



The countdown is on for patient transfers!

WITH OUR FIRST PATIENT TRANSFER ONLY WEEKS AWAY, PREPARATIONS ARE IN FULL SWING

In December, the Adult Sites Patient Transfer Coordination Committee successfully carried out its first mock patient move in preparation for the upcoming transfer of the long-term-care patients from the Montreal Chest Institute (MCI) to the Camille-Lefebvre Pavilion of the Lachine Hospital at the McGill University Health Centre (MUHC).

The point of the exercise was to give representatives from teams involved in the actual move an opportunity to test the plan, discuss any problems along the way and make necessary adjustments before the real patient transfer on Sunday, January 25, 2015. The priority is that patients have a safe and efficient transfer without any interruption in patient care.

The patient transfer, from bed-to-bed, took a respectable 30 minutes and 24 seconds. This exercise was made possible by the participation of nurses, respiratory therapists, physicians, and the departments of Social Work, Housekeeping,

Volunteer Services, Emergency Measures, Security, Technical Services and Admitting. We also benefited from the involvement of Urgences-Santé and the support of Health Care Relocations (HCR), a Canadian

company that has organized over 300 hospital moves around the world, and who is undertaking our move.

Similar exercises will be carried out this winter for the transfers to the Glen site.

Continued on page 2



Moving towards MGH 2015

A LOOK AT ONGOING AND UPCOMING CHANGES AT THE MGH

The MGH 2015 Committee has been meeting over the last year to discuss ongoing and future transformations at the Montreal General Hospital (MGH). Consisting of an interdisciplinary group of McGill University Health Centre (MUHC) administrators, planners, nurses, physicians, and a patient representative, its goal is to plan and monitor the reshuffling of services slotted for 2015, both those they will receive from the Royal Victoria Hospital (RVH) in March and those the MGH will be leaving for the Glen in June.

The four-month overlap between moves is proving to be the ultimate challenge in this reconfiguration. As a result, the teams have come up with creative short-term solutions to bring over activities from the RVH before any moves from the MGH have occurred. Some services have been moved into temporary spaces until they can be permanently installed in new or renovated locations once the June 2015 transfers are completed. In total, 10 major projects have been identified, including the construction of a new Psychiatric

Continued on page 9

IN THIS ISSUE

QUÉBEC TOBACCO-FREE WEEK
Testimony p.3

FACES OF THE MUHC Spotlight on
early activators p. 4 - 5

CUSM 2015 Great success at the
Open House p.8

RI-MUHC An unprecedented
transformation p.10



Message from **NORMAND RINFRET**

Happy New Year!

I can't believe it, but 2015 is finally here! I hope that many of you got some much deserved rest during the holidays, and that you were able to enjoy the company of family and friends. For those of you who didn't take time off, but rather took care of our patients and their families during the festive season, thank you, as always, for extending yourselves as well as being extra supportive during their hospitalization or outpatient treatment.

As I look at the year ahead, I see wonderful opportunities, and yes, some challenges too! On top of managing our regular activities, ongoing preparations for the moves to the Glen will ramp up while long-term plans for the Montreal General, Lachine and Neuro hospitals will continue to take shape. At the same time, our health network is undergoing a major shift that's related not only to our clinical plan, but also to recent changes announced by Government.

I recognize that it might be stressful or confusing at times. Undoubtedly, our patients and their families will have questions and concerns. As such, I am counting on you to reassure them that, as we adapt to new practices and settings, the continuity, quality and safety of their care will always be top of mind. Don't hesitate to use online tools such as *Straight Talk* or *Your hospital, your questions* or to speak up in your workplace setting if you also have questions.

Remember: while change can be destabilizing, it can also be stimulating and exhilarating! After all, each one of us is participating in a once-in-a-generation event, namely the opening of our state-of-the-art facilities.

I wish you a happy and healthy New Year!

