

MGH Emergency to better accommodate psychiatric patients

—INTERNAL REORGANIZATION BEGINS IN PREPARATION FOR 2015

With the opening of the Glen site in April 2015, psychiatric patients will be directed from the Royal Victoria Hospital (RVH) to the Montreal General Hospital (MGH) of the McGill University Health Centre (MUHC) to consolidate mental health resources and to increase efficiency of care.

“The MGH will become the only psychiatric emergency department for adults at the MUHC, with some 3,000 visits per year expected,” says Dr. Nadia Szkrumelak, director of the MUHC Mental Health Mission and chief of the Department of Psychiatry (adults).

Because the Emergency Services department at the MGH cannot currently accommodate these patients, leaders of the Mental Health Mission and Emergency Services have worked closely and actively with the planning team to merge Psychiatric Emergency services and create a short stay unit. “After many months of intense work, we have developed a high-quality project that will provide us with a healthy and safe environment for our psychiatric patients, their families and our personnel,” says Pina La Riccia, assistant director of Nursing, Emergency Services and Mental Health Mission (adults).

“By renovating the B1 wing, adjacent to the Emergency Department (ED), we will be able to implement a six-stretcher psychiatric emergency service, an eight-bed brief intervention unit,



Back row: Dr. Nadia Szkrumelak, Dr. Donald Groenewege, Dr. Jean-Marc Troquet, Sabrina Stea. Bottom row: Pina La Riccia, Carole Filteau, Angelina Perillo

and two seclusion rooms,” explains Dr. Jean-Marc Troquet, chief of Emergency Medicine at the MUHC (adults). The new space, adapted for the hospital’s psychiatric clientele, will significantly shorten the length of stay, provide more patients with access to therapeutic services, and decrease congestion in the ED.

“Through a sustained approach with a multidisciplinary team working in first-rate facilities, it will be easier to help the patient take control and prevent an acute crisis from escalating into a chronic situation or one requiring hospitalization,” says Dr. Szkrumelak.

The project is both exciting and ambitious, given the tight deadlines faced by its various teams. Renovation work will begin soon in sectors BS1, D6, L6, D16 and D19 to permit the Admissions and Medical Files offices to move out of B1. Once the space is free, construction can begin on B1 this summer. The new facilities

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APRIL 6 TO 12, 2014, WAS NATIONAL VOLUNTEER WEEK



Emy Benjamin and her labrador Gilly with a patient

A big thank you to MUHC’s 2,200 volunteers

Over 2,200 volunteers, including our auxiliary members, give over 220,000 hours a year to the McGill University Health Centre (MUHC) usually with a smile, sometimes through tears and always from the heart. To honour them, in this article we present a sampling of how wonderful our volunteers are. Their complete profiles, and some other profiles are available on our website (muhc.ca).

Margrit Meyer and the magic of zootherapy

Eight dogs are now part of the Animal Assisted Interactions Program (AAIP) at the Montreal General Hospital (MGH) of the MUHC. Happiness and unconditional love: these are the simple

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Message from NORMAND RINFRET

The election is over and... spring is finally here!

The recent election was probably the harshest in Quebec's modern political history. Unfortunately for the MUHC, the past month brought up bad memories, particularly because of the parties' mutual allegations of corruption. Almost half of the media coverage we received dealt with issues far removed from our clinical excellence.

As the melting snow gives way to spring buds, it is reassuring to see how much the MUCH has changed. The new MUHC administration has completely revamped its governance. With the implementation of a new Board of Directors in February 2012, a new generation of managers has emerged. The Board of Directors has struck various committees required by law and created ad hoc committees that are responsible for overseeing the MUHC's priorities, which include the redevelopment project; human resources and our organizational culture; follow-up to the Baron Report; the organization of clinical care; and communications with our partners, users and the community in general. This increased transparency has also included the publication of the Board's decisions, more public meetings, and the sharing of relevant documents. Finally, the Board has implemented a new whistleblowing policy and is strictly applying a renewed conflict of interest policy.

