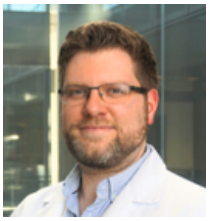
nursing newsletter



A WORD FROM THE ASSOCIATE DIRECTOR, NEUROSCIENCE MISSION

Dear colleagues,

Over the past year, the MUHC Neurosciences Mission has been developing a clinical plan and infrastructure project to support the ***gradual transfer of its activities to the Glen site****. This major transformation will consolidate and strengthen the delivery of highly specialized care for the population of Québec. In a later phase of the project, The Neuro's outpatient services, research activities, and imaging platform will also be relocated to the Glen site.*

Beginning this fall, The Neuro's ***angiography equipment****, which has reached the end of its lifespan, will be replaced. Neurovascular interventional angiography services will be temporarily relocated to the Glen site for approximately one year while construction of the new biplane angiography suite is underway.*

This reorganization involves many teams at the Glen site, including the ***Emergency Department, Medical Imaging, Anesthesia, Pharmacy, Respiratory Therapy, Logistics, and the adult Post-Anesthesia Care Unit (PACU)****. It will also require adjustments at the* ***MCH****, as the Glen site's biplane angiography suite is currently used primarily for pediatric patients.*

Over the coming year, a seven-bed neurocritical care unit will be established in the ***H Pod*** *of the adult PACU. It will care for stroke patients and those requiring neurovascular interventions at the Glen site. At the same time, the Neuro's intensive care capacity will be reduced, while its stroke unit will remain at The Neuro.*

I would like to sincerely thank all the teams contributing to this transition. We recognize the flexibility and efforts this change requires. Thanks to your collaboration, we will continue to provide uninterrupted access to highly specialized neurovascular care throughout this transition.

Maxime Boutin-Caron

ANNOUNCEMENT

Laurie Gottlieb Nursing Explorations Conference 2026
Re-envisioning Tomorrow's Health: Innovation, Collaboration and Sustainability
October 14 – in person and online

The Ingram School of Nursing at McGill University (ISoN) invites you to a day of learning, collaboration, and discussion focused on the future of nursing and healthcare systems.

Highlights include:

- a keynote presentation by Kimberly LeBlanc, RN, PhD, on building a sustainable healthcare system where every nurse is empowered to practise to their full scope;
- inspiring presentations from nursing leaders;
- an expert panel discussion;
- sessions exploring emerging trends, new technologies, and innovative models of care.

Register today!

- Conferences will be offered in English and translated into French, both online and in person. Question periods will be held in French and in English.
- Accredited continuing nursing education hours available.

Centre universitaire de santé McGill | McGill University Health Centre

The Interventional Neuroradiology Unit at the Neuro

The Interventional Neuroradiology Unit at the Montreal Neurological Hospital provides specialized care for patients with complex cerebrovascular and neurological conditions.

Using minimally invasive, image-guided techniques, the team performs advanced procedures that are transforming the management of several neurological disorders.

PRECISION INTERVENTIONS, OPTIMIZED OUTCOMES

These procedures often **eliminate the need for open surgery** and **improve patient outcomes** and **recovery times**.

The procedures performed include:

- **mechanical thrombectomy** for acute ischemic stroke, for rapid restoration of blood flow to reduce neurological damage
- **endovascular coil embolization** for treatment of cerebral aneurysms
- **embolization of arteriovenous malformations (AVMs)**
- **preoperative embolization of highly vascular tumors** to minimize blood loss and support safer surgical intervention.

CONTINUOUS VIGILANCE BEFORE, DURING, AND AFTER THE PROCEDURE

During the procedures, the nurse provides **vigilant clinical assessment** in order to rapidly identify any complications and intervene without delay.

Their role includes:

- **continuously monitoring** the patient's neurological, **cardiovascular, respiratory, and vascular status;**
- **recognizing** and **promptly responding** to complications;
- **managing pain**;
- promoting a **safe recovery and discharge;**

Their ongoing responsibilities also include:

- maintaining thorough and accurate **clinical documentation**
- **collaborating** with inpatient teams to ensure continuity of care, and post-procedure follow-up
- **adhering to established** quality and patient safety standards
- ensuring **medication and supply availability,** and preparing **specialized equipment**.

Stay tuned! This article will soon be published on the MUHC's social media. Please comment and share!

