

BIG THANKS TO OUR AMAZING NURSES!

It was National Nursing Week May 12 to 18

We think our nurses at the McGill University Health Centre (MUHC) are the best in the world! A big thanks goes out to them for their daily dedication, expertise and compassion.

In this issue of *Enbref* we have featured a few of our amazing nurses from across the MUHC. You can read more at muhc.ca.

ANNE CHOQUETTE, CLINICAL NURSE SPECIALIST, MONTREAL CHILDREN'S HOSPITAL

Ensuring the new Hematology-Oncology Unit and its adjoining Day Centre meets the unique needs of patients, their families and staff members at the new Montreal Children's Hospital on the Glen site has been a labour of love for clinical nurse specialist (CNS) Anne Choquette.

Since the unveiling of the initial architectural plans, Anne is among a team of individuals who are responsible for ensuring that the architects and planners involved in the construction and design of the space understand how the department works and are sensitive to the needs of its patients.

"It's an incredibly enriching experience," she says, "the opportunity to be involved in such a major project only comes along once in a lifetime. I am very happy to be a part of it."



Anne Choquette



Célestin Ouffoue



Kathy Riches

CÉLESTIN OUFFOUE, NURSE, LACHINE HOSPITAL

Célestin Ouffoue is a young and dedicated nurse who made the jump to the Medical Surgery Unit at the Lachine Hospital in July 2013 after spending just over a year in Acute Respiratory Care and Long-term Care at the Montreal Chest Institute. He is very satisfied with the challenges he has been given and is always looking to improve. Daily, he makes sure he combines soft skills (like being polite), and hard skills, (technical knowledge), when providing care to patients. What does he like about his job? "Everything!" he answered with a laugh. "But I think the most satisfying part is seeing someone go home healthy."

KATHY RICHES, NURSE CLINICIAN, MONTREAL CHEST INSTITUTE

As a nurse clinician in the Adult Outpatient Asthma Clinic at the Montreal Chest Institute (MCI), Kathy Riches is responsible for patient education and follow up for asthma patients. She helps patients and their families learn how to control asthma and improve their quality of life.

This veteran nurse has worked at the McGill University Health Centre (MUHC) for almost twenty-five years. "I am very happy to work for an organization where nurses are recognized as important team members," says Riches. "We are encouraged to keep learning from each other and are nurtured to grow through continuing education."

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Spiro Pettas

Spiro Pettas: 55 years of passion and dedication at the MGH

Spiro Pettas remembers his first day as an employee of the Housekeeping Department at the Montreal General Hospital (MGH) as if it was yesterday. That was 55 years ago.

"It was Monday, April 29, 1959," says Pettas. "In those days, the hiring process was much different than today. I told them I was looking for work, they asked for my passport, and I started that day." He was only 15 years old, but his family had just emigrated from Greece and the job was to help pay for the trip across the ocean.

Over the years at the McGill University Health Centre (MUHC), Pettas has served with over 22 Executive Directors and has witnessed

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Message from **NORMAND RINFRET**

Portrait of MGH 2015

PHYSICAL ORGANIZATION OF SERVICES NOW CONFIRMED

I am very pleased to share with you the plan for the organization of Montreal General Hospital Services in the New MUHC configuration. As you may recall, the MGH 2015 Committee was set up last fall to decide on the final organization of clinical services at the MGH in preparation for 2015. Although I recognize that both space and the work schedule to implement this reorganization are tight, I feel confident that this plan will enable our teams to continue delivering efficient, quality care to our patients, while meeting our clinical plan targets. This plan comes as a result of many hours of planning and hard work and I would like to extend my congratulations and my thanks to all who have been involved in this process.

To accommodate some Royal Victoria Hospital (RVH) activities moving to the MGH, a few internal services will need to be relocated within the hospital in order to consolidate space and services and to permit the necessary renovations to take place. All transfers and relocations have been planned with the objective of optimizing key adjacencies, keeping in line with future modernization of the site and minimizing costs and potential service disruption. However, considering the transfer sequence and availability of space, some services will unfortunately have to be moved in two phases. Stakeholder groups continue to work on the details of these projects and will work closely with the affected departments.

As for the research conducted at the MGH, the activities will be concentrated in three main areas: Brain and Behaviour studies, Regenerative and Reconstructive Medicine, and Cardiovascular Research, which will be shared with the teams at the Glen site. Finally, the MGH will house satellite facilities for the Centre for Innovative Medicine and the Centre for Outcomes Research and Evaluation.

