

# MUHC 2015

MORE THAN A COMMUNICATIONS  
THEME, A COMMITMENT TO KEEP  
YOU INFORMED AND ENGAGED  
THROUGH THE NEXT 18 MONTHS  
OF TRANSFORMATION

**F**or nearly two centuries, the hospitals of the McGill University Health Centre (MUHC) have built a reputation for carrying out high-quality health care, research, teaching and health-technology assessment. While the MUHC will undergo significant change over the next few years, it will be on the shoulders of this solid foundation and we will come out on top. The Public Affairs and Strategic Planning department is committed to providing integrated communications through various platforms to keep you informed along the way.

As we are approximately one year from construction completion at the Glen site and we are planning construction at the Montreal General and Lachine hospitals, we need to accelerate the transition and preparatory work for the move. Our new physical environment has been designed and built according to clinical priorities identified during the CAPS process. Thus, we are also moving forward with the implementation of our clinical plan focusing on our *raison d'être*—delivery of complex care as we face an aging population with increasing health needs. The clinical plan involves changing the way we offer care as well as a reallocation of programs and services between our various sites and the transfer of some activities to our partners in the healthcare network.

*Continued on page 2*

## Supporting the development of a respectful and violence-free workplace

—AN IMPORTANT MISSION FOR  
THE NEW MUHC COMMISSIONER

**T**he McGill University Health Centre (MUHC) is committed to creating a workplace where all members of the MUHC community are valued and treated with dignity and respect, and where everyone is able to reach his or her full potential. For this to happen, employees need to work in an environment that is non violent.

Earlier this year, Dominique Bilodeau



joined the MUHC in the newly-created position of Commissioner for the Development of a Respectful and Non-violent Workplace. With a Master's degree in Social Service and over 20 years of experience working as a

consultant in conflict management and prevention of violence and harassment in the workplace, she is well-positioned to support the MUHC mission.

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Our response to the Baron Report has also taken into consideration our clinical plan and the anticipated move to New MUHC. In this light we have developed an aggressive budget deficit reduction plan to return to fiscal balance by March 31, 2015.

As one appreciates, the transition and preparatory work for the move, financial and clinical implementations will have to be achieved over the next 18 months. It seemed appropriate, therefore, to select MUHC 2015 as our umbrella communications theme. It will entail providing information and two-way conversation about:

- Primary delivery of Glen construction site and planning construction at the Montreal General and Lachine hospitals (New MUHC)
- Implementation of planned budgetary initiatives to balance our budget by March 2015
- Implementation of our clinical plan in partnership with RUIS institutions
- Preparation for the transition and the transfer to the New MUHC

Starting this month, MUHC 2015 will start appearing in various communication tools and will run to Spring 2015, which will mark a significant milestone in the history of our healthcare centre. Together we will see it come and go. Our hope is we will approach it with much excitement, harnessed with a clear understanding of the roadmap that will get us there.

If you have any suggestions or concerns, please email [public.affairs@muhc.mcgill.ca](mailto:public.affairs@muhc.mcgill.ca) or for questions please use our Straight Talk forum, which you will find on the Intranet or use [dialogue@muhc.mcgill.ca](mailto:dialogue@muhc.mcgill.ca).

## NEW MUHC POLICIES • MEDIA AND POSTING

The Public Affairs and Strategic Planning Department (PASP) has updated the **MUHC Posting and Media policies.**

The posting policy includes a facilitated approval system with a new section on Stand-up Posters. In addition, in line with our desire to organize Art and Heritage at the MUHC, there is a new section on Framed Images and Artwork that governs the addition and maintenance of our art on our walls.

The **MUHC Posting (ADM068) and Media (ADM235) policies** are available on the MUHC Intranet.

Should you have any questions, please do not hesitate to contact Public Affairs and Strategic Planning at local 31560 or at [public.affairs@muhc.mcgill.ca](mailto:public.affairs@muhc.mcgill.ca).

## The 2014 MUHC Healthcare Leadership Program (HCL)

Registration is Open- Deadline to apply: October 1, 2013

- The Human Resources Directorate-Training and Organizational Development Sector is now accepting applications from managers for the 2014 MUHC Healthcare Leadership Program. This program includes 4 academic courses and an optional internship leading to a Graduate Certificate in Healthcare Management from McGill University.
- Recruitment of emerging leaders is also open - visit our website, certain conditions apply. All Leaders are invited! First come, first serve!

