News

Message from Dr. Harvey J. Guyda

Choose a job you love, and you will never have to work a day in your life.

Confucius

Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.

Any idiot can face a crisis – it's day to day living that wears you out. **Anton Chekhov**

Leo Buscaglia

Providing child and adolescent health care can be very difficult. I know that each and every one of you strive on a daily basis to do your best, despite working in an aging hospital facility that increasingly is unable to conform to today's health care standards. The acuity of the children in our care has dramatically increased. Ongoing budget constraints frequently force all of us to do more with less. We are rushed, under pressure, and bemoan the fact that there is just never enough time in the day to do what is required.

However, we sometimes need to stop, readjust our focus, and realize something indisputable. Child health care is a terrific vocation. We converge at the Children's every day because we want to make a difference, to help make a child get better or, at the very least, feel better,

while helping a family cope with the stress of a visit or admission. No matter your job title, I believe that caring for others is at the core of what you do.

As 2011 approaches, I want to take this opportunity to thank you for caring for the diversity of children and families in our care. While at times your job can be taxing, please know that what you do each and every day is much appreciated by the child, teenager, parents and their extended family.

Have a wonderful holiday season and a Happy New Year.

Sincerely,

Dr. Harvey Guyda

Associate Executive Director The Montreal Children's Hospital of the MUHC

Montreal Canadiens share their holiday spirit

December 8 was a very special day for some of our MCH patients as 11 players from the Montreal Canadiens paid a visit to the hospital. Turn to page 5 to see more photos from the day.

The players take a moment for a group photo before going to meet some special fans: (l.to r.) Alexandre Picard, Yannick Weber, Travis Moen, Brian Gionta, Lars Eller, Mathieu Darche, spokesperson Ilyas Sabri, Alex Auld, Dustin Boyd, Hal Gill, and Mike Cammalleri. Missing from photo: Tomas Plekanec.



oto: Daniel Héor

Family Advisory Forum holds Meet & Greet

The Family Advisory Forum (FAF), the MCH patients and parents users group, held a "meet and greet" on December 8 to raise awareness of the group and the many projects its members are working on. The FAF is a volunteer committee whose motto is 'Making a great hospital even better'.

Some of the FAF's current projects include working with hospital administration to improve the nutritional value

of food in hospital vending machines and the cafeteria, and working with MCH health professionals to launch a pilot project that allows parents to be present when their child is being anesthetized. The FAF is also in the final stages of creating a Youth Advisor Forum. In addition, members of the FAF sit on various hospital committees. If you know of a parent who might be interested in joining the FAF, please ask them to call 514-412-4400 ext: 28737 or e-mail: fcf_faf@muhc.mcgill.ca.

Latest Town Hall meeting available online

For those who could not attend the last MCH Town Hall meeting on December 3, you can catch a video of the presentations online at: www.intranet.muhc.mcgill.ca/headline_news/news_video.html

REMINDER: First Town Hall meeting of the new year is scheduled for Wednesday, **January 19, 2011** in the MCH Amphitheatre.

Reminder

To ensure the cleanliness and facilitate maintenance of the Forbes-Cushing Amphitheatre (D-182) please do not leave food and beverages in the Amphitheatre when you leave. You can throw out any containers or leftover food in the garbage bin outside the Amphitheatre.

Thank you for your understanding. MCH General Administration

The MCH Choir Spreads Some Holiday Cheer



Pilates - be good to yourself this January!

There's no better time than the new year to think about doing something healthy for yourself! The current session of Pilates at the MCH resumes the second week of January; registration is open to all MCH staff and volunteers.

Sign up for one or both of the following classes: Mondays, starting Jan. 10, 2011 or Wednesdays, starting Jan. 12, 2010 for 7 weeks.

5:00-5:55 pm D-292

Men and women are welcome \$70 for 1 x per week (7 classes), or \$140 for 2 x per week (14 classes total)

Registration: contact Karen at 514 489-7717 or email karenkunigis@hotmail.com.

MCH Gift-wrapping Fundraiser 2010

Place Montreal Trust and Place Alexis Nihon have generously offered gift-wrapping kiosks to collect donations for The Montreal Children's Hospital.

Volunteers are needed until Friday, December 24. As little as one 3-hour shift can help raise funds for equipment and research!

To volunteer, or find out more please email mchauxiliary@gmail.com or call Cynthia at 514-961-9870.

Your time can help make a difference!

Start the new year on a healthy note!

