



Is asthma an obstacle to performance? Not for Yvan Martineau

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#mymuhc

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PATIENT PARTNERSHIP

Hand in hand for better care

Patient partnership with Neuro's MS Clinic improves essential service

As a patient of the Multiple Sclerosis Clinic at the Montreal Neurological Hospital of the McGill University Health Centre (MNH-MUHC) for more than 20 years, Mari-Jo Pires knows a thing or two about the service it provides.

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Hand in hand for better care Patient partnership with Neuro’s MS Clinic improves essential service

“Whenever I visit the clinic, I get the personal touch,” says Mari-Jo, who is a patient representative at the MUHC. “But until recently, the phone service was deficient. You called and had to wait or leave a message, and they would call you back, but sometimes you weren’t there. It was a frustrating game of phone tag.”

For the clinic’s staff, the phone situation was also a source of stress: clerical staff were overwhelmed and had to take down dozens of messages, while nurses and doctors worried that they were not meeting patients’ needs in a timely fashion.

“The phone is a pivotal lifeline between patients and the clinic,” explains Diane Lowden, clinical nurse specialist in the MS Clinic. “A simple phone call can prevent unnecessary appointments in the clinic and hospital admissions.”

Involving patients as equal partners

In March 2015, the team started a project to improve the phone service with a grant

from the Canadian Foundation for Healthcare Improvement (CFHI).

“The lines were a problem, but this project was about more than that,” says patient coach and project co-lead Emmanuelle Simony. “The goal was to create an opportunity for patients to become more involved in their own care.”

The process to select patients to participate in the project was structured and serious, and involved phone and in-person interviews as well as an orientation session.

“We wanted patients who were able to go beyond their own experience, with a broader perspective and a constructive attitude,” says Patient Partnership Coordinator Karine Vigneault.

Selected to take part in the project, Mari-Jo was delighted to be on an equal footing with the clinic’s staff and to help other patients.

“It was clear from day one that there was no patient-doctor division,” she says.

“My opinions were valued. We were all members of a team working towards one common goal.

A two-pronged approach

During the first phase, patient advisors, nurses, doctors, administrators and clerical staff took the time to identify and analyze the issue, taking into consideration everyone’s perspective. The team opted for a two-pronged approach: simplifying the access to services by changing the telephone system, and putting in place a nursing helpline. After implementation, the results were impressive. Already in the first week, clerks noticed a decrease in the volume of incoming calls. For patients and staff, it was definitely a big change for the better.

“Our surveys showed we reached our goal of improving by 20 per cent the number of patients and caregivers who said they got the help needed every time they called,” explains Lucy Wardell,

Ambulatory Care nursing practice manager for the Neurosciences mission and project lead. “The physicians were particularly pleased with the quantifiable results obtained and the positive feedback from patients. This project has renewed the team’s spirit and energy. It demonstrates that having patients as equal partners when developing improvement projects creates positive impact at many levels.”

Moving forward, the MUHC intends to spread this model throughout the organization with the support of the Patient Partnership Program.

Are you an MUHC patient, a relative of a patient or a member of staff interested in the partnership experience? Please, contact Karine Vigneault, Patient Partnership program coordinator, at extension 36521 – karine.vigneault@muhc.mcgill.ca

The (much) improved phone access system

With over 3,700 visits per year, the Multiple Sclerosis Clinic of the MUHC’s Montreal Neurological Hospital (MNH-MUHC) offers highly specialized care not easily found elsewhere. Besides benefiting from the expertise of a multidisciplinary team, patients may also participate in important clinical trials of new therapies for MS.

The nature of care and services offered at the clinic explains the need for a performing phone service, which was improved by:

- The reconfiguration of the phone system with simplified voice messaging: when patients call, they select the service they need from a menu and the call is routed to the staff member that can best assist them with the particular issue. All scripts are bilingual and written in simple language.
- The implementation of a new nursing helpline – MS Access – for patients calling with clinical issues. A specialist nurse answers calls Monday to Friday, from 9 a.m. to 1 p.m.
- The adoption of online charting, which allows staff to upload notes about the phone consultation in Oacis.

Staff members and patients collaborated as equals to improve the MS Clinic’s phone service. From left to right, front row: patient representatives Mari-Jo Pires and Emmanuelle Simony; Lucy Wardell, nursing practice manager. Back row: Diane Lowden, clinical nurse specialist; Noé Djawn White, Continuous Improvement advisor; Karine Vigneault, Patient Partnership coordinator; Isabelle Parent, Clerical staff supervisor. Missing from the picture: Dr. Paul Giacomini, neurologist; Katia Prévost, patient representative.



