

OPENING OF THE GLEN SITE: A TEAM SUCCESS



On April 26, 2015, the McGill University Health Centre (MUHC) conducted the largest hospital move ever carried out in Canada, as 154 inpatients (139 adults and 15 babies) were safely transferred from the Royal Victoria Hospital to the Glen site at 1001 Décarie Street. This move, which lasted 5 hours and 20 minutes, is one of the key redeployment operations of MUHC 2015.

The Montreal Children's Hospital is next, with the patient move scheduled on Sunday, May 24.

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May 11 to 17, 2015 is Nursing Week

Putting passion into practice: discover the work of MUHC nurses involved in research

From general to specialized care, nursing is a multifaceted profession in which all aspects are equally important. Nurses who conduct research are very active at the McGill University Health Centre (MUHC), but their work is not always as well known. To demystify this professional field and to recognize our nurses who are passionate about improving patient care, we present here three of them: Anita Mehta, Virginia Lee and Janet Rennick.

Anita Mehta

Anita Mehta is a Clinical Nurse Specialist, the co-director of the Psychosocial Oncology Program at the MUHC and an assistant professor at the McGill University Ingram School of Nursing. While the main part of her job is to triage the consults made to the

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Faces of the MUHC Saying goodbye to 2300 Tupper Street

As the staff at the Montreal Children’s Hospital of the McGill University Health Centre is approaching the big move to the Glen site, we asked them: what’s the number one thing you’ll miss about working in your current space? Read their answers, which are just as unique as they are!



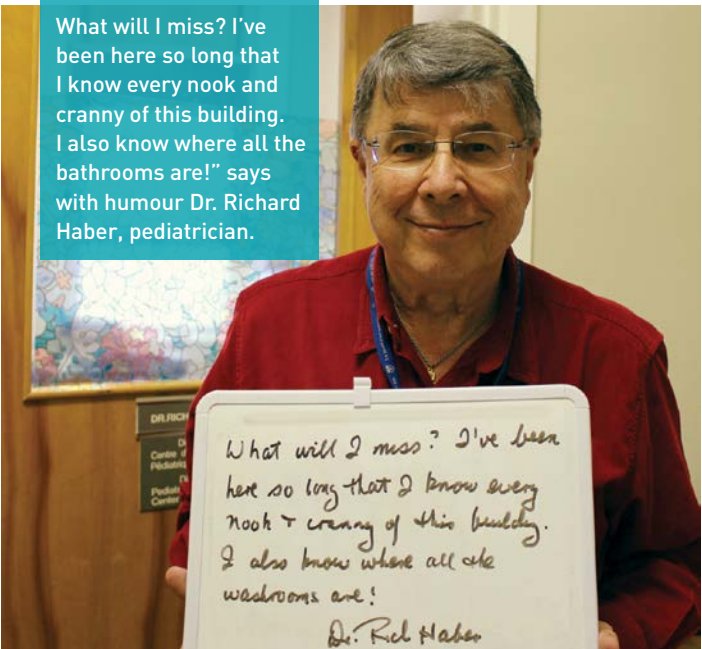
We will miss the closeness of our unit,” says this team from 9D, otherwise known as the Pediatric Intensive Care Unit. The layout of this department’s unit at the Glen site will shift to private rooms come May 24th, allowing patients and families a lot more privacy - something we all support at the Children’s. For our staff members, however, this means they will be adapting to a new way of working. In this photo: Amanda Cervantes, Sarah Shea, Frederic Nazair, Mariam Jundi (back), Shannon McCann (holding board), Edouard Gouveia, Lara Mirzoian and Dimitra Doanis.



