nursing newsletter

A WORD FROM THE ASSOCIATE DIRECTOR – MEDICAL MISSION

Hello everyone,

First, I want to extend a heartfelt thank you to the entire nursing community. Your commitment and dedication are truly what allow us to fulfill our mission every day. So bravo, and thank you!

I also want to acknowledge the outstanding efforts of the Medical Mission teams. You're constantly looking for new ways to do things differently, and better, to improve patient access to care. It's inspiring to see so much energy and so many great ideas at work.

Among the projects we've completed or have underway, the opening of the Medical Day Centre at the MGH, in partnership with the Emergency Department, inpatient units, and clinics, has helped us optimize the patient journey and reduce pressure on our services. We're also collaborating with Northern Quebec to allow some patients to be directed straight to this unit, bypassing the emergency department.

In Cardiology, we're working on the TRACE project (Transitional Rapid Assessment for Cardiac Re-Evaluation), designed for patients discharged from Coronary Intensive Care and the Emergency Department. The goal is to ensure prompt follow-up by a nurse practitioner to support early discharge and provide close outpatient monitoring. This initiative will help free up beds and reduce emergency department returns.

We're also preparing to launch the H Pod, a 9-bed unit dedicated to Cardiology, aimed at easing emergency department congestion for patients awaiting urgent interventional cardiology procedures.

Lastly, I invite you to explore the "Star mission" section to learn more about the TAVI procedure, another great example of our progress.
Once again, thank you to all the teams. Your solidarity and dedication are at the heart of our achievements!

Gino Curadeau

NEW WEB SECTION OF THE NURSING DIRECTORATE

A dedicated web space to highlight nursing care

The Nursing Directorate is proud to present the brand-new section dedicated to nursing on the MUHC website!

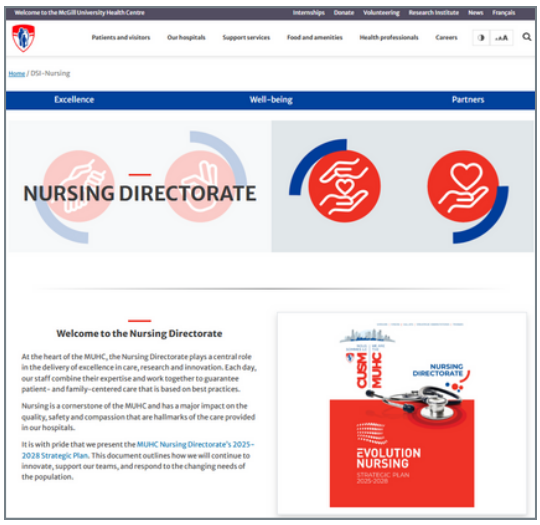
This platform was designed to showcase your passion, expertise, and commitment in your day-to-day work.

You will find information on:

- The various **roles** and **career paths** available
- The **innovative projects** driving our teams
- The **training programs** offered
- **Job opportunities** across different specialties

Discover it now: **muhc.ca/DSI-nursing**

And share it with the people around you!



Adult

TAVI – An optimized care pathway for world-class treatment

In partnership with the Cardiology Clinic, the Hemodynamics Lab, and the Coronary Care Unit, the Medical Mission is fully committed to providing safe, effective, and patient-centred care for people living with complex heart conditions.

With this in mind, we are proud to highlight a major initiative: the optimization of the TAVI (Transcatheter Aortic Valve Implantation) care pathway—a project that is aligned with our strategic pillar: "Delivering world-class care and an inclusive experience."

Smoother process, greater impact

Until recently, the median wait time for TAVI procedures was 125 days, well above the 90-day target recommended by international guidelines.

For the past 10 months, scheduling has been directly managed by the Hemodynamics Lab. The result; better appointment coordination, a streamlined patient journey, and reduced clinical risks.

Care coordination is key

A dedicated nurse coordinator ensures continuity of care by linking the initial evaluation, pre-procedure preparation, and post-procedure follow-up.

This role is also central in organizing care and identifying complex cases, leading to a smoother, more coherent TAVI process.

