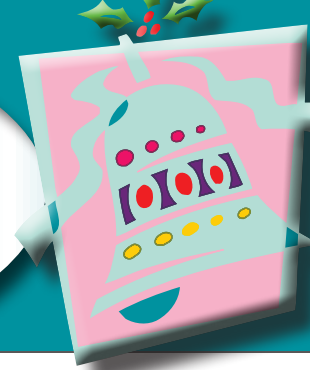


# Chez nous

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MCH EMPLOYEE NEWSLETTER

December 15, 2011

*News*

## A Holiday Visit from the Habs



Photo: Daniel Héon

*Emily gets a visit from Canadiens' captain Brian Gionta*

**F**or the 47<sup>th</sup> consecutive year, players and members of the Canadiens organization visited our young patients at The Montreal Children's Hospital. The players were accompanied around the hospital by 10-year-old Stavros Athanosoulis, MCH ambassador for the Canadiens visit.

Turn to page 5 to see more photos from the event, and visit the hospital's Facebook page (accessible outside the hospital only) at [www.facebook.com/hopitaldemontrealpourenfants](http://www.facebook.com/hopitaldemontrealpourenfants). You may also view a video of the event by clicking on the following link: [www.youtube.com/watch?v=WCMGDSbYx4Y](http://www.youtube.com/watch?v=WCMGDSbYx4Y).

## Adequate immunity against measles

The MUHC has received notice from the MSSS that since April 2011, there have been 750 cases of measles in Quebec. The first cases were originally imported by travelers to Europe, however due to the large number of Quebecers that are not adequately vaccinated, this epidemic is ongoing.

Measles is one of the most highly contagious diseases in the world. It is airborne and the virus can remain suspended in the air for several hours.

It is quite common to detect measles transmission in health care settings. Some patients are particularly vulnerable to the complications of measles because they cannot be vaccinated. This would include

babies less than 12 months old, pregnant women and immunocompromised persons, hence the importance of preventing transmission in our hospitals.

Health care workers born after 1970 require two doses of measles vaccination to be adequately protected. Employees may contact the Occupational Health and Safety Department at extension 34051 for a verification of their immune status to measles. This will allow us to properly vaccinate those employees who are not adequately protected.

Persons born before 1970 are generally considered immune to measles.

## RCMP honoured at Foundation of Stars/ MCH Research Bursaries Presentation

A delegation from the RCMP is now acquainted with 14 MCH research trainees and their supervisors. At an inaugural event in the Forbes-Cushing Amphitheatre on November 7, recipients of the 2011-2012 Foundation of Stars/MCH Research Bursaries were honoured along with the RCMP, whose fundraising efforts for child health research rank with those of major donors to the Foundation of Stars.

Since 1978, the Foundation of Stars has donated nearly \$27 million to the research program at The Children's. Over 40% of this year's donation was invested in the ten graduate studentships and six postdoctoral fellowships awarded at the presentation.



*Mr. Jean Sylvain Labbé, CEO of the Foundation of Stars, presents a token of appreciation to Commander François Duchênes*



*Bursary recipients Esterina D'Asti (graduate student) and Delphine Garnier (postdoctoral fellow) are trainees in Dr. Janusz Rak's Cancer and Angiogenesis Laboratory at MCH*

Photo: Daniel Héon

In her words of welcome, Dr. Jacquetta Trasler, Scientific Director for Child Health Research at MUHC, explained the need to celebrate our trainees' accomplishments as well as those of the individuals whose support makes their research possible. "It takes a village, it takes a hospital, it takes an entire community to form a researcher," said Dr. Trasler.

The dozen fundraisers from the RCMP were headed by François Duchênes, the Commanding Officer of the RCMP in Quebec.



# Important notice

## INFORMATION REGARDING BUDGET REDUCTION and PATIENT SERVICES REORGANIZATION

### BUDGET UPDATE

The Montreal Children's Hospital had a budget deficit for Period 7 of \$408,000. Senior Administration of the Children's presented their Performance Optimization Plan for Periods 7-13 to the MUHC Budget control group on Nov 4<sup>th</sup>. We have identified ~\$400K of savings which will allow us to achieve the required budget equilibrium by March 31, 2012. We also identified additional potential savings to compensate in the event of additional unplanned expenses. However, in order to achieve our budget targets, the following changes to our clinical operations must be realized.

