



## ADMINISTRATIVE UPDATE

# Act today!

## NOMINATION DEADLINE: APRIL 2, 2012

## The 2012 Nursing Awards of Excellence

The 2012 Nursing Awards of Excellence are an exciting opportunity to appreciate the excellence of our colleagues.

The site/mission-based Awards include: The Evelyn Malowany Award for Clinical Practice; The Lorine Besel Award for Leadership in Nursing (all nurses); The Patricia O'Connor Award for Evidence-Informed Project or Program (Nurse-led project or program); the Isobel McLeod Award for Nursing Assistants; the Laraine Imperial Partners in Practice Awards (PAB, Unit Coordinators and Admin Techs); The Anne-Marie Lejeune Award for those who support and

collaborate with nurses to give quality care (person or group of persons outside the Department of Nursing who have stood out in the last year for their dedication as well as their support and collaboration with nurses to give quality care); The Valerie Shannon Award for Outstanding Leadership at the MUHC is awarded to a nurse of a group of nurses demonstrating outstanding leadership in nursing practice.

Information is available on the Nursing Intranet site, and through Bruno Poudrier (77254) – Lachine.

## PROFILE

## A medical record guardian at the heart of the community

Even after many years at the MUHC, it's clear that Shari Beharry is still passionate about her work. Of Trinidadian descent, Shari's Caribbean roots and warm personality have always made it easy for her to understand and connect with those around her. Shari started her career at the MUHC in Registration at the Royal Victoria Hospital, while she completed a Certificate in Paralegal Studies. However, her passion for the MUHC quickly grew and her interest in commercial law fizzled. Shari always had a clear vision: "I realized that I wanted to grow within the organization. I'm a go-getter and I like challenges", she says, smiling with a twinkle in her eyes. True to her word, Shari remained at the Royal Victoria Hospital for 18 years, progressing to the position of Senior Clerk and Group Leader, specializing in Medical records, Admitting and Statistics. During this time, Shari remained driven and focused and eventually enrolled in a Certificate in Health and Social Services Management at McGill University.

With her studies completed, Shari was hired With Interim Supervisor, Admitting and Medical Records at Lachine Hospital. Shari tells us the interview panel later told

her it was her dynamic personality and "can do" attitude that opened the door to this new chapter in her career. "When I got the job over a year ago, I thought, this is another opportunity in management in a new environment; I'm so excited to start working!" recalls Shari. Very soon, Shari's team of 35 employees at Lachine became her second family. At Lachine, she has undertaken before a major archiving revamp project. "It may be complex, but it's a great environment", said Shari when asked to describe Lachine Hospital. "We're very tight knit; it's a community based hospital, and everyone speaks to each other. There really are no strangers walking within these walls", she adds.

Shari is also known for her talents in the kitchen and laughs when she says that people mostly know her for her spicy cooking. She also likes to

volunteer at the MUHC, making it much more than a place to earn a living. Whether it's Dancing With The Docs, Share The Warmth, MUHC Men's Health Day or attending local barbeques and breakfast fundraisers for the Lachine Hospital, Shari is always eager to pitch in with her smile and a little elbow grease. "When I'm at work with my team, it energizes me; just knowing how much team spirit we have always makes for a great day", explains the leader with a heart of gold.

Shari Beharry



Would you like to nominate someone to be profiled? Contact the Public Affairs Department: 514 934-1934 or [public.affairs@muhc.mcgill.ca](mailto:public.affairs@muhc.mcgill.ca).

**Processing Medical Records one box at a time:**

## **The anatomy of Lachine Hospital's medical archiving Iron Mountain project**



In a world where paper is becoming increasingly obsolete, the field of medical archiving is no exception. Lately, most of the challenges faced by the Medical Records team at the Lachine Hospital stems from synchronizing their archiving processes with those of other MUHC sites, since only some of them run on OACIS, a paperless database for medical archiving. Another challenge is the lack of physical space at the Lachine Hospital, caused by the considerable bulk of a hundred year's worth of manual medical records since the hospital celebrated its centennial anniversary in 2011.

Often overlooked, medical archiving is a complex area in health information management. A medical archivist is a professional specialized in document management, storage, and retrieval techniques required to practice in this area. The professional not only has to be aware of industry standard medical records techniques, but also have a specialized understanding of; among other things, medical terminology, anatomy, physiology, medical coding, computerization and statistical analysis.

Since merging with the MUHC in 2008, the Lachine campus continues to provide long term care to its residents while treating out-patients in acute care, day surgery, and short-term stay. Controlling the amount of documents that come into the archives until the system runs on OACIS is a unique challenge for this paper-based environment. This labour intensive process requires a great deal of file manipulation and review, including going through copies and originals, to ensure there are no duplicates.

