

nursing newsletter



ASSOCIATE DIRECTOR, LACHINE HOSPITAL, MUHC RENAL PROGRAM AND BLOOD COLLECTION CENTRES

Dear Team,

This newsletter is an opportunity to thank you. Thank you for your dedication, your teamwork, and the difference you make in the lives of our patients and residents every day.

At Lachine Hospital and in other sectors of my mission, the past few months have brought several exciting developments. These include the arrival of the Z8 Femtosecond Laser, the most advanced system for corneal surgery and currently the only one of its kind available in a public hospital in Canada. We have also launched an assisted home peritoneal dialysis program (based at the Montreal General Hospital), enabling more patients to maintain their independence and quality of life, as well as implemented the Endosoft software in endoscopy to streamline workflows and eliminate paper-based documentation. Meanwhile, the Hop Lachine project continues to move forward, thanks to the contributions of many team members who are helping prepare the new building for opening.

I would also like to recognize the outstanding work of our Emergency Department, Day Medicine, Palliative Care, Operating Room and Environmental Services teams, who have played a key role in preparing for the transition to the hospital's new wing. Your collaboration with the project team, flexibility, and dedication have made all the difference.

These achievements reflect the strength of our collective efforts and your exceptional commitment to our patients and their loved ones.

Thank you for living these values, every day.

Myriam Ménard

ANNOUNCEMENT

Registration for the OIIQ professional examination opening soon



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

Assisted Peritoneal Dialysis Project

DIALYSIS: A LIFE-CHANGING TRANSITION

For patients living with advanced kidney failure, **in-hospital hemodialysis** is often the standard treatment. The process filters the blood to remove waste and excess fluid before returning it to the body. This treatment requires patients to spend approximately **12 hours** at the hospital each week.

At the MUHC, several patients receive hemodialysis at home. Strongly supported by their clinical and medical teams, self-care options (home hemodialysis and peritoneal dialysis) promote a better balance between personal life and treatment, for both patients and their families.

MOVING TOWARD GREATER PATIENT AUTONOMY



Peritoneal dialysis is often seen as a more flexible option because it can be performed at home without the need for specialized equipment. It uses the peritoneum, a natural membrane inside the abdomen, as a filter to remove waste from the blood using dialysis fluid delivered through a catheter.

MAKING A DIFFERENCE THROUGH PRESENCE AND SUPPORT



The success of the program relies on the contribution of the entire peritoneal dialysis team. Among them, the licensed practical nurses play a vital role by providing technical support, supervision, education, and encouragement throughout the patient journey.

At the MGH, two full-time licensed practical nurses support patients enrolled in the program. Through daily visits, patients and their families receive the guidance they need to build confidence, perform safe self-care, and gain greater autonomy.

A COLLABORATIVE INITIATIVE WITH LASTING IMPACT



This project is the result of strong interprofessional collaboration. Special thanks to **Jerrica McKinnon**, Manager of the MGH Renal Program, and **Dr. Émilie Trinh** for their leadership in bringing this initiative to life. Thank you also to the entire **assisted peritoneal dialysis team** and **home dialysis team**, based at the MGH.

The MUHC Renal Program has now reached **32 per cent** of patients receiving home-based self-care therapies. Through the dedication of our teams and collective efforts, the **40 per cent** target is within reach!



SUPPORTING PATIENTS AT HOME

The first patient began training for assisted peritoneal dialysis in **March 2025** at the Montreal General Hospital (MGH). This approach provides personalized support, allowing each patient to complete their treatment safely at home according to their own needs and abilities.



LIVING A MORE NORMAL LIFE, AT HOME

Assisted home peritoneal dialysis **improves comfort, independence, and quality of life** while reducing hospital visits. Once patients are ready, they transition to the regular peritoneal dialysis program and continue their treatment independently with ongoing support from the team.

This transition enhances patients' quality of life while helping optimize clinical resources.



Top: Virgil Bowles-Dove, Liliane Hess, Syeda Rabeya Hossain, Kuniko Kinoshita
Bottom: Elizabeth Leszkovics, Jerrica McKinnon
Absent: Natasha Philips

Quality Spotlight: Physical Restraints



We invite you to take a few moments to review the best practices related to the use of physical restraints. A quick read to help promote safe care while respecting each person's dignity. More details are available on **the Intranet**.

