This is it! After years of planning, consultations, construction and preparations, the Research Institute of the McGill University Health Centre (RI-MUHC) is about to open its doors at the Glen site.

The new biomedical and research facilities, together with the redesigned and renovated laboratories and clinical research units at the Montreal General Hospital (MGH), will "redefine how the RI-MUHC’s researchers, post-doctoral fellows and students conduct cutting-edge research," says Dr. Vassilios Papadopoulos, executive director of the RI-MUHC, and researcher in human reproduction and development. "What excites me the most about the new location is that it will promote a continuous flow of communication among researchers coming from different health research fields, whether it’s basic laboratory, clinical or evaluative research," he says. "At the Glen, scientists will be grouped around specific areas such as child health and human development, respiratory medicine, infectious diseases, experimental therapeutics and metabolism and cancer. The RI-MUHC will merge the pediatric and adult components of research so that our scientists can investigate disease onset and outcomes of individuals across the lifespan."

Collaboration among colleagues at the heart of a healthy hospital

A new research project aimed at developing managers at the McGill University Health Centre (MUHC) is beginning to yield positive results. Members of a Montreal General Hospital (MGH) team say they’re better prepared to effectively complete the launch of a new electronic records system after receiving project management training through the Collegial Collaboration project.

The interdisciplinary team in charge of implementing the ARIA electronic medical records in the Cedars Cancer Centre at the Glen site wanted to maximize their project’s chances of success. So in the fall of 2014, the ten professionals accepted to take part in an action research project on Collegial Collaboration, which included training in project management.
Message from NORMAND RINFRET

SELF-CARE FOR BETTER PATIENT CARE

As the McGill University Health Centre (MUHC) transitions through the most comprehensive transformation in its history, there are not many stones that have been left untouched. To increase resiliency in the face of personal and professional challenges, the MUHC’s Human Resources Directorate, Training and Organizational Development Sector innovated a Self-Care for Better Patient Care program. This new program comprises the four C.A.R.E. practices, namely Connect-Act-Respect-Experience, which fosters personal coping strategies while promoting community well-being. The aim of this program is to stimulate a healthful balance between the output of energy in the workplace, while catalyzing personal strength and equilibrium.

At the MUHC, our Patient Care and we can create synergy by supporting each other to achieve this common mission. Reserving time for Self-Care allows us to function optimally and feel revitalized. This well-being and balance will, ultimately, contribute to providing a better quality of service and care for our patients: our raison d’être.

To support this initiative, the Human Resources Directorate has redesigned its training program for managers and all MUHC employees to offer new resources and tools. For example, new training sessions for employees and managers have included Stress Management, Change Management, and Mindfulness.

It is our hope that we will all prioritize time for self-care to Connect, Act, Respect and Experience in order to feel a greater sense of regeneration and enjoy a heightened sense of well-being, both professionally and personally. To see how MUHC employees take the time for self-care for better patient care, we will soon share a video for the benefit of the entire MUHC community.

NEW APPOINTMENT BOOKING FOR MUHC PATIENTS BY ARC

The service will be launched on February 27, 2015.

The ARC will be located outside the Glen site at 5100 de Maisonneuve West and the team will consist of 30 full-time employees from existing departments. Ten employees will be on the pediatric side and 20 on the adult side. The operating hours will be Monday to Friday from 8 a.m. to 5 p.m.

When patients dial the adult ARC number (514) 934-8488, the automated menu will guide them to different options. For a first time appointment in a service, they will be informed of the phone number to call for appointment scheduling. As services are being integrated into the ARC, patients will be informed of the number to call for appointment scheduling.
The Oacis team hard at work to centralize clinical patient data

A t the McGill University Health Centre (MUHC), the Oacis electronic medical record is the main source of patient information. Although the first MUHC modules were rolled out in 2006 and 2007, the Oacis team has been developing the system since 2002. Let’s take an up-close look at this tight-knit, veteran team.

The Oacis team is a multidisciplinary group with members who come from an Information Technology (IT), clinical, nursing or other health background, which includes project managers and training experts. Some team members have been working on the Oacis deployment for eight, ten or even twelve years, which attests to their dedication to this ambitious project.