The executive team is also showing its commitment to transparency through improved interaction among its clinical and administrative teams and the gradual implementation of co-management at the MUHC. Our policies and procedures are undergoing a systematic review process. Greater accountability has been implemented with the publication of quarterly reports of Senior Managers' expenses. These stringent practices are already bearing fruit. We are currently conducting an unprecedented budget realignment that will let us balance our budget in March 2015. Our new approach is based on team accountability and decentralization. Through our teaching and research missions, we

are used to innovating and adopting best practices to improve the quality of patient care. Keep sharing your ideas and initiatives with us because, unfortunately, network resources will continue to fall short of needs!

But these are just two components of the greatest transformation in our more than 100-year history that will lead us to MUHC 2015. Our partner MHIG is finalizing the construction of the new Glen site hospital complex, which is 93% complete. At the same time, the Transition Support Office is helping us get our teams ready for redeployment on four sites. Work with our network partners is also progressing well and has allowed the MUHC to concentrate on its mission while facilitating access and services for Quebec patients closer to their residence.

We can be proud of this project that will equip Montreal with modern facilities in patient care, research, teaching and technological assessment and firmly position us as one of the world's foremost academic health centres. I want you to know that the entire Montreal community is excited and mobilizing to celebrate our inauguration in 2015.

We must now prepare all sites for the transfers that will start in less than a year—a responsibility that falls to each and every one of us. Let's not wait until the last minute: let's be proactive! I invite all teams to help with the spring clean sweep of administrative documents and the equipment inventory so that we can figure out what needs to be moved to the MUHC's different sites in 2015. The final moving dates are as follows: RI MUHC – February 10-26, 2015; RVH – April 8-26, 2015; MCH – May 12-24, 2015; and MCI & MGH – June 8-14, 2015.

Spring is a time of renewal, and I feel a sense of renewed energy among our staff and the community towards the MUHC. Thank you for your contribution and let's keep building our institution's prestigious reputation by providing the best care for life!

THE MUHC EMPLOYEE ASSISTANCE PROGRAM IS AVAILABLE

- Are you:**
- Under a lot of stress: work-related or personal?
 - Trying to get along better with a co-worker?
 - Struggling with a relationship issue?
 - Feeling anxious or depressed?
 - Concerned about alcohol, drugs or a possible gambling problem?

The Employee Assistance program (EAP) offers immediate and confidential help for all McGill University Health Centre (MUHC) employees.

Support is available over the phone, in person, online and through a variety of issue-based health and wellness resources, 24 hours a day, 7 days a week, at:

Toll free phone number: 1-800-387-4765
Online tools and resources: www.shepellfgi.com
Online counselling: www.shepellfgi.com/ecounselling

- Free seminars are also offered throughout the year, like:
- Boosting Your Positive Outlook
 - Making Time Work for you
 - Stress Relaxation Techniques

Go to the Human Resources Intranet home page and click on Occupational Health & Safety-EAP Menu to know the dates and times of the next seminars.

**FEEL BETTER.
SOLVE A PROBLEM.
PREVENT FUTURE PROBLEMS.**

April 20 to 27 is National Organ Donor Week

The Sign of a Hero—a story of a friendship that goes way beyond skin deep

STEPHEN EVANS AND ANDY BOWERS HAVE BEEN FRIENDS FOR ABOUT 15 YEARS BUT ON MARCH 13, 2014 THEIR FRIENDSHIP REACHED A NEW LEVEL IN THE TRANSPLANTATION UNIT OF THE ROYAL VICTORIA HOSPITAL AT THE MCGILL UNIVERSITY HEALTH CENTRE.

The friends' journey began last summer when Evans, after suffering cramps in his legs, was unexpectedly diagnosed with end-stage renal failure and learned he needed a kidney transplant. Bowers was shocked when he got the news. As an altruist person and father of two children, just like his friend, the first thought that came to his mind was “What can I do?”

Over the following months, Evans received dialysis three times a week, went on a very strict diet and underwent a process to determine if he was strong enough to survive the transplant. Fortunately, the answer was positive, and the perfect match was found in January with Bowers, who had offered himself for the kidney donation. “It's a strange and powerful feeling to be able to give someone's life back,” says Bowers.

