JULY 2026 NUMBER 51

nursing newsletter

A WORD FROM THE DIRECTOR

Dear colleagues,

The Qmentum Québec accreditation visit conducted last February was an important milestone for our organization. Achieving accredited status through 2028 reflects the quality of care we provide and the outstanding commitment demonstrated by all our nursing teams.

*The report highlights several strengths of which we can be proud: **strong interdisciplinary collaboration**, a **well-established patient-centred approach**, and **sustained engagement**, even in a highly demanding environment. These findings clearly reflect your professionalism and your ability to deliver high-quality care.*

*At the same time, some observations deserve our attention. Variations remain in the application of recognized safety practices, particularly with respect to **hand hygiene**, **skin integrity**, and **continuity of information at care transitions**. These gaps do not define our practice, but they remind us that quality and safety depend on constant vigilance.*

*Quality and patient safety often rely on simple yet essential actions: thorough **documentation**, diligent adherence to **best practices**, and effective **communication**. In a complex and constantly evolving environment, maintaining this collective vigilance helps ensure consistent, safe, and patient-centred care.*

Our next steps will focus on identifying areas for improvement and implementing continuous quality improvement strategies. Your role in this process is essential. By maintaining a high level of attention and rigour in our daily work, we will continue to provide safe, high-quality care to our patients.

Sincerely,

Alain

Beyond the diagnosis: A documentary on pediatric palliative care

We invite you to watch the first episode of the documentary series ***Short Lives / Lasting Stories***, which offers an intimate and authentic look at the everyday lives of families caring for a child with a serious illness.

This first episode follows 12-year-old **Kayden Thibert**, who is living with a brain tumour, and his family. It shows how pediatric palliative care helps children with serious illnesses and their loved ones make the most of each day, despite the uncertainty of what lies ahead. A life woven with precious moments, love, play, everyday joys, and the relationships that nurture their resilience.

Our heartfelt thanks to **Vanessa Wrzesien**, Nurse Practitioner in Pediatric Advanced Care, for sharing her experience in this documentary and helping shed light on a reality that is largely unknown to many.

By amplifying the voices of families, caregivers, and the professionals who walk alongside them, *Short Lives / Lasting Stories* sparks an important conversation about what it truly means to care, to support, and to live fully, even when time is limited.

This documentary was made possible through the support of the **TELUS Fund**, and we gratefully acknowledge its contribution to bringing this project to life.

This article was shared on the Montreal Children's Hospital's social media.

Please comment and share!

Centre universitaire de santé McGill | McGill University Health Centre

Medical Mission: Impactful initiatives to reduce length of stay

As part of its ongoing transformation efforts, and in alignment with the MUHC Strategic Plan, the Medical Mission is implementing a range of initiatives to **reduce the length of stay on our inpatient units or in our Emergency Department** by offering services to improve patient flow.

These initiatives aim to **optimize patients' care trajectory, strengthen discharge planning and identify all possible factors that have an impact on the length of stay**, in order to enable targeted action in collaboration with our partners.

Here are some initiatives already in place or currently under development:

FASTER ACCESS, SHORTER STAYS

The **MGH Medical Day Centre** now offers:

- **investigations** for patients redirected from the emergency department
- **rapid access to ambulatory clinics** for patients who would otherwise have required an Emergency Department visit
- **continuation of care** that allows earlier discharge for hospitalized patients

In 2025–2026, the Centre cared for **4,636** patients, including:

- **1 518** referred from the emergency department
- **680** from inpatient units
- **2 040** from outpatient clinics

Patients are also referred through the post-hospitalization support line.

OPTIMIZED CARE PATHWAYS TO FREE UP BEDS

The Cardiac Catheterization Laboratory, through a change in its valve replacement procedure (TAVI) has been able to change the trajectory of **50% of the patients**, who are now discharged the **same day post-procedure** instead of being admitted to the CCU.

EVIDENCE-BASED DATA FOR TARGETED ACTION

The MGH Internal Medicine Unit 15 is currently collecting and analyzing data on the following to target actions that could reduce length of stay:

- reducing the time between when a patient is deemed medically ready for discharge and when they actually leave the hospital
- analyzing community-related barriers and other factors contributing to delayed discharge

RAPID-ACCESS CLINICS HELPING REDUCE PRESSURE ON THE ED

- **Multiple new rapid-access ambulatory clinics** now offer timely follow-up for patients with more urgent needs, helping to prevent emergency department visits or return visits.