Since last year, the Medical Records team has taken the first steps in revamping

the hospital's archiving process. Capitalizing on an "Iron Mountain Project" that the Medical records team launched over 6 months ago, Lachine Hospital has built an efficient solution to its unique challenges. With Lachine onboard, the MUHC contracted Iron Mountain to store in their warehouse inactive medical charts over 5 years old. The program was launched when the basement storage of the hospital had to be slowly vacated in planning for the hospital's upcoming expansion. In total, over 200,000 records need to be transferred to the warehouse

in batches of 20 to 30 boxes at a time; all the while keeping tight inventory control of the records with the help of a logging file. The tight inventory in the Lachine Hospital dossier management system were necessary to ensure that a patient's file could quickly be retrieved, in the case where an inactive patient's record became active for a number of reasons. Undeterred, the team expects to complete this project this Fall; much earlier than the original anticipated two years.

One might wonder why put so much efforts into what seems to many people as a pile of haphazardly arranged coloured files and papers? Simply because everything in Medical Records begins with the patient's chart. Governed by legalities, there is nothing arbitrary about a patient's record. To understand the ins and outs of this official document, one might draw the analogy to another official document we might be more accustomed to, such as a passport. In a patient's medical chart, each episode of his journey through a hospital or clinic has to be logged and coded according to the diagnosis and recorded in numeric order in a properly assembled file. Although the good standing of a medical record is everyone's responsibility and requires a great collaboration from all employees who have access to the medical records; often times, a medical archivist is the one people will turn to when in need of critical information. The records are equally important and must remain accurate, as they are used in the creation of statistics, for research and analysis by different physician researchers or exterior requests, and may also be subject to potential audits. Think of a medical archivist as the paper guardian of a health care institution.

Not only is «The Iron Mountain Project» a very time-consuming effort; but it also only accounts for a portion of the tasks the Medical Records team performs on a daily basis. A typical day working at the Lachine Hospital Medical records Department is ever-changing. On the Admitting front, the department handles anything from clinical registration to emergency registration, while receiving patients for surgery and ensuring their pre-op record is complete. The team is also heavily involved in the ever challenging area of bed management. Still, despite these challenges, the Medical Records team is in great spirits and constantly showing initiative to improve their already great efficiency. Indeed, the Lachine Hospital has a lot to be proud of in its archiving team!

## **The Compassionate women of Camille-Lefebvre**

My mother, Raymonde Michaud, passed away on January 17, 2012, at the Camille-Lefebvre Long-Term Care Centre after a battle with cancer. She also suffered from diabetes and Alzheimer's disease

My grief has been difficult, even though I had been preparing for her death for a year. However, even during painful times, there are good things and gifts that life brings to us. I received one of these gifts, which I would like to share with you. It was given to me by the nurses and support staff who were there the evening of my mother's death. I cannot name them here, but I hope they know who they are. Through simple acts and professionalism, these women offered me support, understanding and empathy.

As soon as I walked out of the elevator onto the third floor, where my mother lived at the Camille-Lefebvre Pavilion, I felt welcomed. I was not a stranger or a visitor. I was the daughter of Mrs. Michaud and someone who was experiencing a great loss. A nurse joined me in my mother's room, and right away, with much kindness, she offered me sympathy and consolation, which did me much good.

Though my pain is immense and the knot in my stomach is very tight, a breeze of softness marks my first moments as an orphan after my mother's passing.

My mother received very good care at the centre from competent and attentive staff.

She was also attended to by women who care. And I thank them from the bottom of my heart on both my behalf and my mother's.

**Danielle Lanoue**, Lachine,  
March 2, 2012



## »CLINICAL CARE AND TEACHING

### How well do you know your kidneys?

They weigh 100 to 150 grams. Like two beans on either side of your spinal cord and adjacent to your abdomen, kidneys play an essential role in the smooth functioning of the body. However, their hormonal and purgative functions are taken for granted by most of us. It is unthinkable for the majority of people to imagine having to make the trip a few times a week to the Montreal General Hospital or the Royal Victoria Hospital in order to have dialysis treatment when their kidneys stop working normally.

On March 22<sup>nd</sup>, the MUHC Nephrology Department's Open House enabled the public to find out more about the latest developments in nephrology research, clinical care and teaching. This Department offers, amongst other services, dialysis care, hemodialysis and peritoneal dialysis at the Montreal General Hospital and at the Royal Victoria Hospital. The kidney and pancreas transplants take place at the Royal Victoria Hospital.