Bowers had to endure a rigorous screening process before the actual transplant to ensure that he was in good health and that he didn't have high blood pressure, diabetes, cancer, or kidney or heart disease, and was well prepared psychologically for what awaited him.

The day of the transplant, Bowers' kidney removal started at 8:30 a.m. and lasted two hours, while Evans' surgery started at 9:30 a.m. and was finished within four hours. Evans's grafted kidney started working instantly. “All of my previous symptoms were gone the minute I woke up from surgery,” he says.

Through the experience, the friends learned that there were 5,500 patients on dialysis across Canada and 1,000 in



Guy Carboneau, left, is one of the celebrities who agreed to support the campaign *The Sign of a Hero*. Andy Bowers, PJ Stock from Hockey Night in Canada and the Antichambre TV program, and Stephen Evans, right.

Quebec—most are waiting for transplants. Renal transplantations save lives but it also saves big money. A renal transplant generates savings of a quarter of a million dollars over five years for taxpayers, when compared to dialysis, which costs about \$60,000 a year per patient. This inspired them to launch the successful awareness campaign *The Sign of a Hero*, through which they tell their story to demystify some truths about organ donation and, above all, to encourage people to sign their donor stickers on their medical card.

The inspiring message that Andy Bowers posted on the *The Sign of a Hero* Facebook page the morning after the surgery was this:

“Morning World! Andy here, Stephen is still sleeping well. I walked back to Stephen's room yesterday evening after our wives had gone, and we chatted for an hour or so. We were both amazed at:

- How little pain we were in and how good we felt
- How amazing Stephen was feeling (my kidney is apparently much better than dialysis!)

- How many wonderful messages of support we had received... thank you!
 - How great the staff at the Royal Vic have been
 - And how amazing, strong and wonderful our wives were.”
- Their sign off words: “We feel blessed.”

About living kidney donation and paired exchanges

A kidney from a living donor may function better and last longer than a kidney from a deceased donor. Since 2009, interested and healthy enough incompatible donor-recipient pairs from across Canada can participate in the national Living Donor Pairs Exchange Program, which identifies matches between two or a series of pairs that could exchange their recipient, thus increasing chances of finding compatible donors. The program also welcomes anonymous donors ready to make a donation without knowing a recipient. For more information, visit organsandtissues.ca

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should be ready to accept patients by spring 2015.

“This represents an exceptional opportunity to upgrade emergency psychiatric care while reinforcing the important role played by the MGH within MUHC 2015,” says Ann Lynch, associate director general, Clinical Operations. “To achieve success with this project, the entire MGH community will have to work together to accommodate new functions and change how space is organized and used.” Once the renovations are complete our patients will benefit from better care, and our teams will work in facilities designed to address the realities and needs of this clientele.

FACES OF THE MUHC—UROLOGIC ONCOLOGY CLINIC

The daffodil isn't just a flower - it is the symbol of courage and perseverance in the face of cancer



April is Daffodil Month and at the MUHC we are making a difference when it comes to cancer care. In fact, the Urologic Oncology Clinic at the Montreal General Hospital (MGH) of the McGill University Health Centre (MUHC) makes sure to put patients and families first by providing multidisciplinary care where urologists, medical oncologists, radiotherapists and the pivot nurse work together in the same place.



Milovana Pavlis, administrative agent



Olga Guerra, Pivot Nurse, Urologic Oncology Centre

“In my opinion, our biggest asset is our ability to work effectively as a team,” says Olga Guerra, MUHC pivot nurse, Urology Oncology. “Having our respective clinics in the same physical area increases accessibility to each other and increases opportunity to meet and share our expertise to better serve our patients. My team mates are accessible, open minded and contribute to a respectful, harmonious work atmosphere. I consequently consider myself quite lucky.”



Dr. Armen Aprikian, MUHC chief Urologist (adults).



