

Chez nous

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Turn to the centre spread for
a special tribute to departing
AED, Dr. Harvey Guyda.

MCH EMPLOYEE NEWSLETTER

September 17, 2012

News

A first in Canada

3D glasses a hit in the Operating Room

Minimally Invasive Surgery meets improved technology at The Montreal Children's Hospital

By Julia Asselstine

Like the glasses required for 3D movie viewing, surgeons and team assistants at The Montreal Children's Hospital (MCH) have been donning similar spectacles to bring in a new era of minimally invasive surgery (MIS).

"Up until now, MIS, or what the general public mostly knows as 'keyhole surgery,' has required looking at an operative field on a TV monitor, which is a two-dimensional image," says Dr. John Paul Capolicchio, an MCH urologist. "The main problem with two-dimensional representations is that there is no depth perception, and depth perception is crucial for speed and accuracy of a surgery. It's the equivalent of driving with a patch over one eye."

When MIS first hit the medical scene 20 years ago, it was mostly used for removing diseased organs. But technology for minimally invasive surgery progressed to a point where it was also being used to repair organs. When repairing an organ, however, suturing is needed which requires accurate depth perception to use a tiny needle with precision. And the smaller the organ, or the smaller the child, the more precise the suturing needs to be.

"Suturing is very difficult when operating on a 2D monitor," says Dr. Capolicchio. "Therefore, MIS to remove organs is common but to repair or reconstruct an organ is uncommon."

Dr. Capolicchio trialled the new technology in January and the results speak for themselves: "the operative time was significantly reduced and the precision with suturing was incredible."

One of the operations being performed with this new 3D technology is for a problem called urinary reflux, a condition in which urine can wash back up to the kidney instead of passing through the urethra. This is a common problem that leads to kidney infection in children.



Dr. Capolicchio (centre) performs a surgical procedure. This enhanced photograph depicts the effect of using 3D Vision System for minimally invasive procedures.

Photo: Daniel Héon

The standard technique to correct this was always open surgery because it required such precise suturing, but in 2003 the MCH became the first hospital in Canada to use MIS techniques. "I have been doing this as minimally invasive surgery since then, but the suturing is crude and therefore it is not a popular procedure," says Dr. Capolicchio.

"Performing this surgery in 3D now is an amazing experience. I can do it in record time and I only have to make three entry points in the body instead of the traditional four." With this new technology, called 3D Vision System (Viking), patients can expect better outcomes because of improved suturing and shorter surgery times. As a result, costs to the healthcare system will also be lower.

"I have been dreaming about working in 3D for years because I knew it was the next logical step," says Dr. Capolicchio. "So I kept my ear to the ground—the minute I heard it was available I pounced. Thanks to the *Kurling for Kids* Foundation, who purchased the equipment for our service, many children will benefit."

The Montreal Children's Hospital maps out its future

Strategic planning process will determine clinical, organizational and cultural priorities

By Lisa Dutton

The Montreal Children's Hospital has embarked on a strategic planning process. This process will allow the hospital to determine where it is going over the next five years and how it is going to get there. This process will make sure the hospital is fulfilling its mission within the MUHC and its vision to be a world-renowned academic pediatric hospital where everyone is devoted to putting the needs of children and their families first.

"We are less than three years away from moving to the new Montreal Children's Hospital. It is imperative that we complete a strategic planning exercise now so we can better define our clinical, organizational and cultural objectives and create a roadmap to reach these objectives," says Dr. Harvey Guyda, Associate Executive Director of the MCH.



en route vers
L'EXCELLENCE

Big dot indicators, or strategic goals should reflect the core issues that are most vital to the organization's broader strategic objectives.

Phase 1 Establishing a vision and management system

The strategic planning process entitled *En route vers l'excellence* kicked off on April 20, 2012 with an interactive strategic visioning session. Some 34 participants from the MCH and MUHC community took part in the half-day event which was the first step towards creating a shared vision for the future of the MCH. The goal was to gain a shared understanding around the future direction of the hospital and the high level strategic goals based on the Institute for Healthcare Improvement (IHI) Big Dot Indicators. Reaching these strategic goals is vital to achieving long-term success and ensuring the hospital's continued excellence.

As a result, six strategic goals were selected:

- ▶ Increase access and performance of the tertiary health care delivery
- ▶ Deliver integrated, culturally-sensitive patient-and family-centred care 24/7
- ▶ Ensure a culture of continuous quality improvement and safety
- ▶ Alignment of human resources
- ▶ Capitalize on innovation and technology
- ▶ Optimize partnerships

Immediately after the half-day visioning session, the hospital established the SERVE Committee (*Stratégie en route vers l'excellence*). Composed of 10 members including a parent and member of the Family Advisory Forum, the mandate of the SERVE is to provide overall leadership and coordination of the strategic planning process and to make sure the process continues to move forward.

