en Bref

Centre universitaire de santé McGill

McGill University Health Centre

Volume 4 – Issue 3 – May 2013

OUR NURSES: Past, present, future

Over the past century there have been many changes in the profession of nursing. In this issue of *En Bref*, we highlight some of our nurses of today and we take a look back to when our nurses wore mandatory uniforms and when patient dinners were served on real china plates. Although change is inevitable, our raison d'etre has never changed: to provide the best care we can to our patients and families. As we look to the future, care practices will most likely evolve and improve, while nursing involvement in teaching and research will continue. Our new hospital and redevelopment of our existing hospitals will also mean new opportunities for improving care. Ultimately, it always comes back to what is best for our patients and families. We hope you enjoy your read.

ANNA BALENZANO

ASSISTANT NURSE MANAGER, POSTPARTUM UNIT, WOMEN'S HEALTH AT THE ROYAL VICTORIA HOSPITAL

"From patient care to managing the unit, the supplies, scheduling nurses to work, making sure all policies and procedures are carried through and always being on the lookout for new evidence-based practice—that's what I do as Assistant Nurse Manager for the Post Partum Unit in Women's Health," says Anna Balenzano.

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Multidisciplinary team unites in the battle against cancer pain

PATIENT FINDS PHYSICAL AND MENTAL PAIN RELIEF IN MUHC CANCER PAIN SERVICE

Maureen Comisso has had breast cancer twice. Following the second diagnosis she opted for a double mastectomy in 2006. Then last December, a cancer tumour was found in her spinal cord.

"I received radiation treatment for my vertebrate, which had also fractured from the tumour," says Comisso, who made a career out of golfing, going as far as being on the women's Quebec team. "I was in unbelievable pain at the time so I was referred to the MUHC Cancer Pain Service. The pain was so bad I felt suicidal."

For countless cancer patients like Comisso, debilitating pain is a fact of everyday life and in many cases requires help from specialists to make it bearable. That's where the McGill University Health Centre (MUHC) Cancer Pain Service at the Montreal General Hospital can help. Launched in March 2011 under the direction of Dr. Manuel Borod and Nurse Manager Rosemary O'Grady, co-leaders of the hospital's Supportive and Palliative Care Service, as well as Dr. Yoram Shir, director of the Alan Edwards Pain Management Unit, the Cancer Pain Service has helped ease the pain of more than 400 cancer patients since it opened.

Pain is the most common symptom experienced by cancer patients, affecting between 30 and 50 per cent of those receiving treatment and as many as 70 to 90 per cent of patients with

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Normand Rinfret
Director General and CEO

Patty O'Connor
Director of Nursing

Melany Leonard
Nurse manager Hematology-Oncology Unit

EXECUTIVE MESSAGE

On the heels of last week's National Nursing Week and on the occasion of this special *En Bref* profiling nurses, I would like to join Patty O'Connor, MUHC director of Nursing, in extending our most sincere thanks to the 3,000 nurses at the MUHC for their leadership, advocacy and compassion.

Leadership is not about a job title; leadership opportunities abound in every role. As such, it is important to work outside one's comfort zone to increase one's learning, to be engaged, to cultivate resilience, and to build partnerships and strong relationships through collaboration. At the MUHC, nursing is now undergoing many changes to ensure we are leaders in both quality and efficiency of care delivery.

At the MUHC, nurses are partnering with patients, physicians, allied health, and other services to co-design health system improvements, implement strategies to improve the quality of care, and create innovative, patient-centred care delivery models. Our goals are to improve patient outcomes, increase access, ensure a healthy work life, and reduce healthcare costs through evidence-informed practices. As nurses, you support individuals and families during some of their most vulnerable and difficult times of life. You guide people every step of the way on their journey to better health. You conduct invaluable research to advance the profession and delivery of care. As registered nurses, you are leading the evolution of our healthcare system, changing lives and building a healthier Canada.

Last week, special award ceremonies were held at each hospital to honour our nurses, nursing assistants, patient attendants and unit coordinators who are the recipients of this year's Nursing Awards of Excellence. Here profiled in this special edition of *En Bref* are six MUHC nurses – one at each site. In addition, we'd like to highlight here that this year's recipient of the Valerie Shannon Award for Outstanding Leadership at the MUHC is Melany Leonard, nurse manager of MGH 17 East Hematology-Oncology Unit, the Oncology Day Centre and Radiation Oncology. Congratulations to Melany and the recipients of this year's Nursing Awards of Excellence!

