

nursing newsletter



A WORD FROM THE DIRECTOR

Dear colleagues,

On the occasion of Nurse Practitioner Week, I would like to highlight the remarkable journey of these essential members of our profession. The MUHC was a pioneer in Quebec, being the first institution to integrate nurse practitioners (NPs) into its teams. I sincerely thank all those who paved the way for the generations that followed.

Today, thanks to these efforts, we now have more than 70 NPs within the MUHC. Their role has become more clearly defined over time, integrating in a complementary way into our interdisciplinary teams. NPs address often unmet needs by offering concrete, compassionate solutions to improve access, timeliness, and the relevance of care provided to our patients.

I am confident that in the years to come, we will continue to demonstrate leadership, driven by the talent and commitment of the people who make up our great team.

I invite you to share some of this wonderful energy by sending your team photos for the "We Are the MUHC" commemorative album by November 24. These images speak better than words about what we are accomplishing together.

Thank you to all our NPs for your outstanding contribution to the quality of care at the MUHC.

Alain

EDUCATION

Adult +
Pediatric

Career Pathway Program – Congratulations to the 11 selected nurses!

We are pleased to announce the names of the nurses selected for the upcoming Career Pathway Program cohort, which will run from October 2025 to March 2026.

Pathway	Unit	Name
Advance Practice Nurse	ICU MNI	Camille Dussault
Advance Practice Nurse	PACU MCH	Taylor Greenstein
Education	C8 RVH	Kelly Keating
Education	B08 MCH	Selena Afonso
Emergent Leader	Oncology Adult	Haley Abugov
Emergent Leader	B08 MCH	Nilani Thuraisingham
Lactation	Antepartum Women's Health	Charlotte Fontas
Lactation	Day hospital MCH	Cristina Camira
Trauma Care	ED MGH	Julia Pagel
Vascular Access	ED MGH	Alexandros Halavrezos
Vascular Access	Complex Care MCH	Miranda Harrington

Wishing you great success and an enriching, rewarding experience throughout this journey!

We received 24 applications – thank you all for your interest and commitment to supporting the professional growth of our community.

By Emma Monaco, Coordinator-Training and Standards of Practice and Josée Larocque, Nursing Manager: Evaluation, continuous competence and specialization

Medical electrophysiology technologists: Translating brain signals into compassionate care

At the Montreal Neurological Institute-Hospital, medical electrophysiology technologists are essential clinical partners in the diagnosis, monitoring, and treatment of patients with neurological or neuromuscular disorders.



EXPERTS AT THE HEART OF NEUROLOGICAL DIAGNOSIS

Through specialized tests such as electroencephalogram (EEG), electromyogram (EMG), electrocardiogram (ECG), neuromonitoring, and evoked potentials, they help detect epileptic seizures, movement disorders, and other electrical abnormalities of the brain, nerves, and muscles — providing **precise and vital information** to medical and nursing teams.



AT THE PATIENT'S BEDSIDE AND IN THE OPERATING ROOM

Their work extends far beyond the neurophysiology laboratory: they are active in intensive care units, operating rooms, and inpatient units, bringing their expertise directly to the patient's bedside. In the operating room, they perform intraoperative neuromonitoring — real-time monitoring of the nervous system's electrical activity — helping surgical teams **prevent neurological damage** during delicate procedures.



EXPERTISE AND VIGILANCE EVERY DAY

They also play a central role in the Epilepsy Monitoring Unit (EMU), where each patient is **continuously observed** for several days to better understand and treat complex seizure disorders. In fact, The Neuro and the EMU were recently featured in **La Presse**. The electrophysiology team is indispensable for this highly specialized group of patients cared for under the MUHC Neurosciences Mission.



INFORMED MEDICAL DECISIONS

Through their precision, clinical judgment, and close collaboration with physicians, nurses, and other healthcare professionals, these technologists provide crucial information that **guides medical decisions, enhances patient safety**, and highlights **The Neuro's excellence** in the field of neuroscience.