In collaboration with several partners the SERVE Committee is analyzing the six strategic goals by looking at how the MCH is currently providing its service and its desired performance in the future. The SERVE Committee intends to finalize its analysis by the early fall and will establish key objectives under each of the six strategic goals.

"The system we are using to define and manage our strategic journey has been used in many organizations throughout the world, including many hospitals," says Frederic De Civita, Chair of SERVE. "It's a step-by-step management approach that is inclusive and participative, it should facilitate decision making while pursuing our vision. The key to this approach is the engagement and participation of the entire organization."

Phase 2 and 3 Building the strategy with ad hoc committees

The process moves in to phase two in early fall. In order to engage the MCH community in the strategic planning process the SERVE will establish six ad hoc committees; one for each of the six strategic goals. The role of the ad hoc committees will be to create an action plan to achieve the strategic objectives for each goal. Ideally by

the end of November, each ad hoc committee will report back to the SERVE with a list of global recommendations and established measurable outcomes for each objective. The SERVE will then be able to consolidate the strategy and initiatives.

Phase 4 Implementing the strategy

By the winter, we will move into phase four. This is where the MCH strategy for moving forward begins to crystallize. The global recommendations from the ad hoc committees will filter down to the departmental level. Each departmental team will identify specific objectives and propose initiatives for moving forward. The SERVE committee will continue to coordinate global initiatives to ensure overall alignment and standardization within the organization.

“By early 2013, we expect to have a very clear list of priorities. Implementation of the priorities will be done

using a step-by-step approach incorporating feedback from staff, families and physicians along the way, measuring our efforts and achievements to truly make sure we are reaching our over-arching goals,” says Sharon Taylor-Ducharme, Clinical Practice Consultant, Transition Support Office. “I admit right now it all seems rather conceptual, however as we move forward with the strategic planning process, what we want to achieve and how we expect to achieve it will come together and we will be able to provide more practical information to the MCH Community on the roadmap to the future.”

Strategic planning: according to Wikipedia

Strategic planning is an organization’s process of defining its strategy, or direction, and making decisions on allocating its resources to pursue this strategy. In order to determine the direction of the organization, it is necessary to understand its current position and the possible avenues through which it can pursue a particular course of action. Generally, strategic planning deals with at least one of three key questions:

1. “What do we do?”
2. “For whom do we do it?”
3. “How do we excel?”

In many organizations, this is viewed as a process for determining where an organization is going over the next year or—more typically—three to five years (long term), although some extend their vision to 20 years.

SERVE Members:

Frédéric De Civita (Chair)
Sharon Taylor-Ducharme (facilitator)
Lucy Caron
Allan Ptack
Dr. Harley Eisman
Lynn Lebel
Dr. Jean-Pierre Farmer
Dr. Michael Shevell
Randy Robins
Wendy Longlade

Strategic planning – stay tuned We want to keep you informed

The hospital pledges to keep employees and physicians informed throughout this strategic planning process. This is a challenge given the nature of our 24/7 work environment. We ask you to stay tuned to *Chez nous* and attend the Town Halls for regular updates. As well, members of the SERVE committee will try to attend various regularly scheduled meetings to update people on the process. You can also read about more about the strategic planning process on the intranet.

If you or your department would like more information about the MCH strategic planning process please contact Frédéric De Civita, Assistant to the AED at ext. 23148.

FAF to survey patients and families about MCH services

New executive elected for 2012-2013

The Family Advisory Forum (FAF) is embarking on a busy schedule this fall. Fresh from their retreat this past July, the FAF has established its goals and objectives for the coming year. The first major project will be a comprehensive survey of hospital users. The FAF is looking forward to working with the Quality and Risk department to develop a survey that will measure patients' and families' degree of satisfaction with services at the MCH. FAF Chair Joe Caprera says the survey will provide insight into what is working for patients and families and which areas need improvement.

Halloween fundraiser

Conducting a survey takes time and resources, so the FAF is organizing a Halloween fundraising event on Friday, October 26. Mr. Caprera says, "We're looking forward to a great evening that will give us the opportunity to create more awareness for the FAF and its role in the hospital."

