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Centre universitaire de santé McGill
McGill University Health Centre

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An ambitious program developed at the MUHC delivers impressive results

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Angie Presta, Procurement manager, and Philippe Bexton, MUHC Patient Safety officer, are happy with the success of the Material Incident Accident Management system.

#mymuhc

IN THIS ISSUE

LACHINE

A changing tide at the Lachine Hospital

Everyone does their part in the operating room to improve the work environment

The atmosphere in the operating room (OR) at the Lachine Hospital of the McGill University Health Centre (LH-MUHC) has been harmonious lately; clinical staff work with enthusiasm and good humour. The situation has significantly improved, as Julie Marcil, interim nurse manager of the OR, explains.

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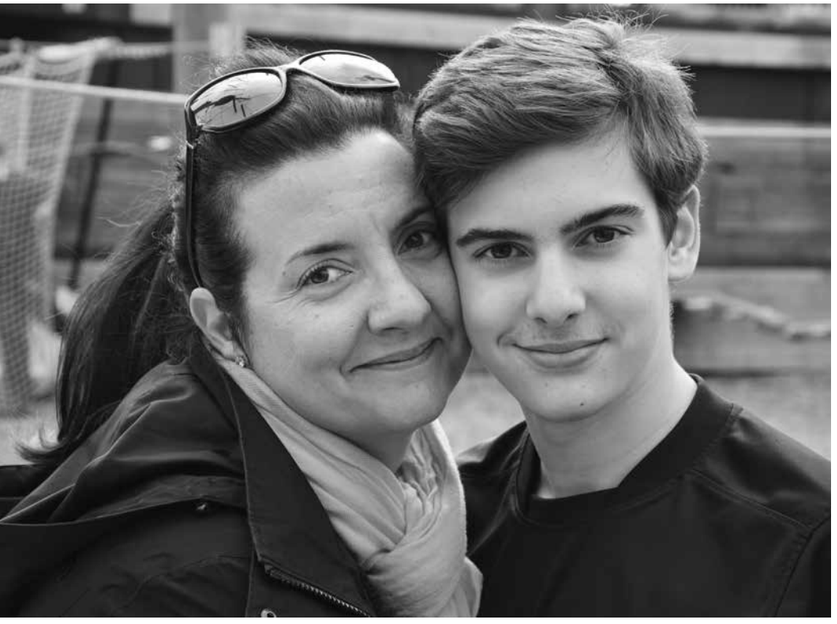
PATIENT STORY

Zero gluten, only way to treat celiac disease

Patients with digestive disorder must gut it out and stick to diet



"People with celiac disease should not be afraid of embracing a gluten-free diet," says Julie Boisvenue, who, like her son Justin, has celiac disease. "The transition period is hard, but once you settle into a routine, it becomes second nature."

Julie Boisvenue found out she had celiac disease – an inflammation of the small bowel caused by a reaction to gluten – in circumstances that were far from ordinary. The mother of a 14-year-old son and an 11-year-old daughter was in her kitchen one evening, when she fainted and hit her head. She was taken to St. Mary's Hospital with the suspicion of a concussion. After tests, however, doctors diagnosed heart arrhythmia, but couldn't explain why. Julie spent two days at St-Mary's and was then transferred to the Cardiac Care Unit of the Montreal General Hospital of the McGill University Health Centre (MGH-MUHC), where she had a temporary pacemaker implanted.

"At the MGH, they were still trying to figure out the cause of my heart problem and a few weeks later decided I should get a permanent pacemaker. At that point, one of the residents told me about a study linking heart arrhythmia and celiac disease. I later underwent an endoscopy which confirmed I had celiac disease. I was really scared: on top of my cardiac issues and a digestive disorder, I was afraid my children could have celiac disease as well."

Only one treatment

Celiac disease is a fairly common genetic autoimmune disorder, touching about one per cent of the population. People with a family history are more at risk of developing the disease at some point in their lives. Symptoms include abdominal bloating, pain, gas, diarrhea and weight loss, but some people, like Julie, have no symptoms at all.