Speed, priority, consistency

Thanks to a complete review of the TAVI pathway—including pre-intervention assessments and investigations—we have:

- Aligned wait times with international recommendations;
- Established a clear prioritization system based on clinical status and medical necessity;
- Developed standardized protocols to streamline the process.

Less invasive, safer procedures

TAVI procedures are increasingly being performed under local anesthesia with light sedation. This approach lowers mortality rates, reduces complications, and shortens hospital stays.

A pioneering advance

Since 2015, we have been pioneers in performing TAVI without general anesthesia, improving the care pathway while highlighting the vital role nurses play in supporting patients.

Standardized post-discharge care

In collaboration with graduate nursing students at McGill University, we are standardizing post-discharge care (within 24 to 48 hours) to ensure systematic patient assessments, based on rigorous clinical criteria and best international practices.

Exceptional care, thanks to you

This transformation, rooted in evidence-based practice and driven by strategic vision, is the result of the dedication and leadership of the entire team: nurses, clinicians, the Hemodynamics Lab, and the care units.

Thanks to your collaboration, innovation, and unwavering commitment, we are delivering safe, high-quality, patient-centred care while making the best use of hospital resources.

Annick Bédard
Nurse Manager, Cardiovascular Clinic

Samantha Santilli
Nurse Manager, Coronary Critical Care

Marc-Antoine Ladouceur
Nurse Manager, Interventional Cardiology - Hemodynamics

Adult + Pediatric

Protecting Our Patients: Key Practices in Suicide Prevention at the MUHC

Suicide prevention is a **collective responsibility** across all MUHC adult sites, including the Montreal Children's Hospital (MCH). The expected practices aim to ensure early **detection**, effective **screening** to identify **risk levels**, implementation of appropriate **safety measures**, **collaboration with the psychiatry team**, and thorough **communication and documentation**.

DETECTION AND SCREENING

- **Be attentive to signs of distress.**
- Use the appropriate screening tools:
  - Adults: DM-5701 – Suicide Risk Screening and Identification
  - Pediatrics: ASQ Questionnaire and refer to the MCH protocol
- **Ask clear, direct, and age-appropriate questions.**
- **If screening is positive, assess the level of risk and apply the corresponding safety measures.**

SAFETY MEASURES

- Ensure a safe environment and adjust the level of supervision as needed.
- **Refer promptly** for specialized evaluation (psychiatrist or trained clinician).
- Use the recommended forms:
  - Adults:
    - DM-6618: Nursing Interventions – Safety Measures Based on Suicide Risk
    - DM-4826: Safety Plan
- In pediatrics, involve a parent or trusted adult.

COMMUNICATION AND DOCUMENTATION

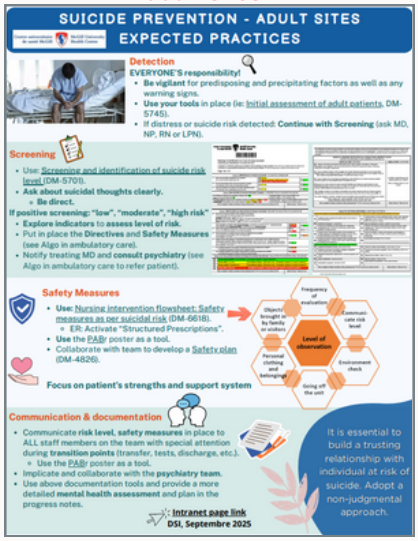
- **Clearly communicate** the level of risk and safety measures to ALL team members.
- **Collaborate** with the psychiatry team.
- **Document** observations, assessments, and interventions thoroughly.

