most!

From left to right: Alicia Ponzo, Joseph Cinchilla-Martinez and Franca Pirro.



5. Madge May and Samantha Seleca say that what they'll miss the most from the RVH is the S7 unit and BBQs on the patio. Who wouldn't?



6. Some people will miss the view, but others will miss each other. While Charles is going to the new Vic, Dr. Genest will be located at the MUHC-RI. "He's my brother. We'll definitely miss each other's company," says Dr. Genest.
Dr. Jacques Genest and Charles Boyce.



7. Did you know one could see the amazing summer fireworks from the RVH's post-partum unit? Well, according to our nurses, this "front-seat" view is one of the many things they'll miss the most! Rear row, left to right: Ruth Lynn Fortune, Sandra Devlin, Ann-Christine Roteau, Diane Viveiros, Melanie D'Almeida, Effie Kosmidis, Jessica Alfred, and Jheyn Daclag; front row: Gabriella Scolta, Mandy Anderson, and Tracy McGill.

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

Dr. Aprikian gives us a run-down on all of the improvements:

The patient care space and equipment

First, the Cedars Cancer Centre has its own dedicated entrance improving access for our patients suffering from cancer. In the **Systemic Therapy Unit**, where patients will receive their chemotherapy treatments, the space is much larger than now and there is more light and windows leading to a more comfortable environment. There is also space for patients to have family members with them when receiving treatment. If a patient is quite ill, next to the Systemic Therapy Unit is a mini emergency unit called the **Urgent Care Centre**, which is quite unique. It is not a full-fledged emergency department but patients who are suffering from their cancer treatments or are having complications, their care can be delivered in the urgent care centre rather than in the general emergency.

The **Ambulatory Care Centre**, is where patients usually learn about their diagnosis, where discussions are had about the best course of action and where follow ups are conducted. At the moment this is dispersed throughout many different clinics throughout the MUHC hospitals. For example, the radiation oncologists, the medical oncologists and the surgeons all have their own clinics currently. Patients shuffle from one to the other. These are now regrouped in this Ambulatory Care Centre, where we have 40 exam rooms. In this centre our team that looks at scheduling has created a matrix type schedule where the clinicians around a particular disease will be able to see patients

around the same time slots. For ex. there will be clinics dedicated to certain cancers, such as breast, urologic, hematologic and so forth. This makes it much easier for patients who need to be seen by multiple specialists in one day.

The **Radiation Oncology Centre** is truly state-of-the-art and high-tech with a multimillion-dollar investment in new equipment, including seven new linear accelerators, one of which is the Cyberknife M6 that allows for much more precision in radiation therapy, less side effects and less damage to adjacent tissue. And the entire radiation oncology space is much larger than it is now.

The **administrative floor** is where all the clinicians, pivot nurses (who work in collaboration with the interdisciplinary team to assure patient centered continuity of care), and clinical research personnel, have their offices, which is on the second floor, just one floor above the clinical space in the Cedars Cancer Centre. This physical proximity to each other will improve patient care tremendously.

The **Palliative Care Day Hospital** is also housed on the second floor, as well as the **Psychosocial Oncology Unit** so everything is close by.

The pharmacy

One of the big things that is done in cancer care is the delivery of a variety of complex and very expensive drugs to patients. The current pharmacy setup, particularly at the Royal Victoria Hospital, is not good. Great care is delivered despite the limited space and equipment but past accreditation bodies have told us that our pharmacy is not ideal. Finally, we are going to have the best oncology pharmacy in the country! This is a big plus; great for patients and for our pharmacists.

The research

The Cedar's Cancer Centre is physically linked to the Research Institute of the MUHC (RI-MUHC) so in terms of innovation, clinical trials and research, the cancer centre is in a privileged position because the clinician interested in doing research will have much less distance to travel and it will be much easier to collaborate with scientists in the RI-MUHC.

"I am convinced that cancer care in the new facility will be much better than it already is at the moment," says Dr. Aprikian. "It will also be better from an academic point of view: teaching, research, clinical trials; all of this will be much stronger in this dedicated cancer centre."

