

Chez nous

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MCH EMPLOYEE NEWSLETTER

April 22, 2010

News

National Volunteer Week, April 18-24 Volunteers contribute to the spirit of The Montreal Children's Hospital

Those who can, do. Those who can do more, volunteer. ~Author Unknown

Each year 460 people volunteer at The Montreal Children's Hospital giving a total of nearly 24,000 hours each year. You'll find our volunteers keeping company with a child admitted to hospital, cuddling a premature baby in the NICU, entertaining and distracting children about to undergo surgery, helping a child pass the waiting time in the clinic area or ER, working on the Council for Services to Children and Adolescents and the Family Advisory Forum, organizing countless fundraisers... the list is endless! They do this not for the recognition, certainly not for remuneration but often because they want to give back to the hospital that once cared for their child; they want to brighten the life of a sick child; they want to contribute to an institution that has, for over 105 years, dedicated itself to improving the lives of babies, children and adolescents.

Our volunteers support the hospital and contribute to making us a stronger, friendlier, more compassionate place.

The Montreal Children's Hospital is a far better health facility thanks to the tireless efforts of our volunteers. It is with grateful appreciation that we say "thank you" to the volunteers who assist us and make the MCH the best it can be.

Dr. Harvey Guyda

Associate Executive Director
The Montreal Children's Hospital

Volunteers don't get paid, not because they're worthless, but because they're priceless. ~Sherry Anderson

See the centre page of this issue of *Chez nous* for a feature on some of the hospital's dedicated volunteers.

Construction Begins!

The McGill Health Infrastructure Group, led by SNC-Lavalin and Innisfree Ltd., will be responsible for the development and maintenance of the leading-edge new MUHC at the Glen Campus as part of one of the world's largest public-private partnerships. In the heart of the city, at the nexus of three vibrant and highly accessible neighbourhoods, the MUHC at the Glen Campus will be an environment where compassionate care, top-notch teaching and groundbreaking medical research will be fully integrated across every one of our pediatric and adult missions and departments.

For more information visit <http://muhc.ca/new-muhc/dashboard>



MCH Neonatal Transport Team

Twenty years of commitment

By **Louis Beaumier M.D.**

Medical Director, Neonatal Transport Team
Co-Director, Outreach Program

The MCH Neonatal Transport Team marked its 20th anniversary on April 1. The program started as a way to provide acute care to infants requiring transportation from referring centres to the MCH's Neonatal Intensive Care Unit. Over the last two decades, the development of the team has continued as has the maintenance of its fleet of state-of-the-art equipment. From less than 100 transports per year, the team now does around 430 transports per year and covers a territory that, along with the island of Montreal, includes the north shore, the Monterégie, Gatineau/Hull, St-Hyacinthe and part of La Mauricie.

Well respected by the referring centres, the Neonatal Transport Team works in close collaboration with the health professionals in the regions to stabilize the newborn prior to transport. In response to the referring health professionals who expressed an interest in training, the team developed the Neonatal Outreach Program. Thanks to the commitment and dedication of team members from nursing, respiratory therapy and medicine, the Neonatal Transport Team continues to provide and ensure the highest quality of care during the transport of sick newborns.

Thanks to everyone who took part in the MCH Annual Blood Drive

A total of 174 people donated blood at the recent MCH blood drive held on March 30 at 1000 de la Gauchetière. A big thank-you goes to Rock Détente 107.3 and to everyone who stopped by to help the MCH by giving blood.

It's time for a little spring cleaning!

If you see old or torn notices, ads or posters on the walls and bulletin boards in your department, take a few moments to tidy up by removing anything that's out of date or looks a little old or tired, and toss it into recycling.

MCH logo – make sure you've got the right one

When adding the MCH logo to any of your correspondence or communications, make sure to use the most recent version developed. If you don't have the right version, you can access electronic files on the hospital global share drive (S:\Public\mchlogo)



L'Hôpital de Montréal pour enfants
The Montreal Children's Hospital
Centre universitaire de santé McGill
McGill University Health Centre

Continuing Education

Pediatric Grand Round Rounds

Wednesday, April 28

Amphitheatre, D-182

7:30 a.m. (Refreshments) – 8:00 a.m. (Meeting)

Department of Pediatrics Bi-Annual Meeting

RESEARCH INSTITUTE SEMINARS

Mondays, 12:00 p.m.

C-417

Apr. 26

Dr. Jeffrey Zigman

Departments of Internal Medicine and Psychiatry
University of Texas Southwestern Medical Centre
Dallas, Texas

Ghrelin: A Mediator of Metabolism, Mood and Motivation

May 3

Dr. Constantin Polychronakos

Molecular Endocrinology

MUHC-Montreal Children's Hospital Research Institute

Homozygosity Mapping of Genetic Disease:

Can we go back to Adam and Eve?