Register NOW for the HCL program by calling Wendy Wanner at extension 42133 OR by completing the application form available on our website: [www.emuhc.muhc.mcgill.ca/?q=human\\_resources/training/managers](http://www.emuhc.muhc.mcgill.ca/?q=human_resources/training/managers)

\* There are limited spots available so complete your application form without delay.\*

**Straight Talk** is a great opportunity to ask a question about what you may have seen or heard about the MUHC and get a real answer. Send your questions to the Straight Talk email address: [dialogue@muhc.mcgill.ca](mailto:dialogue@muhc.mcgill.ca) and we will respond as clearly and completely as we can within two business days, depending on volume. You can also send your question anonymously by internal mail to the Public Affairs office, Suite 1280, Guy Street.

## STRAIGHT TALK QUESTION OF THE MONTH

### Have the Director General's Awards and Gala been cancelled due to budget cuts?

The Director General's Awards and Gala is an important recognition event, and is supported financially by industry partners. However, it requires an enormous amount of work to plan and implement, over approximately eight months, from the call for nominees to the night of the actual Gala. As such, the Director General's Awards will be held every two years instead of annually.

*The next DGA gala will be held fall 2014. Watch for a call for nominations early next year!*

## New digital glucometers are now available at the MUHC

This fall marks the end of the new glucometers implementation period throughout the majority of the McGill University Health Centre (MUHC). Manual blood glucose monitors have now been replaced with new devices that are faster, and most importantly, more reliable, increasing patient safety. With this new implementation, came the perfect opportunity to also introduce a bar code technology at the patient bedside.

Nursing staff and other healthcare professionals are now equipped with an ID card containing a barcode that automatically identifies the glucometer's user. Healthcare professionals have been trained and certified online to use these new devices, complete with a super-user certificate of professional practice and certification.

"This is the first time we have seen such a close collaboration between Laboratory Services, the Transition Team, IT and Nursing, while deploying new equipment," says Sophie Baillargeon, assistant director of Nursing involved in the project. "More than 2,500 nurses were trained throughout the process—bedside nurses were actively involved in this process."

"Barcodes have been identified as one of the key elements in reducing medical errors," says Dr. Jeffrey Barkun, member of the project's Steering Committee and chief clinical officer for Technological Transition. "Using this technology ensures the correct



patient is tested, the healthcare professional taking the sample is properly identified and the blood sample is correctly labelled."

According to Dr. David Blank, co-chairman of the Coordination Committee for the project and interim director, Division of Medical Biochemistry, the blood glucose level of any given patient can be measured in only six seconds and with a smaller

blood sample. "Many factors have contributed to the success of this process," he says. "But most importantly, it is the teamwork of multiple groups of people throughout the MUHC, who pooled their diverse knowledge and experiences together and worked extremely hard to implement these new measures."





## Neuro Portrait: inspiring art and science

PHOTO EXHIBIT DIVES INTO THE HEART OF CREATIVITY AND THE HUMAN BRAIN

**M**en and women in white gowns and masks, machine lights flickering, strange instruments glowing—a brain operation is a visually exciting spectacle for a photographer. But what if the photographer is also the patient?

The answer can be found in photos by Yves Ferland, who underwent a successful brain tumour operation in 2010 at the Montreal Neurological Institute and Hospital - The Neuro. Last year, he returned to The Neuro to shoot a series of unique photos from the patient's perspective.

His photos are part of Neuro Portrait, an extraordinary exhibit by twelve local

photographers who reveal, in candid detail, the highly trained people who carry out delicate operations, treat patients with degenerative diseases and spend long hours at laboratory benches in a search for the causes of diseases and their cures. The faces of surgical residents, a neurosurgeon's healing hands at work, portraits of stalwart nurses—the images become metaphors for dedication and service in medicine.

The exhibit also shows contemporary photography at its most creative. Under the photographers' lenses, for example, clusters of brain cells glow like stars in a

galaxy. One amazing image of 95-year-old neuropsychologist Brenda Milner was created with fire and soot.

All of the images in Neuro Portrait were freely donated by professional photographers: Yves Ferland, Jean-Francois Bérubé, Martine Doucet, Martine Doyon, Adrien Duey, Francois Fortin, Yves Lacombe, Ron Levin, Dominique Malaterre, Sean O'Neill, Steven Spazuk and Monica Colman.

Neuro Portrait can be seen at Place Ville-Marie, October 7-18, and at the Centre de commerce mondial de Montreal, October 28-November 8.



