

Joanna, master of her destiny

Living with sickle cell anemia and learning to tame the disease, one day at a time

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PHOTO: MAXIME DESBIENS

Joanna Felemegos (centre) says she's lucky to count on her family's support.

#mymuhc

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Games have always been played in all cultures to amuse and distract. If you've ever played a quiz game like Jeopardy, you have experienced the emotional thrill of getting answers right and doing so before your opponents. Time goes by quickly, and you become completely immersed in the activity. Although all games have rules and involve competition, not all are designed solely for entertaining. When games have an educational purpose, they are called serious games. The use of games as learning tools is growing in environments such as defense, engineering, politics and health care.

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MESSAGE FROM NORMAND RINFRET

Completion of *The Best Care for Life* Campaign

It is with a tremendous amount of gratitude that I announce the completion of *The Best Care for Life* Campaign of the McGill University Health Centre (MUHC), — a fundraising initiative of major importance that supported the Glen site project, important renovations to our existing facilities, the purchase of state-of-the-art equipment and research infrastructure improvements.

I would like to recognize the leadership of Mr. John Rae, chairman of *The Best Care for Life* Campaign, and Mr. Marc Courtois, chairman of *The Best Care for Children* Campaign, and the Campaign cabinet, which comprised the current chairman of the Board of Directors of the MUHC, its past chairmen and community leaders. I would also like to highlight the efforts of our constituent foundations and the MUHC’s former Marketing and Development Office.

Together, they established the collective awareness and commitment to surpass our \$300-million goal.

I extend my heartfelt gratitude to each and every person who contributed to the Campaign, including foundation and corporate donors, as well as the physicians, healthcare professionals, research investigators, staff and volunteers of the MUHC. Everyone has reason to be proud.

Now, as the MUHC sets its sights on a new horizon, I am confident that we will advance our mission as a leading academic health centre and partner in a networked health system. The Lachine Hospital will be modernized. We will enhance Trauma, Orthopaedics, Thoracic Surgery, Minimally-Invasive Surgery, Mental Health Services and Nursing at the Montreal General Hospital, and also modernize the facilities. We will continue to advance our plans to move the Neuro to the Glen site.

Last, but not least, we will continue to nurture our ties with the population we have served steadfastly for over a century. After all, our patients and their families are our raison d’être.

Normand Rinfret,
President and Executive Director

JOIN THE CAMPAIGN TO CREATE A MORE RESPECTFUL WORK ENVIRONMENT!

The MUHC has adopted a new policy on respect and civility. The goal is to put in place methods and procedures to help resolve workplace problems and prevent or stop incidents of violence and harassment. The policy confirms the importance of a respectful work environment.

To launch the policy we invite you to a special video screening! Free Bad Monkey popcorn will be handed out.

The Commissioner for a Respectful and Non-Violent Workplace will host each screening and will be available afterwards to answer any questions about the policy or the support that is available.

Don’t miss this whirlwind of drama with our fictional cast of characters — Fatima, Yan and their boss Josée. The ten minute video is available in English and French.



SCHEDULE OF SCREENINGS

	Tuesday, March 29	Wednesday, March 30	Thursday, March 31		Friday, April 1
	NEURO De Grandpré Communications Centre	LACHINE HOSPITAL Room 4B, 1B	MONTREAL GENERAL HOSPITAL Osler Auditorium	2155 GUY 9 th floor (room 900)	GLEN SITE Research Inst. Auditorium (Bloc E S1.1129)
English video	8 & 10:30 a.m., 12:30 p.m.	10 a.m., 1 p.m.	9, 10 & 11 a.m., & 12 p.m.	2 & 3 p.m.	8:30, 9:30, 10:30, 11:30 a.m., 12:30 1:30, 2:30 & 5 p.m.
French video	7:30 & 9 a.m., 12 & 1 p.m.	7:30, 8:30 & 10:30 a.m., 12, 12:30 , 3 & 5 p.m.	10:30, 11:30 a.m., 12:30 p.m. 5 p.m. room L3221	2:30 & 3:30 p.m.	7:30, 9, 10 & 11 a.m., 12 , 1, 2 & 3 p.m.