Centre universitaire de santé McGill McGill University Health Centre


Physical Restraints - Expected Practices Adults



A restraint may be used only to prevent the patient from injuring themselves or others when there is an immediate risk of injury.



If applied, must be used:

- minimally and exceptionally 
- MUST be documented in the patient's chart with a **justifiable reason**.

Loi sur les services de santé et les services sociaux - 118.1



Identify risks


- Assess predisposing and precipitating factors and behaviour
- Use "**Initial Assessment of Adult Patients**" form applicable on your unit.



Prevention is key

- Apply strategies based on identified risks
 - ex.: involve family, diversional activities, change/tailor environment, encourage activity, medication review, bed alarm, etc.
- Use prevention strategies
- Document prevention strategies used

If a physical restraint is used

- Planned situations: consent is **mandatory**
- Unplanned situations: after post-situational analysis, **consent must be obtained** for subsequent interventions
- Proper monitoring is essential
 - Use the restraint flow sheets DM-1502 OR DM-2042
- **Reevaluation is crucial** 
 - Must take place every worked shift (8-12 hrs) OR every 15 min for 4-5 point restraints
 - Document rationale for continuing to maintain a restraint

A message from the MUHC Office of the Ombudsman

Document clear reasons justifying why you are applying or continuing to maintain a restraint in the progress notes.

Communicate with your patients and families!

Explain the rationale for a restraint and not simply to "keep them safe".

Share this information pamphlet! (DM-4302)

Patient Safety and Physical Restraints: What You Need to Know



Audit results on Restraints – Spring 2026

Did you know that the Physical Restraint audit results are now available on Power BI?!



Click [here](#) to find out your unit's results as well as your mission and the MUHC at large!

For additional resources, consult the "resources" tab on Power BI OR [click here](#) to access the "Quality Improvement" section on the Nursing Intranet page.

For any questions: ✉ jasminelee.hill@muhc.mcgill.ca

For a follow-up related to a Code White: ✉ marieandree.jacques@muhc.mcgill.ca

Documentation Matters – Patients in custody



A recent patient situation highlighted the importance of clearly documenting the **originating detention facility at the time of admission**. When this information is missing from the record, it may be difficult—or even impossible—to carry out certain formal follow-up actions (such as submitting a complaint to the *Protecteur du citoyen*), because the responsible authority cannot be identified.

For patients who are under arrest, incarcerated, or accompanied by correctional officers, the name of the originating detention facility **must be documented at the time of admission**. This will not only facilitate the coordination of follow-up if required but will also support advocacy efforts for future patients.



For more information about proper documentation practices, please refer to the [MUHC Nursing Documentation Guidelines – adult](#).

For any questions about documentation in the adult sector: nursingdocumentation@muhc.mcgill.ca

Update to the Basic Adult Daily Assessment Flowsheet

We would like to inform you of a few changes that have been made to the "BASIC ADULT DAILY ASSESSMENT FLOWSHEET" FMU 8208, DM 5651.

These changes were also made to the following Daily assessment flowsheets:

- Weekly ASSESSMENT FLOWSHEET – 2 east Pavilion Camille Lefebvre ventilo-assisted clientele, FMU 9660, DM 4921
- ADULT DAILY ADVANCED ASSESSMENT FLOWSHEET IN NEUROLOGY, FMU 8208, DM 5776
- ADULT DAILY ADVANCED ASSESSMENT FLOWSHEET AND RHYTHM STRIP INTERPRETATION IN CARDIOLOGY - FMU 3156, DM 6011

The updated form is now available on PrintSys.



nursingdocumentation@muhc.mcgill.ca



Please note that you may deplete your stock of the old form first.

Centre universitaire de santé McGill

McGill University Health Centre

1 2 3 4 5 6 7 8 9 0

Direction des soins infirmiers
FORMULAIRE QUOTIDIEN D'ÉVALUATION DE BASE- AD
 Department of Nursing
BASIC ADULT DAILY ASSESSMENT FLOWSHEET

Supprimé – boîte « Évaluation initiale à l'admission (base de référence) » - La première date et heure consignées correspondent à l'évaluation initiale.
 Removed – "Initial Assessment on admission (Baseline)" box – the first documented time and date is the initial assessment.

