**ITCSP 2016 Event: The Impact of Technological Change on the Surgical Profession: Evidence Based Practices**

**Leadership**
- Humanization of Care for Thyroid Cancer Patients
- Special Invitation into the HIP SOCIETY

**Change Diary**
- New Surgical Suites Coordinator is in the House!
- Advance Prep leads to Smooth Moves
- Perlyn Jerry - CHANGE? BRING IT ON!
- 5NW is in the Groove

**Painting Pictures**
- Randy Flam: Preoperative Services Volunteer
- Head & Neck Surgery Resident Brings home 1st Prize
- 2015 year End Party Pictures

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**We are pleased to invite you to join us for the 2016 ITCSP Workshop event. A selection of internationally recognized experts will present and discuss their research.**

All are welcome to attend and participate in the discussions that will be guided by the appointed Chairs: Dr. David Mulder, Dr. Alberto Cambrosio, Dr. Abe Fuks, Dr. Gerald Batist and Dr. Harvey Sigman. This is an interactive workshop where opinions and comments from attendees are encouraged to stimulate creative and critical debate.

Refreshments will be served but space is limited so please confirm your attendance soon to Barbara.Reney@mcgill.ca. We look forward to seeing you there March 23rd & 24th.

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The IMPACT of TECHNOLOGICAL CHANGE on the SURGICAL PROFESSION 2016: Evidence Based Practices

**Invited Speakers**
- Christopher Crenner, Kansas University, USA
- Sally Frampton, University of Oxford, UK
- Gerald Fried, McGill University
- David Jones, Harvard University, Boston, USA
- Jonathan Kimmelman, McGill University
- Stephanie Snow, University of Manchester, UK
- Ulrich Tröhler, University of Bern, CH
- George Weiss, McGill University

**Hosts**
- Dr. Lawrence Rosenberg
- Dr. Thomas Schlich
  McGill University

This event is made possible by the generous financial support provided by the McGill University Department of Social Studies of Medicine and the Jewish General Hospital Foundation.
HUMANIZATION OF CARE FOR THYROID CANCER PATIENTS

Dr. Melissa Henry and Michael Hier received funding from Genzyme to implement and evaluate an Interdisciplinary Team-Based Care Approach (ITCA-ThyCa) for patients with a newly diagnosed or suspected thyroid cancer. Due to the promising results obtained through this pilot study their funding was recently renewed allowing them to pursue the full program evaluation over a second year. Before this study, the care of thyroid cancer patients at the Jewish General Hospital was strictly medically focused, involving the disciplines of ENT, endocrinology, and nuclear medicine.

In collaboration with the JGH Departments of Otolaryngology – Head and Neck Surgery, Oncology, Nursing, and Psychology (through the Louise Granofsky Psychosocial Oncology Program), implementation of the full ITCA-ThyCa allowed for Gabrielle Chartier, B. Sc.N., M.Sc.N. to join this team. Ms. Chartier has expanded the care provided to patients by tailoring their healthcare through a bio-psychosocial needs assessment screening for distress using tools based on Canadian Partnership Against Cancer (2012) guidelines, and the creation of a larger interdisciplinary team to cover all aspects of patient care including physical, psychological/existential, and social dimensions. She coordinates services and assures continuity of care from diagnosis onwards; provides information about the illness, its treatments, cancer- and treatment-related symptom management; provides emotional support to patients and their families; and refers to relevant hospital- and community-based resources as needed.

Over the past year Ms. Chartier has met with almost one hundred patients at the JGH. The program evaluation is based on the 2014 Centre for Disease Control and Prevention Framework, comprising data from screening for distress over time, patient satisfaction, patient interviews, chart reviews on service utilization throughout the illness treatment, and notes on the process of implementation.

