



# The Lachine Hospital will have its makeover

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## PERSPECTIVE

### Education, vital element in fight against chronic pain

*As part of National Pain Awareness Week, we spoke with Dr. Yoram Shir.*

**P**ain is the most prevalent complaint on earth. "People suffer from back pain, joint pain, pain from cancer, neuropathic pain and any number of other pain syndromes," says Dr. Yoram Shir, director of the Alan Edwards Pain Management Unit (AEPMU) of the McGill University Health Centre (MUHC). "And as life expectancy grows, this will affect more and more people."

*Continued on page 3*



## MESSAGE FROM NORMAND RINFRET

### MUHC, host of the eighth annual conference of the Institute for Strategic Analysis and Innovation

The McGill University Health Centre (MUHC) has always been at the forefront of healthcare debates in Canada through the works of the Institute for Strategic Analysis and Innovation (ISAI). With patient engagement currently on the national radar we are expanding our efforts in this area.

On October 30, 2015, we hosted the eighth annual conference of the ISAI in the brand new Research Institute-MUHC amphitheatre. For the second year in a row, the ISAI conference concentrated on patient engagement. The event built on our 2014 discussions, which aimed to demonstrate the benefits of patient engagement in quality improvement and self-care; present best practices; highlight the impact of patient engagement on care, cost and outcomes; and outline policy changes to support patient engagement. Many perspectives were presented and the impact was broad.

Already at the MUHC we have concrete actions under way to support patient engagement. We started out with our award-winning project of Transforming care at the bedside (TCAB). We are now pursuing with telling our patient stories on various MUHC platforms, including during our Board meetings; the active participation of our patients and families on the Patients' Committee for Adult sites and the

Family Advisory Forum at Montreal Children's Hospital; the engagement of advocates and participants in making our hospitals more patient and family centred; the role of our Patient Education Office in helping patients and families understand their care; and the role of our patient Engagement Coordinator embedded in our Quality, Patient Safety and Performance department.

The ISAI conference, which included many conference speakers and delegates, led to many perspectives, which has contributed continuous improvement and, we hope, to a broader impact with patient engagement. We wish to thank the organizing committee, our distinguished speakers and the attendees that made this year's conference a success!

The outcomes are not available yet, but I encourage all of those interested to read about them in the *Health Innovation Report*, as well as on the health innovation forum.org Web site, when they are ready.

**Normand Rinfret,  
President and Executive Director**

## PERSPECTIVE

*Continued from page 1*

### Education, vital element in fight against chronic pain

One in five Canadian adults lives with pain on a daily basis. The condition affects more than 50 per cent of the elderly population and more than 80 per cent of those living in senior homes. Besides its considerable physical, social and psychological impact on patients and their families, chronic pain also imposes huge economic costs on society. In Canada, between \$56 and \$60 billion are spent annually in healthcare resources and lost productivity (based on days of work missed, hours of work lost, and lower wages).

In the Pain Management Unit, Dr. Shir, who is also a researcher and professor of Anesthesia at McGill University, works with a multidisciplinary team of physicians, nurses and other healthcare specialists to address the complex physical and psychosocial aspects of chronic pain. At the moment, he says, the vast majority of efforts and activities to fight chronic pain are dedicated to palliation or easing symptoms. Even if there are no effective means of preventing all types of chronic pain, in some instances prevention is achievable.

"Vaccination against zona [shingles] for people over 55 years old could decrease the development of chronic pain by two-thirds once the acute episode has happened. And some medications can reduce the incidence of chronic postsurgical pain. Additionally, a pain specialist in emergency rooms could help lessen the chances for chronic pain following a trauma."

As part of his research, Dr. Shir is studying ways to optimize triage – the process of assorting patients according to a system of priorities – to improve treatment outcomes.

"A few months' gap between a referral and a first appointment can determine whether a patient will get better or not," he explains. "During this waiting period patients can become depressed or stop working. Once patients quit their jobs because of pain, their chances to resume work decrease considerably if they stay off work more than few months."



Dr. Yoran Shir, Director, Alan Edwards Pain Management Unit, MUHC

## A GREAT NIGHT FOR A GREAT CAUSE

### Rufus & Martha Wainwright's Noël nights

Join Rufus and Martha Wainwright and their families and friends as they perform on December 5 and 6, back-to-back special holiday benefit concerts in support of The Kate McGarrigle Fund with the MUHC Foundation.

