

Alive thanks to innovative research

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PHOTO: RACHEL CÔTÉ, THANKS TO THE CANCER RESEARCH SOCIETY



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CHALLENGE Q+

Radiation wait times meet modern technology

Just over a year ago at the McGill University Health Centre (MUHC), Dr. John Kildea, Medical Physics, Dr. Tarek Hijal, Radiation Oncology, and Professor Laurie Hendren, McGill's School of Computer Science, were granted \$150,000 to fund a creative project to improve radiotherapy patients' experience. They were the winners of the 2014 Challenge Q+, which was launched in 2012 at the MUHC to promote, support and reward a culture of quality. The primary goal of their project was to provide radiotherapy patients with realistic expectations and explanations regarding the time they will wait for the provision of care as wait times are a well-known determinant of overall patient satisfaction.

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TEAM SUCCESS

Zero CVL infection!
A recipe for success
at the Neuro’s ICU

Be Line Wise Campaign’s Gold Medal status, a reflection of hard work and true commitment to patient safety

Last December, the Intensive Care Unit (ICU) of the Montreal Neurological Hospital of the McGill University Health Centre (MNH-MUHC) accomplished a spectacular feat that all members of the team can be truly proud of. They achieved Gold Status in the Be Line Wise Program by maintaining zero central venous line (CVL) related infections for a period of two years.

“This level of excellence is extremely difficult to achieve,” says France Paquet, a clinical practice consultant who has been involved in harmonizing the practices related to central line-associated bloodstream infections (CLABSI) at the MUHC since 2010. “Even though 95 per cent of infections are preventable, there’s still that five per cent of catheters that can become infected. So what the ICU at the Neuro did was not a fluke, but a direct result of the impeccable work and constant awareness of the physicians who insert the lines and the nurses who make sure they are spotless.”

Of all hospital-associated infections CLABSIs are among the deadliest and costliest – each infection has a mortality rate of 15 to 20 per cent and costs over \$25,000 to treat. In 2010, the MUHC’s Prevention and Infection Control Department implemented a program based on best practices to drastically reduce the risk of CLABSIs. Since then, many units from our various hospitals have been involved in the Be Line Wise Program.

Nurses, key to success

Front-line nurses are key to the success of the program. Every day, they have to follow a checklist where details of the procedure are documented, i.e. hand washing, type of catheter, solution and dressing used, site selected, etc. Most importantly, nurses must create the habit of always questioning the need for invasive catheters.

“As ICU nurses, we like having central lines,” says Nurse Marianne Sofronas. “They make it easy to administer multiple



Front row, left to right: Nedeline Pean, nurse, Michelina Vincelli, administrative clerk, Veronika Leatham, nurse, Anne Mcmanus, nurse, Siva Moonsamy, nurse manager and Marie Claude Lessieur, nurse. Back row, left to right: Nick Boulieris, PAB, James Greene, PAB, France Ellyson, assistant nurse manager, Carole Mcinnes, nurse and Dr. Abdulrahman Alturki, ICU fellow



Left to right: Siva Moonsamy, nurse manager, France Paquet, clinical practice consultant, Marianne Sofronas, nurse, Joanne Charbonneau, professional development educator and Susan Rachel, infection control practitioner

medications quickly, measure central venous pressure and draw blood in patients with difficult venous access. But it’s important to balance their usefulness with their potential risks.”

Marianne and her colleagues had the full support of Nurse Manager Siva Moonsamy and the MNH-MUHC ICU leadership team, who encourage a sense of belonging and responsibility.

“It’s important to keep the team engaged and to make sure they have all the recommended materials for the insertion and maintenance of the

CVLs,” Siva says. “We also encourage all members of the team to contact us if the guidelines are not followed.”

“Our success is reflective of the culture of this unit,” says Marianne. “We share info and collaborate. I wouldn’t hesitate to speak to someone, no matter what their position, if I’m concerned about a line. After all, our patients require critical care. They are sicker, more fragile, and therefore more prone to infection. In this case, vigilance, teamwork and evidence-based practices are the recipe for success.”