I am proud of what we have accomplished so far and confident that our teams will continue to collaborate to ensure the consolidation of Ambulatory services, the transfers for the New MUHC configuration and the modernization of the MGH to pursue its essential role within the MUHC.

| Services | Current location | MGH 2015 | Final destination |
|----------------------------------------------|------------------|------------|-------------------|
| Admitting | MGH B1 | D6/L6 | D6/L6 |
| Allergy and Immunology Clinic | RVH M11 | A6 | A6 |
| Allergy and Immunology offices | RVH M11 | A6 | C6 |
| Allergy and Immunology Treatment Area | MGH A6 | A6 | A6 |
| Bariatric Clinic and offices | RVH S6/S7 | E16 | L10 |
| Chronic Kidney Educational Department (CKED) | RVH R2 | L5, L4, L2 | L5, L4, L2 |
| Colorectal Surgery Clinic | MGH D16 | Glen | E7 |
| Dentistry | RVH E3 | A3 | B7 |
| Dermatology Clinic | RVH E2/A4/M9 | E19 | L8 |
| Dermatology offices | RVH A4 | E19 | TBD |
| Echocardiography | MGH D17 | D17 | E5 |
| Geriatrics Clinic | RVH R4 | D17 | D17 |
| Geriatrics IPU | RVH M8 | E13 | E17 |
| Geriatrics offices | MGH D17 | E16 | D17 |
| Geriatrics offices | RVH R4/M8 | E16 | D17 |
| Inflammatory Bowel Disease (IBD) | RVH R2/R3 | D16 | D7 |
| Mail Room | MGH D17 | BS1 | BS1 |
| Medical Clinics | MGH B2 | B2 | L8 |
| Medical Records and Scanning | MGH B1 | BS1 | BS1 |
| Medical Records Coding | MGH B1 | TBD | TBD |
| Nursing offices (CPSD) | MGH D6 | D19 | TBD |
| Pain Centre | MGH E19 | A5 | A5 |
| Primary Immune Deficiency (PID) Clinic | MGH A5 | A6 | A6 |
| Psychiatry Emergency Department | RVH C4 | B1 | B1 |
| Respiratory Clinic | MGH D7 | D7 | TBD |
| Rheumatology Clinic | RVH E2/M11 | E19 | A6 |
| Thoracic Clinic | MGH L9 | L9 | L10 |
| Traumatic Brain Injury (TBI) offices | MGH D13 | D19 | A7 |

MUHC emergency care for seniors requires a specialized approach

The McGill University Health Centre (MUHC) Emergency Department at the Royal Victoria Hospital (RVH) recently made great efforts to implement a specialized approach (part of EFH - Elder Friendly Hospital/ AAPA - Approche adaptée à la personne âgée project) to prevent functional decline in vulnerable senior patients.

Evidence-based data indicate that hospitalization can cause problems that have nothing to do with what brings seniors to the hospital in the first place. Bed rest, malnourishment and a lack of stimulation can lead to a loss of functioning that can be hard to regain or that is even irreversible. To ensure the Emergency Department (ED) is a place where seniors get better—and not where they risk getting worse—, a multidisciplinary committee from the RVH ED developed clinical routines to improve mobility and bathroom assistance, enhance nutrition and hydration, and screen for delirium.

“People over the age of 75 who visit the Emergency Department are now encouraged to wear sensory aids (eyes glasses, hearing aids), and we collect more information about them,” says Madeleine Lemay, a nurse who has been very involved in this project. “We also do a delirium assessment (CAM or Confusion Assessment Method) every eight hours to detect any onset of decline and intervene as quickly as possible.”

This information is entered in Med-Urge (the ED’s specialized electronic records system) to help patient care attendants adapt and personalize their support. They make sure that these patients can always reach a glass of water, assist them to the bathroom, and help them sit to eat if they are medically able to do so.

Over the next few months, the ED team will look more closely at the transition to the Glen. “It’s good to know that the design of the new centre incorporates the needs of this clientele,” says Lemay. “There will be more space to move around in, along with grab bars, geriatric chairs and lower stretchers that make it easier for seniors to get up.”

Congratulations to the EFH/AAPA team in the Royal Victoria Hospital (RVH) Emergency Department for winning the 2014 Patricia O’Connor Award for Evidence-Informed Project or Program during the RVH Awards of Excellence this month!

Continued from page 1 — NATIONAL NURSING WEEK

NURSES WORK IN MANY CAPACITIES AT THE MUHC, INCLUDING TRANSITIONING OUR PRACTICES IN TIME FOR THE OPENING OF THE GLEN...