TEACHING

Continued from page 1

Getting serious with serious games in health professionals’ education

Dr. Jeff Wiseman, an Internal Medicine physician at the Royal Victoria Hospital of the McGill University Health Centre (RVH-MUHC), assistant professor of Medicine at McGill University and core member of the McGill Centre for Medical Education, is currently developing a serious medical smartphone-based game called *The Deteriorating Patient* with the aim of helping medical students learn how to stabilize severely ill patients when on call. He gives us the nitty-gritty on serious games and their applications in medical education.

What are the benefits of using games for educational purposes?

Serious games can be a powerful tool to engage students. We are emotional people, and competition is filled with emotion. That’s why playing a game for many human beings is so exciting. It’s that thrill of just barely being able to meet a challenge and triumphing over adversity that many, not all, human beings enjoy. We become so involved in an activity that nothing else seems to matter.

Are there disadvantages to serious games?

Serious games should not be used carelessly: they can take time to develop and may lead to unintended negative learning outcomes such as learning how to win the game rather than learning how to be a better health professional. We have to choose a precise educational problem for which there is no other similarly effective teaching method. We also have to ensure this problem can be successfully transformed into a serious game. Many developers want to develop a game first and foremost without asking themselves the question ‘Why do I need this game?’

How can serious games be used to teach medical students and residents?

Serious games can be excellent training tools. They can help students prepare for emergency situations, for example. A patient’s health can deteriorate quickly, so we need to take action fast, many times with incomplete information.

These stressful situations are challenging to learn and involve mental and emotional aspects. Students can practice thinking through emergencies with dolls and real equipment at the McGill Medical Simulation Centre. That’s effective, but also expensive and time consuming. Serious games, on the other hand, promise to achieve similar learning outcomes, with the benefit of being cost effective and easy to implement, particularly for less experienced learners. This would free up the Simulation Centre for use by more experienced learners.

You use a simulation called the Deteriorating Patient in a course called ERRAD (Early Recognition of and Response to Acute Deterioration) given to fourth-year medical students about to become residents. How does this simulation work?

A simulation is a representation of a real-life situation: people take on roles, perform tasks and face the consequences of their decisions and actions. In *The Deteriorating Patient* simulation,



Serious games can be excellent training tools for medical students and residents.
—Dr. Jeff Wiseman

I tell my students ‘Imagine you are the physician on first call during the night shift on an in-patient ward. You are called by the ward nurse because “Mr. Smith looks terrible, with a blood pressure of 80/60.” What do you do?’ Students have to take a series of steps to treat the patient as successfully and as quickly as possible. If you make mistakes, the patient can worsen and even die. As a tutor, I adjust the game according to learners’ levels, coach them and record every action for debriefing. The idea is to offer students a safe, relevant challenge in a way that’s supportive, inspiring and mutually trusting.

Is a simulation a serious game?

A simulation becomes a serious simulation game if one adds to it the elements of competition, rules and a visible measurable goal. An example of this is “SimWars”, a competition where teams attempt to solve the same simulation scenario with the goal of saving a life fastest and with the best outcome, as judged by a panel of experts.

You are developing the Deteriorating Patient smartphone app. Why?

The main reason is, again, educational. With an app, students can practice on their own on a patient’s case over and over again until they get things right and save the patient’s life. Results are then analyzed by a tutor who gives students feedback on their recorded performances. That’s called deliberate practice with feedback. My students suggested we go further and add a scoreboard and develop an online community. I’m working in collaboration with experts in Educational Psychology, Learner’s Emotions and Computer Science and hope to be able to fully implement the app into the ERRAD course by 2017. Once the app works for medical students, we’d like to use it to teach nurses. The idea is to transform the Deteriorating Patient app into an interprofessional educational tool.

