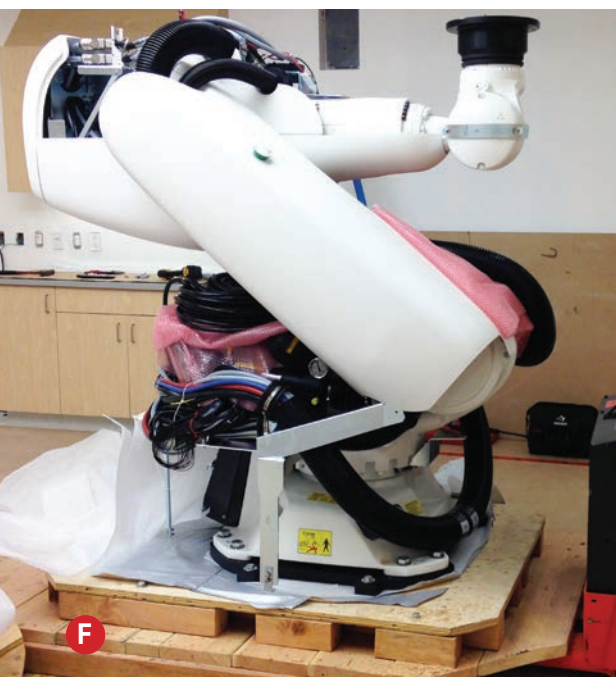
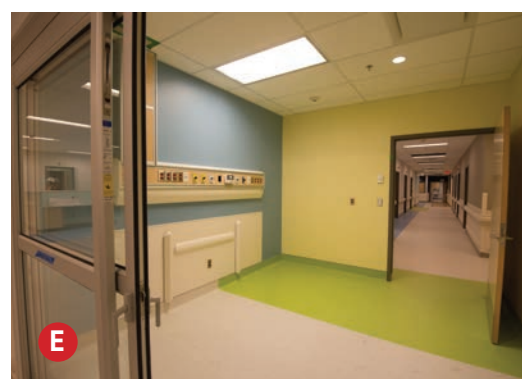


THE GLEN SITE IN PICTURES IT'S 95% COMPLETE!



A—The kitchens at the Glen will service the entire site.

B—The cafeteria will seat 400 people.

C—One of the two Resource Centres, where people will work or do research.

D—In the ICU, decentralized nursing stations and windows will facilitate communication and work for the nurses.

E—In the pediatric emergency, all exam rooms are individual.

F—Cyberknife: Installed in June 2014, the CyberKnife® M6™ Series is the first of its generation to be installed in Canada. This automatic radiosurgery system by Accuray has revolutionized the treatment of tumours (benign or malignant) throughout the body. Used in radiosurgery, the CyberKnife system destroys tumours or other lesions using radiation beams. This painless and non-surgical procedure is suitable for patients with inoperable or complex tumours as well as those who prefer an alternative to surgery.

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Message from **NORMAND RINFRET**

That was then, this is now

WE ARE THE NEW MUHC!

The last few weeks have brought troubling revelations for all of us at the McGill University Health Centre (MUHC), from the many disturbing facts emanating from the Charbonneau Commission to the latest details of Dr. Porter's compensation and benefits. We are all angry and disappointed by the alleged behaviour of some former leaders of our institution. Such actions simply do not reflect the commitment, dedication and professionalism of the men and women who work and volunteer at the MUHC. I am particularly disturbed that our corporate image and reputation have come under attack in the media as a result of a few individuals' alleged actions, with little attention paid to the excellent patient care that the MUHC provides daily. Rest assured that we are working tirelessly to remind the public of all the good that we do for patients and their families.

The Board of Directors and I are also acutely aware of the intense criticism related to former governance practices of the MUHC. Since coming into office in February 2012, the present Board has not only learned from the past but its members have drawn from their own experience on corporate boards and community organizations to implement best governance practices and to set up a comprehensive committee structure to ensure proper oversight.

Our Audit Committee has reviewed our contracting procedures and is closely overseeing our impressive financial turn-around, including the evolution of our clinical volumes.