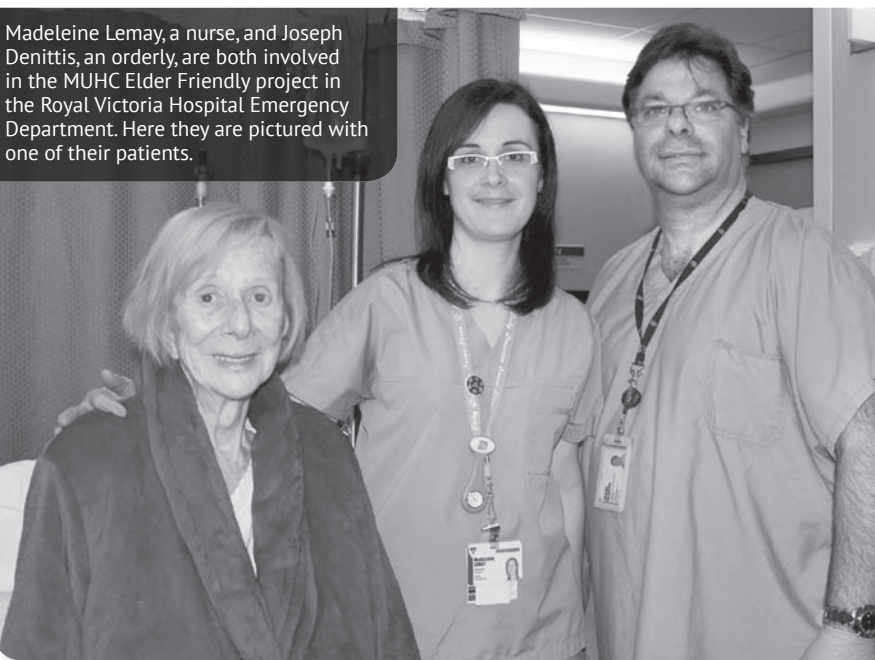
The Transition Support Office (TSO) of the McGill University Health Centre (MUHC) supports harmonization of practices across the organization. The nurses on these teams play different roles—some are project managers, some are experts in specific areas of clinical practice and others are knowledge brokers (they research best practices).

“We try to support people with evidence informed decision making,” says Marie-Claire Richer, MUHC director of the TSO. “The nurses on our team work in collaboration with a multitude of people across the MUHC—nurses, physicians, pharmacists, our teams in Logistics, Planning, Purchasing and so on—to help them harmonize their practices through planning, implementation, evaluation and looking into how to make the practices sustainable.”

The medication pathway is one practice that has been harmonized across all sites. In collaboration with the Department of Pharmacy the TSO helped standardize the approach to prescription, preparation, administration and documentation of medication administration. By 2015 everyone will do it the same way.

“With harmonized practices we improve efficiency of care and we can better manage our resources,” says Richer. “It has been six years since we started this process and thanks to a huge team effort across the entire MUHC, and of course our amazing nurses on our team, we are seeing the fruits of our labour.”

Madeleine Lemay, a nurse, and Joseph Denittis, an orderly, are both involved in the MUHC Elder Friendly project in the Royal Victoria Hospital Emergency Department. Here they are pictured with one of their patients.



THE NEW MUHC AT THE GLEN SITE
An elder-friendly design that includes:

- Grab bars installed in patient bathrooms, hallways and public spaces.
- No door sills, no steps at entrances or in patient bathrooms or showers, and slip-resistant bathroom and shower floors.
- Dimmer switches and full-spectrum lighting in patient rooms to reduce glare and night lights installed next to bathrooms.
- Lights over wayfinding signs to make getting around the Glen easier.
- Seating in public spaces and many automatic doors.
- Contrasting colours to clearly define entrances, door sills and floorboards.

RVH S8 E and MGH D15

Battle of the bacteria—RVH S8 E and MGH D15 tackle C-diff and VRE head on and reduce rates by over 50 per cent in just six months!

Two of the more frequent hospital-acquired (nosocomial) infections at the McGill University Health Centre (MUHC) are Clostridium difficile, commonly known as C-diff (the most frequent cause of nosocomial diarrhea) and Vancomycin-resistant Enterococcus, commonly known as VRE (can cause urinary tract, surgical site and bloodstream infections). Both are transmitted by direct contact with an infected patient and his/her environment.

With relatively high rates of infections last year for both, the MUHC Transforming Care at the Bedside project team, led by the Nursing Directorate, decided enough was enough. They targeted six units with the highest rates of C-diff and VRE and asked them to find ways to apply the following measures with the overall goal of reducing both by 50 per cent within a year:

1. Hand hygiene
2. Infected Patients identified with one of these organisms are placed under additional contact precautions, ie. staff and physicians need to wear gloves and gowns to deliver care to patients and patients must remain in their room during a hospital stay.
3. Teams must have good daily, and after discharge, cleaning and disinfection practices for equipment, rooms and the healthcare environment

Release time was granted to the CSI (Controlling Specific Infections) teams, which were formed on each unit for the project and include nurses, PABs, housekeepers, unit coordinators, assistant nurse managers and nurse managers, one day a week to find ways to apply these measures.