We all know that change is not successful without sustained and concerted effort. Deepest thanks for your commitment to best practices and leadership at the MUHC!

Travel insurance equals peace of mind

Let's imagine you are on vacation outside the country and suddenly you require emergency care or you need to be hospitalized. Who will pay the expenses?

The Régie de l'assurance maladie reimburses, at a pre-set rate, the cost of hospital services received as a result of a sudden illness or accident. However, unless you have personal insurance to cover the exceeding costs, your dream vacation may suddenly turn into your worst nightmare.

Travel insurance, if included in your Group Insurance Plan, offers you coverage in an emergency situation while travelling outside the country and provides peace of mind for yourself, as well as your dependant spouse and children, if insured with you.

TIPS BEFORE YOU TRAVEL

- Call your insurance company to enquire about your coverage. If you have a pre-existing condition, medical expenses may not be covered while you are away.
- Make sure that you pack your insurance certificate, which includes your contract number and travel assistance phone number
- Strongly consider the option of trip cancellation insurance, if not already included in your contract
- If you take medication, ensure that you have a sufficient supply with you during your travels. If your medical condition requires that you bring syringes with you, make sure that you have a medical certificate from your doctor to avoid problems with authorities.

WHILE EN ROUTE

- In case of a medical emergency, you must contact the travel assistance service as soon as possible
- Keep all receipts for medication and/or other medical expenses

WHEN YOU RETURN

- Your claims must be submitted to the Régie de l'assurance-maladie
- Keep all receipts for medication and/or other medical expenses

We wish you happy and safe travels!

ANNA BALENZANO Continued from page 1

Balenzano has been at the McGill University Health Centre since 1980 and she has seen many changes in the way nurses practice.

"Sometimes bringing in best practices, which equals change, is hard because if you have always been nursing a certain way, it may be difficult to accept. But it can be compared to not wearing a helmet biking decades ago. We now know that wearing one saves lives. It is about best quality of care."

In Post-Partum, education is a huge component of the job. Nurses have a 24- to 36-hour window where they have a lot of teaching to provide to families. Each nurse makes a daily teaching plan. Whenever there is change to nursing practice, Balenzano must learn about the change, believe in the change, teach the front-line nurses, role-model and explain as many times as possible the change until there is buy-in and roll-out.

"We need our staff to believe in us as champions and then have faith in the new ways of caring," says Balenzano, who adores the teaching element of her job. "I find when I believe in something, my team believes in it."

For Balenzano, nursing has always been her passion, not just a job. "We are launching families into the world," she says. "When I go home after a day of work I feel good; I know I have made a difference."

OUR NURSES: PRESENT, PAST
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Accreditation Canada visit September 16 – 20, 2013

Required Organizational Practices (ROPs)

MEDICATION USE

Goal: Ensure the safe use of high-risk medications

Examples of how we are achieving this goal:

1. Ensuring that there are no concentrated electrolytes stored in patient care areas.
2. Ensuring that there are no high concentration formats of narcotics stored in patient care areas.
3. Standardizing and limiting medication concentrations across the organization.

Documenting evidence of ongoing, effective training on infusion pumps.

WORKLIFE / WORKFORCE

Goal: Create a work life and physical environment that supports the safe delivery of care

Examples of how we are achieving this goal:

1. Providing regular patient safety training (e.g. Code Red, Code White, safe medication use, falls prevention).
2. Appointment of a new MUHC Commissioner for the development of a respectful and non-violent workplace.
3. Improving our preventative maintenance program for equipment.

WE ARE RELYING ON YOU FOR PATIENT SAFETY

These are two of the six themes covered by the 37 Required Organizational Practices.
For more information please visit the Qmentum banner on the MUHC Intranet site.
MUHC Department of Quality, Patient Safety & Performance

MULTIDISCIPLINARY – Continued from page 1

advanced stages of the disease. While many aren't getting the relief they need, Dr. Borod says up to 90 per cent of patients can be treated effectively by using the World Health Organization's "analgesic ladder" approach, which starts with low-dose pain relief that is increased incrementally, and by using the right drug in the right dose at the right time, until the pain is brought under control.

"Pain can have a significant impact on the lives of cancer patients," says Dr. Borod, noting that some people are bed-ridden as a result. "If you could imagine the worst pain you've felt, consider living with it on an ongoing basis. Add to this, the fact it could have life-threatening implications, you can imagine the impact that unrelenting pain has on cancer patients."

After almost two years, the Cancer Pain Service has shown promising results. Data was analyzed after the first year and the team found that patients reported a significant improvement in their level of pain. Patients also reported an improvement in sleep, general activity and mood.