"When undiagnosed or untreated, celiac disease damages the small bowel and can lead to complications like vitamin and iron deficiency, osteoporosis, neuropathies and, in some rare cases, cancer," says MUHC Gastroenterologist Dr. Yidan Lu. "Although heart disease is not generally associated with celiac disease, a few studies have suggested a possible link between the two. The only treatment for this condition is a diet strictly free of gluten – a protein found in wheat, rye and barley – for life. Before changing eating habits however, it's important to be tested to avoid false negative results."

Big lifestyle changes for the family

Soon after Julie's diagnosis, her son Justin Grenon found out he, too, had celiac disease.

"I was disappointed and scared that my whole life was going to change because I wouldn't be able to eat what I usually ate," says Justin, who is an athlete and plays hockey and football.

Although Julie was familiar with the restrictions of a gluten-free diet – her stepfather happens to have celiac disease – she was not prepared to face the radical lifestyle changes that celiac disease demands.

"I had a general idea of what to avoid, but to be standing in the grocery store, trying to figure out what the labels meant and what to choose was frustrating," she says. "Removing something from your daily diet may sound simple, but when it's forced upon you, there's definitely a grieving period while you adapt to it."

At the MUHC, Julie and Justin had the support of Gastroenterologists Dr. Alan Barkun and Dr. Najma Ahmed, and Nutritionists Karen Casey and Caroline Brien.

"There's a growing awareness about gluten intolerance these days and plenty of information about how to follow a gluten-free diet and where to find gluten-free products," says Caroline, who has celiac disease herself. "However, it's important to realize gluten is hidden in a lot of products like makeup, shampoos, cleaning products and medications."

"Adhering to a gluten-free diet is expensive," adds Dr. Lu. "Nutritionists and dieticians will show patients options that don't necessarily involve buying prepared gluten-free products."

A lifetime commitment

A year into the restrictive diet, the Boisvenue-Grenon family is taking it all in stride.

"We have two toasters and two sets of cooking utensils," Julie says. "Some meals like gluten-free pasta are shared by all in the family, but on pizza night, I use two different types of dough. We also know what to do when eating out or at a friend's place. Lunch at school is still a challenge for Justin though: healthy gluten-free food options are few and far between at the cafeteria."

Although he had to give up many things he loves such as muffins, cakes and cookies, Justin says he has been "pretty responsible".

"It's not that hard. At school, my friends understand when I say I can't have something. There's even gluten-free stuff that I like better than regular food, like English muffins. Honestly, there are a lot of worse things out there. If this is what I have to go through in my life, then I can say I'm a lucky person."

"Gluten-sensitive people feel better when they amust follow a gluten-free diet to avoid damaging their health," says MUHC Gastroenterologist Dr. Yidan Lu.

HR CORNER

Are you moving?

Staff advisor: It is very important that Human Resources maintain an accurate record of your address, phone number and email address, to avoid mailing out important information to an incorrect address. Follow these simple instructions below to make the changes yourself online, via the Logibec e-Espresso application.

From the MUHC portal:

1. Login to your e-Espresso (Apps / MUHC/HR PAY) and click on: + *Employee File* and then *Personal Data*
2. Click on *New*
3. Once this screen opens, replace the MAIN ADDRESS information with your new information. Please note that the apartment number must be entered before the civic number (ex: 750-2155 Guy). The secondary address should not be used.
4. Ensure your personal EMAIL and TELEPHONE numbers are up to date, including your cell number. This will allow us to communicate quickly with you.
5. Enter the effective DATE (present or future date)
6. Click on *Save*.

Please note:

- Information will ONLY be sent to your Main address.

You can also fill in a Change Notice form (available on the HR intranet site) and return it to Human Resources:

- through internal mail to 750.21 - 2155 Guy Street,
- by fax to 514-934-8325
- by e-mail to HR.ISSUPPORT@muhc.mcgill.ca

BOARD OF DIRECTORS

Highlights from the May 31, 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 May 31st, 2016 meeting.