In addition to the upcoming fundraiser, the FAF recently donated eight parent information boards, which were installed on the MCH units. The boards will provide families with information about care and services, and other pertinent items that can contribute to an improved hospital experience. Mr. Caprera says, "The information boards on the hospital units are an important step in

opening the lines of communication with parents and families. The boards will soon have a suggestion box for parents to share their comments and ideas with us, and submit their survey responses."

The FAF is also taking a more active role on other hospital committees such as the Associate Executive Director (AED) selection committee, the SERVE, and the CSCA.

The Family Advisory Forum (FAF) is a group of 26 parents, family members and caregivers whose goal is to improve the care and services offered at the MCH. In addition to Mr. Caprera, the FAF executive includes Wendy Longlade, Vice Chair, Alfie Randisi, Treasurer, Linda Jurick, Secretary and Imma Gidaro, Patient and Family Centered Care Coordinator.

The FAF is interested in recruiting new members who have used the hospital's services and would like to contribute their time and ideas. Please contact fcf_faf@muhc.mcgill.ca to find out more.

All MCH staff are invited to attend the Halloween fundraising event. For more information and to buy tickets, visit the MCH Foundation's website www.childrenfoundation.com.

A heartfelt thank-you after a remarkable recovery

When a child is very sick, the hospital can become like a second home. Doctors, nurses, and even housekeeping attendants are not just partners in a child's care--they quickly become significant figures in the patient's life as well as those of their family. Remembering those times made for a bittersweet moment on July 16 when six-year-old Cole, his mom Jennifer, and dad Mark came back to The Montreal Children's Hospital (MCH) to visit hematologist-oncologist Dr. David Mitchell nearly five years after Cole was treated.

A family vacation is what brought Cole and his family, who now live in Nova Scotia, to Montreal this summer. Cole was born with a

severe combined immunodeficiency disorder, for which the only known cure is a bone marrow or cord blood transplant. In 2007, when he was still just an infant, he received his cord blood transplant at The Children's, which meant staying on the oncology unit (8D) for over three months.

His parents very much wanted to show the staff, and especially Dr. Mitchell, just how great Cole is now doing, and what a remarkable recovery he has made thanks to the great care he received.

"We are very lucky and thankful that Dr. Mitchell took on Cole's case and that everything worked out," says Jennifer, who organized the visit a



few months ago. "We are so happy this is not a medical visit."

Cole is followed regularly at IWK Health Centre in Halifax, and enjoys spending as much time as possible splashing around in the pool, or playing with his two cats, Bella and Stella.

Summer camp dreams come true

Cooperation was key to success of day camp

By Chantale Théroux

A remarkable project took place this summer through the joint cooperation of the Montreal Children's Hospital, the Quebec Society for Disabled Children, and an essential key partner, the Starlight Foundation. Children with a tracheostomy and other medical issues were able to attend a week-long day camp filled with activities, outings to the park, and even a special Carnival Day.

The Quebec Society for Disabled Children provided the counsellors, facilities and activities. The Montreal Children's Hospital Intensive Ambulatory Care Services (IACS) referred the families and provided guidance to enable us to welcome the children, and the Starlight Foundation provided the funds to pay for a private nurse for the children's care, as well as for general expenses. The Starlight Foundation also organized a Carnival Day and entertainment included clowns and magic shows with plenty of cotton candy for everyone. The children also had the opportunity to participate in a program of various physical activities graciously offered by Sports Ball.

This fun-filled week not only gave the children the chance to have a great time like all other children who attend day camps, but it also reassured their parents that their children's medical needs would be taken care of.

This project came to life because we believed in combining our resources to create a camp unique in its approach. We hope that this project will be repeated next year, and we look forward to the continuation of our fruitful cooperation for many years to come.



Leadership transition at The Montreal Children's Hospital

A search committee, led by Normand Rinfret, Director General and CEO of the MUHC, and François Laurin, chairman of the Council for Services to Children and Adolescents (CSCA), is very actively seeking a new MCH AED. They are in the process of interviewing several candidates and expect to fill this key position by late 2012 or early 2013.

In order to ensure the MCH continues to be well governed, the CSCA tabled a motion and unanimously voted to nominate **Dr. Micheline Ste-Marie** as the interim AED. In addition to her role as Associate Director of MCH Professional Services, Dr. Ste-Marie accepted the interim AED responsibility.

EDITORIAL

Basic courtesy towards children and their families

By Dr. Claudette Bardin

Parents are our allies in patient care, a fact that is too often forgotten in care units where common courtesy is also sometimes overlooked.