The two concerts will be held at the Maison Symphonique de Montréal at 7 p.m. and will include special guests Laurie Anderson, Robert Charlebois, Jorane, Kid Koala, Daniel Bélanger (December 5 only) and Louis-Jean Cormier (December 6 only), among others.

**VIP tickets are on sale for \$250 and \$150 and all proceeds will support research and teaching in sarcoma.**

**Contact: Maria Arvanitis – maria.arvanitis@muhc.mcgill.ca / 514-934-1934, ext. 35880.**



### The MUHC Alan Edwards Pain Management Unit at a glance

- Founded in 1976, The Alan Edwards Pain Management Unit (AEPMU), located at the Montreal General Hospital of the MUHC, is an important multidisciplinary treatment centre for chronic pain patients in Quebec.
- The clinic receives close to 7,000 visits annually and delivers care to patients with post-traumatic, post-surgical, musculoskeletal and visceral pain\*.
- The Clinical Research Unit carries out studies and initiatives in pain research, including the development of new treatments and pain management approaches.
- The AEPMU is generously supported by the Louise and Alan Edwards Foundation.

\* Cancer patients with pain are mainly treated at the Cancer Pain Clinic at the Glen, run by palliative care, oncology and AEPMU teams.

The idea is to "catch patients" early to improve their chances of curing their pain. Another step towards reaching out for patients would be the establishment of pain clinics across the province. Some initiatives are already in place, he says.

"In Quebec, there are now four primary care, multidisciplinary clinics caring for patients with sub-acute low back pain, and that is a great first step. It shows it can be done, but it's only a drop in the ocean."

Dr. Shir and his colleagues are working towards encouraging more pain management training for McGill University students and MUHC residents, senior physicians and the clinical community at large.

"More than 70 per cent of the patients we see in the unit could be treated in community clinics if more efforts were made to create awareness about chronic pain management at this level."

According to Dr. Shir, a crucial part of the fight against chronic pain is getting patients to become actively involved in their treatment. "Success is always more achievable when they are part of the healing process."



# MUHC COPD clinic helps patients breathe a little easier

**C**hronic Obstructive Pulmonary Disease (COPD) literally takes a patient's breath away. Simple activities such as talking, walking or getting dressed can feel like major challenges. Some people even feel like they're breathing through a straw. As the fourth leading cause of death in Canada, this disease encompasses both chronic bronchitis and emphysema, which triggers increased mucous, cough and blocked airways. These patients, who may also feel anxious, isolated or depressed, need the help of a team of professionals to learn how to cope with their disease.

This is where the COPD Clinic and Pulmonary Rehabilitation Program of the Montreal Chest Institute of the McGill University Health Centre (MCI-MUHC) is making a huge difference in the lives of these patients.

According to Respiriologist and the clinic Director Dr. Jean Bourbeau, lung damage is already developed when COPD symptoms appear, so the condition is usually diagnosed late. "By this time, the patient is already suffering from breathlessness and losing autonomy. More efforts are needed to create awareness of COPD and improve diagnosis as well as optimize treatment therapies."

The MUHC program led by Dr. Bourbeau is a centre of research and clinical expertise in COPD in Canada and abroad. Through research, they have shown that the most effective way to reduce hospital admissions and emergency visits is to use an integrated approach of care that involves case by case management and self-management of the patient. Their strength lies in the fact that research is quickly translated into practice. Clinically, patients benefit from the skills of an interdisciplinary team, a Pulmonary Rehabilitation Program and the educational website *Living well with COPD*.



"COPD affects the person physically, psychologically, socially and spiritually. Although it can be severe, it's manageable. We are here to support patients living with the condition and their families."  
– Rita Abi-Maroun, nurse clinician.



"One of my responsibilities is to refer patients to different resources. Sometimes they are forced to stop working, so I help them in their efforts to request a disability pension or social assistance. I also observe attentively if they handle their situation emotionally, if it is a source of anxiety or depressive ideas for them. That's an important aspect of what I do as a social worker."  
– Josée Fortin, social worker.



"My greatest challenge is to help patients with COPD respect their limitations, the disease and its clinical implications, while at the same time working with them to optimize their functional level, by building up endurance, general strength and by learning strategies to be able to tolerate a greater effort in their exercise program and daily activities."  
– Anne Hatzoglou, physiotherapist.

"We teach patients how to adjust their behaviour to manage their own illness," explains Rita Abi-Maroun, nurse clinician at the COPD Clinic, which is located at the Glen site of the MUHC. "Since cigarette smoking is the most important cause of COPD, we tell patients that quitting smoking is the most effective way to slow down the disease. Taking medication and joining the Pulmonary Rehabilitation program also help."