Cancer Care move timeline

- On April 26, the Royal Victoria Hospital (RVH) Oncology Day Centre will move to the Cedars Cancer Centre at the Glen site
- Also on April 26, the patients on 7 Medical (oncology ward) at the RVH, will move to the new RVH at the Glen site
- In May, some of our new radiation oncology linear accelerators in the Cedars Cancer Centre at the Glen will be turned on to start treating patients
- There will be a two- to three-week period where radiation oncology will be delivered on two sites: the existing units at the Montreal General Hospital (MGH) and the new facility at the Glen
- The MGH Radiation Oncology Unit will eventually shut down the first week of June and the new unit will be fully operational in the Cedars Cancer Centre by June 2015



ILLUSTRATION: PDURAND.COM

APRIL 12 TO 18 IS NATIONAL VOLUNTEER WEEK

Heritage Heroes: Anne Usher and the Friends of the MUHC

The Art & Heritage Centre has been canvassing the McGill University Health Centre (MUHC) hospitals, tracking and collecting artwork, medical historical objects, and documents – all in the pursuit of preserving history. In fact, you may have already seen some of this action in your own unit! But what you may not know is that many of its members are volunteers. These individuals have become integral to

the Centre, not only helping out with the move to the Glen site, but also standing in as exhibition monitors, tour guides, and ambassadors.

Anne Usher first got involved with the Art & Heritage Centre in 2012 while pursuing a personal quest to find an old iron lung. Since then, Usher has been a dedicated participant and on top of her enthusiastic support, she has helped recruit

other members from the Friends of the MUHC to help preserve and promote Montreal's healthcare history. In total, they have contributed over 550 hours of work, making Usher and the Friends our Heritage Heroes.

"Learning new skills related to art and curation are just a couple of the perks," Usher said while flipping through a medical catalogue. "It's also a good way for people to take part in their own history and participate when they have the time. The partnership between the Friends and the Art & Heritage Centre is a good fit for people interested in the past, present and future."

With traditional volunteering becoming more difficult to maintain, the Friends are providing new and innovative opportunities for community-minded people to give back. The Art & Heritage Centre is excited and very grateful for their support and look forward to running fun and dynamic programs with them in the future.

Anyone interested in volunteering with the Art & Heritage Centre, please contact friendsofthemuhc@gmail.com

Keep in mind: In preparation for the moves, the Art and Heritage Centre is pre-emptively collecting artwork across our legacy sites that will be moving to the new hospital so that the art pieces can be properly catalogued, cleaned, and put in place at the Glen. Please remember that it is illegal to take home any of the remaining art, photographs, installations or plaques that are not moving to the Glen site - they are property of the MUHC.

Thank you to all of our MUHC volunteers!

Staying connected at the Glen

While working at the Glen site, McGill University Health Centre staff members can rely on many complementary communication systems: a vast WiFi network, multiple telephony options (new IP desktop phones, WiFi phones, green emergency phones), as well as numerous all-in-one printers. Thanks to the recent installation of two antennas, pagers also benefit from great coverage at the site.

However, the existing cell network does not provide full coverage for cellular phones, limiting calling and texting functionality. Information Services is finalizing implementation plans for a Distributed Antenna System (DAS) to provide cell signals (voice and SMS) throughout the site. Subsequently, 700 antennas will be installed starting this spring in key clinical areas (Emergency Departments, Operating Rooms, PACUs, Intensive Care Units, CCU, Birthing Centre) and gradually spread across all units and departments. Users will get improved cell signals week after week as the DAS is implemented. Thanks to the WiFi network, V-sign remains functional at all times.

Compensatory measures

To facilitate mobile communications, the BBM and iMessage apps are fully operational over the wireless network that is already in place. Check out the MUHC 2015 section of the Intranet for step-by-step guides to configure these apps.

In addition, note that pagers will be provided to on-call personnel. If you need to be located or to communicate peer-to-peer, please send a request via the C2 Service Desk on the Intranet. Pagers are provided at no cost during the DAS deployment period. Pager users are responsible for advising the call centre of their new contact information.