Continued from page 1 - THE COUNTDOWN IS ON

THE TRANSFERS: WHAT YOU NEED TO KNOW

We are preparing to undertake the biggest hospital move in Canada's history. A team of MUHC managers and clinicians are hard at work locking down every last detail of the moves to ensure the transfers run as smoothly as possible. Here are some of the logistical details that have already been ironed out:

- Up to three weeks before each hospital's patient move date, clinics will scale down activities and start transferring to the Glen site. Clinical activities will resume at the Glen once patient transfers are completed (April 26 for the Royal Victoria Hospital [RVH], May 24 for the Montreal Children's Hospital [MCH], and June 14 for the MCI and the Montreal General Hospital [MGH]).
- Patient transfer days are taking place on a Sunday to avoid as many traffic delays as possible and minimize disruption to the local community.
- Designated routes for patient transfers have been identified with municipal officials and emergency services to optimize

safety and efficiency.

- Immediately before being transferred, each patient will have their health status evaluated by a clinician, which must be cleared before departure.
- Patients will be transported by either ambulance or alternative transportation and will always be accompanied by a nurse.
- Many pediatric patients will be accompanied by a parent along with their transport team.
- Patients and their families will be provided with ample information on transfer logistics, timing and contact information before the moving day.

For more information about how each of our patient transfers will take place, including the PowerPoint slides from the RVH town hall meeting that was held in December, please visit the MUHC 2015 section of the Intranet, the website at muhc.ca/2015 or follow us on social media.

JANUARY 18 TO 24, 2015 IS QUÉBEC TOBACCO-FREE WEEK

That's it, I am never going to smoke again—

JOURNEY TO A SMOKE-FREE LIFE WITH HELP FROM MUHC IMPACT PROGRAM

It's hard to quit smoking, especially when you've been a smoker all your life, or almost. Sometimes, consciously thinking about it helps to break the addiction. And with the appropriate resources, such as the ones provided by the McGill University Health Centre (MUHC) IMPACT Program, people that commit to quitting smoking can tip the odds in their favour.

IT'S NEVER TOO LATE

Giovanni Giammario smoked his last cigarette on August 26, 2014, after 50 years of tobacco use. That night, during dinner at his son's house, he experienced some sort of spell: an unknown burning sensation in the pit of his stomach and in his oesophagus, and heaviness in his arm. "My son called an ambulance. I was taken to the Lakeshore Hospital and then transferred to the MUHC Royal Victoria Hospital. They performed a coronarography and discovered I had several obstructed arteries, some of which were 80 to 90 per cent blocked. It wasn't a heart attack, but close," says Giammario.

Giammario had tried to quit smoking a number of times before—in 2000, for example, when his wife passed away from cancer due to smoking. "I was able to quit for six months, but then I started smoking again. After that I tried over and over again, but each time, I picked it right back up," he explains. "It was a constant fight, a never ending torture... I would say to myself, 'Why don't you just go ahead and smoke one? It feels so good after a meal.'"



Giovanni Giammario

Giammario underwent cardiac surgery this past September 9. Immediately after the surgery, he met with Michel Lebel, the IMPACT Program coordinator. "I told him I had lost my wife to smoking and tried so many times to quit, using all sorts of methods... It felt good to confide in someone. Then I decided to join the program."

Five or six days after being released from the hospital, Giammario experienced some complications and had to undergo a CT scan. He was told there was an issue with one of his lungs, and hearing that made him fear for the worst. "Right then and there I thought to myself, if I make it out of this, I will never ever smoke another cigarette."

It turned out the scan revealed a dark spot on Giammario's lung that was due to water retention and not to cancer, fortunately. "When I saw my lung in the radiologist's office, I swore to myself that was it! My decision was made; I would quit smoking once and for all."

AN EFFICIENT PATIENT ORIENTED PROGRAM

By enrolling in the IMPACT Program, Giammario was introduced to different medications designed to help quit smoking. He decided to quit on his own, because he felt motivated enough to do so.