# Hundreds help celebrate the Lachine Hospital's 100th anniversary

Despite grey skies and a fall bite in the air, the mood was festive as approximately 800 people from the communities of Lachine and Dorval came out on Saturday, September 14 to Parc LaSalle to celebrate the 100th anniversary of the Lachine Hospital.

The Lachine Hospital Centennial Festival was one of many events and activities that have been held throughout 2013 to mark the hospital's centenary.

There was a lot to see and do for all ages, including face painting, a reptile zoo featuring a 100-year-old tortoise, arts and crafts and giant inflatables games for the kids, along with live music and dance lessons for the grown-ups.

Numerous MUHC departments participated with information kiosks, including trauma, ophthalmology (which provided free eye check-ups), nutrition and more.



Montreal mayoral candidate Denis Coderre



Residents from Camille-Lefebvre



François Ouimet, MNA for Marquette; Karin Arpin, chair of the Lachine Centennial Festival Committee; Jocelyne Faille, administrative director of the Lachine Hospital; and Lachine Mayor Claude Dauphin.



Montreal mayoral candidate Marcel Côté



## Ghosts and goblins and spirits, oh my!

Have you ever had a supernatural experience while working in one of our hospitals? One that gave you goosebumps and made you shiver?

Help us celebrate Halloween this year by sharing your story with us. If it makes the creepy cut it may be featured in the October edition of *EnBref* and on the Intranet.

Stories must be submitted by October 11, 2013 and sent to: [cinzia.coella@muhc.mcgill.ca](mailto:cinzia.coella@muhc.mcgill.ca)





Married MCH doctors, Holly Agostino and Brett Burstein completed seven out of ten legs of the Amazing Race Canada.

## MCH doctors finish the Amazing Race Canada in fifth place

**D**rs. Holly Agostino and Brett Burstein might be out of the Amazing Race Canada, but boy oh boy, were they ever fun to watch! Building an igloo and throwing a harpoon in Nunavut proved to be too much for the young couple, despite the fact that Dr. Burstein wolfed down 10 pieces of muktuk (whale skin and blubber) in 30 seconds. Even though physical challenges were not their forte, they played a very 'smart game' and were contenders until the very end.

"The race is a lot harder in real life, than on TV," laughs Dr. Agostino, who was sometimes criticized for crying during difficult challenges. "Like the time we spent four hours in 30 degrees searching for two key chains in a truckload full of lentils. Let's just say I haven't eaten any lentils since!"

Overall, they found the experience very rewarding and would do it all over again in a heartbeat.

### FIVE FUN FACTS ABOUT THE AMAZING RACE CANADA:

- On race days, teams wake up between 1 and 3 a.m. and compete until 6 p.m.
- The race doesn't stop for meals or pee breaks so teams eat granola bars while on the run and only stop for bathroom emergencies
- On non-race days teams get 12- to 24-hours of rest, but are not allowed to leave their hotel rooms
- The docs were very close to the two Tims (father and son duo from Winnipeg) and still talk to Jet and Dave (best friends from London, Ontario)
- Amazing Race Canada is the #1 show in Canadian TV history with 3.5 million viewers
- The couple was hoping to donate 25 per cent of their Amazing Race winnings to the Montreal Children's Hospital Foundation, but have still managed to raise over \$14,000

For more information, visit their website [www.amazingcause.com](http://www.amazingcause.com)

# Heart attacks in young women - not all have chest pain

MUHC-LED STUDY EVALUATES  
GENDER AND AGE DIFFERENCES

Chest pain is recognized as a symptom of heart troubles, but one out of five women aged 55 years or less having a heart attack do not experience this symptom, according to a study led by the Research Institute of the McGill University Health Centre (RI-MUHC). The research findings, gathered from partner institutions across Canada including the University of British Columbia (UBC), are the first to describe this phenomenon in young women. The study, published in *JAMA Internal Medicine*, has implications for emergency room healthcare professionals and for at-risk individuals, as seconds matter when it comes to the accurate diagnosis and treatment of heart attack.

“We need to move away from the image of an older man clutching his chest, when we think about acute coronary syndrome (ACS - the umbrella term referring to heart attacks and angina), says senior author of the study, Dr. Louise Pilote, director of the Division of General Internal Medicine at the MUHC and McGill University and professor of medicine at McGill University. “The reality is that chest pain, age and gender are no longer the definers of a heart attack. Our study demonstrates that young people and women who come into the emergency without chest pain, but other telltale ACS symptoms such as weakness, shortness of breath and/or rapid heartbeats, are in crisis. We need to be able to recognize this and adapt to new standard assessments in previously unrecognized groups such as young women.”