Patients seen in the Cancer Pain Clinic are cared for by a multidisciplinary team that includes an anaesthesiologist, radiation oncologist, palliative care physician, nurse, physiotherapist and occupational therapist. Patients experiencing psycho-social distress also have access to a psychologist. Dr. Borod notes that it's important to treat the whole person, not just the physical symptoms, since ongoing pain can affect many aspects of one's life.

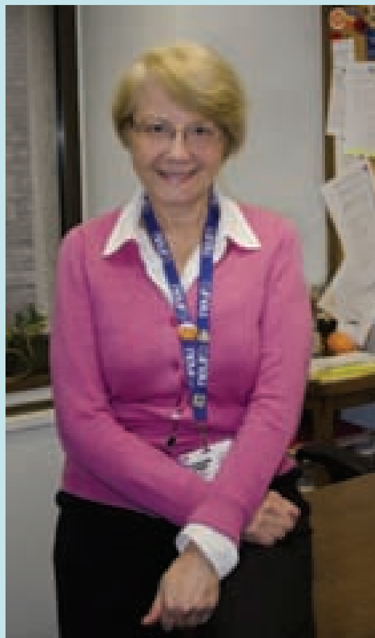
From left to right: Maureen Comisso, Sara Olivier, nurse clinician, and Dr. Jodie Perez

"It's not just physical," Dr. Borod says, adding that his team works to treat 'total pain'. "Sometimes it's the whole situation that's painful and that is having an impact. To ease their pain is to give them a part of their life back."

For Comisso, she feels very well supported and although she was told to not swing a golf club due to her vertebrate, quality of life has been returned to her. "I could not do it without Dr. Borod and the team," she says. "I don't know how people live in pain physically or mentally—I am now well surrounded. The Clinic staff and physicians are so kind and nice to me. They are aware of everything—always asking about my symptoms, how I feel, how I am doing mentally… It is a heck of a team, that's all I have to tell you."

MARTHA ANN STEWART

NURSING PRACTICE CONSULTANT IN THE NEUROSCIENCE MISSION



My role involves coordinating nursing and patient attendant education and development," says Martha Ann Stewart, a nursing practice consultant in the Neuroscience Mission, who also taught Nursing at McGill for 10 years in the 1990s. "A big part of my job involves the coordination and teaching of a course called the Neuroscience Nursing Program (NNP). It is for nurses working in neurosciences with a minimum of one year experience. It helps them broaden and deepen their knowledge in this field of expertise."

The Neuroscience Nursing Program has existed in some form or another since The Neuro opened in 1934. It is currently offered part-time so nurses working fulltime can take the course: classes are one day a week for three hours from September to March.

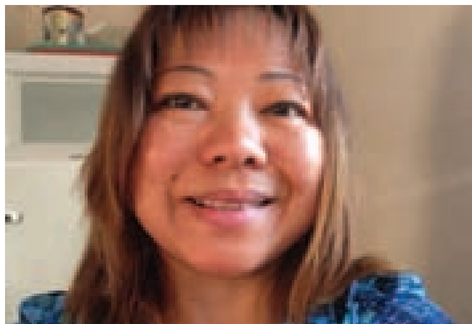
"The goal is to become a better and safer Neuro nurse," says Stewart, who started to run the program in 2003. "But, it also acts as preparation for certification with the Canadian Nurses Association, as neuroscience is one of 19 specialty certifications. I am proud to say that a large percentage of NNP graduates go on to write the Canadian certification exam and about two-thirds of neuroscience certified nurses in Quebec work at the McGill University Health Centre."

Stewart also manages four nurse educators, who work with the frontline nurses to support them with new technologies and protocols.

"Overall, I love my job," she says. "Particularly, the constant collaboration on quality improvement projects and protocols with colleagues so that care practices are kept as high level as possible for better patient outcomes. Everyday, my colleagues inspire me, coach me, and offer support. We are a family here and I am happy to be part of this."

KHOUANHEUN PHONSAVATDY

FLOAT NURSE IN THE MEDICAL SURGICAL CARE UNIT AND DAY SURGERY AT LACHINE HOSPITAL



To be a nurse, you have to have passion, and you have to like people," says Khouanheun (known as Khouan) Phonsavatdy, who has been working at the Lachine Hospital for the past 14 years.

Phonsavatdy did well in school and was interested in many subjects, so when it came time to choose a career path, she had several options. Her sister was already working as a nurse at the Lachine Hospital, so that helped influence her decision. "This career was made for me," says Phonsavatdy, who takes great pride in being a nurse. Her supervisor, Nurse Manager Céline Dufour, refers to Phonsavatdy as "calm waters" because she is able to so effectively soothe patients who are feeling anxious.