FROM ELECTRICAL SIGNALS TO SIGNALS OF HOPE

We are proud to shine a spotlight on this specialized team that translates the complexity of the nervous system into **precise actions, and signals of hope!**

From left to right: **Jessica Brisebois-Hetu, Nancy Hamel, Lorraine Allard, Alexandra Gorshkova, Alyssa Pompee, Chantal Lessard and Erica Minato**
Absent from the photo: **Sylvie Boissinotte, Somia Benachour, Amira Amor Chelihi and Kevin Masobo**



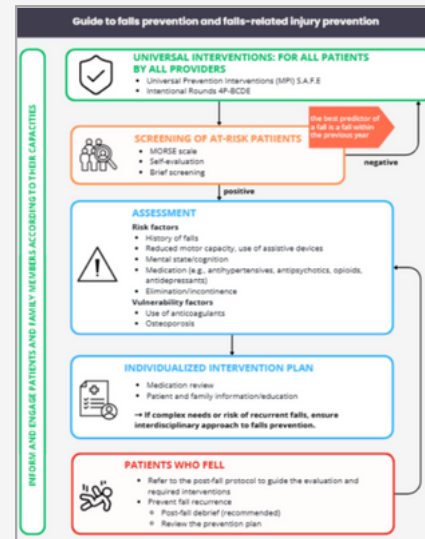
Spotlight on Fall Prevention



EXPECTED PRACTICES

The New Protocol for Fall Prevention and Fall-Related Injuries is available on the intranet.

- **Objectives:**
 - **Clarify** the approach using a visual clinical algorithm
 - **Strengthen** universal prevention
 - **Clarify** the concept of screening and expectations for each sector
 - **Support** interdisciplinary collaboration
- **Key points:**
 - **Screening:**
 - Nurses' clinical judgment can be as reliable as the MORSE scale for identifying at-risk patients.
 - When should screening be done? For which patients? Using which method?
 - See the Screening section of the protocol for details.
 - **Outpatient:** Think of preventing falls in the hospital AND in the living environment. If necessary, refer to other resources.
 - **Women's health and critical care:** See appendices for your sectors.
- **Post-fall:**
 - **Is the case complex or recurrent? Adopt an interdisciplinary approach.**
 - Detailed explanations of the post-fall monitoring form: **Watch the video** by Samara Reid, NPDE.




RESULTS

- Despite our efforts, **falls increased last year**, especially those with minor consequences.
- **1,600 falls reported**
 - ➔ 360 with minor consequences
 - ➔ 15 with major consequences
- **Audits reveal encouraging progress.**
 - Screening/MORSE: 71%
 - CATT plan: 71%
 - Strategies applied: 73%
- **Let's reduce falls through:**
 - Promotion of mobility
 - Prevention plan for each at-risk patient
 - Interdisciplinary approach



TOOLS AND RESOURCES

- [Intranet page Quality Improvement DSI - Fall prevention](#)
- [Prevention protocol](#)
- [One-pager of key elements](#)
- [Summary of results](#)
- Webinar : **Thursday, November 20 at 11:30 a.m.**



Registration



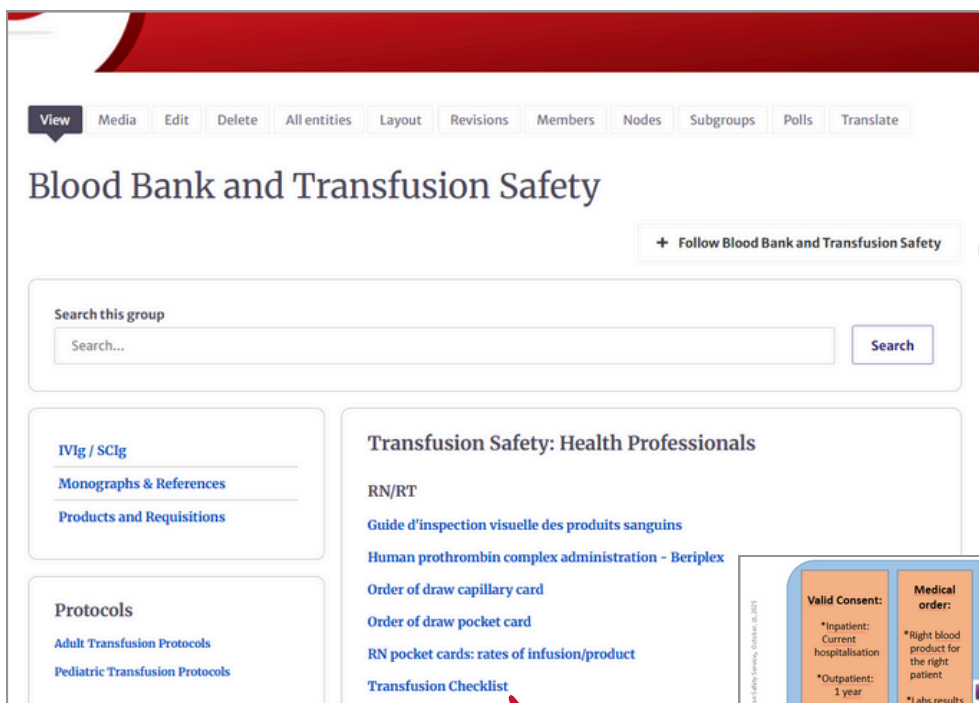
Questions: marie-eve.leblanc@muhc.mcgill.ca

New transfusion checklist for safer practices

Strict adherence to the steps regulating the administration of blood products is crucial to ensure safer transfusion practices.