Besides respirologists and nurses, a large team of healthcare professionals in physiotherapy, respiratory therapy, occupational therapy, nutrition and social work support patients on their journey with COPD. When necessary, patients get referrals to other services within the MUHC or in the community at large.

"We work in partnership with patients and families, helping them to be autonomous, to remain as healthy as possible and to improve their quality of life," says Abi-Maroun. "Being a member of the COPD clinic is a source of great pride for all of us."



"We teach patients self-management skills such as how to use their medication efficiently, plan their day or practice energy conservation principles in their daily activities. We also encourage them to be active and to integrate some exercises into their weekly program."  
– Alexandre Joubert, nurse clinician.



"Our website *Living well with COPD* is designed to help physicians and healthcare professionals develop a partnership with their patients that promotes and facilitates the self-management of the disease."  
– Dr. Jean Bourbeau, director of the COPD Clinic and Pulmonary Rehabilitation Program at the MCI-MUHC.



From left to right, top row: Chandni Patel, respiratory therapist; Josée Fortin, social worker; Alexandre Joubert, nurse clinician; Jini Joo, occupational therapist; and Rita Abi-Maroun, nurse clinician. From left to right, bottom row: Josée Morin, student in the Social Work program; Anne Hatzoglou, physiotherapist; Isabelle Drouin, nurse clinician; and Courtney Wilkinson Maitland, research assistant.

## 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'd like to see your team featured in *enBref*, contact us at [public.affairs@muhc.mcgill.ca](mailto:public.affairs@muhc.mcgill.ca) and tell us why.



## RREGOP Information sessions

Learn more about your pension plan

Don't miss out on upcoming information sessions that will summarize the main characteristics of your RREGOP pension plan. The Human Resources directorate, in collaboration with La Capitale services conseils Inc. (dedicated primarily to employees of the public and para-public sectors of Québec), are offering these sessions for free.

For more information or to register, please visit the Human Resources page on the Intranet.

## BOARD OF DIRECTORS

### Meeting highlights from October 13, 2015

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. The newly appointed Board met for the first time on October 13th. The items below relate to decisions taken at the meeting.

*The Board of Directors approved:*

- A resolution designating Normand Rinfret, its President and Executive Director to be entered on the list of qualified voters at the register concerning specific proposal number PP-86, authorizing the construction of a new building and its occupancy for new uses, specifically a grocery store of about 4,000 m2, a residential complex for seniors, rooms for the families of sick children, and offices for the Montreal Children's Hospital Foundation, on lot No. 4 140 398 at the corner of boulevard De Maisonneuve Ouest and rue Sainte-Catherine Ouest, under the By-law on specific construction, alteration or occupancy proposals for an immovable [RCA02 17017];

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

- Extension of Dr. Anne-Louise Lafontaine as Interim Chief Department of Neurology.

*On recommendation from the Director of the Centre for Applied Ethics of the McGill University Health Centre, the Board approved the:*

- Appointment of new members of Research Ethics Boards of the McGill University Health Centre:

Name	Qualifications	Area expertise	Affiliation to MUHC	Term
Jean-Frédéric Ménard	LLB, BCL	Legal, Ethics	Staff	2015-10-13 to 2016-10-13
Véronique Fraser	RN, MSc	Ethics	Staff	2015-10-13 to 2016-10-13
Josée Bonneau	MScN	Ethics	Non-Staff	2015-10-13 to 2016-10-13

- Annual Reports prepared on behalf of the eight Research Ethics Boards of the McGill University Health Centre for the period of April 1, 2014 to March 31, 2015.



**f Louise Worrall:** Congratulations to the RVH Clean the Queen Campaign a job well done!

**Gail Richardson:** These photos brought tears to my eyes. So proud to be part of the "Clean the Queen Campaign" and to see it all happening.

**@Courtneey81:** Much respect for Dr. Mulder & forever thankful for having a hand in saving my sister's life in a traumatic car crash

**@aileenjtxoxo:** Congrats Dr. Mulder! Honoured to have met with you on 11 east!!



**aurie:** Because it's almost #halloween!!! I carved #pumpkins for my lovely patients #ilovemyjob #nursing #muhc2015 #cusm

### Stay informed and join the conversation!

Did you know that the MUHC has a Social Media Policy that is available on the Intranet?