Dr. Simon Tanguay, urologist

“We’ve been working this way for several years now, and it’s the model that will be used for cancer care at the Glen site,” explains MUHC urologist Dr. Simon Tanguay. “Sometimes patients are able to see a number of doctors in a single visit. They no longer have to go to several floors for all their appointments because everything is one place. It’s important to ease patient access to doctors.”

The patients definitely benefit from the multidisciplinary teams in one place, but they’re not the only ones. The proximity of medical staff makes communication easier and accelerates decision-making. “We are always close to our colleagues and other specialists, which greatly facilitates discussion and patient care,” says Dr. Tanguay.



Andreanne Saucier, MUHC associate director of Cancer Care, Respiratory Services.

“Our MUHC urology cancer group is a great team,” says Andreanne Saucier, MUHC associate director of Cancer Care, Respiratory Services. “They meet regularly to discuss patients, they develop and participate in important research and they share their knowledge and expertise. But what strikes me the most is their problem solving abilities in difficult contexts, which can only be achieved if dealt with as a team. They also continuously challenge themselves to ensure that they provide great care to patients and families confronted with cancer.”



Back row left to right: Marie Duclos (radiation oncology), Beverly Cleland (urology nurse), Jeremy Sturgeon (medical oncology), Simon Tanguay (urology), Raghu Rajan (medical oncology), Sergio Faria (radiation oncology). Front row left to right: Marie VanHuyse (medical oncology), Olga Guerra (pivot nurse), Julie Gélinas (pivot nurse)

Did your team or a colleague recently achieve something exceptional?
The Public Affairs and Strategic Planning department would like to know more! We are looking for teams or individuals across all sites of the MUHC who have provided exceptional care, carried out an important project, or simply demonstrated selflessness and compassion. By sharing these moments with us, your achievement could be shared on the intranet, MUHC Today, EnBref, website and our social media platforms. Do you know a particular team that or person who meets these criteria?
Contact us! julia.asselstine@muhc.mcgill.ca

PCS/DHIS to close June 2014

Deployment of electronic medical records moves into high gear



From left to right, front row: Céline LeBreton, Anna Badia, Jeannette Piedade, Sandra Cusson, Camille Leroy. Back row: Abdelhadi Barkak, Ricardo Telamon, Patrick Rebelo, Dawn Bonsor, Nancy Stewart, Eleanor Scharf.

With the decommissioning of the main frame computer (PCS/DHIS) at the McGill University Health Centre (MUHC) in June 2014 and the transfer to the Glen in 2015, teams are getting busy in order to speed up the deployment of the Oacis electronic medical record's order module, the scanning of the medical records, and the patient admissions, discharges and transfers (ADT) management system. This is what's happening:

Computerized Physician Order Entry (CPOE)

Since the establishment, in mid-March, of a more ergonomic version of Oacis, the deployment of electronic orders dealing with the Laboratory, Nutrition, Transfusion Medicine, Respiratory Medicine and Neurophysiology is going well in the regular units and critical care units.

Moving from a paper-based request system to electronic prescribing is a major change. That is why over the winter, a number

of new trainers came to lend a hand with integrating the Oacis order module into the clinical processes and to help clinicians learn this tool. Some clinicians received special training in order to act as Super-users (qualified users able to assist their colleagues).

By June, Medical Imaging and Laboratory orders will also be produced in Oacis for outpatients.

Clinical notes

All documents included in the patient's medical record after a visit to an outpatient clinic or to the Emergency are now scanned and accessible from the Oacis document viewer, except for those from Oncology and Palliative Care Day Centres and Clinical Haematology, which will follow shortly. "It is extremely convenient to be able to access the clinical notes at any time and from anywhere," says Dr. Jean-Marc Troquet, chief of Emergency (adults), MUHC. The deployment should be complete by June this year and will include the documents produced for hospitalized patients.

Fully digitized records for new patients

With the implementation of the ADT system at the Royal Victoria Hospital, the Montreal Neurological Hospital and the Montreal Chest Institute on April 6 and the Montreal General Hospital on May 4—both of this year—, new patients will be assigned a seven-digit record number starting with "5".

