

# Chez nous

MCH EMPLOYEE NEWSLETTER

November 24, 2011

*News*

## From student to mentor and leader

Dr. Michael Shevell is appointed Pediatrician-in-Chief at the McGill University Health Centre and Chair of the Department of Pediatrics

By Christine Zeindler

"You have to have fun and see the humour in life – it makes the day go easier," says Dr. Michael Shevell, the new Pediatrician-in-Chief of The Montreal Children's Hospital of the MUHC. Dr. Shevell's enthusiasm for joy is demonstrated by the more than 300 snow globes, which grace his office.



Photo: Daniel Héon

"Each of these globes is individualistic," he adds. They are gifts from students, staff and friends, who picked them up for him on their journeys.

### Research is key

Dr. Shevell, a native Montrealer, has felt no need to leave the area. The McGill/MUHC environment has provided an outstanding milieu for his training and curiosity. After finishing his residency training in pediatrics and neurology he went on to complete a postdoctoral fellowship in molecular (medical) genetics. This laboratory experience gave him a solid appreciation of basic and clinical research.

"You need research to make a difference in the lives of the children and families for whom you care," he says. "Every clinical encounter is a research opportunity – it's up to us to grab this momentum."

### A chance to make a difference

Dr. Shevell likes to go beyond the status quo and continually asks how he can do better. He would like to transfer this approach to his new job.

"The most attractive aspect of this new position is that it is both a challenge and opportunity to make a difference in child health; locally, provincially, nationally and internationally," he says. "The MCH has been very good at delivering sub-specialty and tertiary care and we have a track record of success in training and education. Now, we need to engage our community partners, whether they are families, community-based providers, outside organizations that take care of our patients, or policy makers.

"We need to make a difference for the more vulnerable children and those from disadvantaged populations. We also need to promote health and thereby prevent the onset of disease."

### Glen site

A move to the Glen site presents an enormous and unique prospect for the MCH, according to Dr. Shevell. "I see this as an opportunity for increased interaction and development of new programs. The adjacency to our colleagues that deliver adult care will make a difference for transition of care for our older patients. The new Centre for Innovative Medicine offers a tremendous potential for translational research, and the proximity of the Shiners will enhance our ability to care for children with orthopedic issues and disabilities."

Dr. Shevell is optimistic about reaching his goals. "One of the advantages I've had as a neurologist is that I've been implicated in all aspects of the hospital, from community care to providing urgent services in the emergency department." Dr. Shevell also cites Dr. Harvey Guyda as a major source of inspiration and notes that "one can only go forward by standing on the shoulders of giants."

## Get your flu shot to protect yourself and others!

Along with the cold and first snowflakes comes the time for the influenza vaccination campaign. The vaccine is offered free of charge; it is the best way to protect you against influenza. The efficacy of the vaccine is between 70 and 90% for those under 65 years of age and will protect you throughout the entire flu season. Our objective this year is to vaccinate 80% of our personnel.

Because of your work environment, you can also be carriers of the virus with the possibility of infecting your family and our clients. It is important that you get vaccinated to avoid contaminating those in your surroundings who are more vulnerable.

The influenza vaccine is very safe. It cannot transmit influenza because it does not contain a live virus. It is also without danger for a woman who is pregnant or breastfeeding.

After November 23, Occupational Health & Safety will provide this service from their various offices. Please call **44-FLU (44358) for an appointment** closest to you.

## Assignment of Room and Bed Numbers for Admitted Patients

Please take note that, in the very near future, we will be assigning room and bed numbers for patients admitted to The Montreal Children's Hospital (MUHC). This will, thereby, change a longstanding practice in which patients were admitted and identified in our system as only being on a ward.

This change has become inevitable now that safety and traceability are increasingly required with the computerization of hospital services. Many departments have asked for this to be put into effect.

Each admitted patient will be assigned a specific room and a specific bed (date to be confirmed). Consequently, every patient move will need to be monitored, in real time, in such a way as to know the exact physical location of each of our admitted patients at all times. By the same