Just six months into the experiment, two units reached their target: Royal Victoria Hospital (RVH) S8E and Montreal General Hospital (MGH) 15.

How did they do it?

Donna Patterson, nurse manager, RVH-S8 E
Our C-diff went down by 59 per cent and VRE was reduced by 85 percent. One thing that has really helped is that one or two nurses are assigned to daily waste walks. This includes reducing clutter in patients' rooms, on tables, shelves and window sills. We counted about 80 pieces of stuff left all over at one time that



RVH S8 E CIS team left to right: Anita Ayotte, housekeeping, Donna Patterson, nurse manager, Jacynthe Sourdif, facilitator for MGH-15 and RVH-S8 E, Linda Lowe, unit coordinator, Jemima Ababio, PAB, Millie Firmin, nurse, Marie-Gerald Dejean, nurse, and, Christina Miousse, assistant nurse manager. Not present for the photo but part of the team: Connie Patterson, infection control practitioner.

were't needed at all. When you clutter areas it is not the responsibility of Housekeeping to clean it. By decreasing clutter it makes the environment more appealing but more importantly it ensures that surfaces are cleaned!

Joan Legair, nurse manager, MGH-15
For both, we reduced by 65 per cent. Right away I started to do hand hygiene audits myself. People got accustomed to my presence and they knew what I was doing so they were more mindful of washing hands—it soon became a habit. I still do them but I have also found champions on my team to help. We started out as low as 20 per cent and we now have overall percentages of anything between 70 and 85 per cent compliance. And we want to continue to improve.

The endemic rates of VRE and C-difficile also drove us to use chlorhexidine wipes to wash our patients rather than performing the traditional bed bath. A pack of six wipes are provided daily to each patient on the unit by nurses or PABs with an explanation. Patients or healthcare workers, mostly PABs, do the washing.

Sheila Moyse, nurse educator, MGH-15
We discovered we were not cleaning our commodes well (portable toilets). We didn't know they could be taken apart completely—just like Lego. We taught everyone how to properly clean them and we also labelled them with the patient bed number so once the patient left we would remove the label and then clean it down with bleach wipes. Bleach kills everything, including the resistant C-diff spores.



Posters placed outside patient rooms.

Marie-Lucie Martin, unit coordinator, MGH-15
I created stickers for equipment to clean before use, signs outside doors to remind people to wash their hands before going in and hand hygiene posters for the rooms. I have also created t-shirts for our CSI team with the five moments of hand washing so we can wear what we preach!

France Hamel, infection control consultant, MGH-15
I see the success as being the result of excellent team work and perseverance. Change doesn't happen overnight, especially on a big unit like D15. The success is now spreading and many people are talking about it. We are very proud of this team!

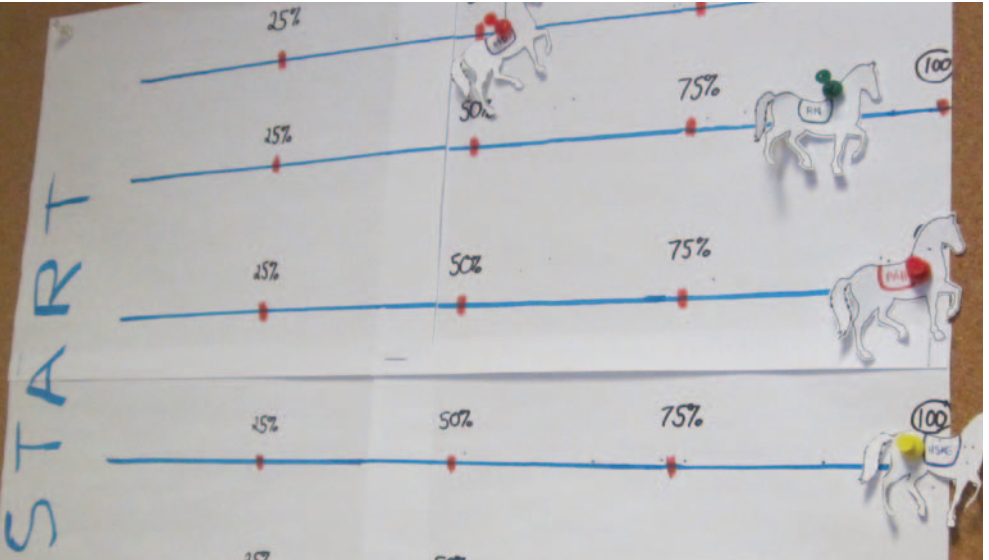
Jacynthe Sourdif, facilitator for MGH-15 and RVH-S8 E
To some it may seem like we are just having fun pulling this together but the reality is the CSI teams are really working hard and we are now seeing the results. Over all it is about

sensitizing the teams. Yes, it is a full day a week that they are not taking care of patients but in the end it has a real positive impact on patient care.