## The Lachine Hospital will have its makeover

Staff and patients at the McGill University Health Centre's (MUHC) Lachine Hospital know well that the hospital has been needing rejuvenation for a long time. We have good news: the Ministère de la santé et des services sociaux has recently given the MUHC the green light to expand and modernize the hospital. Planning work will begin this fall to create facilities that will directly benefit the public in several ways.

The expansion and modernization project will include:

- the construction of a new wing, which will house a brand new emergency room;
- upgrading the intensive care unit and operating room;
- an increase in the number of short-term beds, for a total of 60 beds, mainly or entirely single rooms;
- upgrading the building to meet current standards for infrastructure, infection control and patient safety and confidentiality;
- the replacement of certain equipment;
- an expansion of the space reserved for senior care and services.

Not surprisingly, physicians are pleased with the news. "I'm very excited about this project, which will make a big difference for the hospital and Lachine communities," says urologist Dr. Serge Carrier.

"The idea is to expand and modernize the facilities so we can offer patients the best possible care environment. But it won't change the mission of the hospital, which will continue to provide mainly community-based care, front-line and second-line," says Imma Franco, director, Technical Services, Planning and Real Estate Management. "It's about creating spaces that will facilitate the clinical plan and the delivery of care and services."

The Lachine Hospital will retain its vocation as a community hospital and its mandate as a centre of excellence in geriatric medicine, bariatric surgery and ophthalmology. It will provide the public of Lachine, LaSalle, Montreal West and Dorval with care and services complementing those offered by its partner institutions in the CIUSSS de l'Ouest de Montréal.

"Of course, we will continue to offer long-term care, including respiratory care to the residents of Pavillon Camille-Lefebvre, and in mid-November we will receive our first outpatients in our brand new hemodialysis unit," says Chantale Bourdeau, interim associate director of Nursing. "We can be proud of the care we give at the Lachine Hospital. The renovation and upgrading of our facilities will allow health-care staff, patients and families to enjoy an environment of the highest standard. All of the teams are mobilized and involved in the project with one goal: to deliver the 'Best Care for Life.'"

The MUHC must first confirm the scope of the clinical project and finalize the operational program, describing in words, numbers and diagrams how to make the project a reality. The work is progressing well. "We are very happy to see so many people so committed to this project," adds Franco. "It's a pleasure to work with the different teams involved."



The Lachine Hospital will retain its mandate as a centre of excellence in geriatric medicine, ophthalmology and bariatric surgery (on this photo).

In carrying out this modernization, the MUHC is pleased to be able to count on the support and unwavering commitment of the community. "On October 17, we held a fundraising breakfast at Barbie's restaurant for the modernization project," says Monica McDougall, the executive director of the Lachine Hospital Foundation. "We achieved our goal of \$15,000 thanks to the generosity of the public and our sponsors. We wish to express our gratitude to the participants and invite everyone to take part in our future events."



## In good hands – devoted employees take care of the MUHC’s legacy sites

After many sad and tearful goodbyes, hundreds of employees, volunteers and patients of the McGill University Health Centre (MUHC) took part in the historic move of the Royal Victoria Hospital (RVH), the Montreal Children’s Hospital (MCH) and the Montreal Chest Institute (MCI) to the new healthcare facilities at the Glen site. But a few people stayed put. Security, housekeeping and technical services staff still walk the grounds of the buildings that welcomed our patients for so many decades. Logistics manager Emery Leblanc supervises the teams that protect the MUHC’s legacy sites.

“Our people are dedicated and go above and beyond. They give a lot to the MUHC,” says Leblanc, who is also Security supervisor for the Montreal Neurological Hospital of the MUHC (MNH-MUHC) and for the Allan Memorial Institute. Leblanc’s biggest challenge is to ensure the safety of the 500 employees who still work in the buildings. Constant surveillance is key. “We patrol the grounds frequently, watching out for floods and fires,” Leblanc says. “We’ve also secured all the buildings against squatters and just installed a new card access system at the RVH legacy site.”



Logistics manager Emery Leblanc (left) counts on Carlos Abrantes and three other security guards to patrol the corridors of the Royal Victoria Hospital legacy site. “We have to be extremely vigilant to protect the site,” says Leblanc.

Leblanc’s right-hand man at the RVH is Carlos Abrantes, a security guard who has worked at the site for more than 40 years and knows its every nook and cranny. “This is like my second home. When I started working here, I was a shy young man, but I learned to be more outgoing and made many friends throughout the years. Saying goodbye will be emotional,” says Abrantes.

At the Montreal Chest Institute legacy site, housekeeper and team leader Zoe Bolanakis also feels melancholic. Soon to be retired, she wanted to finish her career “where it started”.