As a member of the hospital float team, Phonsavatdy works primarily in the Medical Surgical Care Unit and Day Surgery, occasionally helping out in Palliative Care. Each department is quite different, and so she must adapt her approach accordingly. She also works as "preceptrice", orienting new nurses to the service.

Phonsavatdy enjoys working with patients and as part of a team for the patients. "Tout le monde pour le patient!" she proclaims, "c'est ma façon de travailler."

CHRISTELLE KHADRA

NURSE CLINICIAN AT THE DAY HOSPITAL OF THE MONTREAL CHEST INSTITUTE

At the Montreal Chest Institute in the Day Hospital (DH) and Emergency Department (ED) Christelle Khadra has been caring for patients with respiratory problems since last September, when she joined the team soon after obtaining her Masters degree in Nursing.

Khadra migrated to critical care as she pursued her studies. She likes how it "stimulates her clinical judgement". At the forefront, however, is her desire to help families through their healthcare experience: "It is always nice to see how you can make a difference and help them".

In the DH and ED, Khadra's practice is divided in three main areas: 1) patients who come to receive treatments; 2) patients who need further investigation, such as bronchoscopies, thoracoscopies, or day hospital procedures, such as pleurex insertions, pleural taps, chest drain insertions; and 3) patients with respiratory emergencies who are seen in the walk in clinic.

A large part of the nurse's job in these departments also includes patient education. "This is crucial given that most of our patients have chronic respiratory problems, such as asthma and COPD," says Khadra. "Teaching is necessary to control the disease and its symptoms in order to avoid a relapse, thus helping them maintain a good quality of life".

GILDA LEBRON

NURSE CLINICIAN IN PALLIATIVE CARE AT THE MONTREAL GENERAL HOSPITAL

As a nurse on 10 East of the Montreal General Hospital, Gilda Lebron provides end of life care for palliative patients.

"I work with an interdisciplinary team, which includes physicians, nurses, volunteers, psychologists, music therapists, a social worker, pharmacist, occupational therapist and spiritual care," says Lebron. "Together, we take care of patients during the last period of their life—physically, emotionally and spiritually. We try to comfort them the best we can, as well as their families."

According to Lebron, this type of care can be quite challenging, so as a group the team works hard together to ensure the patients live their last moments in peace and comfort, as pain free as possible.

"I really like the family contact and being there for the patient in this unique and profound way," says Lebron. "But it's the team spirit that holds it together as these patients and families enter their final journey of life that I really appreciate and find extraordinary."

Andrée Nicole, also a nurse in Palliative Care, with Gilda Lebron, right.

MARY-ALANNA MCQUILLAN

FLOAT NURSE AT THE MONTREAL CHILDREN'S HOSPITAL

"Nursing is what I've always wanted to do," says Mary-Alanna McQuillan, who has been working at the Montreal Children's Hospital (MCH) since she graduated from the nursing program at Vanier College in 1973.

McQuillan started in Neurosurgery and then moved to the float team, where she remains today, going wherever she is needed most. But her thirst for knowledge has also opened the doors to further learning. "Thankfully, the MCH has always been supportive and has encouraged my educational pursuits," she says.

McQuillan's further studies have included engineering, bioethics and linguistics. Because she believes in giving back, sharing her knowledge with others was a natural next step in her career. Today, along with her clinical care, she is an instructor for both the ENPC (Emergency Nursing Pediatric Course) and the PALS (Pediatric Advanced Life Support Course). She also sits on the Ethics Committee, "bringing the voice of the kids" to the forum.

"One thing that I had difficulty learning throughout my career was that you can't do it all," says McQuillan, who has a tendency to put the needs of others before her own. She has learned to rely on her "extended family at the MCH and the collaborative teamwork of the unit," who in turn, appreciate McQuillan's enthusiasm and positive outlook at work.

"I love my job," says McQuillan, who has always had the unwavering support of her husband, Stephen, throughout her entire career. "But what I love most is being with the children. They are why I am here and why I give myself so fully to my job."

OUR NURSES: PAST→

OUR NURSES: PAST

Nurse (possibly Nurse Hall) circa 1895. Nurse uniforms in the 19th century were a little more restrictive than today's—nurses even had to wear corsets. Regardless of the uniforms, this picture still demonstrates the development of women's roles in the workplace.