Marie-Gerald Dejean, nurse, RVH-S8 E
Even when I am not working during our CSI day, I am always cleaning and talking to everyone to remind them about good infection control practice.

Anita Ayotte, housekeeping, RVH-S8 E
In one room we had three beds for patients and one was right by the only sink in the room. Whenever a patient came out of the washroom they would have to move a table, a chair, and maybe other things just to wash their hands. Then the nurses and docs would touch that same table. We were fortunate to have another vacant bed in that room so we cleared the space by the sink and started to use the other bed for the patient. It just never dawned on us before to step back and look at the whole picture. We also put up posters on how to wash hands in all the rooms in front of the sinks.

Millie Firmin, nurse, RVH-S8 E
Communication is very important—teams need to be informed and asked what they think to feel involved. By requesting feedback I noticed people were more engaged with the project. Another good thing was we dedicated a room for equipment. When we use something now we need to clean it and put it back, such as IV pumps, walkers, bp machines and commodes. In this way the machines are not left haphazardly on the floor without knowing if they were cleaned or not.



Who has the best hand hygiene practice on MGH 15? This horse racing chart puts Housekeeping in first place!

Linda Lo, unit coordinator, RVH-S8 E
As much as I can I spread the word, especially to floaters and evening and weekend staff. I even use the videos and diagrams on the Intranet to assist in my teaching. I find being at the front desk I can also direct the new people to the CIS team for coaching. What helps too is our manager Donna is a great leader and supporter of this project. Her door is always open and she is always ready to answer questions.



MGH 15 CIS team, left to right: Adam Milburn, housekeeper, Jacynthe Sourdif, facilitator for MGH-15 and RVH-S8, Claudette Strachan, PAB, Elisa Ford, assistant nurse manager, Pauline Tchakote-Ngounou, nurse, Marie-Lucie Martin, unit coordinator, France Hamel, infection control consultant, Joan Legair, nurse manager. Front, left to right: Kim Trahan, nurse, and Sheila Moyse, nurse educator.

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

V-Sign: a viral success

In any healthcare facility, a new technology is rarely adopted quickly, voluntarily and massively, without any incentive or advertising by the institution. But that is what happened with V-Sign, a smart phone application designed to document, share and access clinical information at the McGill University Health Centre (MUHC).

Created in 2010, V-Sign now has more than 1,000 users, including residents, doctors, pharmacists and nurses, who use it to check their patients' vital signs, allergies, laboratory results and pharmacological profiles with their own mobile devices. All this information comes directly from Oacis (the MUHC electronic medical record).

Initially, the IS team wanted to explore the possibility of including mobile solutions in the communication and access to information plans for the new MUHC at the Glen. In 2009, considering the untapped potential of smartphones, the team wanted to test how they could be used in a healthcare setting.

"We met Keith Carter, nurse manager of the 11th floor east care unit of the Montreal General Hospital, where nurses had begun to document patients' vital signs in Oacis rather than using paper," says Jean-Pierre Cordeau, engineer, computer consultant and one of the project managers. "As computers were located outside of patient rooms, nurses had to write the information on paper and transcribe it to the computer. We thought a mobile solution could facilitate their work."

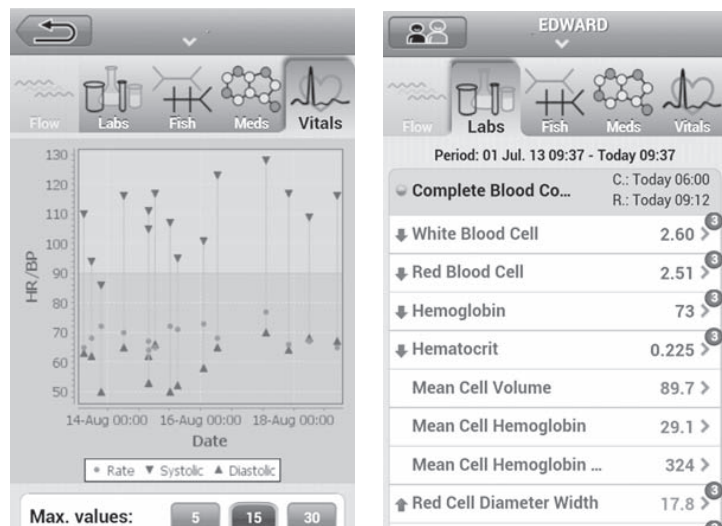
Only a few months later, the nurses on the pilot unit were using V-Sign to document vital signs, which were instantly recorded in Oacis. As nurses gave feedback on the app, a small and efficient development team of four people ensured the required improvements were made and new features were added.