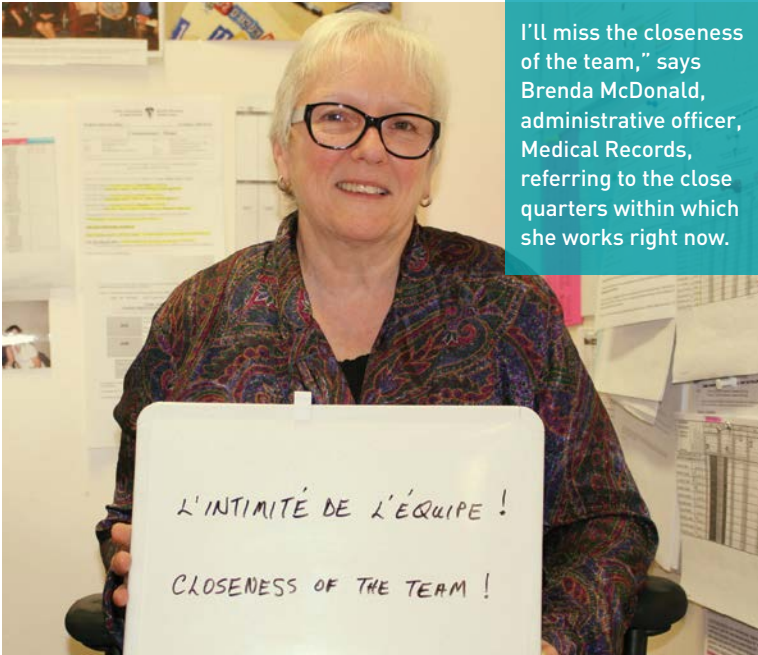
I’ll miss watching my boys play outside in the daycare playground from my office,” says Dr. Mylène Dandavino, pediatrician.



The lovely terrace!” says this team from 6C2. Did you know that a new terrace and adjoining outdoor playground is also available at our new hospital?In this photo: Ariane Bélanger, Melanie-Ann Sfetcu and Thanh Huynh.