MESSAGE FROM ANDRÉANNE SAUCIER

Happy Nursing Week!



The MUHC is experiencing a profound transformation. Everything is moving and being transformed at an unbelievable speed. Significant changes are felt by nurses as well as patients and families and it is sometimes difficult to easily navigate this environment.

In this context, it is important to focus on what really matters to patients and their families and work with them to solve their health problems. Thanks to your skills, expertise, clinical judgment and human approach, you are able take several decisions with patients and families to give them the best care possible as they journey through these difficult moments of their lives. But how do you choose what really matters? Is it about the right attitude, the right intervention, the right words, the right time or the right place? Every day in our professional and personal lives we have to make choices. And I am convinced you will succeed in making the right choices.

During National Nursing Week, which runs from May 9 to 15 this year, I would like to recognize your professionalism, dedication and passion.

To all of you, our nurses, thank you for your valuable contributions to the McGill University Health Centre.

Andréanne Saucier
Director of Nursing

HR CORNER

The MUHC eLearning Zone : to discover and rediscover!

Notice to staff. The eLearning Zone is:

- Mobile friendly—Take courses on your tablet or smartphone.
- Online registration friendly—As of Fall 2016, you can sign up for most MUHC Corporate Courses via the eLearning Zone. No need to fill out a paper form and email it or send it by internal mail.
- Free!—All online courses won’t cost you a penny.
- Very flexible—As an MUHC staff member you can login to the eLearning Zone at any time, day or night, from work or from home. If you are interrupted during a course, the system allows you to return to where you left off, even days later.

To register for a course, go to our website at elearning.muhc.mcgill.ca or go to the MUHC Intranet, click on Apps, and then click on eLearning Zone. For more information, call extension 34043 or 71805 or email elearning@muhc.mcgill.ca

Brought to you by Human Resources, Training and Organizational Development

Qui fait quoi?

Have a question and don’t know who to call? A new HR contact list is available for download on the intranet. Check it out on the “contact us” tab on the HR portal. If you do not have access to the portal please call extension 71600.

The Pathology Team: behind every diagnosis at the MUHC

Over the span of one year, the Pathology team of the McGill University Health Centre (MUHC) examines 75,000 adult and 7,000 pediatric surgical specimens, as well as over 70,000 cytology specimens. More than 400 diagnoses are made every day.

A medical team often depends on the advice of a pathologist. Whether it is a dermatologist wondering if a skin lesion is melanoma or simply an unusual mole; a surgeon establishing the type and extent of a surgery required; an oncologist assessing the best treatment for a cancer diagnosis—they are all looking to the team of pathologists for a definitive answer.

While most patients do not meet their pathologist, pathologists may be involved in their care from before they were born (pre-natal screening for medical conditions), to old age. Pathologists also work in the autopsy room to determine the cause of death, the possibility of hereditary disease or even the effectiveness of certain treatments.

At the MUHC, there is a subspecialized team of 26 pathologists, who provide their expert opinion on each specimen submitted to the lab. They also provide consultation services to thousands of difficult cases referred from the rest of the province and across Canada.

“Thanks to the IT team, we are now able to report each cancer using the College of American Pathologists synoptic checklist,” says Dr. Zuhua Gao, MUHC pathologist-in-chief. “We also have the province’s best team of immunohistochemistry, FISH and special stains, which enables us to solve the mystery of some challenging and complicated cases.”