Documentation minimalement une fois par quart de travail / Documentation at least once per shift

DATE - AAAA/MM/JJ:	23:30 – 07:30	07:30 – 15:30	15:30 – 23:30
<p>A AUTONOMIE / AVQ / AUTONOMY / ADL:</p> <p>I H=Hygiène / Hygiene N A=Alimentation E E=Élimination / Elimination E M=Mobilité / Mobility S</p> <p>1=Indépendant / Independent 2=Supervision 3=Assistance x 1 pers. 4=Assistance x 2 pers. 5=Dépendant / Dependent</p>	<p>Indiquez le niveau d'autonomie / Indicate the level of autonomy</p> <p style="text-align: center; font-size: 1.2em;">H A E M</p> <p>Aides à la mobilité / Mobility aids _____</p>		
<p>SANTÉ MENTALE et ÉTAT COGNITIF AINE <input type="checkbox"/> S <input type="checkbox"/></p> <p>1. Calme (comportement). 2. Alert. 3. Attentif. 4. Propos cohérent. 5. Orienté aux personnes, lieu, temps. 6. Évaluation CAM négative.</p> <p>MENTAL HEALTH and COGNITIVE STATUS</p> <p>1. Calm (behaviour). 2. Alert. 3. Attentive. 4. Coherent 5. Oriented to person, place and time. 6. CAM assessment negative.</p>	<div style="border: 2px solid red; padding: 5px;"> <p>Supprimé – « Fréquence respiratoire entre 10-20 /minute » - consignées dans OACIS. Note : les chiffres ont été mis à jour. Removed – "Respiratory rate between 10-20/minute" - Documented in OACIS. Note: numbers have been updated.</p> </div>		
<p>RESPIRATOIRE:</p> <p>1. Rythme régulier. 2. Amplitude thoracique symétrique. 3. N'utilise pas de muscles accessoires. 4. Entrée d'air normale bilatérale. 5. Aucun bruit surajouté à l'auscultation.</p>			

(continued on the next page)

	23:30 - 07:30	7:30 - 15:30	15:30 - 23:30
MOBILITÉ AINÉES 1. Assis au fauteuil à tous les repas. 2. Marche 10 mètres une fois/jour. 3. Se rend en marchant à la toilette / chaise d'aisance. MOBILITY 1. Sits in chair for all meals. 2. Walks 10 meters once a day. 3. Mobilizes to bathroom or commode for toileting.			
EXPÉRIENCE PATIENT / FAMILIE: 1. Forces, préférences et objectifs du patient identifiés et intégrés au Plan de soins. 2. Famille et proches impliqués dans les soins tel que désiré par patient. PATIENT / FAMILY EXPERIENCE: 1. Strengths, preferences, and goals identified and integrated into Care plan. 2. Family and significant others involved in care as wanted by patient.			
NUTRITION-HYDRATATION: AINÉES 1. Absence de perte d'appétit. 2. Hydratation adéquate. 3. Absence de nausée / vomissement. 4. Muqueuse buccale humide et intact. 5. Absence de dysphagie. NUTRITION-HYDRATION: 1. No loss of appetite. 2. Adequate hydration. 3. No nausea or vomiting. 4. Oral mucosa moist and intact. 5. No dysphagia.			
INTÉGRITÉ DE LA PEAU: AINÉES 1. Peau intacte (excepté plaies documentées), chaude, sèche, couleur et turgescence normale. SKIN INTEGRITY: 1. Skin intact (except documented wounds) warm, dry, normal color and turgor.			
ÉLIMINATION-URINE: AINÉES 1. Urine jaune pâle et claire. 2. Continent. 3. Absence de rétention urinaire. 4. Absence de dysurie. 5. Absence d'urgence urinaire. ELIMINATION-URINE: 1. Urine light yellow and clear. 2. Continent. 3. No urine retention. 4. No dysuria. 5. No urgency.			
ÉLIMINATION-SELLES: AINÉES 1. Selles normales. 2. Continent. 3. Abdomen souple et asymétrique. 4. Pas de douleur à la palpation dans les 4 quadrants. 5. Bruits intestinaux présents, fréquence 4-34 /minute. 6. Flatulences. ELIMINATION-STOOL: 1. Normal BM. 2. Continent. 3. Abdomen soft and symmetrical. 4. No pain on palpation in the 4 quadrants. 5. Bowel sounds positive and frequency 4-34 /minute. 6. Passing flatus.			
ACCÈS IV : CATHÉTER PÉRIPHÉRIQUE / CENTRAL: 1. Pansement sec, intact. 2. Absence de douleur, rougeur, œdème. 3. Retour veineux présent. 4. Pas de résistance ou douleur à l'irrigation. 5. <u>PICC - mesure portion externe _____ cm.</u> 6. Accès IV toujours requis IV ACCESS: PERIPHERAL / CENTRAL CATHETER: 1. Dressing dry, intact. 2. No redness, pain or swelling. 3. Blood return present. 4. No resistance or pain during flushing. 5. <u>PICC - Measurement of external portion _____ cm.</u> 6. <u>IV access still required</u>			
SITE D'INCISION 1. Pansement sec et intact. 2. Points de sutures /agrafes /steri-strips™ intacts. 3. Absence de rougeur et de chaleur. 4. Bords de l'incision rapprochés et absence d'écoulement. INCISION SITE 1. Dressing dry and intact. 2. Sutures / clips / steri-strips™ intact. 3. No redness or swelling. 4. Incision line well approximated, no drainage.			
AUTRE / OTHER			
Nom complet, titre professionnelle et initiale Full name, professional title and initial	Nuit / Night		
	Jour / Day		
	Soir ¹ / Evening ¹ - 15h30- 19h30		
	Soir ² / Evening ² - 19H30-23h30		