Results thus far underline how complex thyroid cancer really is when seen through a biopsychosocial lens. Notably, thyroid cancer patients present high levels of anxiety, fatigue, and pain; complex medical cases including comorbidities and extensive surgeries – e.g., neck dissections, laryngectomies, complications post-surgery; psychosocial complexities (e.g., pregnant patients, patients with pre-existing psychiatric issues, vulnerable families, and young children’s reactions to their parent’s cancer); difficult readjustment to thyroid hormone replacement medication (e.g., patients feeling physically and emotionally ill); and complex decisions around the administration of Thyrogen to avoid a hypo-thyroid state pre-radioactive iodine treatments, to name a few.

Patients identify the importance and benefits of having a dedicated nurse accompany them throughout their treatment trajectory process; the presence of that human touch softens the blow upon learning they have this illness; reported by them as too often minimized. Because of the nurse, patients describe their concerns as being addressed earlier, in a timelier manner, and more effectively by providing critical information, symptom management, and referrals to appropriate hospital and/ or community services.

Through this initiative, we are debunking the myth that thyroid cancer is ‘straightforward’. The role of a nurse and highly qualified interdisciplinary team has proved essential for the improved well-being of thyroid cancer patients. Data from our program illustrates how hospital resources cannot simply be allocated based on medical trajectory alone, and that a biopsychosocial approach provides effective and ultimately cost-saving results.

ANOTHER 1st FOR THE JGH!

Dr. John Antonio is now officially HIP!!! In a first for the JGH, Dr. John Antonio was recently voted into “The Hip Society”. This is a ‘by-invitation-only’ club so this is quite the honour - not only for him, but for the Department of Orthopeadics and the entire JGH institution! This small and coveted club is comprised of only 80 of the top hip surgeons in the world.

Mission: “The Mission of The Hip Society is to advance knowledge of hip disorders, promote evidence-based treatment, and refine surgery of the hip in order to improve the lives of patients”

Vision: “The Vision of The Hip Society is to be the premier independent professional association dedicated to the pursuit of new knowledge, and dissemination of advancements in clinical practice related to disorders of the hip.”

Members: are comprised of a group of “... thought leaders in the field of hip disorders who have demonstrated excellence in the domains of diagnosis, treatment, and research”

We continue to perform clinical and basic research in hip and knee arthroplasty and tissue engineering / stem cell therapies of musculoskeletal disorders at the LDI. Since his arrival his team has published over 180 peer reviewed articles and has given over 500 presentations.

Although his team hasn’t been intimately involved in the move to the new OR site in Pavilion K they all certainly look forward to a modern OR environment, with state of the art lighting, antiseptic environment and spacious layout. This should play a significant impact on safety, efficiency and outcome metrics.
Christine’s career has evolved over two major periods, having lived and worked in two countries, with different approaches, and different customs, on two very distant continents. Professional training in various schools has stoked her passion for diversity, by questioning the administrative, legal and ethical issues raised by the surgical environment.

After receiving a Certificate in Nursing, Christine practiced as an Obstetrics-gynecology registered nurse in a hospital in Romania. There she fell in love with the operating room, which later became her specialty. In 2005, she moved to Canada and started a new journey working for a nursing placement agency, first as a nurse’s aide and then after as a licensed practical nurse. During that same time, she had to earn back her registered nurse status. This happened in 2008 when given the opportunity to work in the operating room at the JGH. But that wasn’t enough so Christine enrolled in a Bachelor of Nursing program. Needless to say, time passed quickly being a full-time nurse, full-time student, full-time mom and wife…. on availability. However, she learned that she has the strength of will and character to face challenges head-on and overcome them.

Now, in this new position as Nursing Coordinator, Interim, for the Surgical Suites, with over seventeen years’ of hands on real-time nursing experience, it is safe to say that Christine has developed skills that promote quality patient-outcomes within a perspective of protection of the public and efficient personnel-management, optimal utilization of resources and operative time, in a financially-responsible manner.

Christine is the first and quite to state that her success would not have been possible without the valued support of the whole JGH OR team. She knows that anything can be achieved anything if we set our minds to because we carry in our hearts a boundless optimism and an indefatigable will to succeed.
PERLYN JERRY “CHANGE”—— IT IS...WHAT IT IS...BRING IT ON!