### PATIENT SERVICES REORGANIZATION

#### Operating Rooms

In order to enhance OR access, the OR has increased their template to six rooms daily. While the past two months have been more focused on reducing the day surgery wait list, it is also important to increase the inpatient surgeries above our required targets, which will provide increased revenue. New targets have also been established for number of surgeries per period. In addition, cost reduction targets have been designated in supplies and equipment to offset some current over expenditures.

#### Daily Bed Huddle

Implementation of the Daily Bed Huddle, managed by Dr. Harley Eisman and Lucy Caron since January 2011, has improved patient flow across the hospital. However, the hospital is frequently in the RED ZONE (>90% occupancy of staffed beds), which is well above the target of 85% average occupancy that has been established as a realistic operational indicator. This is not optimal for our patients or our staff.

As a consequence of budget and clinical service delivery pressures, a decision has been taken to implement a number of new inpatient care models that are in alignment with the functional programs which will be standard practice at the new Montreal Children's Hospital and essential as we commission the move to the Glen site. These changes are in various phases of study, but must be implemented quickly to achieve maximum benefit in the last half of the current budget year. Not achieving budget equilibrium by March 31, 2012 is not an option.

The following summarizes the strategic planning undertaken with senior clinical and administrative leadership that has been already implemented or is in progress:

#### A. Patient Services Reorganization Accomplished:

1. NICU: To meet the ever-increasing needs of patients and families, eight additional beds were added to 9C by July 2011, with MUHC Dept. of Finance approval, but without the requested additional funding from the ASSS or the MSSS. We remain staffed for 22 patients; however, the NICU is frequently over capacity which is not in the best interest of our patients or our staff. Champions: Dr. Louis Beaumier, Dr. Thérèse Perreault and Andréane Pharand.
2. Surgical Day Centre: Pre-operative care and the Alternate Care Module (ACM) have been combined to create the Surgical Day Centre on 7C-2. This provides an efficient continuum of care from pre-op to post-op. Champion: Nadia Eldaoud.
3. PICU: Advanced care four-bed pod opened Nov. 1, 2011 with the objective to increase patient census and optimize patient care, with anticipated decreased worked hours/patient. Champions: Maggie Ruddy and Dr. Samara Zavalkoff have provided the required leadership.

#### B. Patient Services Reorganization In Progress:

4. SSU: A move to 6C will improve patient/nurse ratios thus enhancing patient care while reducing nursing overtime; this relocation is in line with the plans for services to be provided at our new hospital. Champions: Dr. Geoff Dougherty and Josie Revuelta.
5. Medical Day Hospital has moved to A1 in the space vacated by the SSU, which will allow for required expansion to better serve our patients and their families. Champions: Dr. Claudette Bardin and Nadia Eldaoud.
6. Technology Dependent Unit (TDU): Due to decreased need, a decision has been made to close three of six beds; the remaining beds will be integrated within the surgical inpatient unit (7C). A small working group has been established to develop the action plan that must be achieved by December 15, 2011. Champion: Sandy Bradford Macalanda.

(Continued on page 4)

(Continued from page 3)

7. Hemodialysis: Due to prolonged low patient census, additional activities will be relocated into the hemodialysis unit. Champions: Nadia Eldaoud and Pauline Espinosa.
8. NICU Integration MCH + RVH: This consolidation process has been initiated with significant support from the MUHC Transition Support Office. The Steering Committee consists of a multidisciplinary team that has been developing a shared vision, common identity, shared clinical practices and unique governance when we are in one location at the Glen, adjacent to Woman's Health. Co-chairs: Pina Diana and Dr. Daniel Faucher.

clinical and financial goals; we will provide assistance and/or support to staff as needed. We are counting on everyone to move these projects forward in a timely manner and appreciate your efforts.

