VITAL SIGNS

THE NEWSLETTER OF MCGILL UNIVERSITY DEPARTMENT OF MEDICINE

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WHO WILL PROTECT THE VOCATION OF THE UNIVERSITY HOSPITAL?

Dr. James Martin
Chair, Department of Medicine

As a newcomer to meetings with the *Agence de la santé et des services sociaux de Montréal* (my last experience was in a previous century), I was struck during my recent encounter by the absence of any reference in discussions to the relevance of the university hospital in the network of care. Interestingly there appears to be no reference to university hospitals in the mission statement of the *Agence* on its website.

Several principles have been enunciated by the *Agence* recently that reveal a poor appreciation of our particular contribution to medical care in Quebec. Our hospitals have been told to repatriate patients to their regions. The stated motive is to provide service to patients near their homes, a seemingly laudable argument. Patients should be treated near their homes when they desire it and, if and when, they can be appropriately managed in the region determined by their phone numbers.

Focus on tertiary and quaternary care we are instructed. While primary care has a lesser place in specialized centres, defining levels of care is not an easy task. It is important to examine the issue of who should be treated in a university hospital from a medical point of view rather than blind adherence to an administrative directive.

University hospitals are by their nature focussed on the provision of high quality and highly specialized tertiary and quaternary care to patients, but not exclusively. Active teaching programs ensure continuing medical education and large academic divisions inform their members and create peer pressure to stay up to date. Complete teaching requires addressing the full spectrum of diseases. Additionally, critical mass of faculty members is required to permit our divisions to engage in super-specialization. Reducing clinical activity in our hospitals to meet budgetary constraints, as desired by the *Agence*, will affect adversely the size of our faculty and our capacity to teach. Indeed, the increasing focus on the training of medical students for eventual careers in family medicine will require exposure to adequate numbers of patients of levels of complexity judged inappropriate for some of our hospital centers.

Patients may move back and forth along the continuum of primary, secondary, tertiary or quaternary care and a patient does not know whether he or she represents a case requiring primary, secondary, tertiary or quaternary care on arrival at our institutions. The complexity of the patient's medical condition, the relationships of confidence established with an institution and its staff and the desire to be treated in a university centre are not issues to be brushed aside. Patients have been vocal in their dissent with the restriction of access to care and it is gratifying that our network of university hospitals and the Faculty of Medicine agree with them.

Our focus should be on the provision of the right care to the right patient. Who is best to judge?

IN THIS ISSUE:

NEW MILESTONE FOR THE MUHC MULTI-ORGAN TRANSPLANT PROGRAM

Dr. Marcelo Cantarovich
Professor, Division of Nephrology
Medical Director of the Kidney and Pancreas Transplant Program and Associate Director of the Multi-Organ Transplant Program, MUHC

In 2013, the Multi-Organ Transplant Program at the MUHC celebrated a new milestone. The Kidney Transplant Program performed 107 kidney transplants. This was an institutional and provincial record, exceeding for the first time 100 kidney transplants in a calendar year.

Over 50% of the transplants performed at our center consisted of kidneys from expanded criteria donors (donors older than 60 years or older than 50 with two of three comorbidities -- hypertension, CVA as cause of death or serum creatinine >130 µmol/L.

Statistics from the Canadian Organ Replacement Register for 2012 reported that from 3428 patients with end-stage renal disease on the waiting list, 1289 received a kidney transplant (836 from deceased donors and 453 from living donors). The mortality rate on the waiting list was 2%. Statistics from Transplant Quebec for the same year disclosed that from 923 patients on the waiting list, 196 received a kidney transplant (143 from deceased donors and 53 from living donors). The rate of deceased donor kidney transplantation was 14.9 per million population (PMP) in Quebec in 2012, compared to a National rate of 15.5 PMP. On the other hand, the rate of living donor kidney transplantation was 6.7 PMP in Quebec, compared to a National rate of 15.5 PMP. At our center, the proportion of kidneys from living donors represented 14% (15 of 107), which is in keeping with the lower rate observed in Quebec compared to the rest of Canada.

Recipients of kidney transplants have a better quality of life and a longer life expectancy, and lower health care cost compared with chronic dialysis. More kidney transplants result in more patients enjoying life, having families and seeing their children and grandchildren grow.