I started working at the JGH in 1996. I had been at the Queen Elizabeth Hospital until then and may have stayed there but it was slated to close so I became the New Kid on the Block. Wow! Although I brought with me many years of experience as an LPN, I had this overwhelming feeling that someone had picked me up and dropped me in the ocean. (special note: I am terrified of water!!). It was like, everything, everyone, everywhere---- all new, except for my friends who already worked at the JGH and who were also happy and excited that I was now going to be with them. They showed me around which helped to make my transition easier. Talk about change!!

As a LPN, and new arrival, I was placed on the float team and from there I was sent to a different unit each day, sometimes weeks, mainly as a plug in—i.e. replacement!

Anna Pevreal, Associate Director of Nursing, Surgical Services

March 2016

January 2016

To help get everyone on-board, enthusiastic about the changes and end-user ownership of the new environment as well as to prepare for simulations, site visits were organized starting in October for staff, surgeons and anesthetists. In addition, guided tours were led and coordinated by Team Leads such as Mareya Kechian, Karen Williams, Cristina Nagy, Demi Papapanagiotou and Anna Pevreal. Surgeons and anesthetists have also received guided tours led by Dr Chaytor and Dr Amir.

Through November and December the Transition Team provided a framework to define needs and structures for the design of workflow scenarios and site training so that a group dedicated to simulations could be trained specifically on all new OR equipment. So far approximately 3-4 simulations have been carried out and staff members are now more confident for Day 1. More simulations can be performed by staff on their own now that they are familiar with the way a simulation is structured. Inter-staff communication is critical to the total success of all process implementation.

HCR moving company assisted OR staff in December as to where to start, when, and who should participate. The inventory plan was created and outlined which products to be kept in the CSR and which to be kept in the sterile core - 50% of the inventory was relocated before the day of the actual move so that each sterile supply could be appropriately placed and staff could become familiar with the location. The move plan included slowing down the OR booking schedule from January 4 up until the actual move takes place and things get up and in full operation mode.

On January, the day of the move, an emergency room was made available overnight in the B3 OR and a new team was on standby in the new PavK OR’s for any emergency. Shifts were staggered just in case an emergency procedure ran longer than expected in the old OR. On January 25, 2 new emergency rooms are running in order to allow staff a chance to acclimatize to the new space. Going forward there will be a gradual increase in the number of functioning OR’s over the following days and weeks.

Post-move February 2016

Once all teams have moved over and settled into the new surroundings, workflows will be optimized and all procedures finalized; this does not mean that everything will be running perfectly by February. Depending on the size and location of a move it can take between 6 months to a year to work out all the bugs and glitches! So since this will be the new permanent home for the JGH OR let us be patient and positive because we have a lot of steps to go through and we have the time to do it in!

Now to reflect the Spirit of all this, just follow the link below, it will definitely help you get in the groove: https://www.youtube.com/watch?v=ZZQqteC-EAU&list=RDZZQqteC-EAU#t=0. Let it load, put the volume up and get your your dancing shoes on......

January 2016

Michelle Larose, Transition Team

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CHANGE DIARY

Over the years there have been a multitude of changes in the OR community with constant rotation of staff, be it full-time or part-time, new surgeons, anesthetists, residents, nurses, orderlies, med students and students and others. That revolving door just kept on moving. Procedures have become more complex, instrumentation has changed, techniques, technology and also the many different types and severity of patients’ illnesses that we treat. A never-ending “work in progress.”

Speaking of change - The move to Pavilion K -For some, it’s an adventure viewed with much excitement and is therefore accepted. Then there is panic, uncertainty, fear and overall anxiety because this is change which, for many, goes against the grain.As for my own work, I expect a lot of changes and I look forward to whatever challenges that may come my way. I view this move as a positive improvement. Being in this new environment will help us all to become more efficient and just as passionate as we continue to provide the excellent care and support to our patients and their families.
CHANGE DIARY / PAINTING PICTURES

5NW IS IN THE GROOVE!!! Justine De Monteiro, Kathryn Baldwin

With the move to Pavilion K upon us the 5NW staff has collaborated closely with the Pavilion Transition Team in order to transition smoothly to our new unit, K9. We met several times for focus groups regarding the logistics and changes we foresee in our new unit. During these focus groups, we were able to share our ideas about the nurses’ patient assignment, transfers, transport and other areas where we expect change to occur. We took part in a mock simulation in September where some of the staff working on 5NW, including nursing, dietetics and a unit agent, had the opportunity to work in the new unit for the first time. Confronting the unexpected in case scenarios during these simulations helped us adjust to and plan for the new workspace.