RELATIONAL APPROACH

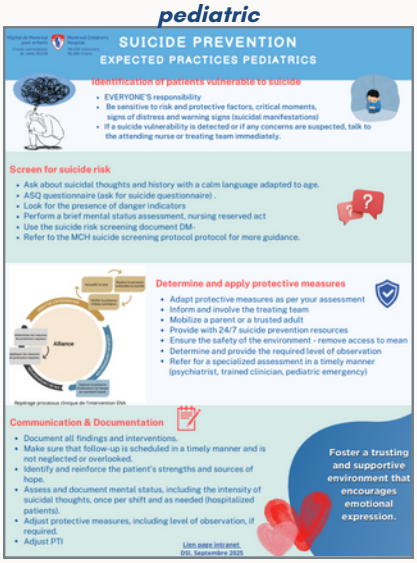
- Foster a climate of **trust, free of judgment** that encourages **emotional expression** and highlights the **patient's strengths**.

TOOLS AND RESOURCES AVAILABLE VIA THE DSI INTRANET PAGE: Suicide Prevention – MUHC

adult sites



pediatric



- Josee.Lizotte@muhc.mcgill.ca
- Gabrielle.Garrel@muhc.mcgill.ca
- Annik.Otis@muhc.mcgill.ca

By Josée Lizotte, Nursing Practice Consultant
Gabrielle Garrel, Advanced Practice Nurse, Mental Health
Annick Otis, Advanced Practice Nurse, Mental Health, MCH

Adult

Important reminder: Label every page of carbon copy forms

Since the addressograph is no longer in use, stickers with patient identification are being printed and placed on the documents.

To avoid any confusion and errors in our patient's care, please ensure that when you are using a carbon copy form (multiple pages), **a labelled sticker MUST be placed on every page, not just the first one**.

Some examples of the carbon copy form are:

- Insulin sliding scale (DM-1562)
- Heparin IV (DM-4904)

Please note that the **Nursing Documentation Committee**, the **Forms Committee** and **CPRC** are reviewing the need for carbon copy documents and will convert them to a standard form where appropriate.

If you know of a **carbon copy form** that you would like us to review to verify if it can be converted to a **regular one-page form**, please send the form DM # (located at the bottom left corner of the form) to :

nursingdocumentation@muhc.mcgill.ca

Nurses and unit coordinators: please double-check that every page is properly labeled.

By Jasmine Lee Hill, Nursing Practice Consultant

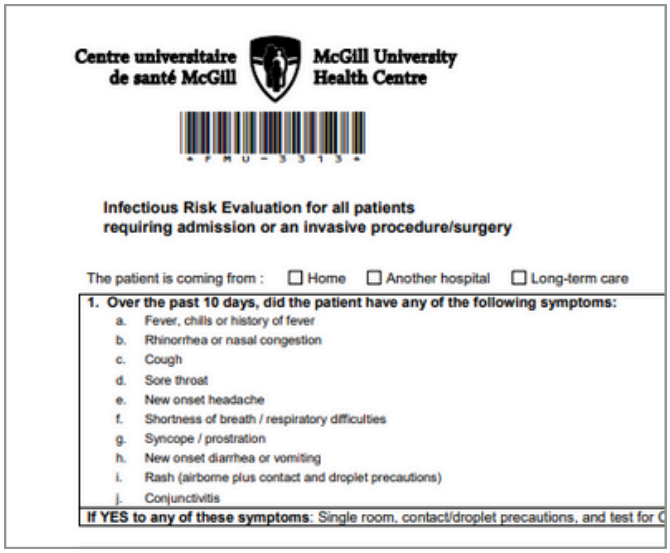
Adult

Spotlight on Safety: Infectious Risk Evaluation Form

Every admission and clinic visit is an opportunity to keep our patients, families, and colleagues safe. The ***Infectious Risk Evaluation Form*** is a quick and easy way to flag potential risks early, so we can put the right precautions in place from the start.

Taking the time to complete this form carefully makes a real difference—it helps stop infections before they spread. Thank you for taking a few minutes to protect the people who count on us most!