“Our job is to bring health informatics to the MUHC with a high-quality system and to support users while paying constant attention to patient safety. That’s our priority,” says Katy Shadpour, Oacis project manager.

Over time, the Oacis team has made the transition to patient safety. That’s our priority,” says Sabina Choudhury, supervisor, Training and Quality Assurance. Marie Lyne Martel, administrative assistant, absent; Adams Brooker, trainer.

MAJOR CHALLENGES FOR 2015

As the transfer to the Glen site approaches, the Oacis team has to adapt the system to the new site, which involves creating tools and configuring the care units. This process is more complex than it seems, as the care units have been designed differently and sometimes have multiple decentralized treatment areas called “pods,” explains Daniel J. Morin, director, Clinical Information Systems.

“Interfaces also have to be created, such as with the Emergency Department’s MedUrge system. Finally, pharmacy prescriptions have to be developed and tested in 2015. This is one of the last prescription types for clinicians we have left to provide data functions. This is the most complex we’ve had to deploy, and the most complex we’ve had to deploy, and we are up for the challenge!” says Marie Lyne Martel, director, Clinical Information Systems.

Tell us about your success stories! They deserve to be recognized.

The Public Affairs and Strategic Planning Department wants to highlight your accomplishments via its platforms, including web and printed publications (MUHC today, enBref, muhc.ca and social networks). If you, your team or your colleagues, across the MUHC, have provided exceptional care, completed a major project or simply demonstrated altruism, contact us! public.affairs@muhc.mcgill.ca
One last Tea Party at the Vic Before the Big Move

The committee will now turn its sights on ensuring that Royal Vic staff attend the inauguration. Joanne MacPhail and Dr. Larry Stein are the inaugural events would not be possible without our sponsors listed below: PLATINUM: Bell, BMO Banque de Montréal, Cinémas Guzzo, CJAD, CTV Montréal, Evenko, Fairmont The Queen Elizabeth, Innisfree/SNC-Lavalin, La Presse, Montréal en Santé Magazine, Montreal Gazette, Pattison, Power Corporation of Canada, Rio Tinto Alcan, Rouge FM, Sodexo, Solotech, Sports Experts, Trevi-Gold: Aimia, Dynamite-Garage, Pomerleau-Verreault, Redbourne, Transcontinental.

HUNDREDS OF McGill University Health Centre (MUHC) employees dropped into the H4 lounge on January 15 to say a final farewell to the Royal Victoria Hospital. The hospital’s auxiliary sponsored and hosted Tea & Treasures, an informal Victorian-style tea party where cucumber sandwiches and little cakes were served. The event paid tribute to the longstanding tradition of tea service at the Vic and was the last in a series of Royal Victoria Hospital Legacy Year activities organized by a hardworking committee led by Joanne MacPhail.

EVERYONE IS INVITED TO THE HISTORIC INAUGURATION OF THE GLEN SITE

The new infrastructure of over 400,000 sq. ft. at the Glen was designed to meet a range of clinical needs. It includes: the McConnell Centre of Innovative Medicine (CIM) of the RI-MUHC, which specializes in leading clinical research and trials, and will occupy one entire floor, crossing from the Montreal Children’s to the Montreal Chest, Cedars Cancer Foundation Team, Team Montreal General, La-chipine Hospital Team, RI-MUHC Team, Neuro Team. Join one today at WALKFORMTLCA!

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“I like to call it a research hospital within a hospital,” he says. “The McConnell CIM is fully equipped for testing, interviewing and imaging. It has beds for patients who are participating in studies and dedicated staff. It’s a unique setting that will facilitate the continuum of research, from discovery to the patient, and from the patient to the population.”

The majority of epidemiologists, biostatisticians and health services researchers working at the Centre for Outcomes Research and Evaluation will be located on De Maisonneuve St., across from the Glen site.