May 10

Dr. Amy Maddox

Institute for Research in Immunology and Cancer

Université de Montréal

Asymmetry is an Emergent Property of the Contractile Ring in Cytokinesis

In honour of National Nursing Week, May 9 to 15, we are publishing two feature articles that focus on MCH nurses Geraldine Schaack and Josée Pacifico. Freelance writer Debera Bernacki spent a day trailing after these two nurses as they went about their work.

Here is the physically, mentally and emotionally exhausting day in the life of Geraldine Schaack.

A day in the life of Geraldine Schaack, Intensive Ambulatory Care Service (IACS-Homecare)

There is no doubt Geraldine Schaack's job is a demanding one. The Intensive Ambulatory Care Service nurse is entrusted with the care of children who have chronic and complex illnesses. She does everything from management and treatment of young HIV patients to teaching parents how to administer home IV antibiotics and total parenteral nutrition (TPN).

One would think her work might chip away at her spirit. Instead, she remains unwavering in her commitment to her patients – dedicated in her desire to provide the best possible support and expertise so her patients can be treated in their own homes with their families by their side or as outpatients in her clinic. Keeping young patients out of hospital, as safely as possible, is her goal. This is a day in the life of Geraldine Schaack:

Tuesday March 2, 2010 HIV and Long Term Antibiotic Patients Clinic

It's **8:30** Tuesday morning and Geraldine readies herself with a routine cup of Starbucks coffee and a substantial dose of energy and optimism. Anne, a nurse from the Clinical Investigation Unit (CIU) quickly pokes her head in Schaack's office door, "Geraldine we're ready, shall we start without you?" "No, I'll be right there," she assures her. Schaack quickly rushes off to the CIU across the centre waiting room to the B wing on the other side of the 2nd floor. She is needed to supervise and assist with a four-month-old patient who must have his central



Photo: Daniel Héon

line dressing changed and a special enzyme infusion administered. The baby suffers from Pompe disease and has an enlarged heart. Schaack is specialized in peripherally inserted central catheter (PICC) cases and was called in last week to teach the CIU team about the sterile procedure.

8:45 Three CIU nurses are masked and gloved, hovering around the baby lying in a bed. The mother is standing by. They begin to change the central line dressing. Schaack watches from a distance. Each step is done methodically and carefully so as not to put the baby at risk for an infection or accidental removal of the line. The CIU nurses turn periodically to Schaack for confirmation. Schaack is skilled at knowing when to intervene and when to stand by. It's a delicate procedure, requiring steady hands and a steady child. The dressing is

changed and the enzyme infusion procedure about to begin. Schaack steps in for a moment with some helpful direction. The team work is remarkable.

9:15 Schaack returns to her office. She grabs a notebook and file and sets off down the hallway to debrief Catherine, a colleague she was covering for while on vacation. Catherine manages haemophilic cases.

9:30 Schaack is back in her office, takes a few sips of her tepid coffee and begins scouting out her next move. Her HIV patient has yet to arrive. "Page me when he arrives," she instructs the IACS secretary as she rushes out the IACS to the elevator. It's off to the medical floor on six to consult on a possible discharge.

(Continued on page 4)

9:35 On the 6th Floor Schaack pulls the patient's chart and updates herself on the infant's status. The baby's PICC line keeps getting blocked. She heads to the patient's room. The five-month-old baby girl had initially presented with bacterial meningitis with bilateral frontal empyema, a collection of purulent fluid in the brain. The plan is for Schaack to see the baby in the IACS on an outpatient basis to administer long term IV antibiotics. "The blocked central line is the only thing keeping the baby in hospital," says Schaack. She talks to the Mom who is sitting at the baby's bedside. She checks the baby's central line and tells Mom discharge is unlikely today.

10:00 Schaack walks off quickly to the other side of the medical floor to discuss and review the status of another patient she has been asked to consult on. An infant with severe malabsorption who needs intravenous nutrition. Before discharge Schaack will have to teach the parents how to administer TPN, through a central intravenous line at home.

10:02 she gets beeped by her office. Her patient has arrived.

10:08 she gets beeped again. This time, it's the IACS Homecare on-call pager. She returns the call and accepts a new patient from the Emergency Department into the IACS outpatient short term IV antibiotic program. The child and family avoid hospitalization.

10:10 Schaack, always a quickness and determination in her step, returns to the IACS on the 2nd floor.