Research is also a priority at the MUHC'S Nephrology Department, and is centered on the prevention of kidney-related diseases, as well as the deceleration of their progression. Moreover, research and clinical care in the field of nephrology are inseparable from other medical specialties given the impact that some diseases have on the kidneys, whether these diseases are hereditary or developed during the patient's lifetime.

Scientific source: Canadian society of nephrology [www.csnsn.ca](http://www.csnsn.ca).



## PROFILE

### Talent to spare

**A**lthough you might not know Teresa Mack, you might have heard the sound of her contagious laugh while passing in front of her office. If you get the chance to work with her on one of her many strategic projects, take advantage of this incredible opportunity and keep your ears peeled, as you will definitely learn something from her vast experience in health care and her extraordinary communication skills. Another of her amazing qualities is how easily and generously she shares her expertise and knowledge for the benefit of our entire organization.

Currently Assistant to the Associate Director General of Medical Affairs, Teresa Mack began her career in 1998 as a lab technician at the Montreal Children's Hospital. One year later, she became a planning coordinator when she finished her master's in health administration. She held this position until 2008 before joining the MUHC's strategic planning team. Today, she has earned recognition from her colleagues for her contribution to many large-scale projects, notably the Clinical Activity Priority Setting (CAPS) project conducted some years ago at the downtown hospitals and, more recently, at the Lachine Hospital. Ensuring successful outcomes for initiatives of this magnitude requires exceptional skill, and these formidable accomplishments won her the respect of her peers, who now call upon her to strategically manage the most complex of projects.

"Strategic planning is my passion. My ultimate priority: to see projects come alive that have a positive impact on our patients and teams and that not only transform how we provide care but also optimize our organization's performance on a daily basis. There's nothing I find more stimulating!" said Ms. Mack.

Motivated, energetic, incredibly organized, and focused on both results and goals, she is a first-rate colleague and collaborator. "I devote my free time to acrylic and water painting. This activity is completely different from my work, and it helps me take a step back when I'm faced with complex challenges. It's my way of looking at things with perspective." Anyone who knows Teresa will say that this hobby simply adds to her arsenal of tools, which include patience, tenacity and creativity.



## MUHC News

### 2012 Canada's Greenest Employers

For the third year in a row, the MUHC received this designation spearheaded by the editors of Canada's Top 100 Employers project. This competition honors employers across the nation who demonstrated their leadership by creating a culture of environmental awareness within their organizations.

Here are some of the outstanding earth friendly initiatives in green leadership the MUHC was selected for as one of Canada's Greenest Employers:

- ♦ The MUHC has an aggressive in-house battery recycling program that also encourages employees to bring their own batteries from home for proper disposal;
- ♦ An extensive e-waste collection program to properly dispose of unused computers, monitors and other peripheral devices is implemented across the organization;
- ♦ Both an "Environmental Committee" and an "Energy Committee" are operating in order to review and approve ongoing environmental initiatives such as options for reducing energy consumption from the hospital's lighting, heating, ventilation, and air conditioning systems.

The MUHC is proud to highlight the contributions of its employees for playing a vital role in raising environmental awareness and leading by example.



## MESSAGE FROM NORMAND RINFRET

In 2008 a Ministry of Health and Social Services (MSSS) expert advisory group reported on the state of stroke care in the province of Quebec. This group recognized several problems affecting the accessibility, the continuity and the quality of care provided to patients either at risk of or those who have suffered a stroke.

As a result of the expert report the MSSS developed a Quebec stroke strategy which includes a hierarchical division of services into three levels, primary, secondary and tertiary care. Each level of care has its own characteristics and place in the continuum of care. These characteristics have been defined by the Ministry and include primary prevention, health promotion, acute stroke management and rehabilitation and reintegration to the community.

The MSSS will coordinate and oversee the development and implementation of the stroke strategy on a provincial basis. The Ministry has however delegated the responsibility for ensuring that the overall stroke strategy is made operational to each of the four Réseau Universitaire Intégré de Santé (RUIS). As a first step, each RUIS was asked to designate a site where the third level stroke unit would be located. After a period of consultation the RUIS McGill has recommended to the MSSS that the third level stroke unit be located at the Montreal Neurological Hospital.

This decision was based on the fact that the Neuro has in place most of the necessary components for a third level stroke center, that is dedicated stroke beds, vascular neurology, vascular neurosurgery, and diagnostic/interventional neuroradiology.

The Montreal General Hospital will continue to operate and develop a secondary level stroke unit. The two units will operate as one administrative entity.

