

Chez nous

MCH EMPLOYEE NEWSLETTER

February 13, 2014



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Montreal Children's
Hospital
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Health Centre



Rhythm of the heart — By Stephanie Tsirgiotis

Dirty Dancing might be one of the most-watched chick flicks of all time. Not sure if it's Baby's awkwardness, the movie's soundtrack or Patrick Swayze's smile, but something continues to resonate with women and girls of all ages. Most of us have either attempted--or really, really wanted to attempt--jumping into someone's arms just to know what it feels like to soar across a room full of people in the middle of a dance floor. That

climactic scene has been replayed over and over again on the big screen, and also in Dr. Nadine Korah's life.

In August 2011, Dr. Korah was asked to participate in the first edition of the McGill University Health Centre's "Dancing with the Docs", a fundraising event that saw MUHC doctors perform choreographed dance routines for charity. As a fourth-year resident at the Montreal Children's Hospital, Dr. Korah jumped at the opportunity and was paired with three-time Canadian Professional Dance Champion, Christopher Panasuk, from the Arthur Murray Dance School. They spent six weeks together learning the steps to a lively Samba routine. "A lot of our lessons felt like scenes out of *Dirty Dancing*," she laughs. "There I was, spaghetti arms and all, while Chris taught me how to stand up straight and work a room!" The weeks of practice eventually paid off as Dr. Korah came in second place and even managed to receive perfect scores. She also walked away with a date.

After the show was over, Christopher rustled up the nerve to ask her out and they've been dating and dancing ever since. Over the last two years, her passion for dance has grown exponentially and you can feel it just by talking to her. Tango, Samba, Salsa, Swing, the Viennese Waltz, she loves all of them for different reasons. "Chris has opened up my eyes to a whole new world," she admits. "Dance is now a big part of my life."

As a general pediatrician, Dr. Korah spends many hours at work and outside of work thinking about her patients. At times, the stress has been overwhelming and it's been hard for the young physician to disconnect from her work. Earlier in her career, she tried going to the gym and taking yoga classes, but she could never completely clear her mind. Dance changed all that. "When I dance I can only think about dancing. I can't think about my patients or work because I have to focus on my

Continued >>>



Christopher Panasuk and Dr. Nadine Korah



>>> *Rhythm... (cont'd)*

posture, my hands, my feet, whether or not I should go left, right, backward, or forward," she says. "It's the only time in my life that I've been able to shut off my brain and just enjoy myself. I have Chris to thank for that."

And when asked if the couple is a big hit at weddings, Dr. Korah excitedly replied, "Yes! We constantly get asked to perform that lift from the movie. And the men always want to learn how to dip their wives!" •

A message from Martine Alfonso

Associate Executive Director, MCH



This past month marks a full year since I joined this institution. I'm amazed at how quickly time has passed—and what amazes me even more is that by the time another year is done, we'll be only months away from moving to our new facilities at the Glen site. I imagine 2014 will pass as quickly as the one that just finished!

We have definitely been through a lot this past year and I want to congratulate you for meeting the tough challenges we faced with professionalism and hard work. It hasn't been an easy time but the decisions made will allow us to focus on the future and help us be truly ready to embrace the new era that is about to unfold. This coming year will be our last full year at our current location. Our preparations for the move to the new Montreal Children's Hospital at the Glen site are ongoing, and I am very impressed by some of the work I've seen so far. Many people and many teams are really coming together to prepare for life at the new MCH, whether it's planning their new space or consulting with patients and families about what they want to see and what they can expect at the new facilities.

Alongside these preparations, you continue to deliver tremendous care to our patients and their families every day, a quality for which the MCH is rightly recognized. Thank you for your ongoing dedication. We have much to look forward to and can all be very excited about what the future holds. •

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Editor: Maureen McCarthy
Managing Editor: Stephanie Tsirgiotis
Graphic design: Vincenzo Comm Design inc.
Photography: Owen Egan

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Starting early and finishing strong: Making the transition to adult care

MCH program helps patients and parents get ready for what's next

— By Maureen McCarthy

Dr. Lorraine Bell and Dale MacDonald are passionate about helping teenage patients get ready for their transition to adult care. “Turning 18 is an exciting time for most teens,” says Ms. MacDonald, Transition Coordinator, Pediatric to Adult Care for the MUHC. “But for patients who are leaving our care, this all-important birthday might bring on worry and anxiety about switching hospitals. We want to do everything in our power to help them get ready for the next phase in their care. This is a particularly vulnerable age for many young people, in terms of risk taking and emotional swings, but especially so for those with a chronic illness.”

