

## EVENTS

- 1) Residents' family members also attended the brunch ▶
- 2) Paintings in the exhibit

### Lachine serves up Sunday brunch



Mr. François Bernard shares a song with one of the residents.

Family Week finished up at the Lachine Hospital and Camille-Lefebvre Pavillion with a brunch for 115 residents and their families.

The Lachine kitchen staff prepared two traditional Sunday brunch services including bacon, eggs, and pancakes.

During the meal, Mr. François Bernard entertained the guests who truly appreciated his singing talents.

The Lachine Recreation Services team organized the event, and received generous assistance from Lachine's volunteers who helped serve the food and decorate the hall.

Part of the festivities included an art exhibit by a group of residents who paint together on Tuesday mornings. The paintings were on display for several weeks, which gave employees and families who were not at the brunch a chance to admire the work. The brunch and exhibit were a fun-filled and relaxing way to spend a beautiful Sunday. ■



## PROFILE

### Fr. Turcotte a source of comfort

Fr. Louis Turcotte needs no introduction. He has been providing spiritual services and care to the patients and families of the Lachine Hospital and residents of the Camille-Lefebvre Pavillion as well as to the health care, technical, administrative and volunteer teams for many years.

A graduate in theology and religious studies from Université de Sherbrooke, he has long devoted himself to school and parish pastoral activities in the Côte-Nord region of Quebec. He has

also served as a military chaplain.

"The nature of my mission is to provide people with warmth, listen to their needs, comfort them, and support them through prayer," says Fr. Turcotte. "Since my job is to deal with matters of the heart and with values, faith and feelings, I never take notes. I often intervene to help prevent distress from turning into deeper anguish."

Quoting Pope Jean-Paul II, Fr. Turcotte says, "Sickness and suffering are always an ordeal. However, a world without

» continued on page 2



◀ Fr. Turcotte

disease would be a poor one, as contradictory as that may seem. It would be a world devoid of engagement to our fellow human beings and devoid of love that is unselfish and, at times, even heroic.”

Visiting someone who is sick is like going to school to learn the great lessons of life, he says. “I find that the sick are well equipped to be good teachers. And some days, thanks to mutual respect and shared council, we make great leaps forward together!” ■

## ADMINISTRATIVE UPDATES

### Lachine redevelopment takes a step forward

The Redevelopment Project at the Lachine Hospital is taking a step forward as the consultation process with physicians and employees begins. “User groups are being created to validate some of the assumptions in the Functional and Technical Program (FTP), which was created in 2009,” says Jocelyne Faille, Administrative Director of the Lachine Hospital. Indeed the user groups, which involve representatives from various job categories who work in the unit, will study the work done in 2009 and adapt it to the hospital’s current reality.

“Now that the Glen has been planned and the CAPS exercise at Lachine is complete, we have a better understanding of the future needs and goals of the Lachine Hospital and which areas of clinical care are of greatest priority,” explains Tim Meagher, Associate Director General of Medical Affairs. “The FTP in 2009 was done on a tight timeline and we

weren’t able to consult users as much as we would have wanted to,” he adds.

“This time around, although time remains tight, we want to make sure the spaces created respond to the needs at Lachine and the needs of the MUHC,” says Jasmine Boyer, Associate Director of Nursing at Lachine. “The first phase of user groups will look at general planning of the space as well as blocking for the various functions. The more detailed design of each area will happen at a later stage,” explains Dr. Louis-Marie Simard, outgoing Associate Director of Professional Services at Lachine.

“The MUHC Board of Directors is expected to look at the CAPS Lachine

results this summer,” says Ann Lynch Associate Director General, Clinical Operations and Nursing Affairs at the MUHC. “We will begin a few user groups before then, but will be able to ramp up the number of groups once the results are announced.”

“We will organize a special Townhall to announce the CAPS Lachine results as well as to give more information on the Redevelopment Project,” says Ms. Faille. “We want employees to have a forum to ask questions.” ■

Questions about the new MUHC?  
514 934-8317  
construction@muhc.mcgill.ca





## RESEARCH

### Unlocking the mysteries of aging

The world's largest and most comprehensive study on aging is currently being conducted in Canada. Researchers are trying to better understand the aging process in order to improve the quality of life of all Canadians. The Research Institute of the McGill University Health Centre (RI MUHC) is participating in this innovative and ambitious research project and is one of 11 data collection sites across the country.