On recommendation from the Nominating Committee, the Board of Directors approved:

- the following nominations on the Medical Review Committee:
  - Gail Campbell, Chair of the Medical Review Committee
  - Dr. Athanasios Katsarkas, Member of the Medical Review Committee
  - Dr. Thopmas Milroy, Member of the Medical Review Committee
- the following nominations pursuant to section 6.2 of the By-Laws of the Research Institute of the MUHC:
  - Daniel Gagnier, Member Representative
  - Jacques Dupuis, Member Representative
- the following nominations on the Governance and Ethics Committee:
  - Janis Riven, Chair of the Governance and Ethics Committee
  - Lisa F. Hollinger, Member of the Governance and Ethics Committee

On recommendation of the Audit Committee, the Board of Directors approved:

- the MGH Renovations: Research Institute Project, conditional to funding.

On recommendation from the Director of the Centre for Applied Ethics of the MUHC, the Board approved:

- the updated MUHC Code of Ethics as well as the updated Policy on End-of-Life Care.

Managing biomedical equipment: that's their business!

An informed and dedicated team oversees a large inventory that's crucial to treating our patients

From the simplest machines to the most complex, the huge inventory of biomedical equipment used by the McGill University Health Centre (MUHC) includes an amazing variety of devices available to meet many needs at the MUHC. This could include anything from stretchers to perfusion pumps, CT scan to monitors or surgical anesthesia machines to laboratory equipment. And behind it all are about 50 dedicated employees whose sense of innovation and expertise are key for the maintenance, updating and use of this inventory.

The Biomedical Technology Management unit isn't exactly the MUHC's best-known team. But their role is truly important, not only because they oversee some 80,000 pieces of equipment – both medical and non-medical – throughout the MUHC, but also because they have the technological know-how required for the acquisition of new equipment and the responsibility for its upkeep and repair.

A portion of the team, consisting of technicians, coordinators, engineering professionals and administrative clerks, is based at the Glen site. Others are at the Montreal General and the Montreal Neurological hospitals. Soon, there will also be someone at the Lachine Hospital to offer local support.

"Every day, our technicians and biomedical engineers make sure that the equipment is in good condition, meets all requirements, and is safe and functional," says Marie-Claude Trudel, the service's coordinator. "The end goal is always to contribute to excellent care with the help of technology that is effective and safe, both for the patients and the caregivers."

The team is implementing a program focused on technology control and management that also includes a systematic inspection of the safety of electrical systems and the functioning of new medical equipment, as well as a follow-up on equipment performance.

"If I get a call about a configuration problem, or a piece of equipment for which I'm responsible for and it breaks down, I have to evaluate whether I have the ability and expertise to intervene or make a repair," says Theodore Patrinos, a technician and biomedical engineer.

"If it isn't within my skill set, I have to contact the company, the manufacturer or the distributor."

In addition to upkeep, emergency adjustments, and repairs offered by the unit's technicians and coordinators, technical assistance is also available to caregivers and administrators.

"When a clinical team notifies us that they need new equipment, they have to follow an established procedure," explains Carlos Noriega, a biomedical technology specialist. "After the project and its budget are approved by all the necessary parties, our team comes into play. We meet with all the people involved, determine their exact needs, learn exactly what equipment they want and why, and advise them to the best of our abilities."

When a piece of equipment reaches the end of its useful life, it can be replaced by a new version of the same type or by a newer technology. "That choice is always made in accordance with the needs of the clinicians, with our support," adds Carlos. "We're always there to serve the clinical team."

Since medicine is a field in which innovation is frequent and numerous, Biomedical professionals keep a close watch both on technology that comes on the market and on recommendations and alerts put out by various national and international organizations, always with the objective of having up-to-date and safe equipment, machines, and facilities.

"We keep an eye on the marketplace, note recent technological advances, and make sure they meet the appropriate standards," says Carlos. "We follow up by producing a technical paper on which to base offers to buy new equipment."

In fact, these professionals participate in the acquisition process from start to finish, from project proposal all the way to installation. "We have to know where the device will go, whether something else has to move in order for it to be installed, if access to electrical power needs to be modified, etc," explains Luis Farias, a senior adviser.

The service also offers support for reviewing how equipment should be used. "About 70 per cent of the requests for our services are a result of suboptimal use of the equipment or an insufficient understanding of how various pieces of equipment are integrated," explains Vincent Brissette, a technical coordinator.