Our Committee on Quality monitors the quality of care using a wide range of key performance indicators and oversees the quality improvement plans.

Our Governance Committee has updated our conflict of interest policies, established a whistle blowing policy and supported the posting of senior management expenses.

An ad-hoc committee of the Board was formed to oversee my compensation package and performance reviews to ensure that they are in line with the rules and regulations set out by the Ministry. As previously reported in the media, I do not receive a housing or car allowance, and I do not benefit from any club memberships.

Our Real Estate Committee has been overseeing all real estate activities of the MUHC, notably our major redevelopment project at the Glen site, which is now 95 per cent complete. It has also monitored our efforts to address our clinical space shortfalls including our dialysis and IVF programs as well as our ophthalmology clinics.

Our ad hoc IS/IT committee has been set up to conduct a strategic analysis of Syscor. We have restored Syscor to its original mandate of IS/IT services while ensuring that this subsidiary is controlled by the MUHC and its priorities are in line with the organization. Recommendations to the Board on Syscor's future are forthcoming.

In parallel, while reviewing information about Dr. Porter's Bentley, we recently discovered Syscor leased a second car between 2008 and 2011: we do not know who benefited from its use. With this additional unpleasant surprise, we have decided to conduct an external and independent verification with a view to determine whether and to what extent, between April 2007 and March 2014, Syscor has paid to or paid on behalf of employees of the MUHC and/or of Syscor, expenses which are not allowed in the public health sector.

Allow me to reiterate that we – the Board and senior management – constitute a new leadership group for the MUHC and we have learned lessons from past events to improve accountability. We have been proactive in putting the appropriate policies and procedures in place to ensure transparency and proper governance. We commit to adjusting or adding to our comprehensive governance framework as we move forward. We also remain focused on our financial redress and more globally on our transformation to ensure that we continue to fulfill our mission as a leading academic health centre in partnership with our network partners.

In conclusion, both the Board and management are greatly affected by the cloud hanging over the past governance of our institution and are considering legal options. In the interim, we will continue to collaborate with the authorities while we ensure our current operations are conducted professionally and appropriately. The staff and volunteers of the MUHC deserve our deepest appreciation and we will continue to serve our community with respect while maintaining this institution's excellent delivery of patient and family care during this trying period.

UPDATE: Montreal Chest Institute Long-term-care patients transfer to Pavillon Camille-Lefebvre

Plans are well underway for the transfer of the McGill University Health Centre (MUHC) long-term respiratory care program to the Pavillon Camille-Lefebvre (PCL) of Lachine Hospital, in early 2015.

Renovations to accommodate residents currently housed at the Montreal Chest Institute (MCI) are set to begin on June 2, 2014. Work will be carried out on the second floor of the Pavillon Camille-Lefebvre, where long-term respiratory residents will move. The renovations will include upgrades to medical gases and general infrastructure enhancements (e.g. wider doorways for large wheelchairs with respirators). In addition, the whole pavilion will benefit from a new dehumidification system, which will keep the pavilion and its residents cool during the hot summer months.

Some PCL residents will have to be moved temporarily during renovations and others, residing on the second floor, may have to

be moved to another unit permanently. Staff will ensure that all patients being moved have a smooth transition: rooms will be decorated to patient specifications and routines will remain the same as much as possible.

MUHC representatives from the MCI and PCL continue to meet with patients and families to address questions and concerns regarding the transfer and will continue to do so throughout the transition.

The Long-Term Respiratory Care Move Committee held its first meeting this month. The committee was joined by a representative from HCR (Health Care Relocation) to help begin establishing teams for Transfer Day. A second meeting is scheduled for June 10th and the committee plans to meet monthly until there is a need for more frequent meetings closer to the move.

The MGH deploys its action plan for 2015

In nine months, the McGill University Health Centre (MUHC) will be kicking off the MUHC 2015 transfers. The Montreal General Hospital (MGH) is already getting organized internally to receive activities from the Royal Victoria Hospital (RVH).