The Canadian Longitudinal Study of aging (CLSA) is a long-term study examining the factors that shape healthy aging. This national study will follow 50,000 men and women aged 45 to 85 for 20 years. The CLSA team will collect information on the changing biological, medical, psychological, social, lifestyle and economic aspects of people's lives as they age. Over the next three years, 3,000 study participants will undergo their baseline assessments at the

CLSA data collection site in Montreal located at 2155 Guy Street.

The oldest of the baby boomers turned 65 last year and this generation will be quite different in their attitudes towards aging and their expectations than previous generations. "We are not likely to experience or adapt to aging like our parents," explains Dr. Christina Wolfson, co-principal investigator of the study, researcher at the RI MUHC and professor in the Department of Epidemiology & Biostatistics &

» continued on page 5

## PROFILE

### Dr. Peter Chan: championing men's health issues



For the seventh year in a row, Dr. Peter Chan and a team of volunteers from the MUHC including residents, nurses, researchers and administrative staff held a free men's health day at Alexis Nihon Plaza. The event offered men a full medical exam at no charge, with a focus on prostate cancer prevention. Comedian Joey Elias stopped by for his health exam as a way of helping raise awareness among men of the need to take charge of their health.

Dr. Chan, who is Director of Male Reproductive Medicine, MUHC, and Site Director, Division of Urology, RVH, launched the annual event in part as a way of reaching out in a very direct way to men – particularly those over forty – who put off regular check-ups. "Men think they are invincible," says Dr. Chan. "Consequently, they find excuses to avoid a simple health exam that could detect a myriad of preventable illnesses before they become serious – or even deadly." The range of health issues that men encounter often include things they are too shy to talk about: erectile dysfunction, incontinence, infertility and prostate cancer which often requires a digital rectal exam – something most people find unpleasant.

» continued on page 5

## MUHC NEWS

### Vincent Lambert gets a new heart!

TRANSPLANT SURGERY TAKES PLACE AT THE MONTREAL CHILDREN'S HOSPITAL

The Montreal Children's Hospital is pleased to report that 15-year old Vincent Lambert underwent a heart transplant operation in June. At three months of age, Vincent's heart was damaged by a virus. His heart condition was stable until the spring of 2011, when he went into heart failure. Vincent was placed on a mechanical heart on September 18, 2011 which kept him alive while he waited for a compatible heart to replace his ailing one. ■

To read more, visit <http://thechildren.com/en/patients/stories.aspx>.



## MESSAGE FROM NORMAND RINFRET

### **Mr. Robert Busilacchi appointed Executive Director of The Rossy Cancer Network**

**L**The Rossy Cancer Network (RCN) is a new and exciting collaborative effort between the MUHC, Jewish General Hospital (JGH) St. Mary's Hospital Center (SMHC) and McGill University. The RCN announced to an internal audience at the "Inaugural Rossy Cancer Network Leadership Conference" the appointment of Mr. Robert Busilacchi as Executive Director of the RCN.

For those of you who are not yet familiar with the RCN, it aims to complement and leverage the strengths of each of our partner institutions to promote the highest quality of care to oncology patients in our community, using common tools and information technology.

We look forward to communicating further with regards to this exciting new initiative. ■

## OPERATIONAL NEWS

### **Improve quality at the MUHC: Enter the 2012 Challenge Q+**

**T**he Montreal General Hospital Corporation was instrumental in proposing that the MUHC establish a quality improvement award with the support of the private sector. Consequently, as part of this historic partnership with Québec Blue Cross, the MUHC is launching a unique initiative to promote and support a true culture of quality by funding improvement projects.

"Currently, a number of worthwhile projects do not have the funding they need. Our teams have shown amazing creativity and innovation: the Challenge Q+ will encourage them to keep on this track by letting them see their ideas come to life," stated Patricia Lefebvre, Director of Quality, Patient Safety and Performance.

The Challenge Q+ is an annual contest open to all teams at the MUHC. This year, an independent jury will select an improvement project to receive a grant of \$150,000. This represents a significant overall investment to promote quality at the MUHC.

