Among the several committees that have been created to prepare for the transfer to the Glen site the Legacy Site Move Preparation Committee will be one of the most active this year.

Its mandate is to ensure that our present sites are move-ready. "It's a fairly straightforward mandate," says Chair, Mathieu Jetté, "but there's a lot of work to be done and the main goal for everyone who sits on the committee is to ensure we support our staff in their efforts to prepare for the transfer."

Much has to be done this year to ensure that in 2015 we are only moving the necessary items and equipment. "We're an old institution, with a long history, we've naturally accumulated an enormous amount of documents and objects," says Jetté. "However, a lot of those objects, like broken and unusable furniture have to be identified and disposed of before we move."

The disposal of furniture and documents is not the only issue the committee has on its agenda. According to Jetté, the status of the buildings post-transfer also has to be handled. "Once we have vacated the buildings, we have to ensure they are completely empty, clean and secure. This means we have to look at the safe disposal of chemical substances and medical gases, a security plan, continual building maintenance and much more."

But for now, the focus is on purging. "We have to start cleaning out our spaces, archiving and sorting documents and preparing for a major purge," says Jetté. "The Logistics, Document Management and Medical Records teams are there to provide support and ensure that the preparations for 2015 run as smoothly as possible."
WORK AT LACHINE
Radiology and fluoroscopy moving into the modern era

Since the end of autumn, construction workers have been busy renovating the 2nd floor of Wing A at the Lachine Hospital. They’re getting the fluoroscopy rooms ready for a wonderful surprise: a new Siemens Asiem Luminos dRF for the medical imaging team. “We will now have truly superior technology at Lachine thanks to this cutting-edge equipment with digital imaging capabilities,” explained Julie Dumaine, chief of Medical Imaging (Lachine).

Digital imaging will definitely improve the processing, accuracy and speed of exams. This dual fluoroscopy and radiology system will also provide enhanced performance and flexibility. Its benefits include an ergonomic table that descends very low to make it more user-friendly and comfortable for both staff and patients. And the machine can be used for new tests, such as assessments of swallowing ability in geriatric patients for nutritional monitoring. This machine is identical to the ones that will be installed at the Glen site; it will have the same functionalities and can be used as a backup for the Glen if need be.

This project is part of the Medical Imaging Department’s vision and harmonization of multi-site services. Work will be done on all infrastructure (e.g., ventilation, installation of medical gases) to bring the facilities up to standard and adapt the space for a bariatric clientele. The connecting bathrooms will also undergo extensive renovations for obese or reduced-mobility patients. “This project represents great added value for our patients and care teams,” said Dumaine.

The new digital fluoroscopy machine will be delivered in February and become operational in March. A second work phase will follow for digital radiography to replace the existing equipment. Throughout the work, the project team will continue doing its best to minimize the impact of the construction and quickly complete this key project for the Medical Imaging Department at Lachine.

HERITAGE HERO: NEVINE FATEEN

You may already know Nevine Fateen from her tireless work managing Volunteer Services at the Royal Victoria Hospital (RVH), Montreal Chest Institute and Montreal Neurological Hospital, but what you may not know is that for the past two decades she has also been silently protecting the historical and cultural objects within the walls of these buildings, making her a Heritage Hero.

A lifelong admirer of antiques, soon after she began working at the RVH Fateen quickly realized that the historical legacy of the hospital still survives in the furniture, art and antique medical equipment that continue to inhabit the hallways. “Whether it’s a bust of Dr. Buller or a piece of art donated by someone from the community, every piece has a story,” she said, while sorting framed photographs saved from destined disposal. Beginning in 1992, Fateen gathered volunteer support for her cause, most of which came from the Montreal community, establishing the Antiques and Archives Committee to help inventory and manage the objects within the hospitals. Along with the RVH Women’s Auxiliary, Fateen has safeguarded hundreds of pieces and, in a recent addition to our management structure, the MGH 2015 Committee is actively planning the major changes required at the MGH but provide patient care and consultations on the two sites. Therefore, patients will benefit from an improved flow of information and enhanced sharing of expertise among the various disciplines and professions involved in the management of lung cancer. Needless to say, MGH 2015 will be about working smarter together.

Thoracic Surgery at the MGH
A flagship program to enhance services within the McGill RUIS

As of 2015 approaches, the Montreal General Hospital (Mgh) is undergoing a significant transformation to prepare for the reorganization of services at the new MUHC. With its supraregional mandate and as the only unit of its kind within the McGill RUIS, Thoracic Surgery will continue to be a key program committed to providing comprehensive care for thoracic oncology patients. Thoracic surgical services will be centralized at the MGH and renovations will be carried out in order to provide dedicated space for inpatients, ambulatory care and research. The creation of a specialized 20-bed ward and an outpatient clinic will ensure the efficacious management of thoracic oncology patients requiring surgical intervention.

