

M U H C

MCGILL UNIVERSITY HEALTH CENTRE

PERSPECTIVES

HEALTH



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Strong medicine

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ow many people do you know who can quote from the famed physicist Ernst Rutherford, the novelist Kurt Vonnegut and the popular movie *Men in Black* all within the course of a one-hour conversation? Now, how many of them can do so without a hint of pretension, with a liberal dose of self-deprecating humour, and all before 8:30 in the morning? These are the clues, far more than the mile-long title and the well-appointed office, that let you know that Dr. David Eidelman, chief of medicine at the McGill University Health Centre (MUHC) and physician-in-chief at McGill University, is a very special person indeed.

Of course, suggest your admiration to the ever-modest Eidelman and he'll protest, "I'm just a nerdy kid from Côte-Saint-Luc who was so bad at sports that I focused on school out of desperation. Really ... I don't know why you'd want to interview someone so incredibly boring!"

In fact, there are plenty of reasons to take an interest in Eidelman and his career, not the least of which is his unusually rapid and direct ascent to the top position in the MUHC's largest and most complex department. "It may sound contrived," Eidelman says, "but I distinctly remember being in medical school and meeting Dr. McGregor, who at the time was the chief of medicine. Even at that moment, in awe of him as I was, I thought, 'that's a job I'd like to have.'"

Eidelman wasted no time in pursuing his ambition. A native Montrealer, he eschewed an undergraduate degree and entered McGill's medical school directly out of CEGEP, the option reserved for "the real keener types," in Eidelman's words. Once he received his MD, he undertook three years of postgraduate training in internal medicine at the University of Toronto before returning to McGill to complete a specialization in pulmonary medicine. "Instead of spending my summers travelling in Europe like normal students do, I spent mine at the Meakins-Christie Laboratories doing research in pulmonary physiology. I quickly realized that this was something I had a real interest in," Eidelman says. "Although I always thought I'd end up going away somewhere to work, I think that McGill has the very best pulmonary medicine division in Canada and staying here has allowed me to study



(continued on page 2)



(Strong Medicine continued from page 1)

with some truly fabulous and inspiring people.”

With his training complete, Eidelman joined the staff of the Royal Victoria Hospital and returned to the Meakins-Christie labs, this time as a research fellow. Once again demonstrating an uncommon singularity of focus, Eidelman’s research on lung mechanics followed directly on the problems he had first explored as a summer student. “Not only does pulmonary medicine involve a lot of variety, which I like, but the structure of the lung itself is incredibly intricate and truly fascinating,” he says. “I find it very satisfying to be able to know how the physiology of such a complicated mechanism works.”

Eidelman’s passion for structure and organization serves him well in his current job. The Department of Medicine, much like the lung itself, is an immensely complex organism, encompassing more than 15 specialties as diverse as oncology, dermatology and geriatric medicine.

Eidelman’s position, to which he was appointed in the fall of 2004 after six years as director of the Division of Respiriology, involves two key functions. As physician-in-chief at the MUHC, Eidelman is responsible for how clinical services are provided across the department, ensuring that patients are treated efficiently and compassionately, that working conditions are excellent for doctors, nurses and other professionals and staff, and that the hospitals provide a positive milieu for teaching. As chair of the Department of Medicine at McGill (a subdivision of the Faculty of Medicine), he performs a function analogous to that of the chair of any department, in particular, overseeing staffing and managing bureaucratic and pedagogical activities. Under the new RUIS system (see page 6), he also works closely with the other partners in the network to find ways of improving services across McGill’s assigned region.

According to Eidelman, occupying the top job in such a diverse and hectic environment, especially when it involves overseeing such sensitive mat-



“There are **people** across the department whose work has the potential to **alleviate** the **suffering** of literally millions of people around the world.”

Another area Eidelman wants to promote is preventive medicine, which he sees as being increasingly important in the current health-care climate. “As everyone knows, we’re working in conditions

where budgets are a problem and there is increasing pressure to shorten hospital stays and to become more efficient in how we manage patients,” Eidelman reflects. “Fortunately, there are lots of people in the MUHC who are looking to set up community programs that can reach patients early and hopefully prevent some of them from having to come to the hospital in the first place. When I can, I try my hardest to make sure that these programs have the resources they need to get up and running.”