Both Québec Blue Cross and the six MUHC foundations (Lachine Hospital Foundation, Montreal Chest Institute Foundation, Montreal Children's Hospital Foundation, Montreal General Hospital Foundation, Montreal Neurological Hospital Foundation and Royal Victoria Hospital Foundation) are funding this ambitious program.

The funds must be earmarked for programs, equipment, human resources or expertise not covered by the hospital's

operating budget. The improvement projects must also target one of the MUHC's priorities:

- Improve the patient experience
- Improve care quality and safety
- Optimize resource use
- Optimize processes
- Optimize clinical effectiveness

The projects must include a commitment to achieving a significant level of improvement that is measurable within a specific timeframe. Other conditions apply and these have been posted on the MUHC web site (MUHC.ca) under the "Patient Safety and Quality" section.

Applications for the 2012 Challenge Q+ will be accepted from June 18 to September 24, 2012. The winning team will be announced in October 2012 and will be invited to present its project during the MUHC's Quality Day.

According to Ann Lynch, Associate Director General, Clinical Operations and Nursing Care Affairs at the MUHC, the Challenge Q+ is in itself an innovation. "By seeking out private sector contributions to improve quality of care in the health network, we are demonstrating that creativity is an essential—and inexhaustible—source of solutions for our health care system!" ■

## MGH pilot project allows limited cell phone use in hospital

The Operations Committee recently approved a new MUHC Wireless Telecommunications policy and is launching a pilot project at the MGH to evaluate its progress. ■

For any questions or comments regarding the project contact: [securitygouvernance@muhc.mcgill.ca](mailto:securitygouvernance@muhc.mcgill.ca)

## How a Bill helps improve patient safety

### SYMPOSIUM CELEBRATES 10<sup>TH</sup> ANNIVERSARY OF BILL 113

For most, Bill 113 was an unnoticed piece of legislation. However, for those working in healthcare, it altered their practice. The goal of the bill was to usher in a new era in patient safety and to reduce adverse effects. A recent symposium, organized by several groups (CIRANO, Risq+H, GP-Québec and the Groupe Vigilance pour la sécurité des soins) looked at the Bill's success and articulated goals for the future.

"We've seen increased participation and understanding of the issues of patient safety," says Dr. Micheline Ste-Marie, Associate Director of Professional Services at the Montreal Children's Hospital (MCH) of the MUHC and chair of the Groupe Vigilance pour la sécurité des soins.

#### A summary of Bill 113

Bill 113 was introduced and unanimously approved by the Quebec National Assembly in 2002 as an amendment to the Act respecting health services and social services as regards the safe provision of health services and social services. In a nutshell, the Bill states:

- A patient has the right to be informed of accidents occurring during his care,
- Any person working in a health institution is under obligation to report an incident or accident as soon as possible,
- Every health institution must have a risk management committee, which is responsible for ensuring the safety of patients and for reducing the incidence of adverse events related to health care.

#### The message: report incidents and accidents

The overall take-home from the symposium was that reporting incidents and accidents is key to improving the care and safety of patients.

Talks and posters demonstrated how some healthcare initiatives work and others may pose safety risks. In one, a hand-washing campaign reduced infection rates and in another, a new



Dr Micheline Ste-Marie

piece of equipment lacked important data, which could increase risk of errors.

"There used to be a sense that reporting an accident or an incident was a condemnation of the organization," says Dr. Ste-Marie. "This attitude has all but disappeared."

The Minister of Health and Social Services, Mr. Yves Bolduc, closed the symposium by praising the attendees for their initiatives, especially noting Dr. Ste-Marie's dedication. He also encouraged the audience to continue their efforts. ■

**Cellulaire | Cellular**  
Utilisation limitée permise | Limited use allowed

**Ne pas utiliser de cellulaire ou autre appareil sans fil à moins d'UN MÈTRE d'un équipement biomédical**

**Do not use cellular or other wireless device within ONE METRE of biomedical equipment**



**Veillez svp faire une utilisation respectueuse afin de ne pas déranger les patients**

**Please use respectfully to avoid disturbing patients**

- Mettez votre cellulaire en mode vibration (pas de sonnerie)
- Parlez à voix basse et respectueusement
- Gardez les appels brefs
- N'utilisez pas la fonction caméra