“The idea with these three centres is to break the barriers of the classic academic university environment,” says Dr. Papadopoulos. “The highly interactive RI-MUHC facilities at the Glen and the ones that we will have at the MGH will allow us to do that in an unprecedented way, so that we can remain at the forefront of research and excel in our mission to improve the health of the population.”

IN SPRING 2009, Normand Dubé was diagnosed with an advanced case of esophageal cancer. But he still managed to stay upbeat during his treatment. How? Optimism, humour and gratitude. When Dr. Lorenzo Ferri, director of the Division of Thoracic Surgery at the Montreal General Hospital (MGH) of the McGill University Health Centre (MUHC) first met with Mr. Dubé, the two discussed his treatment options, but no one knew what would be best for him. The cancer was locally advanced and the chance of surviving five years was likely in only one out of three people in his situation. Mr. Dubé immediately answered, “This isn’t great. You should take me on as a patient. I’ll increase that average for you!”

The following months weren’t easy. Between each chemotherapy session, Mr. Dubé lost 15 to 20 pounds. “I had no appetite, but my wife kept a close eye on my diet, as I had to gain weight to be strong enough for surgery.” Then, with a slight quiver in his voice, he added, “I was very irritable. My wife had the patience of an angel with me, and I continue to thank her.”

After his surgery in September 2009, Mr. Dubé was hospitalized in the Thoracic Surgery Unit at the MGH for nine days. Even then, he found a way to laugh and make others laugh. “One day I took a surgical glove and walked up and down the hallway like a chicken. I had a chest tube, catheter, N and tubes up my nose, but I made the rounds anyway to make other people laugh. It did them good and did me some good too.”

“My wife had the patience of an angel with me, and I continue to thank her.”

“I definitely had to force myself to be optimistic at times and not worry my loved ones. But I’ve always had a lot of drive, and been aware there were people in the world suffering more than I was. I could have either felt sorry for myself or tell myself that I could get through it.”

As a symbol of his extreme gratitude for the support and care he received, Mr. Dubé got a tattoo with the name of his wife, Sylvie, the initials of his doctors, Lorenzo Ferri and Thierry Alcindor, as well as the initials of the Montreal General Hospital.

PATIENT TATTOOS

DOCTORS’ AND HOSPITAL INITIALS ON HIS ARM

ESOPHAGEAL CANCER SURVIVOR NORMAND DUBÉ GRATEFUL FOR THE CARE HE RECEIVED AT THE MUHC

ERCEIVED AT THE MUHC

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Here we come!

– Jean-Marie Chavannes, director

to your continuous efforts ‘
tious project will come true thanks
few weeks from now this ambi-
transition team. In a
ational for researchers and staff of
that the new facilities are oper-
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search Institute of the McGill Uni-

Continued from page 1

Collaboration among colleagues

“Implementing this system is complex and
requires interaction among many health pro-
fessionals and computer experts,” explains team leader Dr. Tarek Hijal, radiation oncolo-
gist at the MGH.

“The Department of Radiation Oncology has been using the ARIA electronic records
system for the past six years. In the transition
to the Glen Cancer Centre, we are now inte-
grating surgery, oncology, hematology and pal-
iative care services.”

The project management training is given by François Chiochcho, professor of Organ-
izational Behaviour and Human Resources Management at University of Ottawa’s Telfer
School of Management. The customized pro-
gram includes two workshops of two hours each.

“There is a huge return on investment of time,” says Dr. Tarek Hijal. “Professor Chiochcho
helped us realize that the usual approach to
management in a hospital was not enough to
implement a project. He helped us to articu-
late our project vision and put all us on the
same wavelength so that we knew what we
wanted to achieve.”

The Collegial Collaboration project aims to
better prepare health professionals who want
to make positive changes to their organization.

“The approach is 100 per cent pragmatic and
applied. It promotes immediate results,” ex-
plains Marie-Claire Richer, director of the Tran-
sition Support Office of the MUHC.

“Cooperation among colleagues from dif-
ferent disciplines is essential to the success of
the initiative,” stresses Melany Leonard, nurse
manager in Ambulatory Hematology-Oncology
at the MGH. “In a team, it’s not just a matter of
giving your opinion. Everyone should have
a specific role and responsibility. The course
gave us a structure and common language to
function properly in this manner.”