“I asked my boss ‘Can I stay behind after the move?’ and she said ‘Yes, but you will be alone, and it will be hard work.’ And she was right. Every time people come here to pick up equipment or furniture, there is a lot of cleaning to do!”

The only other employee working with Bolanakis is security guard Kathleen McSharry. She patrols the premises and gives Bolanakis a hand, when necessary.

“I feel safe because Kathleen is here,” Bolanakis says. “I trust her, and that’s important.”

For her part, McSharry feels she can do her job well, because the building was inspected and properly shut down.

“Our Technical Services team secured all doors and windows and made sure the place was safe. If there’s a problem, I can always call Building Services.”

Like Carlos Abrantes and the rest of the security staff at the RVH, McSharry will be transferred either to the Lachine Hospital or to the Montreal General Hospital at the end of the year. But for the moment, all legacy sites employees remain where they are, taking care of our old hospitals and looking after one another.

Proud to work at the MUHC or know someone who is? Email us! [public.affairs@muhc.mcgill.ca](mailto:public.affairs@muhc.mcgill.ca)



Security guard Kathleen McSharry (left) and housekeeper Zoe Bolanakis are the last remaining employees at the Montreal Chest Institute legacy site. “This is a big place,” says Bolanakis. “I feel safe because Kathleen always knows where I am.”

Discover other proud MUHC employees at [muhc.ca](http://muhc.ca) in the Careers section, and on our Facebook page

## MUHC Archives: Cataloguing our past, piecing together our history

We can all agree that cleaning out the offices at our legacy sites was no easy feat. With decades of records, equipment and files to wade through, it was at times difficult to discern between what was worth keeping and what was disposable. That’s where the McGill University Health Centre (MUHC) Archives, a subsidiary part of the RBC Art and Heritage Centre at the MUHC, came in handy.

Often overlooked, the Archives are comprised of photographs and documents, such as architectural blueprints, official correspondence, and illustrated anatomy books. It is objects such as these, which were created during the course of Montreal’s medical development, that inform and contribute to the city’s collective memory and the MUHC’s legacy.

Francois Dansereau and Gordon Burr are at the helm of this initiative. Both professionally trained archivists, they are putting their expertise to good use and building a rich collection for future generations to enjoy. “Everything we come across tells the story of our medical and social history,” explains Dansereau.

While he admits that uncovering the past is rewarding, “the best part of working with Archives is being able to share our discoveries with the public and to make the material available to academic researchers.” In fact, the Archives team has already begun to fill display cases at the Glen site with archival photos and documents that shed light on our past.

### Souvenirs from the Great Wars

Just in time for Remembrance Day, the Archives took the time to show us at En Bref part of the collection that highlights the role our staff played in World Wars I and II.

Kept all these years in the Anesthesia Department of the Royal Vic were several log books of anesthesia administered during procedures performed in World War II. Even under pressure, these doctors and nurses kept diligent records of each patient, type of anesthesia use, duration of procedure, etc. Today, it serves as a reminder of our medical

contribution to WWII and the great service our past personnel made, both overseas and at home, during this important moment in history.

### You think you have found something?

Moving forward, MUHC Archives asks that staff keep their eyes peeled for any documentation or objects that may be of historical significance to the MUHC. If you think you have anything of value, please contact the RBC Art and Heritage Centre at [heritage@muhc.mcgill.ca](mailto:heritage@muhc.mcgill.ca) or call ext.71771.



Anaesthetic Records, no. 14 Canadian General Hospital, Canadian Army Overseas (World War II)



Staff from the no. 12 Canadian General Hospital, Brahmshott (World War I)



## How Parasites Take a Bigger Bite

**Leishmania is a parasitic disease that can be transmitted to humans and other mammals through the bites of tiny insects called phlebotomine sandflies. This potentially deadly parasitic infection affects 12 million people worldwide and causes 20,000 to 30,000 deaths per year. A recent discovery by a team led by Dr. Martin Olivier, an expert in immunoparasitology at the Research Institute of the McGill University Health Centre (RI-MUHC), sheds new light on the infection mechanism of the parasite responsible for Leishmania. Their research, carried out jointly with collaborators from the U.S. National Institutes of Health, and published in the journal Cell Reports, could lead to development of new vaccine targets and diagnostic tools for this disease.**

“The Leishmania parasite is known for its ability to block various cell functions in our immune system, which allows it to multiply inside our bodies,” explains Dr. Olivier, who has been studying the parasite for more than 30 years. His team was the first to describe its infection strategy in 2009. “The parasite seems to

go further in its strategy, as molecules called exosomes appear to be released by the parasite during the insect bite, thereby boosting the infection process.”