DM-6213: Infectious Risk Evaluation for all patients requiring admission or an invasive procedure/surgery


Centre universitaire de santé McGill
McGill University Health Centre

FMU-3313

Infectious Risk Evaluation for all patients requiring admission or an invasive procedure/surgery

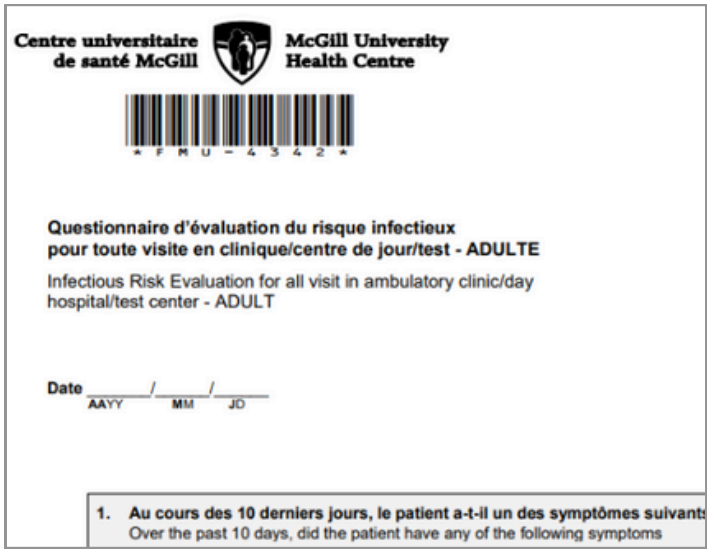
The patient is coming from : ☐ Home ☐ Another hospital ☐ Long-term care

1. Over the past 10 days, did the patient have any of the following symptoms:

a. Fever, chills or history of fever
b. Rhinorrhea or nasal congestion
c. Cough
d. Sore throat
e. New onset headache
f. Shortness of breath / respiratory difficulties
g. Syncope / prostration
h. New onset diarrhea or vomiting
i. Rash (airborne plus contact and droplet precautions)
j. Conjunctivitis

If YES to any of these symptoms: Single room, contact/droplet precautions, and test for C

DM- 6478: Infectious Risk Evaluation for all visit in ambulatory clinic/day hospital/test center


Centre universitaire de santé McGill
McGill University Health Centre

FMU-4342

Questionnaire d'évaluation du risque infectieux pour toute visite en clinique/centre de jour/test - ADULTE

Infectious Risk Evaluation for all visit in ambulatory clinic/day hospital/test center - ADULT

Date ____/____/____
AAYY MM JD

1. Au cours des 10 derniers jours, le patient a-t-il un des symptômes suivants
Over the past 10 days, did the patient have any of the following symptoms

By Connie Patterson, Service Manager-Infection prevention and control

Adult + Pediatric

New Tool to Support Tissue Donation at the MUHC

In collaboration with Héma-Québec, the MUHC Organ & Tissue Donation team has developed a practical tool to help healthcare professionals identify potential deceased tissue donors: **DM 5702 - MRC 8081 - Deceased Tissue Donation - Evaluation Tool**. Nurses play a key role in this process, given their close relationship with patients and families.

The tool is used during end-of-life care discussions or after death, in accordance with Section 204.1 of the Act respecting health services and social services (LSSSS), which requires healthcare personnel to identify and refer potential donors to Héma-Québec.

Referral Process Overview:

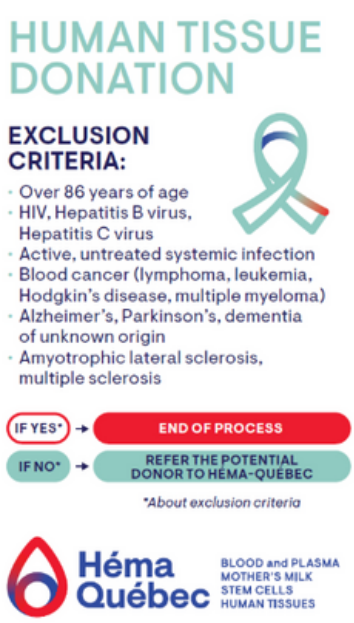
- **Identification** – Review exclusion criteria. If any apply, sign and file the form in the chart. If not, proceed.
- **Recommendation** – Call Héma-Québec with the patient's name, RAMQ number, and time of death. Leave your contact info if prompted (MUHC phone number & unit extension).
- **Consent** – Héma-Québec checks provincial registries and contacts the legal next of kin if consent is recorded.
- **Communication** – If no consent is recorded, the nurse may be asked to talk with the family to explore their interest. If they agree, Héma-Québec will contact them.
- **Documentation** – Assure the physician completes the notification of death and SP3 ASAP.