Our equipment coordinators, Elisabeth Laughrea and Kathryn Baldwin, worked closely together to get our equipment and medical supplies ready before we settled in K9. Our staff took part in a treasure hunt during the holiday season as a strategy to facilitate familiarity with the unit and to allow everyone to slowly get accustomed to the new environment. In addition, each nurse and staff member received training for the more technical aspects, such as the call system, the pneumatic tube, the ceiling lift and the articulated arms. We also nominated “Super-Users” and leaders from our department to receive more extensive training beforehand so they could then transmit the knowledge and be a resource for their colleagues.

Our nurses, orderlies and unit agents had a guided visit of the new unit and they were impressed by the new space, the big private rooms, and most particularly the view from the many windows! These visits helped everyone grasp the reality of the new site that until recently has been just a floor plan on the conference room wall. As many changes have been happening during the same period of time, staff is kept informed via email, billboard notes and Pavilion K updates during staff meetings. To keep everyone up to date during this milestone move we created a suggestions/questions box to put their ideas and concerns in. Any challenging topics are discussed together to come up with a group decision or solution. We have appreciated working with the Transition Team, knowing that they are interested in our feedback, our ideas and concerns; each has its own individual personality, strengths and challenges. We are nervous but also excited. There is still a lot to do but we look forward to this positive change and the brand new unit.

Randy Greenberg Flam - Preoperative Services Clinic Volunteer

Every patient scheduled for any kind of surgery at the JGH must first visit the Preoperative Services Clinic on A6. As they get off of the elevator they are greeted in the reception area by one of the generous people who give their time and knowledge to help not only the patients who are there for their last visit prior to surgery but also to help the staff who have to process every patients’ details, organize tests, provide instructions, council, and most importantly reassure them that everything will be ok and not to worry. One of these generous individuals is Randy Flam who was no stranger to the JGH before she took on this current role. Here below is her story:

I began my career at JGH in 1972 as a Lab Technician in the Urinalysis Department then moved in 1974 to the Endocrinology Lab. Once the new Test Centre was opened in the mid-80’s I worked there as a Phlebotomist until my retirement in 2001.

Ultimately, the Test Centre was combined with the Pre-Op Surgery Department. It was always my intention to return to do Volunteer work at the JGH so when I saw there was an opening for a volunteer at the Pre-Op Surgery I applied and was accepted, possibly due to my knowledge and previous years of work at the JGH. I have now been working in this department since 2002, over 1,000 volunteer hours. It is always a pleasure to assist patients as they arrive, some are lost, some are worried about the upcoming surgery and I take pleasure in putting them at ease. It is especially gratifying when a patient recognizes me from previous contacts at the Test Centre. My parents taught me to always give back to those in need. The JGH has allowed us to gladly do that for over 30 years.

HEAD & NECK SURGERY RESIDENT BRINGS HOME 1st Prize!

Dr. Michael Roskies won 1st place in Canada for the Resident Research Competition at the Annual Society meeting. Dr Forghani and Dr. Hier are his supervisors and have been overseeing his work.

The department is also proud to announce him as first author the publication of his research article titled: “3-phase dual-energy CT scan as a feasible salvage imaging modality for the identification of non-localizing parathyroid adenomas: a prospective study.” available in the Journal of Otolaryngology - Head & Neck Surgery (2015) 44:44


Intelligence plus Character - that is the goal of true education. ML King Jr.
PAINTING PICTURES

2015 Holiday Party Pix

Never let it be said that the OR Peeps do not KNOW how to
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