I am going to describe, from a physician's perspective, how the initial meeting between a family and the medical team might unfold. In the case where a patient has been admitted the previous evening, the meeting typically takes place during morning rounds.

- ▶ If the door is closed, knock and wait for a reply.
- ▶ If the door is open, enter slowly. If the child is sleeping and there is nobody at their bedside, leave and come back later.
- ▶ If the child is sleeping and there is someone with them, quietly inquire as to whether this is in fact the patient whom you have been assigned.

Just because there is a person in the room does not mean they are the child's mother or father. There may be several people; they may or may not be the parents; and they may not be married to one another.

Do not assume your presence is welcome. The patient and family may have been informed of your visit upon admission, but they may also have found out about it only earlier that morning.

Start by saying hello to the child using their first name, especially if they are three years old or more. A friendly greeting helps make things more relaxed and promotes a feeling of trust. It also reassures parents to see their child responding directly to you.

Now is the time for introductions. Make sure you have the document with the names of the pediatrician and the members of the team. Remember, parents want to know who is responsible for caring for their sick child, but they are not familiar with the chain of command, so it is the responsibility of either the pediatrician or the chief resident to take the lead. Alternatively, someone who has already met with the family could do this.

For example, "Hello, I am Dr. XY, the pediatrician in charge of your child's health care team. I'd like to introduce you to the other members." Begin with the chief resident and the person directly involved in the child's care. Another possibility is "Hello, I am Dr. AB, the pediatric resident in charge of the team and this is Dr. XY, the pediatrician."

It is a good idea to confirm the name of the parent and how they wish to be addressed. It is also important to establish the language of communication, preferably using the language spoken in the home in the case of French or English. If it is another language, be sensitive to this and consider whether there are any

staff members who might be able to act as interpreters or if you should call upon the MCH interpretation services.

Then explain the purpose of your visit and make sure the family is amenable to it. Take into account whether the child is sleeping, how many people are in the room, and who should remain during the visit.

All of this may seem obvious, but ask yourself if you have ever found yourself entering without knocking, assuming the woman at the patient's bedside was the mother, or even forgetting to introduce yourself and explain why you were there.

These simple suggestions not only apply to doctors but also to all those who work at the Children's. Parents want to know who we are, what we are going to do and why. They are the first line of defense for their children. We have all witnessed the problems that could have been avoided by getting parents involved: mistakes in performing lab tests, administering medication, or providing meals.

Being hospitalized is an ordeal for both the patient and their family. By observing the rules of everyday courtesy and respect, we can go a long way towards increasing both their confidence in us and their comfort during their stay.

Swimming the English Channel for the MCH

While most of us celebrate our birthdays with candles and cake, 43-year-old Montrealer Alan Clack marked his by swimming the English Channel to raise money for the Family Resource Centre at the new Montreal Children's Hospital. He completed the 33 km journey in 11 hours and 30 minutes, a much better time than his original goal of 14 hours.

He trained for two years, both to build his stamina and acclimatize his body to swimming in cold water. He swam eight to nine times a week from one to eight hours at a time and, from the time the ice broke to when it froze up again, he spent his weekends open water training on a lake in the Laurentians.

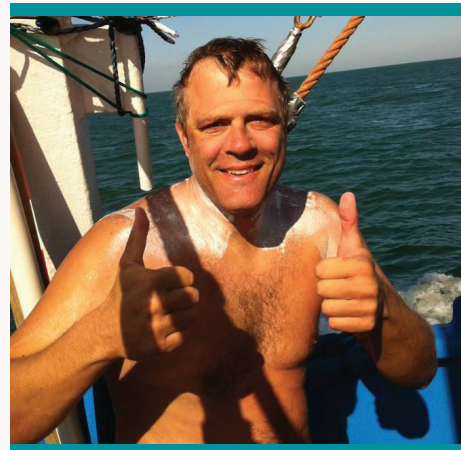
Clack finally left Shakespeare Beach in Dover on September 6 at 9:30 p.m. Eastern for the grueling

33-kilometer crossing to Cap Gris Nez in France. Navigating one of the busiest shipping lanes in the world and wearing nothing but a bathing suit, swim cap and goggles, he battled strong tides, choppy seas, hypothermia and jellyfish.

"The Channel swim is one of the toughest in the world," Clack admits. "It takes physical and mental stamina. Fewer people have swum the English Channel than have climbed Everest."

Clack hopes that his Channel crossing will inspire others to join him in supporting the young patients and families at The Children's, many of whom face their own overwhelming challenges.