Of course, the heart and soul of the Department of Medicine is to deliver excellent care to every patient who passes through each of its many divisions. To ensure that this continues to occur, Eidelman plans to spend the next six months or so performing a comprehensive departmental inventory. “I know that oncology and palliative care are two areas where we can make immediate improvements in the quality of care we provide,” he says, “but I’m looking forward to hearing as many creative suggestions as possible from every division as to how we can do things better.”

As a first step, Eidelman has solicited a statement of vision from each division chief describing their recruitment needs and what they require in order to maintain excellence in clinical services over the next few years. He also hopes to do a complete review of the department’s research activities in order to better organize and focus those efforts. “We’re all going to have to be clever in prioritizing our work and deciding how we use our limited resources, but I’ve seen ample evidence over the last few months that the MUHC culture is one in which people can thrive despite financial and other challenges,” he says.

Among the most exciting responsibilities of Eidelman’s tenure will be steering his department through the early stages of the MUHC’s redevelopment, a process he sees as daunting but full of

ters as budgets and recruitment, sometimes gives him the sensation of having a target painted on his forehead. “There are definitely days when it seems that everything imaginable is going wrong, with umpteen earth-shattering crises all happening at the same time,” he laughs. “But there are plenty of other days when I successfully manage a really complicated situation, meet a colleague who is doing some amazing research I hadn’t been aware of, or lobby on behalf of a really worthwhile project. On those days I think, ‘I’m so lucky to be part of this incredible organization and to be in a position to make a real difference in how things work.’”

One way Eidelman intends to make a difference is by strengthening MUHC programs that he thinks already have a creative edge. “I was surprised when I first started this job to discover that the MUHC has a really incredible international medicine program,” he says. “There are people across the department whose work has the potential to alleviate the suffering of literally millions of people around the world.” As an example, he cites a recent grant given by the World Health Organization to Dr. Brian Ward of the Division of Infectious Diseases and Dr. Greg Matlashewski, the chair of McGill’s Department of Microbiology and Immunology. The funding will help them in their ongoing efforts to improve the treatment of leishmania, a deadly parasitic infection that kills millions of people in developing countries every year. “I’m incredibly keen to find ways of supporting these kinds of unique and life-saving projects, more of which I’m learning about all the time.” Eidelman points out that much of the work in international medicine is also applicable locally and in the province’s more remote regions, where McGill and the MUHC will become increasingly involved under the RUIS system.

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potential benefits for patients and staff. "The new facilities and a revitalized hospital centre will offer innumerable advantages for teaching, for doing medical research, and above all for helping our patients," he says. "At the end of the day, we have such excellent people working here that if we plan intelligently, focus on our areas of strength and find effective ways of co-operating with our health-care partners, the redeveloped MUHC will become an even finer institution than the one we have today."

As he talks, it is obvious that Eidelman is genuinely enthusiastic about the creativity and passion of his MUHC colleagues. "You know," he says, "there are some people who only take satisfaction in work they've done themselves. Although achieving something as an individual is a fantastic feeling, I find I'm just as happy when I can meet really outstanding people and play a small part in helping them do their best work. For me, that's what makes being chief of medicine worthwhile and exciting." And that's a quote worth remembering. ❄

MUHC REDEVELOPMENT UPDATE

Redevelopment News

At both the Glen and Mountain campuses of the McGill University Health Centre (MUHC), signs are everywhere that the MUHC's redevelopment is steaming ahead. At the Glen, the train tracks have now been removed and a firm has been selected to undertake the soil reclamation on the site. Up the hill at the Mountain campus several important construction projects have been completed at the Montreal General Hospital site, including renovations to the emergency room and the construction of three new state-of-the-art minimally invasive surgery (MIS) suites. We'll be updating you on other exciting construction and renovation projects taking place across the MUHC in coming issues. To see live webcam images of what is happening at the



From left: Removing the commuter train tracks from the Glen campus. • The nuts and bolts of rebuilding the ER at the General. • A brand new Minimally Invasive Surgery suite at the Montreal General site.