TEACHING ABROAD

MUHC Birthing Centre nurses
give back where it counts most

Give a man a fish and he will eat for a day. Teach a man to fish and he will eat for a lifetime. -Proverb

Amy Renaud and Meggie Carpel both knew early on in their nursing training that they wanted to specialize in child birth. Young, adventurous and oozing enthusiasm for their professional passion, the now Birthing Centre nurses at the McGill University Health Centre (MUHC) have decided to pay it forward. This April, they will voluntarily share their knowledge and experience in Haiti, the most dangerous country in the Americas to give birth.

“I have Haitian roots,” says Meggie. “I have known for a long time that I wanted to help in some way there so last year I visited two birthing centres in Haiti with my mother. I came back more empowered than ever to give back. Amy jumped on board too and we obtained permission from our Nurse Manager Francine Brissette—who we knew would be very supportive of our initiative as she has also done volunteer work of this nature—to take time off to help out with the organization Midwives for Haiti.”

With a population of 10 million, Haiti is the poorest country in the Americas. Much of the nation is rural and under-developed with a lack of infrastructure and access to medical facilities or emergency transportation. Due to geographic remoteness and socioeconomic status, many mothers in Haiti do not receive the care they require. In fact, only about 25

per cent of births in Haiti are attended by a skilled provider. Most maternal deaths are caused by eclampsia, sepsis, and postpartum hemorrhage (bleeding). In other words, most of these deaths are preventable.

Amy and Meggie will spend two weeks in Haiti travelling in a mobile clinic to rural areas to coach local women on safe pre-natal and post-partum care. They will also teach and work in the local Ste-Therese Hospital, where a 12-month education program to train Haitian nurses to become Skilled Birth Attendants is located. The students are taught by full-time in-country preceptors and their learning is further supported by international medical volunteers, such as Amy and Meggie.

“In Haiti, it is the person who has the most experience in the rural area that will most often deliver your baby... not necessarily someone with formal school training,” says Amy. “They are not made to go to school. Instead, training is brought to them to teach safer ways to deliver.”

According to the United Nations Population Fund (UNFPA), the lead



Amy Renaud and Meggie Carpel

United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled, “Skilled attendance at all births is considered to be the single most critical intervention for ensuring safe motherhood.”

Amy and Meggie are looking forward to their contribution to UNFPA’s world mandate. “As we prepare, we are fundraising with family and friends to help cover our costs,” says Meggie. “We are also collecting supplies like sterile instruments, gauze, gloves, knitted baby hats, blankets, pajamas and so on.”

If you would like to donate to Amy’s and Meggie’s mission, you can email them at: meggiemcarpel@hotmail.com and arenaud3@gmail.com. You can also donate via their Go Fund Me accounts (search their names) or directly on midwivesforhaiti.org where you can select to support volunteers.



EXTENDED

The exhibit will be on display until March 31, 2016!

If you haven’t seen it yet, now is the time!

Interested in taking a **guided tour** by the women featured in the exhibit? Contact 514 934-1934 ext. 31560 or public.affairs@muhc.mcgill.ca

breast(s)

a different kind of cancer story

Larry & Cookie Rossy Promenade Site Glen, Bloc C near Royal Victoria Hospital Entrance

FONDATION DU CANCER DES CEDRES CEDARS CANCER FOUNDATION MUHC McGill University Health Centre Centre universitaire de santé McGill Réseau de cancérologie Rossy Rossy Cancer Network

Welcoming all healthy expressions of sexuality

Sexual identity centre offers patients a safe place to discuss their sexual identity and orientation

Since it opened in 1999, the award-winning McGill University Sexual Identity Centre (MUSIC) of the McGill University Health Centre (MUHC) is the only psychiatric clinic in Quebec that offers a wide range of specialized psychotherapy services tailored to lesbians, gays, bisexuals, trans and queer people—those who don't define themselves with heterosexuality or any of the previous categories. This population, also known by the acronym LGBTQ, contacts the clinic to get help dealing with sexual identity issues and the mental suffering caused by discrimination.

"In our society, being gay or transgender is still seen as not being as good as being straight. Homophobia doesn't happen once every other week. It happens every day," says Psychiatrist Dr. Richard Montoro, co-director of the clinic, which is located at the Montreal General Hospital of the MUHC. "It comes from strangers and even from people you love and should be able to trust. That can lead to low self-esteem, anxiety, depression and suicidal thoughts, and that's why our clinic exists."