“Women less than 55 years old are more likely to have their ACS misdiagnosed in the ER than men, and they have higher risk of death,” adds first author Dr. Nadia Khan, associate professor of Medicine, UBC. “The public and physicians need to be aware of this problem.”



## PAIN NOT AN INDICATOR OF DISEASE SEVERITY

Drs. Pilote, Khan and colleagues evaluated more than 1,000 young patients who were hospitalized for ACS. Their findings showed that women were less likely to experience chest pain compared with men and that the absence of this pain did not correlate with less severe heart attacks. Patients without chest pain had fewer symptoms overall but their ACS was not less severe. The diagnosis of ACS, therefore, depended on detailed cardiological assessments.

“It is important to remember that chest pain is a main indicator of ACS, but not the only one,” says Dr. Pilote.

“We need to remind ourselves that even without chest pain, something serious could still be happening,” adds Dr. Khan.

*This research was made possible thanks to funding from the Heart and Stroke Foundation and the Canadian Institutes of Health Research (CIHR).*





# Tools of the trade: computer simulation helps with transition planning

*A simulation model is a representation of a system that assumes or mimics the system's pertinent outward qualities, which can be used to infer how the real system will operate.* Manuel D. Rossetti, Simulation Modeling and Arena, (Hoboken: John Wiley & Sons, 2010).

Computer simulation has been used for scenario testing in the manufacturing industry for many years. Only recently has it become common in a hospital setting where patients are the focus. It is being used to solve problems involving the flow of patients, scheduling, logistics, and transportation within healthcare facilities. The Transition Support Office (TSO) of the MUHC is using simulation as a tool to test different scenarios without disrupting everyday activities—in health care, this is fundamental to continuous improvement and robust decision-making.

In the TSO, project managers recognize simulation as an invaluable tool. After collecting the necessary data in partnership with Quality & Performance, programmers can build a model that best mimics a real-life situation. Adjusting schedules and the number of resources allows tweaking of the model to gain efficiencies based on the simulation results. Testing alternative solutions within the software allows management to use this statistically significant information as the basis for their decisions.

“Across the MUHC, teams are working diligently to optimize processes and practices. Tools like simulation are instrumental in helping us identify what improvements are needed and make sound decisions for the future,” says Marie-Claire Richer, director, Transition Support Office.

Simulation has proven useful for the MUHC’s surgical services where the goal was to determine the optimal distribution of specialties by hospital site, based on current volumes. The model considered several constraints including the total number

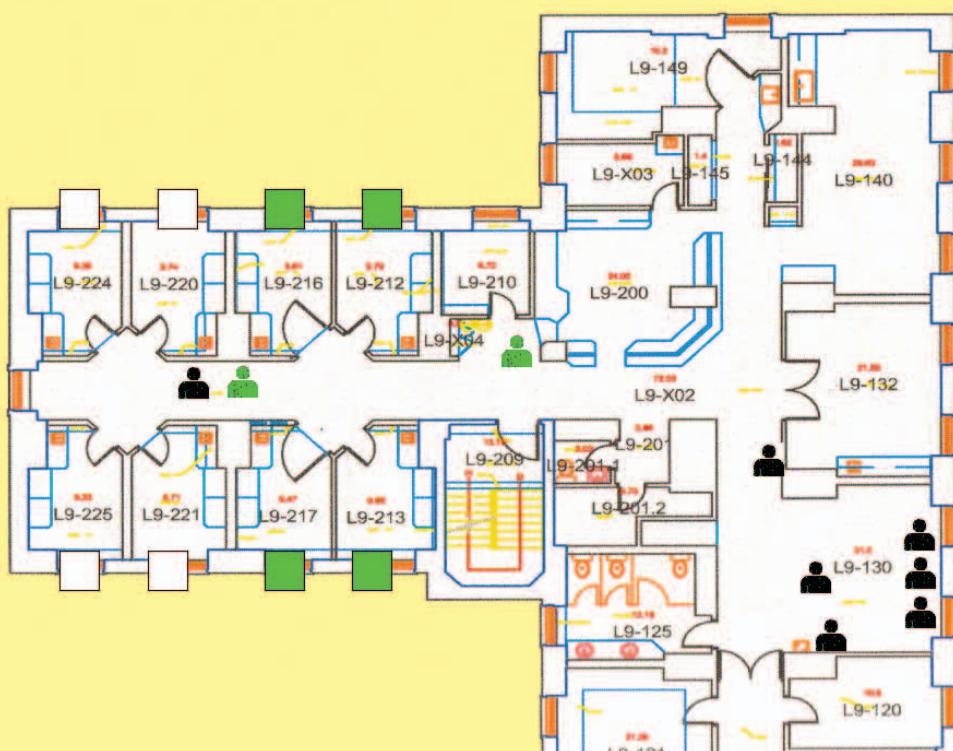
of ORs, schedules, allocated block times, case severity, overtime and seasonality. Without such a tool, it would be difficult to compare alternative scenarios in such a robust fashion. This type of environment cannot be tested in real time without risking the quality of care for patients or causing disruptions in the surgical schedule.