Additional information and updates will be provided regularly. Thank you for your patience and cooperation as we adjust to our new facilities.



The Radiation Oncology Centre at the Glen.

ROYAL VICTORIA HOSPITAL PATIENT MOVE DAY — APRIL 26, 2015

COMMAND CENTRE

The Command Centre instructs team leads at each step, coordinates all transfers, and executes final decisions and contingency plans

1



Before transportation, each patient will have their health status evaluated by a clinician and must be cleared for departure.

2



Patient is transferred by a lift team to an ambulance transport stretcher or Medicar wheelchair. They are accompanied by a transfer nurse who carries their chart and medication.

3



Patient is transported by the Transport team from their room to the ambulance or Medicar.

4



Patient is placed in the ambulance or Medicar, accompanied by a nurse and, if needed, a respiratory therapist and/or physician, then brought to the Glen site via a predetermined route.

5



Patient arrives at Glen site, is checked-in, and brought directly to their new patient room and assessed by a Glen site care team on their new unit.

30
min

TRANSFER FAQs



Why move everyone in one day?

In order to safely move our patients into a new facility, we must operate two fully-functioning hospitals. The logistics, number of staff, and operating costs required to make this happen means condensing patient transfer activities in one day one day, as this is the most efficient and safest way to go.

Where do family members wait while their loved ones are being transferred?

Family members will not be permitted at the Royal Victoria on move day. A social worker will call immediate family once their loved one has been successfully transferred to give an update.

When will family be allowed to visit their loved ones at the new hospital?

Families are welcome to come visit their loved ones at the Glen from 4 to 8 p.m. They should meet in the Glen cafeteria and will be escorted to the patient room.

What if a patient is too unstable to be transferred?

If a patient is deemed too unstable to travel at their designated time, their transfer can be pushed back to later in the day. Keep in mind that all patients will be accompanied by at least one member of their medical team in the ambulance.

What if a woman is in labour?

Women who go into labour after 5 a.m. on April 26 should go directly to the Glen site to give birth. Women who are already at the Royal Victoria in labour will be assessed on a case by case basis to determine if they can be safely transported to the Glen, or if they will give birth at the Royal Victoria and then be moved.

What if a patient requires immediate surgery?

Both the Royal Victoria and the Glen will have active ORs the day of the move. Patients who require immediate surgery will be assessed and treated at either facility on a case by case basis.

100+ teams signed up for MUHC's Walk for Montreal!

Kicks off historic inauguration celebrations of the new Glen site

More than 100 teams have already registered for Walk for Montreal!, where thousands will show their pride in their city and new hospital on Saturday, June 20 by walking from Dawson College to the new Glen site.

They represent a wide variety of sites, foundations and volunteers from the MUHC, as well as companies, organizations and community groups from all corners of our great city.

Mayor Denis Coderre will lead the walk and once at the Glen site will join dignitaries and government leaders in the ribbon-cutting ceremony to officially inaugurate the new hospital.

Only registered Walk participants will be able to attend the ribbon-cutting ceremony and the live concert presented by evenko that will follow.

Two renowned local artists will be

performing: Sam Roberts Band, featuring Juno Award-winning singer/songwriter Sam Roberts, and Stéphanie Lapointe, singer/songwriter, television and movie actress, and winner of the second season of the TV show Star Académie.

Don't miss this once-in-a-lifetime event, register for the Walk for Montreal! today! Simply go to WALKFORMTL.CA and click on the list of teams to see which one you want to join. Family and friends are welcome as well – the whole community is invited!

Of course, none of these celebrations would be available without the support of our 35+ sponsors, including the following platinum- and gold-level sponsors:

PLATINUM: Bell, BMO Banque de Montréal, Cinémas Guzzo, CJAD, CTV,

evenko, Fairmont The Queen Elizabeth, Innisfree/SNC-Lavalin, La Presse, Montréal en Santé Magazine, Montreal Gazette, Pattison, Power Corporation of Canada, Québecor, Rio Tinto Alcan, Rouge FM, Sodexo, Solotech, Sports Experts, Trevi. GOLD: Aimia, Dynamite-Garage, Pomerleau-Verreault, Redbourne, Transcontinental.