"There is no worse feeling than the feeling of helplessness a parent can experience when their child is



hospitalized. The Family Resource Centre provides information and resources to parents so they may better understand their child's condition and participate in their care. It relieves them from that feeling of helplessness. To me, there is no greater gift."

Awards and Nominations

Dr. Claire LeBlanc recently received The Member Recognition Award from the Canadian Paediatric Society (CPS). The award recognizes outstanding contributions to the CPS; and was given to Dr. LeBlanc for her work as chair of the Healthy Active Living and Sports Medicine Committee.

Dr. Sam Daniel has received the American Academy of Otolaryngology-Head and Neck Surgery Foundation Honor Award, which is given to members in recognition of their volunteer contributions to the Academy and its Foundation.

Dr. Janet Rennick has obtained five-year operating grant funds from the Canadian Institutes for Health Research (CIHR) for her study, "Children's Psychological and Behavioral Responses Following Pediatric Intensive Care Unit Hospitalization".

Ms. Xiaoyang Liu, an MD/PhD student in Dr. Nada Jabado's brain tumour research laboratory, received the August 2012 *Étudiants-chercheurs étoiles* Award from the Fonds de recherche du Québec-Santé in the *Fonds Santé* category.

Lynn Lebel has taken on the role of Administrative Head, Ambulatory Services and Peri-Operative Activities, MCH, effective July 1, 2012. Her ambulatory service responsibilities have been expanded with a focus on peri-operative activities.

Events

PILATES at the MCH

For employees

When: Mondays, and/or Wednesdays, 5:00 to 5:55 p.m., starting Sept. 17 or 19 for 10 weeks.

Where: Rm D-292, MCH

Cost: \$100 once class per week, \$180 two classes per week

Registration: Contact Karen at (514) 489-7717 or karenkunigis@hotmail.com.

Upcoming Auxiliary Events

All sales take place on **2B**

Wednesday, Sept. 19

Wednesday, Sept. 26

Wednesday, Oct. 3

Wednesday, Oct. 10

Wednesday, Oct. 17

Wednesday, Oct. 24

Wednesday, Oct. 31

Videos, books and toys

Miscellaneous

Knits

Books

Videos, books and toys

Miscellaneous

Knits

The MUHC Board of Directors has unanimously accepted the unanimous recommendation of the Selection Committee and appointed Normand Rinfret as Director General and Chief Executive Officer of the McGill University Health Centre (MUHC) for a four-year mandate, effective immediately.

Message from the Director General and Chief Executive Officer

I am deeply honoured to have been selected to lead the MUHC for the next four years and look forward to working with all of you to ensure that we continue to be a centre of excellence and a leader in academic health care locally and internationally.

Having been immersed in the MUHC for more than 30 years, I continue to marvel at the talent of our community and the dedication and commitment. Day-in and day-out, you make the difference in the lives of our patients and their families. Together, our loyalty and drive will ensure that the MUHC remains at the forefront of health care.

I am also well aware that we are at a challenging juncture in our history, as we are in the midst of a major transformation of our health care system. The redevelopment of our facilities represents an enormous opportunity, allowing us to soon take advantage of a modern infrastructure while taking a fresh look at our clinical, administrative and research practices. Our commitment is to create and to adopt best practices and to remain at the leading edge of patient care, teaching, research and health technology assessment in Montreal and abroad.

At the same time, the new MUHC is a work in progress, and we have substantive issues to address together including finalizing plans for the redevelopment of both the Montreal General and Lachine hospitals, the future of the MNH and MNI on the Glen Site and the development of the



health quarter on de Maisonneuve. In addition, we will need to progress with our plans for what we commonly refer to as our delta—those services and programs that we currently offer for which a new home has not yet been identified. Finally, I am convinced that we can be the benchmark for quality of care, and I am committed to working together to realize our Performance Improvement Plan.

My approach to these and other challenges that will no doubt arise in the years ahead will be to tackle them head-on in a collaborative and open manner. Together we will identify the issues and develop and implement practical and effective solutions, always with the best interests of our patients and their families foremost in our minds. I am also determined to work with our partners from McGill University, our RUIS, our Foundations, the Agence, and the

Ministry in order to strengthen collaboration and enhance our quadripartite mission.

In the short term, we will set up an organizational and committee structure with clearly defined roles and responsibilities. The aim is to ensure that decision making is effective and transparent. With this in mind, I will soon be launching a search for a chief operating officer. I will also be setting up task forces where appropriate to lead each of the key initiatives that I have mentioned above and fine-tuning our organizational structure within weeks after consulting with key stakeholders.