A trusting relationship is at the heart of any successful psychotherapy treatment, says Dr. Montoro, so it's important that all members of the clinic – nurse, administrative assistant, counsellors and interns – strive to create an environment where patients feel safe to be who they are.

"Members of the LGBTQ population face particular challenges that make it more difficult to establish trusting relationships, including with healthcare providers," explains Psychiatrist Dr. Karine Igartua, co-director of the clinic. If you are black or Jewish, chances are, so is your family. Because your parents belong to the same minority, they will have experience dealing with prejudice and can teach you how to fight off anti-Semitism or racism. But for LGBTQ people, it's more complicated. Most parents are heterosexual and have not had to deal with homophobia; they may even have homophobic attitudes themselves, so home isn't necessarily a safe place to be."

Since family support is so crucial to the mental health of sexual minorities, the clinic also offers support to parents and spouses who have difficulties adjusting to their loved ones' new sexual orientation or gender identity.

Exploding the gender binary

Throughout the years, MUSIC's clientele has changed, following the evolution of western society, explains Dr. Igartua. "Fifteen years ago we used to treat patients who were having trouble coming out as gay or lesbian. Nowadays, social acceptance of gays and lesbians has made it easier for the average Quebecer to come out and therefore not to need psychotherapeutic support during the process. We now see a different clientele:

This is a unique centre. People come from all over Montreal and from places as far away as the Northwest Territories for a consultation with us. It makes a big difference in the lives of patients who otherwise wouldn't be getting these kinds of services.

It's important that patients don't feel judged when they come here, we have to be open minded and accepting of diversity. My role is to greet patients in a friendly way – whether it's in person or on the phone – and to keep their information confidential.

We are at the cutting edge of care for the transgender population. Our expertise with sexual identity issues attracts trainees from all over the world – Australia, Great Britain, Belgium, Pakistan and Peru. They in turn, bring an international perspective to our work.

DR. RICHARD MONTORO, PSYCHIATRIST AND CO-DIRECTOR OF MUSIC

MARSHA KEAGAN, ADMINISTRATIVE ASSISTANT

DR. KARINE IGARTUA, PSYCHIATRIST AND CO-DIRECTOR OF MUSIC

immigrants and refugees from diverse cultures and religious faiths where the taboo around diverse forms of sexuality is still very strong. We also see more young people questioning the concept of gender entirely. Some are transitioning from male to female or vice-versa, and others don't recognize themselves in either sex. Some people are gender creative and blast gender norms. Patients may come in with a purposeful mix of male and female characteristics. This is a very new field and there are still so many unknowns. To be able to help patients achieve a happy sense of their gender is challenging, exciting and rewarding!"

Drs. Igartua and Montoro would like to expand clinical services by establishing more formal collaborations with other services and institutions, and with the addition of a psychologist, which would allow the clinic to offer more psychotherapy groups. Moreover, they hope to see the clinic continue to evolve as an academic centre, conducting research, drawing expertise from different specialties and training other professionals.

"Our primary goal is to treat people who are ill," says Dr. Montoro. "However, we work towards the ultimate goal of helping society be more equitable with the LGBTQ population."

Being the first human contact for our clinic, I cannot overemphasize the importance of a non-judgmental and calming approach to help our patients – who tend to be quite anxious about accessing medical and psychiatric care – to feel as much at ease as possible. I am sometimes the first person they have ever talked to about their sexuality. In addition to gathering information about their situation over the phone, my role is to make them feel secure enough to be able to take the next step and consult in person. I also very much enjoy working on assisting the families, especially of our transgender teenagers, to cope as well as possible with their own challenges.

VICKY ROCHON, NURSE CLINICIAN

As a student of McGill's new masters program in Couple and Family Therapy, I think it is important to get to know the specific needs and difficulties that affect the LGBTQ population and their families and to gain this experience as a therapist. I hope my clinical work contributes to the well-being of the clinic's patients as well as to my future clients. As an intern, I appreciate the quality of the training offered at MUSIC as well as the open and individual approach by the two directors of the clinic.

EVELYN ANDELFINGER, INTERN, COUPLE AND FAMILY THERAPY

As a PhD student in Counselling Psychology at McGill University, my research focuses on gender creative children and their families. I am able to use my understanding of current research in this area to inform clients. Moreover, the open climate at MUSIC supports the sharing of knowledge and skills amongst our interdisciplinary team that positively impacts patient care.