Please note that the WALKFORMTL.CA website is not compatible with older versions of Internet Explorer on MUHC computers. It is recommended that you use the Google Chrome or Firefox web browsers to access the site.



New online conference room booking system for the Glen launched

Since March 23, McGill University Health Centre employees and clinicians have been able to reserve conference rooms at the Glen using the new Online Room Booking System (ORBS). On that day, 176 people created an account and 147 made bookings. Within the first 12 hours of launching the service, 8,849 bookings had been done.

This new booking system, available at orbs.muhc.mcgill.ca, has been designed to facilitate the shared approach being implemented at the Glen site. Although meeting rooms are located on each floor and unit, they are expected to be shared by the MUHC personnel at large.

Initially, all designated meeting rooms are being included on the room booking system to democratize access for everyone. Room bookings will be monitored by the Multimedia Department attentively for the first 6 to 12 months. When patterns of use are known, some rooms may be removed from the booking system.

Exceptions to the online booking system

- **The Research Institute** is responsible for managing its conference rooms at the Glen site. Therefore, these rooms do not appear on ORBS, with the only exception being the Amphitheatre and the rooms located on E4 and 5, which are within the laboratory area.
- **Montreal Neurological Institute** conference rooms will continue to be managed using their existing online reservation system.



Our new health centre at the Glen site has more than 140 conference rooms and teaching spaces in a variety of sizes, including five large meeting rooms capable of accommodating 60 to 100 people. As well, approximately 70 per cent of the rooms are equipped with videoconferencing capabilities.

- **Montreal General Hospital** conference rooms will continue to be managed by a designated person (found on the MUHC portal), although the long-term vision is to have room bookings for this site migrate towards the new system.
- The procedure to book conference rooms at the **Lachine Hospital** and at **Guy Street** remains the same.

Reducing cancer-related fatigue one step at a time

Low-intensity exercise program enhances overall well-being in people living with cancer

Not too little and not too much physical activity shows promise in reducing cancer-related fatigue, according to a team of researchers at the Research Institute of the McGill University Health Centre (RI-MUHC).

Fatigue is one of the most pervasive symptoms associated with cancer, adding to distress and affecting everyday life, yet little research has been done into how to deal with the problem. Now, Nancy Mayo, a researcher at the Centre for Outcomes Research and Evaluation of the Research Institute of the McGill University Health Centre, is tackling the challenge. In a recent pilot study, she implemented a personalized walking exercise program over an 8-week period for 26 people with advanced cancer, in an effort to reduce their level of fatigue.

"We tailored individualized walking programs based on each participants' current walking status, which was measured using a pedometer and progressed according to their individual fatigue level," says Mayo, who is also a professor in McGill University's School of Physical & Occupational Therapy.

"For example, participants who walked less than 5,000 steps per day were to increase their daily steps by 10 per cent every week," explains Mayo, "If fatigue remained the same or improved, the number of steps was to be increased. If the individual's fatigue level worsened, no increase; if fatigue levels worsened for two weeks in a row, the steps were to be decreased by the same amount as the increase."