I believe that people who have worked with me here at the MUHC over the years would agree that my management style is to be inclusive and to seek advice when appropriate. Between now and the end of the year, I intend to meet with as many members of the MUHC family as possible either through town halls, committee meetings or by simply walking around our various facilities. I encourage you to provide me with feedback and to share your concerns with me in person when our paths cross or by sending me an email at normand.rinfret@muhc.mcgill.ca.

The MUHC is an outstanding institution, and with your help I am determined to ensure that it will continue to be a great place to work. In this way, we will make a difference in the lives of Montrealers, Quebecers, Canadians, and worldwide.

Patients of all ages give MCH physician a special perspective

By Maureen McCarthy

Dr. Sharon Abish always knew she wanted to be a doctor, “Yes, it definitely started in childhood,” she says, “but it was only in my third year of med school that I decided to go into pediatrics.” A graduate of the McGill Faculty of Medicine, Dr. Abish decided to go a little further afield for her residency. “I chose IWK in Halifax to get a different perspective on medicine after having attended medical school here, and they had a good training program,” she says. While there, she started to develop an interest in oncology. It was a time when great progress was being made both in treatments and pathophysiology and she was also struck by how the oncology team developed relationships with the children and their families. “All these factors came together in my decision to specialize in oncology,” she says. Dr. Abish followed her residency with three years at Memorial Sloan-Kettering Cancer Center in New York City. She then returned to Montreal—and started at the Children’s.

Dr. Abish spends the majority of her time seeing new or recently diagnosed patients. In the pediatric setting, specialists traditionally work in both hematology and oncology; leukemia is the most common form of cancer seen in pediatric patients. Children’s cancers are generally more aggressive and grow faster than adult cancers, but they also respond better to chemotherapy. “What’s more,” says Dr. Abish, “since most children are free from other health complications, they tend to tolerate chemo relatively well.”

When she’s not seeing patients currently in treatment, Dr. Abish divides her time between acting as local principal investigator for



Photo: Claudio Calligaris

clinical trials under the Children’s Oncology Group, and two clinics that are very dear to her heart: the Long-term Follow-up Clinic and the Sickle Cell Disease Clinic. The Long-term Follow-up Clinic was started more than 20 years ago as a joint effort between the Montreal Children’s Hospital and the Montreal General Hospital. “Our patient population—about 200 young adults—has somewhat different needs than other patients who reach adulthood,” says Dr. Abish. “They don’t have cancer anymore so there’s no need for them to see an oncologist, but they need to have a primary care physician who understands what they’ve been through and what their special issues might be.”

The clinic is in the process of changing its model and they are encouraging their patients to start looking for a GP well before they turn 18. Dr. Abish says seeing patients as they become adults gives her an interesting perspective in treating younger children. “It’s also a good basis for teaching students and pediatric residents,” she says, “since they have the opportunity to see the

long-term outcomes of childhood treatments.”

Sickle cell disease is a blood problem that is a chronic, lifetime illness. The clinic sees children mainly on an outpatient basis for healthcare maintenance and complications when they arise. “The disease has really gained prominence in hematology, and it’s getting a lot more attention now,” says Dr. Abish. There has recently been more research into understanding the disease and developing novel therapies. Sickle cell disease is an inherited problem and children who have it can suffer from pain and organ damage. Many of the families who come to the clinic are new to Canada. “We see these families regularly,” says Dr. Abish “so we always try to help them gain an understanding of the disease and the importance of managing symptoms.” She also points out that they often have interesting life stories. “We learn a lot from them too,” she says. Quebec hematologists, including those at the MCH, are advocating for newborn screening for sickle cell disease in Quebec, which they hope to see implemented within a year.

Last year, Dr. Abish climbed to the top of Mt. Kilimanjaro in Kenya to raise funds for the MCH Foundation. “I was scrolling through my email one day and saw an invitation to join the team. I thought ‘I’m going to do it.’ So I got my husband on board and off we went.” She raised \$22,000 for the climb and in the process, achieved one of her life’s ambitions. “I don’t know what I’m going to do next,” she says, “but I hope it will be something equally challenging and meaningful.”



Photo: Julia Asselstine

Our Heroes

Child's cancer journey ends with a smile. The Montreal Children's Hospital offers support, care and some laughs along the way

By Julia Asselstine

As Mia sits drawing, she stops and looks up when asked about how she felt when her cancer treatments ended. The six-year-old's blonde streaked hair has grown back and a barrette keeps her bangs from falling into her big blue eyes. Her smile says it all.