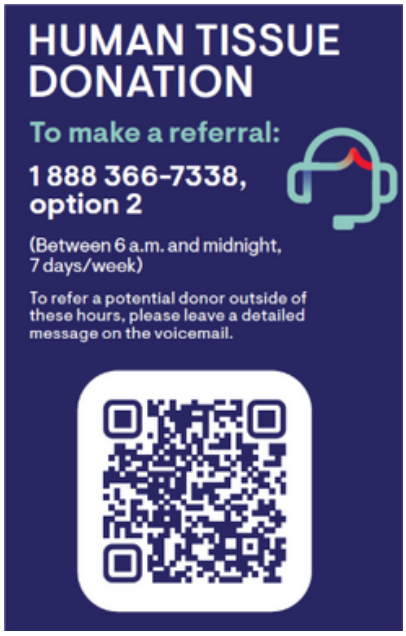
Héma-Québec staff are on-site at the Glen **Monday to Friday, 7:00 to 21:30**, to support families and recover ocular tissue.

Donated tissues—such as eyes, heart valves, tendons, ligaments, skin, and bones—are processed and stored for future transplants.

MUHC surgeons use nearly **500 donated tissue samples** annually.

Interested in a training session?
Contact: **don.tissushumains@hema-quebec.qc.ca**





By Wendy Sherry and Andrew Chan,
Nurse Clinicians for Organ & Tissue Donation

Adult

New online forms now available for Surgical Clinic follow-up and Wound/Ostomy consultations

Two forms are now available online to support timely and coordinated patient care across all units:

1. Surgical Ambulatory Clinics – to request post-admission and postoperative follow-up appointments:

- Replaces the existing paper version
- Can be completed in less than 30 seconds
- Units can track the status of requests in real time

Access: icon on the desktops of unit computers or intranet.

2. Wound, Stoma, and Therapeutic Surface Care – Consultation Request Form

- Replaces the existing paper version
- Frontline staff can track the status and allocation of consultation appointments in real time

Access: icon on the desktops of unit computers or intranet.

By Celia Lombardo, Nursing Practice Consultant and Nurse Manager – Virtual Services

Adult

Revised Protocols for Nasogastric, Orogastric, and Nasoenteric Tubes

The protocols for **insertion, care and maintenance of Naso/Oro Gastric Tube (NGT/OGT)** and **maintenance, troubleshooting and removal of Naso Enteric Tube (NE)** have been revised and posted on the Intranet. At the start of each protocol, you can find a table with detailed descriptions of the roles and responsibilities of each health care professional.

Changes to nursing care and medication administration for NGT/OGT *and* NE tubes:

- **Modified:** Flush with 30 mL of water before and after each medication administration (was previously 15 ml).
- **Clarified:** Enfit syringes to be changed daily if used for medication administration.

What is new for NGT/OGT *and* NE tubes?

- Detailed procedure on how to secure the tube
- Abdominal assessment q 8 hours
- The content about removal of an NGT/OGT **and** NE tubes is now integrated in order to reduce the total number of protocols
- For removal of the tube:
    - **Added:** Perform abdominal assessment prior to removal (Bowel sounds? Distension? Nausea/Vomiting? Abdominal pain in the last 8 hours?)
    - **Modified:** No need to wait 2 hours between stopping feeds and removing the tube.
        - Prior to removal for all tubes: inject 50 mL of air into the tube
        - For Salem Sump Dual Lumen tube also inject 20 mL of air into the air vent

Changes related to NGT/OGT *only*:

- Maximum indwell time of Salem Sump Dual Lumen Tube changed to **7 days** as recommended by the manufacturer (was previously 30 days).