Ward at the Montreal General Hospital (MGH), circa 1907. Units had wood floors and high ceilings to promote air circulation.

McGill Field Ambulance Corps (Royal Victoria Hospital), circa 1915. The RVH sent a contingent of medical staff to the front during World War I.

1910

Group of nurses from the Montreal Children's Hospital, circa 1897-1910. The hats they wear are not uniform because the nurses made them themselves. Each nursing school had its own uniform.

Nora Livingston:

THE MONTREAL GENERAL HOSPITAL PIONEERING NURSE

Nora Gertrude Elizabeth Livingston (1848-1927) arrived to The Montreal General Hospital (MGH) in 1890. She had been hired for one specific mandate: to establish a reputable School of Nursing—a daunting task that the MGH Board had tried to accomplish without success, for years.

Livingston, who trained at the New York Hospital Training School for Nurses, accepted the job, although the hospital at the time was in a sorry state. Her only two conditions were that her duties not include any domestic tasks and that she be allowed to hire two experienced nurses of her own choosing to work with her. The board accepted and Nora Livingston quickly got to work. She took on this challenge for an annual salary of $800.

After promptly cleaning up the wards at The MGH and rearranging staff duties, Livingston welcomed her first students on April 1, 1890. She established a two-year program and students who passed the three-month probation, could stay on to finish their schooling.

"Livingston, by all accounts, was a strong, no-nonsense woman. She established a curriculum for nurses, introduced the nurse uniform and hired the first nurse instructor in Canada," says Margaret Suttie, an MGH graduate and retired MGH Nursing Director turned volunteer nursing historian.

In 1919, 29 years after she arrived, Livingston retired, but her school of nursing remained open until 1972, when the government changed the educational program for nurses in Quebec.

"It's an attestation to her importance in MGH, MUHC and nursing history that Livingston Hall was named after her," says Suttie. "She established a standard of excellence that she expected everyone to live up to—a standard that I believe our nurses still live up to today."

Picture This...

BUDDING RAPPER WRITES AND PERFORMS A SONG OF APPRECIATION FOR FAMILY AND THE CARE HE RECEIVED AT THE MUHC ROYAL VICTORIA HOSPITAL AFTER OVERCOMING A DEADLY DISEASE

Demetri Paschalis raps. In typical teenage fashion, he started in his mother's garage with friends at the age of 18, and he hasn't stopped. So when he looked death in the eyes last year at the age of 20, and lived to tell the tale, he wrote a song.

"The words were released in the form of emotions that I concealed during the almost two months I was in the hospital," says Paschalis. "When they flooded from me I just wrote my heart out. I wanted to create awareness of how life is fragile, the value of family and friends and how we are often blind to this. But it is also my way to thank the Royal Victoria for doing such an amazing job and saving my life."

In January 2012, Paschalis started to cough up blood. He was misdiagnosed with sinus infections and pneumonia by several local clinics and a hospital. As his health began to dramatically decline, his mother rushed him to the Royal Victoria Hospital (RVH) Emergency Department where he was immediately triaged. Paschalis' blood oxygen level had fallen from the normal

1929-40

Nurse with a patient enjoying some fresh air, circa 1929-40. Nurses used to take patients outside for fresh air and sunshine as both were thought to be conducive to good health.

1929-40

Nurses enjoying a game of tennis, circa 1929-40. The RVH and MGH each had tennis teams; tennis and swimming were favourite pastimes for nurses, who were expected to follow a very strict daily routine.

1945

Troup of RVH nurses coming back from the war overseas (World War II).

1958 Patients were served meals on real china. Have you noticed these dishes in your hospital (look for the green or blue pattern), circa 1958

90 to 100 per cent to only 50 per cent, and within an hour of his arrival he had started to vomit blood.