The World Health Organization estimates that 10 to 15 percent of children will need care throughout their lifetime for chronic or complex conditions. According to Dr. Bell, who is a nephrologist at the Montreal Children's Hospital (MCH) as well as the MCH Director of Transition to Adult Care, improvement in long-term survival has led to new developments in transition of care, and interest in the area has grown exponentially in the last decade.

The idea of supporting teenagers with special healthcare needs as they transition to an adult hospital is familiar to many people at the MCH, but it's only in the past few years that the hospital has started formalizing its approach, something that Dr. Bell and Ms. MacDonald are responsible for. Dr. Bell has extensive experience with some of her own patients in the MCH Dialysis program and Renal Transplant program. “We started these

kidney treatment programs more than 20 years ago,” she says, “so we've recently seen an entire cohort become adults.”

Ms. MacDonald, a social worker with a Master's degree in organizational development, has worked as Transition Coordinator for almost five years. She previously worked at the MUHC adult sites, experience which gives her an important perspective for her work.

Starting the discussion

One of the first transition initiatives that Ms. MacDonald and Dr. Bell led together at the MCH was a series of work groups



Dale MacDonald and Dr. Lorraine Bell



with staff to look at processes and tools for teenagers and their parents.

“We sat down with representatives from nursing, medical, and allied health,” says Ms. MacDonald. “I also invited several clinical nurse specialists from the adult sites to provide another perspective.” They looked at some of the existing materials that MCH departments and other institutions were using with success, and eventually developed the Transition Preparation Checklists for patients and for parents, and the Health/Transfer Summary.

Ms. MacDonald explains that MCH staff can use these tools, which are available on the hospital’s share drive*, to start the discussion about transition with parents and their children. The tools cover important steps including learning to explain their medical condition to incorporating a healthy lifestyle as part of their regular routine, as well as a better understanding of the risks involved in not taking their medications or not following through on their treatments. The transition tools are geared to different age groups, starting at 11 to 13 years of age, but the discussion can start even earlier depending on the child’s diagnosis.

Helping teenagers play an active role

For most adolescent patients, making the transition to adult care is not just about moving hospitals—it’s about taking on more responsibility. The parents continue to play an important role but over time, they shift from having primary responsibility for their child’s care to being more of an advisor. Part of the action plan is to have the teenager start doing small tasks such as ordering their prescriptions or making their own appointments. The idea is to develop their skills so that they can manage their own care within a few years. As Dr. Bell points out, “The patients need to learn how to advocate for themselves to experience a successful transition.”



Dale MacDonald and Dr. Bell discuss an upcoming presentation on the tools they've created for transition to adult care.

Currently, Ms. MacDonald and Dr. Bell are making presentations to departments and services to introduce the transition tools and participate in a discussion about how these tools can be used in each service.

The next steps for the Pediatric Transition to Adult Care program include forming parent groups to assess what parents need and how the program can support them in enabling independence in their children. They would also like to survey their adult colleagues to see what works and doesn’t work at the adult sites, and to work more closely with them in helping young people adapt to the world of adult medicine. “Our overall goal is to aim for improved communication and better transfer of information,” says Dr. Bell. “Our new transition tools are a big step in the right direction.”

If you and your colleagues would like to learn more about the transition preparation tools, contact Dale MacDonald at dale.macdonald@muhc.mcgill.ca or ext. 22466. •

*The transition tools are available on the hospital’s shared drive as follows: S:\ Public\ TRANSITION TO ADULT CARE PREPARATION TOOLS