Dr. Robert Cote and Dr. Liam Durcan have accepted to become the co-Medical Directors of the MUHC Stroke program and Ms. Martine Alfonso will be the administrative head. The units at the Neuro and the MGH will work toward the harmonization of practice and out of necessity work closely with all other implicated parties to ensure collaboration and effective communication.

At the same time as the program moves forward the stroke leadership will work with the RUIS partners to further the development of the network with the ultimatum objective to demonstrate improvements in access, continuity and quality of care to the population we serve.

Please join me in congratulating Dr. Côté and Dr. Durcan as well as Martine Alfonso for their new mandates and wishing them and their teams continued success.

### »OPERATIONAL NEWS

## Sandoz drug shortage

In the last few weeks, you have probably heard of the company Sandoz Canada in the news. The main supplier of injectable generic drugs for the MUHC, Sandoz Canada also supplies 90 % of injectable drugs to Canadian ER's and operating rooms in hospitals across Canada and the U.S. Recently ordered by the U.S. Food and Drug Administration to make major changes to its production line of injectable drugs in order to comply with good manufacturing practices, the production slowdown at the Sandoz plant in Boucherville has impacted its ability to supply hospitals across the country. To make matters worse, a fire occurred at the plant at the beginning of March which has also disrupted the production line.

The impact is presently felt at the MUHC as well as in other hospitals across the nation. The MUHC is actively collaborating with its pharmacy buyer's group Sigma-Santé, as well as with Health Canada, the Agence de la santé et des services sociaux de Montréal, and the Ministère de la Santé et des Services sociaux du Québec in order to ensure that all hospitals continue to be provided with the basic injectable drugs that they need. In the meantime, Sandoz is regularly updating their evaluation and stock forecast of drugs affected by this shortage. Since some drugs remain on 50% to 70% allocation, the MUHC immediately met with the clinical groups affected by the reduced allocations, and practice changes have been implemented in certain areas, such as intensive care units and palliative care, to reduce waste to a minimum.

"We are talking about practice changes. For example, we ask professionals to favor going the oral route for the administration of drugs, especially for opioids when possible. It goes without saying that everyone's collaboration is essential. Being vigilant is also necessary. For example, avoid the accumulation of unit-based medication stashes and return to pharmacy inventory overflow of injectable drugs stocked in nursing units. If in doubt, we invite professionals to refer to the MUHC opioid therapy guidelines. We regularly communicate news updates on this matter to concerned employees. We also thank all teams for their support," explains Mr. André Bonnici, Pharmacist.



### »HUMAN RESOURCES

## Facts about your group insurance

### Did you know that...

- ♦ You are responsible for the payment of your Group Insurance premiums, even when you are not called to work? Unpaid premiums will accumulate from pay to pay and will be recuperated, in full, on your first paycheque when you are called in to work;
- ♦ If you are active on multiple sites, you must adhere to the mandatory options of the Group Insurance contract for each site. If this is your case, please call us to determine the best alternative for you;
- ♦ Under the present Prescription Drug Insurance law, all residents of Quebec who have access to a private Group Insurance plan are obliged to join and also to obtain coverage for the spouse and children, unless already covered by another private plan. To avoid complications with the RAMQ, if you are currently not participating through the MUHC and you are no longer covered for prescription drug insurance through another insurance group, you must comply with the Prescription Drug Insurance law and register with the MUHC for your insurance coverage.

For more information concerning the above or for all information related to your Human Resources file, please contact the HR INFO-CENTRE at: 843-1617 | Info-Centre@muhc.mcgill.ca

## CAPS Lachine

On March 20th, the CAPS Lachine Strategic Directions Committee began the process of reviewing the workbooks, which were completed by the clinical teams at the Lachine Campus.

We are pleased to report that the workbooks were all received on time and that all the teams invested the required efforts to present well-documented work. In addition to the interdisciplinary collaboration which took place between the different clinical teams at Lachine, colleagues from the MUHC downtown sites were also called upon to assist and participate in the completion of these workbooks, in order to provide a global vision by taking into account all the significant elements that come into play. We would like to thank all the contributors for their availability, openness and the hard work they put into developing these workbooks. Your involvement was essential for this process.

From now until the end of April, the Strategic Directions Committee will proceed to evaluate the workbooks, prepare recommendations and establish preliminary clinical priorities. We will keep you informed of the different steps in the coming weeks. Thank you your continued support!

### Schedule - CAPS Lachine



## Be street smart about your MUHC cell phone and Blackberry use

Cell phone and Blackberry usage accounts for one of the largest expenses in the operational budget of the MUHC; coming in at close to one million dollars a year. As users of this MUHC work tool, we are responsible for understanding best practices that come along with it.