"Even though certain medications can make the process easier, we respect the patient's choice," explains Lebel. "The idea is to exchange with the smoking patient, listen to them and validate the suffering and difficulties they may be experiencing. We offer support and suggest tools to help them succeed."

Participants also periodically receive an automated phone call where they are asked to answer questions over the course of six months. And a tobacco cessation consultant is available to them, should they need additional help. The program is based on the tried and tested Ottawa Model for Smoking Cessation.

Two months after the surgery, Giammario says he doesn't miss smoking at all. "I think about it and I hate it," he says. And as he waits for the next round of automated questions, he remains focused and in full command of his own will.



Life happens.
Let us help.

Your Employee Assistance Program (EAP) can offer you help when you need it most—from everyday challenges to complex issues, and everything in-between.

Solutions for a wide range of life's challenges for MUHC employees

Let us help you:

- ACHIEVE WELL-BEING
- MANAGE RELATIONSHIPS AND FAMILY
- GET LEGAL ADVICE
- DEAL WITH WORKPLACE CHALLENGES
- TACKLE ADDICTIONS

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Cancer Quality and Innovation Research Grants

The Rossy Cancer Network wants to support your research initiatives in improving cancer care quality.



The annual RCN Research Grants range from \$50,000 to \$100,000 and are open to all health professionals who provide care to cancer patients whether they are physicians, nurses, rehabilitation experts or allied-health professionals.

For details: mcgill.ca/rcr-rcn

Preparing for the Glen: a spotlight on early activators

As the keys to the Glen site are now officially ours, the McGill University Health Centre (MUHC) is in full activation mode, preparing to receive patients and families, organizing research facilities and training our healthcare professionals for the upcoming transfers.

Over the next few months, more than 300 operational and clinical early activators will ensure that the hospital amenities are fully operational. From checking light switches to equipment, they will make sure the site is ready to open its doors next spring. In addition, over 8,500 MUHC staff members will receive training and orientation in preparation for the first patient move scheduled for April 26, 2015.

There are many different roles our staff play during this activation period. In some way or another, we have all heard terms such as:

EARLY ACTIVATOR:

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

SUPER-USER:

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

ACTIVATION CHECKLIST:

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

For this reason, we decided to talk to four members of our staff who gave us a sneak peek into what it means to be an early activator.



ANGELO BODO

ANGELO BODO
DIRECTOR - IS PROGRAM FOR THE GLEN

As an early activator, my role is to make sure that all the PCs that are at the Glen are ready to be used by our staff. Since it's quite hard to do the installations per department, we have created a database that keeps the characteristics of each computer, provides an inventory and keeps track of the positioning of all the PCs. This inventory really helps us determine what kind of computer needs to be installed for that specific department or person.

We test the equipment to make sure everything is functional for the user. We also follow a specific procedure, including quality control, which helps ensure that our job has been done properly and that everyone is satisfied.

I can say that I am really proud of my team for creating this database. We feel very lucky to be part of such an immense project. It's a once-in-a-lifetime opportunity. We come together as a team and we create something unique!

ROBERT WHITTICK
MANAGER - MATERIALS MANAGEMENT SERVICES

In our department we work as a team with other teams. In fact, we like using the word team as an acronym: Together, Each, Achieves, More. Without everyone working together, it would be a little more complicated.

In the Materials Management receiving area, we're in charge of overseeing the perception of all material that comes into the hospital: from a CT scan, to a bed, to all medical and surgical supplies. Our Distribution team has to work with frontline Nursing. We create barcodes, scan supplies and equipment, all within a limited time frame and in a fiscally responsible manner. Our biggest challenge is to make sure that when the first patient moves in, they have everything they need at hand.

I believe that everyone who is involved in this project, including myself, is truly excited about it. It is a once-in-a-lifetime opportunity... And thank God it's like that, because I wouldn't be able to do it twice!