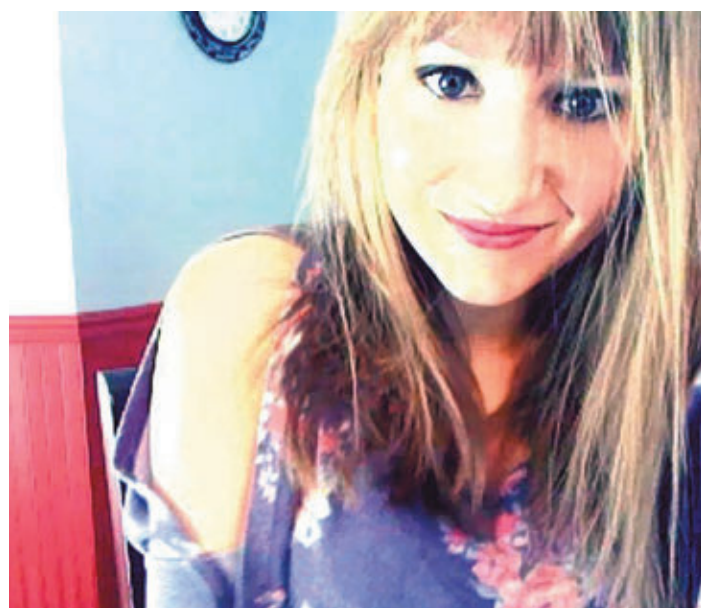


Starting a new chapter at 18

— By Pamela Toman

From the time she was born and diagnosed with a complex congenital heart problem, Sabrina Bigras' parents understood that her condition would require specialized follow-up care for the rest of her life.

Sabrina's health care journey began when she was two years old when she and her parents met Dr. Marie J. Béland, a pediatric cardiologist at the Montreal Children's Hospital (MCH). "Dr. Béland was always reassuring," says Sabrina, whose cardiac condition required multiple operations, hospitalizations and complex follow-up care that continues to this day. When she was just four years old, Sabrina was implanted with a pacemaker device to help control her abnormal heart rhythm. Sabrina would visit Dr. Béland and the cardiology team at the Children's at least twice a year to have her pacemaker tested, and undergo routine x-rays and ultrasounds.



Sabrina Bigras

"A few years ago, the team started talking more regularly about my eventual transition to an adult hospital," says Sabrina. "The conversations covered the next steps in her transition and introduced her to the McGill Adult Unit for Congenital Heart Disease Excellence (MAUDE Unit) of the Royal Victoria Hospital where she would be seen after turning 18. While she was initially a little bit worried about making the change, Sabrina was eventually reassured by the fact that she knew what to do.

Preparing for transition: a carefully orchestrated process

The team's informative approach to transition helps empower young patients by encouraging them to play a more active role in their care plans. Through open dialogue, the team ensures that patients and their parents feel well supported in their transition. "My goal is to have my patients leave the Cardiology Division at the Children's knowing their diagnosis and being able to explain it to me," says Dr. Béland.

Sabrina's transition was going smoothly but with only three months to go before her 18th birthday, she was hospitalized and diagnosed with a pulmonary embolism, otherwise known as a sudden blockage of an artery in the lung. Given the complexity of her medical condition, the thought of leaving the Children's in just a few short months was a scary one for the recent high school graduate, but her team at the Children's ensured that she was well supported, informed and aware of her health plan for the future.

This past fall, Sabrina completed her first visit to the MAUDE Unit with Dr. Natalie Bottega. She looks forward to developing a stronger relationship with the team. One of the greatest

Continued >>>



>>> *Starting... (cont'd)*

challenges, she admits, is slowly taking on more responsibility for coordinating her appointments and blood work on her own. "I still rely on my mom for a bit of guidance," she says, admitting that the transition involves much more than moving from one hospital to another. •

The move to the new McGill University Health Centre in 2015 will help simplify the process for patients transitioning to the MAUDE Unit since the pediatric Cardiac Diagnostic Centre will be located just down the hall. This key adjacency will ensure that patients are seen just steps from where they were treated by pediatric specialists for their entire lifetime, thereby greatly reducing the stress and anxiety associated with visiting a new hospital setting.

PILATES AT THE MCH

If you're still thinking about making good on your healthy new year's resolution, then sign up for the next session of Pilates Classes at the MCH. Pilates uses very controlled movement to increase muscular strength and flexibility in the core of the body including abdominals, back, and neck. The results are fewer back and neck problems, and improved posture and balance.

- When:** Mondays or Wednesdays, 5:00 to 5:55 p.m. (starting week of March 3)
- Where:** Physiotherapy gym, D-292
- Cost:** \$100 (one class per week)
- Register:** contact Karen (514) 489-7717 or karenkunigis@gmail.com before March 3.



Happy Valentine's Day to Eduardo & Amayrani!

Sixteen-year-old Amayrani visits the MCH three times a week for dialysis treatments and her boyfriend Eduardo often spends the afternoon with her. Read more about her story on our Facebook page facebook.com/lechildren

DO YOU HAVE A GREAT IDEA FOR A HEALTHCARE APP?