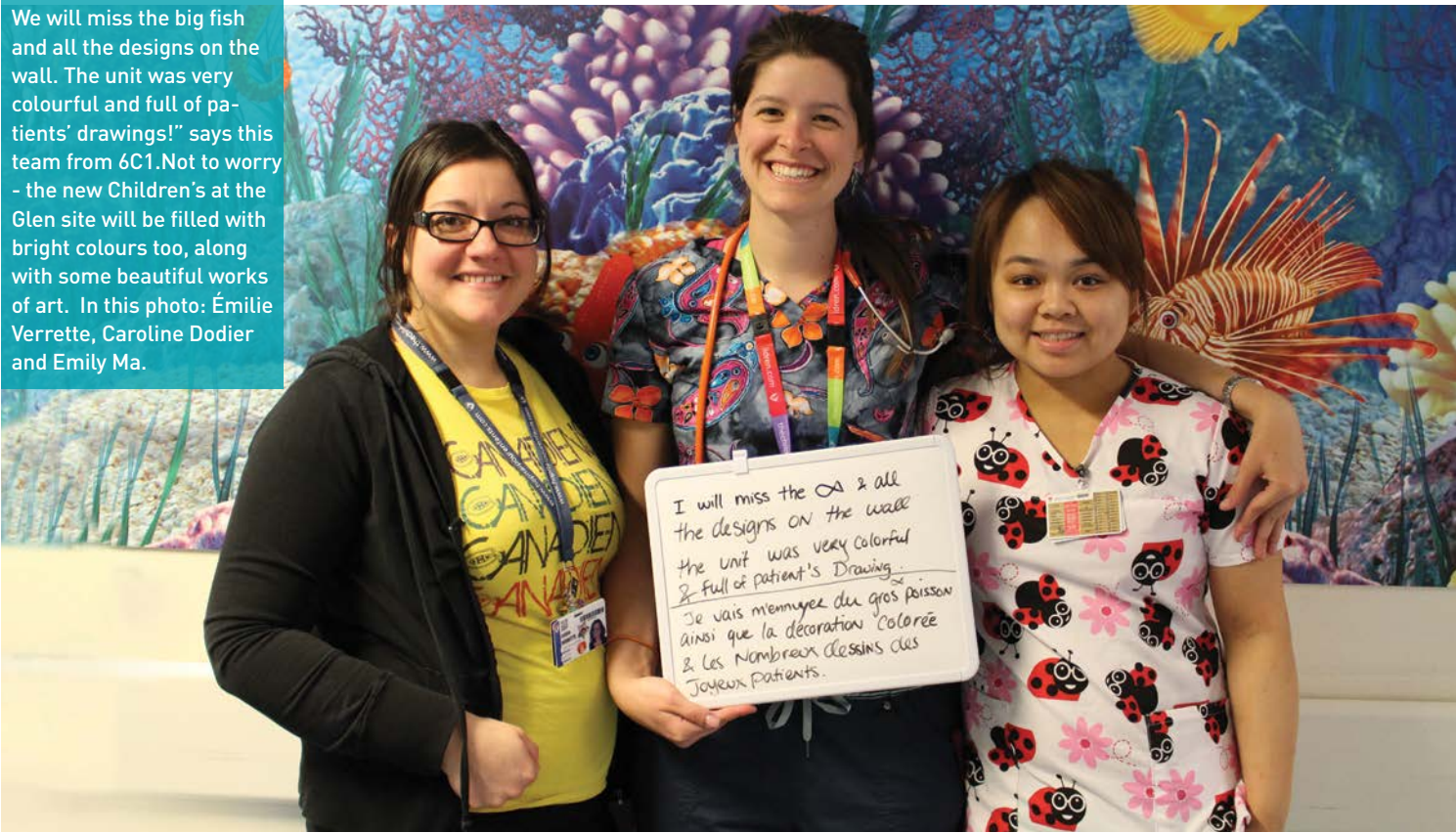


What will I miss? I’ve been here so long that I know every nook and cranny of this building. I also know where all the bathrooms are!” says with humour Dr. Richard Haber, pediatrician.



I’ll miss the closeness of the team,” says Brenda McDonald, administrative officer, Medical Records, referring to the close quarters within which she works right now.

We will miss the big fish and all the designs on the wall. The unit was very colourful and full of patients’ drawings!” says this team from 6C1. Not to worry - the new Children’s at the Glen site will be filled with bright colours too, along with some beautiful works of art. In this photo: Émilie Verrette, Caroline Dodier and Emily Ma.



TELL US ABOUT YOUR SUCCESS STORIES! THEY DESERVE TO BE RECOGNIZED.

The Public Affairs and Strategic Planning Department wants to highlight your accomplishments via its platforms, including web and printed publications (MUHC today, enBref, muhc.ca and social networks). If you, your team or your colleagues, across the MUHC, have provided exceptional care, completed a major project or simply demonstrated altruism, contact us! public.affairs@muhc.mcgill.ca



Anita Metha

program and support patients and family members suffering from distress, anxiety and sometimes depression related to a cancer diagnosis, she also conducts research. Mehta and her team recently completed a research project that consisted in the creation of a screening tool adapted to cancer patients' family members – Mehta's area of expertise -, to better assess their distress. "It's the clinical practice that gave us the idea," she explains, since the screening tool they were using for them was made for cancer patients and therefore, not fully appropriate.

"Our job is not easy, but it's very rewarding to feel that you can actually make a difference in a patient's life," she says. Talking about turning passion into practice, she adds: "I find when you have people who work together who are equally passionate, they tend to look out for each other, and with that anything becomes possible."

Virginia Lee

Nurse Scientist and Interim Associate Director of Nursing Research at the MUHC, Dr. Virginia Lee, is involved in different research studies with the same main goal: to improve quality of life for people undergoing all stages of cancer treatment. One of her current projects involves working with oncology nurses and the interdisciplinary cancer team at the Montreal General Hospital to improve care for newly diagnosed patients.