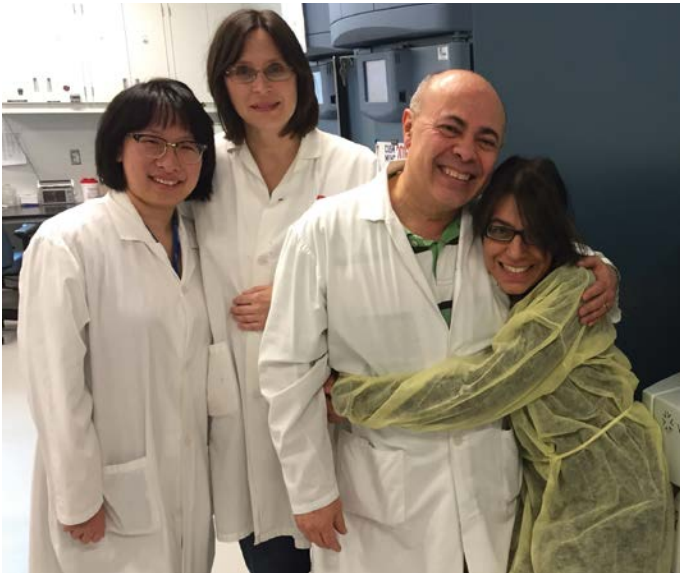
Each specimen that comes into the lab undergoes a rigorous identification process. “We must ensure that the specimen remains associated with the correct patient through a number of steps so that the right diagnosis is made for the right patient,” says Dr. Miriam Blumenkrantz, MUHC director of Quality Assurance in the Department of Pathology.

“And the diagnosis always has to be rapid as the clinicians and patients are anxiously waiting to hear from us so that they can make their therapeutic

decision,” says Dr. Kevin Watters, assistant-chief of Pathology.

“At the MUHC, we have introduced shift work and the lean concept in each step of our work flow,” adds Dr. Manon Auger, director of Cytopathology, which studies cells rather than tissues. “Because of the quality and efficiency of the team, our cytopathology service has become one of the referral centres for the province.”

“We have a great team, always doing the best they can to provide the highest quality of diagnosis for our patients,” says Marie Vachon, chief manager of the MUHC Pathology laboratory. “The techs and pathologist assistants take the



The Immunohistochemistry Lab – One of the largest in Quebec! It performs a visual test of protein expression for pathologists to interpret both in the MUHC and other hospitals. From left to right: Huimin Wang, Christine Lavallée, Medical Technologists, Alfred Cuellar, Coordinator and Miriam Blumenkrantz, Pathologist

tissues and turn them into slides to be able to make the diagnosis. This involves fixing and cutting the tissue, placing it in wax, slicing the wax and then placing the thin slices onto slides that are stained to show the different features of the tissue under the microscope. All along everyone makes sure that everything is properly identified. Between the adult and pediatric specimens, we make about 300,000 wax blocks per year.”

Dr. Van-Hung Nguyen, another MUHC pathologist, stresses that everyone in the department from the Medical Secretaries to the Pathologists are equally important in the chain of events after the specimen arrives. “Everyone has their role and without them, the end product is not possible, and therefore the diagnosis cannot be made,” says Dr. Nguyen.

According to MUHC Pathologist Dr. Badia Issa-Chergui, “our role does not stop at diagnosis. We also examine resected tumours to confirm diagnoses made on biopsies and to assess the extent of the disease and tumour margins, which are part of the cancer staging process guiding treatment. We review these findings at tumour boards, where we decide the next steps of patient care management.”

Tune in next month to read all about the MUHC Biomedical Technology team and their room of goodies that go a long way to saving money in a MacGyver kind of way!



The Cytopathology Lab – Where diagnoses are made based on cells rather than tissues. From left to right, top row: George Kaoumi and Kaven Larouche; middle row: Lydia Lubrano, Sylvie Chakouayeu, Julie Brodeur, Anna Elisio and Émilie Bilodeau (student); front row: Sonia Lambert and Valentina Kalcenko.

Problem solving in the Autopsy Room with team work and imagination

With any new construction, there is always a chance there will be a thing or two to alter once in the new space. This was the case for the autopsy room at the Glen of the McGill University Health Centre (MUHC). The room itself was great but there was a problem with the regular usage of the formaldehyde, which is required to fix organs that need examining.

Without a moment of hesitation, Louise Turcot, MUHC assistant-chief Medical Technologist of the Pathology Department, took the problem on. She quickly found out that going to an outside company for a solution would require big money that the department did not have, but by looking a little closer to home Louise found the answers she was looking for.