Crescendo 2026: Mentorship, Simulation, and Growing Confidence

Building on the positive results of the 2024–2025 Crescendo pilot project, Phase 2 of the program was implemented from October 2025 to March 2026. Delivered in collaboration with the **MUHC**, the **MUHC Simulation Centre**, and **McGill University**, the program was led by **Nancy Turner, Emma Monaco, Selena FitzGerald, Lia Sanzone, and Oxana Kapoustina**.

A total of **29 MUHC employees** participated as mentors or mentees. Mentors, recent McGill graduates, had the opportunity to strengthen their communication and leadership skills. Mentees, enrolled in McGill's BNI or BScN programs while working at the MUHC, received tailored support to help them balance academic studies with professional responsibilities.

Program highlights:

- Preparatory sessions on participant roles
- Two simulation days (one at McGill and one at the MUHC Simulation Centre)
- Regular communication between mentors and mentees
- End-of-project focus group

Key outcomes:

- Enhanced networking opportunities
- Increased confidence in communication and feedback
- Increased readiness for future mentorship/preceptorship roles



The focus group at the end of the project confirmed the initiative's positive and engaging impact: all surveyed mentees said they were inspired to become future mentors or preceptors after completing their studies, while mentors' confidence in supporting their colleagues increased from **44% to 82%** by the end of the program.

By Selena FitzGerald, Nursing Professional Development Educator-Nursing Student Placements and Emma Monaco, Coordinator-Training and Standards of Practice Professional Practice, Education, Workforce Organization and Research

The GENESIS Program: Also for Nurse Managers

Stepping into a nurse manager role is both exciting and demanding. To support managers during their first two years in the role, the GENESIS program offers a structured space for support, reflection, and leadership development.

The program consists of approximately eight two-hour sessions per year, offered in person or via TEAMS. Facilitated by **Jessica Dumoulin** and **Josée Lizotte**, the sessions allow for managers to meet their colleagues face-to-face, create partnerships and build bonds, which helps to prevent feelings of isolation in the role and improve collaboration between leaders across missions and sites.

The sessions are further enriched by the participation of experienced peers, including the CNO **Alain Biron** and colleagues from other directorates.

The sessions aim to:

- Reflect on one's role, approach, and practices
- Exchange with peers about shared challenges
- Strengthen and develop leadership skills
- Reinforce managerial competencies required to meet organizational priorities

All sessions take place in a safe and supportive environment.

GENESIS in the field

In an effort to better understand clinical settings and connect more closely with managers, sessions are held across various MUHC sites. On May 6, a session took place in person at the Neuro, fostering meaningful discussions grounded in the site's day-to-day realities.

The GENESIS program aligns fully with the Nursing Directorate's commitment to supporting nurse leaders and promoting a healthy, human, and strengths-based work culture.



Adult

Tracheostomy Workshop: Enhance Your Skills! Registration limit: August 14



Are you looking to learn more about tracheostomies? Do you want to know how to best care for tracheostomy patients on your units? Do you want to know how to best intervene in a tracheostomy emergency? Do you want to work on your day-to-day tracheostomy skills?