"The beginning of cancer treatment is extremely stressful for patients. Besides the emotional and physical impact, they have to learn how to navigate the health system. Part of our research involves using surveys and interviews with patients as well as the healthcare providers to understand how to better prepare and support patients," says Dr. Lee, who is also a research scholar with the Fonds de recherche du Québec - Santé (FRQS). "As we learn from them, we develop interventions that are tested at the bedside, evaluated and, if successful, can be rolled out to other patients."



Virginia Lee

The MUHC believes in supporting nursing research. Most of the nurses' projects are funded by the MUHC Foundation and its partner foundations and by the Newton Foundation, through the Small Grant Research Funds and the Eureka! Fellowship in Nursing Research at the MUHC.



Janet Rennick

Dr. Lee is also assistant professor at the McGill Ingram School of Nursing, where she passes on to her students her passion for research. "We want nurses to be inquisitive about what they do and why they do it," she says. "Caring may come naturally to many nurses, but a systematic, rigorous evaluation of what we do is essential to keep providing the best care to patients."

Janet Rennick

Nurse Scientist Janet Rennick was one of the first in her field to study the psychological impact of Pediatric Intensive Care Unit (PICU) hospitalization in children. Her research stems from her work as a staff nurse at The Hospital for Sick Children (SickKids), in Toronto and a Clinical Nurse Specialist at the Montreal Children's Hospital (MCH). "I learned that the child's stay in the PICU is often just the beginning of a long, complex recovery for kids, and that parents are often very concerned about how that experience affects their child," she says.

Dr. Rennick is principal investigator of a five-year study funded by the Canadian Institutes of Health Research (CIHR) that aims to identify vulnerable children and to develop interventions to promote their psychological well-being during and after critical illness and hospitalization. She is also a research consultant within the MCH Department of Nursing and an associate professor in the Ingram School of Nursing and Department of Pediatrics, McGill University.

"We've just finished a pilot study that engaged parents in reading to their children and choosing music for them to listen to in the PICU, and the response from parents and nurses was enthusiastic," says Dr. Rennick with a smile. "My work is very rewarding."

Go to muhc.ca to read the profiles and research work of three other MUHC nurses: Anne Choquette, Joanne Power and Sonia Castiglione.

The Children's ready to nurture baby twins and triplets

May 28, 2015 is Multiple Births Awareness Day in Canada! Did you know that in our Neonatal Intensive Care Unit (NICU) at the new Montreal Children's Hospital special rooms have been designed to accommodate multiple births? Going forward, parents of twins and triplets will have a private room allowing their children to receive critical care together in the same space, helping to reduce stress and promote healing.

NEW MUHC HAND HYGIENE POLICY: The ICU at the Montreal General Hospital celebrates outstanding measures compliance

The Intensive care unit (ICU) team reached 81 per cent compliance in hand-washing, which means they surpassed the objective of the new McGill University Health Centre (MUHC) Hand Hygiene policy of 80 per cent. So what's their secret?

The recent Ebola preparation and the VRE outbreaks throughout the hospital were factors that motivated practice improvement in 2014. The entire ICU staff attended the Ebola training, which covered the "how-to" of hand hygiene. Cathy Becker, an educator from the MGH's Intensive Care Unit, believes "this was a great opportunity to reinforce the importance of hand hygiene because staff was very concerned with preventing Ebola transmission, and hand hygiene is a critical part of this."

When the ICU VRE outbreak was communicated to the front-line staff, they began to identify barriers to hand hygiene performance. This included a lack of alcohol dispensers in patient rooms and the issue of skin-breakdown with frequent hand hygiene. To address these concerns, alcohol dispensers were installed in all patient rooms. Using alcohol for hand hygiene takes 20 to 30 seconds compared to 40 seconds to 1 minute with soap and water. This makes it much friendlier to front-line staff.

With the addition of alcohol-based dispensers in patient rooms, hand-cream dispensers were moved to areas where they were more likely to be used, particularly outside patient rooms.