10:15 Schaack sees her 15-year-old HIV patient privately in one of four treatment rooms. She draws his blood in order to repeat some blood tests to determine if his immune system is still failing. If so his medication will need to be changed. The teenage boy is having difficulty accepting his HIV diagnosis. He watched his

own mother die from HIV. Schaack decides he needs to see the social worker for some counselling.

10:50 she returns to her office and grabs her cold coffee. "It's time to warm it up," she says as she rushes out to the supplies room to pop it in the microwave.

It's now 11 o'clock; Schaack has been advised that two of her patients have arrived at the same time. One, a nine-year-old HIV patient, is late. No matter, Schaack is flexible. The boy was diagnosed only a month earlier. Schaack needs to do a panel of blood tests to make sure his medications are being well tolerated. She has also arranged for a PPD, a skin test for tuberculosis, to be done by the Respiratory nurse, Claire. First, he gets sent downstairs to accounting to get some paper work settled for immigration.

Schaack's other patient is a 12-year-old boy with osteomyelitis (bone infection). He is one of her long term IV antibiotic patients. He has a PICC line and receives IV antibiotics at home.

11:10 Schaack calls for a wheelchair to take the 12-year-old boy to radiology. Nephrology has asked for a follow-up ultrasound of his kidneys. During one of his hospitalizations, the boy suffered from acute renal failure and renal stones.

11:15 gets beeped by the Intensive Care Unit (ICU).

11:17 takes a call from a Mom who has some concerns about her child's PICC line.

11:20 returns a call to ICU regarding a question about a patient.

11:45 the nine-year-old with HIV returns from accounting. Schaack takes him to a treatment room to draw his blood for blood tests.

12:05 the boy with osteomyelitis is back from radiology. Schaack has

him seen by the IACS pediatrician and infectious diseases specialist, to assess his needs and evaluate his pain level. He needs some blood work done and Schaack does this painlessly, through his PICC line. She checks the PICC line to be sure it's working well and that the parents haven't had any issues with it at home. She changes the dressing.

There is always a calming confidence about Schaack, a striking easiness and professional strength. It's noticeable in the rhythm of her voice, even in the content of her words. It's visible in the way she interacts with her patients, families and colleagues.

By 1 o'clock Schaack finally stops to sit and eat lunch at her desk. Then it's back to the 6th floor to check on her patient with the blocked PICC line. Once back in her shared office, she begins her Tuesday afternoon routine of checking "tons of phone messages". She also calls the outside pharmacy that delivers antibiotics to her home IV antibiotic patients. She confirms who still needs deliveries. Schaack checks her email and by 4 o'clock she's reviewing blood work results from that day. Writing up case notes for each patient is next on her agenda.

It's **4:30** and Schaack is "physically, mentally and emotionally exhausted", but unquestionably satisfied. She gives all that she has to her patients: "I know that sometimes we do unpleasant things to children in nursing and in medicine, but there is a way to do it without traumatizing the child. I like to make things easier on the child and the family. My reward is knowing that in the end, I have made a difference in their lives, in their illness and treatment."

Pick up the next edition of *Chez nous* to read about a day in the life of Josée Pacifico.

By Debera Bernacki

MCH Staff @ work



Mary Ranallo
Administrative Officer – Nursing Directorate
8 years at the MCH

I particularly enjoy working here because people really respect each other which creates a good, happy environment. In my spare time, I like to cook for family and friends, preparing and trying out new dishes and delicacies, and experimenting and learning about different foods from various cultures. Now that it's spring, I'm excited to get out bike riding again.



Chantal-Mignonne Mailloux
Nursing / Vascular Access
21 years at the MCH

Remember the chicken, then the flamingo at the Gong Show for the 100th anniversary of the hospital? That was me...



Antonio Terceira
Material Installations
33 years at the MCH

I like to go out dancing and I enjoy playing soccer and baby-foot. The work environment here is very good between staff and management. Working in a place where caring for children comes first makes me proud and helps me feel useful as part of the hospital community.



André Beaudoin
Material Installations
24 years at the MCH

I enjoy fishing, and I like taking trips. At the MCH, I like the contact with others, and also the fact that our work is focused on the security and well-being of children.

Awards of Excellence Breakfast 2010

In less than two weeks, the names of the 2010 Awards of Excellence winners will be revealed. Mark your calendars for Thursday, May 6, to attend the breakfast in the MCH Cafeteria where the winners will be announced and given their awards.