"In those situations, I have to first correct the situation and ensure that the procedure being undertaken is safe for both the patient and the clinical personnel. Depending on the complexity of the technology, I might then also offer training in collaboration with the person in charge of the clinic."

The team is also responsible for adapting equipment, making sure that it is well integrated into its environment and meets specific needs. The move to the Glen site magnified the need for this kind of work, since they had to oversee the installation of both old and new equipment in brand new spaces.

From left to right: Carmie Branco, Jody Bujold and Nancy Marino, clerks.

Fortunately, the team can always count on the essential support provided by the five clerks who keep matters moving smoothly, overseeing work orders, communicating with suppliers, and more. "Following up with both clients and suppliers is crucial in order to make sure that equipment is available for use as quickly as possible after a repair," explains Nancy Marino.

It sometimes happens that the team is called upon to solve a problem with a piece of equipment and that no solution even exists for that problem. In these cases, a custom piece might actually be created to meet the exact needs of the users. "That does happen, but it's not a frequent event," notes Marie-Claude.

Frequent or not, such cases demonstrate the devotion, determination, and resourcefulness of this outstanding team.

A few members of the professional team:

Carlos Noriega | Nathalie Chang | Chetanand Gopaul | Wildrick Lafortune | Luis Farias | Marie-Claude Trudel (coordinator)

A few members of the technical team:

Aboulasse Kiendrebeogo | Romain Rives | Daniel Guérard | Theodore Patrinos | Gisèle Abessolo | Kamel Choubane | Vincent Brissette

MATERIAL INCIDENT — ACCIDENT MANAGEMENT

New management system makes dealing with material incidents and accidents a breeze

Siva Moonsami

"Defective material has an impact on our practice, but above all it's about patient safety," says Siva Moonsami, nurse manager at the Neuro's ICU.

Every day healthcare workers use hundreds of different medical products and devices, from simple examination gloves, bandages and syringes to infusion pumps, defibrillators and surgical lasers. When defective or improperly used, these products cause incidents or accidents that may put patients at risk. Reporting those events is therefore critical.

Last summer, the McGill University Health Centre (MUHC) adopted a standardized system that allows a task force to quickly evaluate risks associated with medical products in order to decide whether or not to proceed with a voluntary withdrawal. Since its implementation, the Material Incident Accident Management (MIAM) system has drastically reduced the turnaround time for a decision from 181 days to only seven days.

"As soon as the program went live, it dropped to 38 days and it kept going down. Our target is 48 hours, and we're getting there," says Philippe Bexton, MUHC Patient Safety officer and coordinator of the MIAM project, which brought together participants from Material Management, Procurement, Quality, Nursing and Transition Planning starting in October 2014, as the MUHC was purchasing new equipment and materials in preparation for the move to the Glen site. At that time, a critical product-related event and several smaller cases revealed the shortcomings of the management process in place.

"We found that the procedure wasn't standardized," he says. "In some cases, clinicians were contacting the manufacturer directly; in others, they were contacting different MUHC services: Procurement, Quality, Patient Safety, etc. We would also have to wait an average of three months for the manufacturer's evaluation after reporting an event. Now we don't wait anymore. We rapidly evaluate the risk internally – using an algorithm designed during a Lean Six Sigma Kaizen event – and act based on the results, in order to minimize the risk for our patients."

47777 is the number to call

In order to accelerate the process, a new customer service phone number was created – 47777 – making it easier for medical staff to report issues.

"For example, when a line is punctured or a catheter isn't working, all they have to do is dial 47777. A customer service representative will guide them on what to include on the Incident-Accident Report and instruct them to keep the product for pick-up," says Procurement Manager Angie Presta, who has been presenting MIAM to various teams throughout the MUHC. "It's important to do it as fast as possible because we want to evaluate the risk quickly to prevent other incidents elsewhere."

Nurse Manager Siva Moonsami has used MIAM a few times and is pleased with the results.

"We had a problem with an expensive piece of equipment that kept leaking," says Siva, who supervises 50 nurses in the Intensive Care Unit (ICU) at the Montreal Neurological Hospital (MNH-MUHC). "I called 47777, followed the steps, and in less than 24 hours an officer came to pick it up. The next day, I got a follow-up call with information from the manufacturer. The system works."

