



## A new beginning for the Children's at the Glen



Along with 65 other children, six-year-old Jouri Abdulmaola was safely transferred from the former to the new Montreal Children's Hospital (MCH) of the McGill University Health Centre (MUHC) on May 24, 2015. Jouri, who suffered from a spinal cord injury when she was just two years old, needs a ventilator to help her breathe and requires a wheelchair to move around. She has been hospitalized at the MCH for four years. In this picture she is all smiles during her exciting move from 2300 Tupper Street to the new hospital at the Glen site.

The MCH has every reason to be proud of the amazing work that was accomplished to make this day a huge success. See pictures of the historic patient move on page 8.

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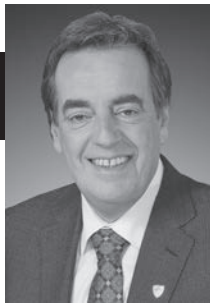
## When every second counts

### MGH and MNH become specialized stroke centres

**T**wo McGill University Health Centre (MUHC) hospitals have recently received new accreditations: the Montreal General Hospital (MGH) was designated a secondary stroke centre and the Montreal Neurological Hospital (MNH), a tertiary stroke centre. The accreditations were granted after a successful reorganization of services that has optimized speed and quality of care for stroke patients. So, it was with great pride that around 40 members of the MUHC Stroke Program and MUHC administrators celebrated the news.

"The MUHC is the only medical institution in Quebec to have a tertiary and a secondary stroke centre," says Neurologist Dr. Robert Côté, medical director of the MUHC Stroke Program. "Both units are ultra-specialized and provide rapid assessment, diagnostics and treatment for any type of stroke intervention."

*Continued on page 7*



## Message from **NORMAND RINFRET**

### Sixty-six patients moved safely to the new Montreal Children's Hospital at the Glen site

Like last month during the RVH move, sunny skies prevailed for the transfer of the Montreal Children's Hospital of the McGill University Health Centre (MUHC) on Sunday, May 24. At 5 a.m., the emergency department (ED) closed at the Tupper Street hospital. By 6:15 a.m., a first ambulance had arrived at the Children's ED at the Glen, while the first walk-in patient was received at 7:15 a.m. As for the transfer of our 66 pediatric patients, of whom 15 were admitted to the neonatal intensive care unit (NICU) and 10 to the pediatric intensive care unit (PICU), things couldn't have been smoother. The first ambulance departed Tupper Street at 7 a.m. and the last patient was ushered safely in to the Glen at 10:55 a.m. What a day!

It was emotional, given the memories created at the legacy site and vulnerability of our youngest patients. I, for one, was struck by the tiny mauve booties on a baby heading to the NICU, the toddler who was the only one to cry and the teddy bear that each patient received for the historic transfer. These signs reminded me that the MUHC is very special. We have a lot of heart and we treat people of all ages. I believe that by collaborating more together in our new environment, we can offer our patients and their families an even greater gift of hope.

May 24 also showed that teamwork is alive and well at the Children's. Thanks to a move that was done the "Children's Way", as Martine Alfonso, associate director general of the Montreal Children's Hospital, highlighted so appropriately, children and their families were extremely well prepared for this day. I would like to commend the social work and child life teams, in particular, for the special attention they gave in the week leading up to the move to the parents and our young patients. The impact was obvious by all the smiles.

I'd also like to recognize the Council for Services to Children and Adolescents, department managers and their teams, the group of planners dedicated to the Children's and the leadership team for their exceptional efforts. Nearly 750 healthcare professionals, staff and volunteers coordinated the day's transfer while countless others worked around the clock for months, indeed hours before the physical move, to ensure that everything would go off without a hitch. Healthcare professionals also worked diligently to reduce the inpatient census and moved six patients to the NICU before the transfer.

Finally, I must reiterate that we are very fortunate to have a dedicated group of people supporting the MUHC. This goes for everyone who makes the Children's thrive, but also for our collaborators, including SNC-Lavalin and their partners; Health Care Relocations (HCR); Urgences-Santé; Medicar; the Montreal Police Department (SPVM); the City of Montreal; Westmount; the Ministry of Health and Social Services; the CIUSSS du Centre-Est-de-l'Île-de-Montréal; and our health network's sister hospitals. Thank you, one and all!