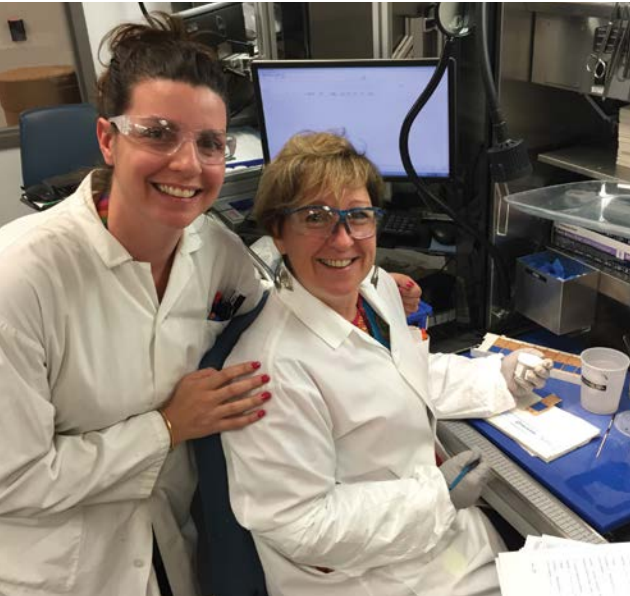
“I knew that if we had a pump of some sort to move the formaldehyde, which is toxic, from the container it came in to the bucket it had to go in it would do the job,” says Louise. “I eventually found a pump in an auto shop for \$200 that was perfect. I then took this to Carlos Noriega in Biomedical Technology at the MUHC and he and his colleagues made the support system for the pump. We went from manually moving the toxic liquid that could splatter onto someone to using this new system that encloses the transfer of the formaldehyde, preventing any contamination.”

According to Carlos, they often come up with engineering solutions to issues by using in-house material that is no longer required by another department and in-house expertise. The dynamic duo also found a safer way to dispose of the formaldehyde until the new system is implemented.

Great 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



“The Grossing Room” – Where technologists and pathology assistants describe the gross morphology of the specimen and submit samples for further processing. Left: Melissa Trickey, Coordinator, and Danielle Mc Kenna, Medical Technologist. Right: Afjal Hossain, Pathologist Assistant, specialist in biological sciences.



Melissa Scalzo, Medical Technologist, in the Embedding Station, where sampled sections are placed in wax blocks.



Fateh Beckhir, Medical Technologist, in the Cutting Station, where thin sections are cut from the wax block and placed on slides.

Is asthma an obstacle to performance? Not for Yvan Martineau...

MUHC Asthma Clinic helps keep Quebec journalist and TV host in top form

Life is often a series of opportunities, obstacles, efforts and accomplishments. Yvan Martineau, a Quebec journalist and TV host, who is passionate about sports and tourism, recently shared a little bit about his life journey with us.

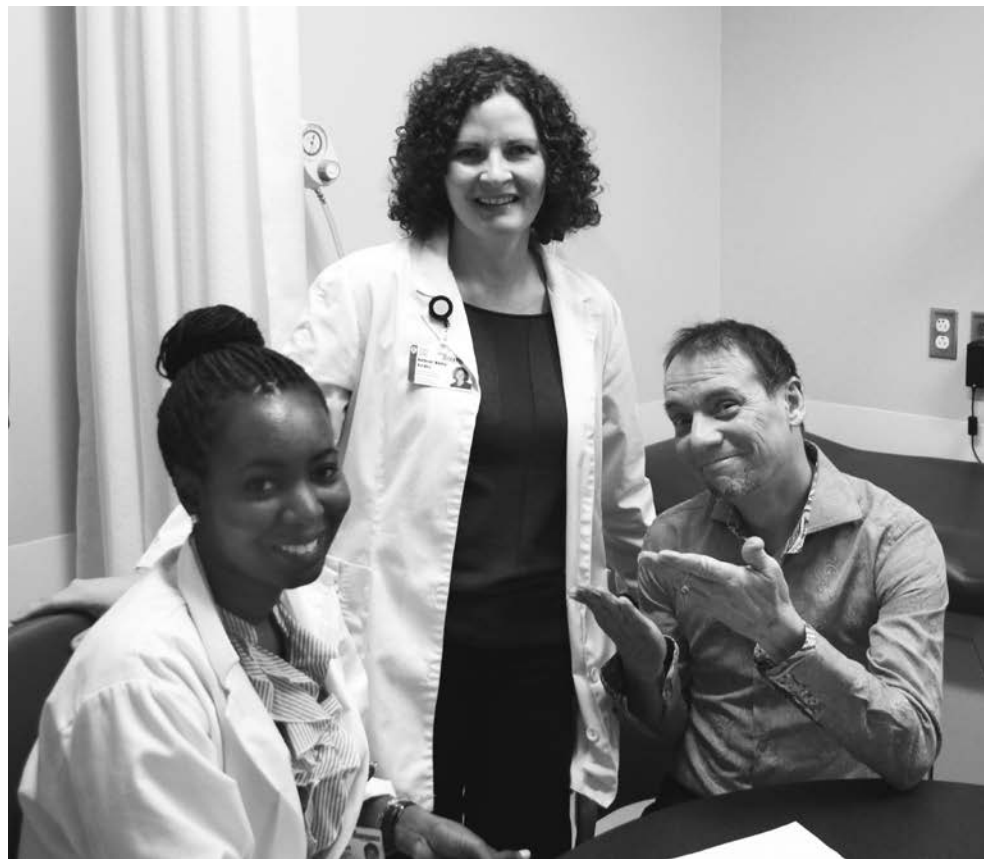
“Among the great opportunities in my life, I include my career and my 30-year relationship with my partner,” he says. “But I also include being a patient for the last 20 years at the Montreal Chest Institute of the McGill University Health Centre (MCI-MUHC). As an asthmatic patient, the care I receive there is a gift of life.”