Glen campus, pay a visit to www.muhc-healing.mcgill.ca/webcam/webcam.php. ❄

Portraits in Time

Thousands of individuals have helped advance the development of the McGill University Health Centre, and in every issue of *MUHC Health Perspectives* we feature one or more of these significant contributors.

BARBARA WHITLEY

In the late 1940s, Barbara Whitley was approached by a family friend about joining the board of the newly established Auxiliary of the Montreal General Hospital. She jumped at the chance, making that a very lucky day not only for the Auxiliary, but also for the General's staff and patients, who continue to be the beneficiaries of her unwavering dedication. Over the years Whitley's legendary volunteer efforts have earned her many accolades and awards, including the Governor General's Caring Canadian Award and the Montreal General Hospital Award of Merit.

In its early days, the Auxiliary's mandate was threefold: to perform voluntary service, to raise funds, and to act as a public relations arm for the hospital. Whitley dedicated herself to all aspects of the mandate, but concentrated her efforts on communications, assisting with the newsletter before being promoted to newsletter chairman. In 1957, she began a three-year term as the Auxiliary's fourth president, and is particularly proud of the fact that during her tenure the Auxiliary had close to 2,000 members. "I worked with a great group of imaginative board members who were eager to be of service to the hospital. If there was a need, we met it."

One of the projects initiated by the Auxiliary was a memorial fund set up in memory of Colonel Fleming. It was the first memorial fund to be established at the General. The response to this fundraiser was so positive that the hospital asked the Auxiliary to expand the program into a hospital-wide memorial fund. Proceeds were used to furnish the hospital's maternity ward, "to preserve life in memory of those who had died." The fund grew larger with each passing year and for close to two decades successfully remained under the jurisdiction of the Auxiliary. It was then transferred to the MGH Foundation,

where it continues to enhance the health-care services provided at the General.

In the mid-1960s, on behalf of the General's Board of Management, the president at the time, Charles Peters, was responsible for another first when he invited Whitley to join what had previously been a male-only board. Her responsibilities included overseeing the maintenance and decoration of public areas within the hospital and chairing the board's Public Relations Committee. She was also a member of the hospital's 150th and 175th anniversary committees.

A native of Montreal, Whitley attended The Study from 1925 to 1934, followed by two years at Elmwood Boarding School in Ottawa. She went on to obtain a Bachelor of Arts degree from McGill University. She volunteered with the Canadian Red Cross Office Administration Corps, where she became executive secretary of the Blood Donor Clinic, and with the YMCA's Red Triangle Services. During World War II, she joined the Royal Canadian Navy as a civilian, working out of Youville Square in Montreal as a code and cipher clerk. She volunteered with the Red Feather Campaign (now called Centraide), serving as chairman of the Women's Division. Immediately after the war, she worked in Washington D.C. as a communications officer for the Government of India Information Services. An accomplished amateur actress, Whitley has performed in fundraisers for the Centaur Theatre and Geordie Players, and will be appearing in "Harvey" this spring.

In 1999, in recognition of 50 years of dedicated service, Whitley was named an Honorary Member of the Montreal General Hospital Auxiliary, but her connection to the hospital didn't stop there. Always an avid participant, she continues to attend many of the events organized by the McGill University Health Centre. ❄



Barbara Whitley and Governor General Adrienne Clarkson.



Infectious enthusiasm

The irony is unmistakable: Dr. Richard Lalonde, chief of the Division of Infectious Diseases at the McGill University Health Centre (MUHC), is suffering from a miserable winter cold. But he doesn't let fatigue and a ravaged throat get in the way of extolling the virtues of the world-class infectious disease specialists he works with every day. While they haven't yet found a cure for the common cold, he is enthusiastic about the fact that they are well on the way to conquering a host of other devastating diseases.