First and foremost, every user needs to understand their monthly plan. With the MUHC's new partnership with Bell, users are now on a pay as you use sliding scale with the benefits of having unlimited calls on nights and weekends. This also includes voicemail, call display and 100 daytime minutes between 6 a.m. to 6 p.m. on weekdays. Also, MUHC Bell users benefit from free phoning when calling other users on this account, though long distance charges might apply.

### Ways to avoid high costs with your MUHC cell phone or Blackberry

- Directory assistance is \$2.49 a call. That's very pricey for getting information available at the tip of your fingers on the web or in any other directory.
- If you plan on sending more than 100 text messages a month, simply call the helpline at 48484 to switch plans, even if it's only temporary;
- Use your desktop SpectraLink phone during the day for local calling or long distance.
- Do not download applications, games or videos... they are usually not related to your job anyway.

When roaming:

- Buy a local calling card and use a traditional phone to call home.
- Use a WiFi connection in free "hot spots", such as a coffee shops or your hotel room to download/send emails or access the web. You can even use WiFi at home!
- Do not attach photos or videos when sending emails to friends & family over the cellular network.
- If you're on a cruise ship wait until you visit a town if you need to call or send data. The per minute rate for a voicemail on a ship is more than \$7.

If you have any questions regarding your phone plan, do not hesitate to call the helpline at extension 48484.



## Spring begins with a bloom of new features in Oacis!

OACIS will be introducing new features on March 31st. Some features will facilitate patient monitoring and care for all MUHC OACIS users and other features will facilitate navigation and task completion in the Ordering Module. The Ordering Module is currently used to prescribe Medical Imaging orders in most of inpatient wards at the Montreal General Hospital and Montreal Children's Hospital and the deployment will continue this spring at the remaining pediatric units, the Royal Victoria Hospital and on other adult sites.

### Description of new features

For all MUCH OACIS Users

1. Clinicians will be able to pin a patient to a list and to add a reason for pinning. This feature will provide a way to keep a patient on a list for further follow-up post discharge, post appointment, etc. For example, if a patient is pinned to a system patient list, the patient will not be automatically removed from a system list on discharge as is the current function.

For clinicians working on wards where the ordering module is deployed

2. Order screen enhanced:
  - More sophisticated search function. This

feature will allow "real Internet" type search into the order catalogue

- New symbols and pictograms will now replace actual words that used to depict actions, order type, etc. It will be possible to hover the mouse over the symbol to display the description
3. Consultants will be able to enter suggested orders directly in OACIS. Following institutional policy, consultants will be now able to enter their own orders as a suggestion. These will not be released until they have been reviewed and verified by the treating team. However, if a consultant deems it necessary for patient care, he will be able to submit the order in OACIS. All suggested orders will be flagged by an indicator (be marked with an S in the ORD column on the patient list) to facilitate the revision by the treating team.

To know more about these new functions and to discover how they work, please visit our new OACIS e-learning website: [formationoacis.com/muhc](http://formationoacis.com/muhc). Click directly on OACIS new features: March 2012. Some quick audio-video capsules will show you just about everything you need to know about OACIS enhancements. You can also access the e-learning Web site via the help menu in OACIS.

### Update on OACIS deployment

As stated above, a large percentage of inpatient wards at the Montreal General Hospital and Montreal Children's Hospital are:

- documenting clinical measures (such as vital signs, height, weight, pain score, etc) and
- prescribing medical imaging orders directly in OACIS.

Medical Imaging orders are electronically transmitted to Radimage, the Radiology system, resulting in efficient interdepartmental transfer of information, since PCS and paper requisitions are no longer required.

In addition, physicians and residents treating patients in a deployed area can prescribe orders in OACIS from anywhere within the MUHC and remotely from home, therefore optimizing the workflow.

**IMPORTANT!** All clinicians should remember that Medical imaging orders entered in OACIS are limited to the MGH and MCH in-patients wards. It is not yet authorized to prescribe orders in OACIS for patients admitted to the other sites, such as RVH, MNH and MCI until deployment completion.

The OACIS Team



## Challenges with movement only half the story in Parkinson's

**New handbook reveals the non-motor side**

People with Parkinson's disease have a new tool to help them identify the non-motor symptoms they are experiencing with their Parkinson's disease.

A Guide to the Non-Motor Symptoms of Parkinson's Disease, the first of its kind in Canada, is a user-friendly, educational booklet, designed to help people with Parkinson's recognize non-motor symptoms such as cognitive impairment, sleep problems and compulsive behaviours and learn about treatments and strategies to manage these symptoms.