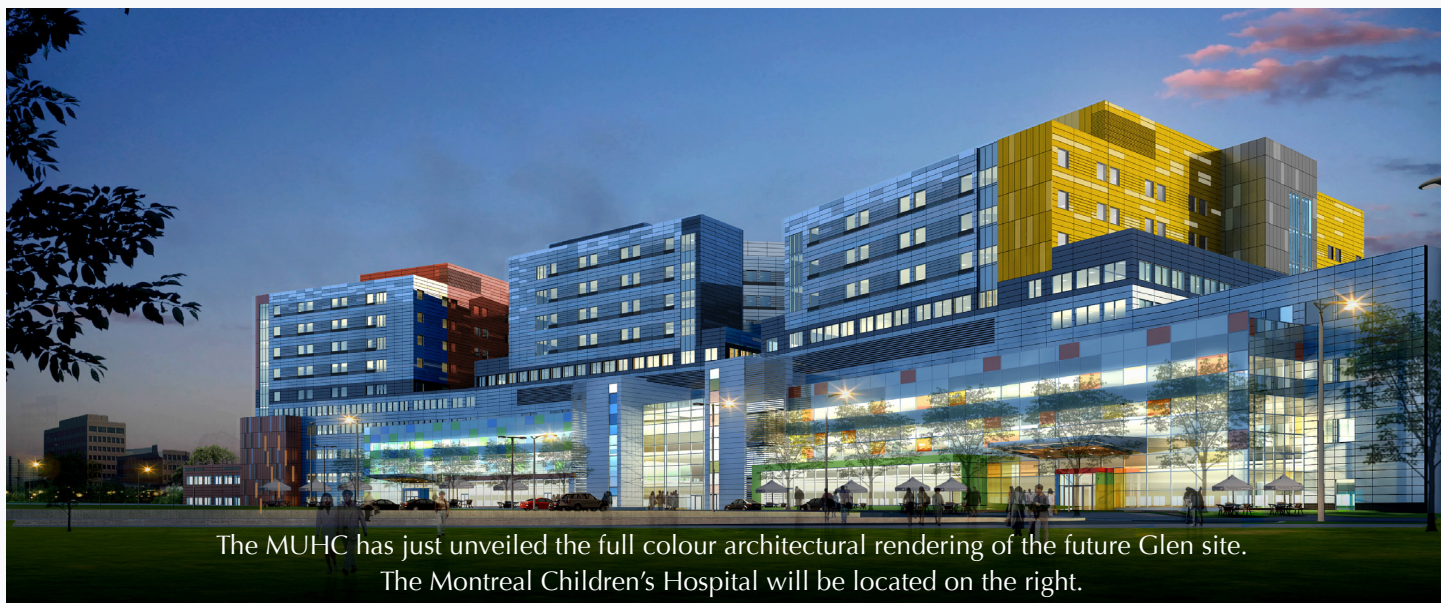
token, we should rapidly measure the benefits of this in our daily census and bed management processes.

We will also be significantly reducing the risks associated with a too-broad area of admitted patients, for example, when a potential patient evacuation would be deemed necessary.

Naturally, the cooperation of each and every person is essential for this process to be successful. The detailed procedure between Admitting and the wards will soon be circulated.

### **Chantal Desmarais, Manager**

Admitting/Registration/Medical Records Departments  
MCH (MUHC)  
Ext. 22055



The MUHC has just unveiled the full colour architectural rendering of the future Glen site. The Montreal Children's Hospital will be located on the right.

# The MCH Town Hall Meetings: Informative **and** Engaging



**Because you care  
to make a difference**

WE CARE TO LISTEN:

The Public Relations & Communications Department  
of the Montreal Children's Hospital

EDUCATE • ENLIGHTEN • ENGAGE

Everyone is invited – and encouraged! – to attend

This is a pivotal time in the history of The Montreal Children's Hospital. As we prepare for our move to our new hospital, there is a lot going on. The Public Relations and Communications Department at The Children's established monthly Town Hall meetings to keep staff informed about the construction of The new Montreal Children's Hospital, transition initiatives, the hospital's strategic objectives and other major events that have a direct impact on our employees.

## A Word from Lisa Dutton

“Another goal for the Town Halls is to enhance staff morale by showcasing some of the truly terrific work done by various teams throughout the MCH,” says Lisa Dutton, Manager of Public Relations and Communications. “During each Town Hall, we ask a parent or patient to speak about their hospital experience. These patient testimonials give staff a chance to hear what the health care experience is like from the patient's perspective. These are often heart-warming stories that drive home the message that what we all do makes such a difference in the lives of the children and families in our care.” A new feature recently added to the Town Halls is “MCH in the News!” We showcase articles, or play video or audio clips of interviews that the media has done with our experts on staff.



## The Town Halls are for Everyone

They are informative and also entertaining. The agenda for each Town Hall is sent electronically to staff via Lotus Notes and hard copies are sent out via the mail room. You can also find the agenda on large posters placed strategically throughout the hospital.

If there is a particular topic you'd like to present during an upcoming **Town Hall**, please contact the Public Relations and Communications (PRC) Department at **x24307**.

The MCH Town Halls are organized by Public Relations and Communications (PRC).

# Spotlight on our Medical Imaging Technologists

~ Medical Imaging Technologists Week, which took place from November 6 to 12 this year, is an annual celebration of the crucial role that medical imaging technologists play in the healthcare system. To mark this year's awareness week, *Chez nous met* with two of our own medical imaging technologists to find out more about their work.

By Maureen McCarthy

## A perfect fit for pediatrics

Maryanne Fortin is one of several dozen medical imaging technologists at the Montreal Children's Hospital. Within the department, technologists carry out general x-rays, ultrasound, CT/MRI, or fluoroscopy. Maryanne specializes in fluoroscopy, which uses x-rays to examine gastrointestinal or genito-urinary systems, or GI/GU as it's commonly known, and angiography which includes PICC line and heart catheterization studies.