“This is a really exciting time to be working in the field of infectious disease treatment and research,” Lalonde says, after taking pains to explain how careful he has been not to spread his cold to patients or staff. “There are a number of historically deadly diseases, like hepatitis C, which I predict will be effectively treatable or even curable in the next 10 or 15 years.”

All this promising activity takes place under the umbrella of the MUHC's Department of Medicine, which is headed by Chief of Medicine Dr. David Eidelman (see page 1). In turn, the Division of Infectious Diseases (ID) is divided into four major areas: tropical diseases under Dr. Dick Maclean; the renowned HIV clinics under Dr. Lalonde and Dr. Christos Tsoukas; ambulatory care; and in-patient services. Furthermore, the Infection Prevention and Control Service of the MUHC is overseen by Dr. Vivian Loo, who is also chief of the Department of Microbiology, which although not formally affiliated with ID, shares close ties with the division.

“It can seem a bit complicated,” Lalonde admits with a smile. “Most of our physicians have training both as clinicians and laboratory researchers in microbiology, which is very fortunate for us. Having laboratory specialists who actually work with patients is an incredibly sensible way of ensuring that there is harmony between what goes on at the lab bench and what patients need at the bedside. I think the Quebec model will probably spread throughout Canada in the coming years, and it's certainly given the MUHC a real advantage in terms of producing top-quality research that also improves day-to-day patient care.”

Increasingly, that day-to-day care takes place on an outpatient basis, with treatments for post-surgical infections, tuberculosis, sexually transmitted diseases and many other infectious conditions now available for patients at home. “Another excellent program we've recently started is a home IV antibiotic service,” Lalonde says. “Many of the most effective antibiotics can only be administered intravenously, which in the past has meant keeping patients in hospital for the entire four-to-six-week course of treatment, even if they're feeling better after a few days.” Now, with the support of nurses who provide education and monitoring and radiolo-



Dr. Richard Lalonde and Dr. Vivian Loo

gists who assist with the insertion of temporary catheters, many of these patients can be sent home, sparing them the discomfort of a prolonged hospital stay and saving in-hospital resources for sicker patients.

Similarly effective programs are part of what makes the ID ambulatory clinic a model of efficiency. Outpatients with a suspected infection who are referred to the clinic from Emergency, from other ambulatory clinics within the hospital, or even from elsewhere in the community, are usually seen within ten days. This record is almost unmatched in other specialties. “Given our resources, it isn't always easy to provide this level of service, but we're working hard to maintain it while also giving our in-patients the highest possible standard of care.”

The ID in-patient service provides care to patients who present with infections while staying in hospital. As Lalonde explains, this aspect of the division's work is becoming more of a challenge as many healthier patients can now be treated on an outpatient basis, making for an in-patient population that tends to be sicker and more susceptible to infection than in the past. “I've been here for 25 years,” Lalonde says, “and for the first 15 the clinical workload with in-patients remained about the same. In the last decade it has increased exponentially as a result

of the more complex surgeries we perform as well as the new infections that have emerged and can easily spread through vulnerable groups of patients.”

Monitoring and containing those infections is the work of the Infection Prevention and Control Service. As head of the service, Dr. Loo has become a familiar face as the MUHC's spokesperson for hospital policy regarding SARS, C-difficile and other recent high-profile infections. As she explains, although C-difficile in particular remains a challenge, there are some positive results that researchers have drawn from the recent cases. “As soon as it was clear that we were seeing more

cases of C-difficile in Quebec hospitals than in the past, I formed a committee with a group of microbiologists from 12 hospitals across the province called the C-difficile Clinical Study Investigators Group. We've looked at the incidence of the disease and its mortality rates, and have started to bank different strains of the bacterium in order to understand such factors as disease virulence and antibiotic resistance patterns.” The group has already drawn some valuable conclusions that Dr. Loo feels confident will help keep the infection under control in the future. “The group is a collaborative effort among clinicians and basic scientists, which goes to show just how fruitful these kinds of interdisciplinary relationships can be.”