**Dr. Harvey J. Guyda**  
Associate Executive Director

**Dr. Micheline Ste-Marie**  
Associate Director – Professional Services

**Barbara Izzard**  
Associate Director, Department of Nursing

**Randy Robins**  
Associate Director – Hospital Services and Support Programs

We appreciate the reorganizations detailed above will demand significant change and reorientation of some clinical and educational activities. MCH senior administration is committed to achieving our stated

## New procedure for room and bed number assignment

To follow up on the recent announcement concerning the assignment of room and bed numbers for our admitted patients, as of December 7, these numbers will be required to proceed with a patient admission.

The procedure is as follows:

### Urgent Admissions:

The current procedure continues to apply except that the ward must provide room and bed number when they accept a patient (reservation of bed).

### Elective Admissions:

The Admitting Department will confirm the room and bed numbers with the ward when the patient arrives at the Admitting Department of the hospital. (It would be very helpful to have patient discharges made official as soon as possible each morning to optimize this process.)

### Intensive Care:

Room and bed number should be provided when contacting Admitting to confirm the arrival of a patient.

Please take note that it is responsibility of each ward to inform Admitting of every patient movement, whether the patient remains on or leaves your ward.

For the first month, the Admitting Department will call each ward a few times during a shift (at predetermined times) to validate the exact location of each patient. During the night shift, the ward must call Admitting for every patient movement. On weekend days, the plan includes having an employee from Admitting stop by the wards to validate the exact location of patients.

The Admitting department hopes for your collaboration so that this new procedure will be a big success! Please note that the objective of this new procedure is to ensure the safety of our patients, and to ensure the quality of services offered, such as infection control, the electronic ordering and shipment of medication (coming in the future), as well as increasing the quality and accuracy of our data for patients admitted to the hospital.

Thank you.  
Admitting Department  
Montreal Children's Hospital (MUHC)

## Medical Day Hospital moves to A-wing

The Medical Day Hospital moved to new premises on Thursday, December 8. Formerly located on 6C, the MDH is now in A-102 (the former SSU). The MDH nurses can be reached at ext. 22302.





MCH ambassador for the Canadiens visit, Stavros Athanosoulis (front row, l.), with baby Hadrien, his mom and a few of the players



14-year-old Amy gets a visit from Youppi



14-year-old Iman with Frederic St-Denis



8-year-old Loïc greets the guys from the team



## Events

### MCH Holiday Party

To welcome as many staff as possible to join in the holiday celebrations, the MCH Holiday Party will take place at a new time this year. Make it a date on December 20 from 2:30 to 4:30 p.m. in the cafeteria. Music, games and a raffle are in store, as well as hors d'oeuvres, sweet treats and refreshments.

Everyone is welcome!  
MCH Administration  
Quality of Life at Work Committee

**Invitation**  
for all MCH employees

to celebrate  
the Holiday  
Season with your  
colleagues

The afternoon of  
**Tuesday, December 20, 2011**  
From **2:30 PM to 4:30 PM**  
in The MCH Cafeteria  
(Finger food, goodies, hot and cold beverages)

### PILATES for Employees at the MCH

- ▶ Monday and/or Wednesday.
- ▶ 5:00-5:55 p.m.
- ▶ \$100 for 1 class per week or \$180 for 2 classes per week.
- ▶ Classes started Monday, December 5, or Wednesday, December 7, and run for 10 weeks (note: There will be no classes during the weeks of December 25 and January 1).
- ▶ Men and women are welcome!

# Recruitment and retention of nurses: success happens when we all work together

By Sandy Bradford-Macalanda

I really love my job! So much of my day revolves around recruitment and retention of nurses and I know it makes a difference.

How do we recruit? We start with a good reputation, and demonstrate it when nursing students are doing their stages at the Montreal Children's Hospital. I meet with each group at the end of their rotations. I enjoy hearing almost all of them say that the atmosphere at the MCH is something they don't see in most other hospitals. They tell me that the respect and collaboration among interdisciplinary teams are excellent and that every member of these teams has helped them learn. They are excited to report that MDs, PABs, child life workers, unit clerks and especially nurses are caring, welcoming and invite them to be part of the team. I often hear names of individual employees who have gone above and beyond their duties in assisting the students; I make sure to thank these employees and request on-the-spot recognition gifts for them.