- Set cellulars to vibrate (no ring tone)
- Talk quietly and respectfully
- Keep calls brief
- Do not use camera function

Centre universitaire de santé McGill | McGill University Health Centre

### First-ever RUIS McGill Symposium a success!

RÉSEAUX UNIVERSITAIRES INTÉGRÉS DE SANTÉ (RUIS) MCGILL PARTNERS GATHER FROM FAR AND WIDE



Dr David Eidelman

Close to 200 Quebec healthcare professionals gathered on May 28 and 29 to attend the inaugural RUIS McGill Symposium, under the banner, “A Network in Action.”

“For almost a decade, RUIS McGill has been a network in action,” said Dr. David Eidelman, the newly appointed President of the RUIS McGill, “helping to improve access to health care, develop learning opportunities, promote training, and increase services and expertise in Telehealth.”

Exchange of knowledge, best practices, strengths and challenges dominated the two days. Actions taken to launch programs in areas of health care critical to all RUIS communities, such as aging, children’s health, chronic pain, stroke, oncology and mental health, were also discussed.

During a plenary session, Jean Rodrigue, Assistant Deputy Minister, Direction générale des services de santé et médecine universitaire, spoke about the advantages of the RUIS, its positive outcomes and the obstacles it will face.

The exceptional work of the MUHC Telehealth team through the Virtual Health and Social Services Centre (CsVvV), a technology-based program that is opening access to health care in targeted areas, was also highlighted. Telehealth services provided through the CsVvV are of a clinical nature, teaching or training, research, technology assessment, or administrative.

“During the symposium we witnessed the creativity of all regions in supporting Telehealth,” said Johanne Desrochers, RUIS McGill Telehealth associate director. “From the introduction of a dashboard and performance indicators to the emergence of intra-regional networks connected to the RUIS Telehealth network.”

“The RUIS structure has clearly led to new forms of cooperation and encourages the optimization of resources and state-of-the-art expertise,” said Yves Bolduc, Minister of Health and Social Services, in his program message.

According to Rita Ziade, president of the organizing committee and manager of the RUIS McGill office, all expectations for the symposium were exceeded. Jim



Johanne Desrochers, RUIS McGill Telehealth associate director

Gates, director of the McGill Health Network Office, says the cohesion among the vast span of professionals was remarkable. ■

For access to the presentations, please visit “Post conference” at: [www.medicine.mcgill.ca/symposiumruismcgill/](http://www.medicine.mcgill.ca/symposiumruismcgill/)

For information on the McGill RUIS visit: [www.mcgill.ca/ruis/](http://www.mcgill.ca/ruis/)

## August statutory holiday

All clinics at the MUHC hospitals will be closed on Monday, August 6, for a statutory holiday. A poster to inform patients and visitors is available on the home page of the MUHC intranet site. Download and print the poster for display in your department or clinic. And make sure to let your patients know! ■



---

<p><b>Le lundi 6 août 2012</b> est un congé férié au Centre universitaire de santé McGill (CUSM).</p> <p><b>Nos bureaux et cliniques seront fermés.</b> Les heures régulières d'ouverture reprendront le lendemain.</p>	<p><b>Monday, August 6, 2012</b> is a holiday at the McGill University Health Centre (MUHC).</p> <p><b>Our offices and clinics will be closed.</b> Regular opening hours will resume on the following day.</p>
---	--



<p>Nous sommes désolés des incon- vénients que cela entraîne. En cas d'urgence seulement, nous vous invitons à vous rendre à l'Urgence.</p>	<p>We are sorry for any inconvenience this may cause. In the event of a medical emergency only, please go to the Emergency Department.</p>
---	--



Pour votre information
For your information

### Traveling this summer? Don't bring back an unwanted souvenir!

With the 2012 Summer Olympics just weeks away, people are making travel plans to Europe. The MUHC's Infection Prevention and Control department and the Occupational Health and Safety department are concerned about measles; in particular, unvaccinated travelers contracting measles while they're abroad and bringing it back home. Last year, there were several Quebecers who travelled to France and ended up bringing back measles. This prompted a public health campaign on measles vaccination.