- For initial and ongoing verification of proper tube placement, use the following methods:
    - Check the number marking on the NGT/OGT
    - Verify the color of the liquid (grassy green is gastric fluid)
    - Assess for absence of signs and symptoms of respiratory distress

- Air vent (blue port) cannot be clamped off, connected to suction or used for irrigation. To avoid backflow of stomach secretions, it needs to be placed above the level of the stomach.

**For the NGT/OGT placed for drainage and decompression only:
    - Injection of 10 to 20 mL of air into the air vent after each time the NGT/OGT is flushed to ensure air vent patency (unless an anti-reflux valve is in place)

- Anti-reflux valve can be used to prevent stomach secretions from leaking out of the air vent.
    - Inject 10-20 mL of air in the air vent before gently inserting the blue side of the anti-reflux valve into the air vent.

REMINDER:
A collective order exists to enter an x-ray to confirm placement of a NE or NG tube.
You can find it on the intranet.

By : Raphaelle Bastarache, Ellen Stevenson et Joanne Power, Advanced Practice Nurses – Surgery
Tin Tjoe, Advanced Practice Nurse – Internal medicine
Stephanie Lesage, Nursing Professional Development Educator – Internal Medicine

Adult

Recap of the Collaborative Audit Days

The Collaborative Audit Days, held from September 10 to 22, brought together **85 nurses** from various roles, including our Director, Alain Biron, and several of his associate directors, to assess the quality of certain nursing practices.

In total, over **600 audits** were conducted across **29 units**. The audits primarily focused on the assessment and documentation of pain, risk of falls and pressure injury, as well as nursing documentation, use of restraints, medication safety, double identification, palliative care, and post-fall evaluations.

By Marie-Ève Leblanc, Nursing Practice Consultant

This initiative highlighted the strong engagement of staff and the value of a collaborative approach. It also helped identify areas for improvement. In the coming days, results will be shared via email with leadership team members of each unit.

Results related to use of physical restraints can already be found on Power-BI. These insights will guide future adjustments.

We are working to make audit questionnaires accessible via **QR codes** to facilitate future audits.

Finally, a **survey** will be sent to some of you to gather feedback on the experience. These findings will help enhance our approach as part of our ongoing commitment to improving the quality of care.

Thank you to all teams for your dedication to this important initiative!

UPDATES FROM THE CRI

Adult + Pediatric

Mentorship Program

Our Mentorship Program is still welcoming both mentors and mentees—but we're especially looking for new mentees.

SING-UP!

Mentors ***Mentees***

Any questions? *cri@muhc.mcgill.ca*

Why join as a mentee?

- Gain support from an experienced nurse
- Build confidence as you transition into practice
- Learn about professional opportunities within the MUHC
- Share challenges in a safe and supportive space

Who makes a great mentee?

- CEPIs and novice nurses in their beginning years of practice
- Students and/or nurses looking for guidance in specialty areas
- Anyone interested in growing their professional network

Adult

CRI members attended student Meet & Greets at the MUHC

On **September 23rd (RVH)** and **September 25th (MGH)**, the MUHC Nursing Directorate hosted Meet & Greet events for nursing students.

Our CRI members were proud to represent the committee at both sites. It was a wonderful opportunity to connect with nursing students, share our projects, and celebrate our passion for the profession.

HGM : *Ian Truong, Selena Fitgerald et Alexandra Claveria*

HRV *: Alexandra Claveria et Galadrielle Raymond*

Adult + Pediatric

Green Team

Over **300 scrub items** (tops, bottoms, and accessories) have been donated through our *Green Team* initiative!

Thank you to everyone at the Glen, MGH, and MNI who contributed, as well as the McConnell Resource Centre, which helped us gather our scrubs!

Stay tuned for the redistribution location!

scrub collection at MNI
Aneet Jhajj, Jia Hu, Sydney Wasserman and Rose Seguin

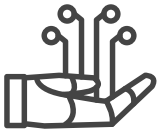
By Alex Claveria, CRI Secretary, Nurse Clinician, Emergency RVH

RESEARCH & QI

Adult + Pediatric

ENACT: Innovation and compassion at the heart of nursing care

We are pleased to announce the launch of the **ENACT** project ("Empowering Nurses with AI for Care Transformation"), an innovative initiative led by the **MUHC** in collaboration with the Montreal-based firm **Airudi**, and based on a study led by **Jasmine Lee Hill**, Nursing Practice Consultant at the Nursing Directorate.