- The **TRACE Clinic** created in Cardiology offers rapid access to patients post discharge from the Coronary Care Unit (CCU), with support from Nurse Practitioners, helping reduce emergency department visits and hospital readmissions.

INNOVATION AT THE HEART OF INTERNAL MEDICINE UNITS

The **C9-D9 Internal Medicine Units** continue to advance several initiatives, including:

- **Unit Based Mobilization Initiative** to reduce preventable deconditioning.
- A **multidisciplinary discharge checklist** that clearly assigns accountability and ensures all elements of discharge planning are completed in a timely manner.
- **The Sickle Cell Transition** to Ambulatory Care Initiative to ensure timely follow-up care after discharge.

Behind each of these initiatives are dedicated teams working every day to transform the way care is organized and delivered. Their expertise, resilience, and professionalism make a meaningful difference for patients and their loved ones. We would like to recognize their unwavering commitment to providing the highest quality of care.

Adult

Inpatients: New version of the intervention sheet for vascular access

A new version of the pre-printed intervention sheet for vascular access will be available shortly. Please see the **one-page tip sheet** for details and an example of how to use it.

The interventions are bundled based on vascular access device, including dressing changes, tubing changes and flushing.

- p. 1 for Peripheral Intravenous Catheters (PIVC)
- p. 2 for Central Vascular Access Devices (CVAD) and arterial lines

Please start using this version of the sheet when it becomes available on your unit.
Thank you to everyone who provided feedback in the months of March and April!

Fiche-conseil / Tip Sheet

FORMULAIRE DES INTERVENTIONS INFIRMIÈRES – Accès vasculaire

CIVP / PIVC

- **Nouvelle abréviation : Cathéter IV périphérique (CIVP)** / New abbreviation: Peripheral IV catheter (PIVC)
- **CIVP changé seulement au besoin** / PIVC changed only as needed
- **Nouvelle intervention : Pansement changé aux 7 jours** / New intervention: Dressing changed every 7 days
- **Les interventions sont regroupées** / Interventions are bundled
- **Un espace de moins pour un CIVP - utiliser un deuxième formulaire au besoin et réévaluer la nécessité des cathéters** / One less space for a PIVC - use a second form if necessary and reassess the need for catheters

Barrer si discontinué / Cross out if discontinued

Étoiler en cas de complication et documenter dans les notes d'évolution / Star if there is a complication and document in progress note

Intervention - Procédure / Procedure

CIVP #1 / PIVC #1	Quart / Shift	JD 2	JD 3	JD 4	JD 5	JD 6	JD 7	JD 8
Site : Bras G # 22 g — Date d'insertion / of insertion (AAYY/MM/JD) 2026/04/26								
Changer le CIVP PRN / Change PIVC PRN — Nouveau site / New site: Bras D # 22 g — Date d'insertion / of insertion (AAYY/MM/JD) 2026/05/07								
Changer le pansement / Change the dressing	N						*New 5:30 CD	
	J / D		12:00 AB					
Q7 jours et PRN / Q7 days and PRN	S / E							
Changer les tubulures, connecteur sans aiguilles et dispositifs supplémentaires / Change tubing, needleless connectors and add-on devices	N						*New 5:30 CD	
	J / D			11:10 AB				
Q4 jours et PRN / Q4 days and PRN	S / E							
Irriguer le CIVP / Irrigate PIVC	N						CD	
Minimalement une fois par jour à moins de contraindication / Minimally daily unless contraindicated	J / D	CD	AB	AB	AB	GH	GH	
	S / E	GH	EF	EF		CD		

DAVC / CVAD

- **Un espace pour indiquer l'irrigation des lumières en utilisation** / A space to indicate flushing of lumens that are in use
- **Les interventions sont regroupées** / Interventions are bundled