LAURA COPELAND, INTERN, COUNSELING

AN AWARD-WINNING CLINIC

Next April, Drs. Igartua and Montoro will receive the May Cohen Equity, Diversity, and Gender Award from the Association of Faculties of Medicine of Canada (AFMC), in recognition for the outstanding achievement of MUSIC in improving the diversity and gender environment in academic medicine in Canada.

"This award is a wonderful recognition," says Dr. Igartua. "It shows that the clinic is valid and important not only for patients and families, but also for LGBTQ students and residents. We have contributed to making gender equity and diversity more acceptable within our department."

This isn't the first time the clinic's relevance and expertise has been recognized. Drs. Igartua and Montoro received the Innovation of the year 1999 Award from the Association des médecins psychiatres du Québec (AMPQ), and in 2006, the Alliance for the Mentally Ill (AMI-Quebec) awarded both doctors the Exemplary Psychiatrist Award for their outstanding clinical work.

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

Alive thanks to innovative research

Serges Bériault’s life changed in 2012, when he was diagnosed with a bile duct cancer of the liver. The father of two children and active professional finishing an MBA never thought an army of specialists at the McGill University Health Centre (MUHC) would get him through a complex and innovative research protocol that saved his life.

“When I received my diagnosis, I had to make a decision quickly. The form of cancer I was suffering from is very rare and my chances of survival were close to zero,” says Serges. “My doctors told me the only treatment option was a new clinical research project developed by the Mayo Clinic in the United States.” Even if it was still at an experimental stage, Serges decided to go through with it at the MUHC to stay close to his wife and family. “I also had confidence in the clinical team at the Royal Victoria Hospital (RVH-MUHC),” he says. Serges was first diagnosed with primary

sclerosing cholangitis (PSC), a disease in which the bile ducts – small tubes through which the digestive liquid bile flows from the liver to the small intestine – progressively decrease in size due to inflammation and scarring. At that time he was told by his gastroenterologist he would need a liver transplant in the future, but since no date was confirmed, he went on with his life. A few months later, a biopsy was the bearer of bad news. Serges learned he had hilar cholangiocarcinoma. This rare form of cancer is often difficult to treat because tumours develop where the right and left hepatic bile ducts come together, and often, they cannot be surgically removed. Serges was immediately seen by Dr. George Zogopoulos, an MUHC surgeon who specializes in hepato-pancreato-biliary and transplant surgery and who is a researcher in the Cancer Program of the Research Institute of the MUHC (RI-MUHC). It was the beginning of a long journey.

A case requiring high-level expertise
“We could not operate on Serges because the cancer was located right in the middle of the bile ducts and his liver disease made it more complicated,” explains Dr. Zogopoulos. “I had research interest in this special protocol and I knew we had the expertise at the MUHC and the Research Institute to do it, even if it had never been successfully completed in the past here. So, when Serges decided to stay in Montreal, we championed it, put together a multidisciplinary team and got Serges admitted to the hospital to follow the treatment.” Serges had to pass a battery of tests to be able to take part in the protocol. “They performed exams on my heart, my bones, my gall-bladder, my eyes and skin,” he recalls. “The clinical team was very professional and compassionate. They never made me feel like I was ‘the first patient’ to undergo this research protocol at the MUHC.” Over a period of three months, more than 20 people including nurses,



Serges Bériault

transplant surgeons, oncologists and radiologists worked day and night with Serges. The protocol, which combined radiation therapy along with chemotherapy and a liver transplant, required different steps almost every single day. Dr. Zogopoulos collaborated with MUHC gastro-hepatologist Dr. Peter Ghali, who had completed a fellowship in Hepatology and Liver Transplantation at the Mayo Clinic. On top of working with MUHC experts in their respective fields such as Dr. Jamil Asselah, medical oncologist, Dr. David Valenti, radiologist, and Dr. Neil Kopek, radio-oncologist, they were in regular contact with research leaders abroad to get guidance on Serges’ unique case. “The key to success is not just having the expertise but allowing experts to interact frequently; it is the communication that makes all the difference,” says Dr. Peter Ghali, who is also a researcher from the Experimental Therapeutics and Metabolism Program of the RI-MUHC. Medical updates on Serges’ condition had to be done daily and at a very high level of expertise. You need the hospital to be able to put these specialized services under one roof, which is exactly what we have right now at the Glen. And that is why it worked.”