We are working hard to increase the number of living donor kidney transplants at McGill. We recently focused on increasing the education of patients and their families, as well as health care professionals. This strategy included a course in English and in French, in collaboration with the University of Montreal, and special presentations for patients and their families at referral dialysis centers.

Overall, there is a need to increase the rate of both deceased and living donor kidney transplantation and efforts are made toward public education in this area. The Transplantation Society is spearheading a project to increase the education of school children about organ donation and transplantation in which the Canadian Society of Transplantation will also participate.

We are proud of our milestone. This record of 107 kidney transplants in one year was accomplished thanks to a solid team-work. We would like to highlight the devotion and dedication of nurses on Ross 3, transplant coordinators, surgeons, nephrologists, pharmacists, and other members of the team, including dieticians, physiotherapists, unit coordinators and clerks. As well, we would like to acknowledge the contribution of the operating room personnel, ICU specialists, sub-specialty consultants and the personnel on the medical wards.

THE NEW PAVILION K AT THE JEWISH GENERAL HOSPITAL

Artist's rendering of the Pavilion K

Dr. Ernesto Schiffrin, Physician-in-Chief, JGH

The Jewish General Hospital (JGH) is undergoing an extensive and significant renovation and upgrading of its facilities with the construction of Pavilion K. Pavilion K is a critical care tower that will include the Emergency Department, operating rooms, Intensive Care Unit, Coronary Care Unit and wards for Medicine and Surgery, including one floor specially designed for care of patients during a pandemic. The wards will all have single rooms, with 4 per floor designated as critical care rooms.

So far, only the ER has been completed in Pavilion K, and as many of you are aware, the move to the new ER in Pavilion K from the old one occurred on Sunday, February 16. Prior to the move a plan was implemented which includes decisions to be made by consultants on patients in the ER within 2 hours of a consultation being requested. Transfers of patients from the ER to the wards were significantly accelerated and flow improved dramatically with a series of measures that also included less investigation and workup of patients by ER MDs, less imaging and more referral to outpatient clinics in the following days to reserved slots for patients discharged from the ER. This has allowed a reduction in the number of patients boarded in the ER, from 80-100 before to less than 40 after the plan was implemented. This reduction in the number of patients in the ER has made it possible to adapt to the capacity of the new ER, which although twice the size, can hold fewer patients because of its modern design that ensures the respect for patients' privacy. The new ER has 52 stretchers, 5 resuscitation rooms, a procedure room, and 20 chairs, in what is called the Rapid Assessment Zone (RAZ).

In the next 18 months we hope to see Phase 2-3 (ORs, ICU, CCU) and eventually the 5 admission wards of Pavilion K completed, with opening of the wards where the Department of Medicine will move its CTUs to. We believe that single rooms will help in reducing nosocomial infections and their transmission, as well as ensuring privacy and comfort of patients, and generally improving the quality of care that can be provided.

Critical care beds in the new building include 36 ICU beds, a CCU with 12 cardiac care beds and 6 cardiac surgery beds, 36 cardiology and cardiac surgery recovery beds, 20 critical care beds in the wards for high dependency care, 17 operating rooms, 36 incubators in the Neonatal ICU, which can be raised to a capacity to admit 40 neonates, and 15 birthing rooms.

As Pavilion K is populated, Phase 4 will include the renovation of the old building. Among other, the dialysis unit will move to the old ER, and eventually the areas of the hospital vacated by ORs, ICU, CCU and wards will be renovated and dedicated to other activities.

The tower has 3 floors for surgical specialties, and 2 floors for medicine. The total number of single rooms in the tower is 152, which includes a floor with rooms with vestibules and negative pressure ready for a pandemic.

The new critical care tower represents huge progress for the JGH, which is turned thanks to this construction into a modern 21st century hospital, with installations that are not only state-of-the-art respecting the privacy of patients and favouring efficient delivery of high quality care, but also ideal for teaching and clinical research. We hope that the renovation of the JGH will contribute to keep the McGill healthcare system and the McGill Department of Medicine at the cutting edge of healthcare delivery, teaching and research.

UPDATE ON ST. MARY'S EMERGENCY ROOM RENOVATIONS

Dr. Michael Bonnycastle
Physician-in-Chief, St. Mary's

With an average occupancy rate of 158% in 2009-2010, a project to decongest the ER for the benefit of patients and the medical team is currently in progress at St. Mary's Hospital Center. This project includes the addition of seven stretchers, bringing the total to 22. The new stretchers will provide a better environment for infection control. Confidentiality and privacy of patients will be efficiently assured.