ROBERT WHITTICK

JOE DEROCHER
COORDINATOR - LOGISTIC SERVICES

In our department, Housekeeping and Linen Services, our main goal is to support all the other activators, while preparing the building for the moves. Part of our mandate is to validate the clinical cleaning of the hospital and to disinfect equipment that will be moving here from our other sites. Of course, a big part of our task is also to ensure that patients have all they need in their rooms when they come to the Glen. We're talking about everything: from bed sheets to hand soap.

I am really excited about what's to come. I have been, in one way or another, involved in the building of this facility for almost 15 years. I can say that my team is quite dedicated to this project and very proud to be part of it. My goal is to make sure that everyone who comes here sees it as a wonderful experience. Yes, there are going to be shortcomings and challenges, but overall, the experience needs to be a positive one!



JOE DEROCHER AND HIS TEAM



MARIE-CLAUDE TRUDEL

MARIE-CLAUDE TRUDEL
COORDINATOR - BIOMEDICAL TECHNOLOGY

My job consists of making sure we "activate" the newly received equipment that needs to be installed. A regular day consists of us taking a small cart and going to each location where we're supposed to have medical equipment. We make sure that everything is located where it should be located. We do a security check and we make sure that the material is up and ready to be used.

Soon, we will also have to prepare each room for the equipment that is moving here from our other hospitals. Our main objective is to ensure that everything, from the high technology equipment to a wall hook, is present in the room and ready for use.

We have over 14,000 pieces of equipment to go through and I would say our biggest challenge is time.

My biggest source of satisfaction will be to meet our deadline and deliver everything on time.

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

From left to right, top row: Brandon Harris-Bertrand, Junior Fluerentin; 2nd row: Brooke Robitaille, Denise Harris, NehlJay Gattoc-Benavente; 3rd row: Tyler Grosse, Filippo Fede, Georges Victor-Daniel; 4th row: Jean-Jacques Tchitombi-Mouthoud, Pacifico Balacuit; 5th row: Veronica Norton, Linda Charest, Joe Derocher, Alex Grant; front: Eugino Cassin.

And the winner is...

MANAGING THE PAIN OF RADIOTHERAPY WAIT TIMES PROJECT WINS MUHC CHALLENGE Q+ AWARD

The McGill University Health Centre (MUHC) granted \$150,000 to fund a creative new project to improve radiotherapy patients' experience during the 2014 Challenge Q+ award ceremony held in October. The primary goal with this initiative is to provide radiotherapy patients with realistic expectations and explanations regarding the time they will wait for the provision of care in the Department of Radiation Oncology at the MUHC.

Concern over wait times is a well-known determinant of overall patient satisfaction in radiotherapy, yet the effect of waiting time uncertainty is often overlooked. It is also a source of stress for staff who must juggle schedules and field inquiries from concerned patients/relatives without confidence in the answers they provide.

The winning team spans three important domains of expertise: Dr. John Kildea from Medical Physics, Dr. Tarek Hijal from Radiation Oncology, and Professor Laurie Hendren from McGill's School of Computer Science, who recently went through a course of radiation treatments.

The selection committee put a clear focus on quality improvement, with a measurable aim at the one-year mark and long-term transferability to other areas in the organization.

"A growing body of evidence shows that partnering with patients and inter-professional collaboration on quality initiatives improve the experience of patients and their families as well as outcomes," says Patricia Lefebvre, MUHC director of Quality, Patient Safety and Performance. "That's why encouraging and sustaining collaborative excellence in quality at the MUHC is a priority."



Dr. Carolyn Freeman, Normand Rinfret, Gwen Nacos, Dr. Tarek Hijal, Prof. Laurie Hendren, Valerie Shannon

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) has decided to report regularly on resolutions that it has passed. The items below relate to decisions taken at the December 2nd meeting.