Coincidentally, like her colleague Sandy Innocent (see profile opposite page), Maryanne studied Psychology at Concordia for two years. While there, she started to explore different career possibilities. "When I learned about medical imaging, the more I read, the more I thought it might be for me." The following year she started the three-year Diagnostic Imaging program at Dawson, in which students complete a four-week stage at the Children's. Maryanne says there isn't a great deal of pediatric theory in the Dawson program so the stage at the Children's is a very important step in their training.

It's not uncommon for medical imaging technologists to say that "you're either a peds person or you're not." Maryanne knew early on that she was definitely a "peds person".

Once Maryanne finished her program at Dawson, just over eight years ago, she didn't waste any



Photo: Daniel Héon

time in applying to the MCH. At the beginning, she worked in x-ray on evening shifts. Two months in, she was hired permanently in general x-ray to work days and evenings. Three years ago, she started in her current position.

Using radiation on children is very particular and dosing is the main concern. It also usually takes more time to do a pediatric exam than an adult exam and Maryanne has a few tools of the trade that she relies on. The octostop is a device that has firm sides and straps to hold a child steady while the procedure takes place. "Babies aren't bothered by this at all," she says, "but a two-year-old can find it traumatic." She has a few tricks up her sleeve too, like little toys or a seuss, to help take their minds off the exam. "I always try to do whatever I can to put a child at ease."

Maryanne mostly works on her own but sometimes works alongside others on the team. In the case of GI studies, for example, she prepares

the patient and the exam room so that the radiologist can conduct the exam. She is one of four fluoroscopy technologists; each of them is on call one week every month.

Maryanne has seen real growth in her profession since graduating from Dawson. Not only are more people entering the field but the male-female ratio is changing. "There still aren't a lot of male technologists in pediatrics but overall, there are more men entering the profession." And while Maryanne graduated in a class of 13 technologists, this year's class was closer to 30.

Asked about her colleagues, Maryanne says they are a great team. "We're a really good-humoured bunch, which is really important," she says. Over and above their work at the MCH, she and her colleagues take professional courses and attend congresses and workshops to keep their knowledge and skills up to date.

When she's not at work, Maryanne has plenty to keep her busy with two young children at home. When I ask her if she can sum up what she'd like people to know about Medical Imaging she says, "It's not scary! We want patients and families to know we do everything we can to make it as pleasant as possible for them. We want them to come away thinking 'that wasn't so bad after all!'"

# Spotlight on our Medical Imaging Technologists

## An x-ray inspires a new career

Medical Imaging wasn't Sandy Innocent's first career. In fact, she wasn't even working in health care when she first got the idea to become a medical imaging technologist. But once she learned more about the profession, she was certain it was the right move.

Sandy's path to medical imaging went down a few different roads at first. Fresh out of high school, she went to Vanier College and then on to Concordia University to study Psychology. "Two years in, I knew it wasn't for me," she says. "I realized that I'd always been more of a 'hands-on' person so I knew I had to look for something different."

Before long, she enrolled at Lasalle College to study computer graphics. After graduating she spent five years at a Montreal design firm, an industry that Sandy describes as very competitive. So how does one make the leap from graphic designer to medical imaging technologist? One way is to go for an x-ray. "That's how it happened," she says. "I was hospitalized and had to have an x-ray. The whole process really interested me so I decided to find out more." That research led her to the Diagnostic Imaging program at Dawson. Before being accepted, Sandy went "back to school" to redo some of her high-school science courses in order to improve her grades. "When I started the program, the average age of my classmates was about 30," she says, "so I wasn't the only one embarking on a new career."

The Dawson program covers an intensive three years of study and work. During that time, Sandy worked weekends as an assistant in Medical Imaging at the Montreal General Hospital, an opportunity that helped her put everything she was learning into practice.

At first, pediatrics wasn't really on her radar but things changed once she did her stage at the Children's. "After two weeks I was convinced that I wanted to work here," she says. "The Medical Imaging department has opportunities to work in GI, CT, MRI, and Ultrasound, all while specializing in pediatrics."

After graduation, Sandy started full-time at the Children's. She works evenings from 3:00 to 10:00 p.m., splitting her time between Emergency and the third floor, where



Photo: Daniel Héon

she does CT scans. Her job also involves doing rotation, which means working one weekend out of every four. "I really love it here," she says. "I never drag my feet coming to this job."

Sandy has been at the MCH for five years and is very positive about the opportunities for technologists here. "Johanne L'Écuyer encourages us to be better technologists. We're always learning and improving our skills, which is very motivating."

In addition to her work, Sandy has recently become involved in the provincial association, *l'Ordre des technologues en imagerie médicale et en radio-oncologie du Québec (OTIMRO)*, and has sat on a national committee to develop more standardized exams for technologists across the country. "It's still a work in progress," she says. "Qualifications and standards are different from province to province so there's still work to be done before developing national standards."

An evening work schedule means that Sandy has mornings free to exercise, shop or run errands. "I actually love working evenings," she says, "I have no trouble getting up and making the most of my mornings. It's easier to get things done when it's quieter out there!"