The ENACT project uses artificial intelligence to simplify nurses' administrative tasks, giving them **more time at their patients' bedside and improving the efficiency of care**.

Planning, documentation, and communication will be simplified, digitalized and autogenerated through new applications, one of them being to **better patient assignment** according to nurses' expertise and patient acuity levels.

These tools are being created by nurses, for nurses.

We warmly thank the nursing leadership and the nursing clinical team at the Montreal General Hospital – 12th floor, in addition to all the key partners across multiple departments. Their continued support is instrumental in helping us drive innovation and impact in our Nursing community.

For more information, click here.

The ENACT project is made possible thanks to the financial support of the Montreal General Hospital Foundation and Scale AI.

By Jasmine Lee Hill, Nursing Practice Consultant

Adult

A Well-Deserved Recognition for the MUHC Patient Support Line

Congratulations to the MUHC Patient Support Line, which won a total prize of **$6,000** as part of the **Right Care Challenge**, a Healthcare Excellence Canada initiative supporting projects that deliver the right care, at the right time, in the right place—while helping reduce pressure on the healthcare system and decreasing avoidable emergency room visits.

This amount includes a $1,000 Kickstarter Award and a $5,000 Innovation Award. These funds will be invested in **ongoing training** for the team and in sharing their best practices at **conferences**.

The support line assists adult patients and their loved ones during the **critical 30 days** following hospital discharge. They can reach a nurse by phone to discuss symptoms, complications, or any concerns related to their recovery.

This service aims to:

- **Improve** patients' discharge experience
- **Facilitate** access to specialized post-hospital care
- **Reduce** avoidable emergency visits and readmissions

Kudos and thanks to the entire team for providing safer recoveries to the greatest number of patients !

More information is available on the intranet and on the Patient Support Line's web section.

By Celia Lombardo, Nursing Practice Consultant and Nurse Manager – Virtual Services

Adult

A new way to grow, right here at the MUHC

Professional growth is not a one-size-fits-all journey. When we provide our team with **enriching experiences**, we not only invest in their careers but also strengthen our unit and the wider hospital community.

It was in this spirit that a new initiative was launched this summer: a regular collaboration with managers on our hospital's clinics to plan for their needs based on our unit's availability, whether through staffing surpluses or part-time employees seeking for extra hours.

This ongoing, collaborative support is also available for other in-patient units.

This approach allows our staff to explore new areas of care related to familiar services like urology and gynecology, and some less familiar ones like transplant.

These experiences spark our team members' interest in services beyond our unit and offer them opportunities to **expand their nursing practice**, while strenghtening their sense of **belonging** and **collaboration**.

Kelly Keating (RN), Tamara Dell'Olio (RN) Joanne Power, Clinical Nurse Specialist for Gyne-Gyne ONC, Gail Graham (PAB), Mouna Moutawakil (LPN) and Alexandro Ramirez (RN)

By Alejandro Ramirez, Nurse Manager, C8-Surgical Oncology Unit-General Surgery, Urology and Gynecology and RVH Blood Procurement

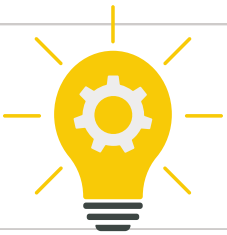
Adult + Pediatric

Congratulations to Sonia Castiglione on her doctoral thesis on collaborative leadership in nursing

Kudos to **Sonia Castiglione**, Evidence-Informed Decision-Making Advisor in our Professional Practice team at the DSI, who successfully defended her doctoral thesis on August 29, 2025, at the Ingram School of Nursing, McGill University!

Sonia's thesis entitled "A Collective Case Study of Shared Implementation Leadership in Nursing" explores how diverse nurse leaders, both formal and informal at the point of care, contributed to leadership when supporting the implementation of evidence-based practices across two inpatient units.