"Between December and January, hand hygiene clearly improved," says Misty Malott, infection control practitioner in the ICU.

In an effort to communicate the improvement to staff, monthly hand hygiene audit results were posted on the ICU infection control board and periodic newsletters updated the team on the progress they were making.

Over time, staff began reminding each other to perform hand hygiene. The idea was not to put blame on individuals for not washing their hands, but instead recognizing that as busy professionals, it's ok if they forget from time to time.



In the back, left to right: Dr. John Angelopoulos, Colleen Stone, Vince Cofini, David Hurley, Nathalie Bourne, Marian Siero, Dominic Acchina, Josie Del Campo, Edith St-Pierre, Cathy Becker and Misty Malott; in front, on knees: Dr. Saud Al Zaid and Archie Herber.

Key elements to attaining hand hygiene compliance:

1. Involve front-line staff in the process. They are in the best position to identify barriers and facilitators to hand hygiene performance.
2. Ensure good communication between management and the front-line staff. For example, keep staff aware of their progress through staff meetings and newsletters.
3. Work towards building a collaborative culture where being reminded to wash your hands is considered as a helpful nudge and not as criticism. By watching out for each other, a unit can work better as a team.

New Hand Hygiene Policy (ADM 630) is located on the Intranet.

Safety and health at the MUHC: make it a habit!

North American Occupational Health and Safety (NAOSH) Week is from May 3-9. This year's theme, "Make Safety a Habit", reminded employers, workers and the general public that prevention must be embraced by all on a daily basis.

"Health and Safety is everybody's business," says Filomena Pietrangelo, manager of the Occupational Health and Safety sector at the MUHC. "Managers should be aware of risks in the workplace so that employees don't get injured, and employees should signal issues to managers so they can be corrected before they cause accidents."

Many work injuries are preventable, says Pietrangelo, as long as managers and employees adopt safe and preventive behaviours.

Here's a reminder of some safety behaviours that can become habits:

- Never recap used needles
- Dispose of sharps immediately after use in a sharps container

- Never pass sharp instruments from hand to hand. Put them down in a neutral zone so they can be picked up from the non-sharp end.
- Consult material safety data sheets before using hazardous products
- Use principles of "Safe Patient Handling Strategies" to mobilize patients
- Follow infection control guidelines when performing hand hygiene
- Wear personal protective equipment (gloves, gown, mask and eye protection) according to routine practices
- Adopt proper posture when lifting or moving materials
- Adjust your computer workstation

To learn more, visit the MUHC's Occupational Health and Safety Intranet pages under Department & Services.

April 26, a day high in emotions!

April 26, 2015 will remain marked in our collective memory forever. The success of this day can only be equalled by the sum of the energy invested by McGill University Health Centre (MUHC) personnel and partners.



From 7 a.m. to 12:30 p.m., patients hospitalized at the Royal Victoria Hospital were transported one by one and warmly welcomed at the new health facility of the MUHC at the Glen site. Then, at 1:15 p.m., the Black Watch Regiment Association of Montreal paid tribute to the Royal Vic with the sound of bagpipes.



FAREWELL TO THE MONTREAL CHILDREN'S...

A move that has been years in the making is now only days away and staff at the Montreal Children's Hospital (MCH) of the McGill University Health Centre are ready and, above all, excited to open the doors of their new home to the public. The past few months have been a period marked by countless orientation sessions, equipment testing, and simulation exercises to help staff get ready for life at the Glen.

Since March, Neonatal Intensive Care Unit (NICU) staff from both the MCH and the Royal Victoria Hospital have been taking part in simulation exercises using a number of different real-life scenarios. The NICU at the Glen, which opened on April 26 and received the first patient transferred from the RVH – a premature baby-, will bring all staff together under one roof as of May 24, the day of the pediatric patient move. The exercises have provided both teams with valuable opportunities to see how the new unit will function.