A behind-the-scenes look at pediatric transplant research



Julie Boucquemont

Dr. Bethany Foster

As phenomenal as it is that modern medicine has evolved to the point where we can keep people alive with organs from others, there is a flip side. To prevent organ rejection, transplant recipients must take several medications a day for the rest of their lives. For patients, missing a few doses of anti-rejection drugs can have dire consequences on the viability of the graft. In the case of young patients, post-transplant care management represents a real challenge – a challenge that lies at the heart of the work carried out by a team from the Research Institute of the McGill University Health Centre (RI-MUHC).

Led by Dr. Bethany Foster, nephrologist at the Montreal Children's Hospital of the McGill University Health Centre (MCH-MUHC), this team is attempting to identify the factors that support better medication adherence in young kidney transplant recipients and testing interventions to improve adherence. Research coordinator, project manager, statisticians and a postdoctoral student are using different research approaches with the objective of meeting a common challenge: to improve the kidney transplant success rate among children and teens in the long term.

The research team was the first to demonstrate that young kidney transplant recipients run a higher risk of losing their first transplant between the ages of 17 and 24, regardless of the age at which they received the transplant.

This is likely due to the poor adherence to medication observed during the critical period of adolescence. The team recently demonstrated that these results also applied to children who received a liver or heart transplant.

"One of my team's major strengths lies in our diversity of skills," says Dr. Foster, who also serves as associate leader of the Child Health and Human Development Program at the RI-MUHC. "This versatility allows us to take on a project and use a variety of approaches. We do some studies where the focus is entirely on analysis of data from large databases. Other studies are observational studies in which patients participate, and other studies are clinical trials, where we test interventions in patients."

Identification of obstacles to treatment adherence

The team is on the verge of completing an innovative clinical study under the name TAKE-IT. The study was conducted with 170 young patients recruited from several clinics across Canada and the United States. Launched in 2011 and financed by the National Institutes of Health in the U.S., this research project is aimed at testing a new intervention that would improve adherence to treatment among adolescent kidney transplant recipients. Participants are followed by a "coach" who helps them identify the personal obstacles they face and develop concrete solutions meant to mitigate the lack of attention to taking medication. Young

"It's my clinical work as a pediatric nephrologist and as a member of the transplant team that motivates me to pursue this research. Transplantation is such a great gift; patients really do want to take care of their transplanted organs, but need better support to do so."
– Dr. Bethany Foster, clinician scientist

patients also have the option of receiving text messages reminding them to take their medication.

"Recruiting and retaining participants in the project are crucial to the success of any clinical study," says Diane Laforge, project manager within the team who actively managed the recruitment of patients in the TAKE-IT project. For Marie-Ève Alary, research coordinator, resourcefulness is the key. "We're more active behind the scenes at the clinic, in the sense that we have to wait for the green light from the nurse to approach visiting patients we identified beforehand," she explains. "Then we have to act quickly: we must explain to them what the research is about, answer all their questions and reassure them if they have concerns."

"We provide a bridge between researchers and patients. You have to enjoy being close to people, and you have to be able to manage your stress and maintain good interpersonal relations," adds Mrs. Laforge.

"I've been working at the MUHC for 27 years, and it's always beautiful to see young people resume a practically normal life after transplantation. It's amazing what science is able to do for these people."
– Diane Laforge, project manager



Diane Laforge

Marie-Ève Alary

The crucial role played by data analysis

Julie Boucquemont, a young postdoctoral student in biostatistics and epidemiology, who joined the team a few months ago, currently works on TAKE-IT data. She tries to identify risk factors that either influence adherence to treatment or have no influence on it, in order to encourage those who have difficulty following treatment. "What I like is not so much the human contact but the statistical models!" says Mrs. Boucquemont with a smile. "And while I don't meet the participants personally, I still feel as though I have an impact on their lives."

Dr. Foster's team also includes other "stats enthusiasts" who play a vital role in advancing the researcher's work. Mourad Dahhou and Xun Zhang, a pair of biostatisticians at the RI-MUHC, have spent eight years working on a major American database – the only one of its kind in the world – with the goal of extracting all kinds of relevant information on transplant recipients in the United States.