"One day, a resident saw a nurse viewing lab results on her phone and asked to have access to the app," says Dr. Jeffrey Barkun, clinical director of the Technology Transition at the MUHC. "V-Sign was secure, so we authorized its use for residents and physicians, who already had, for the most part, a smart phone. They quickly saw the benefits of having access to multiple amounts of clinical information on their phone. And just by word of mouth, the demand exploded."

Maria Abou Khalil, general surgery resident, finds V-Sign very useful during her morning rounds, and even when she's on-call, at



V-Sign was made possible thanks to: Jorge Pomalaza, Norbert Desautels, Jean-Pierre Cordeau, MUHC engineers. Not pictured: Dr. Jeffrey Barkun, clinical director of the Technology Transition at the MUHC and Diane Lavigne, section manager, Specialized Clinical Systems.



home. "It's wonderful to see vital signs and recent lab results in an instant," she says.

"There is interest, because it is a mobile solution, and also because we favour an agile and rapid development," says Jacques Laporte, director of Operations, Information Services MUHC. They are currently developing another part of the application, The Flow, which aims to facilitate communication between clinicians and reuse these exchanges in the context of clinical documentation.

Information Services prepares PCs for the Glen

COLLABORATION IS NEEDED DURING IS VISITS—
EXPRESS YOUR NEEDS!

When they move to the Glen Site of the McGill University Health Centre (MUHC), employees and clinicians will be greeted with a new fleet of phones and PCs running on Windows 7 and fitted with 20-inch screens or more. They will have access to their current applications and will keep their local, which will facilitate the transition. Wireless Internet will also be available everywhere at the Glen and users will be able to connect to their profile from any computer and able to print on the printer of their choice using their access card to the site. No doubt these changes will make many happy!

Preparations for these changes are well underway. An initial inventory of existing equipment has been achieved and, since early April, Information Services (IS) has visited the departments that will be transferred to the Glen. "To develop the Glen environment, we need to know, now, what PC is doing what, what application runs on any PC, which user uses what workstation, and so on," says Hichem Motemem, associate director, IS, and PC plan manager for the Glen.

"The accuracy of what we will deliver to the Glen depends on the quality of the information communicated to us during these visits," says Angelo Bodo, director, IS program for the Glen. "In addition to the information on workstations, applications and users, a dedicated person in each department is asked to give details on where computers should be installed in the new environment." This is the time to mention the best strategic place to install the computers and phones, based on each team needs at the Glen.

"It is not often that the opportunity to replace a PC fleet or to make significant technological changes arises. This is a unique chance, so enjoy!" says Jacques Laporte, director of Operations, IS.

Visits will continue until the end of July. New computers, which are already being delivered, will be ready for installation as soon as the MUHC takes possession of the Glen site, on October 1. During the move, original and target sites should be functional at the same time. By April 1, 2015, day one of the move, 90 per cent of new PCs should already be installed. It is a challenge, and for this reason, everyone's contribution is essential as of today.

Heritage Hero: Jo-Anne Trempe

Dedicated multi-media aficionado, Jo-Anne Trempe has been independently documenting and preserving the entire visual history of the Montreal Children's Hospital for the past 35 years. Early in her career she had a close encounter with the past, discovering neglected photo albums dating back to the early 1900's that were destined for the trash. Amazed by these time capsules and fearful for their survival, she whisked them away for safekeeping. Since then many other treasures have crossed her path and she has poured her own time and resources into taking care of these items, assuring their presence for generations to come, making her a Heritage Hero. The collection, over 90 boxes of videos, photographs and slides – along with the albums – have now been transferred to the Heritage Centre, which will assume the responsibility and care for the collection as Trempe will be retiring at the end of May. Known for her warmth, dedication, and enthusiasm, Trempe will be missed from her post as the Head of the Audio-Visual Department at the MCH, but will be returning as a Heritage Centre volunteer to continue her meticulous documentation of the collection.

You can find out more at <http://muhc.ca/muhc-heritage>



Jo-Anne Trempe



Clean Sweep Reminder

The Clean Sweep for small furniture and non-medical equipment is still on! During the months of May and June, we invite staff at the RVH, MCI and MCH to participate in the small furniture and small non-medical equipment CLEAN SWEEP!

We want you to discard small, broken, obsolete or surplus furniture and non-medical equipment. A Clean Sweep team will tour the sites throughout May and June and will pick up properly-identified items: simply fill in the Clean Sweep Form, print it and put it on the item to be discarded. Leave items in the area normally designated for waste collection.