While traveling, you may be exposed to people from countries where measles is still common, including countries in Europe, Asia, the Pacific, and Africa. In 2011, over 30,000 people in Europe had measles. So if you are preparing for a trip abroad, make sure you're protected against measles before you leave.

Measles is highly contagious and spreads easily to unvaccinated people. This includes babies who are too young to be vaccinated and people who have unrelated health conditions, such as cancer. Measles spreads through the air when an infected person breathes, coughs, or

sneezes. You can catch it just by being in a room where an infected person has been, even after they've left the room. You can be exposed to measles in airports, airplanes, buses, hotels, or any place where there are infected people. It is even possible to get measles from an infected person who doesn't have a measles rash yet.

Luckily, the measles vaccine is highly effective. If you're planning to travel overseas this summer, make sure you're up to date on your measles vaccine.

Health care workers born after 1970 require two doses of measles vaccination to be adequately protected. Please contact the Occupational Health and Safety department at extension 44358 for a verification of your immune status to measles. ■



illustration : Christine Roy

---

### » continued from page 5 UNLOCKING THE MYSTERIES...

Occupational Health and the Department of Medicine at McGill University. "We need high-quality evidence to inform clinical, health and social policy decision-making and the CLSA will provide the data needed."

The CLSA has been designed not only as a study but also as a research data platform that will serve researchers over the next decades with data and samples for analysis. "The RI MUHC is a very important cog in this major research initiative that will change the way that we conduct population research in aging," concludes Dr. Wolfson. ■

For more information, visit: [www.clsa-elcv.ca](http://www.clsa-elcv.ca)

---

### » continued from page 5 DR. PETER CHAN...

Since launching the event in 2006, Dr. Chan and his team have tested approximately 3,000 patients – half of whom required follow-up tests. He notes that men's health issues don't have the same high profile as many women's issues such as breast cancer or cervical cancer. Consequently, it is even easier for men to procrastinate. "We are so fortunate in Canada to have a medical system in which citizens can get a check-up and, if there is something wrong, they can be treated without going bankrupt," he says.

Dr. Chan knows that a lot of men are uneasy on many levels when it comes to their health, so it helps that he is as compassionate as he is direct. He also has a disarming sense of humour that can put even the most uncomfortable person at ease... at least until he puts that glove on. But dying of embarrassment is a better alternative to dying of cancer. ■

## AWARDS AND APPOINTMENTS

**Dr. Kent Saylor**, a pediatrician at the MCH, has been awarded the Inaugural Dr. Peter Bryce Henderson Award for Excellence in Public Health Advocacy for First Nations, Metis and Inuit FNMI Children and youth. The award given by the First Nations Child and Family Caring Society of Canada honours individuals who advocate for systemic changes in order to improve the lives of FNMI children and youth.

**Dr. David McGillivray** is the 2012 recipient of the Canadian Paediatric Society's Anna Jarvis Paediatric Emergency Medicine Teaching Award, which recognizes excellence in teaching and mentorship of undergraduate,

postgraduate and continuing education students. Division at Montreal Children's Hospital.

**Dr. Hema Patel** is the 2012 recipient of the 2012 Canadian Pediatric Society Victor Marchessault Advocacy Award. The award was presented to Dr. Patel on June 7 at the annual meeting of the CPS.

**Dr. Louis-Marie Simard** recently announced his plan to step down as Associate Director of Professional Services at the Lachine Hospital of the MUHC, effective June 20.

His strong leadership during the recently completed CAPS

exercise at Lachine exemplified his ability to promote dialogue and consensus. As the search for a new ADPS at Lachine gets under way, Dr. Mathias Kalina, with the support of Dr. Ewa Sidorowicz, will assume the responsibilities of the interim period.

### **MUHC HR team receives AQESSS Innovation Award**

The **MUHC HR team** was honoured with one of eight awards at the annual conference of l'Association québécoise d'établissements de santé et de services sociaux (AQESSS) for its Managers' Onboarding Program.

The independent jury selected the MUHC for having put forward

a range of training activities for newly-appointed managers. The positive impacts of the project and originality of the initiative, as well as the transferability of the project to other institutions were the principal criteria used to evaluate the project.