We invite you to attend an in-depth Tracheostomy Workshop on **October 27, 2026, from 8:00 AM to 4:00 PM (bilingual)**. This workshop offers **7 accredited hours** of continuing education and is designed specifically for Nurses, Licensed Practical Nurses, Assistant Nurse Managers, and Nurse Practitioners.

Through hands-on simulations and expert-led sessions by a variety of multidisciplinary healthcare professionals, participants will gain valuable insights and practical skills to enhance knowledge and comfort level with tracheostomy care.

Spots are limited. Mark your calendars and speak to your manager/NPDE to secure yours! Please ensure this workshop is **relevant to your clinical practice.**

*By Nicole Drummond, Ellen Stevenson and Carissa Wong,
APN in Surgery and workshop organizers*

Back this fall: two leadership programs offered by the ISON

Do you want to take your healthcare leadership to the next level? The Ingram School of Nursing offers two healthcare administration programs designed for managers and other healthcare professionals aspiring to leadership positions.

Executive Education for Nurses Registration deadline: September 6

Bilingual online course designed for senior and mid-level nurse managers, nurse practitioners and other experienced nurses:

- September 13–30
- 3 modules
- career planning content
- personalized feedback

Cost: \$495 plus taxes



To learn more and to register:
<https://mcgill.ca/x/iHd>



For any questions: cne.nursing@mcgill.ca

Executive Education for Nurses, Advanced Registration deadline: September 27

Intensive bilingual training focused on advanced management concepts and strategies. Over 10 weeks, participants gain the tools to advance their careers and better respond to current and future changes in the healthcare system.

- October 4-December 9
- Live sessions
- Journaling
- Growth work
- Capstone project
- Networking opportunities

Cost: \$1,195 plus taxes



To learn more and to register:
mcgill.ca/x/iHP

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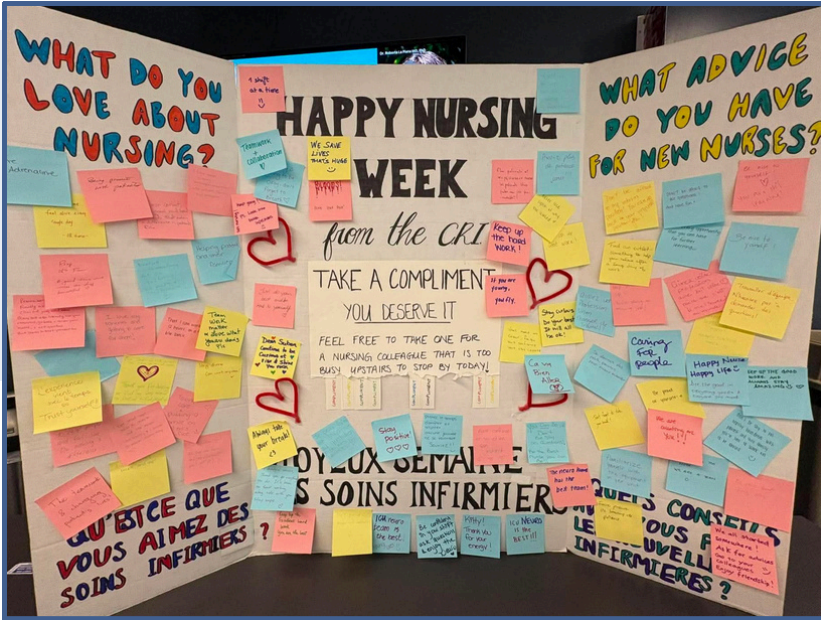
Celebrating Success: March OIIQ Exam



We proudly celebrate the success of our candidates in the March OIIQ exam! **Congratulations to everyone on this great achievement!** We look forward to seeing your continued growth and impact in nursing and supporting you as you take the next steps in your nursing career.

The CRI remains committed to supporting the next generation of nurses at every stage of their journey. From our biannual exam preparation sessions to guidance via the mentorship program, and ongoing development opportunities, we are here every step of the way.

Thank You: Nursing Week Kiosks



A heartfelt thank you to everyone who visited the CRI kiosks during Nursing Week!

It was a pleasure connecting with you, sharing resources, and discussing how we can support your professional journey!