Against all odds
After successfully completing the radiation and chemotherapy treatments, doctors had to make sure Serges’ cancer had not spread. Once confirmed, he finally received his liver transplant. Unfortunately, he developed a severe postoperative infection, and his hospital stay was extended. “I remember being quite sick in my hospital room and Dr. Zogopoulos came back on a weekend to perform emergency surgery. There was no time to waste,” says Serges. “As I was taken to the operating room, the clinical staff started clapping their hands to encourage me. It was a very touching moment. It gave me the strength I needed at that point.” Serges stayed seven months in the hospital. He now has a perfectly functional liver and sees Dr. Zogopoulos regularly to make sure there is no recurrence of cancer. “In Canada, there are only two centres offering this protocol and the MUHC is one of them,” adds Dr. Ghali. “Thanks to this protocol, the survival rate can be as high as 80 per cent, if you treat the patient early enough. That’s truly remarkable for somebody who in the past had zero chance of survival.” According to Dr. Zogopoulos, this case is in fact a perfect example of the kind of individualized care at its highest level we provide at the MUHC. “This is who we are: a university hospital with the mandate to advance care through research and clinical innovation and by learning from each patient as we implement these innovations,” adds Dr. Zogopoulos “As we move forward, we hope to be able to identify different types of cancer and develop customized treatments to help more patients who suffer from rare and complex forms of cancer.” Thanks to clinical innovation, the MUHC and RI-MUHC team of specialists improved Serge’s protocol and since then, another patient who was diagnosed with the same type of cancer has started it. Her meeting with Serges was a key element in her decision to join the protocol. “On top of being able to help advance cancer research,” says Serges, who has been cancer free for almost three years now, “my greatest satisfaction was to be able to help this young woman and recently see her smile at a gala fundraiser.”



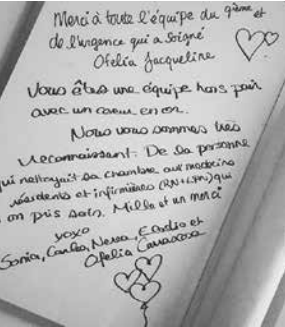
From left to right, back row: Dr. Jamil Asselah, Beverle Henry (assistant nurse manager), Serges Bériault, Dr. George Zogopoulos, Dr. Peter Ghali; front row: Aspen Gagné (nurse clinician), Chloé Bériault (Serges’ daughter), Norine Heywood (nurse clinician specialist in Transplant), Valerie Cass (nurse manager), and Nadia Zouari (nurse clinician).



Janet Nguyen Henderson: Egan Nguyen Henderson has left ‘the building’ - at 1ish pm, January 8th weighing in at 8.8 lbs or 4kg and 22 inches in height. Edward and I are in love with our healthy mini-us and ecstatic to be 1st time parents. We’d like to remind Egan’s grandparents to refrain from spoiling their 1st grandchild too much!

delphinehb: Day 2 on this unit and I’m already so in love with cardiology

@lachiquita82: @casm_muhc Thank you to all the 9th floor B-South staff along with the emerg staff that took care of our daughter on the 30th and 31st of December. You are an incredible team with hearts of gold. We are so grateful.



Stay informed and join the conversation!
Did you know that the MUHC has a Social Media Policy that is available on the Intranet?

FACE TO FACE WITH...

Jenna Berger,

chief-resident in Cardiology, Montreal General Hospital of the MUHC

“Throughout the years of med school I realized that it’s important to stay grounded and to know who you are and what makes you happy.”

In a few words, tell me how you got where you are?

I was born and raised in Montreal. After a Bachelor’s degree in Biology at McGill University, I went to medical school at Université Laval, in Quebec City. Studying in French was challenging, but well worth it, because now I’m fluently bilingual and can easily communicate with patients. After my studies in Quebec, I came back to McGill and did the obligatory three years of Internal Medicine before joining the Cardiology program. It’s a long haul, but I really enjoy what I do and I know it’s going to be worth it in the future.

When did you decide to become a doctor?

I’ve always known I wanted to practice medicine. I remember talking about it in high school. I did question my choice and tried to keep an open mind, but medicine is what I’ve always been passionate about.