**The new Montreal Children's Hospital, with its 154 beds, is now officially up and running!**



Napoléon Bonaparte said "Impossible is not a French word." The technical services team at the Lachine Hospital achieved a considerable feat by completing construction work within a tight deadline. From left to right: Jacques Bourassa, labourer; Sylvio Pinette, carpenter; Martin Lajoie, carpenter; Claude Briault, site coordinator for Technical Services; and Philippe Chasles, maintenance worker.

## Nothing is impossible for the technical services team at the Lachine Hospital

The transformation of the McGill University Health Centre's (MUHC) Lachine Hospital is well underway, and the technical services team is playing a significant part. The group of ten employees, led by Claude Briault, took on a major challenge at the beginning of the year and completed several construction projects with great success.

In just two months, from the end of November to the beginning of February, team members managed to convert 22 administrative office spaces and perform finishing work before the move of the Montreal Chest Institute's (MCI) long-term respiratory care program to Lachine on January 25. They also transformed a floor of the building known as the former Lachine General Hospital into offices and examining rooms for the Geriatric Day Hospital, and organized and coordinated its relocation. This remarkable amount of work was achieved despite a reduction in activities over the holiday period and while ensuring regular maintenance of hospital equipment and facilities.

The task was "Herculean," says Briault. The team members, who worked closely with Information Services and Sanitary Maintenance at the Lachine Hospital, were surprised by the deadline for completing the jobs.

"Some weeks were longer than others," he says. "But each team member did their share for the hospital, its patients and its residents. Their involvement and cooperation allowed us to reach our goals."

Carpenters, painters, electricians and others—all experts in their fields—showed respect for the skills and experience of one another. "The chemistry among the guys is important," says carpenter Sylvio Pinette. "It leads to a feeling of community."

According to Briault, this team of experts are also great communicators. "They take part in developing plans and are not afraid to tell me when they think things could be done differently. It's an advantage to have a small team with a big heart."

The team now faces new challengers it will no doubt meet, and new members will be integrated from other sites.

### The following employees currently make up the Technical Services team at the Lachine Hospital:

- Claude Briault, site coordinator for Technical Services
- Jean Normand, painter
- Philippe Chasles, maintenance worker
- Jacques Bourassa, labourer
- Sylvio Pinette, carpenter
- Martin Lajoie, carpenter
- Gilles Chagnon, electrician
- Réjean Barbier, maintenance worker
- Mario Brisson, master electrician
- Marcel Munoz, labourer
- Diane Rugénius, administrative officer

### CASCADES

- Montreal Chest Institute's (MCI) long-term respiratory care program moved to the Camille-Lefebvre Pavilion on January 25
- Floor of the building located on 32<sup>nd</sup> Avenue, known as the former Lachine General Hospital, transformed into offices and examining rooms for the Geriatric Day Hospital, which will be administered by the CIUSSS de l'Ouest de l'Île, starting July 1, 2015. Geriatric Day Hospital premises vacated before the construction of the new dialysis service.
- Twenty-two administrative office spaces were built or converted to make room for cardiology and respiratory therapy services
- Cardiology and respiratory therapy services relocated in mid-June to make space for installation of an MRI adapted to obese patients for the new Medical Imaging Service, which will be inaugurated at the end of this year

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The last moves to Glen site of the McGill University Health Centre (MUHC) occurred June 14, 2015. Following the Research Institute and the Royal Victoria and Montreal Children's hospitals, the grand transfer of our health centre culminated with the Montreal Chest Institute (MCI) and some services of the Montreal General Hospital settling into their new ultra-modern premises this month. As we did in previous issues of *enBref*, a few days before the move we asked these team members to tell us what they would miss most of the workplace they were about to leave. Here are their answers:

**RADIOLOGY – MONTREAL CHEST INSTITUTE**  
Kathleen Tremblay and Linda Robinson.  
*We will miss a lot the family spirit, as well as the neighbourhood ambiance around St-Laurent Boulevard.*



**PALLIATIVE CARE, DAY HOSPITAL – MONTREAL GENERAL HOSPITAL**  
Left to right: Sandra Eccles, Clémence Rhéaume and Marylou Kelly.  
*We will miss the friendly and helpful services from other departments.*



**INTENSIVE CARE UNIT – MONTREAL CHEST INSTITUTE**  
Left to right: Jean Claude Kakudji, Gemma Ofugi, RB Gabrielle Menrique, Perpety Guillaume, Susan Guerra, Mohsen Rahimi and Melissa Colizza.  
*We will miss our family, we will miss summer activities. Good Bye Prince Arthur, Good bye free parking.*