This **tip sheet** has been designed to support you in your daily practice and to remind you of the key points to watch out for before, during, and after transfusion.

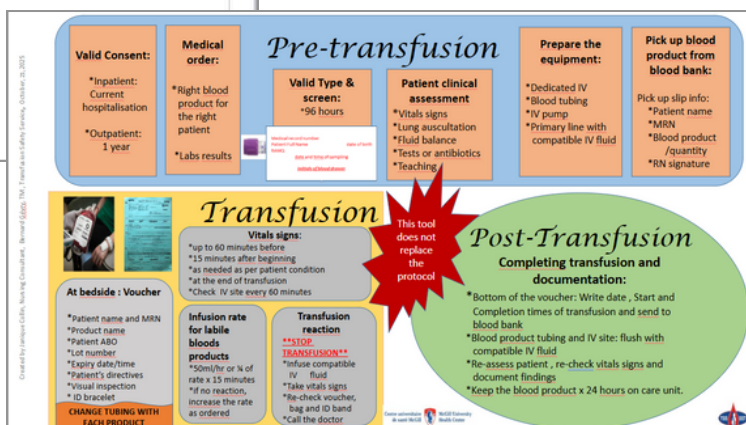
If you need more information? Please consult the transfusion protocols on the intranet, under the **Blood Bank and Transfusion Safety** service.



This tips sheet is intended for all nurses. Every action counts and contributes to the quality of care.

Enjoy reading it!

By Janique Collin, Nursing Consultant and Bernard Gévy, Medical Technologist, Transfusion Safety Service, MUHC.



Share Your thoughts: DSI Audits

Did you take part, directly or indirectly, in the nursing care audits in September ?
We want to hear your opinion.



Take **5 minutes** to complete our short survey and help us plan the next steps.

Click on or scan the QR code and make your voice heard!



By Marie-Ève Leblanc, Nursing Practice Consultant

Adult

Vascular Access Central Line Audits

A challenge for you: In **2024-2025**, MUHC reported **94 CLABSI**.
Where is your clinical area currently at relative to this number for 2025-2026?



Find out through your Infection Prevention and Control and Nursing leadership team.

Adult CLABSI maintenance audit results are available. Audit results are from 2024-2025 P7- P12 to 2025-2026 P1-P6. Check out the Intranet page "**Central Line-Associated Bloodstream Infection - Results**".

Kudos to the teams who created improvement plans related to CLABSI and quality of care.
Continue the excellent work!

*By Carissa Wong, Nursing Practice Consultant (Interim) and
Katherine Mohsen, Nursing Advisor - Vascular Access*

Adult

BBraun tubing: backcheck valve defect

BBraun has informed us recently again that there is a **malfunction of the backcheck valve on the Y-port of the primary infusion tubing** where the secondary tubing is attached.



Why is this important? The backcheck valve is to prevent medication from the secondary tubing from flowing upwards towards the primary bag. As per BBraun, "**there is a risk that the intended dose of medication is either not delivered or delivered over an unintentionally extended time frame (simultaneously with the primary infusion)**".



How to ensure safe administration of medications:

1. Administer secondary medications using a volumetric infusion pump. During secondary medication administration, clamp the tubing above the Y port. An alarm will sound at the end of the secondary medication.
2. Administer all medications prepared in a syringe by pharmacy using the syringe driver pump. Do not transfer the medication to an IV bag
3. Administer all high alert continuous infusion medication as a primary infusion
4. If there is any difficulty priming the tubing, proceed to discard it, complete the electronic incident and accident report form (AH-223) and take a new primary tubing. Prime tubing using volumetric pumps.



Interested in seeing the procedure?

Check out the intranet page:

<https://www.moncuscsm.muhc.mcgill.ca/node/35107>

*By Carissa Wong, Nursing Practice Consultant (Interim) and
Katherine Mohsen, Nursing Advisor - Vascular Access*

Adult

Chest Drain Emergency Management Updates



Updates have been made to the Licensed Practical Nurses (LPN) Scope of Practice documents to cover emergency management of chest drain emergencies. You can find more information about the scope of practice on the [intranet](#).

Who Is Affected: LPNs at all institutions within the MUHC

Where: LPNs working on units with patients who have chest drains

When: Since July 2025

Why: In certain situations where the life of the patient is at risk, the LPN must intervene to protect the patient when the RN or other professional is not immediately available.