Thursday, May 6, 7:00 a.m.
at the Cafeteria



Auxiliary events

- ▶ **Tuesday, April 27:** Miscellaneous
- ▶ **Wednesday, April 28:** Food Event
- ▶ **Monday, May 3:** Artstravaganza
- ▶ **Tuesday, May 4:** Books
- ▶ **Tuesday, May 11:** Videos

All sales take place on **2B**

- ▶ **Wednesday, May 12:**
Annual General Meeting

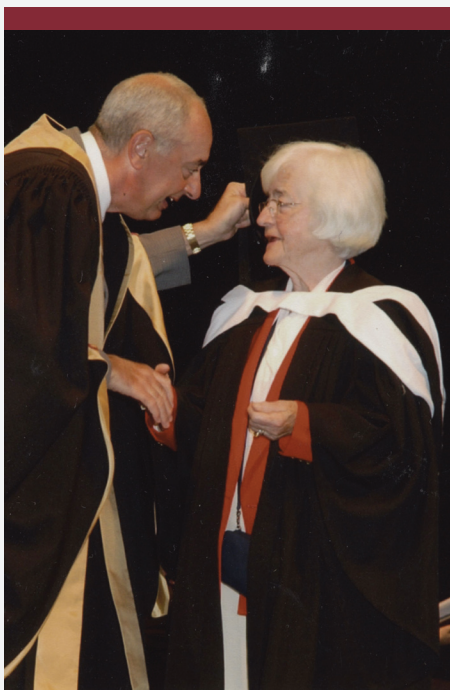
Our People

Volunteering has no limits

By Maureen McCarthy

Anna Nack is one of our hard-working, dedicated volunteers. Every week, she spends two days at the MCH: one at the Adolescent Medicine clinic, the other at Public Relations and Communications. She has been coming to the MCH for about five years now. It's another chapter in a very interesting life.

In 1952, Anna and her husband Richard were living in Germany not far from Frankfurt. Europe was still rebuilding after the war and Anna and Richard were hoping to start anew in North America. Richard worked as an electrical technician and one of his friends who had moved to Canada wrote to say that things were pretty good over here. Anna says it wasn't long before they made up their minds. "We went to the Canadian government offices in Karlsruhe for our papers," she says. "We passed with flying colours." While they were there Anna saw a very tall man with a wide-brimmed hat. "I was sure that everyone in Canada looked like him."



Anna Nack receives her bachelor's diploma at Concordia's commencement ceremony in May 2004.

They sailed for Canada in May; the trip lasted 10 days. They landed in Quebec City, then took the train to Montreal. Richard spoke English and some French. At the time, Anna

spoke only a little English. The first year was hard; they both took the first jobs they could find just to get settled.

Meeting a guardian angel

One day during their first month in Montreal, Richard, while en route to a job interview, stopped to ask a man for directions. The man explained how to get there and then told Richard to call him if the interview didn't work out. He also gave him \$5 – a small fortune in the early 50s! Richard didn't get the job that day but this thoughtful stranger named Stan—who eventually became a good friend—helped him get a job with a construction crew working on the Montreal Neurological Hospital. "He really was our guardian angel," says Anna.

About a year later, Anna got her first office job in Montreal working at Prudential of England in dividends and pension plans. She was there until 1962. "That was a very valuable job," she says. "It gave me a good

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(Continued from page 6)



Photo: Daniel Héon

grounding to understand finances and manage money.” Richard passed his electrician’s exam in short order and worked at Vickers, then Pratt & Whitney where he was employed for 36 years. Anna moved on to Siemens in 1962 and by 1968, had also joined Pratt & Whitney. “I had always said I never wanted to work at the same place as my husband,” she says with a laugh, “but it was very big and I never really saw him during the day!” She worked in the Helicopter and Systems division and then the Finance department until she retired in 1988.

Back to school

Anna spent her first year of retirement taking it easy, but by her own admission, she was bored. After seeing an ad for a “social science for seniors” program at CEGEP Marie-Victorin, she enrolled and spent the next few years studying literature and social sciences. “It was very exciting; you met new

people all the time,” she says. Once she finished CEGEP, she figured that university was the obvious next step. She enrolled at Concordia to study western society and culture as well as German literature. Richard died in 1997, and Anna says that her studies and being with people helped her a lot during that time. She received her bachelor’s degree in 2004.

As the summer of 2004 went by she knew she had to find her next “occupation”. “I chose the Montreal Children’s as my place to volunteer,” Anna says. “I’ve had a few friends whose children were here and they always said the hospital is good. I have no way of comparing to other hospitals, but I think what they said is true. Working here at the MCH, you meet such interesting people.”