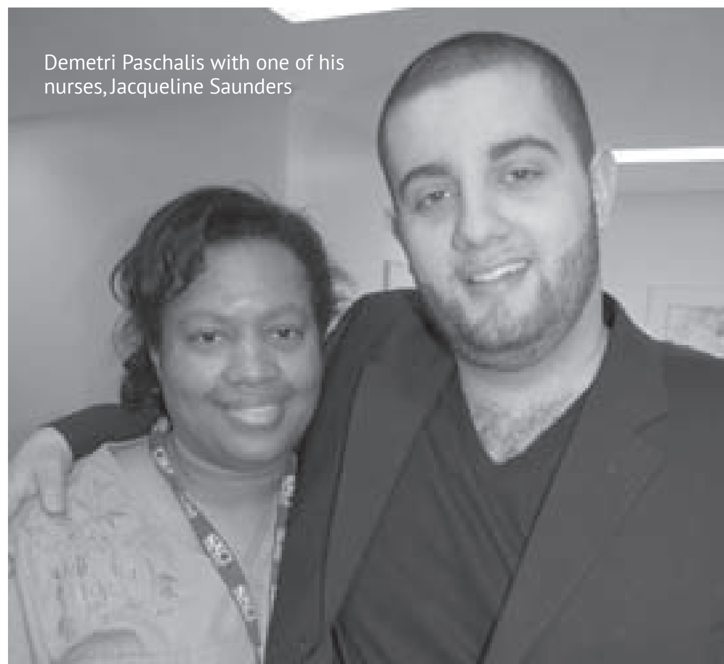
"He was given a blood transfusion and then admitted to the ICU (Intensive Care Unit)," says Jamie Kostarides, Paschalis' mother. "A week later we were told he had Goodpasture's disease."

Goodpasture's is a rare and serious autoimmune disease in which antibodies attack the lungs and kidneys. It affects approximately 1 in 2 million people. Unless a diagnosis is made rapidly and treatment is given, patients often die from internal bleeding and kidney failure.

"Within a couple of weeks of being in the ICU, Demetri's kidneys had completely shut down and blood had flooded his left lung," says Kostarides, whose sister joined her at Demitri's bedside and stayed with them throughout the ordeal. "At that point they advised us that they needed to put Demetri in an induced coma for 48 hours."

While sedated, Julia Lefebvre, one of Paschalis' ICU nurses, noticed his CD by his bedside and played it so she could get to know him through his musical tastes. "I wanted to humanize care for Demetri," she says.

Paschalis ultimately underwent plasmapheresis—the removal, treatment, and return of blood plasma from blood circulation—and chemotherapy, to control the cells that were attacking his organs. As he regained his health and strength he continued to listen to his music.



Demetri Paschalis with one of his nurses, Jacqueline Saunders

Around mid-March, he was moved to the Medical 10 ward of the RVH, where nurse Jacqueline Saunders admitted him and stayed close to his side. "Demetri is amazing," she says. "I saw this disease once before about 20 years ago so I knew what to expect. One of my concerns was his mother—I saw how nervous, tired and anxious she was."

"Jacqueline was like my angel," says Kostarides. "Everybody became like family in the hospital, coming up to us making sure we were ok, giving us all the info they could. We were sleeping there 24/7; they gave us a room and they provided us with social services. It is clear they don't just care for the patient—they care for the entire family."

In Paschalis' opinion, all of the positive reinforcement and support given to his mother and aunt strongly contributed to his recovery.

For Kostarides, she would never go to another hospital other than the RVH again. "No hospital could replace this one. I don't know how the healthcare workers do it day in and day out. I thank God they are here as they saved my only child. I will be forever grateful."

Paschalis' song is released under his artist name, Don Delta, featuring G. Fraser. To listen to the song and watch the music video on YouTube, click here (www.youtube.com/watch?v=-XgCmAHX2F0).

Skin-to-skin care now in place at the MUHC

—A NATURAL AND BENEFICIAL START TO LIFE

The McGill University Health Centre (MUHC) has been working diligently over the past two years to put into place best practice recommendations given by the World Health Organisation and UNICEF. This includes placing the newborn in skin to skin contact with its mother immediately after birth or as soon as medically possible. Skin to skin involves placing the naked baby, chest down, on their mommy's bare chest for as long as mom and child are comfortable and safe in doing so.

In the past, the standard practice was the baby would be taken away to be weighed right after birth, but now the MUHC waits for an hour and/or for the first breastfeed to occur. "We are the only species in the world to remove the baby from its mother," says Stephanie Dorey, MUHC nurse clinician for the Baby Friendly Initiative Program. "With skin to skin, we are getting back on track."

According to Luisa Ciofani, MUHC interim associate director of Nursing for the Women's Health Mission, skin to skin offers many advantages to baby and mom.

IT HELPS BABY:

- Stabilize body temperature, heart rate, oxygen level, blood pressure and blood sugar
- Be calm and cry less
- Bond easily with mother
- Trigger feeding behaviours
- Maintain weight after birth
- Latch on to breast more easily
- Breastfeed exclusively
- Sleep better
- Promote colonization of skin with bacteria, which helps build a natural immunity
- Adapt to life outside the womb

IT HELPS MOM:

- Welcome baby in a closer more comforting way
- Adjust her body temperature for baby
- Learn to respond to baby's needs
- Recognize when baby is ready to feed
- Develop a deeper bond with baby
- Begin breastfeeding
- Produce more milk
- Reduce risk of postpartum blues

"It also gives more power back to the parents," says Ciofani. "With the skin–to–skin initiative, our healthcare workers are now being as hands off as possible. For instance, we used to take the baby and put him or her under the warmer right after birth. But the mom's body does a much better job, so, if medically possible, the baby now stays with mom. If mom is unavailable, baby can be placed in skin to skin with dad. Fathers are encouraged to participate in this initiative."