"I take care of processing data and identifying variables in an effort to find answers to Dr. Foster's questions," explains Mr. Dahhou. "For example, I can extract information on the life span of a transplant recipient versus a person undergoing dialysis and waiting for a transplant, and I can refine the analysis based on the person's biological sex to determine if there are any differences between men and women."

"What motivates me, in transplantation, is talking to the patients after everything they've been through, and seeing their health improve. What I like about my job is that it lets me save people in my own way."
– Marie-Ève Alary, research coordinator



Xun Zhang

Mourad Dahhou

For the researchers, this database is a gold mine of information on more than 1,000,000 people suffering from kidney diseases on various aspects of health. According to Dr. Foster, there are inadequate numbers of children and young adults with kidney transplants in Canada to answer many of the questions her team wants to address. No Canadian database similar to this one exists yet.

Mr. Zhang, for his part, works upstream of the process, helping researchers design their studies and ensuring that the analysis models provide the best possible answers to the questions they put forward. "I've been working at the RI-MUHC for 15 years. I love the research environment, and I'm proud to contribute to our researchers' high-calibre publications."

Identifying other factors in a hospital setting

The work of the team does not end there, however: it is also interested in the environment in which care is received and dispensed, always with the objective of promoting improved adherence to treatment. It was out of this continued interest that the POSITIVE multi-centre study – which is part of the Canadian National Transplant Research Program – came into being. Dr. Foster is one of the co-principal investigators in the project, which was financed by the Canadian Institutes of Health Research for a period of five years.

"In this study, we compile data from patients on adherence to treatment and their disease, but also – and this is new – we gather data from hospital staff, including nurses or chiefs of transplantation programs, with the goal

"I take satisfaction in making discoveries that can be fascinating at times. And that drives me to continue the research."
– Mourad Dahhou, biostatistician

of seeing if we can identify care-related factors that help patients take their medication or hinder them from doing so," explains Mrs. Alary, who coordinates the POSITIVE project.

The research team is working closely with the Pediatric Renal Transplant Program of the MCH-MUHC, founded and directed by Dr. Lorraine Bell, without whom it would not be possible to complete clinical studies.

"In collaboration with Dr. Bell's team, we are hoping to start an innovative study soon that's particularly exciting because it includes both a young kidney transplant recipient and a parent as members of the study team," explains Dr. Foster. "The goal is to gather detailed information from patients, parents, and members of the transplant team on how to integrate adherence interventions into clinical practice."

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

Joanna, master of her destiny

Living with sickle cell anemia and learning to tame the disease, one day at a time



PHOTO: MAXIME DESBIENS

anemia commonly found around the Mediterranean region.

"Before we got married, our family doctor told us there was nothing to worry about, because these were two different kinds of genes," says Julie. "But when I became pregnant, my obstetrician said the baby could indeed have sickle cell anemia, so she sent me for genetic counselling. They told me an amniocentesis would show if the foetus had SCD, but I refused the procedure because of the risks associated with it."

Julie and her husband had to wait until Joanna was three months old to have her tested. Until that age, babies are protected by their fetal hemoglobin. When the results came in, the couple was devastated. "I had read that many children didn't survive beyond their teenage years," she says. "But soon after Joanna's birth we met an older patient with SCD and this gave us hope."

Coping with pain crises

Joanna was initially followed at the Montreal Children's Hospital of the MUHC (MCH-MUHC) and later transitioned to the care of Hematologist Dr. Molly Warner at the Royal Victoria Hospital of the MUHC (RVH-MUHC).

"SCD is associated with many complications and related symptoms," says Dr. Warner. "Sickled red blood cells have a shorter lifespan and because of their shape, have more difficulty circulating through blood vessels, so most patients are anemic. More importantly, the abnormally shaped red blood cells hinder the flow of blood through small blood vessels leading to impaired oxygen delivery to tissues. This can cause attacks of severe pain in bones and muscles (pain crises) – which vary in terms of number and frequency according to the patient – and damage to many vital organs, leading to risks of stroke, pulmonary hypertension and kidney damage, among others. Patients often need strong painkillers for pain crises and sometimes, hospitalization."