Because so many of the MUHC's ID specialists share Dr. Loo's commitment to using their clinical cases as part of valuable research, it is no surprise that research of all kinds, from basic science to translational and epidemiological studies, is thriving across the division. For almost 20 years, many of the division's most high-profile discoveries have come from the MUHC's renowned HIV clinics: one overseen by Lalonde at the MUHC's Chest Hospital site and its sister clinic at the Montreal General site under the direction of Dr. Tsoukas. Among the clinics' noteworthy achievements are undertaking the first HIV vaccine clinical trial in Canada in 1990, administering the first anti-AIDS drug to a

Canadian patient in 1984, and in 1982, performing the world's first study on AIDS transmission through blood products.

This tradition of excellence in AIDS and HIV treatment and research continues today, with a new generation of researchers poised to test a number of potentially life-saving drugs on volunteer patients. Clinical epidemiologists are also working to capitalize on the clinic's long history, constructing a database that will make all of the information gathered over nearly two decades available at the click of a mouse. "I could go on about the fascinating work we're doing in the HIV clinic," Lalonde smiles, "but really, that's a story for another day."

Another fascinating story is the MUHC's Centre for Tropical

Diseases, whose projects include the development of novel treatments for parasitic diseases like malaria and African sleeping sickness, studies into HIV transmission in Africa, and the creation and testing of a range of vaccines, from initial laboratory development all the way to phase IV clinical trials. "International medicine is an increasingly important field that we're glad to be a part of," says Lalonde. "Through their research, Dr. Maclean and his colleagues are helping to wipe out diseases that have caused untold humanitarian disasters in some of the world's most vulnerable regions."

With so many diverse and exciting activities taking place, what does Lalonde see for the future? For him, one of the division's major undertakings is the launch of their comprehensive hepatitis C treatment program. "I'm really excited about it for two reasons," he says. "First, it's urgently needed. The hepatology subservice of the Division of Gastroenterology has single-handedly provided this service since treatments for hepatitis C became available in 1995. Unfortunately, the number of hepatologists has declined dramatically just as the rate of detection of hepatitis C has increased exponentially." As an example of this decline, Lalonde points out that there is currently just one hepatologist treating hepatitis patients at the Royal Victoria site. Once the new clinic is up and running, Lalonde hopes to hire new specialists to provide this much-needed service to patients.

As Lalonde points out, however, it isn't just necessity that drives the creation of the new hepatitis C clinic. It is also the exciting opportunities created by the tremendous scientific progress currently being made in the field. "The hepatitis C clinic is exactly the kind of project that shows off the continuum of research and care that we can provide," says Lalonde. "Learning from our more than 20 years of experience treating patients with HIV, which is also a chronic

viral infection, ID specialists will find out from their hepatitis patients which research questions are the most urgent. Then, they'll design studies that seek answers to those questions. We can then enrol our patients in clinical trials, use the statistics we gather from their treatment for epidemiological studies that track the long-term progress of the disease, and hopefully come up with better treatments or even a cure."

Another initiative Lalonde is working on is recruiting doctors who are experts in the treatment of infections related to transplant surgeries. "Transplant patients often suffer from unique infections that require specialized expertise. There is an urgent gap that needs filling if we are to provide the best

care to this vulnerable group of patients." As with all potential recruits to the division, Lalonde will

make sure that these experts are also seasoned researchers and teachers, maintaining the high level of versatility that is the division's hallmark.

Finally, Lalonde is looking ahead with enthusiasm to the many exciting opportunities the MUHC's redevelopment presents. Under current plans, most of the ID division will be relocated to the Glen campus. "The new facilities at the Glen campus will include single-patient rooms, efficient ventilation, modern operating theatres and state-of-the-art infection control measures, all of which will make our job immeasurably easier," he says. These sentiments are echoed by Dr. Loo, who explains, "Although hospital-borne infections will never totally disappear, they should be greatly reduced when we move to the new hospital centre and when the facilities at the Mountain campus have been fully renovated." Lalonde also looks forward to the opportunities for consolidation and collaboration that the two-campus model will bring. "Having our staff work more closely together can only be a good thing. From my perspective as an HIV specialist, consolidating our two HIV clinics, although a challenge, will in the long run make the work we do in patient care, teaching and research even stronger." ❄

"Although hospital-borne infections will never totally disappear, they should be greatly reduced when we move to the new hospital centre and when the facilities at the Mountain campus have been fully renovated."