All information gathered during that first phone call is entered into the newly developed MIAM database. A partnership with Health Canada makes it possible to add indicators from outside the MUHC to the file.

"We are one of 14 institutions participating in the Canadian Medical Device Sentinel Network (CMDSNet), a Health Canada program created to improve the safe use of medical devices," Philippe explains. "When we file a report, an automated email is sent to CMDSNet, which performs an environmental scan of similar events in Canada, the US, England, Switzerland and Australia."

After the results of that scan are entered into the database, the system comes up with one of two decisions: either no action is required or a task force is summoned to determine if the product should be withdrawn. Managers of the unit where the event occurred receive an automated email informing them of the outcome of the process.

"Follow-up is very important. We want to empower managers so that they become an active part of this procedure and communicate it to their team," says Angie.

The strategy seems to be working. Siva, who already encouraged nurses to file incident reports, made sure to explain the new procedure to his team.

"If something happens on the weekend or at night, they know what to do," he notes. "It takes discipline, but the bottom line is patient and employee safety."

Recognition from Health Canada

In 2015, the MUHC received a Certificate of Appreciation for Dedication to Patient Safety from Health Canada for the MIAM system.

The project sponsor, Associate Director of Procurement and Material Management Paul Harmat, attributes the success of the MIAM project to the dedication of the team.

"Using basic lean principals, the different departments decided that patient safety and supply quality were a priority and they invested their time accordingly," he says. "Not only did they recognize that there was an opportunity to make the situation better, they did something about it. I am very proud of the team and what they accomplished."

Despite the success, the MIAM team will not rest on its laurels.

"MIAM is part of a continuous improvement process," says Philippe. "We'll keep on looking at ways to give better service to front-line users and minimize risks for patients."

Reporting problems with supplies is easier than ever: Just dial 47777, fill out an Incident-Accident Report (AH-223) and keep the product for pick-up.

Is it an incident or an accident?

There are 3 types of events related to patient safety that must be reported using the AH-223 form:

1. Incidents are events that do not reach the patient but could potentially have caused harm.

2. Accidents that do not cause harm are events that reach the patient but cause only an inconvenience or the need to monitor the patient for the appearance of potential consequences.

3. Accidents that cause harm are events where the harm or consequences can be temporary or permanent and require a varying degree of interventions to treat and monitor the patient. In these cases, disclosure to the patient is required and must be documented in the patient's chart.

Susan Outram: I thank every nurse who has been there for me daily. Let's say we are used to being there.❤ You have supported me, taking excellent care of my father, were there for my mother when I couldn't be.

Toby Demczuk: Shout out to the amazing PABs of C10!

Josie Preteroti:@Hopital-Children congratulations first anniversary @cusm_muhc kudos to your success #mymuhc

Not the feather one: @cusm_muhc Thank you doctors and nurses at Glen Site for taking care of my sister little princess. She is home. Thank you!!!

M1ssaya: Trained to be nurse in charge on our unit this weekend by one of the best preceptors.❤ Thanks Alejandro for sharpening my leadership skills.

Stay informed and join the conversation!

Did you know that the MUHC has a Social Media Policy that is available on the Intranet?

Dr. Nadia Szkrumelak,

Psychiatrist in Chief,
Mental Health Mission

I tell Psychiatry residents that every crisis, every encounter with a patient suffering from mental illness is an opportunity for an exceptional human experience.

How did you get to your position?
I've been at the MUHC for over 30 years. It's been a natural progression from clinical work to more and more administrative duties with the goal to improve care for patients suffering from mental illness. Throughout those years, especially since I took the position of Psychiatrist in Chief in 2012, I've had a tremendous team helping me out. I thank them all and in particular Associate Director of Nursing Pina LaRiccia and Associate Psychiatrist in Chief Dr. Linda Beauclair.

Do you still do clinical work?
Yes, I work in a clinical teaching unit and a program for patients suffering from schizophrenia. I love the contact with patients.