At the MGH, a major part of the transformation involves the creation of a Psychiatric Emergency Department and Brief Intervention Unit on B1. Recently, nursing offices moved from D6 to D19 and their new space is being optimized this month. The Admissions Office and Access to Health Information will move to floor D6 to free up B1 for the construction of the Brief Intervention Unit. This will put these departments in greater proximity to patients. Medical Records' is moving to BS1 to centralize patient records. Finally, the teams in Geriatric and Bariatric services are actively working to refine their moving plans before their transfer to the RVH and MGH.

All teams are hard at work to ensure that the MGH is ready for the MUHC 2015 transfers. To consult the full table of internal transfers and relocations, visit the Intranet home page, click the quadrant "Clinical Plan Implementation" in the MUHC 2015 section and then click on "Portrait of MGH 2015."



2015 Neuro Transition Update

The Montreal Neurological Institute and Hospital of McGill University and the McGill University Health Centre (MUHC) - The Neuro, has a close relationship with the Royal Victoria Hospital (RVH). The two institutions mutually support each other through shared resources. This symbiotic association will change in 2015 when the RVH moves to the new Glen site as part of the MUHC Redevelopment Project. The Neuro, which will relocate to the Glen site in the future, has developed a comprehensive transition plan to address the ensuing changes and to ensure that the outstanding medical care provided to patients and families continues to be delivered until the move occurs. The plan includes increased medical staffing and renovated space. And new equipment, such as Point of Care Testing, will improve services by bringing diagnostic tests to the patient.

SPACE RENEWAL AND RE-ALLOCATION

Renovations have begun! The most significant changes will be on 1st, 2nd and 4th floors. The Neurosurgical Simulation Centre has moved from the 4th floor to W201 and changes on the first floor include new neurology outpatient offices and an exam room. Preparation for the new Patient Receiving Area (to be located on the 4th floor near the Neuro ICU) is proceeding with an expected completion date in the fall. The receiving area will accept patients with a preliminary diagnosis of acute stroke arriving by Urgences-Santé, and Neuro patients following a phone call from their MNH physician. There will be no 'walk-ins'.

MNH STAFF SURVEY

Thank you to all who took the time to complete the Transition Survey. Your input is greatly appreciated. Results as well as a new FAQ will be sent out shortly.

Medical Genetics Department

Towards better accessibility to medical records

The McGill University Health Centre (MUHC) Medical Genetics group is already well into preparation mode for the MUHC 2015 transformation and move to the Glen. Lola Cartier, clinical manager of the Department of Medical Genetics at the MUHC, meets regularly with the genetic counsellors and administrative staff on her team, who work at three MUHC sites (the Montreal General, Royal Victoria and Montreal Children's hospitals), to look at different aspects of the transition. One of their most recent achievements has been developing new methods for patient records.

The Medical Genetics team has traditionally kept parallel charts for their patients. In an effort to address their present and future needs and adapt their processes to their future environment, the team created a working committee to phase out charts.

The committee's first step was to form a consensus on their goals for the project. They then talked about which documents should be kept permanently in the patient's electronic hospital record. The committee set a deadline of April 1 this year to no longer produce charts for their own department records. They are now in the testing phase, which will give them ample time to perfect the process before moving to the Glen.



Lee-Ann Figsby
Genetic counsellor,
Royal Victoria Hospital



From left to right:
Nadia Dubé (volunteer),
Nancy Anoja, Lola Cartier,
and Guillaume Sillon.

More recently, the introduction of O-Word helped the genetic counsellors move to the next level. O-Word, an application that can be accessed through Oacis (MUHC's electronic medical record), enables preparation of clinical notes, which instantly become available in the Oacis document viewer. Thanks to it, genetic counsellors are now writing their chart notes with the computer and will soon be using it for consultation reports.

Having access to O-word allows us to have a more efficient and direct communication with other health professionals. We can see in "real-time" a patient's medical progress and information. This helps us to have a complete assessment of the patient's condition before meeting with them.