As an infant, Joanna took antibiotics to avoid life-threatening infections and before she turned ten, she had her gallbladder removed. A bile duct was blocked with bilirubin stones that are formed when red blood cells break down.

Joanna typically had pain crises three to four times per year that lasted about a week at a time. "When I was in school, I would get sick for days, miss class and then fall back," she says. "And I couldn't do as much gym as I would have liked to."

Joanna learned that her crises can be triggered by stress and cold temperatures. "For this, I do yoga and meditate and I remind myself not to stress out," she says. "And if the temperature drops, and I think I'll get a crisis, I take pain medication, drink a lot of water to keep my blood fluid and I stay warm."

Raising awareness

According to Dr. Warner, many patients living with SCD face significant challenges.

"Pain episodes tend to be recurrent, and their onset unpredictable, so patients have difficulty attending school or going to work regularly," she explains. "They can also feel helpless and sometimes misunderstood. As there are often no objective physical findings or laboratory tests to confirm a pain crisis, some physicians have difficulty understanding the urgent need for appropriate pain medication. On occasion this can lead to delays in proper treatment and misunderstandings between the patient and treating medical team. As awareness about this disease increases, this should improve."

For the past 20 years, Julie, who is a dentist, has been giving lectures about SCD to third-year dental students from McGill University. "It's important to educate students about the need to get a detailed medical history of patients," she says. "Certain diseases, like sickle cell disease, require the use of prophylactic antibiotics before dental procedures. The fact that I use Joanna's story touches them and makes it easier for them to remember."

Joanna recently became a notary. Little by little, she learned that life with SCD is manageable if she respects her limits. "Every pain crisis taught me something about my body and made it easier for me to cope with," she says. "And I have a great family and medical team always there to support me."

MUHC clinic cares for patients with sickle cell disease

Founded in 2000, the McGill University Health Centre (MUHC) Hemoglobinopathies Clinic is one of only two in Quebec offering comprehensive, highly specialized care to adult patients with sickle cell disease (SCD) and thalassemia. The clinic strives to offer patients and families counselling and treatment for best maintenance of health and hopefully avoidance of long-term complications. The number of people affected by hemoglobin disorders in Canada is unknown, but the number of patients seen in the clinic is growing rapidly due to population growth and immigration. The condition is most common among people whose ancestors come from Africa, the Mediterranean, the Arabian Peninsula, South and Central America and parts of the Caribbean.

"It's important to identify carriers from high risk populations and give appropriate counselling to couples who may be at risk of having a child with SCD," says Dr. Molly Warner, chief of Hematology at the MUHC and founder of the clinic. "Since 2013, universal newborn screening for sickle cell disease has been implemented for babies born in the Montreal and surrounding regions. We hope to have province-wide newborn screening available soon, similar to many other jurisdictions where it is already common practice. A dedicated group of specialists is working on this program for Quebec."

At the clinic, a core team of three hematologists (Drs. Warner, Veronique Naessens and Patricia Pelletier) and a dedicated hemoglobinopathies, nurse (Catherine Sabourin), care for more than 200 sickle cell and thalassemia patients. Furthermore, many other MUHC specially trained nurses care for patients at the Glen site.



Dr. Molly Warner



Bhaskar Goswami: A couple of years ago, I was critically ill and almost did not make it. The doctors, nurses and staff members of the Neuro at the MUHC literally saved my life. Now, (...) I am sharing the gift of yoga with 40 of the very same people that saved my life, on the exact floor where I was a patient! (...) What better way to thank them and give back?



Marie-Eve Belec: Thumbs up to my plastic surgeon and the plastic surgery team of #muhc @DrtZadeh

Socialisez avec nous
#moncushm

Get social with us
#mymuhc

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...

Sophie Baillargeon, MUHC interim associate director of Nursing (ADON) for Quality, Performance and Patient Engagement and MUHC president of the Council of Nurses

“As a coach of quality improvement projects, you have to be convincing and establish a trusting relationship. I tell people: ‘You know your work environment. Let’s work together to improve it.’”