"This means we will no longer open a paper file when a patient arrives for a first visit to one of these hospitals," says Jeffrey Smith, interim manager Medical Records (adults), MUHC. "The documents produced in this hospital for this patient will only be found in Oacis. Clinicians should, however, be aware that a new patient at the MNH could, for example, have a traditional paper-based file at another MUHC hospital. Information to that effect is recorded in Oacis." By the end of June 2014, an electronic bed management board will be installed in the adult site units to optimize communications related to admissions. This tool will reduce the number of calls made to confirm the arrival of patients at each nursing unit.

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 April 8, 2014.

The Board of Directors approved:

- The two-phased approach pertaining to branding and signage of the various buildings at the Glen site;
- The naming of the new Cancer Centre at the Glen site;
- A number of resolutions pertaining to loan authorizations in support of the establishments' regular operations.

Lachine Hospital focuses on a compelling vision

— OUR OBJECTIVE IS TO BECOME A LEADING COMMUNITY TEACHING HOSPITAL

At this time last year, Dr. Antoine Hoang joined the local Lachine Hospital management team—which has been in place now for five years—as Associate Director of Professional Services. Since then, much has been accomplished, and the hospital continues to enjoy accelerated growth. The improved quality and efficiency of patient care is evidence of the optimization initiatives implemented and the increased collaboration both internally and with partners in the hospital's external network.

"In addition to the projects underway to improve our programs, we are working to develop a teaching component within our hospital to groom family physicians," says Dr. Hoang. While this is a positive initiative, the objective remains an ambitious one for Lachine Hospital as it responds to the urgent needs of Quebecers and to the goals of the province. The hope is to enhance the Lachine family medicine module over

the medium term to welcome McGill residents and train the next generation of professionals.

Along with its core specialties, Lachine is further enriching its program with three centres of excellence: The ophthalmology clinic, long recognized for its exemplary level of care, has been designated as a regional centre and will therefore act as a reference point for the other institutions; Bariatric surgery, already well-established at the Hospital, continues to work in tandem with the Royal Victoria Hospital, with Lachine handling the simpler cases; "And finally, geriatrics, which is of special importance to me," says Dr. Hoang. "I believe the key to our future is the sound management of care for our older clientele, whether we're treating chronic illnesses or offering first and second line services."

Building on available expertise and resources within the MUHC family, the



Dr. Antoine Hoang

Lachine Hospital is developing into an academic centre of excellence. Dr. Hoang is confident that with time, collaboration and patience, this vision will become a reality.

"We are witnessing an era of renewal, with the arrival of young doctors and dynamic medical leaders interested in the future of medicine and public health care," says Dr. Hoang. "The entire team is oriented towards our objective and is doing what's needed to improve existing services and find innovative solutions to our day-to-day challenges."

Starting a new chapter at 18: graduating from pediatric to adult cardiac care

From the time she was born and diagnosed with a complex congenital heart problem, Sabrina Bigras' parents understood that her condition would require specialized follow-up care for the rest of her life. She was two when she met Dr. Marie J. Béland, a pediatric cardiologist at the Montreal Children's Hospital (MCH) of the McGill University Health Centre (MUHC). In many ways, Dr. Béland would come to play a significant role in Bigras' family's life.

"Dr. Béland was always reassuring," says Bigras, whose cardiac condition required multiple operations, hospitalizations and complex care. When she was just four years old, Bigras was implanted with a pacemaker device to help control her heart rhythm. She visited Dr. Béland and the cardiology team at the Children's at least twice a year to have her pacemaker tested, and to undergo routine x-rays and ultrasounds.

"A few years ago, the team started talking about my eventual transition to



Sabrina Bigras

an adult hospital," says Bigras. The conversations prepared her for the change ahead, and introduced her to the McGill Adult Unit for Congenital Heart Disease Excellence (MAUDE Unit) of the Royal Victoria Hospital where she would be seen after turning 18.