There has been ongoing training about skin to skin for all nurses, physicians, residents, and anaesthesiologists and everyone is getting on board. "Even with c-sections, staff are finding ways to place the baby skin to skin on the mom," says Dorey. "For example, the child is placed across the mom's chest instead of lengthwise due to the lack of available space on her chest because of the surgical drapes."

Providing skin-to-skin contact in the operating room is extremely valuable for many reasons, for example, babies who are not delivered vaginally are not exposed to the mom's normal bacteria and the temperature in the OR theatre is quite cold, therefore placing the baby on mom is the best way to increase body temperature and transition to extrauterine life. Moms of babies who are admitted to the NICU are highly encouraged to do skin to skin (referred to as kangaroo care) even intubated babies are capable, and can do so, under the nurses' supervision and guidance.

A patient teaching tool about skin to skin, which is placed in all maternity clinics, on the post-partum floor and in the birthing centre, also supports the initiative.

Today, skin-to-skin care with new families is documented to take place, at birth or very soon after, 90 per cent of the time at the MUHC. "You rarely find warmers anywhere anymore but in the birthing centre, and they are only there for safety reasons," says Dorey. "We are really making progress."

The McGill University Health Centre

Patients' Committee

We care about you!

We are here to listen to you, inform you, protect your rights, accompany you, and improve the quality of services.

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Royal Victoria Hospital
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Montreal Children's Hospital
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Montreal Neurological Institute
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Montreal Chest Institute
Tel: 514-934-1934, local, 32509

Lachine Hospital and
Camille-Lefebvre Pavilion
Tel: 514-934-1934, local 77171

straight talk

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 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.

Anxiety can be debilitating

—MUHC CLINIC HELPS REMOVE THE SUFFERING WITH MULTI-PRONG APPROACH

Lynn Connor has a great career, a healthy marriage and she and her husband recently welcomed their first child into the world. But two years ago this picture was not so rosy.

"I was sexually assaulted," says Connor (not her real name). "It shook me up so much that within months I was not able to function. I had to stop work as I was having panic attacks and flashbacks. I was eventually diagnosed with post traumatic stress disorder."

According to Dr. Pierre Bleau, the director of the MUHC Anxiety Program (M.A.P) at the McGill University Health Centre (MUHC), in a lifetime 30 per cent of the population will have an anxiety disorder severe enough to make them dysfunctional. "When we say dysfunctional we mean compared to a person's previous baseline," he says. "So someone can be functioning well and then can't do their job or go to school because the anxiety is overwhelming."

The M.A.P. assesses any anxiety disorder that is referred to them, which includes mainly second- and third-line referrals—they don't see many patients who are having first episodes. "Patients are often referred to us by a mental health team or psychiatrist in the community," says Dr. Bleau. "This is also our mandate within the RUIS*."

There are six principle diagnoses of anxiety: post traumatic stress disorder; obsessive compulsive disorder; social anxiety disorder; generalized anxiety disorder; panic disorder; and specific phobias (ex. spiders, needles etc.). If another underlying disease has not been ruled out, the M.A.P. team, which consists of two psychiatrists, one psychologist and one nurse, will pursue this before making a diagnosis related to anxiety.

"If a patient has anxiety, we prescribe psychopharmacology treatment and/or pyscho therapy," says Dr. Bleau. "We also offer cognitive behavioural therapy, which helps patients understand the thoughts and feelings that influence their behaviours, or we explore interpersonal therapy, which focuses on past and present social roles and interpersonal interactions. A new virtual clinic will also soon open that will virtually expose patients to their phobias. Over the long run, psychotherapy is the best treatment of choice."

Dr. Bleau classifies anxiety as a special type of fear. "We try to build a treatment plan to get people to confront their fear," he says.

Connor was referred to the M.A.P. by her family physician. Her medication was managed by a psychiatrist and she saw the psychologist. "The combination of the two is what I needed for my recovery," she says. "I met with my psychologist once a week for a year and we were able to touch on many issues and triggers that I needed to work on. With a lot of work and dedication I am now able to cope with feelings and emotions that come with this disorder."