Tell me how you got where you are?

I’ve been a nurse since 1987 and have always worked at the MUHC. I started as a staff nurse at the Montreal Children’s Hospital of the McGill University Health Centre (MCH-MUHC), then became nurse manager, first at the Montreal Neurological Hospital’s Intensive Care Unit for 12 years and then at the MCH’s Pediatric ICU for 5 years. I was the assistant to the previous Director of Nursing and I’ve been interim ADON under the leadership of Andréanne Saucier since 2014.

What do you do as an ADON?

I’m responsible for the Nursing Improvement Program (NIP), an initiative that empowers and equips staff to improve practices and quality of care at the MUHC. That involves the creation of a nursing dashboard with indicators sensitive to nursing care and quality improvement (QI) projects focusing on productivity and a healthy workforce, patient experience and nosocomial infections.

One of your first projects as part of the NIP is the Controlling Specific Infection (CSI) Spread Strategies. Why is it essential to address nosocomial infections first and foremost?

This is a major issue that requires continued attention. At the Glen site, for example, we still see nosocomial infections despite the single-patient rooms. That’s a sign that it’s the practice of our healthcare professionals that’s facilitating the spread of infection. We don’t wash our hands often enough or disinfect the equipment and the environment as much as we should at the MUHC. With the Controlling Specific Infection (CSI) Spread Strategies team, we’re going to apply many proven approaches to target practices like hand-washing, additional



precautions and equipment disinfection. Together, we can significantly improve the situation!

What do you like most about your work?

Knowing that by collaborating with teams across the MUHC I can influence the quality of care we provide to patients and their families. Like many nurses and other staff under Nursing, I ask myself ‘Have I made a difference today?’

What other projects and activities are you involved in?

There are quite a few: I am leading the team that’s implementing the Logibec self-scheduling program throughout nursing across all sites, except Lachine, since they already have it; I’m responsible for the Nursing Resource Centres at the MUHC Montreal General and Royal Victoria hospitals; I’ve been working with the department of Purchasing to improve the acquisition, evaluation and distribution of clinical products and supplies; I’m President of the Council of Nurses of the MUHC; I teach at McGill University and I’m a coach at the Canadian Foundation of Health Improvement (CFHI).

That’s a lot of activities! I hear you also do volunteer work.

I’m President of the Board for L’Autre Escal, a not-for-profit organization that does an amazing job helping kids who experience violence at home.

Is there any time left for family life?

For sure! I have two kids: Chloé is study-

ing Art and Design in the U.S. and Hugo is in high-school doing a focus on music. My husband Luc is an administrator. He’s in numbers, and I’m a nurse. We don’t know where that comes from—having two artists in the family!

What would you tell a nurse just starting in the career at the MUHC?

Each one of us can contribute towards better care at the MUHC. Your fresh eyes are important.

CONFESSIONS...

Three things you can’t live without:

My family, being in nature and movies.

Favourite hobby:

Reading historical novels, crafting simple decorations and cooking.

Favourite place in Montreal:

Home sweet home.

Favourite travel destination:

Anywhere in Europe!

Favourite quality in a person:

Authenticity

Favourite place at the MUHC:

Anywhere where I can be productive and use humour with MUHC staff!

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

NEWS FROM LACHINE

Lachine Hospital officially opens its new Hemodialysis Unit

In the presence of the Minister of Health and Social Services Dr. Gaétan Barrette, staff and much media, the official opening of the new hemodialysis unit at the Lachine Hospital of the McGill University Health Centre (LH-MUHC) was celebrated on February 12, 2016. The state-of-the-art unit, which was completed on time and on budget, welcomed its first patients in November. With 15 hemodialysis stations, it provides dialysis care for patients living west of downtown Montreal and parts of the west island.