Yvan, who covered the Montreal Canadiens for 25 years, says he lives in an environment where he is surrounded by high performance every day. “To draw a parallel, the team at the Montreal Chest Institute is really an elite, high-performing team. If I didn’t receive all the care that they provide, I don’t know what my condition would be today and what I would be able to do.”

Asthma is a chronic inflammatory disease that affects approximately 300 million people in the world, including 2.7 million Canadians, children and adults. The airways of asthma sufferers are hypersensitive and react to different factors by contracting and becoming obstructed when they are irritated, making breathing difficult. This can cause the onset of several symptoms, such as shortness of breath, wheezing, coughing, chest tightness and secretions. This is what is known as an asthma attack.

“Since asthma is a chronic disease, it has no cure, but it can be controlled in order to maintain good pulmonary function and good quality of life,” says Christine Duterville, nurse clinician at

“I am extremely grateful to have access to professionals of this calibre who help me maintain a good pace,” says Yvan.



Yvan Martineau is grateful for the care he receives from clinical nurses Christine Duterville (left) and Kathy Riches (centre).

the MCI-MUHC Asthma Clinic. “The symptoms can be mild, moderate or severe, and the disease may be difficult to control in some cases.”

“Unfortunately, some people think that their asthma is well-controlled, while that is not always the case,” explains Kathy Riches, who is also a nurse clinician at the Asthma Clinic. “Our work includes teaching patients to manage the disease. We help them recognize symptoms, adopt a healthy lifestyle and control the environmental

factors that can trigger symptoms and asthma attacks.”

Yvan admires the thoroughness of the clinical team and their focus on prevention and improving care. “All the team stays on top of clinical and scientific developments, ready to try new approaches and make corrections when the results are not what they expected,” he says.

Sometimes, Yvan’s health condition can deteriorate very quickly, due to a

phenomenon called decompensation, which is the body’s sudden inability to cope with the disease. “I may feel fine and then, in just half an hour, I may start experiencing some symptoms and feel very feverish,” he explains. Depending on the situation, he either goes to the Emergency or calls the Clinic and receives a call back the same day, setting an appointment if necessary.

Yvan has also suffered from pneumonia over the last three years. In addition to follow-ups at the clinic, a few hospitalizations were therefore required to treat the pulmonary infections.

Yvan was recently hospitalized at the D8 Care Unit of the MCI-MUHC at the Glen site. He really appreciates the kindness and professionalism of the Unit’s healthcare staff, as well as the private rooms.

“It’s wonderful in terms of the recovery period, comfort and infection prevention,” he says. “I am convinced that it contributes to shortening hospital stays. We can also order our meals by telephone, and the service is always courteous and efficient. You couldn’t ask for better!”

The Asthma Program at the Montreal Chest Institute is indispensable

Between 5,000 and 6,000 patients with moderate to severe symptoms are diagnosed and treated annually through the Asthma Program of the Montreal Chest Institute of the MUHC. The program, led by Dr. Ron Olivenstein, respirologist, improves the quality of life of patients and reduces the number of hospitalizations and visits to the Emergency Department due to the disease, as well as related direct and indirect costs.

What impresses him the most, though, is the medical and nursing staff’s dedication to their patients. “It’s incredible how hard they work. On a few occasions, I arrived at the clinic at 7 a.m. for an appointment to see my doctor, Dr. Ron Olivenstein. I would be hospitalized the same day and see him again when he came back to the Care Unit before leaving, around 7:45 p.m.,” he explains. “Nurses do the same thing. During my hospital stays, I’ve seen Christine and Kathy go upstairs to check on their patients.”