The 50-page booklet, available in English and French, is the result of a partnership between Parkinson Society Canada and the CIHR Institute of Neurosciences, Mental Health and Addiction. The author, Dr. Ronald Postuma is a researcher in neurosciences at the Research Institute of the McGill University Health Centre (MUHC) in Montreal.

Citing a typical example, Dr. Postuma says a man with Parkinson's may present with a urinary problem that is initially thought to be a prostate issue when, in fact, it may be related to Parkinson's. "Many patients do not realize that urinary problems, constipation, insomnia and other symptoms are linked to Parkinson's disease. As a result, they go untreated," says Postuma who is also a neurologist at the MUHC and an Associate Professor of Neurology and Neurosurgery in the Faculty of Medicine at McGill University. "The booklet is a simple, pragmatic tool that I hope will improve patient care," he added.

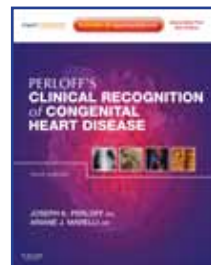
Postuma says that the booklet is intended to help people with Parkinson's identify their non-motor symptoms, record what they are experiencing using the Non-Motor Symptoms Questionnaire at the back of the booklet, and discuss these symptoms with their doctor. He cautions it is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care.

"This is an excellent example of the practical application of evidenced-based research that benefits clinical care," says Joyce Gordon, President & CEO, Parkinson Society Canada.

A Guide to the Non-Motor Symptoms of Parkinson's Disease is available at [www.parkinson.ca/NonMotorGuide](http://www.parkinson.ca/NonMotorGuide).

## Dr. Ariane Marelli, first-time co-author of the 6<sup>th</sup> edition of Perloff's Clinical Recognition of Congenital Heart Disease

Dr. Ariane Marelli, Director of the McGill Adult Unit for Congenital Heart Disease (MAUDE Unit), is a first-time co-author of the 6<sup>th</sup> edition of Perloff's Clinical Recognition of Congenital Heart Disease, the most widely sold book on congenital heart disease world wide. The book's cover depicts a magnetic resonance image of the original Holmes heart described by Dr. Andrew Holmes - McGill's first Dean of the Faculty of Medicine, in 1824 and republished by Maude Abbott - one of the first Canadian women to graduate from medical school - in 1936 in the first atlas of congenital heart disease. The book is being launched at the American College of Cardiology Scientific Sessions meeting on March 24th, 2012.



## Dr. Chantal Bernard appointed Chair of the Specialty Committee in Anatomical Pathology

It is with great pleasure that we inform you that Dr. Chantal Bernard has been appointed as the next chair of the Specialty Committee in Anatomical Pathology. Dr. Bernard was considered an ideal candidate for this role due to her active participation in Specialty Committee activities as vice-chair, her enthusiasm and knowledge, and her experience as a program director and examination board member. Each of these roles has provided her with a wealth of experience which will serve her well as chair. Dr. Bernard's official mandate as chair will begin on July 1, 2012. Please join us in congratulating Dr. Bernard.

## Patient information Confidentiality

In line with the MUHC policy on security and confidentiality, audits of access to patients' records and use of the Internet are performed randomly associated to the user's role and function.

These audits have demonstrated that several users have accessed patient information, which they were not authorized to view because the information did not pertain to the user's work.

The managers of the users were contacted in order to validate the nature of access and, if necessary, to determine the circumstances of these breaches of confidentiality and to emphasize the need for appropriate behaviour.

### Incidents

In recent months, an increasing number of patients have exercised their right to be informed of those who accessed their electronic record.

Complaints are filed by patients when they believe their chart has been accessed without authorization by personnel having no connection with their care.

This trend demonstrates the growing concern among patients about the misuse of the electronic medical record.

### Remember

The privilege of having access to information and information systems is granted to you in order to help you fulfill your work related responsibilities and for this purpose only (refer to the MUHC Code of Ethics and the MUHC Security and Confidentiality policy).

Please:

1. Do not access patient files out of curiosity;
2. Do not access patient files that are not related to your work;

3. Do not access the clinical files of family members, friends or colleague's to whom you are not providing clinical care;
4. Never share your user ID and password;
5. Always logout or lock your screen with a password when you are leaving your workstation. If you need assistance, call IS Service Desk 58484;
6. Be aware that random audits are being performed and inappropriate access behaviour will have consequences;
7. All access to information systems is logged.