PREPARING FOR TRANSITION: A CAREFULLY ORCHESTRATED PROCESS

"The last visit to the pediatric cardiologist can sometimes be a very overwhelming, emotional experience for the patients, their parents, and even the doctors and nurses," says Dr. Béland. "We really do develop connections with each family, because we go through quite a journey together."

The team's informative approach to transition encourages young patients to play a more active role in their care plans. Through open dialogue, the team ensures that patients and their parents feel well supported in their transition.

"My goal is to have my patients leave

the Cardiology Division at the Children's knowing their diagnosis and being able to explain it to me," says Dr. Béland.

The MAUDE Unit, named in tribute to congenital heart disease pioneer and McGill professor Maude Abbott, was created in 2000 in partnership with the MCH to meet the needs of patients once they reach adulthood. "More than 20 physicians and surgeons, along with nurses, professionals and support staff from a wide range of medical specialties work together in the MAUDE Unit to help make the transition from pediatric care a smooth one," says Dr. Ariane Marelli, cardiologist and founding director of the MUHC's MAUDE Unit.

This past fall, Bigras completed her first visit to the MAUDE Unit. She looks forward to developing a stronger relationship with the team. One of the greatest challenges, she admits, is slowly taking on more responsibility for coordinating her appointments and blood work.

The transition involves much more than moving from one hospital to another. "It's a work in progress and I think it will take some time," she says. "But I feel confident that I'll become more familiar with it."

Key adjacencies at the Glen:

At the new MUHC, the MAUDE Unit will be located down the hall from the pediatric Cardiac Diagnostic Centre, making the transition as seamless as possible.



TRANSFERS 2015: UPDATE

There are less than 300 days left before the McGill University Health Centre (MUHC) kicks off its various transfers on its way to 2015.

There are an enormous amount of things left to do before we get to the actual move days, but if we want to meet our target and ensure the transfers are smooth, we must get started now.

Here are two initiatives already underway:

Activation of the Glen site

The Glen site Facility Activation Committee has identified operational and clinical "Early Activators." Early Activators are employees charged with ensuring that the Glen site is functional, from light switches to equipment, we have to make sure everything works. There will be approximately 300 activators. The activation of the Research Institute at the Glen site will take four months, while the activation of the rest of the hospital will take six months to complete.

Final move dates

Wondering when you'll be moving? Have a look at the calendar to the right to find out. For more information on the transfers, please visit our Intranet site and click on the "The Transfers" button on the home page.

February 2015

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

Research Institute of the MUHC

April 2015

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26	27	28	29	30		

Royal Victoria Hospital

May 2015

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31						

Montreal Children's Hospital

June 2015

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14	15	16	17	18	19	20
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28	29	30				

Montreal General Hospital/Montreal Chest Institute

Moving days

Patient Moves

Stat Holiday

April 22 was Earth Day — At the MUHC we are helping to make a difference for today and tomorrow

To celebrate Earth Day, the McGill University Health Centre (MUHC) is reaffirming its commitment to reduce its environmental footprint and preserve our natural resources for future generations.

Last year, more than 850 metric tonnes of paper and cardboard from different MUHC sites were recycled, and recovery activities were expanded to other recyclable materials, such as plastic and refundable containers. Initiatives such as multi-material recycling stations, collection containers in the hemodialysis and laundry departments, and centralized distribution operations have all helped improve our environmental performance. The MUHC recycling program for electronic waste (e-waste), which was recognized by the City of Montreal and the Conseil régional de l'environnement de Montréal, is continuing to be successful. Since its implementation in August 2009, more than 52,000 kilograms

of electronic devices have been recycled across the MUHC.

Many ongoing projects also aim to reduce the amount of material headed to landfills, and any initiatives deemed successful will then be extended across the MUHC's different institutions. These projects include:

- A residual materials characterization study conducted by a team from the master's program in environment at Université de Sherbrooke. The study will describe how residual materials are managed and give recommendations to improve the current system.
- The upcoming deployment of recycling stations for personal electronic devices.
- The expanded collection of refundable containers.
- A composting program for organic waste produced by our institutions.