The project also includes the addition of a CT scan in the ER. "Having a CT scan adjacent to the Emergency Department will give us more rapid access to advanced diagnostic imaging. This allows the ER to respond more effectively to the critical needs of our patients and will have a positive impact on patient care, safety and flow", said Dr. Rich Mah, Chief of the Emergency Department at St. Mary's.

In addition, this project will include a separate area for patients with mental health problems who need a stretcher, which will provide a better response to their specific needs. Finally, the new facilities will be appropriate to serve as a designated area during a pandemic, with controlled access to the place of care and better conditions for the isolation of these patients.

The Emergency Department receives over 22 ambulances a day, an increase of 15% since 2009, and 28000 visits a year.

ASSOCIATE PROFESSOR PROMOTIONS

Congratulations to our Faculty members for their achievements.

Dr. Dev Jayaraman is appointed in our Division of General Internal Medicine and in the Critical Department at the MUHC and JGH. He specializes in the area of quality improvement and best practice.

Dr. Thomas Jagoe, appointed in the Respiratory Division, is Director of the McGill Cancer Nutrition-Rehabilitation program, Co-Director of the Peter Brojde Lung Cancer Centre at the JGH and has particular expertise in the assessment and management of cancer cachexia.

Dr. Jennifer Landry is appointed in the Respiratory Division and pursues studies in the area of bronchopulmonary dysplasia and the consequences of preterm birth in the adult population.

Dr. Serge Mayrand, appointed in the Division of Gastroenterology, is an expert in esophageal disease and motility and the Director of the Gastro -Intestinal Motility Lab at the MUHC.

Dr. Kevin Pehr is appointed in the Division of Dermatology and has a particular interest in cutaneous lymphomas.

Dr. Christian Pineau is Division Director in Rheumatology and is studying systemic lupus erythematosus, vasculitis and other multisystemic autoimmune disorders.

Dr. Tiina Podymow is appointed in the Division of Nephrology and her clinical research has focused on blood pressure and kidney disease in pregnancy.

CIHR NEW INVESTIGATOR AWARD

Congratulations to **Dr. Jesper Sjostrom**, Assistant Professor in the Division of Neurology, for his CIHR New Investigator salary award.

EMERITUS PROFESSORS

Congratulations to our Faculty members for their achievements !

Photo: O. Egan

Dr. Richard Levin retired from our Department, Division of Cardiology, in July 2013. Dr. Levin joined McGill in 2006 from the New York School of Medicine where he served in several capacities including Director of the Laboratory for Cardiovascular Research, Associate Dean and Vice-Dean for Education. A graduate of Yale and NYU, Dr. Levin is a cardiologist with extensive experience in curricular development and medical school administration. While at McGill, he held the position of Dean of the Faculty of Medicine and Vice-Principal, Health Affairs. He served the University with distinction and worked tirelessly to bring about changes to the functioning of the Faculty, and in particular in relationship to the field of medical education.

Dr. Neil McDonald retired on November 1, 2013. A Calgary native, Dr. MacDonald obtained his M.D. at McGill and joined the Attending Staff at the Royal Victoria Hospital where he developed the Oncology Day Center in the mid-1960s. In the latter years of that decade, he served as Associated Dean in the Faculty of Medicine. After having spent 23 years in Alberta, he came back to McGill in 1994 as Full Professor and has also been affiliated with the Department of Oncology throughout his career at McGill. Dr. MacDonald has had a stellar career with a focus on patient-oriented problems related to cancer, leading to an outstanding body of published work.

Dr. Kenneth Morgan retired on June 30, 2013. Dr. Morgan earned a PhD in human genetics from the University of Michigan and pursued postdoctoral studies at the University of Chicago in the field of population genetics and demography in the late 1960s. He joined McGill in 1986, from the University of Alberta, and was jointly appointed in the Departments of Medicine and Human Genetics. As one of the few experts in statistical and population genetics at McGill, he collaborated with members of many McGill departments in the Faculty of Medicine, and with many researchers in the broader Canadian community.