The Board of Directors approved:

- The revised policies ADM 370 and MMA 280;
- The resolution providing that the MSSS directory applies to unionizable yet non-unionized employees (ESNS: employés syndiqués non syndiqués);
- That Yves Laguë, associate director of Human Resources, signs, on behalf of the MUHC, the attesting form pertaining to limit compensation per injury and informs the CSST;
- The appointment of new members of the Research Ethics Boards of the MUHC;
- The designation of Dr. Eugene Bereza to grant permission to a researcher to conduct a multicentre research at the MUHC when the scientific review, ethics review and consideration of the suitability of the MUHC project have all tested positive and that any local peculiarity is respected;
- 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 reappointment of Dr. Jose Morais as Division Director of Geriatrics, MUHC Department of Medicine;
- The reappointment of Dr. Mohan Radhakrishna as Division Director of the Physical Medicine & Rehabilitation Service, MUHC Department of Medicine.

THE MUHC TAKES OVER THE BELL CENTRE

STAFF AND THEIR FAMILIES TURN OUT FOR MUHC FAMILY DAY AND HOCKEY MATCH

Hundreds of McGill University Health Centre (MUHC) employees and family members enjoyed the experience of a lifetime skating on the Habs' home ice at the Bell Centre on November 30 as part of the MUHC Family Day and Hockey Match.

The event was organized by the Montreal General Hospital Legacy Committee and wouldn't have been possible without the support of the generous sponsors: 3Macs (platinum sponsor) and MécanicAction, Power Corporation of Canada and the Council of Physicians, Dentists & Pharmacists of the Montreal General Hospital (gold sponsors).

A gallery of photos from the event is now available online thanks to our platinum sponsor, 3Macs. The galleries include photos from each of the skating sessions as well as the hockey match and can be accessed from the MUHC Intranet: from the "More News" box on the right side of the homepage, click on "Archive" and then look for and click on "MUHC Family Day & Hockey Match photo gallery now available online!" from the list.



MUHC doctors and staff battle it out on the Bell Centre ice just like the pros.



The official photo of the MUHC doctors and staff hockey teams.



The crowd cheering on the teams during the Bell Centre hockey match held between doctors and staff. The game was eventually won 5-4 by the doctors in a shootout.



A family takes a short break from their skate to pose for a photo.

GREAT SUCCESS AT OUR NEW GLEN SITE'S OPEN HOUSE

Visitors, employees and exhibitors had a taste of what's to come at their new hospital

More than 15,000 visitors, over 300 volunteers and 41 exhibitors gathered on December 6 and 7, for the open house of the McGill University Health Centre (MUHC) and the Research Institute of the MUHC's new Glen site.

It was with great enthusiasm that employees, patients and members of the public discovered their new hospital while enjoying guided tours, entertainment and lots of instructive information provided by our exhibitors and partners.

The MUHC wants to thank the public, its contributors, security, activation and housekeeping teams, as well as all of its volunteers who, with dedication and joy, made this event a great success.

A special thank you also goes to our sponsors: Dagwoods, Michaels, Home Depot, JOVIA, Lassonde, La Petite Bretonne, Cidre du Minot, St-Viateur Bagels, Danone and Sisca, for their generous contribution.

At the MUHC, 2015 will be a year of transformation, innovation and excellence.

The Glen Site by numbers

Adult facilities will offer:

- 346 single-patient rooms
- A state-of-the-art Emergency Department
- 14 operating rooms and 15 intervention rooms
- Nearly 30 specialties for adults in surgical care, diagnostic services, ambulatory clinics and inpatient units

Pediatric facilities will offer:

- 154 single-patient rooms
- A state-of-the-art Emergency Department and Trauma Centre
- A Neonatal and Pediatric Intensive Care Unit
- 6 state-of-the-art operating rooms
- 9 ambulatory zones
- A Pediatric Oncology unit



Volunteers took the opportunity to recruit new volunteers and they held a draw for an opportunity to win this holiday basket!



The MUHC nursing recruitment team was accepting CVs.



Sultana Mirza and Erica Richardson, administrative officers at the Montreal Children's Hospital, were happy to participate in the event as volunteers.



Bruce Gilmet, who works in the Department of Nuclear Medicine at the Royal Victoria Hospital, was curious to see the new facilities at the Glen site.