By Ian Truong, Nurse Clinician, RVH ICU, Member of the CRI

RESEARCH & QI

Nursing Innovation Award: Humanizing Pediatric Home Care



Congratulations to **Vanessa Wrzesien**, Nurse Practitioner in Pediatric Palliative Care and her team on receiving the 2026 Nursing Innovation Award for their inspiring project: “Bringing Meaningful Moments Home: Co-design and Development of a Program for Children with Serious Illnesses.” The team also includes **Matthew Park**, Bereavement Coordinator, **Emmanuelle Dagenais**, Parent Partner, **Karina Milard**, Child Life Specialist and **Dr. Naomi Goloff**, Medical Director of Pediatric Palliative Care.

Made possible through the financial support of the **MUHC Foundation**, this award provides **\$20,000** in funding to support the team in developing and piloting home-based activities for children living with a serious illness and their families. The project responds to a concerning reality: many families dealing with serious illness at home have limited access to psychosocial support and are often left trying to navigate these experiences on their own. By focusing on psychosocial support and meaningful memory-making activities, the program aims to offer moments of joy, comfort, expression, and connection throughout the care journey.

“The project was also shaped in part by my experience working alongside a bereaved parent partner and her family. I am especially excited to be co-creating this project with her so that lived experience of families remains at the heart of the program,” says Vanessa Wrzesien.

Bravo to the entire team, and best wishes as this human-centered project continues to evolve.

Emmanuelle Dagenais (Parent Partner), Vanessa Wrzesien (holding a photo of Zoe, Emmanuelle's daughter), Dr. Naomi Goloff and Matthew Park

Absent: Karina Milard



Congratulations to the LIT Contest Winners



For decades, the LIT Contest (formerly the Dinosaur Contest) has reflected our Nursing Directorate's commitment to nurturing a strong **culture of inquiry**, encouraging us to question practice, seek evidence, and continuously improve the way we care for patients.

This year, we received **25 high-quality submissions** from across all sites – clear evidence that this spirit of inquiry is alive and well within our nursing teams. All submissions were thoughtfully reviewed by a panel of nurses, with the top **three winners** selected for their impactful and practice-relevant questions.

🏆 1st place

Bianca Nistor, Nursing Professional Development Educator (Glen ICU, D03)

Question: *In the adult population, is the routine practice of connecting an additional primary IV line during blood transfusion necessary for safe transfusion administration and management of transfusion reactions, compared with administering the transfusion tubing directly connected to the patient?*

Award: Full rapid evidence review, \$200 gift card, and unit celebration cake

🥈 2nd place

Jean-François Hébert, Nurse Clinician (Emergency Lachine)

Question: *Does current evidence still support the use of rectal temperature measurement upon arrival to the emergency department, or would a targeted approach based on clinical indication be safer and more efficient?*

Award: Librarian-led literature search with summary, and unit celebration cake

🥉 3rd place

Sara Yasa, Assistant Nurse Manager (Glen C-10)

Question: *In post-operative kidney transplant patients, should routine CVP (central venous pressure) monitoring continue to guide fluid management, or can nurses rely on clinical assessment (urine output, serum creatinine trends, blood pressure, daily weights, physical assessment...) to safely optimize graft function. Is it considered outdated?*

Award: Key article and unit celebration cake



We extend our sincere thanks to the MGH Foundation, whose generous support makes these awards possible.

Congratulations to all participants for advancing evidence-informed practice and strengthening our culture of inquiry!

Nursing Small Grants Award Fall 2026 Competition

Letter of intent deadline: July 10; Final application deadline: September 30

The MUHC Nursing Small Grants Award Fall 2026 competition opened June 11. This longstanding initiative supports nurses in leading research projects (Knowledge translation projects also considered), with funding of up to **\$12,000** and **mentorship support** to help build research capacity and advance evidence-informed practice.



Q&A session: **June 23** (8:30 – 10:00 a.m.)



Registration required

Call for KT Project Proposals (NUR2 601–602)

Deadline: June 25

The MUHC Nursing Directorate invites submissions of clinical and administrative KT project proposals, as part of McGill University's NUR2 601–602 graduate nursing courses. **These projects must focus on implementing evidence-informed initiatives in real-world settings.**



To request a proposal template or for support:
sonia.castiglione@muhc.mcgill.ca

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 6.**

Consult [the 2026 Nursing Newsletter Calendar](#)