For more information, please consult the following documents:

- [http://www.emuhc.muhc.mcgill.ca/sites/default/files/policy\\_ADM\\_310\\_security\\_assets\\_information.pdf](http://www.emuhc.muhc.mcgill.ca/sites/default/files/policy_ADM_310_security_assets_information.pdf)
- [http://www.emuhc.muhc.mcgill.ca/sites/default/files/policy\\_HPO\\_030\\_code\\_of\\_ethics.pdf](http://www.emuhc.muhc.mcgill.ca/sites/default/files/policy_HPO_030_code_of_ethics.pdf)

### MUHC Security & Confidentiality Committee

This committee is chaired by the department of security governance, and is multidisciplinary members are the Medical Records, Ombudsman, doctors, nursing, legal, human resources, allied health, logistics, information technology and research.

# THE NEW MUHC

## MCH: Streamlining Surgical Care for kids

**A**t the Montreal Children's Hospital the well-being of children and their families is always a priority. The new Surgical Day Hospital designed for the Glen Site is a reflection of the forethought that has gone into the design of the new MCH to improve pediatric healthcare for children and their families.

Housed on the third floor of the B block, the Surgical Day Hospital is located immediately off of the main MCH corridor. This is an ideal location for outpatients, who can easily locate it from the main MCH entrance and for inpatients as it is vertically adjacent (directly below) the inpatient units.

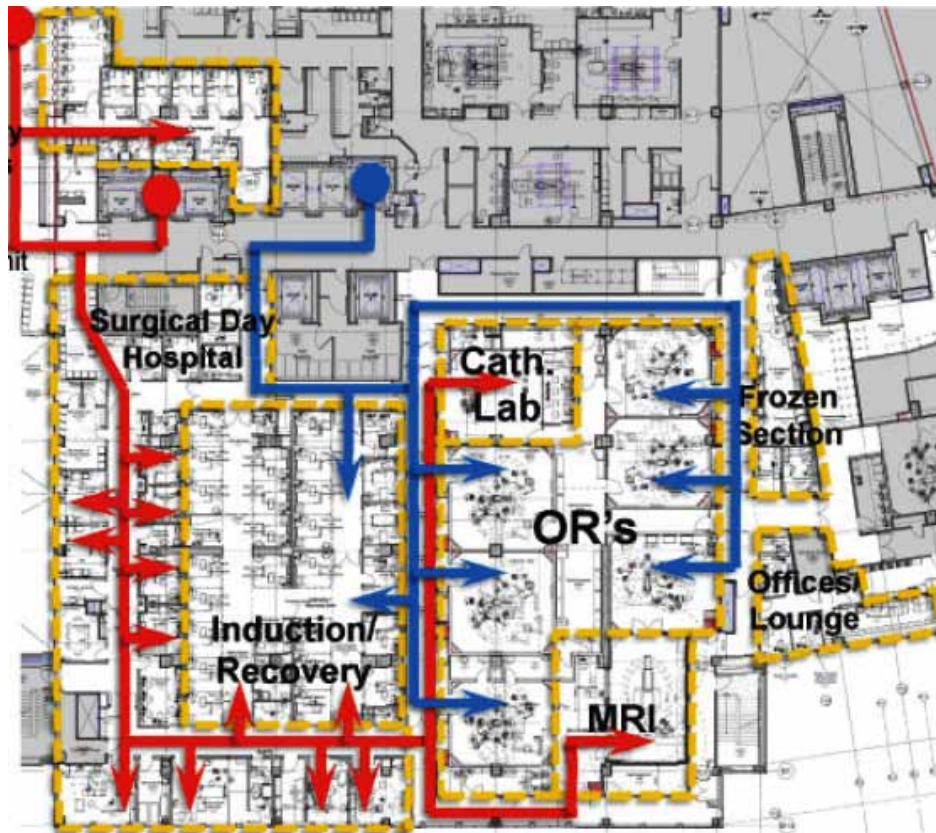
According to Barbara Izzard, Associate Director of Nursing at the MCH, "the design of the new Surgical Day Hospital reflects our philosophy of care: all rooms in which non-invasive peri-operative care is given will be located on the outer perimeter of the area. As care gets more complex, patients get closer to the OR's and the centre of the surgical day hospital. The idea is that a child who does not need complex care should not have to see another child recovering from surgery. It has to be as non-threatening as possible." Thus, exam rooms fade into treatment rooms which fade into procedure rooms which finally lead to OR's.

This practice has already begun being put into place at the current hospital, but staff is limited in what can be done as the physical space does not always support new practices. "At the Glen, we'll be able to close the loop and really put best practices into place as our new environment will be designed to support them," says Ms. Izzard.

"The incredibly dedicated members of the user group who helped design the new space were committed to making the surgical day hospital as innovative and efficient as possible," says Clinical Manager of the Pediatric Day Hospital Services, Nadia Eldaoud. "The aim of the new design is really to make peri-operative services run as smoothly as possible for our young patients. That is why all surgical care will be given in the same place. We are on the same floor as the OR's, intervention rooms and recovery area."