Once January is here, many of us will be looking for a few ways to trim our calorie intake. Here's a recipe that's very versatile for breakfast or an anytime snack.

Many ways granola A quick, easy and tasty snack

Prep time: 5 minutes Bake time: 2 hours

Makes four servings

Store-bought granola is really high in calories from oil and sweeteners. This lightened-up version uses a touch of oil and honey. Choose your favourite nuts and dried fruit.

- old fashioned oats 1 c
- sliced almonds, chopped pecans, walnuts or mixed nuts
- ½ tsp ground cinnamon
- 1/2 tsp ground ginger or nutmeg (optional)
- 1 tbsp vegetable, sesame or almond oil
- 1 tbsp honey or maple syrup
- 1/2 tbsp maple syrup
- 1/4 c dried cranberries, rains or chopped dried fruit
- 1. Preheat the oven to 250 degrees F. Coat a baking sheet with cooking spray or line with parchment paper.
- 2. Combine the oats, nuts, cinnamon and ginger in a small bowl. Stir in the oil, honey, and syrup. Mix thoroughly. Put the mixture on the baking sheet and bake for approximately 2 hours.
- 3. Remove from oven and cool. Add the dried fruit. Store in airtight container.

You can easily triple the recipe.

Per serving (1 serving $-\frac{1}{2}$ c): 200 calories, 8g fat, 4 g fibre, 5 g protein.

Breakfast or snack suggestion:

½ cup 1% cottage cheese + 2 tbsp walnut halves + ½ medium apple chopped + $\frac{1}{2}$ cup granola = 400 calories.

From '400 Calorie Fix' by Liz Vaccariello Editor-in-Chief, Prevention Magazine

Like to eat? Share your healthy snack and lunch recipes

We all want to eat more healthfully, but you've got to admit, making lunch day after day is downright dull. So let's add a little zip to your brown bag. Do you make the world's best tuna sandwich? Are you known for your savoury lowcal oatmeal cookies? Can you whip up a delicious stir-fry in a jiffy? Then why not share your healthy recipes with your colleagues? Send us your favourite recipes for easy portable meals and snacks to make lunchtime and break time something to look forward toand we'll publish them in Chez nous.

> Send your recipe by email to info@thechildren.com.

REMINDER

Do you look like your pet? All entrants must be received by Friday, January 7, 2011. The winner will be announced in the January 20 edition of Chez Nous. See contest details in the December 2 issue

of Chez nous.

Elevators and corridors—a smooth operating network for the Glen Campus

Elevators and service corridors are probably not the first thing that comes to your mind when you think about hospital design. But would you believe that many design development workshops on these two subjects are currently being held in preparation for the Glen Campus?

In close collaboration with the New MUHC Users Groups, architects are planning, in detail, the numerous dedicated elevators that will allow the separation of all the activities and users on the campus. This way, visitors won't cross paths with patients in stretchers being transferred

between services and waste won't be transported in the same circuit as sterilized medical supplies.

Another way that optimal elevator usage will be ensured is that restocking of supplies on all floors will be performed at night, a good time to do it because many other services are closed.

To improve service corridors (supply stations), the agile assemblies area will also be implemented. These areas, strategically placed in the centre of care units, will allow for better management of supplies used

daily by clinical staff. The restocking of supplies will also be simplified because carts with predefined content drawers will be used. When a team runs low on something, they will simply need to ask for a new drawer instead of ordering each item individually. Laundry chutes and used food trays will also be stored in the agile assemblies area.

Logistics planning has been key to the design development process—as with any well-oiled machine, all parts must be working together to ensure overall success.

We're drowning in email

Tips to use email judiciously

By Pamela Toman

Managing increasing volumes of e-mail messages can sometimes feel like a chore. Most of us can attest to experiencing a love-hate relationship with email. We love it for its convenience, but despise it for the alarming rate at which it can build up in our inboxes.

According to a recent study by The Radicati Group, an American market research firm, daily e-mail volume is now at 210 billion a day worldwide. In 2010, the typical corporate user sends and receives about 110 messages daily. Roughly 18% of emails received are spam, comprising both actual spam and "gray mail": emails that contain unwanted newsletters, alerts, and other unremarkable news.

While most email users see spam as an annoyance, it can also translate into a considerable expense when one considers the time it takes to read, sort through and delete all of that unwanted, superfluous email we can receive on a daily basis.

Some of that spam can even come from you, or your own co-workers; we're all guilty of it.