Intervention - Procédure / Procedure

DAVC #1 / CVAD #1	Quart / Shift	JD 2	JD 3	JD 4	JD 5	JD 6	JD 7	JD 8
Site : Bras D — Type: PICC — Date d'insertion / of insertion (AAYY/MM/JD) 2026/05/01								
Changer le pansement / Change the dressing	N							
✓ Transparent ☐ CHG (gel ou Biopatch) ☐ Dry / Sec	J / D	10:15 AB						
Q 7 jours et PRN / Q 7 days and PRN	S / E							
Changer les tubulures, connecteur sans aiguilles et dispositifs supplémentaires / Change tubing, needleless connectors and add-on devices	N							
	J / D				14:50 CD			
Q4 jours et PRN / Q4 days and PRN	S / E							
Irriguer les lumière(s) utilisée(s) de DAVC / Flush used CVAD lumen(s)	N							
Minimalement une fois par jour à moins de contraindication / Minimally daily unless contraindicated	J / D	AB	AB	CD	CD			
	S / E	EF	AB EF					
Irriguer et changer les connecteurs des lumières de DAVC non-utilisées / Irrigate and change connectors on unused CVAD lumens	N							
Lumière(s) verrouillée(s) / Locked lumen(s) Rouge	J / D	10:15 AB						
Q7 jours et PRN / Q7 days and PRN	S / E							

Heure exigée si l'intervention est effectuée une fois par quart de travail ou moins souvent / Time required if done once a shift or less frequently

Heure non requise si l'intervention est effectuée plus d'une fois par quart / Time not required if done more than once a shift

Ligne artérielle / Arterial Line

- **Aucun changement** /No change

Juin 2026 Mise à jour DM-6877 Katherine Mohsen, Conseillère en soins infirmiers

By Katherine Mohsen, Nursing Advisor – Vascular Access

Adult + Pediatric

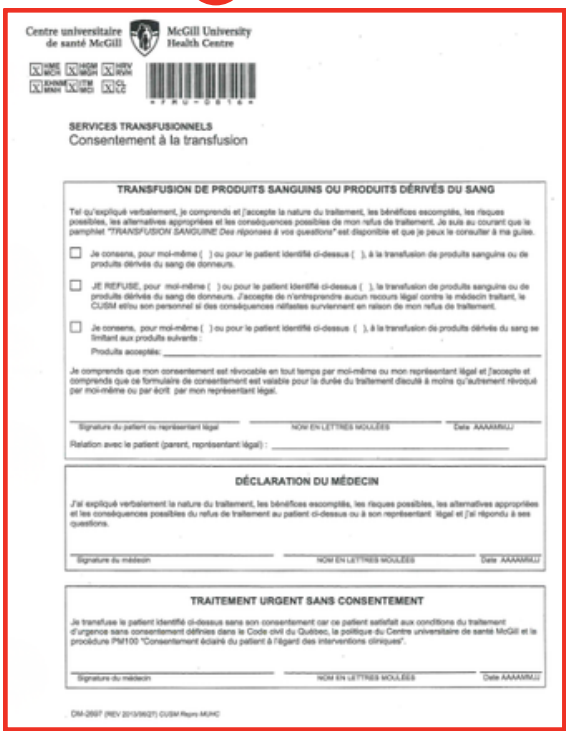
New transfusion consent form

The MUHC Transfusion Safety Service would like to inform you that **the new provincial consent form for the transfusion of labile blood products or human plasma derivatives,** approved by the MUHC Forms Committee, is now in effect.

- The new form is available for ordering through **Printsys (AH-113/113A)**.
- The previous form will no longer be available for ordering after **July 25**.
- Care units may continue using their existing stock until supplies are depleted.
- **There are no changes to the clinical transfusion consent process.** This update simply harmonizes the form used at the MUHC with the provincial template approved by the MSSS.
- The Medical Director of the MUHC Blood Bank will notify all physicians and their respective teams.

Thank you for your support in sharing this information with your teams.