**TROPICAL MEDICINE – MONTREAL GENERAL HOSPITAL**  
Left to right: Karine Chagnon, Astrid Senneville, India Bhagwandass, Nina Cammisano, Azza El Bakry, Lyne Cedillotte, Tanya Belanger, Aristine Zuniga and Sasanya Foster.  
*We are going to miss our Tropical Medicine team!*



**ACUTE CARE – MONTREAL CHEST INSTITUTE**  
Left to right, back row: Dr. Patrick Merret, Debbie Lewis, Pascal Montpetit, Alina Tajur, Dr. Ron Olivestein, Abdel Kader El Yasnasi, Catherine Edwards, Adonis Rodaros; front row: Shannon Cupri, Noel Quizon and Fasika Sisay.  
*We will miss our close-knit family.*

**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](mailto:public.affairs@muhc.mcgill.ca)

## SPOTLIGHT: From MUHC nurse to volunteer

**A**fter 26 years of nursing and five years of volunteering at the Royal Victoria Hospital (RVH) of the McGill University Health Centre (MUHC), Tamila Barab's enthusiasm and energy to help others continues to grow.

Barab may have retired from the MUHC in 2010, but she has not slowed down since. Immediately after leaving her post as nurse, she started volunteering at the RVH Information Desk as well as with Les Petits Frères, a community agency that tries to break seniors' isolation. She also started working in the Memory Clinic at the Montreal General Hospital one day a week as a nurse, a position she held until just recently.

"At the information desk, I was pretty useful because I knew the hospital and could answer in five languages," she says. "I can speak Russian, Persian, Spanish, English and French."

Born in Iran to Russian parents, Barab attended a private French school, where she also learned the local language of Persian. After studying and working as a nurse for a few years, she moved to Montreal.

Although she's still very attached to the former RVH—"Ross 4 [the geriatric floor] was my second home," she says with nostalgia—, she really likes the new RVH at the Glen site. "The new hospital is very big and looks great," she says.

"When Human Resources communicated with our department asking for volunteers to help during staff orientation and with training days this past winter at the Glen, we immediately thought of Tamila because she learns quickly and she



Tamila Barab, in the Emergency Department waiting room at the Glen.

has a lovely personality," explains Nevine Fateen, manager of Volunteer Services for the Royal Victoria Hospital, the Neuro and the Montreal Chest Institute.

Barab's reputation as an approachable polyglot has now followed her to the Glen, where she volunteers in the Emergency Department. There she welcomes patients one day a week and lends a hand to Allophone patients.

"I would like to give some time at the Glen Information Desk too because I really like orienting and guiding patients and visitors," she adds. "What better way to spend my retirement years?!"

**If you are interested in volunteering at the MUHC, please call 514 934-1934 to reach the following people:**

- Nevine Fateen, ext. 34300 for the Royal Victoria Hospital, the Montreal Neurological Hospital and the Montreal Chest Institute
- Rita Giulione, ext. 43674 for Lachine and Montreal General hospitals
- Anne Hébert, ext. 22764 for the Montreal Children's Hospital

Continued from page 1 - **When every second counts**

The transformation of services is part of a stroke strategy put in place by the Ministry of Health in 2013 to improve stroke prevention and healthcare services offered to the more than 12,000 Quebecers who experience a stroke every year. For every one of them, time is of essence.

"Time is brain," says Dr. Côté. "For every minute a stroke is left untreated, 2 million brain cells are destroyed. So, the sooner we treat patients the higher the chances of survival with fewer disabilities. That's better for patients and their families, of course, but it's also cost effective."

In the last two years, a Stroke Coordinating Committee, with representatives from the MGH and MNH, worked diligently to fulfill the ministry's long list of criteria and receive the accreditation. One important requirement was that each unit have a dedicated stroke team.

"That means that the same professionals will follow a patient from admission until discharge," explains Rosa Sourial, clinical nurse specialist in the MUHC Stroke Program. "Furthermore, a nurse clinician facilitates continuity of care throughout the hospitalization and collaborates with patients, families and the stroke team in planning the next phase of recovery which involves rehabilitation and follow up in the MUHC Stroke Prevention Clinic." (Please see sidebar #1: Upgraded Stroke Prevention Clinic improves health services offered by the MUHC)

The important difference between the designations is that a tertiary centre is required to provide interventional neuroradiology. In the MNH's case there was added element to address due to the move of the RVH ED to the Glen, which was the entry point for our stroke patients. A highly specialized Receiving Area was created to provide rapid assessment and treat stroke patients, thus avoiding delay in transfers from the ED of the Glen or MGH sites. The MSSS was impressed by this innovative solution and it has distinguished the MNH tertiary centre as a leader within the province.