Consider the following rules of corporate email etiquette to reduce the number of spam floating around the hospital:

- Try and limit your use of 'reply all' to mass emails. These should be used sparingly. If your opinion is sought after, or if a confirmation is needed, inform the sender only.
- For quick questions or confirmations, consider a phone call instead of an email. It will get you your answer quickly and is likely more pleasant than another email.
- If you are dealing with a higher volume of emails than the average employee, consider allotting a given time period in the morning to read all emails, and delete unimportant or 'spam' mail, then, devote a similar period in the afternoon, or even the next day to responding in order of importance.
- Don't be afraid to inform working groups or colleagues when their e-mails are no longer useful or necessary, and make sure that they delete you from their distribution list.
- Lastly, be aware of the limitations of email. Stuffing a PowerPoint presentation with 70 slides into the attachment of an email is enough to make any Lotus Notes inbox overflow! When possible, make a CD, or use a USB key to deliver important documents to colleagues.

Canadiens st p by the MCH

There's always big excitement when the 'bleu, blanc, rouge' visit The Children's! On December 8, 11 players from the Canadiens spent a few hours at the MCH meeting patients of all ages—and a few delighted parents too. Thanks to MCH staff Terry Séguin, Pamela Toman

and Julie Bergeron, MCH Foundation's Michael Pecho, Valerie Frost and Luke Quinn, former staff members and volunteers Liz Gibbon and Merley Cumberbatch, and volunteers Mary Totera and Stephanie Treherne for accompanying the players around the various units.









George, a patient on 8D, is thrilled to meet Mike Cammalleri.



Travis Moen, Lars Eller and Hal Gill bring a few gifts to llyass.



Tomas Plekanec, Alex Auld, Brian Gionta and Mathieu Darche chat with Quincy and his parents.

Flu vaccine still available

Make your appointment today!

Influenza (the flu) is a serious disease, potentially fatal, and health care workers are more exposed than the general population.

The influenza vaccine is the best way to protect yourself, and it's offered to you for free. It is 70% to 90% effective for people under the age of 60 and will protect you all year round.

Yearly influenza vaccination is recommended for all health care workers to protect you, your family, your staff, and your patients.

The MUHC influenza vaccination campaign was launched on November 1, 2010. The MUHC objective is to vaccinate 70% of all health care workers, so we can prevent the transmission of influenza within the MUHC.

The Occupational Health & Safety department is providing vaccinations through their offices. Please call 44-FLU (44358) to make an appointment at the office closest to you.

MCH Staff @ work





Virgil Matesan

Biomedical Engineering 1½ years at the MCH

My hobbies in my spare time include electronic music and chess.

Maryse Coderre

Central Labs, Pediatric Test Centre 18 years at the MCH

I like to play badminton, volleyball, go skating and hiking. Designing and making jewelry is also something I enjoy. And I love to have dinner with good friends.





noto: Daniel Η

Vicky Pascuzzo

Nephrology
30 years at the MCH

Working at the Children's has enriched my life. I've had the pleasure of working with physicians from all over the globe. The MCH is like a home away from home. On a daily basis, I get hugs and kisses from my patients! If you ask me about my greatest joy in life, it's my three lovely daughters.

Ardouine Sufrin

Pediatric Test Centre 7 years at the MCH

biographies. I also like to go to the movies or spend an evening watching DVDs with my friends.

Our People

Sense Ability

Somehow she manages to do it all: wife, mother of three and occupational therapist Sophie Laniel discusses her role in helping patients with juvenile arthritis and life outside the MCH

By Pamela Toman

hen Sophie Laniel talks about her patients, you'd think she was talking about one of her three children. Although she is the proud and doting mother to two girls, aged six and three and one boy, aged nine, Laniel triumphs in her patients' victories just as she feels the pain of their families' distress.

Having worked with several teams during her 13-year career as an occupational therapist, Laniel now spends most of her three days a week in the Rheumatology clinic at the Montreal Children's Hospital, where she works with children who have been diagnosed with juvenile arthritis.

"The various members of the rheumatology team are very inter-dependent," explains Laniel, during our chat on a Friday morning. "My role is to focus on a child's upper extremities: their hands, elbows and shoulders, and to observe how they move as well as how they perform certain tasks so that I can then help them function like any other normal kid."

Laniel's goal is to solve the problems that interfere with a patient's ability to perform basic movements used for everyday activities including eating, dressing, playing or writing. While there is no cure for juvenile arthritis, through multi-sensory and playbased treatment, Laniel and her team can help minimize the painful effects of living with the disease.