## Opening of the 'Advanced Care Unit'

The Critical Care Team at the Montreal Children's Hospital is excited to announce the opening of the Advanced Care Unit, a four-bed unit within the Pediatric Intensive Care Unit (PICU) dedicated to intermediate acuity patients who require 1:2-1:3 nursing care and rapid access to medical assessment.

As many of our patient cases are becoming more complex there is an increasing need for such a unit to ensure quality of care and safety of these patients.

Patients within this unit are non-infected medical or surgical patients who are either directly admitted from other units or transition from the PICU. The transition gives families an opportunity to be more involved in their child's care and adjust to less intensive nursing involvement prior to transfer to the ward.

A special thanks to the ACU implementation team: Dr. Samara Zavalkoff, PICU physician, Dr. Tanya Di Genova, PICU Fellow, Margaret Ruddy, PICU Nurse Manager, Marie Antonacci, PICU Assistant Nurse Manager, and Anna Kabal, PICU Nurse.



Photo: Daniel Héon

## MCH Foundation enters a new phase in its history

On November 9, the MCH Foundation hosted its Annual General Meeting in the Forbes Cushing Amphitheatre. In addition to the annual overview of Foundation results and activities of the last fiscal year, the occasion was marked by some notable announcements.

On her final day on the job, outgoing President Louise Dery-Goldberg took the opportunity to reiterate her thanks for the privilege it has been to devote the last thirteen years to supporting the outstanding institution that is The Children's. Recently appointed Foundation President, Marie-Josée Gariépy, expressed her enthusiasm at taking on upcoming challenges as the Foundation enters a new phase.

Chairman of the Foundation's Board of Directors since 2006, Dr. Nicolas Steinmetz stepped down from his duties. A crusader for The Montreal Children's Hospital for decades, Dr. Steinmetz was named Chairman Emeritus of the Foundation for his lifetime contribution to children's health.

The newly appointed Chairman, Greg Rokos, conveyed his longstanding commitment to the MCH Foundation, dating back to 2003 when he joined the Foundation's Board. He also spoke very candidly of the state-of-the-



art care his daughter received from the MCH cardiology team in 1992.

The 2010-2011 annual report was made available at the AGM. Hard copies can be obtained through the Foundation and an electronic version is available at [childrenfoundation.com](http://childrenfoundation.com). It includes a Donor Report of all Foundation contributors.

# Imagination in great supply at MCH Halloween party!

There's no better place than the Children's to bring out the kid in everyone! In every corner of the hospital, staff dressed up to amuse our patients – and to amuse each other too! Congratulations to our Individual and Group prize winners announced at the Staff Halloween Party.



**Individual 1<sup>st</sup> prize:**  
**Micheline Perron,**  
Telehealth

**Individual 2<sup>nd</sup> prize:**  
**Patricia Boyer,**  
Ombudsman

**Group 1<sup>st</sup> prize:**  
**Super Physio**  
(Physiotherapy)

**Group 2<sup>nd</sup> prize:**  
**Chromosome**  
(Cytogenetics Lab)

The winning department in the office decoration contest was **Telehealth** on F-2.

To see more photos from the Halloween party, go to the "S" drive and click on the folder named 'Halloween 2011'.

Photo: Daniel Héon

## Cafe Vienne "Snack on Wheels" pilot project

On Tuesday, November 15, the Cafe Vienne "Snack on Wheels" pilot project got under way. Five areas that expressed interest in this service have been chosen for the pilot (see table below).

For now, the service is provided on Tuesdays, Wednesdays, and Thursdays, twice during the day: 9:00 a.m. and 2:00 p.m. beginning on the 1<sup>st</sup> floor and ending on the 7<sup>th</sup> floor.

Food options include snacks and beverages, all fully wrapped and properly contained. Only cash purchases are possible.

FLOOR / SERVICE	FOOD CART LOCATION
1D - Ophthalmology	Waiting room
2B - Outpatient clinics	Waiting area
3B - Oncology Day Centre	Waiting room
6C1 - C2 - Medical inpatient floor	C - Elevator area
7C1 - Surgical inpatient floor	C - Elevator area - parents lounge

For the purposes of evaluating this service during the pilot phase, the five areas are surveying staff and parents/families. The pilot should extend over a one-month period unless feedback requires otherwise.

## When and how to help children who are victims of trauma

Children who are victims of trauma (e.g. car accidents, serious injuries, severe burns) sometimes demonstrate major psychological symptoms, which can be harmful to their ability to function socially, in school or with family. For example, they may have nightmares or flashbacks, they may become hyper-vigilant or avoid everything that may remind them of the traumatic events. In addition, it's normal to have difficulties adapting to the consequences of the trauma, such as hospitalization, treatments surgeries or pain. These post-traumatic symptoms are pervasive and difficult to manage. The good news is that for most children, these symptoms do not last more than a few days.

However, when symptoms continue and hinder the child's ability to function or influence their behaviour, either during admission or after returning home, a targeted intervention for post-traumatic symptoms is recommended.