Old Form


Centre universitaire de santé McGill
McGill University Health Centre

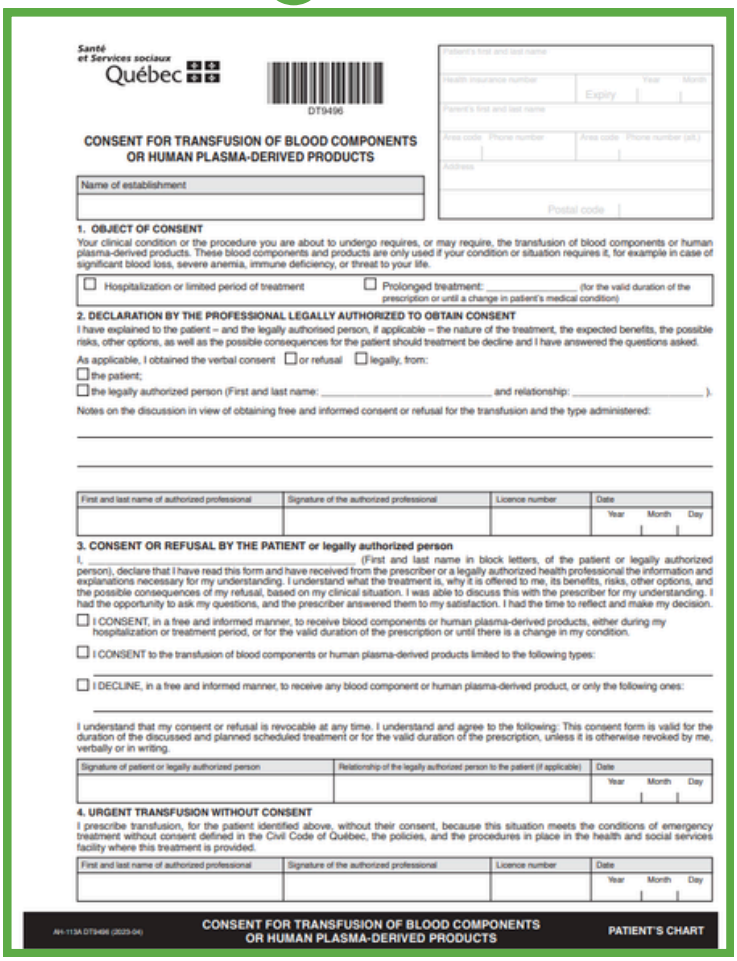
SERVICES TRANSFUSIONNELS
Consentement à la transfusion

TRANSFUSION DE PRODUITS SANGUINS OU PRODUITS DÉRIVÉS DU SANG

DÉCLARATION DU MÉDECIN

TRAITEMENT URGENT SANS CONSENTEMENT

New Form


Santé et Services sociaux Québec

DT9496

CONSENT FOR TRANSFUSION OF BLOOD COMPONENTS OR HUMAN PLASMA-DERIVED PRODUCTS

Name of establishment

1. OBJECT OF CONSENT

2. DECLARATION BY THE PROFESSIONAL LEGALLY AUTHORIZED TO OBTAIN CONSENT

3. CONSENT OR REFUSAL BY THE PATIENT or legally authorized person

4. URGENT TRANSFUSION WITHOUT CONSENT

AH-113A DT9496 (2023-04) CONSENT FOR TRANSFUSION OF BLOOD COMPONENTS OR HUMAN PLASMA-DERIVED PRODUCTS PATIENT'S CHART

By Janique Collin, Nursing Consultant–Transfusion Safety Service and Christina Canticas, Clinical Transfusion Safety Officer

Adult + Pediatric

Clinical Reminder – Code Yellow (Missing Patient)

Please note that when a **Code Yellow Level 3** is initiated and SPVM is involved, specific actions are required to ensure appropriate communication.

- ☑ If a patient who was declared missing returns to the unit independently, **nurses are required to call 911 to notify SPVM of the patient's return**, ensuring appropriate closure of the police intervention.
- ☑ In addition, **the nurse must also contact Locating (55555) to declare an "ALL CLEAR"**, informing Security that the situation has been resolved.
- ➤ These steps **also apply** when a decision is made to **close the bed after 24 hours** if the patient has not been located.

? jasminelee.hill@muhc.mcgill.ca

Introducing the Council of Nurses' 2026–2027 Team

The Council of Nurses is pleased to announce its **team for the 2026–2027 term**.

Representing diverse clinical areas and backgrounds across the MUHC, Council members will continue their mission of representing nurses and contributing to the ongoing improvement of the quality and safety of patient care.

Executive Committee

- President: **Leeanna Coates**
- Vice-President: **Jenny Gaboury**
- Secretary (Neuro representative) : **Louis-Pierre Peloquin**
- Treasurer (re-elected) : **Sara Angers**

The CII is also pleased to welcome several new members:

Duy Anh (Ian) Truong, CRI Vice-President, as well as **Vincent Ballenas**, **Kiesha Dhaliwal**, **Alexia Dimas**, **Christine Lefebvre**, **Latoya Maighan**, **Alexis Parent**, **Nancy Turner** and **Sara Yassa**.