Connor was also impressed that the clinic encourages partners to be involved in the therapy process. "When I was really not doing well, my psychologist would talk to my husband, with my consent, to tell him how to be supportive," she says. "My husband didn't know what to do; he had a lot of guilt about not being there to protect me. And he never saw me like that before—I was always a very highly functional person. With this support he was able to help me through the darkest points of my life."

Dr. Bleau sees time and time again that there is life beyond anxiety. "People can suffer tremendously from this disorder," he says. "But with treatment, more than 70 per cent of patients won't have to face anxiety anymore and just as Lynn has shown, can go on to lead very functional lives without the suffering."

*What is the RUIS?

As part of bringing improved healthcare services into the 21st century, the Quebec Ministry of Health and Social Services created the Réseau Universitaire Intégré de Santé (RUIS) in 2003. A portion of Quebec territory was assigned to each of the province's four Faculties of Medicine, with the intent to facilitate specialized care, medical education, and medical research throughout the province's many regions.

Each RUIS has the responsibility to coordinate tertiary healthcare services through its associated teaching hospitals, and to support the training and development of healthcare professionals in their corresponding regions.

In an area spanning 63 per cent of the territory of the province of Quebec – which includes 7 different regional authorities, 19 CSSS and four other health centres – RUIS McGill works to offer better access to tertiary health care for a population of 1.8 million. The area includes Nunavik, the Cree Territory, Nord du Quebec, Abitibi- Témiscamingue, Outaouais, western Montéregie and western Montréal.

From left to right: Daniel Zigman, psychiatrist, Vicky Rochon, psychiatric nurse, Pierre Bleau, psychiatrist. Jennifer Russell, psychologist, coordinator of the Anxiety Program, and Cara Howell, administrative assistant.

Equipment Procurement and Inventory: a mammoth task

William Parker, chief, Department of Medical Physics, MUHC, is also part of the MUHC Biomedical team led by Julien Hudon. The team includes: Julien Hudon, Sébastien Poitras, Luis Farias, Tito Abanto, Carlos Noriega, Eddy Dorvil, Eduardo Agurto, Chetanand Gopaul, Karim Shehata.

Approximately 50,000: that's how many pieces of equipment will be moved to the Glen site in 2015. This is what the biomedical team at the McGill University Health Centre (MUHC), with the help of users and the Planning Office, has been managing for years—the purchase and inventory of 50,000 pieces of equipment.

"We're at the inventory stage now—we're getting ready for the move," says Julien Hudon, director of Equipment Planning for the MUHC. "That means we're going over our existing sites with a fine-toothed comb and identifying all the things we're keeping and bringing with us to the Glen. This includes 15,000 units of medical equipment, 15,000 units of clinical furniture and 5,000 units of IT equipment."

As for the rest of the staggering volume of items that needs to be moved, it's all new and being delivered straight to the Glen site. "We're re-using about 30,000 items, but we've also purchased 25,000 new pieces of equipment," explains Hudon.

"Deciding what would move and what wouldn't was a team decision, an evolution of the meetings that were held with users and clinical advisors. We identified the things that are still in very good condition and still very functional—the best of what we have—that's what's moving to the Glen."

In the coming year and half leading up to the move, there's still much work to be done, but Hudon is confident that we'll meet all of our objectives. "My team is working diligently for everyone at the MUHC to ensure a smooth move to the Glen. With everyone's support and cooperation, the move will be a success."

What will happen to equipment that isn't moved to the Glen?

Julien Hudon and colleagues are just starting their reflection regarding the future of equipment that isn't moved to the Glen in 2015. More details to come once a plan is in place.

What does the future hold for the MCH, RVH and MCI buildings?

Construction at the Glen site is progressing at lighting speed. Although the move to our new site in 2015 will be exciting, we must of course bid farewell to the facilities that have served us so well for all of these years.

The MUHC's Board of Directors recently adopted three resolutions related to the disposal of buildings at the Montreal Children's Hospital, a part of the Royal Victoria Hospital, and the Montreal Chest Institute. These resolutions have started an administrative process with the Agence de santé et des services sociaux de Montréal and the Ministère de la Santé et des Services sociaux to determine whether other public bodies need these buildings. We will provide you with updates about this process in the coming months.

It goes without saying that the MUHC's founding hospitals and their respective properties are an integral part of Montreal's landscape and heritage. This reuse process will indeed ensure that the buildings are put to the best use in keeping with environmental concerns and the specific requirements of each property.

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