There are so many specialties in medicine. What made you choose cardiology?

When you’re a med student, you do rotations in different departments before you decide what you want to pursue as a career. When I did my Cardiology rotation, I identified myself with a few female cardiologists and saw myself in their shoes. They were outgoing, ambitious and were able to balance work and family life. They became a source of inspiration for me.

As chief resident, you’re a mentor to other students? What do you like about that role?

I enjoy being in a leadership role. I teach and I represent the residents with the program director. I also try to support students psychologically. When they tell me about their fears I understand because I’ve been there.



Is there such a thing as a routine for medicine residents?

Not really! Every month I do something different. I can conduct heart echocardiograms – an ultrasound that allows us to see how the muscle works – or electrocardiograms. Right now, I’m doing cardiology consults in the Emergency Room at the MGH. I come in at about 7:30 a.m. each day. As a chief resident, I teach other residents for about an hour. Then, I do consults for the rest of the day, until 5 p.m. I’m also on call once a week, which means I can be at the hospital all night.

It’s certainly a demanding job. What do you like about it?

It’s continuously challenging, stimulating and fascinating. Every day, I deal with human anatomy and human lives, and I learn new things. I love the critical care aspect of cardiology: people come in with acute problems – heart attacks, cardiac arrests – and we’re the first line, reviving them, giving CPR. It can be tiring, but it’s never dull. That’s a big part of what drew me to cardiology.

How do you deal with the competitiveness in your field?

A little competition is good, because it keeps you motivated and working hard. But if you live your whole life comparing yourself to people professionally, financially, or personally, you’re never going to be happy. There are a lot of type A personalities in medicine, and you can always go higher. But throughout the

years I have realized that it’s important to stay grounded, and to know who you are and what makes you happy.

What do you see in your professional future?

I’m not sure yet. I’d like to stay in Montreal, because many of my friends and family are here. They’ve been a great support system to get through these crazy years of med school! I still have a couple of years before I make the big decision of where I will work.

CONFESSIONS...

Three things you can’t live without: family, friends, travelling

Favourite quality in a person: sense of humour

Favourite place in Montreal: Mont-Royal

Favourite place at the MUHC: I do love the work environment and the staff in the Echocardiogram Department. It’s a very zen environment, where technicians and cardiologists are helpful and pleasant to work with.

Everybody has a story. We’d like to hear yours. Please, contact us at public.affairs@muhc.mcgill.ca

CHALLENGE Q+

Continued from page 1

Radiation wait times meet modern technology

Fast forward to today and Drs. Kildea and Hijal and Professor Hendren are well on their way to not only seeing this project become a reality, but in the process they have taken the patient experience to a whole new level.

“Our original project has grown exponentially with the help of doctors, physicists, radiation therapists, patients and a team of computer scientists—students included—analyzing algorithms and using existing data,” says Dr. Hijal. “It now includes a patient calling system, a waiting room management system and a patient app. While we worked on estimating the waiting times we had to figure out how we were going to provide them to the patients, which is where these extra elements came in.”

The management system includes kiosks where patients can check in with their Medicare cards to a virtual waiting room. The kiosks were initially acquired as part of a project launched by the Rossy Cancer Network, to assess the feasibility of electronic check-in for radiation oncology. This project was a success, in terms of decreasing wait times for registration and increasing patient satisfaction.

The system also informs the healthcare team how many patients are waiting, for how long and what they are waiting for. When the team is ready to call the patient, they click “Call patient” and the system rings and displays where the patient should go on large screens in the waiting room.

The app was developed to give patients more information. Knowledge is power and literature shows that just knowing wait times makes patients less stressed. The app is very similar to the online shipping tracking system that shows where your mailed package is in the system and when it will arrive. The whole idea is to show that while you are waiting there is progress being made. Knowing when you will expect the package is very much like knowing and understanding the steps in



Some members of the 2014 Q+ winning team: co-leads Prof. Laurie Hendren (standing, left of the kiosk), Dr. Tarek Hijal and Dr. John Kildea (standing, right of the kiosk) with students from the McGill Medical Physics Unit and School of Computer Science.

radiation treatment planning.