Ask your manager for the pick-up schedule and Clean Sweep Form, or go to the Transfer Intranet page Useful Tools section. NOTE: if you find something you think has historical value, please contact the Art and Heritage Centre at extension 71478.

Questions? Email or call us at: cleansweep@muhc.mcgill.ca / ext. 42126.

TRANSFERS 2015: WHAT'S AN EARLY ACTIVATOR?



On September 30, 2014, construction of the McGill University Health Centre's (MUHC) Glen site will be complete. It is at this time that the new building will be handed over to MUHC to begin preparation for the transfer of patient services and research programs from their current locations.

Beginning on October 1, 2014, the MUHC will be responsible for the operational activation of the Glen site. All activities related to facility readiness must be executed in an efficient manner and sequence to support the Orientation and Training Plan, the Transfer Plan and ultimately the safe delivery of patient services.

In order to execute the many activation activities, **Early Activators** have been identified by department or service in order to prepare their departments for the transfer and ensure that all equipment and systems are tested and operational prior to the patient moves.

FACILITY ACTIVATION

Facility Activation: activities carried out primarily by MUHC staff after completion of construction to operationalize the Glen site.

Facility Activation Period: September 30, 2014 to the start of the first legacy site transfer (Royal Victoria Hospital) on April 26, 2015.

Early Activator: MUHC staff members who ensure the activation and functionality of the Glen site during the activation period.

ROLE OF EARLY ACTIVATORS

There are two types of Early Activators:

- 1) those who are responsible for activating all transversal services, i.e. logistics services, pharmacy, clinical labs, etc.;
- 2) those who are responsible for activating a particular clinical area/department.

Early Activators are responsible for:

- setting up their department and completing any necessary clinical commissioning to validate operational readiness, which includes proper equipment functionality and verification of new operational processes and procedures that will be performed in the new space;
- ensuring that essential patient care equipment and supplies are installed immediately after substantial completion to support the clinical commissioning process and Orientation and Training exercises for each program;
- ensuring that the execution of all mandatory activation activities adhere to the Glen site Facility Activation and Transfer schedules;
- providing general orientation prior to beginning their activation tasks, which will be scheduled through the Orientation and Training team.

straight talk

The daycare at the Glen.

I have looked at the plans for the move and timelines, and no where do I see in these plans mention of the daycare at the Glen site. Where is the daycare going to be?

We are currently finalizing plans for the relocation of the RVH Daycare to 5100 de Maisonneuve Blvd. West in order for the daycare to be open for the move to the Glen.

For more Q&As, consult our Staight Talk and Transfer Intranet pages.

Got a question, send it to:
dialogue@muhc.mcgill.ca

Rethinking the way we manage supplies at the MUHC

—IN THE NAMES OF EFFICIENCY, BETTER SERVICE
AND COST-EFFECTIVENESS

Across the McGill University Health Centre (MUHC) we are aligning our materials management practices to improve cost-effectiveness and provide excellent service to the end users with continuous replenishment through advanced technology and supply chain management.

The most recent MUHC hospital to join the new way of managing supplies is the Royal Victoria Hospital. The Montreal General and Montreal Neurological hospitals are already on board.

The way the new system works is an off-site distribution centre provides the MUHC with items it orders packaged in supply totes and delivered to each of the MUHC sites. Each tote represents an order that was either requisitioned by the department or, in the case of most clinical care areas, requisitioned by an MUHC storekeeper.

"Our objective with this model is to significantly improve the response time for orders, and give greater service and support to frontline clinicians and managers," says Frank Vieira, associate director of Materials Management. "It is also designed to eliminate non-value-added supply chain activities, optimize use of resources and increase efficiency."

Efforts are also being directed towards preparing for materials management at the Glen. Representatives from the Transition Support Office, Nursing, Pharmacy and Materials Management are collaborating to define a supplies and medication distribution process.

"Together, we're identifying what items will be placed in the carts, and how they'll be grouped per drawer in order to make it easier and more efficient for clinicians to access key supplies," says Vieira. "It's all about proximity and more time for patient care."

Continued from page 1 — SPIRO PETTAS

firsthand all the amazing technological healthcare changes of our time.

"So much has changed since I started working," says Pettas, who is now section manager of Housekeeping services. "With all these technological advancements, our hospitals are now much cleaner and safer."

In all his years of service, Pettas has never taken a sick day. "I take good care of my health," he says. "Most importantly, I do not smoke!"

Pettas' advice to employees just beginning their career at the MUHC is you need to take care of the patients as though they were your own family. "And no matter what you do, you have to care. When I get up in the morning, I'm always full of energy and happy to go to work. It is so important to do what we love," he says.