We extend our sincere thanks to all members for their commitment and contributions to supporting excellence in nursing practice at the MUHC.

Front row (seated, left to right): *Louis-Pierre Peloquin, Leeanna Coates, Jenny Gaboury and Sara Angers*

2nd row: *Duy Anh (Ian) Truong, Kiesha Dhaliwal, Sara Yassa, Christine Lefebvre, Alexia Dimas, Latoya Maighan and Nancy Turner*

3rd row: *Vincent Ballenas and Alexis Parent*

CRI: Inspiring journeys – Meet our nurses

The *Comité de la Relève Infirmière* (CRI) is proud to launch a new initiative showcasing nursing careers across the MUHC. Through a series of interviews, we highlight nurses from diverse roles, specialties, and levels of expertise, illustrating the many pathways within the profession.

We have monthly interviews lined up, featuring colleagues from across our network, sharing their experiences and insights.

Click here to visit our intranet page and explore the interviews.

We invite you to check in regularly, you might see a familiar name!

Spotlights

A Bedside Nurse's Perspective: Ian Truong

A Nurse Educator's Perspective: Julie Pin

An Advanced Practice Nurse's Perspective: Jenny Gaboury

An Assistant Nurse Manager's Perspective: Leeanna Coates

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

CLINICAL EDUCATION

Adult

Search and Seizure training: recording now available on the intranet

Missed the Search and Seizure training? The **recording** is now available on the intranet in the **Protocols** section.

This session reviews the **legal framework, laws, and institutional requirements** governing search and seizure in Quebec and at the MUHC, and provides a **practical decision-making framework** to help staff determine when a search or seizure is appropriate.

jasminelee.hill@muhc.mcgill.ca

Solve the Stay Winning Team

Congratulations to **Samantha Santilli** and the **MUHC Cardiology nursing team** involved in winning the *Solve the Stay* campaign challenge.

The MGH CCU team, led by **Jane de Boer** and **Allison Eccles**, noted that patients are often delayed in the CCU while awaiting a visit to the EP Lab, an issue also seen at the Glen site.

To better understand the problem, **Laura Craigie**, Advanced Practice Nurse in Cardiology, analyzed patient flow data using MD Clone. The findings showed that **60%** of eligible patients waited more than **24 hours** for their procedure, extending their hospital stay from **3.7 to 8.4 days** on average. Once the procedure was completed, patients were discharged within an average of **0.1 days**. Faxed referrals also added an average delay of **0.6 days**.

Overall, EP delays account for approximately **600 inpatient bed days** per year, with delays relating to faxing alone contributing to **180 days**. Addressing these delays could improve patient flow and allow for up to **66 additional patients** to be treated annually.

The CCU leadership teams at both RVH and Glen sites are looking forward to working with **Rosalynn Bautista**, manager, and the **EP team** to to develop solutions that reduce these delays.

By Megan McQuirter, Interim Advanced Practice Nurse, Cardiology

Third Cardiovascular Health Symposium: A Resounding Success

On May 25, the 3rd Annual Cardiovascular Health Symposium brought together **70 patients and their loved ones** for a hybrid event that was both informative and engaging. Organized by Nurse Practitioners (NPs) specialized in Cardiology, **Lélia Holden** and **Julie Dicaire** along with their Administrative Officer **Melissa Mendes Fernandes**, the symposium gave attendees the opportunity to learn more about cardiovascular health while connecting with one another in a welcoming and interactive environment.

The afternoon featured a series of interactive presentations designed to be accessible to a broad audience and delivered by an interdisciplinary group of experts, including **Ludovic Aubin**, NP (internal medicine), **Yosri Al-Zaghaier**, NP (cardiology), **Annie Senecal** (nutrition), **Joanie Bernier**, NP (respiratory health), and **Maude Paradis** (advanced practice nurse).

The event was a great success, as reflected in the post-event satisfaction survey. Most attendees expressed interest in participating in future editions of the symposium.