For the past 10 years, you have participated in the reorganization of Mental Health services at the MUHC, from the merging of the Ambulatory services of the Montreal General Hospital (MGH) and the Royal Victoria Hospital (RVH), to the consolidation of all adult psychiatric emergency services at the MGH in 2015. What's left to complete that work?
We're planning the last step at this moment, which is the move of the Ambulatory services from the Allan Memorial Institute to the MGH. It's been a huge undertaking for our multidisciplinary team. I hope the Mental Health Mission will help re-energize the MGH.

Tell us more about the department you head.
We offer second-line services such as emergency, inpatient and day programs, and specialized third-line care for patients with complex disorders and resistance to treatment. One interesting and perhaps unique aspect of our department is the Consultation-Liaison Service that provides consultations to patients from other services such as Oncology, Transplantation, Neurology and Women's Health. Furthermore, we serve as a training centre for a variety of disciplines. In the future, we hope to integrate research completely into our clinical programs.

What made you decide to go into Psychiatry?
It was not my obvious first choice. I was very interested in Law, but finally decided to plunge into Medicine. After a rotation at the Jewish General Hospital, I opted for Psychiatry and loved it. I believe that Psychiatry manages to integrate both the mind and the body and maintain a humanistic approach to the medical practice.

What would you tell a young resident?
I tell my Psychiatry residents that every crisis, every encounter with a patient suffering from mental illness is an opportunity for an exceptional human experience.

CONFESSIONS

Tell us a little bit about your family: People are surprised to find out I come from the Saguenay-Lac-Saint-Jean region, where my father worked as an engineer. He was Ukrainian, and my mother was Belgian. I have two amazing children – a 29 year-old daughter who lives in Toronto and works for the YWCA, and a 33 year-old son who studied Law and works for the Équipe Denis Coderre pour Montréal party.

Three things you can't live without: My husband and kids, yoga and a good glass of wine.

Favourite hobby: Yoga. I try to go at least four times a week. I realize that I need it, because when I don't do it, my husband says 'Time to go to yoga!'

Favourite place in Montreal: I love to sit and relax on my balcony on the 14th floor. I have an amazing view of Montreal!

Favourite travel destination: Anywhere with a beach. But last October, my husband and I spent three weeks in India. It was very interesting.

Favourite quality in a person: Compassion.

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

Launch of the Cancer Survivorship Program

Breast cancer survivors the first to experience this groundbreaking approach to care

When patients with breast cancer reach the end of their treatment they often ask themselves, what next? The answer to that question just got a lot more encouraging.

On June 6, the MUHC Cancer Survivorship Program launched an innovative Survivorship Pilot Clinic for patients who had breast cancer. We sat down with survivorship doctor, Geneviève Chaput, to find out more about the program.

What can patients expect from the pilot clinic?
They can expect to be supported and guided through the next steps of their care following their cancer treatments.

In partnership with Cedars CanSupport, breast cancer survivors who participate in the pilot clinic will attend an End of Treatment Education session, and receive a Resource Kit. Patients and community family doctors will also receive a Surveillance Care Plan providing them with a customized care guide following active treatment.

Gilda Lebron, our survivorship nurse, and I will be their survivorship team. Our goal is to empower and support them as we transfer their day-to-day care to champion doctors in the community.

Thanks to our program, over the past two years family doctors have been educated about survivorship issues and surveillance needs to ensure that breast cancer survivors receive optimal follow-up care. Family doctors have been informed about what to do should a health issue arise. They will also be able to rapidly access specialized MUHC services for their patients when necessary.

What do breast cancer survivors need to do to access this clinic?
They need to call 514 934-1934 extension 65543 to register within six weeks of their last treatment at the MUHC. The MUHC Cancer Care team is fully committed to this project. We are grateful for everyone's support throughout the planning and development stages, especially the Cedars Cancer Foundation. It is an honour to finally launch this clinic as we truly believe it will help make the patient's journey a little easier.

Why is follow-up care so important?
Due to earlier detection and better treatments, survivors have a better five-year survival rate for all cancers than they did 10 years ago, and that's amazing. However, some breast cancer survivors experience late effects because of their cancer and its treatments, such as fear of recurrence, transitory cognitive deficits, or lymphedema, just to name a few. They may also be at increased risk of cardiovascular diseases, so they will benefit from preventive counseling and management of heart disease risk factors including diabetes and hypertension. Our MUHC Cancer Survivorship Program aims to coordinate care so that survivors can go on living the healthiest and happiest life they can.