How: LPNs working on units with chest drains will be trained in these new measures by their NPDE. Please talk to your NPDE if you have any questions.

*By Kiesha Dhaliwal, Nursing Professional Development Educator and
Tin Tjoe, Advanced practice nurse - Internal medicine*


New Search and Seizure Protocol



To continue ensuring a safe environment for everyone and uphold best practices, we would like to inform you that a new **Search and Seizure** Protocol and procedure is now available. This protocol is designed to clarify the **steps to follow** to ensure compliance with **institutional and legal standards**.

We encourage everyone to read it to become familiar with the new guidelines.

Thank you for helping to keep our environment safe and respectful for all!



Technical Services Directorate, Security and Emergency Measures

SEARCH AND SEIZURE PROTOCOL

01. Why do we need a protocol?

- Ensures the safety of patients, visitors, and staff by regulating the possession of prohibited items on hospital grounds
- Provides guiding principles on when and how to perform a search and seizure.

For more information, click here to view the:


- [Protocol](#)
- [Procedure](#)

02. What is a prohibited item?

- Weapons (firearms, knives, explosives)
- Illegal substances (drugs per federal law)
- Alcohol
- Dangerous tools or objects (e.g., martial arts gear, tasers)

Refer to [Annex 1](#) in the protocol for a more complete list.

03. When is a search justified?




- Reasonable and probable grounds to suspect possession of a prohibited item
- When clinical judgment deems it necessary to ensure safety – must be non-arbitrary, and non-discriminatory and must have a reasonable motive.

Guidelines

- Consent required, unless life/safety is at risk
- Offer alternatives (e.g., return item to vehicle) - **COMMUNICATION is KEY!**
- Prohibited items can be stored with security
- Illegal items must be given to Montreal Police (SPVM)


Use the G.R.A.C.E framework to assist with decision making



04. Who can be searched?

At any MUHC site:

- Visitors - search conducted by security
- Patients - search conducted by security and healthcare professional



Documentation 05.

- Patients:
 - Nursing** - Progress notes + [Search and Seizure form \(DM#6231\)](#)
 - Security** - Event report
- Visitors: **Security** - security report

G - Grounds

Do you have reasonable and justifiable grounds to conduct a search and seizure?

R - Response

Is the patient apt or do they have a legal representative to provide consent - seek consent.

A - Acuity

Is the patient's life at immediate risk or is there a risk is no action is taken?

C - Consequence to others

Are other people at risk?

E - Ethical justification

Collaboratively analyze ethical dilemmas to determine the best option under the circumstances

Management of Food Products in Clinical Care Areas: New Directive

A new directive on the management of food products in clinical care areas is now available. It applies to refrigerators in food service areas as well as those located in patient family rooms.

Consult it today on the intranet:

- [Nursing Directive – Management of Food Products in Clinical Care Areas](#)
- [Food Services Refrigerator Reminder Poster DM-7327](#)



- [Patient Shared Refrigerator Reminder Poster DM-7326](#)
- [Family Communication Tool DM-7328](#)



By Marie Létourneau, Nursing Practice Consultant

Seeing beyond distress: A MUHC Nurse's Perspective on Suicide Prevention

Every day, Tanya Callender, a clinical nurse with the MUHC Consultation Liaison Psychiatry team, supports both patients and staff going through moments of psychological distress. With her team, she trains new hospital staff on the suicide prevention protocol and organizes workshops, including those for new patient attendants (PABs) responsible for one-on-one patient monitoring.

Tanya shared a glimpse of her work as a Nurse and her role in suicide prevention at the MUHC to the wider community, chatting with [Vent Over Tea](#), a non-profit mental health organization.

BREAKING THE MYTHS

Tanya stresses that, while some people fear it, talking about suicide does not push someone to act on it. On the contrary, sharing dark thoughts often provides relief and an outlet. She also emphasizes that not all suicide attempts reflect a true desire to die: sometimes, they are a cry for help or an impulsive gesture seeking support.



CHANGING PERCEPTIONS

Tanya aims to change how hospital staff and patients in distress perceive each other. On one side, there is the unknown and its uncertainties; on the other, the fear of judgment. Opening up to dialogue to better understand and share in someone's suffering makes it possible to provide, and receive, more humane care. "Everyone has layers, like an onion," she says, "as you peel them back, you understand what led to their pain."

TAKING ACTION AROUND YOU

Preventing suicide starts with recognizing the signs. Seeing, listening, and guiding the person in distress to support resources—helplines, crisis centers, professionals—can make all the difference.

Tanya's message is simple: **listening**, **dialogue**, and **compassion** are not just gestures—they can truly save lives.