“We wanted to be able to display the information in a web version but then we thought all patients have their phones with them so let’s make an app,” says Dr. Kildea. “Then we started to look at what other sort of information patients may need. Suddenly, we had this whole new way of delivering information.”

The app is personalized to each patient so when they come in for their appointment they can check in with their phone. Instead of going to the waiting room they can go to the cafeteria, for a walk, to one of the stores in the Glen. It also geo-locates the person so they cannot be 10 miles away—they have to be within the hospital to check in. Of course, people will still be able to check in at the reception or at a kiosk.

The app also includes contacts, like the patient’s primary physician; notifications, for example the patient’s appointment may be delayed so they are notified by their care team; appointments, which can be seen as a list or in a calendar view; a map to see where the appointment is at the Glen; lab results; an image to show which part of the patient’s skin will be affected by the radiation; and

patient education material that will be available at all of the radiation care phases so it can be taken in progressively instead of all at once. All of this can be shown to other healthcare professionals if required to provide optimal care.

“There are other patient apps out there but they usually just display general information or ask patients to enter their own data,” says Professor Hendren, who received radiation as a patient at the MUHC. “This is different because we are providing them with their own personalized information.”

Of course, a big concern for the team is the security and confidentiality of the data so with the MUHC Security team they have ensured it will be doubly encrypted.

“In the MUHC department of Radiation Oncology, we provide approximately 3,500 patient consultations, 10,000 follow-up appointments and 40,000 scheduled radiotherapy treatment sessions per year,” says Dr. Hijal. “To have these systems in place will not only greatly benefit our patients and their families but also our teams.”

A new fund to bring comfort and courage to MUHC cancer patients

As of World Cancer Day, February 4, every newly-diagnosed cancer patient at the McGill University Health Centre (MUHC) will receive a comfort kit to help them through their rounds of chemotherapy, a difficult process on the body—physically and mentally.

This is all thanks to one patient who had an idea and then wanted to make a difference: Judy Martin. It was three years ago that Judy was diagnosed with stage 3 breast cancer. During her chemotherapy treatments, she realized something: no one celebrated the end of their chemotherapy treatments and this didn't feel right to her. She heard that Toronto's St. Margaret's Hospital celebrated with a bell. She loved the idea and so brought it to Montreal.

Judy bought a ship bell for \$35 and had it engraved, in French and English, with: "Lucky. Grateful. Hopeful." She also signed it with her patient number. The bell was installed in the chemotherapy ward of the Royal Victoria Hospital and she was the first patient to ring the bell on September 4, 2013. In April 2015, the bell was moved to its new home at the Cedars Cancer

Centre at the Glen site. To this day patients are keeping the tradition alive.

"Lucky may seem like a strange word to use," says Martin. "But I often describe my diagnosis as lucky, because for the next 455 days I had the privilege of being cared for by the most caring team of professionals one could ask for."

Judy took the idea further and created 'The Bell' Fund in partnership with Cedars CanSupport at the Cedars Cancer Foundation to raise money for the comfort kit for MUHC adult patients and to give a soft blanket to every newly diagnosed child on Sarah's Floor at the Montreal Children's Hospital of the MUHC. "My own experience with cancer gave me insight on what items could make a patient's experience easier," says Judy.

"We are grateful to Judy for leading this initiative and delighted with the strong support it has received from local sponsors," adds Jeff Shamie, executive director of the Cedars Cancer Foundation. "It is further evidence of the creativity and compassion of both the volunteers and professionals who work at Cedars CanSupport."



Judy Martin at the Cedars Cancer Centre of the MUHC with the Comfort Kit blue bag and blanket.

THE COMFORT KIT INCLUDES:

- A Soft Fleece Blanket**
So patients can keep warm during treatment
- A Reusable Water Bottle**
To take their medications and quench thirst
- A Notepad and Pen**
To take notes during doctors' visits
- Soothing Mints**
To soothe throats and remove metal taste that some patients have during treatment
- A Magazine**
To help pass the time

HR CORNER

A Drop off box for MUHC employees

Do you have something to drop off in HR offices at 2155 Guy Street and can't make it during our operational hours (Monday to Friday, 8 a.m. to 4 p.m.)? Simply stop by and take advantage of our new drop off box available on the 3rd and 6th floors right outside the reception.

All documents will be distributed to the appropriate person in a secure and confidential manner.

Join us on line!



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