Leishmania is transmitted solely by the female phlebotomine sandfly. This infectious disease can occur in cutaneous form, which is generally curable, though it can cause ulcers at the bite sites for several months and leave scars. In the more dangerous – and potentially fatal – visceral form, it is accompanied by a high fever, anemia, swelling of the spleen and significant weight loss.

Exosomes are small cell-derived vesicles present in many biological fluids, including blood, urine and saliva. They have been the focus of numerous studies due to their involvement in communication between cells. Until now, however, the release of exosomes from the Leishmania parasite had only been observed in vitro, in a laboratory, and never in a living organism.

“By using electron microscopy and proteomic analysis, we discovered that the parasite was releasing exosomes within the gut of the female sandflies, and that it was while the insect took

### Did you know?

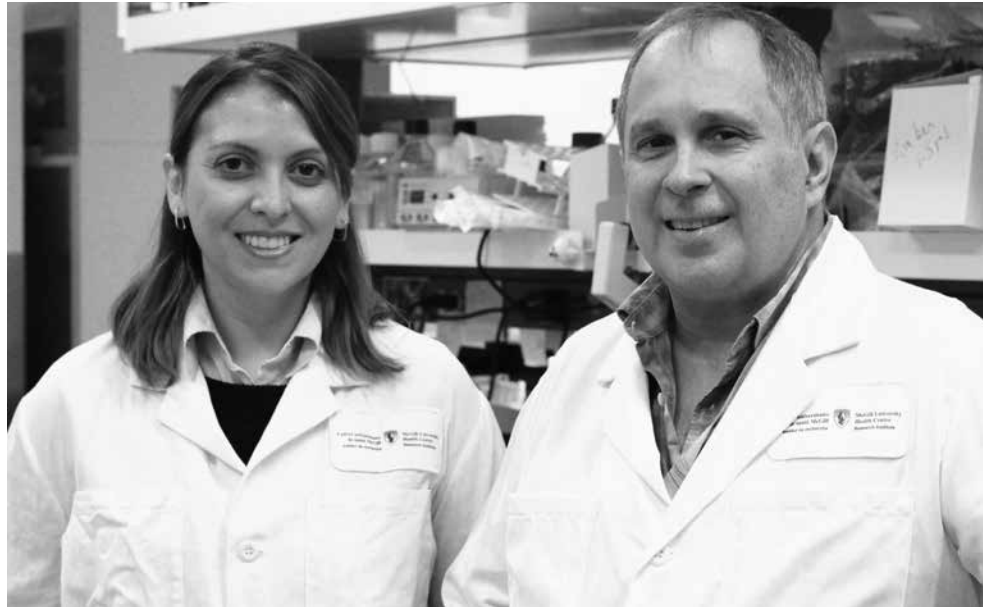
Scottish Physician Sir William Leishman was the first to observe the Leishmania parasite in 1900 in smear samples on the spleen of a soldier who died of fever in India. Almost simultaneously, Irish Physician Charles Donovan identified the same parasite in a biopsy of the spleen. The visceral form of Leishmania was thus named Leishmania donovani.

a blood meal that the exosomes and Leishmania were transmitted to the host,” explains the study’s first author, Dr. Vanessa Diniz Atayde, who is a research associate in Dr. Olivier’s laboratory in the Infectious Diseases and Immunity in Global Health Program at the RI-MUHC.

“We also found that by injecting the parasite with its exosomes in mice models, we were able to cause the infection to progress,” adds Dr. Olivier. “The inflammatory response, usually caused by an infection, and the number of parasites were increased.”

According to Dr. Olivier, these findings could open the door to the development of new vaccines targeting the exosome components by neutralizing their ability to boost infection, and even blocking them completely. “Another interesting aspect of this study is that by studying the exosomes of other biting insects that suck blood, such as mosquitoes or black flies, we could develop anti-allergic therapy to tone down developed skin inflammation after an insect bite.”

“Leishmania is found in parts of the tropics, subtropics and southern Europe, but it has also been found in Canadian soldiers coming back sick from Afghanistan as well as in the United States,” adds Dr. Olivier. “Further expansion may be facilitated by climate change, as new habitats become conducive to insect vectors and reservoir species for the disease.”



Dr. Vanessa Diniz Atayde and Dr. Martin Olivier

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