Studies show that cognitive-behavioural interventions that aim to reduce the symptoms of anxiety are the most effective for reducing post-traumatic symptoms. They can even help prevent post-traumatic symptoms from becoming chronic. Diverse strategies, exposure, cognitive restructuring, as well as relaxation and breathing techniques are used with good results. In the majority of cases, these interventions

allow the child to make a rapid return to normal activities.

In conclusion, the majority of children do not develop emotional problems after a traumatic incident. With time, the individual adapts, the situation improves and the social, emotional and behavioural functions return to normal. These post-traumatic symptoms will usually diminish in a few days or after returning home. If this is not the case, a cognitive-behavioural intervention from a psychologist is recommended.

*Dr. Rachel Boisjoli, Psychologist, MCH; Ph.D., Research and Clinical Psychology, University of Montreal*

### Buried in paper?

## Document Retention Calendar helps MUHC community manage life cycle of administrative documents

The lofty task of putting the retention calendar together was undertaken by Anna Colicchio from the document management department. First, the entire scope of the MUHC's document base had to be clearly determined. This of course entailed meeting with each department to identify the 850 different types of documents currently in use within the MUHC. Next, each document type was assigned a classification code and a retention schedule, indicating how long users are required to keep

a specific document and when to either archive or destroy it.

In order to structure this amazing new document management tool, a classification plan was also created as the calendar's basic foundation. The idea is to use the classification plan as a content guide to navigate the numerous document retention rules within the retention calendar.

Having a document retention calendar is a mandatory legal obligation

for any public institution. The main goal behind this legal requirement is to offer our community a better way to manage the current pool of accumulated documents and a more efficient way of organizing information.

For more information, just log on to the MUHC portal; select Document Services under Departments and Services and click on Document Management, or contact Anna Colicchio at local 42733.

**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 Research

# Blindness: Genetic discoveries that lead to treatments

A profile of Robert Koenekoop, MD, PhD

By Alison Burch with Robert Koenekoop

Director of Pediatric Ophthalmology at The Children's, Dr. Robert Koenekoop has always been fascinated by the fact that babies are born with very little vision and then develop normal vision in the first year of life.

"Any interruption of this delicate process leads to blindness," he says. The research conducted in his Ocular Genetics Laboratory at McGill grew from his wish to make an impact by studying the genes that are important for retinal development and function.

The causes of blindness are most often hereditary, Dr. Koenekoop points out, and currently there are no cures. However, research is revolutionizing the management of Leber congenital amaurosis (LCA) and retinitis pigmentosa (RP). In these disease groups, vision is lost because of a genetic insult leading to photoreceptor cell death or cell dysfunction. Dr. Koenekoop's laboratory is contributing to the discovery of new genes and mechanisms as well as testing new treatments based on these findings.

"I am happy I entered this blossoming field 15 years ago," Dr. Koenekoop says, "because now we are in a revolution of new ideas, as blindness is in part treatable through gene replacement or drug therapy."

The curiosity that drives a researcher was a part of Dr. Koenekoop's early life. Growing up in Holland, he was interested in biology and



natural history, as well as in sports. "I collected everything I could find outdoors in streams, oceans and woods, and I played a lot of soccer and started jogging and biking," as he recalls. These activities led to studies in biology and population biology at the University of Utrecht.

The path to medicine and McGill came after a doctorate in molecular biology from Clark University, Massachusetts. At McGill, Dr. Koenekoop hoped to join a unique group of clinician scientists with the creative freedom to pursue their ideas.

"After I completed my residency in ophthalmology, I could see the potential impact of genetic studies for eye disease, especially visual disorders of the human retina," Dr. Koenekoop says. At McGill and The Children's, his work spans

both ends of the research spectrum. "In our basic science work," he explains, "we discover new genes for childhood blindness using a variety of new techniques, and at the other end we are testing new drugs for childhood blindness in those children where we have identified specific gene defects."

The McGill Ocular Genetics Laboratory, with collaborations from the University of Nijmegen in Holland and Baylor in the United States, has discovered the last four of 15 genes identified to date for LCA and two new genes for RP.

One gene discovered by another group, *RPE65*, was found to be treatable by gene replacement—first in blind mice, then in blind dogs, and recently in humans. More than 30 humans have been treated, including children, and some vision has been restored. This has led to a new drug for blindness that bypasses the genetic block in the retinoid cycle.

Dr. Koenekoop's laboratory is participating in the first human drug trial for LCA patients with *LRAT* or *RPE65* mutations (QLT, Vancouver). Initial results point to the existence of dormant photoreceptors that can be revived by gene or drug replacement, confirming that genetic discoveries can lead to an understanding of disease pathways, then to treatments.