"In fact, the team behind the MNH Receiving Area have been working tirelessly above and beyond their regular duties to set up the unit, an incredible display of

### UPGRADED STROKE PREVENTION CLINIC IMPROVES HEALTH SERVICES OFFERED BY THE MUHC

The accreditation work at the two stroke centres had another major positive result. For the past year, the MUHC Stroke Prevention Clinic (SPC) located at the Montreal General Hospital (MGH) has been offering enhanced acute evaluation services to patients with a transient ischemic attack (TIA).

"A TIA produces similar symptoms to those of a stroke such as sudden weakness on one side of the body, face droopiness or difficulties finding words, says Heather Perkins, nurse clinician in the Stroke Prevention Clinic. "It usually lasts only a few minutes and often causes no permanent damage, but should be taken seriously, because these patients are at higher risk of having a stroke."

The clinic accepts referrals from emergency departments and general practitioners in the community. It has the same access to radiology and ultrasound equipment as the Emergency Department so that all exams can be done as soon as is needed. It also follows up on patients recovering from a stroke and quickly refers them to rehab specialists.

Along with the new services, the clinic pursues its main vocation: to educate healthcare workers and patients about TIAs and strokes. As Neurologist and Medical Director of the MUHC Stroke Program Dr. Robert Côté explains, "The Stroke Prevention Clinic is extremely important. We can treat patients for acute stroke and send them to rehabilitation, but we don't want them to come back with another stroke."

their dedication to stroke patients in Quebec," says Dr. Côté.

"We have made great strides in improving stroke patient care as a tertiary centre," says Dr. Mark Angle, Associate Director, Professional Services. "We have significantly improved the time it takes for patients to be assessed and receive the appropriate treatment. This has meant improved outcomes for patients whose average length of stay in the hospital has dropped markedly.

The two centres also reviewed and improved their procedures to fulfill three other requirements: improve access to diagnostic testing, decrease the length of stay of patients and engage patients and families in the plan of care.

The improvements in access, continuity and quality of care in both units also benefit patients who were not initially targeted by the stroke program, such as those with transient ischemic attacks (TIA). The success in the transformation is even more meaningful because it was achieved during a challenging time.

Rosa Sourial adds, the whole process has been "a lot of work, but very

rewarding." "Our teams joined forces to improve the health of the population and we can see the results," she says. "This is not about us, but about our patients. I hope the two stroke centres will get even better in the future."

### MUHC Stroke Coordination Team Members

- Dr. Robert Côté, vascular neurologist, program co-lead
- Teresa Mack, administrative director, Neurosciences Mission, program co-lead
- Dr. Denis Sirhan, cerebral vascular neurosurgeon
- Dr. David Sinclair, cerebral vascular neurosurgeon
- Dr. Donatella Tampieri, interventional neuroradiologist, co-lead MNH
- Dr. Jeanne Teitelbaum, neurointensivist, co-lead MNH
- Dr. Lucy Vieira, vascular neurologist, co-lead MGH
- Dr. Mark Angle, associate director professional services, MNH
- Lucia Fabijan, associate director of nursing, Neurosciences Mission
- Antoinette Di Re, director, Therapeutic Allied Health Services
- Rosa Sourial, clinical nurse specialist
- Georgia Niarchos, nurse manager
- Christine Bouchard, nurse manager
- Heather Perkins, nurse clinician
- Nidal El Hachem, nurse clinician
- Elizabeth Pereira, patient representative

### NEW RECEIVING AREA AT THE MONTREAL NEUROLOGICAL HOSPITAL

With the move of the Royal Victoria Hospital activities to the new Glen site, Urgences-Santé now brings Cincinnati positive score acute stroke patients to the new Receiving Area (RA) of the MNH. The RA is located within and managed as part of the MNH Intensive Care Unit and is supported by two stretchers, ICU equipment; ICU nurses, and an in-house Neuro intensivist, both of which cover the unit 24 hours 7 days per week. One Associate Nurse Manager has additional MNH clinical support responsibilities.

## Board of Directors highlights

In order to keep the community apprised of its decisions, our Board of Directors of the McGill University Health Centre (MUHC) regularly reports on resolutions that it has passed. After the enactment of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies, and until the new members of the Board of Directors are named, we are fortunate to benefit from the advice of our former Board members who have accepted to remain in an advisory capacity to our President and Executive Director. The items below relate to decisions taken at the May 12th meeting.