**Susan Drouin**, RN, MScN, MA has been appointed to the position of Associate Director of Nursing (ADON) for Clinical and Professional Staff Development (CPSD), within the Nursing Department, effective July 3.

**Luisa Ciofani**, RN, MScN, IBCLN, PNC(C) will be replacing Susan as the Associate Director of Nursing for Women's Health Mission, par interim. ■

## EVENTS

### **Recent fundraisers**

- ♦ The Auxiliary of the Royal Victoria Hospital held its 16th annual golf tournament on May 14 at The Royal Montreal Golf Club raising more than \$200,000 for fetal heart monitors and other bedside equipment for high-risk pregnancies in the birthing centre.
- ♦ The Caring for Kids Radiothon was broadcast live on May 24 from The Children's through Astral Radio's CHOM 97.7, CJAD 800 and Virgin Radio 96 and raised \$1.45 million for the MCH. The Caring for Kids Radiothon is a unique opportunity for dozens of young patients and their families to share remarkable stories of how their lives have been touched by The Children's.

### **Joint Corporate Campaign**

Two donations were announced recently as part of the Joint Corporate Campaign to support the MUHC and CHUM redevelopment projects.

Gaz Métro announced its \$1 million contribution on June 5, with Jean Houde, chairman of the Gaz Métro Board of Directors, saying the Joint Corporate Campaign "is a project that reflects the fundamental values of both Gaz Métro and these two renowned healthcare institutions. We are very proud to contribute to the cause."

The law firm Blakes announced its donation of \$383,000 on June 6. The contribution was the result of involvement from all of Blakes' partners, associates and executive personnel in Montreal.



### **MUHC Summer Festival**

Sunshine and blue skies made for a perfect day on Saturday, June 9 as hundreds of MUHC staff, their family and friends, and Glen site neighbours turned out for the MUHC Summer Festival in NDG Park. Organized by the Transition Support Office, the event featured inflatable games, a reptile petting zoo and classic summer games like tug-of-war (pictured here). The \$24,180 raised will go to The Best Care for Life Campaign.

### **Upcoming events:**

**WEDNESDAY, AUGUST 8-10:** CIBC 401 Bike Challenge – Riders conquer the 576-kilometre trip from Toronto to Montreal, finishing at the Montreal Children's Hospital on the afternoon of Aug. 10. Funds support the Hematology / Oncology division of the Montreal Children's Hospital. [401bikechallenge.ca](http://401bikechallenge.ca)  
Contact 514 934-1934 ex. 71207 or [casey.tabah@muhc.mcgill.ca](mailto:casey.tabah@muhc.mcgill.ca) ■



# THE NEW CUSM

## Adding a human touch to critical care at the Glen site

The Intensive Care Unit (ICU) of any hospital is not a place most people want to visit or spend time in if they can avoid it. But ICUs are integral parts of any healthcare complex, and at the Glen site, the ICU will be the result of teams working diligently to create the best unit possible.

Situated on level 3 of Block D, the ICU at the Glen will occupy most of the floor. It benefits from close adjacencies with the Interventional Platform (ORs, catheterization labs, interventional radiology) and Satellite Pharmacy, allowing for quick access to timely interventions and medications.

With 35 beds, the unit will be bigger than the one currently at the RVH. Patients will benefit from larger rooms, all with windows, providing ample natural light. Staff spaces have been designed in the centre of the department to ensure that medical professionals have clear sight lines and good visibility of patients. “There is a redundancy in design so that people will be able to work from any station without having to re-orient themselves every time,” explains Dr. Ash Gursahaney, Associate Chief, Department of Critical Care, MUHC.

“There will also be mechanical booms (service arms) in each room which will make it more ergonomic for nurses, doctors, and respiratory therapists to access equipment and provide patient care,” he continues. “In addition, each two-bed area houses a decentralized nursing station to allow nurses to work in proximity to the bedside.”

However, according to Dr. Gursahaney, critical care is not only about caring for extremely ill patients, but also includes looking after their families and loved ones who are living through the crisis. To respond to this, several rooms in the ICU will be dedicated to families: there are two waiting areas just outside the entry to the department as well as family overnight rooms. There are also three consultation rooms where families can be provided with updates in a private and confidential manner.