Building on this momentum, the organizing team plans to expand the symposium by introducing **new topics** and **welcoming Nurse Practitioners from a variety of specialties**. The goal is to provide patients and their loved ones with an even richer and more diverse learning experience in the years to come.

Ludovic Aubin, Yosri Al-Zaghaier, Julie Dicaire, Lélia Holden and Joanie Bernier

Julie Dicaire, Melissa Mendes Fernandes and Lélia Holden

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

Nightshifts: 15 minutes to contribute to research

Nursing staff, PABs and health professionals: Do you currently work night shifts, or have you worked night shifts within the past 18 months? Share your experience by completing this 15-minute survey:

» **https://redcap.link/nightmsk**

Your responses will help improve our understanding of the effects of night shift work on the health and well-being of healthcare workers. Thank you for contributing to this important research!

questionnaire@rimuhc.ca | 514-934-1934, ext. 47071

ANNOUNCEMENTS

Registration for the OIIQ professional examination opens soon

Ordre des infirmières et infirmiers du Québec

Are you planning to take the nursing entry-to-practice examination? Here's what you need to know:

- Examination date: **Tuesday, September 29**
- Registration period: **July 30 to August 20 (4:30 p.m.)**

All details regarding registration and upcoming sessions are available on the official exam **convocation and registration** webpage.

inf-conseil-etu@oiiq.org

Reminder: DynaMed is now available at the MUHC

We wish to remind you that **DynaMed**, the point of care evidence-based decision making tool which has replaced **UptoDate** at the MUHC, is now available through multiple access points. This resource provides continuously updated clinical content to support point-of-care decision-making.

Access DynaMed through:

- McGill Libraries (for McGill users): **https://mcgill.on.worldcat.org/oclc/57253731**
- MUHC Libraries website: **https://www.bibliothequescusm.ca/**
- OACIS
- On-site at the MUHC: **www.dynamed.com**
- Mobile app
- Citrix (coming soon)

To access all features, including personalization and mobile use, please create a **personal DynaMed account**.

Guides and support:

- DynaMed User Guide
- Mobile app installation instructions

A reminder that **LexiDrug** remains available and continues to provide the drug interaction checker as well as the MUHC formularies: **https://online.lexi.com/lco/action/home**

LexiDrug can be accessed through all the same methods as DynaMed, including under the **References tab in OACIS**.

library.glen@muhc.mcgill.ca

By Julia Kleinberg, Head of Library Services

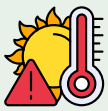
Message from the DSI sustainable development committee
Stay Safe in the Heat: Protect Yourself and Your Patients

Extreme heat, driven by climate change, is more than uncomfortable. It can cause serious illness, hospitalizations, and even death.

Protect yourself at work

- Drink water regularly throughout your shift- before you get thirsty.
- Take cooling breaks when possible.
- Watch for symptoms of heat illness: dizziness, headache, fatigue, nausea, muscle cramps, or confusion.

Heat stroke is a medical emergency



Confusion, loss of consciousness, very high body temperature, fast breathing/pulse, and an inability to cool down require immediate medical attention.

This summer, take a moment to **check, cool, and hydrate**- for yourself, your colleagues, and your patients. A simple intervention or check-in can help prevent serious harm and save lives.

By Megan McQuirter, Interim Advance Practice Nurse, Cardiology

Protect vulnerable patients

- Identify patients at increased risk, including older people, young children, pregnant individuals, and those with cardiovascular, respiratory, kidney, mental health conditions, or social isolation. Medications can also put patients at increased risk through altering thirst, sweating, fluid loss, etc.
- Encourage patients to monitor the weather and avoid going outside during peak hours
- Promote access to cool or air-conditioned environments: there are cooling centers across the city, as well as malls, movie theatres, etc.
- Draw the blinds and use fans, and avoid heating appliances like ovens, dryers, lights.
- Damp cloths, spray bottles, and lukewarm showers may help.
- Encourage hydration, unless medically contraindicated- patients on fluid restriction can speak with their MD.
- Monitor for signs of dehydration and heat-related illness.

References:

- *Extreme heat - Canada.ca*
- *How to stay heart healthy in summer heat | Heart and Stroke Foundation*
- *Tips to follow during a heat wave | Ville de Montréal*
- *Medications Affected By Heat-Canadian Pharmacists Association*

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 July 31.**

Consult the 2026 Nursing Newsletter Calendar