Equipping Excellence

Throughout the McGill University Health Centre (MUHC) — in outpatient clinics, inpatient units and critical care areas — patients receive a variety of treatments and medications intravenously through a thin needle inserted into a vein in their arm or the back of their hand. As important as the proper insertion of the needle is the regulation of the flow of drugs into their body, which is controlled by infusion pumps. **Dual-channel IV infusion pumps** are essential when more than one medication or IV treatment must be given simultaneously.

Less cumbersome than single-channel models, dual-channel pumps achieve highly effective results by precisely controlling the volume, rate and flow of medications and treatments. They also decrease the risk of administrative errors by integrating and displaying important information that can be easily read by the caregiver.

To take just one example, many patients receiving chemotherapy require additional medications to prevent dehydration or help reduce such side effects as nausea. The benefits of dual-channel pumps include shorter chemotherapy sessions, decreased toxicity and the ability to treat more patients per day. At the Montreal General's hematology-oncology clinic only two of these pumps are avail-



able. The purchase of four more would bring considerable benefits to approximately 25 percent of the clinic's patients.

In fact, there is a great need for dual-channel infusion pumps in virtually every health-care specialty. Across all of its adult sites, the MUHC currently has 159 of these medical marvels, and requires an additional 300 to provide optimal care to its patients. Dual-channel pumps cost approximately \$4,500 each. ❄

This series is intended to be informative; the McGill University Health Centre Foundation does not endorse any particular manufacturer or model of the equipment shown and described here.



Strengthening Our Network

The Quebec government recently mandated an important restructuring of the health-care network. Following on recommendations made in 2002 by the Carignan Commission, a committee formed to examine the role of the province's academic health-care institutions, this restructuring divides the province into four geographic territories. Each territory has been assigned to one of four academic health centres — McGill University, l'Université Laval, l'Université de Montréal and l'Université de Sherbrooke — which will play a leadership role in a hierarchy of health-care providers that together constitute a dynamic network called a RUIS (*réseau universitaire intégré de santé*).

“The realization of this network marks a huge change in the way health care will be provided across Quebec,” says Dr. Samuel Benaroya, associate dean (Inter-hospital Affairs) of McGill's Faculty of Medicine and one of the key players in setting up the McGill RUIS. “It will formalize and build new relationships among the different partners in the health-care system and clarify responsibilities across the board. For patients and their families, navigating the system from diagnosis through treatment and follow-up will be simpler, more efficient and less stressful.”

Each RUIS network has two people at the helm: the dean of its university's Faculty of Medicine and the executive director of its *Centre hospitalier universitaire*, or CHU, which in McGill's case is the MUHC. These individuals lead the network in alternating two-year terms and work closely in conjunction with the other university-affiliated teaching hospitals in the network: the Jewish General, Saint Mary's and the Douglas. Also involved are the various general hospitals, CLSCs, long-term care facilities and other care providers that operate within the assigned territory of each RUIS.