Thoughtful adjacencies go a long way to ease stress for staff and patients. Waiting rooms are in the same area as recovery rooms so it will be easy for parents to get to their children after a procedure and for surgical staff to speak to parents. "We have improved the facilities for families, there are more windows and much more natural light; we have included a consult room for surgeons to speak to parents privately, when they have more delicate or complex information to give – the whole area was designed to shepherd patients through what can be a complex process in as simple a way as possible," mentions Ms. Eldaoud, stating this is an example of the MCH's dedication to patient and family centred care.

The objective of the clinical design of the Glen Site has always been to simplify the delivery of care for patients and caregivers; the MCH Surgical Day Hospital succeeds in this and contributes to the Glen being the unique health centre it is destined to be.



**Red**  
outpatient / circulation

**Blue**  
inpatient / circulation

## CBC Daybreak show dedicated to Glen redev, March 16<sup>th</sup>, 2012



Robert Hamilton and Imma Franco speak to Mike Finnerty on CBC Daybreak to discuss the Glen Site and what it will bring to the neighbourhood. Residents, local merchants and even local politicians participated in this interview held at neighbourhood Restaurant Copoli.



## Save the Date... June 9<sup>th</sup> is the MUHC Summer Festival

Spring is officially here and bouts of sunshine and warm temperatures are becoming more common, meaning the MUHC's inaugural Summer Festival will soon be upon us.



**M**ake sure to save Saturday, June 9<sup>th</sup>, 2012 so that you and your family and friends can join the MUHC for a picnic-style lunch in Parc Notre-Dame-de-Grace (Corner of Girouard and Sherbrooke West) in NDG.

With 2012 slated to be another busy year for the MUHC as it moves ahead with its historic redevelopment project, the Transition Support Office is hosting this fun-filled "family and friends" event as a way to come together and celebrate all of the hard work and many achievements to date.

From 11 a.m. to 3 p.m. everyone will enjoy a relaxing day outdoors with great food, refreshments, games, prizes and fun for all ages. Tickets are \$10 per person, while children two and under enter for free.

Local celebrities will also be on hand to mingle with guests and live music will keep the tunes flowing all afternoon.

This event will also serve as a fundraiser for the MUHC's *Best Care for Life Campaign*, of which \$261 million has already been raised towards its \$300-million goal.

For more information, please call 514 934-1934, 23622, and for the ticket order form, please visit [muhc.ca/events](http://muhc.ca/events).

## The MUHC: an award-winning employer for recent immigrants

**O**n March 24th 2012, Mrs. Elizabeth Leiriao, MUHC Training Manager, accepted the award on behalf of the MUHC at the reception honoring the 2012 Best Employers for New Canadians. "Since my beginnings at the MUHC in 1998, I have seen a countless number of new immigrants being not only welcomed as new hires, but also actively helped in integrating into their new Canadian community while pursuing their careers at the MUHC", says Mrs. Leiriao with pride.



From left to right:  
Mrs. Ratna Omidvar,  
President, The Maytree  
Foundation, Mrs. Kristina  
Leung, Editor, Canada's  
Top 100 Employers,  
Mrs. Elizabeth Leiriao,  
Training Manager, MUHC

## MUHC townhalls

**Looking for a way to keep up with the latest news of your hospital and the MUHC at large? Make sure to mark these dates on your calendar!**

### Montreal General Hospital

April 23  
Livingston Hall  
Noon to 1 p.m.

### The Montreal Children's Hospital

April 24  
Amphitheatre  
Noon to 1 p.m.

### Lachine Hospital

April 27  
Room A & B,  
Camille-Lefebvre Pavilion  
Noon to 1 p.m.

### Montreal Chest Institute

April 30  
Cafeteria  
Noon to 1 p.m.

### Royal Victoria Hospital

May 2 – Room H4  
Noon to 1 p.m.

**2012 April | Avril**

Sunday Dimanche	Monday Lundi	Tuesday Mardi	Wednesday Mercredi	Thursday Jeudi	Friday Vendredi	Saturday Samedi
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

**2012 May | Mai**

Sunday Dimanche	Monday Lundi	Tuesday Mardi	Wednesday Mercredi	Thursday Jeudi	Friday Vendredi	Saturday Samedi
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		



### Did you know

Visible minorities at the MUHC make up for:

- ♦ 20.25% of employees
- ♦ 23.92% of managers

Source: [www.eluta.ca/new-canadians-at-mcgill-university-health-centre](http://www.eluta.ca/new-canadians-at-mcgill-university-health-centre)