If asthma is an obstacle, it certainly has not stopped Yvan from pushing his limits and maintaining a high level of fitness. “I don’t smoke, I watch what I eat, and I’m always active,” he says. An avid sportsman and bicycle enthusiast, he has cycled hundreds of kilometres for both work and pleasure in several wine-producing areas in France, as well as in Quebec, Cuba, and in the United States, from New England to California, through Utah and Arizona.

“Tests show that Mr. Martineau’s pulmonary function is above normal,” says Christine. “In fact, people with well-controlled asthma should not be limited in their activities. Some people still think the contrary, but it is a perception that needs to be corrected. As proof, many Olympic athletes are asthmatic.”

“I am extremely grateful to have access to professionals of this calibre who help me maintain a good pace,” says Yvan, “and help me live my life the way I want to.”

Allergies a key focus of pediatric research

Children’s allergic reactions are always tricky to manage for parents. It is always a question of knowing whether you are looking at a simple, insignificant intolerance or a real allergy that could turn out to be dangerous.

From the effectiveness of screening tests...

A recent study at the Research Institute of the McGill University Health Centre focused on the effectiveness of screening for allergies to antibiotics like amoxicillin, commonly prescribed for respiratory and ear, nose and throat infections in children. The researchers showed that the skin test currently used in hospital settings is less effective in diagnosing allergic reactions to amoxicillin than an oral test.

“Our results show that skin tests have little diagnostic value, are very expensive, and have become totally standard,” says Dr. Moshe Ben-Shoshan, an allergist at the Montreal Children’s Hospital at the MUHC (MCH-MUHC). “The majority of children are diagnosed as allergic to amoxicillin without any further evaluation; they are therefore not prescribed the antibiotic that is thought to be an allergen, which is then replaced by another antibiotic that is less effective, more expensive and sometimes toxic.”

In the study, 818 children were tested orally for allergy to amoxicillin without undergoing a skin test. Of those participants, 17 children had an immediate minor reaction to amoxicillin while 31 others had reactions in the days following the test. A skin test was administered to the 17 children who had an immediate reaction, but only one tested positive.

“This study is the first to use the oral test to determine the percentage of immediate and non-immediate amoxicillin allergy in children,” explains Dr. Ben-Shoshan. “Doctors should use an oral provocation test from the start without resorting to a skin test: this would cut costs by half.”



Olivia, 7 years old, a patient of Dr. Ben-Shoshan at the MCH-MUHC, underwent an oral test for amoxicillin allergy because she had skin reactions after taking antibiotics in the past. The result of the oral test was negative, which reassured the young patient’s parents.

...to the treatment of severe reactions

In another study, Dr. Ben-Shoshan looked at the frequency of emergency department visits linked to cases of anaphylaxis – severe and potentially fatal allergic reactions (to food, medication, insect bite, latex etc.)

The study, made possible by the Allergy, Genes and Environment Network (AllerGen) and Health Canada and recently published in the Journal of Allergy and Clinical Immunology, showed that the number of anaphylaxis-related emergency department visits at the MCH-MUHC doubled over a four-year period.

The researchers collected data from 965 anaphylaxis cases appearing in the cross-Canada anaphylaxis registry. They observed that 80% of these cases were triggered by food, principally peanuts and nuts.

The study also highlighted the underuse of epinephrine auto-injectors. Only a little more than half of the children who had an EpiPen used it before their arrival at the emergency department. According to Dr. Ben-Shoshan, this increased the risk of multiple epinephrine doses at the hospital. “It is of critical importance for parents and healthcare professionals to work together to ensure the rapid and timely use of epinephrine auto-injectors in the case of anaphylactic reactions.”

Aftermath of WWII leads to expansion of RVH School of Nursing



Nursing students receiving instructions, circa 1955.
© Collection du Centre d'exposition RBC du CUSM. 2011-0002.04.A0048.

During the Second World War, the substantial investment of public funds radically transformed the Canadian health system. In the aftermath of the conflict, Canadian health facilities expanded drastically but staffing issues became a problem. Closer to home, the Royal Victoria Hospital (RVH) experienced insufficient numbers of qualified nurses.

