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, 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

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
Senior Managers’ expenses. These stringent practices are already has been implemented with the publication of quarterly reports of co-management at the MUHC. Our policies and procedures are and administrative teams and the gradual implementation of transparency through improved interaction among its clinical of interest policy.

The Board’s decisions, more public meetings, and the sharing of with our partners, users and the community in general. This Report; the organization of clinical care; and communications priorities, which include the redevelopment project; human

The new MUHC has struck various committees required by law and created ad new generation of managers has emerged. The Board of Directors has seen how much the MUCH has changed. The new MUHC clinical excellence.

The employee assistance program (EAP) to see how much the MUCH has changed. The new MUHC coverage we received dealt with issues far removed from our past month brought up bad memories, particularly because of the possible gambling problem?

• Feeling anxious or depressed?
• Struggling with a relationship issue?

Assistance Program

THE MUHC EMPLOYEE ASSISTANCE PROGRAM IS AVAILABLE

The MUHC Employee Assistance Program (EAP) offers immediate and confidential help for issue-based health and wellness resources, employees.

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Are you:
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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 closer to their residence.

The friends' journey began last summer when Evans, after suffering symptoms 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 physically and psychologically for the procedure.

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’ grafted kidney started working instantly. “All of my suffering 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 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 maintenance on dialysis of $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!).

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

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.

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About living kidney donation and paired exchanges

A kidney from a living donor may func- tion better and last longer than a kidney from a deceased donor. Since 2009, in- terested and healthy enough incompa- rable donor-patient pairs from across Canadacan 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 pro- gram also welcomes anonymous do- nors ready to make a donation without knowing a recipient. For more informa- tion, visit organsandtissues.ca

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 this project with the entire Montreal community is excited and mobilizing to

and administrative teams and the gradual implementation of transparency through improved interaction among its clinical

Stephanie Carbone, left, is one of the celebrities who agreed to support the campaign. The Sign of a Hero. Andy Bowers, Pi Stock from Hockey Night in Canada and the Antichamber TV program, and Stephen Evans, right.

The MUHC Employee Assistance Program is available.

Message from Normand Rinfret

Normand Rinfret

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

The current election was probably the hardest 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 re-balancing in March 2015. Our new approach is based on team accountability and decentralization. Through our teaching and research missions, we

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Support is available over the phone, in person, online and through a variety of issue-based health and wellness sources, 24 hours a day, 7 days a week, at:
Toll-free phone number: 1-800-387-4765
Online tools and resources: www.shepeltigi.com
Online counselling: www.shepeltigi.com/counselling

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 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.

“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 in 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.

“I’m a big believer in the model used at MUHC,” says Andreanne Sauzier, 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.”

“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"
Lachine Hospital focuses on a compelling vision

— OUR OBJECTIVE IS TO BECOME A LEADING COMMUNITY TEACHING HOSPITAL

A t this time last year, Dr. Antoine Hoang
joined the local Lachine Hospital manage-
ment 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 an outcome of the optimization initiatives
implemented and the increased collabora-
tion 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 future physicians,” says
Dr. Hoang. While this is a positive initiative,
the real point of focus is the super-users
for Lachine Hospital as it responds to the
urgent needs of Quebeckers 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
centers of excellence. The ophthalmology
clinic, long recognized for its exemplary
level of care, has been designated as a
region-wide center 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
Lachine program becomes a super-user
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
going busy in order to speed up the deployment of the Oacis
electronic medical records order module, the scanning of the
medical records, and the patient admissions, discharges and
transfers (ADT) management system. This is what’s happening:

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”.

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.

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

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

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.”

F rom the time she was born
and diagnosed with a com-
plex congenital heart problem,
Sabrina Bigras would always
know her diagnosis and being able to
transition as seamless as possible.

And stay in touch with the clinical
progress of her heart treatments,
she was always reassured,” says
Sabrina Bigras, whose cardiac condition required
multiple operations, hospitalizations and
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 tests and ultrasound imaging.

“A few years ago, the team started
talking about my eventual transition to
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 (MUDE) Unit of the Royal
Victoria Hospital, where she would be
seen after turning 18.

PREPARING FOR TRANSITION: A CAREFULLY
ORGANIZED 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.

OPEN COMMUNICATION

A critical part of the transition
SUCCESS

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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 reducing 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, 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.
- 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).

Maurice Demers and André 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 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. André 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!

Guy Marsolais: Paiding it forward one magazine at a time

A fixture for many years in Palliative Care at the MGH, the AAP 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

Maurice Demers and André Sauvé

Maurice Demers and André Sauvé

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.

April 2015

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The Glen site Facility Activation Committee

Activation of the Glen site

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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).
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.

Bone metastasis:
Improving patients’ quality of life and preventing relapse with bone implants $199,710 Innovation Grant
Many cancer patients experience pain from metastatic bone disease. If cancer cells enter the bone, surgery and radiation therapy are invasive approaches to fill the hole. Unfortunately, some cancer cells remain hidden and the bone is then susceptible to a relapse when the cancer grows again. 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.

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 gene silencing treatment to block DRR expression and testing its effectiveness in a pre-clinical mouse model.

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.

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.

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