In 2008, before she was even three years old, Mia was diagnosed with acute lymphoblastic leukemia (ALL). This fast-growing type of blood cancer occurs when too many lymphoblasts (immature white blood cells) are found in the blood and bone marrow. It accounts for approximately 70 per cent of all childhood leukemia cases.

"When Mia started complaining of a sore hip accompanied by a fever and lethargy I took her to a local hospital," says Mia's mom Méлина. "They found nothing and sent me home saying it was probably complications following a viral infection and to give her Advil."

A week later, Mia stopped walking. Without a minute's hesitation, Méлина put Mia in the car and drove to The Montreal Children's Hospital (MCH). They arrived at 5

p.m. in the Emergency Department and by 8 p.m. a team of oncologists informed Méлина that Mia had leukemia.

Mia immediately underwent an operation to insert a portacath, which is a small medical device that is installed beneath the skin through which drugs can be injected and blood samples can be drawn many times. For the next two years and two months she received a cocktail of chemotherapy and various medications.

The MCH taught Méлина how to care for her daughter at home and she was assigned a social worker who called regularly to ensure everything was okay. Méлина—like all families going through a cancer diagnosis—was also assigned a family resource nurse available for any questions during work hours, Monday to Friday. Outside of these hours, Méлина called The MCH and the physician on call would immediately address her concerns.

"This brought me great peace of mind," says Méлина, who is a single mom and had to stop working and move in with her mother to care

for Mia. "I was scared and just kept thinking what if, what if. I couldn't have done it without this support. Everyone was very caring, from the physicians we saw to the volunteers who provided me with breaks when we were in the hospital, stays which were sometimes weeks at a time."

According to Dr. David Mitchell, 85 to 90 per cent of children diagnosed with ALL are cured. However, since the disease can come back several years after diagnosis and after treatments have stopped, one is hesitant to claim victory too early. "Mia is doing very well," he says, "and we are happy with her outcome."

Mia is now in grade 1. She takes swimming lessons, loves to paint and colour, and can dance up a storm while belting out anything from Adele to Janis Joplin. Méлина is back to work and has her own place again.

"I am really happy to be a regular kid again," says Mia. "But I miss the clowns and crafts and people who played with me when I was at the hospital. They were fun and made me laugh."

Self-mutilation trend on the rise

More and more teenagers are turning to self-mutilation to cope with their inner turmoil. Dr. Martin Gauthier, Psychiatrist-in-Chief at The Montreal Children's Hospital, MUHC says the number of teenagers deliberately and repeatedly injuring their bodies by cutting, piercing or biting their flesh is growing at an alarming rate.

When the psychiatrist started his practice 25 years ago, he seldom encountered adolescents who purposely mutilated themselves. When he did, they were often psychotic, intellectually challenged or autistic.

Today, approximately half the teenage patients he treats are self-injurers. "In the adolescent clinical population, it is about one in two. In the general population, one in six is a conservative figure. It goes up to one in three in some surveys," says Dr. Gauthier.

To read more, visit www.thechildren.com/news

Dr. Gauthier will be giving a talk on adolescents and self-mutilation during the French edition of Mini-Med at the MCH. Registration has begun and seating is limited. Mini-Med is offered in French starting October 10 and in English starting October 9. The cost is \$65.00 for adults and \$45.00 for seniors and students. You can register online at www.thechildren.com or get more information by calling ext. 24307.



Mini-Med School at The Montreal Children's Hospital

Mini-Med School at The Children's is open to anyone interested in science and medicine: parents and grandparents wanting first hand medical knowledge, young people considering medical careers, budding science journalists, as well as teachers and daycare workers. Lectures will be given by distinguished physicians, professors and researchers from The Montreal Children's Hospital and the McGill Faculty of Medicine.



- OCTOBER 9 – PSYCHIATRIST**
Bi-polar Disorder in Children and Adolescents
Lila Amirali, MD
- OCTOBER 16 – UROLOGIST**
From Minimally Invasive to Non-Invasive Surgery – A Glimpse into the Future
JP Capolicchio, MD
- OCTOBER 23 – PLASTIC SURGEON**
Cranofacial Plastic Surgery at the Montreal Children's Hospital – State-of-the-Art
Mirko S. Gilardino, MD
- OCTOBER 30 – CRITICAL CARE SPECIALIST**
Pediatric Intensive Care – Bubbles, Balloons and Baffles
Ronald Gottesman, MD
- NOVEMBER 6 – RESEARCH ONCOLOGIST**
Brain Tumours in Children, A Tale of a Tail
Nada Jabado, MD