Two successful mock patient transfers were also performed in late March and mid-April. On moving day, as many as 100 patients, each accompanied by a physician, nurse or respiratory therapist, will leave the NICU, Pediatric Intensive Care Unit, and the medical and surgical floors on Tupper St. to make their way to the Glen.

As exciting as it is for staff to begin work in the new space, the move also poses some new challenges. The MCH Emergency Department (ED) at the Glen, for example, is twice the size of the current space—unquestionably a major improvement for patients and staff—but with an entirely different layout. The ED team is anticipating the required changes well in advance by reworking the department's patient flow model; and developing a standardized one-pager for all nurses, coordinators and physicians to respond to families' questions.

In addition to the new clinical areas and patient units, the new MCH has several spaces geared to patients and their families. The Family Resource Centre near the main entrance of Block A has a family conference room, a business centre, internet access, printing services, and an extensive consumer health library. And over in Child Life Services in Block B, an outdoor play area designed for inpatients at the hospital will allow children to head outside in better weather.

Leaving the old hospital for good on May 24 will bring its share of emotions not just for employees but for the many families whose children have been treated at the Children's. Many staff have said they will really miss the old hospital but they're excited about moving to brand-new facilities. Here's to the next chapter!

Sometimes it just takes two words: Thank you!

—A treasure trove of notes from grateful patients uncovered at the Vic

Good work does not deserve to go unrecognized, especially when those around us feel grateful for receiving exceptional care and special attention.

Throughout the years, thousands of patients, family members and visitors have shared their testimonials and thank you messages with nurses, PABs, doctors and members of the McGill University Health Centre (MUHC) who have taken care of them.

As the personnel of Royal Victoria Hospital prepared for their transfer to the Glen site, amazing displays of gratitude were rediscovered among patient files.

For Plamena Andreeva and Brittany Scarfo, both from Medical Records at the RVH, the adventure began back in December when they were given the delicate task of digitizing charts from the clinics at the Royal Vic. "We came across all sorts of different postcards, thank you notes and messages that were addressed to doctors and staff," says Andreeva. "At first, we didn't really know what to do with them, but we thought it would be a good idea to



Brittany Scarfo, Kadiatou Kontau and Plamena Andreeva.

use them and make a collage on our office walls to cheer up the space."

In fact, Andreeva and Scarfo were so moved by the heartwarming messages they decided to create different themes that ranged from nature and travels to humour for the endearing notes. "For us, this collage was a way of having fun while cherishing the legacy of the RVH," says Scarfo.

"One lady wrote a poem to her doctor about her cancer treatment and another one traveled the world and sent postcards from each country she visited," says Andreeva. "It was really inspiring to see how grateful patients were towards everyone who had cared for them."

At the end of the day, no matter what reason brings our patients to the MUHC, we have the privilege of supporting them through their journey of recovery, uncertainty and even during happier times, such as the welcoming of a newborn baby.

If you and your team have received a special thank you note or a touching display of gratitude, send it to the Public Affairs team and we'll gladly share it across the MUHC with patient approval. If you are patient wishing to share a story that put a smile on your face, email us at public.affairs@muhc.mcgill.ca or head to much.ca and send your words of thanks to our staff.

Board of Directors highlights

In order to keep the community apprised of its decisions, our Board of Directors of the McGill University Health Centre (MUHC) regularly reports on resolutions that it has passed. After the enactment of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies, and until the new members of the Board of Directors are named, we are fortunate to benefit from the advice of our former Board members who have accepted top remain in an advisory capacity to our President and Executive Director. The items below relate to decisions taken at the April 14 meeting.