In addition to the positive impact on

our environmental performance, these initiatives will also help us reach the goals set by the Quebec government in its residual materials management policy. By January 2016, 70 per cent of all plastic, glass and residual metal will have to be recycled, while 60 per cent of residual organic waste will have to be collected for composting. In terms of paper, cardboard and waste from construction, renovation and demolition activities, the MUHC is currently exceeding government objectives and is committed to continuing on this path.

The MUHC is also working very hard to ensure that residual materials are soundly and sustainably managed to make the Glen site a leader in environmental performance. Initiatives for the Glen Campus include an eco-responsible purchasing policy as well as a plan to obtain *LEED Canada EB: O&M Silver* Certification (a rigorous Canadian green rating system).

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things provided by our four-legged volunteers.

A fixture for many years in Palliative Care at the MGH, the AAIP is now available on multiple floors. Each dog spends approximately two to three hours per week with patients, families and employees. "Dogs have this gift of putting a smile on anyone's face," says Meyer. "It does the patients some good to get their minds off their health problems and to open up and socialize."



Guy Marsolais

Guy Marsolais: Paying it forward one magazine at a time

Despite having retired several years ago, 82-year-old Guy Marsolais says he works harder today as a volunteer than ever before — and that's hardly an understatement!

Thanks to his continued kindness and resourcefulness, waiting rooms across the MUHC and in hospitals throughout the region of Montreal are stocked with new magazines every month. That's because Marsolais graciously heads to a number of magazine distribution centres across Montreal monthly and personally loads boxes of new magazines into his car for delivery to MUHC hospitals.

And you thought you were a keener!

Maurice Demers and Andrée Sauvé serve heartwarming coffee

Most mornings at the Lachine Hospital, volunteers pick up long-term-care patients from the Camille Lefebvre Pavilion to go to the Café for some hot, delicious coffee and socializing.

For the past nine years Maurice Demers, affectionately nicknamed "Momo," has been warming the hearts of these patients by making and serving them their morning brew. Andrée Sauvé, another volunteer at the Café, says the patients bring her so much more than she gives. Thanks to the work of volunteers like Demers and Sauvé, who are deeply appreciated by patients, families, staff and physicians, patients are able to enjoy themselves, break their isolation and interact while sipping a good cup of coffee!



Maurice Demers and Andrée Sauvé

straight talk

HOW MANY CAFETERIAS ARE GOING TO BE AT THE GLEN SITE? WILL EVERYONE HAVE ACCESS TO THEM OR WILL THERE BE SOME RESERVED FOR STAFF?

CAFETERIA AT THE GLEN

There is one cafeteria at the Glen site for staff, patients and families. The cafeteria can seat 400 people and in warmer months a terrace will be open and people can sit outside. There are also commercial spaces available for eating, some staff lounges and conference rooms.



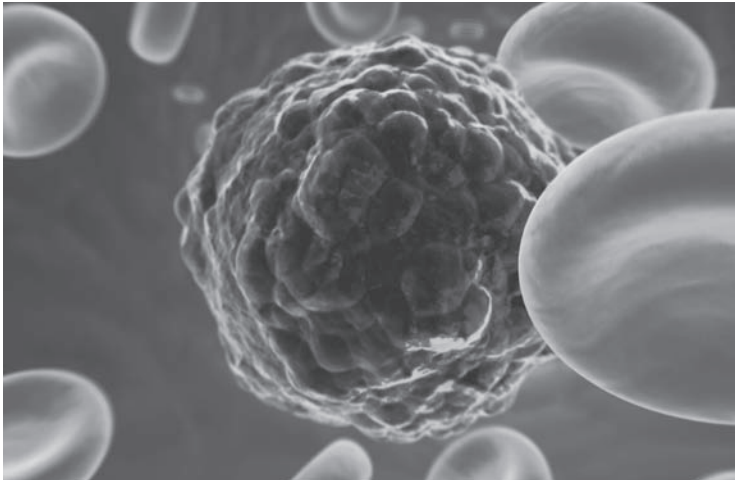
Canadian Cancer Society awards five RI-MUHC researchers with innovation grants