“The MUHC Thoracic Surgery program is home to the largest esophageal cancer program in Canada, and will continue to grow and increase volumes as a centre of excellence at the MGH,” explains Dr. Lorenzo Ferri, MUHC director of the Division of Thoracic Surgery and the Upper Gastrointestinal (GI) Cancer Program. As such, Thoracic Surgery will maintain a full range of services including resection of lung and esophageal cancers, surgical management of benign lung and esophageal tumors as well as thoracic support. Moreover, as leaders for the entire RUIS, we are working closely with our regional partners to build common trajectories for lung and esophageal cancer patients and efficient lines of communications. A patient entering the emergency ward in Val–d’Or with a lung mass will receive the same expeditious and high-quality care as one referred directly to the MGH clinic,” says Dr. Ferri.

In view of the centralization of cancer programs at the Glen site, a workaround is currently assessing patient flow for lung and esophageal cancer patients to ensure a continuity and effectiveness in care delivery. “Thoracic Surgery will keep on working closely with disciplines who share patient populations and interests,” reports Dr. Kevin Schwartzman, director of the Respiratory Division at MUHC and McGill. “Patient access to investigation and management of suspected or known lung cancer will be further streamlined by bringing together at the Glen the lung cancer rapid investigation clinic, the interventional respirology platform, the Cancer Care Mission, and diagnostic services.”

The MUHC Cancer Care Mission is committed to ensuring that the supraregional-designated lung cancer and thoracic oncology program function as a finely integrated, internationally recognized academic and clinical unit despite being on two sites,” says Dr. Armen Aprikian, MUHC Chief of Oncology. Thoracic surgeons will operate at the MGH but provide patient care and consultations on the two sites. Therefore, patients will benefit from an improved flow of information and enhanced sharing of expertise among the various disciplines and professions involved in the management of lung cancer.

Mgh 2015 Committee
A commitment to ensuring readiness and excellence

As a recent addition to our management structure, the MGH 2015 Committee is actively planning the major changes required at the MGH site in preparation for the new MUHC configuration of 2015. Regrouping representatives from all key departments, it will serve as a central body to address issues related to RVH and MCI service relocations on the critical path to the Glen site opening.

In the coming months, the committee will decide on a final organization of clinical services at the MGH in preparation for 2015, which will align with our redevelopment vision for the site and a proposed schedule for phasing and implementation will be produced. A communication and transition plan for each phase will also be developed to ensure a smooth transformation.

Until transfers to the Glen, Lachine and MGH sites are completed, our focus and efforts will be dedicated to creating readiness and secure continuity in care, research and teaching.
Construction Update on the MUHC’s Glen site

- Work at the site is currently more than 89% complete.
- Start-up of the Cancer Centre’s electromechanical systems is complete.
- Finishing work such as painting, installation of ceramic flooring as well as installation of furniture is currently being carried out in different blocks.
- Dynamic testing of the 11 emergency generators in Blocks B, C, D and the shelters for the generators in Block E are now complete and will soon be commissioned.
- Finishing of the external shell of Blocks A to D in coloured aluminum is well underway. Of the 28,000 panels, more than 16,000 have been installed, which accounts for approximately 60% of the total.
- Landscaping will resume in April 2014 and is expected to be completed by September 2014.

Tackling our transition to the Glen one step at a time

There is no doubt that our transition and eventual move to the Glen is top of mind for staff. Luckily, Sharon Taylor-Ducharme, the MCH transition coordinator, keeps the MUHC informed about the progress of our various transition groups. And, over the last few months we’ve noticed a trend - every department is tackling their transition differently! Here are a couple of examples.

The Glen is now connected to the MUHC network

Great news! After having conducted a series of preliminary validation tests, our IT team has managed to connect the Glen site to the MUHC’s computer network. And with the pending delivery of biomed equipment scheduled for this winter, the IT team is currently in the process of setting up and activating the wireless and fixed computer network. Pending delivery of biomedical equipment scheduled for this winter, the IS team is currently in the process of setting up and activating the wireless and fixed computer network. The IS team is currently in the process of setting up and activating the wireless and fixed computer network. And with the pending delivery of biomed equipment scheduled for this winter, the IS team is currently in the process of setting up and activating the wireless and fixed computer network. The IS team is currently in the process of setting up and activating the wireless and fixed computer network. And with the pending delivery of biomed equipment scheduled for this winter, the IS team is currently in the process of setting up and activating the wireless and fixed computer network.