← Children received a warm welcome at the new Montreal Children's Hospital.

THE PACK PLAN:

Customized labels and equipment will help the move run smoothly

Many of you have been working hard to scan documents and merge and purge files before the big moves. The next question is how and when will the packing begin?

PACKING FACTS

- Each employee is responsible for packing and unpacking their office supplies (books, binders, desk contents, etc.)
- Health Care Relocations (HCR), the company hired to organize the move, will deliver packing equipment to your department within 24 to 48 hours of your scheduled move date/time (detailed transfer calendars can be found on the MUHC 2015 section of the Intranet under 'Useful Tools').
- You'll have 24 to 48 hours after the move to unpack your items before HCR returns to pick up their packing equipment.
- Each and every item that moves must have one of HCR's custom designed labels affixed to it that they will supply. If an item does not have a visible HCR move label, it will not be moved.
- HCR's specialized moving equipment allows you to pack your office and continue working, since there is easy access to approximately 90 per cent of your office contents.
- Your department manager is responsible for designating a "Sender" and a "Receiver". The "Sender" needs to be present when HCR arrives to assist in identifying which items are being moved to the new hospital. The "Receiver" needs to be present at the Glen to assist HCR with the correct placement of contents in your new space.
- HCR designed all the packing equipment based on their many years of experience!

PACKING EQUIPMENT

- **HCR's customized gondola** is a mobile file holder used for files, books, binders, etc. Contents remain visible when packed so you are fully operational while moving. The clear, plastic dome and Velcro cover ensures safe transport of items. Both shelves are removable to accommodate different sized items.
- **Blue Totes** are lightweight, reusable boxes that are intended for loose desk items only. They are water tight, stackable and can be sealed for security.
- **Computer Bags** are large, plastic re-sealable bags. They are ideal for keyboards, mouse, mouse pads, speakers and any cable/plugs for your computer.
- **Speed Packs** are used to transport larger, fragile items such as computers and bulk storage items such as walkers, crutches, etc. HCR secures the item with moving pads and packs the item inside the speed pack for safe handling during transportation.

HCR's customized gondola and move label.



Continued from page 1 - Moving towards MGH 2015

Emergency Department (ED) and Short Stay Unit, renovations to bring over RVH activities for such clinics as Allergy, Immunology, Rheumatology and Dermatology, the reorganizing of several ambulatory services and renovations to the inpatient Geriatrics unit as well as the Geriatrics clinic.

Ann Lynch, associate director general, MUHC Clinical Operations, and Aldona Tusas, associate director of Organizational and Physical Programming, recently hosted a webinar to explain the project step-by-step and to answer questions asked by MUHC personnel. Here are some highlights from the Q&A period:

The RVH Dermatology clinic is moving temporarily to E19 while renovations take place, but what about the MGH Dermatology clinic? Are there plans to renovate it as well?

In 2015, the MGH Dermatology clinic will continue to function in its current L8 space while the RVH clinic activities will

be moved temporarily to E19 at the end of March 2015. The Glen moves in June will free up space on L8, which will allow for minor renovations to be done on the floor and IS infrastructure to be upgraded. The Dermatology clinic will subsequently be consolidated on this floor, which will house other medical clinics.

Are there plans for a home Total Parenteral Nutrition (TPN) clinic at the MGH?

A home TPN clinic has recently been added to the list of MGH 2015 services because of its connections to the IBD program. Whereas the service could be integrated in the longer term within the planned medical cluster on L8, a temporary space will be identified for the clinic between March and June of 2015. Staff and planners are currently working together to find the optimal solution.

What is the latest news regarding the expansion of the ambulance/parking area and the front building area on des Pins?

Otherwise known as the West Courtyard Project, the plan to expand the ED and renovate the ORs at the MGH was temporarily put on hiatus during the MUHC 2015 transformation project. Once the transfers to the Glen are complete, talks can begin again between the MUHC and the government to explore future possibilities for that particular project.