The Board of Directors decided:

- To send a letter to the Ministère de la Santé et des Services Sociaux (MSSS), as per An Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies, indicating the scope of the reorganization of the MUHC's ethics review mechanism, advising the MSSS of the need for an 18-month period so that the regulatory framework required as per the ministerial action plan and the operating conditions required as per section 21 of the Civil Code of Québec can be revised and adopted by the Board of Directors, and reassuring the MSSS that this reorganization shall maintain continuity and respect the basic principles governing research with human participants.
- To reappoint Dr. Ewa Sidorowicz, Director of Professional Services
- To reappoint Andréanne Saucier, Director of Nursing
- To reappoint Lynne Casgrain, Local service quality and complaints Commissioner

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

- Appointment of Dr. David Blank as Division Director of Medical Biochemistry in the Department of Medicine;

On recommendation from the Director of the Centre for Applied Ethics of the MUHC, the Board approved the:

- Appointment of the new members of Research Ethics Boards of the McGill University Health Centre. The list of new members can be found under "Corporate Information" on the Intranet.

Sometimes it's a matter of genes

—All women with ovarian cancer should have access to genetic testing

The genes BRCA1 and BRCA2 are known to play a significant role in hereditary breast and ovarian cancers. Recent media attention has focused on American actress Angelina Jolie's decision to also have (in addition to her breasts) her ovaries and fallopian tubes surgically removed after genetic testing for such cancers. Like Jolie, many women who have a family history of breast and ovarian cancer get tested for the gene.

A new study conducted by Montreal researchers and led by Dr. Patricia Tonin, associate leader of the Cancer Research Program at the Research Institute of the McGill University Health Centre (RI-MUHC), advocates that all women with ovarian cancer—not only the ones with a family history of cancer—should be offered genetic testing. Some clinics have broadened their criteria and are offering genetic testing to a larger population of women, but it is still not part of standard care across Quebec.

Dr. Tonin and her colleagues from the Centre de recherche du Centre hospitalier de l'Université de Montréal and the Jewish General Hospital examined more than 400 tissue samples from a unique population of French Canadian women with ovarian cancer that were not selected for their family history of cancer. They found that 20 percent of women with the most common and lethal form of ovarian cancer were carrying mutations in BRCA1 and BRCA2 at a higher frequency than previously estimated (four to eleven per cent).

"My mother was diagnosed with breast cancer and died three years later at age 49. She never underwent genetic testing since it was not available at that time.



Dr. Patricia Tonin in her new lab at the Glen.

Neither did I and that was a big mistake," says Esther Hockenstein with regret. This Montreal resident who lost many family members during the Holocaust and was one of the last children born in a Nazi concentration camp, is currently undergoing treatment for ovarian cancer – the most fatal of women's cancers. Unfortunately, Hockenstein was not aware she was carrying a mutation in the gene BRCA1 until she was diagnosed with the disease. That puts her and her family members at higher risk for ovarian cancer.

Hockenstein thinks women should be pro-active in talking to their doctors about genetic counselling. "My gynecologist never spoke to me about testing despite my family history. Doctors should talk more about it and give us [patients] the opportunity to make an informed choice," she says.

According to Dr. Tonin, women with the most common form of ovarian cancer should be automatically given the screening option as this would help identify carrier women in their families and allow health professionals to offer risk reducing strategies for their relatives.

Ovary and fallopian tube removal is the only proven effective method for reducing the risk of developing ovarian cancer. "Given this risk and the lethality of ovarian cancer it is critical to identify the women who have these inherited gene mutations and at this point," she says, "genetic screening is the only option."

This research was made possible by funding from the Cancer Research Society and in part by funding from the Fonds de recherche du Québec-Santé, RI-MUHC, McGill's Faculty of Medicine, Ovarian Cancer Canada, and the Canadian Institutes of Health Research.

ABOUT OVARIAN CANCER

There are 17,000 Canadian women living with ovarian cancer. It is estimated that this year in Canada, 2,600 women will be newly diagnosed with this disease. Ovarian cancer is the fifth most common cancer for women and is the most fatal of women's cancer.

To learn more about ovarian cancer visit: ovariancanada.org