NURSING EXPERTISE AT THE HEART OF INTERVENTIONS

The Interventional Neuroradiology nurses are essential members of the multidisciplinary team. They are **involved throughout every stage of the patient's care**, taking on key responsibilities, including:

- conducting comprehensive pre-procedure **assessments**
- **preparing patients** for intervention
- **assisting the interventional neuroradiologist** in every stage throughout those highly technical procedures
- **coordinating care** before, during, and after procedures
- **providing education and emotional support** to patients and their families.

Left to right: Julie Ann Ciriaco, Collin-Michael Antonio, Ann Marie Javier, Albert Alivio, Melissa Mercier (not in the photo)

THE POWER OF MULTIDISCIPLINARY COLLABORATION

The success of these highly specialized procedures depends on effective collaboration among **interventional neuroradiologists**, **neurosurgeons**, **neurologists**, **anesthesiologists**, **respiratory therapists**, **nurses**, and **medical imaging technologists**.

Through coordinated teamwork and shared expertise, the multidisciplinary team delivers **safe, high-quality, and patient-centered care** and upholds the Montreal Neurological Hospital's commitment to excellence in neurovascular services.

PHARMACY–NURSING

Adult + Pediatric

Automated medication dispensing cabinet server outages

During automated medication dispensing cabinet server outages, fingerprint login is not available. **You are then required to use your username and password to access the cabinets and retrieve medications safely and without delay.**

These outages can last for several hours. When they occur, we have noticed that many users are unable to access the cabinets because they do not know their password.

This is why your **username** and **password are essential**, even if you usually use fingerprint access. It is your responsibility to keep them noted in a secure but easily accessible location at all times (e.g., your cell phone). It is also recommended to use them a few times per month to ensure they remain valid.

Thank you for contributing to the safe and efficient operation of our services.

By Marie Létourneau, Nursing Practice Consultant and Benoit Dion, Associate Chief Pharmacist, Pharmaceutical services and Pharmacy Information Systems

Adult

High-Alert Medications: maintaining safe storage practices

The safe storage of high-alert medications depends on simple but essential practices. Please review the reminders below.

To help prevent incidents involving high-alert medications, all **insulin** stored in patient care unit **refrigerators** must be kept in the **yellow bins** labelled **"HIGH-ALERT"**.

Similarly, **neuromuscular blocking agents (paralytics)** stored in **refrigerators** must be kept in the **orange bins** labelled **"HIGH-ALERT"** and **"PARALYTIC AGENT"**.

These bins are an important safety measure designed to enable the rapid identification of high-risk medications. **It is therefore essential that they remain in the refrigerator at all times and are not removed or relocated to other areas.**

We have noticed that several of these bins have gone missing. To maintain this important safety measure, please ensure that the bins remain in the refrigerators at all times and are not used for any purpose other than the storage of designated High-Alert medications.

Thank you for your cooperation in maintaining safe medication management practices.

By Marie Létourneau, Nursing Practice Consultant and Isabelle Couture, Pharmacist

CLINICAL PRACTICE

Adult + Pediatric

Nursing Documentation: A valuable 5-minute refresher!

The Nursing Documentation Committee invites you to watch this short OIIQ video (5 minutes), which clearly highlights the **key information that should be documented in a patient's chart**. A quick and practical reminder to support clear, complete, and professional documentation.

Watch the video (in French only):

By Jasmine Lee Hill and Samia Saouaf, Nursing Practice Consultants

Adult + Pediatric

Updated Decision-Making Guide for the Use of Physical Restraints

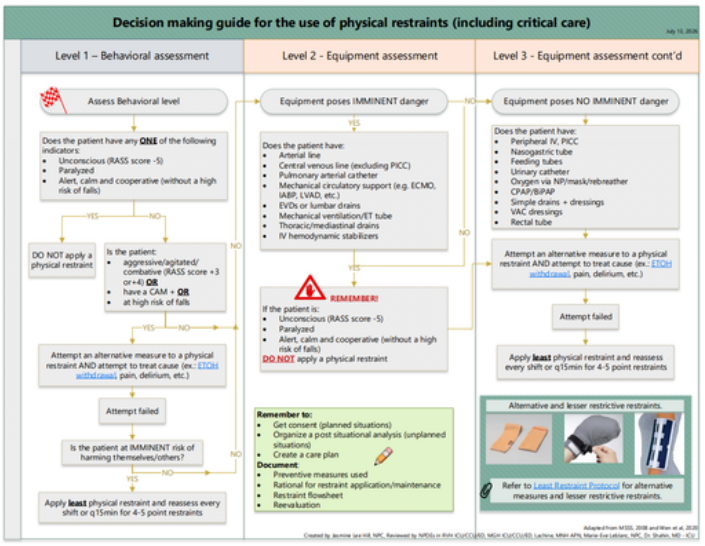
A revised **Decision-Making Guide for the Use of Physical Restraints** is now available! The guide has been updated to support clinical decision-making across **all inpatient care areas** at the MUHC, while continuing to address the unique needs of **critical care settings**.