*The Board of Directors approved:*

- A number of resolutions pertaining to loan authorizations in support of the establishments' regular operations.

*On recommendation from the Council of Physicians, Dentists and Pharmacists, the Board approved the:*

- Reappointment of Dr. Gerald Fried as Chief Department of Surgery effective January 1st, 2015 for a four-year term;
- Appointment of Dr. Nicholas Makhoul as Chief Department of Dentistry and Oral and Maxillofacial Surgery effective May 1st, 2015 for a four-year term.



## A perfect score for the opening of the Montreal Children's Hospital at the Glen

From the move to their new facility to the OSM concert, the MUHC's tiniest patients were welcomed in a gentle sea of harmony and kindness

- 1 Seventeen-year-old Josianne Larocque-Boucher is all smiles as she arrives at the new Montreal Children's Hospital at the Glen site via ambulance the morning of May 24, 2015. Josianne, who has gastroparesis—a condition in which the stomach can't empty food properly—, says she received a warm welcome to the new hospital.
- 2 Loïc Bydal, 11, smiles playfully at a member of the patient transfer team on move day, May 24, 2015. Loïc has Morquio A syndrome, which partially stunts bone growth and leads to severe malformations. After sharing a room with two other children at the former Montreal Children's Hospital, he was thrilled to be admitted to his own private room.
- 3 Talyne Hezaran was admitted to the former Montreal Children's Hospital in May after her appendix burst. She happily accepted a teddy bear to join her on her ambulance ride to the new Montreal Children's.
- 4 Staff members celebrate a job well done with a few congratulatory speeches and some cake on the afternoon of May 24. Approximately 675 staff members were in attendance to help during the patient move, with 20 different groups with various tasks mobilized to ensure the day went off without a hitch.
- 5 Thanks to a wonderful partnership with the Montreal Children's Hospital Foundation, the Orchestre symphonique de Montreal, conducted by Kent Nagano, volunteered their time to perform a series of lullabies for our patients in a magical concert at the new Children's on May 26. What better way for the children to adjust to their new hospital and we are sure they slept well that night!

## Getting that second chance

Brain tumour patient puts his life in the hands of a Montreal Neurological Hospital neurosurgeon

**D**uring a quiet summer night, while Benoît L'Herbier prepared a barbecued dinner for his family, L'Herbier's life changed forever.

Out of nowhere this otherwise healthy 63-year-old man had trouble talking and had pain all over his body. L'Herbier thought he was having a stroke, but the episode was actually an epileptic seizure. "I went to Hôpital de la Cité-de-la-Santé and they found something in my brain," he explains. "That's when a neurosurgeon suggested I get a biopsy, which revealed I had brain cancer."

The prognosis wasn't good. L'Herbier started chemotherapy and radiation therapy to shrink the tumour with the hope that he could live another year and a half. "At the end of my treatment, I asked my oncologist whether the neurosurgeon could operate to remove the tumour," he says earnestly. "But the procedure was deemed too risky."

However, L'Herbier's oncologist told him he could get another opinion from Dr. Kevin Petrecca, chief of Neurosurgery at the Montreal Neurological Hospital (MNH) of the McGill University Health Centre (MUHC). With much hope in his heart,

L'Herbier sought out Dr. Petrecca, who ultimately evaluated his case and assessed the possible outcomes of the surgery.

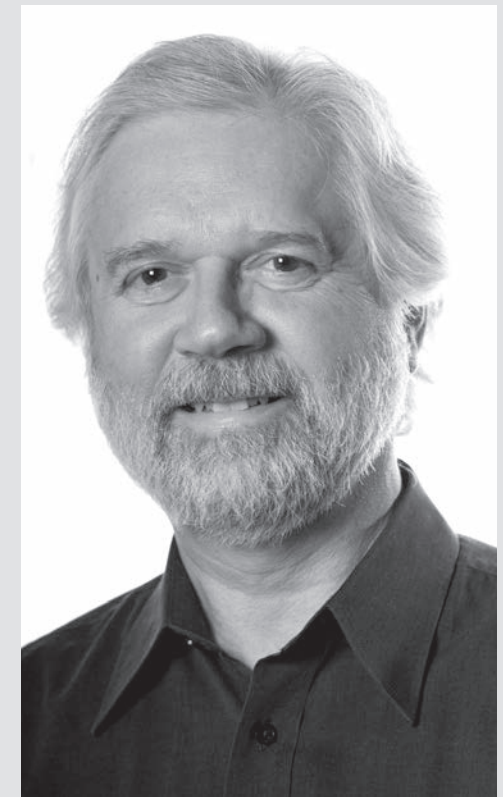
"It's important for me to take the time to educate patients to help them understand their condition," says Dr. Petrecca. "In L'Herbier's case, I explained to him that I could perform the surgery to remove the tumour and gave him the choice about whether to go ahead with it or not."