Each nursing student receives a recruitment package which describes the nursing opportunities across the MUHC. I invite them to contact me if they would like additional coaching or information about pediatrics.

Human Resources has done a remarkable job in screening and hiring over 59 nurses last year and another 68 this year for the MCH. Once hired, we have a responsibility to ensure a healthy learning work environment to help ensure they stay with us. We've had some challenges in the past so we started a program called *Soutien clinique* which is a combination of *Comité jeunesse* (support group for young nurses), the Genesis programs (additional educational events on units) and Mentorship programs. Our stats show that it's making a difference in not only encouraging new nurses to stay but helping them develop stronger and more quickly. The turnover rate among nurses with less than two years of seniority on our medical unit has gone from 25% to 9%. All nursing units are showing similar trends.

Retention is vitally important. For every experienced nurse who leaves, it can cost the hospital \$30,000 to \$50,000. For 2011-2012, we will be starting Transforming Care at the Bedside (TCAB) which has been shown to increase the amount of time that nurses spend in direct patient care. There are now eight reflective practice facilitators who help nurses deal with conflict and improve communication skills. In

offering career planning to nurses, I have been able to coach nurses to get new positions they were interested in, and in turn, keep them on at the MCH. Healthy workplace projects have been introduced and will continue on more units.

Can we afford the above measures to recruit and retain nurses? In order to sustain quality care we must fill our nursing positions. As we all work together and continue to bring the vacancy rate down and improve our retention rates, we'll save money in the long run. Investing in our nurses is sound financial planning.

Some interesting nursing stats

- ▶ 43% have 0 to 5 years of experience; on some units it is 70%.
- ▶ 9% are over 55 years of age and may be considering retirement.
- ▶ vacancy rate is 5%.
- ▶ 60% have a bachelors degree; many of our CECEP nurses are taking courses towards a degree.



## *Practicing Patient and Family Centred Care* Care giving: everyone's job

Each staff member should consider themselves a caregiver, whose role is to meet the needs of the patient. Keep in mind that each patient is a unique person with diverse needs.

*A message from Imma Gidaro, MCH Coordinator for Patient and Family Centred Care*

Telephone : ext. 23992, Cell phone : 514-880-4038 (F-249)

E-mail : imma.gidaro@muhc.mcgill.ca; igidaro@sympatico.ca



## MCH Employee Tony Sonnylal: Finder of Lost Charts

By Tamara Nowicki

Attention all researchers: need help finding a patient file from years back? For the price of a walk down to the first floor, you might be in luck. In the far right corner of the Medical Records office is a man named Tony Sonnylal. He can help you find what you're looking for.

This father of two and grandfather of one has been with The Montreal Children's for over 20 years. He's a dedicated family man, but he is also devoted to being in charge of Chart Request Research. His main responsibility is to handle chart requests from doctors, students and other staff members who are doing research.

Mr. Sonnylal first worked at The Montreal General Hospital before joining the MCH family in 1989. His desire to help medical staff and students is what motivates him to come to work every day. "I love working with doctors," he says, "I always have."

Mr. Sonnylal is faced with the daily challenge of helping staff who need medical records, patient files,

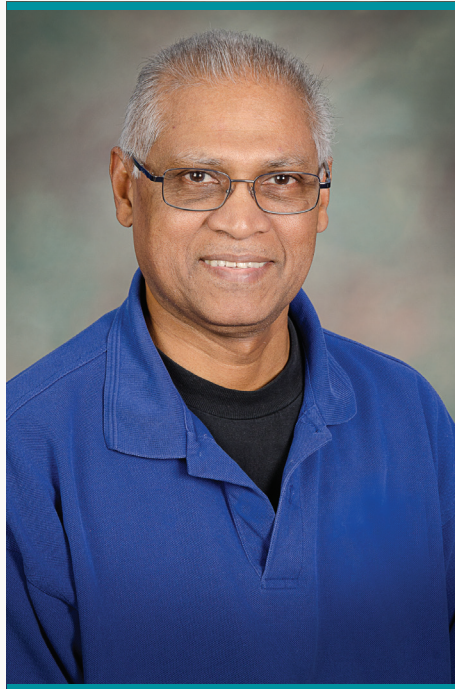


Photo: Daniel Héon

older research, you name it. There is a large demand associated with a teaching hospital such as the MCH. "I handle 20 to 25 requests at a time from individuals who are doing research," he says. To some, this may seem like a daunting task, but nothing seems too challenging for Mr. Sonnylal, who created and implemented the tracking system that keeps everything in check.