The growing demand for nurses eventually resulted in a lack of space in the RVH School of Nursing premises and student residences. Helene Lamont, the director of Nursing from 1947 to 1969, stressed the inadequate accommodations offered to nursing student and the need for better facilities. In her 1957 annual report, Lamont pointed out that the residence was in need of refurnishing and redecorating and that additional sitting rooms, laundries and kitchenettes were needed on each floor to reach the standards of newer institutions. The library and the laboratory space were also inadequate, thereby undermining the teaching of science and depriving nurses from the proper preparation to meet the demands of



Nursing students in a classroom of the Hersey Pavilion, 1957.
© Collection du Centre d'exposition RBC du CUSM. 2015-0002.04.145.

medical progress today. Two years later, the Director of Nursing deplored the inability of the hospital to improve the school resources in the same proportion as the need for nurses and the expanded hospital facilities. Despite these challenges, the School of Nursing continued to evolve and to offer dynamic training in an ever-changing field. The school was trying the best it could to adapt in a period where nursing work was becoming increasingly complex and where the tasks of the nurses expanded. In the 1950s, a rapid increase in hospital bed capacity and demand of medical services placed greater strains on students and increased nurses' workload. According to Lamont, nurses found themselves in a situation where they had to accept more responsibility than their education prepared them for. This situation pushed Lamont to advocate for a complete reorganization of nursing education. This restructuring led to the development of nursing education at university and college levels. The School of Nursing at the RVH finally ended its operations in 1972.



WELLNESS WEEK AT THE MUHC: JUNE 6 – 9, 2016

Leading up to Global Wellness Day on June 11, the Human Resources Training and Organizational Development team is offering a week of free outdoor exercise classes to employees across the MUHC!

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| June 6 – Neuro and Allan: Walk 'n squat | 12 p.m. – Neuro main entrance |
| June 7 – Lachine: Walk 'n squat | 12 p.m. – Camille-Lefebvre, Rooms A & B |
| June 8 – MGH and Guy St: Walk 'n squat | 12 p.m. – Livingston Hall, L6.500 |
| June 9 – Glen: Yoga class | 11 a.m. – Outdoors at the Havre |
| Walk 'n squat | 12 p.m. – Security desk RC level |
| Bike tune-ups, and more! | 11 a.m. to 4 p.m. – Outdoors at the Havre |
- Come and try out the new, permanent outdoor fitness equipment at the Glen site.

Sign up today for the Walk 'n squat club at www.surveymonkey.com/r/walk_squat. For more information, visit the HR Wellness activities page on the intranet or call Wendy at ext. 42133.

Dave Lamothe-Gagnon, administrative procedures specialist, Directorate of Finance

Our field teams have the expertise. On the other hand, I am qualified to provide them with the tools, guidance and support to find solutions to improve processes.

What do you do as a specialist in administrative procedures? I develop and coordinate projects to improve our processes with a focus on increasing value perceived by the patient. At the moment, I'm working on three projects: standardizing the management of products purchased for use in operating rooms, such as screws and pacemakers; improving procedures in the Medical Devices Reprocessing Unit, which is responsible for cleaning and sterilizing equipment used in operating rooms; and optimizing the interface between the Material Management System and the Operating Room Management System.

What brought you to your position at the MUHC? I'm a sociologist by training, and I developed expertise in change management, project management and Lean Six Sigma. I began my career in the health network in 2005 at the Centre de réadaptation en dépendance de Québec. I then worked at the Ministry of Health, and later at the Agence de la santé de Montréal. My position was transferred to the MUHC in 2015 after the agency was closed. Paul Harmat and his team made me feel very welcome. They're extraordinary, passionate colleagues who want to make a difference.

How do these improvement projects work? We use the Lean approach in project management following six phases: Define, Measure, Analyze, Innovate, Implement and Sustain. These projects generally start as a request from a manager. We work with the teams to refocus on the patient and eliminate waste. Concrete results appear in three to six months.

What sort of waste are we talking about? There are different types, such as time spent waiting or transporting equipment or patients, excessive paperwork or over-production. Employee creativity is also wasted. People have solutions in mind; we must listen to them and respond.

Is that why it's important to work with teams on the ground? Of course, because they have the expertise. I will never be able to replace a nurse, a doctor or a social worker. On the other hand, I am qualified to provide them with the tools, guidance and support to find solutions. I also help managers during the implementation and monitoring of projects to ensure that they persist over time. It's very gratifying to contribute to the improvement of a process and do so as a team.