"Spiro is a legend at the MGH, I heard about him even before I met him," says Tiffany Lee Wo, interim assistant to the department head of Housekeeping services at the MGH. "He is a proud, hardworking man who knows how to manage with his heart."

From the entire community of the MUHC, we congratulate Spiro Pettas for his work and dedication over the past 55 years!!

café scientifique

Entrée gratuite
Free Entrance

Bouchées et boissons servies
Snacks and beverages served

Mercredi
4 juin 2014
18h

Monument National
1182 St Laurent
St Laurent
Place-d'Armes

Discussion
bilingue
Bilingual
discussion



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CIHR Café scientifique "Trans: A new image in society"

The Research Institute of the MUHC invites you to its next Café scientifique, funded by the Canadian Institutes of Health Research (CIHR), in the relaxed atmosphere of the Monument National. This discussion between the general public and a panel comprised of key players involved with the transgender communities in Montreal, will aim to demystify what gender variance is, break down societal preconceptions, inform us about latest research, and identify daily challenges for people with gender variance and their families.

The discussion will be moderated by Dominique Forget, science journalist at *Québec Science*.

Our panel:

GABRIELLE BOUCHARD, Peer support and Trans advocacy Coordinator, Centre for Gender Advocacy
Dr. PIERRE BRASSARD, Director of the Centre Métropolitain de Chirurgie Plastique
Dr. PIERRE CÔTÉ, Family physician at the Clinique médicale du Quartier latin
Dr. SHUVO GHOSH, Director of the Gender Variance Program, The Montreal Children's Hospital, MUHC
SOPHIE LABELLE, Author and liaison for Gender Creative Kids Canada
FRANÇOISE SUSSET, Clinical psychologist and co-founder of the Institute for Sexual Minority Health

The event is open to people from all walks of life and all generations, from any sexual orientation and gender identity. Come one, come all!

For more information: muhc.ca/cafe-scientifique

Medicine: Are men from Mars and women from Venus?

In the 1990s, bestselling author John Gray claimed that men are from Mars and women are from Venus. It seems that he may very well have been right, at least when it comes to the emergency department exam room.

Researchers at the Research Institute of the McGill University Health Centre (RI-MUHC) have uncovered a glaring inequality in the speed of care for myocardial infarction in young men and young women—women are treated less quickly when they experience a cardiac event. Published in the *Canadian Medical Association Journal*, the study takes these findings even further by demonstrating that gender-related factors have an impact on access to care.

The goal of the study was to explain the different mortality rates after myocardial infarction in men and women aged 55 and under. They asked 1,123 patients at hospital centres in Canada, the United States and Switzerland, who were between the ages of 18 and 55, to fill out a questionnaire within 24 hours of admission.

“Women who presented to the emergency department with a heart attack and who reported major anxiety symptoms waited longer for an electrocardiogram (ECG) compared to women who reported little or no anxiety. Contrary to the results for women, this difference related to anxiety symptoms was not observed for men,” explains Dr. Louise Pilote, principal investigator of the study, a clinician researcher in the Division of Clinical Epidemiology at the RI-MUHC, and a professor in the Faculty of Medicine at McGill University.

“Previous research has shown that patients with anxiety symptoms who go to the emergency department for non-cardiac chest pain are most often women and that the prevalence of heart attack is lower among women than men,” says Dr. Roxanne Pelletier, lead author of the study, a postdoctoral fellow in the Division of Clinical Epidemiology at the RI-MUHC, and a clinical psychologist. “Since triage staff are generally aware of this data, they may initially rule out a heart attack in women who have anxiety, which would explain the longer door-to-ECG times for this group.”

The study also revealed that patients who go to the emergency department for atypical symptoms or who present with multiple risk factors also wait



longer for treatment. The researchers observed that women and men who have what are considered to be feminine personality traits and social roles were less likely to receive timely care compared to others. “A novel finding of our study was that gender-related factors influence access to care,” says Dr. Pelletier.

The authors suggest that more specific management may be required for patients who present to the emergency department with no chest pain but who have multiple risk factors or feminine gender traits and roles.

Learn more about that study :
http://muhc.ca/sites/default/files/care_pilote_qxp.pdf



Dr. Louise Pilote



Dr. Roxanne Pelletier

What is myocardial infarction?

Myocardial infarction is generally triggered by the obstruction of one or multiple arteries that supply the heart with oxygen-rich blood. A main warning sign is acute chest pain, which may spread to other areas of the body or be localized in the neck, jaw, shoulders or back. Myocardial infarction, or acute coronary syndrome (ACS), is one of the leading causes of morbidity and mortality in Quebec and Canada.

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