The adolescent clinic is a busy place and Anna assists with clerical work there. And in Public Relations and Communications, she helps out with

much of the day-to-day work such as posting and distributing information, publications and brochures. “I like it. There’s not too much pressure and I can go home without worrying about deadlines.”

Anna is an inspiration to everyone she works with at the MCH. Terry Séguin from Public Relations and Communications says, “I only hope I can follow in her footsteps and keep on going and going and going... just like the Duracell bunny!” Now that the weather is nicer, Anna is getting back to the outdoor sports she loves to do: walking, bicycling, and swimming. She says she’s extremely grateful for her good health which makes all of this possible.

Anna has a few words of advice about living a good long life. “Stop complaining, keep going and do something worthwhile.” She’s definitely following her own advice.

Célébrons la semaine nationale des bénévoles, du 18 au 24 avril
Celebrating National Volunteer Week, April 18-24



Stéphanie
Lenet



François
Lalande



Jazz



Shira
Tober



Andrea
Zakem

Chaque année, 460 personnes œuvrent comme bénévoles à L'Hôpital de Montréal pour enfants, donnant près de 24 000 heures de leur temps. Merci aux bénévoles qui nous aident et qui font de L'HME le meilleur hôpital possible. Rendez-vous sur le site Web de L'HME pour lire un mini profil des bénévoles ci-dessous et de plusieurs autres (hopitalpourenfants.com).

Each year 460 people volunteer at The Montreal Children's Hospital giving a total of nearly 24,000 hours each year. Thank you to the volunteers who assist us and make The Montreal Children's Hospital the best it can be. Visit the MCH website to see mini profiles of these and other volunteers (thechildren.com).



Claris
Thomas



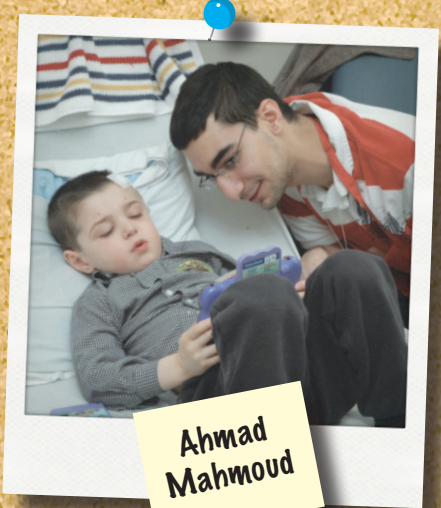
Sharon To



Wing Yine
Lee



Angela
Stamiris



Ahmad
Mahmoud



Charles
Neville



Kaul
Sakshi

Patient and Family Centered Care *drawing* contest

IMPORTANT MESSAGE

Attention all artists and budding artists get out your sharp tipped black felt pen because we want to harness your talent.



Criteria to be eligible to win the contest:

- 1** Your image must fit into a rectangle measuring no more than 1 inch high by 2 inches wide. The box above is an example, your symbol must stay within the inside boarder of this box to be eligible.
- 2** All symbols must be an original drawing, for copyright purposes, you cannot download an image from the internet.
- 3** You must draw a symbol only, it should not include text.
- 4** You must draw the symbol using a sharp point black felt pen or marker. The image must be solid black and white, not grays or shadowing. You can indicate what colours you envision being used for the symbol.
- 5** You must also explain why you feel this symbol represents PFCC
- 6** Your symbol must be submitted to Public Relations and Communications by 4:30 p.m. on May 14.
- 7** This contest is open to all staff, physicians, patients and families of The Montreal Children's Hospital only.

The Montreal Children's Hospital prides itself on providing patient-and family-centered care (PFCC). We would like to create a logo that symbolizes our commitment to PFCC. We need you to draw a symbol or icon that captures the essence of PFCC. The symbol can be a tree, rainbow, flower or stylized image, whatever you feels represent PFCC (see definition below). Your imagination is the only limit.

Definition Patient-Family Centered Care: Patient- and family-centered care is the approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. Patient- and family-centered care applies to patients of all ages, and it may be practiced in any health care setting.

To make sure, we receive the best drawing possible, we suggest you drop off your drawing or send it via internal mail to F-372.

You can also mail it to

**The Montreal Children's Hospital,
2300 Tupper Street, room F-372,
Montreal H3H 1P3.**

All eligible drawings will be featured in the June 3 edition of Chez nous. Staff, physicians, patients and families will then be asked to vote for their favourite symbol.

The voting will close at 4:30 p.m. on June 15. In the event of a tie, the Associate Executive Director

of the MCH, Dr. Harvey Guyda will break the tie. The winning symbol will be featured in the June 21 edition of Chez nous.

Good luck!