Nancy Anoja, Genetic counsellor,
Montreal General Hospital



Members of the Montreal Children's Hospital Medical Genetics team include (left to right) genetic counsellors Stephanie Fox and Laura Whelton, and administrative staff Anne Marie Marcinkowska and Lise Legaré.

The Medical Genetics team also needed to look back in time to make decisions about storing or archiving filing cabinets full of recent patient parallel charts.

We decided to pull key papers from each file and transfer them permanently to Medical Records. We're making sure these are accessible to any healthcare professional who may need to see them in the future.

Lola Cartier, Clinical manager
of MUHC Medical Genetics



The move to the Glen has been the catalyst to tackle these projects, but it has also been a great opportunity for the team to revisit their document processes and rethink how they use, save and store their files.

This process of moving to an electronic chart is actually a big step for the Medical Genetics Department. Our department has had parallel clinical charts since the 1950's so making this move has to come with new habits of working with patients' charts for all the members of the department: secretaries, genetic counsellors, physicians and other allied-health professionals.

Guillaume Sillon, Genetic counsellor, Montreal General Hospital

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

Confronting concussions head on

WEST ISLAND TEEN CREDITS THE MCH TRAUMA CENTRE'S MILD TRAUMATIC BRAIN INJURY PROGRAM FOR HER RECOVERY



Colleen Lobo's first concussion happened while she was in grade 10. A fellow classmate tilted her chair to the side while she was sitting in it, and Lobo took a spin and hit her head. Diagnosis: mild Traumatic Brain Injury (mTBI), otherwise known as a concussion.

Just two years later, she found herself in the same position during a high school basketball game, when a fellow player accidentally hit her in the temple.

Her most recent experience, she says, involved a six to seven month recovery period that often tested her patience. "If you've never had a concussion before, it's hard to understand what it feels like," she explains. "A constant headache, loss of focus and concentration, dizziness, nausea, disorientation, sensitivity to light and noise...it really feels like you're completely out of it."

Thanks to a proactive McGill University Health Centre (MUHC) interprofessional approach developed by Montreal Children's Hospital (MCH) Trauma specialists as part of the mTBI Program and Concussion Clinic, patients like Lobo are offered comprehensive assessments, and interventions from a variety of specialists ranging from initial consultation with the Trauma Coordinator

Helen Kocilowicz, who conducts screening and coordination of care, to the physiotherapists, the psychologist, the neuropsychologist, and other consultants as appropriate.

"I was able to get medical help from Dr. Sasha Dubrovsky to manage my headaches, but I also had weekly interventions with Lisa Grilli, my physiotherapist, to help me get back on my feet and start working on my balance. Dr. Yves Beaulieu helped me talk out my frustrations and gave me tricks to help with my concentration and accepting the boundaries of what I was now able to do," says Lobo, adding that this approach helped make her feel like she was being supported on all fronts.

"Because each child is different, our approach is individualized," says Debbie Friedman, MCH Trauma director. "Specific needs must be addressed taking everything into consideration: the patient's symptoms, previous medical history, academic issues, family reaction, stressors, sports and extracurricular interests and personal goals."

For her part, Lobo is thrilled to have overcome her concussions with help from the entire team. "I honestly wouldn't have been able to have gotten to this point without them," she says.

Board of Directors highlights

In order to keep the community apprised of its decisions, McGill University Health Centre (MUHC) Board of Directors has decided to report regularly on resolutions that it has passed. The items below relate to decisions taken at the meeting held on May 13, 2014.

The Board of Directors approved:

- A revised Naming policy and the naming of MUHC Assets in honour of the benefactors to recognize their significant financial supports to *The Best Care for Life* campaign ;
- The proposal to be made to the Agence, to seek MSSS approval, for the extension of leases for 2155 Guy street for a period up to November 30, 2016;
- A number of resolutions pertaining to loan authorizations in support of the establishments' regular operations;
- Approval of the Mandate of the Comité de Liaison de Lachine;
- The proposed Entente de gestion et d'imputabilité 2014-2015 to intervene between the MUHC and the Agence de la santé et des services sociaux de Montréal.