“By providing data-driven evidence to support decision-making we are proactively managing risk, avoiding costs and minimizing future operational disruptions,” says Robert Kuy, Transition Support Office project manager.

“When it comes to the harmonization and optimization of practices, our health care professionals are really the ones who implement any new systems,” says Richer. “The TSO is there to support them and provide them with the information they need to make the best decisions, and simulation helps us do that.”

## HOW IT WORKS:

- *Arena* is a platform created by Rockwell Software that allows users to drag and drop data specific to a department or unit.
- To create a simulation, users set the parameters for a specific department or unit and then run a simulation with entities (i.e. people) passing through. This allows them to identify the areas that need improving.
- When the simulation is complete, a report may be printed, showing the results of what the user wanted to measure. These include: waiting times, process times, and resource utilization (i.e. staffing).





# New system in place for the approval of clinical practice documents

The McGill University Health Centre (MUHC) is proud to showcase its new streamlined system for the development and approval of all documents related to clinical and medication administration practice. This system, which serves the entire MUHC, allows for a faster review of these documents between the committees responsible for approving them.

The initiative was originally developed by Madelaine Boulay-Bolduc, when she was associate director of Clinical and Professional Staff Development for Nursing (she is now a consultant in the Transition Office), and Patricia Lefebvre, when she was director of Pharmacy Services (she is now director of Quality and Risk Management). It also involved the cooperation of numerous committees, including Clinical Practice Review, Pharmacy and Therapeutics, Forms committee, and Nursing Pharmacy medication administration groups.

"We developed this new streamlined system to eliminate some problems that existed historically," explains Jane Chambers-Evans, MUHC Nursing Practice Consultant who is the Chair of the Clinical Practice Review Committee. "For example, some MUHC healthcare workers did not know how to get their clinical practice or medication administration documents approved, or even know where to send them."

Chambers-Evans also explains that templates, tools and systems have been created



to assist teams to develop their protocols. In addition, standards are in place to ensure all protocols are evidence based, patient population specific and user friendly.

To help increase patient safety, all tools and new protocols are posted in two places only: the Clinical Policies and Procedures site for all clinical practice protocols and on the Pharmacy site for medication administration. The easiest access is through "Quick Links" on the main Intranet page, then through Policies and Procedures, where you find both Adult and Pediatric policies.

"This new system is proving to be a success," says Chambers-Evans. "Most notably, previous inefficiencies have been greatly diminished and turnaround times for approval have dropped dramatically."

*For questions regarding the new system or protocol development please contact Jane Chambers-Evans at [janec.evans@muhc.mcgill.ca](mailto:janec.evans@muhc.mcgill.ca)*

*Continued from page 1 - SUPPORTING THE DEVELOPMENT OF A RESPECTFUL AND VIOLENCE-FREE WORKPLACE*

Harassment in the workplace is a complex problem that can manifest in various forms: verbal, psychological, sexual and economic. It can compromise an individual's personal and professional life.

"Studies increasingly demonstrate that those who witness violence in the workplace are also deeply affected by the situation," says Bilodeau, who is supported by the MUHC Committee on the Prevention of Violence and whose members include representatives of the MUHC community. "Working in a climate of tension and aggression can create stress and result in a loss of motivation."

An important aspect of Bilodeau's role is to support managers and employees who are going through difficult times, to encourage respect and safety, and to instil a proactive, constructive approach to conflict resolution. "It is essential to manage conflicts which may arise within teams," she says. "A conflict which has been

ignored or poorly managed can degenerate into a state of violence or harassment."

According to Bilodeau, prevention is the best approach to harassment and violence in the workplace. She works in collaboration with different bodies within the MUHC, including unions, to actively promote prevention.