Rosemary O’Grady, nurse manager in Sup-
portive Palliative Care at the MGH, and Su-
zana Darvai, information systems technician
in Medical Physics, say they have realized the
importance of using timelines to avoid falling
behind and of assessing risk and adjusting
accordingly.

Equally essential to the success of the
project were the support of the MGH’s Radia-
ton-Oncology staff and the enthusiasm of all
members of Dr. Hijal’s team.

“I don’t think anyone knew how much work
this project would entail, but everyone is com-
pletely devoted to it,” Rosemary O’Grady says
with a smile.

Collegial Collaboration will soon offer new
training opportunities to expand its research
program. Interested inter-professional teams
can contact Marie-Claire Richer or Dr. Carolyn
Freeman by email.
IT’S ALL ABOUT THE WIRING

TWO TEAMS OF NEUROSCIENTISTS WILL WORK TOGETHER FOR THE FIRST TIME AS PART OF THE TRANSITION AT THE RI-MUHC

Merging two neuroscience teams who have never worked together can sometimes be as complex as the structure of a brain. But this is precisely the objective of a new Montreal General Hospital research program that will focus on brain, vision and brain trauma at the Research Institute of the McGill University Health Centre (RI-MUHC). This program will unite researchers from the Centre for Research in Neuroscience (CRn) and the McGill Vision Research Centre for the first time. The new merged team will work at unveiling the mysteries of brain wiring to better understand neurodevelopmental disorders such as amblyopia, autism, traumatic brain injury and schizophrenia.

"We focus on the idea that the brain is a very complex computer and that wiring of the elements of this computer is essential to brain function," explains RI-MUHC neuroscientist, Dr. Salvatore Carbonetto, director of the CRn at the Montreal General Hospital (MGH) and professor of Neurology and Neurosurgery at McGill University. "Furthermore, that wiring changes with development, and with experience."

Figuring out how the brain works is the driving force behind both groups of neuroscientists, but at different levels. One group (CRn) is focused on how neurons communicate via "cellular switches" called synapses and how malfunction of these switches can cause autism and other psychiatric disorders. The other is trying to optimize brain plasticity to reverse disorders that occur in childhood and cause visual loss. The connection between these two levels is necessary to properly understand how the entire system works. One could say it is a match made in the brain!

"This is a very good combination, because the CRn team does a lot of excellent work on synaptic transmission and responses from neurons in animal models, while what we do is really focused on the human side of things, to optimize brain plasticity to recover vision later in life," explains Director of the McGill Vision Research Centre Dr. Robert Hess. "We add the human side to their fundamental work and that will allow much greater translation into clinical therapies."

The CRn group has a long standing interest in trauma. Some of the researchers are studying the cellular and molecular events that occur during the neuro-regeneration process, with the aim of developing therapeutics that are now being tested. According to Dr. Carbonetto, the gap between this very basic research and the clinic will be bridged thanks to the tremendous potential of studies on clinical neuroplasticity.

Dr. Hess is studying amblyopia, also known as lazy eye syndrome, which is caused by a defect in wiring between neurons. He hopes this transition will be an opportunity to look at the changes in synaptic transmission relevant to lazy eye that will lead to the development of new treatment approaches.

The merged team will form the tightest concentration of fundamental neuroscientist researchers in a hospital setting, according to Dr. Reza Farivar, member of the McGill Vision Research Centre and scientific director of MGH Traumatic Brain Injury Program, who specializes in traumatic brain injury research. "If you had put cardiologists next to us, we wouldn’t talk much because we do not have much to talk about. But between the CRn and us there is a lot to discuss," says Dr. Farivar, who is enthusiastic about the merger. "A new synergy will be created that pretty much does not exist anywhere else."

In the spring, this new group of neuroscientists will meet to initiate efforts to combine forces and develop new opportunities for team grants all of which will make the program one of the major research strengths of the MGH.