The operation was conducted on December 22, 2014. Just two days later, L'Herbier was discharged from hospital and spent Christmas with his family.

"I trusted Dr. Petrecca's expertise," explains L'Herbier, whose cancer is now in remission. "I told myself that it was worth the try, and today I'm so happy that I pursued that second medical opinion."

L'Herbier says that he felt very comfortable and supported by the MNH team through this difficult period. "The first thing that impressed me about Dr. Petrecca was his simple manner," he says. "He and his team were reassuring and approachable, and the experience was very personalized."

According to Dr. Petrecca, teamwork is the key to good treatment outcomes at the MNH. "I can say that everyone



Benoît L'Herbier

who works on complex cases such as Mr. L'Herbier's has true passion for what they do," he explains. "Our priority is to get to know patients and personalize their care. Testimonials like this one make us want to keep doing quality work."

# A Quebec registry to ensure the safety of medical cannabis users



**Quebec now has a registry for medical cannabis users. The project, initiated by the Research Institute of the McGill University Health Centre (RI-MUHC) and the Canadian Consortium for the Investigation of Cannabinoids, places the province at the forefront of research in the field of medical cannabis.**

“The Quebec Cannabis Registry is the world’s first research database on the use of dried cannabis for medical purposes,” states principal investigator for the project Dr. Mark Ware, director of Clinical Research of the Alan Edwards Pain Management Unit at the MUHC and a world-renowned expert on cannabis use for pain. “It will allow the collection of data to help doctors better manage the use of medical cannabis and ensure the safety of patients.”

Even though the treatment is not recognized by the medical profession, Health Canada estimates that over 40,000 Canadians use marijuana legally to relieve symptoms of chronic pain or illnesses, such as multiple sclerosis, HIV, cancer or even epilepsy.

A native of Montreal in his 40s, John\* suffers from chronic back pain due to a serious work accident that damaged his sciatic nerve in 2009. He began to use cannabis to relieve the pain

after trying all kinds of drug cocktails. “A friend told me I should try cannabis. I was hesitant. I had used it maybe twice in my youth,” he says. “I almost cried after trying it. It felt so good to not have pain.”

After a doctor authorized medical cannabis for him three years ago, John sees a real difference in his daily life. “I use it every day in the form of cookies. It helps me enormously and I haven’t had a crisis of acute pain since.”

In April 2014, the Collège des médecins du Québec called for guidelines on the use of cannabis in accordance with new federal regulations that require patients to have a doctor’s prescription for access to cannabis from a licenced producer. Each province and territory has its own policy. In Quebec, cannabis can only be prescribed within a research framework.

The Quebec Cannabis Registry will be used to compile and store clinical data collected directly from patients who use medical marijuana. The data will be gathered at sites and clinics across Quebec, and each participant will provide data for four years after recruitment. Any licenced doctor practicing in the province wishing to authorize cannabis for their adult patients can enroll participants in the registry.

“For the registry to succeed, Quebec physicians have to effectively become researchers, and patients have to consent to be research subjects,” explains Dr. Ware. “The data collected will not have any identifiable patient information in order to protect their privacy.”

Anonymous questionnaire data will be entered into a secure electronic database that will be hosted and managed by the McConnell Centre for Innovative Medicine (CIM) of the RI-MUHC at the Glen site.

“This registry has been developed to address the lack of research data on the safety and efficacy of cannabis,” adds Dr. Ware, who is also an associate professor in Family Medicine and Anesthesia at McGill University. “We need this database to help develop and answer future questions on the medical use of cannabis, such as who uses it, for what reasons, through which methods, and at what dose.”

Over the long term, this ten-year project will result in a major research database that will be made available to the international scientific community.

*\* John’s name has been changed to maintain his anonymity*

**Quebec Cannabis Registry: [registrecannabisquebec.com](http://registrecannabisquebec.com)**



Dr. Mark Ware, at the McConnell CIM of the RI-MUHC

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