To learn more, [read the full article](#).

Meet our team!



We're excited to introduce this year's Comité de la relève infirmière team!

This dynamic and dedicated group is committed to creating opportunities for connection, professional growth, and support for the next generation of nurses at the MUHC.

Get to know the faces behind our initiatives on our platforms!

Questions?



cri@muhc.mcgill.ca



Top, left to right: Camilo Sierra, Ian Truong, Sydney Wasserman, Leah Tracey and Alexandra Claveria

Bottom, left to right: Jia Hu, Aneet Jhaji, Selena Afonso and Galadrielle Raymond (absent from the photo)

Green Team donation drive

Thanks to the generosity of MUHC staff, who donated gently used scrubs throughout the summer, our **Trash to Treasure Campaign** was a huge success, with **302 collected scrubs!**



Here's how they made an impact:

- 81% of the donated scrubs were returned directly to MUHC personnel during our pop-up events across all four sites.
- The remaining sets will be offered to McGill nursing students or donated to local clothing centers.
- Together, these donations helped save 1,687 kg of CO₂ emissions (equivalent to driving over 6,900 km), conserve 173,515 litres of water (enough for 2,665 showers), and give new life to hundreds of garments that might otherwise have ended up in landfills.

By the CRI Green Team

OIIQ exam



As OIIQ exam results have been released, the Comité de la relève infirmière would like to extend a warm congratulations to all new nurses who have achieved this important milestone. Your hard work and perseverance truly pay off!



For those preparing for the upcoming OIIQ exam, don't forget that we **offer free exam preparation sessions twice a year** to help you feel confident and ready. Our next session will be held right **before the March exam**.

Stay tuned for more details on registration!

By Ian Truong, Nurse Clinician, RVH Emergency, Member of the CRI

ISON Undergraduate Nursing Professionalism Ceremony

On October 9, the Ingram School of Nursing (ISoN) welcomed 225 students at the Jeanne Timmins Amphitheatre at the Neuro for a ceremony celebrating the value of the nursing profession and the students' dedication to the highest standards of ethics and professionalism.

One of the highlights was the speech by the MUHC Director of Nursing, **Alain Biron**. Titled **"Dare to Dream: A Personal Journey in Nursing,"** it traced his path from the beginning of his career, the questions and challenges he faced, and how he found his place in a profession full of diverse opportunities.

"I stayed because I discovered that nursing is not unidimensional, there are countless opportunities. Over time, I found a place that suited who I am... and that's when I was able to make a greater impact. We can accomplish so much more when colleagues work in environments that bring out the best in them."

To learn more, [read the full article](#).



Photo : Owen Egan/Joni Dufour

Alain Biron, Lynne McVey, ISON Director
and Lesley Fellows, Faculty of Medicine and Health
Sciences Dean

Free seminar on Women's Heart Health Tuesday, November 18, from 6:00 to 7:30 PM

The Women's Healthy Heart Initiative is pleased to invite you to attend the free lecture:
"Hot off the press - New guidelines for hormone replacement therapy in menopause"



MUHC Research Institute Auditorium :
1001, Blvd. Decarie, Room ES1.1129 – GLEN Site

- **Dr. Iulia Iatan** – General Internist, Clinician-Scientist Cardiovascular Prevention and Cardiometabolic Health, Assistant Professor of Medicine, McGill University
- **Patrick Deschenes** – Pharmacist- "Hormonal Therapy in Menopause-The essentials"



Organized by **Wendy Wray**, Director MUHC Women's Healthy Heart Initiative (WHHI)

Free and open to the public. Presented in English. Bilingual question period.



By Lelia Holden, Adult Care Nurse Practitioner – Cardiology

Customized training and workshops offered by the MUHC Libraries

Did you know that MUHC Libraries offer individual and group training sessions to all MUHC staff and students on topics such as literature searching, citation management (Endnote or Zotero), and more? We can also customize a training session for your team's specific needs and schedule, whether you need help finding information to share with patients, or best practices to guide new policy and procedure creation.

Some examples of trainings we offer:

- Finding Nursing Best Practices in CINAHL (Cumulative Index to Nursing and Allied Health Literature)
- EndNote : Managing Your Bibliographies (upon request)
- Searching the Biomedical Literature

Find out more on the [MUHC Libraries Website](#).

To request a training on a specific date or topic, [please fill out our online form](#).

By Lindsay Hales, Librarian

CO-EDITORS OF THIS NEWSLETTER:

Marie-Ève Leblanc, Nursing Practice Consultant, Nursing Directorate
Silvia Rizeanu, Communications Agent

Please submit your articles for the next newsletter
before **December 3th**.