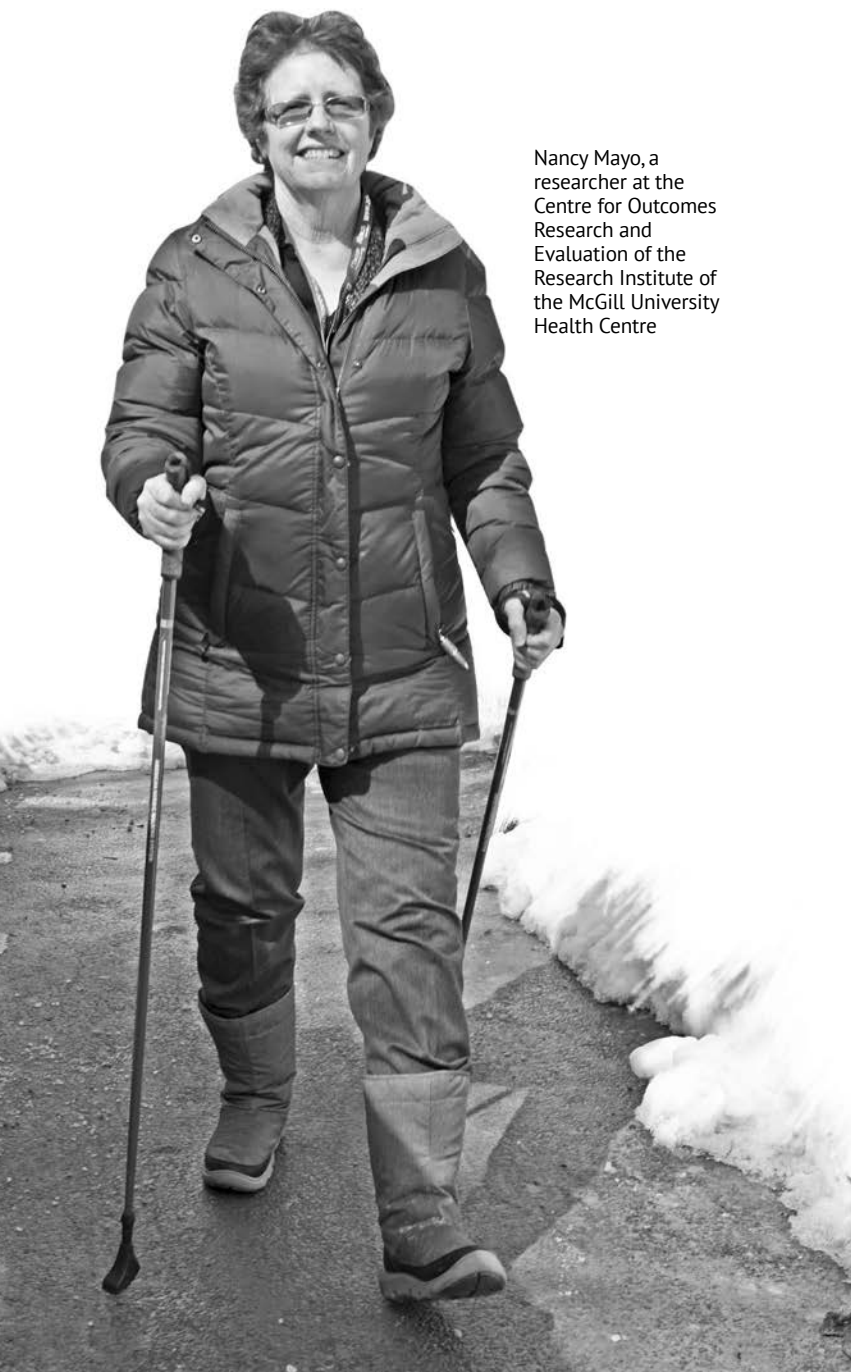
Participants completed a daily fatigue diary, and received a weekly standardized telephone call to ascertain fatigue level.

"We found the effect on fatigue was quite strong; walking promoted better physical function, and enhanced overall well-being," adds Mayo. "Interestingly, shorter bouts of low intensity exercise and shorter duration overall had a promising effect on cancer-related fatigue. This is compatible with the theory of emphasizing the need to build, not deplete, resources."

"While our small study showed promise, more testing is needed in a full study," says Mayo, who has applied to the Canadian Institutes of Health Research to continue this valuable work.

This research was funded by the MUHC and Research Institute of Pilot Project Competition. The study took place at the McGill University Health Centre (MUHC) Cancer Nutrition and Rehabilitation (CNR) Program.

Nancy Mayo, a researcher at the Centre for Outcomes Research and Evaluation of the Research Institute of the McGill University Health Centre



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