Not all of us are technologically-savvy, but with the success of Dr. Robert Baird's "My First Surgery" app, the thought of creating an application to solve a healthcare problem doesn't seem so daunting after all – especially if you get help from groups like Hacking Health. Hacking Health brings together IT experts and healthcare professionals in an attempt to improve healthcare by designing and producing simple and effective apps. You bring the idea, and they make it happen! From February 21 to 23, Hacking Health will be holding a Hackathon at HEC Montréal and Sainte-Justine. This year's theme is: Improving the Health of Mothers and Children. For more information, go to www.hackinghealth.ca





Devoted to making it work

MCH team maps out office space — By Stephanie Tsirgiotis

The word is out that there's not enough office space at the Glen site, but a few key people at the Montreal Children's Hospital have been working tirelessly to find ways for all of us to fit. According to Patrick Moriarty, president of Health Care Relocations, the company responsible for the MUHC move, every one of the 300 hospitals his company has helped move in the past has relocated to smaller office spaces. "That is today's reality. Everyone is downsizing to smaller offices – both in the public and private sectors," he says. "But they have all figured out a way to make it work." And there's no doubt we'll be able to do the same.

If there are two things the Montreal Children's Hospital is known for it's teamwork and innovation. From the very beginning, Barbara Izzard and Teresa DiBartolo have been very involved with the MCH's transition and transfer activities, and they



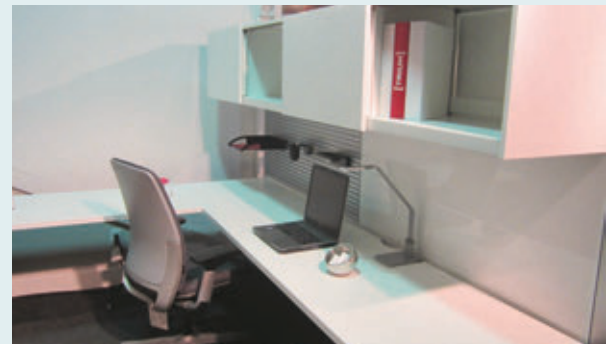
Barbara Izzard

have been working side-by-side with Drs. Michael Shevell, Lila Amirali and Jean-Pierre Farmer to make sure clinical and administrative needs are met. They have spent countless hours looking over floor plans and employee lists, trying to make sure everyone is where they are supposed to be. The MUHC Planning Office supplied the group with a master list of

people who required space at the Glen, and MCH clinical leaders informed the office of any departmental changes along the way. "Our number one priority is to find the best location for everyone," says Ms. Izzard. "It's not about who gets an office with a window, it's about focusing on adjacencies – we want our departments to be happy with their neighbours." For example, the group made sure that the Anesthesia department was near the Operating Room, and that Block A was made up of departments and services all related to ambulatory care. Surgical services are close together and the MCH Ombudsman is easily accessible to patients and families. Every corner of the new hospital has been looked at and every single inch of it has been used.

Every effort was made to distribute workspaces equitably across departments depending on functional needs, with particular focus on patient safety and care.

However, workstations have not yet been assigned to specific employees. The workstations have been clearly identified and allocated to each department, but it is up to the individual department managers to decide on who goes where. The individual workspaces also vary in size. Some have walls and some don't. Some have dividers, and some are open concept with a few workstations in a single room. Each workstation has a desk, chair, computer, and telephone. "Touchdown" spaces have also been created for employees who occasionally work at the MCH;



Example of our future workstations. Note that colour and furniture may be different to what's featured here.

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>>> *Office space... (cont'd)*

part-time employees will likely have to share their space. “We can add workstations, but we can’t add space,” says Ms. DiBartolo. “No construction or demolition is allowed, but I’ll be happy to help employees maximize their designated space.”

Ms. Izzard and her team are now in the process of making a few modifications before a final version can be submitted to

the Clinico-Administrative Committee, and at that point staff and department heads will be officially notified. “No department is getting everything they asked for, but in all honesty the final result was much better than we expected,” says Ms. Izzard. “It’s even been difficult trying to find space for the entire senior management team. We’re definitely all in the same boat!” •

On the move

PICU brings families into transition planning — *By Stephanie Tsirgiotis*

Teamwork is the best way to describe why the Montreal Children’s Hospital Pediatric Intensive Care Unit (PICU) continues to be successful at treating our most critically ill and injured patients. This multidisciplinary team includes everyone from social workers to pediatric critical care specialists, but their teamwork goes beyond staff members. The PICU also includes its patients and families as key players in their clinical network, which is why they formed the PICU Family Transition group. “We want to make sure our transition to the Glen is as smooth as possible for our families, so getting them involved made perfect sense,” says Dr. Patricia Fontela, PICU staff member and co-chair of the transition group.