Is there a comprehensive list of the clinics that will remain at the MGH and those that will move to the Glen? If so, how can I get a copy of this?

Yes, there is a list already posted on both the Internet (muhc.ca/2015) and Intranet (under the 2015 transfer section). Further development of a more comprehensive list will include expected patient volumes for each clinic. To learn more, please visit the 2015 transfer section of the Intranet and read the complete MGH 2015 presentation.

Great expectations at the RI-MUHC as the relocation to the Glen approaches

While preparations to move the Research Institute of the McGill University Health Centre (RI-MUHC) to the Glen site go full speed ahead at laboratories around the city, a research assistant and a researcher talk about the challenges and new opportunities offered by this unprecedented transformation.

A few weeks away from relocating to new the RI facilities at the Glen, research assistant Zehra Khoja, who works in the laboratory of Dr. Pia Wintermark at the Montreal Children's Neonatology Department, focuses on a tiresome task, but one that is essential to the success of the transition.

"We've been performing inventories. And lots of them!" says the young woman who has worked at the RI since January 2007. "We have to make sure that each piece of equipment and all the bottles of chemicals and boxes of biological samples are accounted for and ready for transport."

Just as important as the reorganization of laboratories is the mental preparation of teams from various backgrounds who will now have to work together in an open space and experience a major change in culture, explains Dr. Bertrand F. Jean-Claude, co-director of the Centre for Translational Biology's Drug Discovery Platform at the RI-MUHC's and associate professor in the Department of Medicine at McGill University.

"Team spirit will be critical to the success of the move," says Dr. Jean-Claude, who is also director and founder of the Antineoplastic Agents Research Laboratory at the Royal Victoria Hospital. We won't work in the same way anymore because there won't be individual laboratories and the space for laboratory equipment such as freezers, refrigerators and fume hoods will be shared. On the other hand, researchers will be able to communicate more easily."

Zehra Khoja is enthusiastic and confident about the transfer to a site where all researchers will be "under one roof."

"We'll be less isolated and thus more likely to cooperate. We'll be able to see each other and exchange ideas about techniques and experiments," she says. "Research is nothing without dialogue."

The physical proximity between the pediatric and adult research centres will open unexplored channels of communication, says Khoja. "Traditionally, these two areas have remained fairly compartmentalized in terms of health research and patient care. I hope cohabitation at the Glen site will help us fill gaps in our knowledge about health and disease throughout the human life-span."

For Dr. Jean-Claude, who has been working on the RI-MUHC move to the Glen site for more than ten years, the change is "extremely positive because, among other things, it will mean a transition to modern technology."

"Nuclear magnetic resonance (NMR) combined with mass spectrometry, for example, will enable us to go further in our experiments and perform detailed analyses of molecules in record time," he says.

The major challenge in the weeks before the move is to reassemble the laboratories quickly and in the best way possible. "My laboratory was created 15 years ago. Its present configuration has been tested and works well. I hope we find the same operational flow at the Glen site."



Zehra Khoja (centre) and colleagues Armin Yazdani and Suna Jung.



Dr. Jean-Claude with researchers and students Bilal Marwa, Zhor Senhaji Mouhri, Anne-Laure Larroque and Benoit Thibault.

Khoja is concerned about the appropriate transport of certain samples. "Some specimens are kept at a temperature of -80 degrees Celsius. It is critical to maintain them at this temperature during transportation to preserve their integrity," says the research assistant.

RI researchers are also faced with having to abandon certain pieces of equipment and discard old documents and samples. "There will be sacrifices, but they should motivate researchers to be more creative," says Dr. Jean-Claude. Our leading-edge technology platforms will be a huge strategic advantage in advancing our research and our competitiveness with other researchers around the world."

Khoja has found another advantage to this integration. "Instead of being spread across the city, the laboratories I work with will be at the other end of the corridor. That'll save me arduous uphill bike rides in the summer!" she says with a smile.

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