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

- Appointment of Dr. Robert Turcotte as MUHC Interim Chief Department of Orthopaedic Surgery;
- Extension of the appointment of Dr. Jean-Marc Troquet as MUHC Chief Department of Emergency Medicine;
- Extension of the appointment of Dr. Gerald Fried as MUHC Chief Department of General Surgery;
- Additions to the designated signatory list for the RAMQ.

On recommendation from the MUHC Clinical Practice Review Committee, the Board approved:

- The Règles d'utilisation des médicaments – Infirmières de pratique spécialisée, which will authorize the Nurse practitioner, or candidate to exercise prescriptive interventions and to exercise full responsibility within her/his scope of practice.



RUNNING IN THE RAIN . From left to right at the front with arms raised, Dr. Nadia Szkrumelak, medical director of the MUHC's Mental Health Mission, Montreal businesswoman Mélanie Joly, and mental health advocate Margaret Trudeau at the kick off to the run/walk at Parc Jean-Drapeau.

Mental Health Mission rallies behind fundraiser

Every day, close to 500,000 Canadians miss work due to a form of mental illness, and women are two times more likely to suffer from depression than men. On May 4, over 625 people took part in Montreal's first *Course Pharmaprix pour les FEMMES* at Parc Jean-Drapeau in support of women's mental health at the MUHC. Montreal was the second stop in a series of 10 races across Canada to help bring awareness to the cause.

Funds raised in each race city support research, treatment, and programs related to women's mental illnesses. Thanks to the groundwork laid by the MUHC Foundation, the Mental Health Mission was selected by Pharmaprix as the beneficiary of the funds from the Montreal race.

Leading the fundraising effort and "Team MUHC" was Dr. Nadia Szkrumelak, medical director of the Mental Health Mission. She recruited just about everyone she knew to support the event, from her hairdresser to her yoga studio.

"We're very happy because this was a largely grassroots event and it brought people together who wanted to help us move forward," she explained. MUHC payroll employee Josie Preteroti raised \$700

alone, but without a doubt, the biggest cheerleader was Rachel Abugov, administrative agent to the Outpatient Department of the Mental Health Mission.

It was Abugov who gathered support among staff through her weekly department newsletter, and who organized several fundraising events, including a benefit concert at Katacombes bar in which she recruited her son's punk band, among others.

"We're an example that every little bit counts," said Abugov. "And it was awesome to have the personal connection behind the cause. Everyone from friends and family and colleagues really rallied together."

Dr. Szkrumelak says that beyond the money raised, the event helped to educate the public and gain a better understanding of the struggles faced by those dealing with mental illness. She is already starting to plan next year's edition, and looks forward to continuing her efforts to break the "stigma" associated with mental health.

For more information or to learn more about the run/walk, visit runforwomen.ca.

TRANSFERS 2015: UPDATE



In a little more than 10 months, the McGill University Health Centre (MUHC) will be welcoming the first patient to the Glen site. Preparations are well underway to ensure everyone is prepared for the opening.

WHAT CAN YOU DO?

Knowing exactly when your department or unit is moving is the first step. Detailed calendars have been prepared by Health Care Relocations (HCR) with your input. These can be found on the Transfers Intranet page under USEFUL TOOLS. If you don't have access to a computer, ask your manager to print the calendars.

The second thing that must be accomplished well before the transfers is a major clean-up of all departments, units and offices. To support our staff in their clean-up efforts a Purge Team will be formed. Made up of staff from Logistics, Housekeeping, Biomedical and Document Management, the Purge team will visit departments to help staff figure out what objects/equipment can be thrown out and what documents can be destroyed or have to be archived.

"It's imperative that the clean ups happen as soon as possible," says Glen Activation Project Director Michèle V. Lortie. "We can only move what must be moved. No one will be able to transfer extra items or come back to one of our current sites to pick something up to bring it to the Glen. We only have one chance to get it right and everyone must respect the space limitations."



Two Clean Sweep initiatives have already been introduced: the Administrative Document Clean Sweep and the Small furniture and non-medical items Clean Sweep.