Dr. Emil Skamene retired on December 31, 2013. Dr. Skamene earned his M.D. from Charles University in Prague, completed a PhD program at the Czechoslovak Academy of Sciences, pursued postdoctoral training in immunogenetics at Harvard and joined McGill in the early 1970s. He is the Founder (1988) of the McGill Center for the Study of Host Resistance and the first Scientific Director of the merged MUHC-RI (1999 to 2006). Dr. Skamene is one of McGill's most distinguished biomedical scientists and has been an outstanding academic leader in our Department. His major scientific contribution has been the identification of genes controlling susceptibility to infectious diseases, such as tuberculosis, leprosy and malaria.

Dr. Maria Zannis-Hadjopoulos retired on June 30, 2013. Dr. Hadjopoulos graduated from McGill with a PhD in microbiology and immunology in the late 1970s. She started her career at McGill in 1983 in the McGill Cancer Center and was jointly appointed in Medicine, Oncology and Biochemistry. She occupied the position of Associate Director of the Goodman Cancer Centre from 2000 until she retired. Dr. Hadjopoulos had an outstanding career as a scientist in the field of DNA replication.

APPOINTMENT

It is a pleasure to announce that **Dr. Kaberi Dasgupta** has been appointed for a four-year term to the position of **Director of the MUHC Division of Clinical Epidemiology** in the Department of Medicine as of January 1, 2014. Dr. Dasgupta is a tenured Associate Professor whose career trajectory and leadership qualities will serve her well as she assumes the responsibilities of maintaining stewardship over the Division's research and mentoring activities and developing collaboration with other groups at the MUHC, the MUHC-RI and RUIS partners. We wish Dr. Dasgupta every success in her new role. We take this opportunity to thank **Dr. James Brophy** who served as the Director of Clinical Epidemiology for a number of years.

RECRUITMENT

We are pleased to announce the arrival of **Dr. Negareh Mousavi**, Assistant Professor to the Division of Cardiology and Attending Physician at the MUHC. Dr. Mousavi is a cardiologist with a Masters of Health Science from UBC and did internal medicine and cardiology training at both Yale and UBC, followed by a cardiology fellowship in advanced imaging and cardio-oncology at Brigham & Women's Hospital (Boston). She will be providing service in cardiac imaging, and will be active in the General Cardiology Clinic and the sub-specialty Cardio-Oncology Clinic at the Royal Victoria Hospital site of the MUHC, where she will teach medical students and supervise residents and fellows.

SAVE THE DATE

The **McGill University Department of Medicine** is organizing its 5th combined **RESEARCH SYMPOSIUM** on Friday, May 2nd, 2014 from 11:00 am to 4:00 pm at the New Residence Hall (3625 Avenue du Parc) Room Prince Arthur B. The goal of this event is to bring together researchers from across the department both to highlight their work and to promote cross-disciplinary collaboration. The programme will be sent out to the members by mid-April.

HONOURS

Congratulations to the following members for their achievements.

Dr. Sabah Bekhor, Division Director of Neurology at St. Mary's, is the recipient of the **1st annual George Fraser Award**. The recipient is selected by a committee of his peers, awarded to the member of the Department who best exemplifies Dr. Fraser's qualities and dedication, as a rock-solid clinician with a down-to-earth approach to medicine, an enthusiastic teacher who always fosters an academic atmosphere, a physician who always strives for the highest ethical standard, and who is both a physician and friend to patients.

Dr. Kevin Schwartzman, Associate Professor and Director of the Respiratory Division, has been selected for the **2014 Canadian Association of Medical Education (CAME) Certificate of Merit Award**. This award promotes medical education in Canadian medical schools and recognizes and rewards faculty's commitment to medical education.

The discovery of a genetic variant in LP(a) and the role of plasma Lp(a) as a cause of aortic valve disease which was co-led by **Dr. George Thanassoulis** and colleagues from the US, Germany, Sweden, Iceland and Denmark was selected by **Québec Science Magazine** **in the Top 10 scientific discoveries of 2013**. More on this story. Dr. Thanassoulis, Assistant Professor in the Divisions of Cardiology and Clinical Epidemiology, has also been awarded the **Roger R. Williams Award for Genetic Epidemiology and the Prevention and Treatment of Atherosclerosis** from the **American Heart Association's Epidemiology and Prevention Council**.

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The Department of Medicine's number of successes is prolific. Although every attempt is made to acknowledge them all at the time we go "to press", some announcements may be delayed. Do not hesitate to contact us to let us know of your successes.