“Planning and designing this department was challenging,” says Dr. Gursahaney, “but time and again our teams of caregivers sacrificed their own spaces to provide a better environment for the patients they care for. It is this devotion and cooperation that our MUHC staff has



Dr. Ash Gursahaney

provided that will make the Glen site a great success and a benefit to our city and community.” ■

### FOR ICU STAFF

- ◆ A staff lounge
- ◆ Separate male and female locker rooms with independent showers and toilets
- ◆ Group of resident on-call rooms with independent shower spaces
- ◆ Main nurse station is centrally located for maximum visibility and accessibility to patients
- ◆ Pneumatic tube stations throughout the ICU.

## EVENTS



### Pictured

Brittany Britton, Chris Lacson, Lori Vandenbroek, Mike Lontok, Amanda Bailey, Vanessa Mergais, Courtney Leahy, and Kelsey Hamilton

## MGH nurses lace up for half marathon

A gung-ho group of nurses from the 18th floor of the MGH ran the Ottawa half marathon in May. Leading up to race weekend, the nurses trained together for several months, creating much excitement among their colleagues on the unit as they geared up for the challenge. The eight runners all completed the course and were really pleased with their finishing times. ■

## MUHC begins to close long-term care beds

RVH SURGICAL 7 WEST AND MGH 16 EAST TO SLOWLY CLOSE THIS FALL

The MUHC will begin to close its Transition Care Units located at the RVH and MGH sites this fall as mandated by the Minister of Health and Social Services/MSSS under the *Programme d'hébergement pour évaluation (PHPE)*. The MUHC is the last hospital in Montreal to implement this program. The physicians, nurses, allied health professionals and other staff on both units learned a couple of weeks ago that as of September 10 the RVH's Surgical 7 West Unit would not admit new patients and the MGH's 16 East would not accept new patients as of October 4, 2012. All 57 beds on both units will close completely in December 2012.

Until PHPE comes into effect, patients who require long-term placement will continue to access community resources with the assistance of the social workers at the MUHC. As PHPE implementation begins in September, patients on the RVH and MGH Transition Care Units (TCUs) will continue to receive care and services as usual and the only difference they should notice is the presence of progressively fewer patients on the units. The MUHC plan was presented to the MUHC Central Users Committee last week and patients and families on the TCUs are being informed individually.

Once the PHPE program begins in September, all new patients who are medically stable, but are not able to return home will be considered for the PHPE program. Those who

meet the admitting criteria will be evaluated in a bed in the community rather than in an acute care hospital bed. A representative of the patient's Centres de santé et de services sociaux (CSSS) will coordinate the transfer from the MUHC to the evaluation bed, in collaboration with clinical teams. Once in an evaluation bed, the patient's physical and psychosocial needs will be assessed. Depending on the patient's needs he/she may be transferred home or to a bed in a long-term care facility or other community resource. Those patients who do not meet the criteria for a PHPE bed will be accommodated in an acute or sub-acute bed at the MUHC until an appropriate bed becomes available in the community.

### Staff information sessions have been held

The medical, nursing, allied health professional and human resources leadership, in conjunction with change management personnel, met with interdisciplinary staff on the RVH and MGH sites a couple of weeks ago and informed them of the gradual closure of the long-term care beds. Representatives from Human Resources have met with staff to explore options available to them. Everyone affected by the closures will be supported by the Internal Movement Sector of Human Resources. Regular meetings will be held during the entire transition

period for all affected employees. The MUHC fully understands how challenging this organizational change is for staff.

More details on PHPE will be communicated to Service Chiefs and acute care teams by the Steering Committee on PHPE implementation and MUHC Office of Post Hospital Care and Community Support in the coming weeks. The Steering Committee members and co-chairs, Antoinette Di Re, Director, Therapeutic and Allied Health Services, MUHC (adult sites), Alyson Turner, Director of Nursing, Medical Mission - MUHC, and Dr. Anita Brown-Johnson, Director, Secondary Care Division and Transition Care Services, Department of Family Medicine, Medical Director, Office of Post Hospital Care and Community Support - MUHC, look forward to working collaboratively to ensure that this transition proceeds as smoothly as possible. ■