## Strength in numbers

Ten major organizations work together to advance health of Canada's children and youth

The Canadian Child and Youth Health Coalition (CCYHC) is a collaboration of eleven major national organizational and program members working together with a common vision to advance the cause of child and youth health and health care in Canada. Our members include:

- ▶ The Canadian Association of Paediatric Health Centres (CAPHC);
- ▶ The Canadian Child Health Clinician Scientist Program (CCHCSP);
- ▶ The Canadian Family Advisory Network (CFAN);
- ▶ The Canadian Paediatric Society (CPS);
- ▶ The Council of Canadian Child Health Research (CCCHR);
- ▶ The Kids Health Foundation (KHF);
- ▶ The Maternal, Infant, Child, & Youth Research Network (MICYRN);
- ▶ The National Infant, Child, & Youth Mental Health Consortium (The Consortium);
- ▶ The Paediatric Chairs of Canada (PCC);
- ▶ The Pediatric Surgical Chiefs of Canada (PSCC); and,
- ▶ Safe Kids Canada (SKC).

The CCYHC was launched in 2004 and its members believe by working together they can more efficiently effect changes that can lead to the improvement of child and youth health outcomes. The CCYHC has a mandate to encourage the development of new knowledge in the field of child and youth health and health care, promote the application of this knowledge, support education and strengthen national advocacy.


The CCYHC's six overall goals are:

1. Ensure rapid and efficient development of new knowledge through research in areas of national importance to the health and well-being of children and youth;
2. Facilitate and support the application of evidence-based practice and policy;
3. Stimulate the development and evaluation of models of practice, quality care and safety, supporting efficient, effective, and accessible systems of child and youth health care;
4. Develop and sustain excellence in transdisciplinary child and youth health education, research and training;
5. Advocate on national child and youth health, healthcare and policy issues that will benefit from the collective expertise and influence of the Coalition and inform policy; and
6. Actively seek out new partners to strengthen the coalition's capacity to achieve its goals.


Dr. Harvey Guyda, the Associate Executive Director of the Montreal Children's Hospital is a member of the CCYHC's steering committee.

To learn more about CCYHC go to [ccyhc.org](http://ccyhc.org) where you can also subscribe to the free bi-annual newsletter.

**N'oubliez pas** | **Remember**  
Les joueurs sont ici pour les enfants. | The players are here for our kids.



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



*The 7<sup>th</sup> edition of Mini-Med at the MCH drew a close in early November. The five-part lecture series is offered in both English and French. A total of 250 participants combined attended the English and French sessions. Pictured here are volunteers from The Study School along with Dr. Melvin Schloss and Dr. Hy Goldman.*

## FAF seminar addresses patients' rights

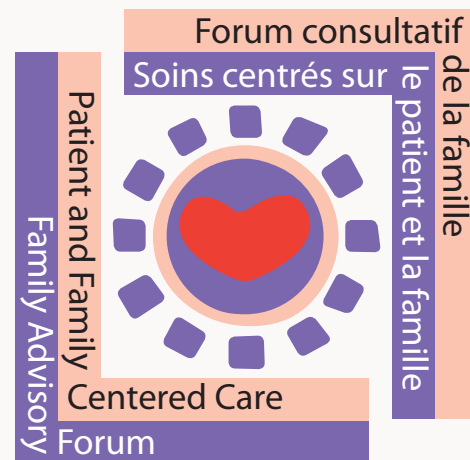
By Lisa Rosati-White

For Patients' Rights Week across Quebec (September 25-October 2), the Family Advisory Forum, a dynamic advocacy group for children and their families at the MCH, spearheaded by Imma Gidaro, MCH Patient and Family Centred Care coordinator, and Lisa Dutton, MCH Manager of Public Relations, successfully hosted a free, public seminar on Sunday, October 2, from 10:00 a.m. to 12:00 p.m. entitled: *Navigating the health care system: Learn your rights and learn how to communicate effectively.*

Executive Coach Christiane St-Amour gave the highly useful keynote address. She focused on how parents and caregivers can be heard and empower themselves by using

more effective communication and negotiation skills to obtain information when speaking with health professionals about the condition and treatment of their child.

Other speakers included Pierre Blain of the *Regroupement comit  provincial d'usagers* (RCPU) who gave parents and caregivers a better understanding of their rights, and MCH Ombudsman Patricia Boyer who explained how to express concerns or lodge a complaint about the care their child is receiving. FAF members and 'frequent flyer' users of the hospital Wendy Longlade and Robert Bloom gave moving testimonials about their experiences at the MCH and offered a Top Ten



List of tips to help ease the stress of a child's hospital visit for families.

CTV news attended the event and reporter Derek Conlan interviewed Robert Bloom.

## Practicing Patient and Family-Centred Care Share information

Sharing information and involving both the patient and/or family in decision making is a great way to build trust and understanding between medical professionals, patients and families. It has also been proven to reduce medical errors.

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

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## Awards and Nominations

**Dr. Lorraine Bell** has been appointed Director, Pediatric Transition to Adult Care at the MCH. She will work closely with Dale MacDonald, MCH Transition Coordinator. Dr. Bell has expertise in the area of pediatric to adult transition and will help develop several programs that will enhance our transition process to adult tertiary care sites across the province of Quebec.

As **Dr. Michael Shevell** assumes his new responsibilities as Chair of the Department of Pediatrics, **Dr. Chantal Poulin** will assume the duties of Interim Director of Pediatric Neurology at the MCH-MUHC, effective November 1, 2011.