Are there any initiatives available to other cancer survivors?
All cancer patients at the MUHC nearing the end of active treatment are strongly encouraged to register for an End of Treatment Education Session. With this session they learn about common problems and how to deal with them. Patients who are interested can call Cedars CanSupport at 514 934-1934 extension 31666. Our intention is to learn from the Survivorship Pilot Clinic for Breast Cancer Patients and apply what we have learned to other cancers moving forward.

For more information, please visit the Cancer Survivorship Program page on the MUHC website at: muhc.ca/cancer

Dr. Geneviève Chaput

Gilda Lebron, survivorship nurse.

Continued from page 1

A changing tide at the Lachine Hospital

"At the moment, the work atmosphere is excellent! But not so long ago, our environment was undermined by discontent among three groups that provide patient care: surgeons, nurses and patient attendants (PABs)," she says. "An inadequate capacity to replace nurses led to an added workload and difficulty in respecting coffee and meal breaks, which resulted in interruptions between operations and delays or cancellations at the end of the day. Ultimately, neither doctors nor nurses were happy, which over time had a negative impact on the day-to-day atmosphere."

And that's not all. The work structure of the PABs was also a problem.

"There was a staff shortage and replacements were made at the last minute or not at all," says Julie. "The PABs were often squeezed for time and felt rushed by the nurses, who didn't call them by their names, but by their job titles to get help because they didn't know which PAB to call."

The tide began to change in January during a meeting between Chantale Bourdeau, interim associate director of Nursing, Dr. Serge Carrier, urologist and Surgical Site director, and the clinical team. The purpose of the meeting was to mark Julie's arrival in her position and announce the establishment of an ad hoc committee made up of clinical and administrative staff to review OR practices.

"They wanted to point out that the individual performance of each member of the team was not in question. But in order to improve the performance of the OR and meet operational targets, some changes had to be made. They said that the approach would be participatory and done with respect," says Julie. "After the meeting, people were full of hope."

A successful approach

The committee identified possible solutions aligned with the needs of the entire team. The first pilot project, which consisted of assigning each PAB to one operating room, worked "right away," says Julie.

"In the space of a few days, we noticed that nurses called less often for help. The PABs prepared and brought the patients to the operating room more quickly because they could better plan their activities during the day. For their part, the nurses knew whom to contact depending on the room and were able to call the PABs by their names."

Other relatively simple changes followed. For example, in order to eliminate the shift from 1 p.m. to 9 p.m. and reduce overtime, the committee changed the planning of surgical procedures, giving priority to day-surgery patients and then operating on inpatients. At the end of the day, fewer patients remained at the OR. As Surgeon and Ophthalmologist Dr. Manuel Perrier says, "everything has been working better, much better since the changes were made to the OR."

"The attitude of the staff, their job satisfaction, their enthusiasm and their overall mood, improved, which had positive repercussions on their work, their approach to patients, their efficiency and their effectiveness. In other words, it's been 100 per cent positive," he notes.

For Nurse Benoit Caron, the involvement of employees in the decisions made all the difference.

"People felt more listened to, and the changes contributed to improving working conditions and patient service," he says. "I think we should keep going in the same direction."

After administrative changes, a new committee will review clinical services, first in day surgery and then in the preoperative clinic. Julie Marcil is confident.

"Everyone took part in the effort with extraordinary results, and now the team is enthusiastic and flexible," she says. "I think we're ready to meet new challenges. What we have learned in the last few months will certainly contribute to the redevelopment of the Lachine Hospital."

After a series of changes, the work environment in the operating room at the Lachine Hospital has, once again, become pleasant and rewarding. From left to right, front row: Benoit Caron, nurse; Françoise Phaneuf, patient attendant; Louise Coallier, administrative officer; Julie Marcil, nurse manager. Back row: Lise Pelletier, assistant nurse manager; Lucie Bergeron, respiratory therapist; Nancy Berger, auxiliary nurse; Isabelle Gendron, nurse. Absent: Lise Lessard, nurse team leader.

Join us on line!

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