To get more information on the Clean Sweep initiatives, visit the Transfer Intranet page USEFUL TOOLS section or call 42733 to find out how you can organize your administrative documents or 42126 for more information on how to discard obsolete items in your areas.

straight talk

WILL THERE BE DIRECT ACCESS FROM THE VENDÔME METRO STATION TO THE GLEN SITE?



Following the tabling of the 2014-15 Quebec provincial budget, the McGill University Health Centre (MUHC) is pleased with the government's commitment to better accessibility at the Vendôme inter-modal station, not only for Glen site users but also for the communities of Notre-Dame-de-Grâce and Westmount.

As a first step, mitigation measures will be deployed at the existing station to improve traffic flow by 2015 (additional stairs, reorganization of booths, widening of the existing tunnel, creation of an outdoor pedestrian link between De Maisonneuve and the tunnel to the Glen site, and more).

With the inclusion of the project as part of the 2014-2024 Quebec Infrastructure Program, work can now start on the planning and construction of a second entrance over the coming years. This second access point to the intermodal station will provide a universally accessible link and elevators for users of the metro and commuter trains as well as for Glen site employees, patients and visitors. The MUHC has been working since 2008 with its public transit partners as well as with local and community groups to make sure the Glen site is as accessible as possible.

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

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

TO ALL MUHC EMPLOYEES

What you need to know before planning your 2015 spring and summer vacations

To facilitate the smooth running of 2015 transfers, McGill University Health Centre (MUHC) employees affected by a move will be expected to deplete, as much as possible, their vacation banks before mid-March 2015 and to respect the following vacation restrictions during spring and summer 2015:

For managers and employees affected by a move at:	Vacations should be limited as much as possible between:
Royal Victoria Hospital Transfer of patients: April 26	April 7 to May 8, 2015
Montreal Children's Hospital Transfer of patients: May 24	May 11 to June 15, 2015
Montreal General Hospital, Montreal Chest Institute Transfer of patients: June 14	June 1 to June 19, 2015
All MUHC managers	Should take no more than two weeks of consecutive summer vacation in 2015.

Please note that no restrictions apply to the Spring Break period at the beginning of March 2015. Also, no restrictions apply to employees at Lachine Hospital and the Montreal Neurological Hospital.

Considering the scope and complexity of the transfers, spring and summer 2015 will be a crucial time for the MUHC. Thank you in advance for contributing to our team efforts and minimizing service disruption for our patients during this period of time.



In a few months, the MUHC clinical laboratories will head the pack in North America

Nick Santiago, a medical technologist in the Central Lab of the Royal Victoria Hospital, is eager for the end of summer. Along with around 40 General Hospital, the Montreal Children's Hospital and the Montreal Chest Institute, he was selected to join the team of Early Activators who will help start up the McGill University Health Centre (MUHC) new clinical laboratories at the Glen site. As of October, the Glen will become his daily workplace!

"I love change; it doesn't scare me one bit!" exclaimed Nick Santiago, who has worked at the MUHC for seven years. "I'll be able to put my expertise to good use and train other employees on our state-of-the-art equipment. I can't wait."

The laboratories at the Glen site will be ultraspecialized high-volume laboratories with cutting-edge equipment. The new automated line, modelled after the one at the Singapore General Hospital, will be a major first in North America. However, the commissioning of the Glen site requires more than just physical preparation.



"The job of our Activators doesn't overshadow the work of over 800 other employees who, along with their managers and medical directors, will continue this vast transformation to redevelop our centre at three sites," said Johanne Gravel, interim associate director of Medical Biology Laboratories at the MUHC. "We've been working long and hard for many months and have made tremendous progress. Today, our organization is more integrated and

efficient, which is very encouraging. But there are many projects we still need to tackle!"

Dr. Anne-Marie Bourgault, medical director of Clinical Laboratories at the MUHC, finds the hustle and bustle very exciting: "This is an historic moment. Our goal is to have cutting-edge university diagnostic laboratories that provide first-rate service to our patients and all clients in our network."

We will need all employees to help us through various channels, such as special working groups. A dashboard will also track the progress of all laboratories and their teams.