## Making Headlines

In the Saturday, November 3 edition of La Presse, **Dr. Lila Amirali** of The Montreal Children's Hospital, was interviewed by Marie-Claude Malboeuf on the topic of online suicide forums and their impact on teens and children.

The article is available online. You may access it and read its contents by clicking on the following link: <http://www.cyberpresse.ca/le-droit/actualites/actualites-nationales/201111/02/01-4463978-des-pieges-pour-suicidaires.php>

**Dr. Sam Shemie** was featured in an article entitled "Don d'organe: s'engager à donner si l'on veut recevoir?" published on the Agence Science-Pressé web site. To read more: <http://www.sciencepresse.qc.ca/actualite/2011/09/13/don-dorganes-sengager-donner-pour-recevoir>.

On Saturday, October 29, La Presse featured a special section about the **Nephrology Division at The Montreal Children's Hospital**, as well as the extraordinary stories of **Axelle and Camille**, two MCH patients who both recently received kidney transplants at the hospital. This special section also had detailed information about organ donation in Quebec and why it is so important.

To read the complete series and see interviews with the patients, their families and our MCH surgeons, visit: <http://www.cyberpresse.ca/actualites/quebec-canada/sante/201110/30/01-4462674-renaitre-a-11-ans-les-combats-de-camille-et-axelle.php>

**Dr. Richard Haber**, Director of the Pediatric Consultation Centre at The Montreal Children's Hospital appeared on both CTV Montreal and CBC Montreal News on October 27 to discuss measles.

## Events

### Winter Session starts soon!

PILATES for Employees at the MCH

- ▶ Monday and/or Wednesday.
- ▶ 5:00-5:55p.m.
- ▶ \$100 for 1 class per week or \$180 for 2 classes per week.
- ▶ Classes start 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!

### MCH Auxiliary Sales

The Auxiliary continues its fall schedule of sales with a few great opportunities to pick up lovely gifts for the holidays. Come out to support the Auxiliary as they raise money for the MCH.

All sales take place on 2B.

<b>Wednesday</b>	November 30	Videos
<b>Thursday</b>	December 1	Artstravaganza
<b>Wednesday</b>	December 7	Miscellaneous
<b>Thursday</b>	December 8	Marie Christine Poiré, Bijoux artisanaux
<b>Wednesday</b>	December 14	Mini Bazar
<b>Monday</b>	December 19	Miscellaneous

### Say Cheese for The Children's

From November 18 to December 11, 2011, Place Alexis Nihon will be hosting the third edition of its fundraiser, **Souriez don**, to benefit the MCH.

Whether you want to experience a professional photo shoot, give photos as Christmas gifts or contribute to a great cause, any reason is a good reason to reserve your photo shoot at the **Souriez don** studio. In the last two years, the fundraiser has raised \$80,000 for our young patients.

For every photo shoot that takes place at the **Souriez don** studio, which is located in front of Dollarama at Place Alexis Nihon, Espace Urbain's team of professional photographers create a relaxed atmosphere in which everyone can express themselves freely in front of the camera. The result is authentic, professional photos with your parents, children, friends or colleagues, all for only \$40. Places are limited, so reserve right now at [www.souriezdon.com](http://www.souriezdon.com) or by calling 514 797-DONS (3667).

### Last Town Hall Meeting of 2011: Wednesday, December 14

Make sure to attend the final Town Hall of the year. Topics for presentation include budget update and Cardiology at the Glen Campus.

## Measuring Success, One Change at a Time

By Pamela Toman

You might say that nursing is a family affair for Jessica Girard-Landry, but this 26 year-old Nursing Professional Development Educator is excited to embark on a stimulating career of her own. The Université Laval graduate admits that her mother, also a nurse, influenced her decision to pursue a career in the health care sector, but says that nursing wasn't necessarily her number one job choice.

In fact, after completing one of her first internships in geriatrics at a Quebec City hospital, Jessica thought she might abandon the profession entirely. It was only when the South Shore native was assigned one of two spots as a nursing student in the Neonatal Intensive Care Unit at the Centre mère-enfant du CHUL for her final work term that she discovered her niche. "I absolutely adored working with sick babies and their families," she says of the experience, "and I thought to myself, now this is what I want!"

Upon finishing her degree, Jessica says she was lucky to have found the opportunity to work at The Montreal Children's Hospital as a nurse in the NICU on 9C. Three years later, she took on the added challenge of applying to complete a Masters Degree in Health Administration at Université de Montréal, all while accepting a replacement position as Nursing Professional Development Educator for the department of Neonatology. "I always wanted to do something that would allow me to fulfill more of an administrative

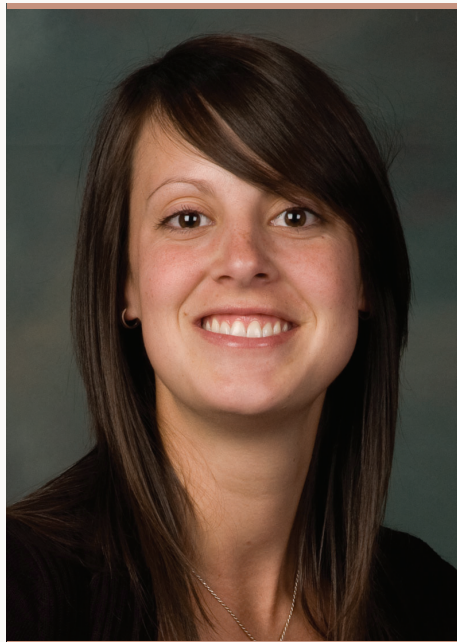


Photo: Christian Lavigne

role and with this new position, I am able to tap into that," she explains.