You bring a stuffed toy which makes people laugh to each of your workshops. Tell us about him. His name is Georges, and he represents the patient. Each MUHC unit supports the organization in providing services to the public. Every time I lead a workshop and we have to make a decision, I ask the participants what George would think. Would these decisions add value from his point of view?



What qualities are needed to do your job? An excellent ability to analyze, plan and organize as well as diplomacy and listening skills. My training in sociology prepared me well in several respects.

CONFESSIONS...

- Three things you can't live without:** Good food, good wine, outdoor activities, my family and my friends.
- Favourite hobby:** Cooking. I make all my food at home. I'm also taking sommelier training at the Institut de tourisme et d'hôtellerie du Québec. I organize wine tastings at my home for fun.
- Favourite fitness activity:** Mountain hiking, sea kayaking. Being in nature anchors us in the present moment.
- A well-kept secret in Montreal:** There are little gourmet gems to be discovered. For example, the Raphaël wine bar in the Villeray neighbourhood, where the young owner, a passionate sommelier, serves us privately imported wines and tasty dishes.

Favourite travel destination: I have travelled everywhere in the world. Hiking, for example, is breathtaking in Iceland. But we have beautiful areas in Quebec, such as the Parc national du Fjord-du-Saguenay, a stunning location.

Favourite quality in a person: Integrity.

Favourite place at the MUHC: It varies depending on the project. In fact, it's the people I work with who make the difference.

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

Highlights from the April 12, 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 items below relate to decisions taken at the April 12th meeting.

The Board of Directors approved:

- the MUHC Policy entitled Collection of receivables and bad debt management;
- the appointment of M. Enzo Caprio as Associate Director of clinical labs at the MUHC;
- a non-exclusive agreement between the MUHC and Groupe Santé Brunswick Inc. (medical clinic) with regard to the establishment of a service corridor. This would include patients of the Montreal Children’s Hospital of the MUHC (MCH-MUHC) who do not require immediate access to the technical platform offered by the MCH-MUHC. These patients would be referred to the Groupe Santé Brunswick Inc. for purposes of medical pediatric consultations, test, procedures and/or medical follow up, to be provided by the physicians at the Brunswick Clinic. This agreement was developed with the intent of facilitating access to healthcare services to patients, in the respect of the missions and responsibilities of the MUHC, as defined by the Act;
- 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
- a number of resolutions pertaining to loan authorizations in support of the establishments’ regular operations.

Benefactor Andrew J. Lutfy Fondation	Benefactor R. Howard Webster Fondation
Naming Proposal The Oncology Inpatient Unit situated on the 10 th floor of the Bloc D of the Glen site as follows: “Andrew J. Lutfy and Family Cedars Oncology Inpatient Unit”	Naming Proposal Adult Emergency Department of the Glen site situated on level S1 of Bloc C Foundation Emergency Department

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

- the appointment of Dr. Thomas Schricker as MUHC Chief for the Department of Anesthesia, effective January 1st, 2016 for a four-year term;
- the appointment of Dr. Marie-Josée Brouillette as Medical Examiner for the MUHC Glen Site (Adult), effective March 14th, 2016 for a period of six weeks, replacing Dr. Jean E. Morin.

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. See below:

Name	Qualifications	Area expertise	Affiliation to MUHC	Term
Angela Nevard	B.C.L./LL.B	Community	Non-Staff	2016- 04-12 to 2017-04-12
Ariane Lessard	MA, BA	Science	Staff	2016- 04-12 to 2017-04-12
Patrick-Garon Sayegh	B.C.L./LL.B.	Legal	Non- Staff	2016- 04-12 to 2017-04-12
Marie Brossard-Racine	Ph.D, MSc, BSc	Science	Staff	2016- 04-12 to 2017-04-12

- the reappointment of 58 members of the Research Ethics Board of the McGill University Health Centre;
- that the institution designates Patricia Lefebvre, as mandated substitute to authorize, as provided in the “Cadre de référence des établissements publics du réseau de la santé et des services sociaux pour l’autorisation d’une recherche menée dans plus d’un établissement,” research conduction in the MUHC or under its auspices, including at the Montreal Neurological Institute and Hospital (the Neuro) depending on the particular conditions applicable in the absence of Me Marie Hirtle, mandated delegate.

The Board of Directors approved the issuing of public tenders for the following:

- the construction of the Centre for Outcomes and Health Evaluation (CORE).

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