Medical Imaging: well on its way towards MUHC 2015

From l to r., the Medical Imaging team at the Glen site: Dr. Giovanni Artho, Nicole Tremblay, Josée Charette, Julie Dumas, Richard Blondes, Dr. Anne Roy, Suzanne Léspérance, Marie L’amantuzzu, Michel Picard, Maria Lavare. Faced with the challenge that is the McGill University Health Centre (MUHC) redevelopment project and performance improvement initiative, the Medical Imaging Department has begun to reorganize its governance. As it was announced to physicians and managers last fall, the new governance structure will be implemented gradually. The Medical Imaging reorganization approach focuses on two main aspects: co-management and multi-site governance. This means that clinical and administrative managers will work together to develop a vision and manage the department collaboratively, based on their individual expertise. The idea is to implement uniform procedures for everyday tasks such as making patient appointments, conducting medical exams and relaying reports to the treating physician and ensuring that clinical and administrative processes are understood and applied across all sites.

This restructuring and harmonization effort, which largely relies on the help of the Transition Support Office, began when the Medical Imaging GPO was launched, namely with the centralization of the film library, the establishment of a central appointment centre and the standardization of medical supplies. Next steps involve standardizing computer tools and forms, as well as other documents used in Medical Imaging at the MUHC. There are many advantages to this approach that will not only benefit services at the Glen site, but will improve operations as a whole. Ultimately, the efficiency and quality of imaging services will improve across the entire organization.
Students from The Priory School take on the Toonie Challenge in support of the Glen

More than 180 students and teachers at The Priory School have vowed to adopt a healthier lifestyle for at least the next two weeks to help raise money for the Glen site.

On January 28, the school launched Health Challenge Week, a fundraiser that is part of the MUHC Foundation’s Toonie Challenge. The Priory joins 10 other schools that have committed to various fundraisers as part of the Challenge, which was launched last year (tooniechallenge.com).

The Health Challenge Week will see students and faculty make a pledge to adopt a healthy lifestyle, or give up an unhealthy habit, for at least two weeks. The goal is to encourage healthy lifestyles that will last a lifetime, while raising money for an important cause.

The Grade 6 student ambassadors on hand for the launch shared their reasons for wanting to get involved. "We want to help the hospital that will help us in the future," explained Sophie Manning.

Chloé Lee-Gauthier added, "We’re doing this challenge so that we can learn at a young age healthy habits that we can keep when we’re older." And when asked what she will do for Health Challenge Week, Natasha Ryan said, "Give up eating leftovers from my sister’s sweet 16."

MUHC nutritionist Jonathan DiTomasso was on hand for the launch to inspire the students and offer some tips for healthy eating as they embark on the challenge. "It’s a lot of fun to be involved and I’m happy that the hospital can give back to the community, which is helping us raise both money and awareness for the MUHC," he said.

Last year, students from 10 Quebec Association of Independent Schools (QAIS) elementary and high schools raised $14,012 (or 7,006 toonies) in support of the MUHC. The long-term goal is to raise $138,000 (69,000 toonies); enough to circle the entire Glen site if placed end-to-end.

The Toonie Challenge is continuing to grow with the addition of its first public school, Willingdon in NDG.

Board of Directors highlights

In order to keep the community apprised of its decisions, our Board of Directors has decided to report regularly on resolutions that it has passed. The items below relate to decisions taken at meetings held on February 4, 2014.

The Board of Directors approved:

- The principles of Access criteria to the McGill University Health Centre;
- The request to the Minister of Health and Social Services for the renewal of the MUHC Reproductive Centre’s permit;
- The Director General Performance Evaluation Policy;
- A new Whistle-Blower policy;
- The Programmation annuelle des projets et activités en ressources informationnelles;
- Request for authorization for a loan agreement for the proposed self-financed acquisition of auto-guided vehicles for the Glen site;
- An agreement pertaining to a loan with HSBC Bank Canada;
- A number of resolutions pertaining to loan authorizations in support of our regular operations;
- Approval of the Application for the 2014 Human Resources Innovation Award of the Association québécoise d’établissements de santé et de services sociaux (AQESSS);
- Approval of the nomination of the individuals holding a senior management position, as required by the Règlement sur certaines conditions de travail applicables aux cadres des agences et des établissements de santé et de services sociaux.

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

- Dr. Kaberi Dasgupta, Division Director of Clinical Epidemiology in the MUHC Department of Medicine
- The appointment of the new members of three Research Ethics Boards of the McGill University Health Centre
- An amendment to the Regulatory Framework in Health Research at the McGill University Health Centre