This foolproof system has been instrumental in accommodating students and doctors, especially those from out of town. Besides carrying out his administrative tasks, Mr. Sonnylal makes sure those who need to conduct their research are able to work in a clean, uncluttered environment. His passion for working with doctors is evident, as he constantly strives to improve work spaces. "I never want to turn away a doctor because we are lacking space for them," he says.

When Mr. Sonnylal isn't busy with the multitude of requests at the MCH, he enjoys fishing and creative carpentry. The most rewarding feeling for Mr. Sonnylal is knowing that he can locate any file. "I usually have a 100 per cent find rate; I can't remember a time when I wasn't able to find a file." If only there was a Mr. Sonnylal to find everything else!



**Chez nous is published by the MCH Public Relations and Communications office.**

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To submit story ideas or texts to *Chez nous*, contact the Public Relations and Communications office at ext. 24307 or send your email to [info@thechildren.com](mailto:info@thechildren.com).



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# Our Heroes

## A routine trip to Emergency results in life-saving diagnosis

By Maureen McCarthy

It started with a harmless fall. It was early 2010 when two-year-old Liam Armstrong took a tumble at school. Although his leg hurt there didn't seem any reason to worry. In fact, Liam was able to walk out of school that day, but by nighttime, he was in a lot of pain. His parents decided to take him to Emergency at the Montreal Children's Hospital. "They did an x-ray and confirmed that nothing was broken, so we went home," says Jackie Leibov, Liam's mother. But the next day, he couldn't sit up so the family went back to Emergency. A blood test was quickly ordered to rule out any joint infection. There was discussion about casting his leg but before any decision could be made, they noticed Liam had red dots on his skin.

By the end of the day, the diagnosis became clear: Liam had acute lymphoblastic leukemia, or ALL as it's known, a disease which, among other symptoms, causes pain in the long bones. The blood test showed a very low level of neutrophils in Liam's blood, so he was admitted that same night. "Hearing the diagnosis is like nothing you've ever imagined," says Jackie. "It would have been hard to hear that he'd broken his leg, but to find out it was leukemia – it was shocking and heartbreaking."

Two days later, Liam began what would end up being 16 months of intense chemotherapy. This first hospital stay lasted 10 days and Jackie and her husband quickly learned about the disease and what was involved in treating it. Liam was fitted with a port-a-catheter to receive his chemotherapy. Within the first week, his pain disappeared.

ALL is the most common childhood cancer with a slightly better prognosis than other forms of the disease. The patient's protocol is determined once the first month of treatment has been completed. Liam responded well and was put on a five-phase treatment, each phase lasting two months.

As the months progressed, Liam experienced some sensitivity to the drugs which meant delays in his treatment. "It's an intense protocol," says Jackie. "From January 2010 to April 2011, we came to the Children's at least once a week, sometimes twice if Liam's hemoglobin, platelets or neutrophils were low." During that time, Liam also underwent two blood transfusions and a number of platelet transfusions.

In April, Liam began maintenance therapy which involves one monthly treatment at the MCH along with daily chemotherapy at home. Things

went smoothly enough that by mid-summer, the family was able to take their first holiday in two years.

Jackie says that despite what Liam has been through, the experience at the MCH has been great and the staff incredible, from the ER doctor who admitted Liam to the entire Hematology/Oncology team. Her experience has also taught her about getting through each day. "My advice to anyone going through this is to remember that a couple of months from now you'll feel different than you do today. You'll get used to the routine and you'll start to feel more in control as you learn more."

Liam turned four at the end of September, and Jackie says that even after countless visits to the MCH, he still looks forward to seeing his friends on staff at the hospital. "When I woke him up the morning of his most recent appointment, he said 'I don't want breakfast, I just want to go see Anna and Vaya!' It makes things easier for us that he can't wait to get there!"