FIVE RESEARCHERS FROM THE RESEARCH INSTITUTE OF THE MCGILL UNIVERSITY HEALTH CENTRE (RI-MUHC) HAVE RECEIVED INNOVATION GRANTS FROM THE CANADIAN CANCER SOCIETY (CCS) FOR THEIR RESEARCH PROJECTS. THEIR PROJECTS ARE AMONG 46 SELECTED FROM ACROSS CANADA, WHICH RECEIVED A TOTAL OF NEARLY \$9 MILLION. HERE ARE SHORT DESCRIPTIONS OF THE FIVE PROJECTS:

Prostate cancer: Studying the effects of androgen therapy on stromal cells \$135,000 Innovation Grant

A conventional treatment for prostate cancer is the removal of male hormones called androgens, which provides temporary treatment benefit by reducing tumour growth. Dr. Axel Thomson and his team are studying the effects of androgens, not on tumour cells, but on the surrounding stromal cells that support and control tumours. This is the first study looking at how gene expression changes in stromal cells are influenced by androgen deprivation therapy, and could cast new light on how this treatment works. The goal is to develop more targeted and effective treatments that could overcome challenges related to drug resistance.

Dr. Axel Thomson is a member to the RI-MUHC based at the Montreal General Hospital and he is a professor of Medicine at McGill University.



Bone metastasis: improving patient's quality of life and preventing relapse with bone implants \$199,710 Innovation Grant

When cancer spreads into a patient's bones, the result can be painful bone metastases, which often requires surgical removal. Unfortunately, surgery can leave a hole in the bone which must then be filled by an implant. If some cancer cells have remained hidden in the bone, a patient may also have a relapse after surgery. Dr. Michael Weber is using 3D printing technology to produce bone implants that can be filled with anticancer drugs to deliver high doses of treatment to the cancer site to prevent relapse. In this project they are testing their idea in mice with the ultimate goal of providing a new treatment for patients that will also improve their quality of life.

Dr. Michael Weber is a member of the RI-MUHC based at the Montreal General Hospital and he is an assistant professor in the McGill Department of Surgery.

Brain cancer: Development of novel therapeutics to prevent brain cancer invasion \$170,500 Innovation Grant

Dr. Kevin Petrecca is studying the genetics involved in the spread of the most common adult brain cancer, glioblastoma. His team has found a gene called DRR that is an important driver of cancer spread. He is now developing a genesilencing treatment to block DRR expression and testing its effectiveness in a pre-clinical mouse model.

Dr. Kevin Petrecca is a member of the RI-MUHC based at the Neuro and he is an assistant professor of Neurology and Neurosurgery at McGill University.

Breast cancer: Targeting beta catenin to stop tumour progression driven by ErbB2 \$195,000 Innovation Grant

Many genes are linked to cancer, but how they work is not always well understood. Dr. William Muller is studying a cancercausing gene called ErbB2 – the target of the widely used breast cancer drug Herceptin. He found that another gene called beta catenin influences how ErbB2 is expressed, and he is now studying whether targeting beta catenin can stop tumour growth driven by ErbB2. This could have an impact on the 25 to 30 per cent of breast cancers that express high levels of ErbB2.

Dr. William Muller is a member of the RI-MUHC based at McGill University and he is a professor at the Rosalind and Morris Goodman Cancer Research Centre.


Gastric cancer: Regulating the gene Met to improve treatment efficiency \$200,000 Innovation Grant

Dr. Morag Park has been studying a group of genes called receptor tyrosine kinases (RTKs) that are overactive in many cancers. She has found that one RTK, called Met, promotes the growth and spread of many different cancers. In at least 20 per cent of stomach cancers that typically have poor outcomes, Met helps cancer cells resist treatment. In this project she is developing new ways to make tumour cells responsive to treatment by regulating Met, which could improve outcomes not only for people with stomach cancer but also many other cancers such as lung and colorectal.

Dr. Morag Park is a member of the RI-MUHC based at McGill University and she is the director of the Goodman Cancer Research Centre.

A complete list of the projects is available on cancer.ca

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