"Fortunately or unfortunately", Laniel says, "juvenile arthritis is a condition that is very unpredictable - there can be times of remission, just as there can be debilitating flare-ups."



The irregularity of the disease means that Laniel will build extremely close relationships with families of children who keep coming back to the clinic for follow-ups, or she will only see a patient a handful of times.

As she recounts some of the more personal relationships she has built during her time working as an Occupational Therapist, Laniel's face lights up when she tells the story of a little girl she once worked with every month for two full years. "She was a premature baby born in another hospital, with a severe handicap,"

explains Laniel. "I got to see her as an outpatient on the first day of her life outside the hospital, and because I saw her and her family so often, I grew very close to them."

After 24 months of regular followups at the MCH, the little girl started receiving services in a rehabilitation centre, where her long-terms needs could be met. "After spending so much time with this patient and her parents, I couldn't help but get emotional about the transition," admits a misty-eyed Laniel, "what touched me the most was seeing how her parents were so overwhelmed and upset when they first arrived, and then two years later, they were able to say 'We're ok – it's been hard, but we are getting through this'".

"As a mother, I know how much I love my kids and would do anything to help them, so seeing this family come to terms with their daughter's condition really touched me," she says.

Outside the hospital, this busy mom of three says she enjoys a house full of kids and is known for gathering five or six youngsters around the table at dinner time. All in a day's work!





Our Heroes

From South to North

Most MCH patients requiring hospitalization are admitted for a short amount of time, or have the opportunity to be discharged home in between visits. But what if home is 2,000 kilometres north of Montreal?

By Pamela Toman

ark Qitsualuk was a newborn baby when he first came to The Montreal Children's Hospital, a lengthy trip from his family home in Ivujivik, Quebec, also known as the northernmost settlement in any Canadian province.

In December 2007, following his birth, Mark was admitted to 9C when he began to show symptoms of cyanosis, otherwise known as 'blue spells', characterized by short periods of reduced blood flow into the lungs.

While hospitalized over a long period of time, he began to recover and his 'blue spells' gradually diminished. But despite his improvement, Mark's medical condition necessitated frequent follow-ups at The Children's that would require him to live nearby.

In an effort to ensure her son would receive proper access to regular medical care, his mother agreed to extend her son's stay at The Children's until his health improved sufficiently to allow him to return home to the North.

For two years and eight months, Mark was a regular patient at the MCH, and became acquainted with many of the professionals and staff on various wards. Julie Bergeron, Child Life Specialist in the medical unit of The Montreal Children's Hospital, spent many hours establishing a therapeutic relationship with Mark, encouraging his development and ensuring positive healthcare experiences. A great deal of planning was involved in this process and Julie became one of the familiar faces in his life. It was therefore only natural, she explains, that she volunteered to take him back to his family in Ivujivik this past September.

"Having been in Mark's life throughout his hospitalization, I was a significant figure in his life," explains Julie, "I knew our bond would facilitate a smooth transition to his home life."

Those who know Julie were not too surprised when they heard of her decision to head north with Mark. When asked what motivated her to take this on, Julie is sincere but forthright. "I offered to accompany him, not only as a professional, but as a human being," adding that she was thinking with her heart when she offered to embark on the journey.

Having never explored Québec beyond Chibougamau, Julie embarked on a 10-hour trip with a two-and-a-half year old boy eager to discover the North. The pair had to take four domestic flights, hauling two-and-a-half years' worth of luggage along with them, as well as games and snacks to make sure Mark would be at ease during their day-long journey.

Upon their arrival, the two were greeted by the smiling and excited faces of his three brothers and older sister, along with his delighted mother, who immediately embraced him. Their little brother was finally home!

Julie made daily visits to their home to help Mark's mother, Mary, with the transition into his home and community. Everyone in the village had been expecting him, and Julie laughs when she says she became well-known in the town of only 350 people as "the woman who brought Mark home."

Having left her return date flexible, Julie and a community social worker took things day by day to make sure that Mark felt comfortable and adjusted in his new surroundings. After two full weeks of integration, everyone agreed that Mark was now comfortable enough in his new home and would be able to part with Julie.

While saying goodbye wasn't easy, Julie says she was able to get through it. "I know that for a lot of children, I am only passing through," she says, "but I am really happy that I experienced this with Mark, and when the time came, I could let him spread his own wings."

For those of you who didn't get a chance to attend Julie's 'Lunch & Learn' presentation about her journey to the North with Mark, you can see it on our website at http://www.thechildren.com/en/patients/stories.aspx.