"I'm confident, as we have a team that loves challenges and that is looking at the future of the MUHC's laboratories with great optimism and pride," says Dr. Bourgault.

Don't miss another article about the MUHC's clinical laboratories in the June edition of *Chez Nous*.

A researcher's life – decades of dedication to ALS research

About 3,000 Canadian adults live with Amyotrophic Lateral Sclerosis (ALS), a disease that causes progressive muscle weakness and eventually paralysis. Most people survive less than five years following diagnosis but a small percentage of people live 10 years or longer. So far there is no cure, but there is hope.

For nearly 25 years, Dr. Heather Durham, a researcher at the Montreal Neurological Institute and Hospital of McGill University and the McGill University Health Centre (MUHC)– The Neuro, has been studying how motor neurons succumb to ALS and is looking for treatment strategies for the disease.

Dr. Durham vividly remembers the day she decided to dedicate her life's work to ALS. "It was when I met a patient with this disease for the first time," she says. "Immediately, I saw firsthand the impact of ALS and made a decision, on the spot, to study the neurodegenerative disease."

Dr. Durham uses basic research to understand disease at the cellular level and applies that information to identify and test potential therapeutic approaches. "I joined The Neuro because I wanted my research to have practical relevance. Research into ALS was a perfect fit. To this day, the disease fascinates me on a scientific and human level," she says. "No matter how you get involved there is no way this disease does not affect you."

ALS is not just one disease. It is a collection of disorders with different initial causes, but common symptoms and common disease progression. Mutations in several genes have been linked with forms of familial ALS (known as FALS when the disease runs in families). The proteins made from these mutant genes have a tendency to take on abnormal shapes that can disrupt the proteins' functions and cause the mutant proteins to form clumps (inclusions)



Dr. Heather Durham

inside cells. The presence of clumps of damaged proteins in motor neurons is characteristic of both FALS and sporadic ALS (no family history). Although cells have ways to get rid of damaged proteins, eventually these processes fail. This contributes to the dysfunction of neurons and their eventual death.

Dr. Durham's lab has led research into how these so called 'stress response pathways' are dysfunctional in ALS and is searching for ways to boost the capacity of neurons to protect themselves by activating ways to clear out toxic proteins before they wreak havoc.

Her lab is also studying the role of aberrant RNA metabolism in ALS. Several genes encoding RNA-binding proteins are mutated in FALS, disrupting their function in processing and transporting RNA to sites of protein synthesis to maintain neuronal structure and connectivity. These RNA-binding proteins also form inclusions in both familial and sporadic ALS.

After more than two decades of research, Dr. Durham remains passionate about her work. "There is something about trying to understand motor neurons," she says. "Each type of neuron has its own personality. Each is built to perform a specific job. It is interesting to understand what makes each of them different from the other, including

their vulnerabilities to disease."

Dr. Durham is confident hereditary ALS will become a treatable disease. Scientists are gaining a better understanding of the genetic causes of hereditary ALS and working hard to develop treatments. She understands timelines are difficult for patients because of the quick progression of the disease, but points out that research does not advance in a linear fashion. "Research can lead to surprising discoveries. We never know when the next big breakthrough will happen," says Dr. Durham. "Researchers are approaching the problem from different directions. So, there is tremendous potential."

Dr. Durham works to promote ALS research initiatives across Canada and serves as a Board member of the ALS Society of Canada and as Chair of the Scientific and Medical Advisory Council.

Turning old dolls into new for a great cause



On her spare time, Monique Covell, in Social Services at the Montreal General Hospital (MGH), collects used dolls and cleans them, fixes their hair and knits or sews them new clothes to give to less fortunate children over the

Holiday Season. This year her goal is to restore 100 dolls by December.

If you have used dolls of any kind and would like to help Monique reach her goal you can bring them to L5-325 at the MGH.

We will post before and after pictures once Monique is ready to share the results of her hard work from the heart.

Join us on line!

facebook.com/lechildren
 twitter.com/HopitalChildren

facebook.com/cusm.muhc
 twitter.com/cusm_muhc