WHEN:
English lectures held Tuesday evenings from 7 p.m. to 9 p.m.
French lectures held Wednesday evenings from 7 p.m. to 9 p.m. (check website for French series)

WHERE:
The Montreal Children's Hospital of the MUHC
Forbes-Cushing Amphitheatre
2300 Tupper St., corner Atwater

REGISTRATION:
Registration is for the entire series (5 lectures)
Cost: • Adults \$65
• Seniors/ Full-Time Students \$45

Register online at:
www.mchminimed.com

Register early.... limited seating!
514.412.4400 ext. 23996 • info@MCHminimed.com



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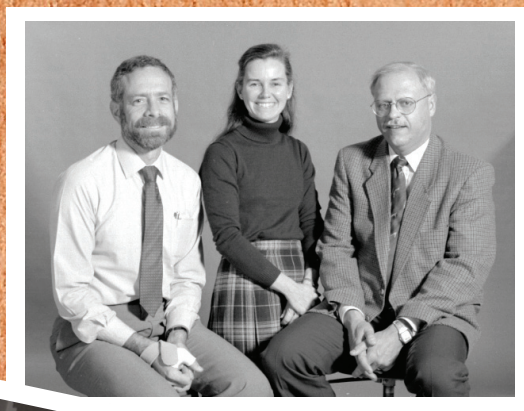
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To submit story ideas or texts to *Chez nous*, contact the Public Relations and Communications office at ext. 24307 or send your email to info@thechildren.com.



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Un dernier mot avant de partir...

Il est temps de dire officiellement « au revoir » à une communauté de gens vraiment très spéciaux que j'ai connus dans différentes fonctions au cours des 43 dernières années. Vous allez tous me manquer, parce que ce sont les gens qui travaillent dans chaque secteur de cet hôpital avec tant de générosité et de dévouement qui en font ce lieu très spécial que nous appelons affectueusement « Le Children's ». Le reste, ce n'est rien d'autre que de la brique et du mortier. Le plaisir et la camaraderie que nous avons partagés lors de nombreux événements me manqueront aussi, en particulier l'Halloween, les soirées de sketches des résidents, les barbecues pour le personnel et ma tournée annuelle en père Noël. Malheureusement, nous avons aussi partagé des moments tristes, quand nous devons exprimer nos condoléances aux familles des bébés et des enfants qui sont décédés alors qu'ils étaient sous nos soins.

Après 108 ans de réalisations remarquables, l'hôpital se trouve devant l'innovation la plus marquante de son histoire : la construction du nouvel Hôpital de Montréal pour enfants du CUSM au campus Glen. Je remercie du fond du cœur tous ceux et celles qui ont fait preuve de leadership et qui ont donné tant d'heures de dur labeur pour aider à faire de ce projet exaltant une réalité; vous vous reconnaitrez. Je vous encourage tous à vous engager activement pour faciliter le passage vers ce nouveau lieu de classe mondiale dans l'intérêt des patients, des familles et du personnel. À vous tous qui travaillerez dans ce nouvel hôpital, je vous souhaite un bon voyage jalonné de multiples satisfactions et de beaucoup de bonheur. Je sais que vous perpétuerez nos traditions et nos convictions de longue date en offrant les meilleurs soins possible aux futures générations d'enfants.

D'ici à notre prochaine rencontre, je vous souhaite bonne chance à tous!

An Old Dog Barks Backward...for the last time

It is time to formally say "au revoir" to a community of very special people that I have known in various capacities for over 43 years. I will miss all of you, because it is the people that work in every area of this hospital with such devotion and dedication that make this the very special place that we call "The Children's". Everything else is just bricks and mortar. I will miss the camaraderie and joy that we have shared during many celebratory events, especially Halloween, Resident Skit Night, the staff BBQ and my annual tour of duty as Santa on Christmas Day. Unfortunately, there have been sad moments as well, when we pay our respects to families of infants and children who passed away while in our care.

After 108 years of remarkable achievement, "The Children's is on the threshold of the most significant development in its history – the construction of the new Montreal Children's Hospital of the MUHC at the Glen site. I sincerely thank all of those that have shown the leadership and many hours of hard work that helped make this exciting project a reality – you know who you are. I also encourage active engagement of everyone to help facilitate the transition into a world class environment for the benefit of patients, families and staff alike. To those of you that will indeed work at the new site, I wish you a happy journey filled with many rewards and much happiness. I know that you will carry on our long-held traditions and beliefs by providing the very best care possible for future generations of children.

Until we meet again, bonne chance à tous!

Harvey Guyda MD