The beautiful new unit is located on the first floor of the Camille-Lefebvre Pavilion of the Lachine Hospital. Patients enjoy the convenience of a dedicated entrance with an accessible drop-off area with a ramp, easily accessible parking, and a well-furnished and comfortable patient waiting area. The treatment area itself is large, with spacious dialysis bays that have large windows which provide plenty of natural light, and televisions for patients.

The clinic is staffed with a multidisciplinary healthcare team, which includes MUHC nephrologists, nurses, nutrition-



Dr. Gaétan Barrette took advantage of his visit to the Lachine Hospital to greet the Medical Imaging department staff and see the new MRI that was delivered in late November.

ists, patient attendants, social workers and a dedicated group of volunteers, who visit the patients and provide leisurely activities.

“The unit was designed to provide dialysis to outpatients who are largely autonomous,” explains Dr. Andrey Cybulsky, chief MUHC nephrologist. “The venue and approach to treatment facilitates care by empowering patients and supporting them in making choices that fit their lifestyle. We aim to provide patients with education, and to have the patients participate in care decisions and their treatment when possible.”

The Montreal General Hospital of the MUHC hemodialysis unit, which has 23 stations, continues to operate for downtown patients and those requiring more complex care. An additional six-chair unit exists at the Glen site for the treatment of inpatients and outpatients who require specialized medical care.

The building of this state-of-the-art unit has created momentum for the redevelopment of the Lachine Hospital, a project that is evolving in partnership with the MSSS and the Société québécoise des infrastructures (SQI).



Lachine Hospital Hemodialysis unit team, from left to right: Gerry Sabile, Biomed Technician; Dr. Andrey Cybulsky, Chief of Nephrology; Dr. Tiina Podymow, Nephrologist; Roch Beauchemin, Nephrology Nurse Practitioner; Patricia Hooker, Assistant Head Nurse; Amelia Rocamora, Nurse Educator; Nancy Filteau, Nurse Manager; and Dr. Asan Alam, Nephrologist.

Highlights from the February 9, 2016 meeting

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. The newly appointed Board met on February 9th. The items below relate to decisions taken at the meeting.

The Board of Directors approved:

- The Code of Conduct of the MUHC (“Code d’éthique et de déontologie des administrateurs de conseil d’administration”), pursuant to section 3.0.4 of An act respecting the Ministère du Conseil exécutif (c. M-30).
- The naming of certain areas at the Glen in recognition of benefactors contribution to the development of the facility through The Best Care for Life Campaign

Benefactor Hydro-Québec	Benefactor Peter Letko
Naming proposal The 1.2 kilometre bicycle path surrounding the perimeter of the hospital on the Glen site to be associated with the name Hydro-Québec	Naming proposal The waiting room of the Adult Medical Clinics situated on the 2 nd floor of the Bloc D of the Glen site to be associated with the name Dr. Deborah Josephson

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 creation of the MUHC Department of Child and Adolescent Psychiatry at the Montreal Children’s Hospital Glen site;
- The Reappointment of Dr. Linda Moreau as the Director Division of Dermatology in the Department of Medicine effective April 1st, 2016 for a second term;
- The P&T recommendations in regards to the present risk with the two Heparin protocols at the MUHC adult sites.

On recommendation from the Director of the Centre for Applied Ethics of the McGill University Health Centre, the Board approved the:

- appointment of the new members of the Research Ethics Board of the McGill University Health Centre, below:

Name	Qualifications	Area expertise	Affiliation to muhc	Term
Benjamin W. Y. Lo	MD	Science, Health	Staff	2016-02-09 to 2017-02-09
Danièle Thibodeau	LL.L, BCL	Community	Non-Staff	2016-02-09 to 2017-02-09

JOURNEYS THROUGH HEALTHCARE:

An Art Exhibition on the Experience
of Illness and Hospitalization

VERNISSAGE: MARCH 17TH 3:30PM TO 6 PM,
GLEN, D2 OUTSIDE RADIOLOGY CLINIC

PRESENTED BY THE RBC ART & HERITAGE CENTRE OF THE MUHC AND STUDENTS FROM THE FACULTY OF MEDICINE, MCGILL UNIVERSITY

Join us on line!



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