MUHC employees who are experiencing problems with workplace harassment or violence are encouraged to speak with their supervisors to try to resolve the issue. If this is not an option, Bilodeau's door is always open, and her services are confidential. She can be contacted directly at extension 71819.

For more information, please read the MUHC policy HR346 - Prevention and Elimination of Violence at Work on the MUHC Intranet site.

## New neuromodulation approach for treating depression now covered by RAMQ

The McGill University Health Centre (MUHC), a leader in the development of repetitive transcranial magnetic stimulation (rTMS, also known as neuromodulation), is pleased to confirm that the Régie de l'assurance maladie du Québec (RAMQ) is now providing Health Insurance coverage for this treatment.

Approved for use in Canada in 2002, rTMS is a viable solution for 10 per cent of Canadians who suffer from depression and who are interested in an alternative to the regular treatments of psychotherapy and medication. Fifty to 60 per cent of patients obtain successful results.

The procedure involves cerebral electrical activity being influenced by a pulsed magnetic field. The magnetic field is generated with brief current pulses that are passed through a figure eight coil. This coil is held close to the scalp so the magnetic field can be focused onto specific areas of the cortex, or surface, of the brain.

This rTMS treatment is non-invasive, requires no anesthesia or sedation, lasts 30 to 60 minutes and is administered five days a week over four to six weeks. Most patients notice a therapeutic effect after two weeks of treatment. For the most part, the side effects are limited to headaches and a tingling sensation on the scalp.

"The medical community sees rTMS as an important future tool in the therapy of psychiatric illnesses," says Dr. Theodore Kolivakis, co-director of the MUHC-Neuromodulation Unit. "This procedure, that previously cost a few hundred dollars per session, is now more widely accessible, and could become one of the main treatments recommended by general practitioners."

MUHC-NEUROMODULATION  
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<http://muhc.ca/neuromodulation>

## The "Be Line Wise" Campaign saves lives

With the move to the Glen site fast approaching, the McGill University Health Centre (MUHC) is busy harmonizing practices across the network. For the past five years, the MUHC Prevention and Infection Control service's priority has been to reduce the risk of infection related to central catheters. The MUHC Transition Support Office has assisted in implementing best practices.

"Each infection has a mortality rate of 15 to 20 per cent and costs over \$30,000 to treat," explains Dr. Charles Frenette, MUHC medical director of Infection Prevention.

These facts are exactly why the "Be Line Wise" awareness campaign, which involves reminding everyone to use the best central venous catheter insertion (i.e. catheters inserted into a vein that pumps blood back to the heart) and maintenance practices and rewarding performance improvement on care units, was launched. Included in the number of measures adopted are the following:

- Hand washing prior to each catheter insertion and manipulation
- Using aseptic technique when inserting and maintaining a catheter
- Scrubbing the injection cap for 15 seconds before each access

On September 10th, 2013, the campaign was officially launched across the following units: the Neonatal Intensive Care Unit at the Montreal Children's Hospital (MCH), the Intensive Care Unit at the Montreal Chest Institute (MCI), the Intensive Care Unit at the Montreal Neurological Hospital (MNH), the Medical Unit on the 15th floor of the Montreal General Hospital (MGH) and the Surgical Unit on the 9th floor of the Royal Victoria Hospital (RVH).

Since the launch of the initiative, there has been a 40 per cent decrease in infections. "The challenge now is to continue to reduce the rate of infection in our patients," explains Sandra Dial, director of Intensive Care at the Montreal Chest Institute (MCI). According to Dr. Dial, "the campaign's success is due to the fact that we are educating the nursing staff to be 'line wise'."

Eliza Ford, assistant head nurse at the Medical Unit on the 15th floor of the Montreal General Hospital (MGH), shares the same vision of success. "Once nurses are trained, they are happy to use this knowledge in practice to better protect patients."

"Implementing this program in the largest care unit at the MGH was definitely a challenge," says Ford. "We were only able to do it thanks to everyone's cooperation and involvement. Team work is the reason this campaign has had such a positive impact."

The "Be Line Wise" campaign, including the related promotional tools, posters and tables were developed thanks to the financial contribution of our sponsors.



Left to right, Donna Cox, Guillaume Poulin, Kim Trahan, Eliza Makowska, France Paquet, Doan Hoang Pham, Alison Mockler, Eliza Hebert Ford, Charles Frenette, Letecia Calpito. Front: France Hamel and Joan Legair.

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