This tool:

- helps staff determine **when** physical restraints may be indicated
- reinforces the use of **alternative measures** whenever possible
- promotes the use of **the least restrictive intervention**.

The guide can be found on the intranet, on the nursing page **Quality Improvement**, under **Physical Restraints**.

At the same location, you will also find the Least Physical Restraint Protocol.



By Jasmine Lee Hill, Nursing Practice Consultant

Adult

Transfer of information at care transitions: What happens between "here" and "there" matters

Care doesn't just happen in patient rooms — it happens **between moments**.

Between admission and transfer.
Between one nurse and the next.
Between a plan made and a patient going home.

Those in-between moments are where information is either **connected**... or **lost**.

That's why **Information Transfer at Care Transitions is an Accreditation Canada Required Organizational Practice (ROP)** and a shared nursing responsibility.

When we:

- **communicate** clearly
- **structure** our handovers
- **document** with purpose
- speak up when **something doesn't feel right**
- encourage patient and family **active involvement**

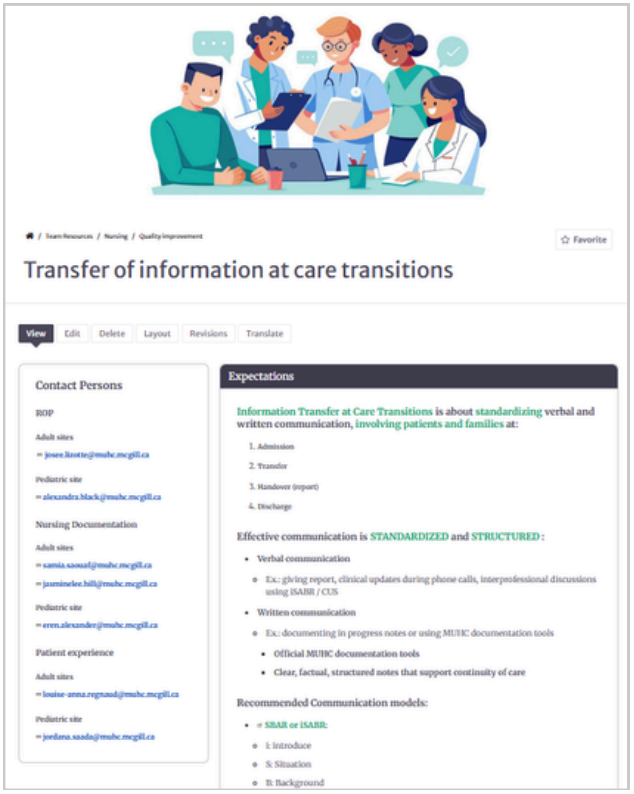
we do more than exchange information: we **protect patients**.

Information transfer is not an extra task.
It *is* the care.

Help us improve care transitions by completing the annual Nurses & LPN self-reported practice survey on **handover reports and transfers.**

Participate in the survey using **this link** or the QR code:

Learn more about expectations, tools, and resources on the Intranet:



By Josée Lizotte, Nursing Practice Consultant

Adult

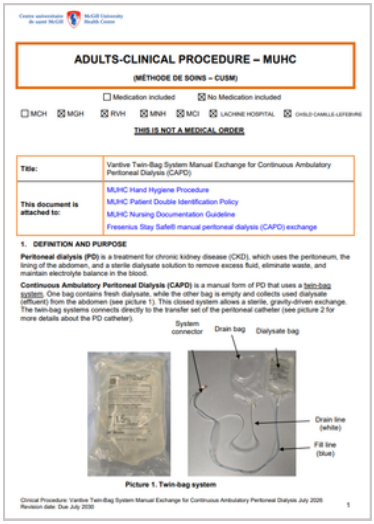
Peritoneal Dialysis (PD): Updated Continuous Ambulatory Peritoneal Dialysis (CAPD) Clinical Procedure

As more care units are now providing peritoneal dialysis (PD) care independently, the CAPD clinical procedure has been revised with a**dditional explanations, pictures, and visual aids** to better support nursing staff.