Over the past year, she has implemented a number of changes and procedures in her newfound role that involves both a teaching and leadership component. A change she is most satisfied with involved the creation of an interdisciplinary Developmental Care Committee in the NICU, where 40 of the 60 nurses and other members of the team have been trained and certified to offer clinical care that provides developmental support to newborn and infant patients.

Through this initiative, she also was able to advocate the implementation of a "Quiet Time" project in the NICU, which now takes place every day from 12:30 p.m. to 2:00 p.m. on the ward. "We turn off the lights, we ask everyone to whisper, and we turn off all unnecessary

environmental stimuli to allow the babies to relax and recuperate for a full hour and a half," she says. The result has been very positive, as staff members enjoy the stillness and silence just as much as the patients and their families do.

While some changes have been fairly easy to implement, Jessica is candid about the fact that she has sometimes faced resistance in her quest to improve nursing practices and to eradicate unnecessary habits. "It's really important to believe in the changes you want to make, and find ways to change mind-sets," she says. In the end, the most rewarding part of her work is seeing her fellow co-workers motivated and proud of the changes they have helped make.

Always looking to stay active and engaged, Jessica says that she enjoys playing sports, travelling and shopping outside of work. While she is excited about the prospect of bringing her administrative savvy to a managerial role in the future, she is most thrilled about the arrival of her first-born son, Samuel, who she and her partner welcomed at the end of August.



Photo: courtesy of Marjorie Aunos

# Our Heroes

## A heart needs mending

By Pamela Toman

Thomas Aunos was just four-and-a-half months old when he made his first trip to the emergency room at The Montreal Children's Hospital for a high fever. It was early morning on Christmas Day, 2010, and his mother, Marjorie, undoubtedly regretted the timing. Even so, she was convinced that the medical team would run a few quick tests and she would be on her way home in no time. She never expected to hear news that her baby boy might have a heart defect, one that could possibly require surgery.

"My first reaction was...total shock," recounts Marjorie. She remembers seeing an emergency physician who listened to Thomas's heart and said she had detected a heart murmur. What followed was a battery of tests to confirm the physician's suspicions. Thomas underwent a series of X-rays while his mother anxiously awaited the results. Emergency staff met with her again to discuss the next steps. "The doctor I saw initially told me she had bumped into the cardiologist on call in the hallway... on the 25th of December! It was incredible," she says. The cardiologist quickly saw Thomas, and conducted an echocardiogram, where he detected a ventricular septal defect (VSD), otherwise explained as a hole in the infant's heart. The recommended treatment, he said, would be open-heart surgery. Marjorie was told that within six weeks, her son would have to come back to the hospital to undergo the operation. The doctors attempted to answer her questions but Marjorie couldn't even think straight.

Three days later, having recovered from her shock and disbelief, she called Devon Leguilette, clinical nurse specialist in the Cardiology Department, who was able to answer most of the three pages of questions she had put together since Christmas Day. She also recommended that Marjorie speak to Thomas's cardiologist, Dr. Luc

Jutras. "It is somewhere between December 25<sup>th</sup> and New Years," says Marjorie, "and I have a cardiologist who is taking the time to call me at home, to answer all of my questions, even if I asked them two, three times because I needed to hear the answer again. He spent 45 minutes on the phone with me. It was incredible."

On the morning of February 8, at 7:00 a.m., little Thomas was brought to the OR on the 10th floor at The Children's. Nervous and overwhelmed, Marjorie says she was trying to prepare herself for what came next. "Dr. Josée Lavoie, an anaesthesiologist, greeted me, and put me at ease within 30 seconds." Dr. Lavoie explained she would be with Thomas throughout the entire operation, which would consist of opening up his chest and placing him on a heart bypass machine during surgery, to continue pumping his blood. The surgeon would then sew a special patch over the hole in Thomas's heart. Once the repair was completed, his heart would be restarted and he would be taken off the bypass machine, and opening in his chest would be closed up.

"A baby's heart is the size of his closed fist," says Marjorie, "my hat goes off to the whole team, especially to Dr. Christo Tchervenkov, who performed the operation. It is incredible what he can do, and he does this regularly on tiny hearts. It's extraordinary."

Today, Thomas is a smiling, happy 15-month-old who is always in good spirits says his mom. "It's a pleasure to have him around and I will always be grateful to the team who helped him. They were so kind and everyone took the time to listen to me and take extra care with him....they really did give me back my son."