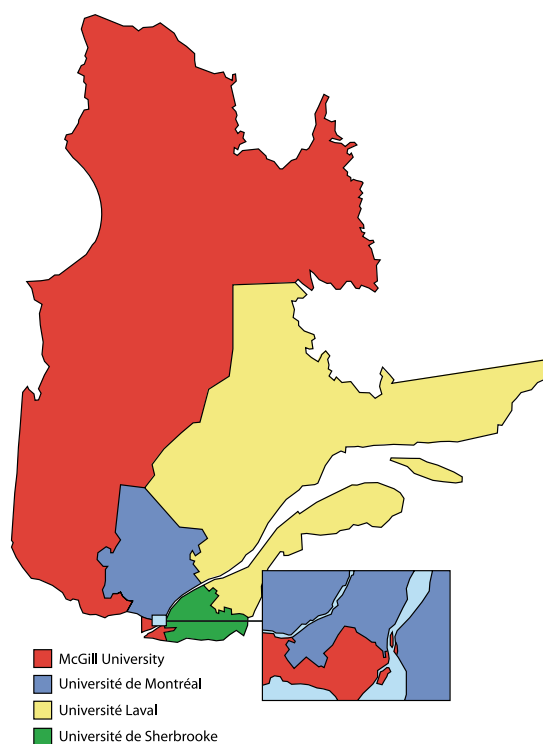
As Benaroya points out, the idea of a network linking the MUHC with other health-care providers is not a new one. “We already have many strong and longstanding relationships with other institutions,” he says. “But in the past these were run on a rather ad hoc basis, with individual departments and caregivers establishing their own links. This sometimes meant patients fell through the cracks.” Some caregivers may simply not be aware that a particular service is available at the MUHC, or if the MUHC's responsibility to provide a service isn't clearly established, a patient or referring doctor may be told that there isn't the space to treat them if there is already a long waiting list.

To address these concerns, one of the government's first steps in organizing the RUIS was to solicit a full list of tertiary-care services from the MUHC and a list of needs from partners through-

out the network. “We've put together a complete tertiary-care portfolio of what we can offer our partners,” Benaroya explains. “This inventory will prove an indispensable resource for them.

Likewise, receiving a list of services that our partners most urgently require will help us determine how best to accommodate their needs, whether by sending consultants to provide assistance, developing corridors of service, or setting up a high-tech link to facilitate communication between a local clinic and the MUHC.”

For patients, the most obvious advantage is a renewed confidence that they will have the world-class expertise of the MUHC at their disposal.



“Let's say you live in the Cree territories near James Bay and may require complex cardiac surgery,” Benaroya says. “Based on our service inventory, your family doctor will know whether or not the MUHC has the specialists to perform that surgery. Then, a high-tech link might be available so that certain investigations can be performed

locally and the results received and interpreted by an MUHC cardiologist. If necessary, you will be transported to the MUHC to undergo the procedure. When you return home, there will be ongoing communication between the MUHC and local caregivers to coordinate medical follow-up, home care and other rehabilitation services.” Throughout all of this, local doctors and nurses will know exactly who they need to communicate with, making everything as efficient and stress-free as possible.

For a patient living in NDG, the RUIS will offer similar, if perhaps less dramatic, assets. An elderly woman with mild shortness of breath might, for example, be spared a long wait at an MUHC emergency room if she knows that her local community health-care centre can offer a quick referral to an MUHC cardiologist or respirologist. “The RUIS system is designed to make better use of the primary and secondary care resources that already exist in the community,” Benaroya says. “This will allow tertiary-care centres like the MUHC to devote more of their energy to specialized services.”

In addition to improving patient care, the RUIS promises to strengthen the two other pillars of the MUHC's mandate: teaching and research. Students and residents from McGill's Faculty of Medicine will have expanded opportunities to pursue portions of their training in partner institutions across the RUIS, including in other regions of the province. The MUHC and McGill's Faculty of Medicine will also work with their partners in the RUIS to increase opportunities for local professionals to pursue continuing medical education.

Finally, the RUIS will allow academic institutions like the MUHC to expand and improve their research opportunities. “One thing we really hope to encourage is the involvement of regional professionals and institutions in our medical research,” Benaroya says, adding that the tendency in the past has been to isolate research in university hospitals in big cities. The results of research performed across the province will also help clinicians assess how well patients are being treated in different regions and find ways to improve care that are appropriate and effective.

Clearly, the RUIS is a concept that offers exciting possibilities to both the MUHC and its partners. As Benaroya points out, it also entails significant responsibilities for McGill and for the MUHC, whose leadership roles in provincial health care are now being made more explicit than ever. “As with any paradigm shift, there is some anxiety about making sure we have the resources to ensure that the RUIS functions well,” he says. “But it's easy to see how a strong, organized network will help everyone get the best service possible from our health-care system, no matter where they live.” ❄