CAPD care may be provided by any **nurses**, **LPNs** and **CPNs** at the MUHC.

Please note that the PD supplies manufacturer, Baxter, has changed its name to Vantive. Existing Baxter-labelled products remain safe to use and will continue to be used until current stock is depleted.

Please review the **updated procedure and annex** before providing CAPD care on your unit.


ADULTS-CLINICAL PROCEDURE – MUHC

(MÉTHODE DE SOINS – CUSM)

Medication included ☒ No Medication included

☐ MCH ☒ MGH ☒ RVH ☒ MNH ☒ MCI ☒ LACHINE HOSPITAL ☒ CHILD CAMILLE-LEFEBVRE

THIS IS NOT A MEDICAL ORDER

Title:	Vantive Twin-Bag System Manual Exchange for Continuous Ambulatory Peritoneal Dialysis (CAPD)
This document is attached to:	MUHC Hand Hygiene Procedure MUHC Patient Double Identification Policy MUHC Nursing Documentation Guideline Fresenius Stay Safe® manual peritoneal dialysis (CAPD) exchange

1. DEFINITION AND PURPOSE

Peritoneal dialysis (PD) is a treatment for chronic kidney disease (CKD), which uses the peritoneum, the lining of the abdomen, and a sterile dialysate solution to remove excess fluid, eliminate waste, and maintain electrolyte balance in the blood.

Continuous Ambulatory Peritoneal Dialysis (CAPD) is a manual form of PD that uses a twin-bag system. One bag contains fresh dialysate, while the other bag is empty and collects used dialysate (effluent) from the abdomen (see picture 1). This closed system allows a sterile, gravity-driven exchange. The twin-bag systems connects directly to the transfer set of the peritoneal catheter (see picture 2 for more details about the PD catheter).

System connector · Drain bag · Dialysate bag · Drain line (white) · Fill line (blue)

Picture 1. Twin-bag system

Clinical Procedure: Vantive Twin-Bag System Manual Exchange for Continuous Ambulatory Peritoneal Dialysis July 2026
Revision date: Due July 2030 1

By Vicki Tan, Advanced practice nurse – Nephrology

Adult

Referral Portal Phase 2: Register for an information session

The Referral Portal rollout is continuing across the MUHC.

Phase 2 of the project includes **two key components** that have been gradually implemented since June 15 across various adult sectors:

- **the new electronic Outpatient Consultation Request Form (FMU 4489) in O-Word**
- **the Referral Portal's Medical Triage Functionality.**

Together, these tools will modernize the way adult ambulatory consultation requests are managed. Full implementation across all participating adult care sectors is planned for **fall 2026**.

To learn more, **click here**.

Information sessions

To support this transition, **45-minute** information sessions are available for healthcare professionals involved in the **triage** process.

These sessions will:

- Provide an overview of the Referral Portal project.
- Demonstrate the integrated medical triage functionality within the Referral Portal.
- Answer participants' questions.

Session dates: until September 18

Registration: Please **reserve your spot** by selecting one session time.

CRI

Nursing Career Spotlight: Siva Moonsamy

This month, we are proud to spotlight **Siva Moonsamy**, former Nurse Manager at The Neuro.

Following a distinguished career at the MUHC, Siva reflects on his leadership journey, passion for nursing, and lessons learned while supporting patients and teams. Read his **full interview** on our **Intranet page**!

OIIQ: Get exam-ready with the CRI!

On **September 12th from 10:00 to 12:00**, join our exam preparation session and put your knowledge to the test with **OIIQ-style questions**. Explore key themes, strengthen your clinical reasoning, and boost your confidence before exam day.

Register here!

By Ian Truong, Nurse Clinician, RVH ICU, Vice President of the CRI

CO-EDITORS OF THIS NEWSLETTER:

Marie-Eve Leblanc, Nursing Practice Consultant, Nursing Directorate
Silvia Rizeanu, Communications Agent

Please submit your articles for the next newsletter **before August 25.**
Consult the 2026 Nursing Newsletter Calendar