Her research shifts the understanding of effective leadership in implementation from an individual and hierarchical model to a shared and relational process in nursing. **The findings make visible the vital contributions of multiple nursing roles** including advanced practice nurses, nursing professional development educators, assistant nurse managers and staff nurses who work in tandem with nurse managers to lead change.



Alain Biron, Kelley Kilpatrick, Sonia Semenic, Sonia Castiglione and Melanie Lavoie-Tremblay

Sonia's work emphasizes the importance of leveraging different nursing leadership roles in implementation, fostering individual and team-level leadership development, and formalizing protected time for leaders to be available during implementation efforts.

Sonia's thesis committee included Drs. Sonia Semenic, Melanie Lavoie-Tremblay, Kelley Kilpatrick and Wendy Gifford. She extends her heartfelt thanks to the Newton foundation for financial support, and to her colleagues at the DSI, especially Alain Biron and Nancy Turner for their instrumental support throughout her doctoral journey.

ANNOUNCEMENT

Message from the DSI sustainable development committee

Spooky season is on the way, and the sustainable development committee wants to share **a few tricks** with you:

Costumes: Buy second-hand, reuse what you already have at home, or exchange with friends and neighbors. Be creative!

Trick-or-treating: Use bags, pillowcases, or other items you already have to collect. And for any leftover candy: donate it to food banks, use it in recipes, or share it with your coworkers. Consider giving out smaller amounts... kids get plenty!

Decorations: Make DIY projects using recycled or used items, but above all, reuse decorations from year to year.

Pumpkins: Many pumpkins end up in landfills, where they generate greenhouse gases. Make sure they are composted or safely cooked and consumed. (Psst... the flesh and seeds freeze well for cooking throughout the year.)

For more tips:
https://www.worldwildlife.org/pages/10-green-halloween-tips
https://davidsuzuki.org/living-green/go-green-for-halloween/
https://eco.ca/blog/tips-for-a-sustainable-halloween/

By Joëlle Déziel, Assistant Nurse Manager – Intensive Care Unit

Adult

Student Meet & Greet Events

At the end of September, the Nursing team hosted two vibrant Student Meet & Greet events at the MGH and Glen sites, welcoming a total of **98 students**. Attendees enjoyed coffee and muffins while learning about the **many opportunities** available at the MUHC.

Caroline Jean, Nancy Turner, Alejandro Ramirez, Millie Firmin and Alain Biron

The events featured a strong presence from nursing managers, HR recruiters, the Comité de la Relève Infirmière (CRI), Nursing Educators, and members of the Nursing Directorate. Students had the chance to ask questions, explore specialties, and discover professional development resources.

A big thank you to everyone who contributed to making these events a success!

By Selena Fitzgerald, Nursing Professional Development Educator-Student Placements

Adult + Pediatric

Kiosks, quizzes, and snacks to celebrate Health Literacy!

October is here, and with it another Health Literacy Month! MUHC Libraries are hosting kiosks across the sites. There will be games, prizes, and most importantly, snacks!

Come visit us at our booths to test your knowledge with our health literacy quiz. Enter our giveaway to win amazing prizes!
See you soon!

Oct 9 – Family Resource Centre. Groundfloor hallway to P.K Subban Atrium
Oct 15 – McConnel Patient Resource Centre. Groundfloor hallway to RVH cafeteria.
Oct 28 – Neuro Patient Resource Centre. Main entrance on first floor.

All kiosks will be available from 10 am to 2 pm.

You can also enter our ***giveaway online***!

By Lindsay Hales, Librarian

Adult

Early vote access in the municipal elections

Patients hospitalized at the MUHC (including long-term care residents) are invited to vote in the municipal elections through advance voting, on **Saturday, October 25, directly from their rooms**.

To find out the eligibility criteria, please refer to **this announcement**.

By Amanda Vitaro, Communications Agent

CO-EDITORS OF THIS NEWSLETTER:
Marie-Ève Leblanc, Nursing Practice Consultant, Nursing Directorate
Silvia Rizeanu, Communications Agent

Please submit your articles for the next newsletter before **November 5th**.