In October 2013, the transition group began meeting regularly to raise questions and identify priorities surrounding the move to the Glen site. The outcome of these brainstorming sessions led to the creation of smaller working groups, with each one focusing on a different issue and led by an individual with expertise in the specific topic. The core group continues to meet every two weeks and each working group gives an update on their progress. One of the issues being examined is the change from shared rooms in the current PICU to private rooms at the Glen. “We currently work in a very open environment where everyone is very accessible, so we want to make sure we keep the same atmosphere in our new space even though the rooms will be private,” says Dr. Fontela.



Bottom (l. to r.): Judith LeGallais, Tanya LeBlanc, Aurélie Texier-Baude. Back row (l. to r.): Janique Collin, Matthew Park, Paul Geraghty. Missing from photo: Dr. Patricia Fontela, Marie-France Haineault, Ariane Parent-Lemay, Marie Antonacci.

The ultimate goal of each working group is to get families involved by surveying them about what they like about the current system and what they would like to change at the new MCH. The PICU deals with two different types of families, those of acute patients who are in the PICU for shorter, but very stressful periods of time, and those of chronic patients, who need assistance over longer periods of time. Both sets of families have different needs and every family has a different perspective. Admittedly, the group needs to learn more about their new space before getting families involved, but once their work flow is better defined they hope to run simulations with the selected families to evaluate and assess the new space. “This whole transition process is about improving our work flow and I’m certain we’re just going to get stronger and stronger as a result,” says Dr. Fontela. •



MUHC 2015

The hospitals of the McGill University Health Centre (MUHC) have built a reputation around high-quality health care, research, and teaching. With the opening of the Glen site in 2015, the MUHC will undergo significant change and the MUHC's Public Affairs and Strategic Planning department is committed to keeping staff informed along the way.

MUHC 2015 is a new communications tool on the MUHC's main Intranet page. It provides information and two-way conversation about:

THE TRANSFERS:

Services transferring from their current sites to either the Glen, Montreal General or the Lachine sites (New MUHC);

TRANSITION AND WORKFORCE:

Support people across the MUHC in successfully transitioning clinical activities and practices to the new MUHC configuration in 2015;

PERFORMANCE AND CONTINUOUS IMPROVEMENT:

Implementation of planned budgetary initiatives to balance our budget by March 2015;

CLINICAL PLAN IMPLEMENTATION:

Implementation of our clinical plan for the New MUHC in partnership with RUIS institutions.

Our transition whiteboards are up!



New whiteboard near the Emergency Department

The whiteboards can be found in 13 different locations around the Montreal Children's Hospital, including the walls of all inpatient units, as well as near the Emergency Department and in the ambulatory area. Important information about the Glen site, including floorplans, stacking diagrams and maps of the new MCH can be found on the boards. Key information (e.g. our move date) will also be updated on a regular basis. "The goal of these boards is to keep all staff members and families well informed about our upcoming transfer to the Glen," says Barbara Izzard, chair of the MCH Transition Steering Committee. "2015 is coming up fast and we need everyone to be up to speed on the latest info!" ●

You asked, we answered!

Answers to frequently asked questions about the Glen

HOW WILL OUR PATIENTS AND FAMILIES FIND THEIR WAY AROUND THE GLEN SITE?

Patients and families will be able to find their way around the Glen site with the help of electronic wayfinding kiosks and information desks located at the Montreal Children's Hospital (MCH) and on the adult side. Wayfinding signs will also be located throughout the hospital and the buildings will be "colour-coded." If you're at the MCH, turquoise will be the predominant colour—and if you wander over into orange, which is the Chest, you'll know you're in the wrong place. Artefacts, like the statue of Queen Victoria, have also been strategically placed to serve as landmarks.

Finally, the way the Glen is designed will help people get around more easily. Departments are clustered so patients will stay in one area. For instance, all ambulatory services and departments will be located in Block A at the new MCH. Also, the higher up you go, the more private it gets--so inpatient units are at the top of the building while the ER, Imaging, Ambulatory Clinics, public spaces are on the lower levels--this helps contain outpatients and provides a quieter environment for inpatients and their families.

UPDATE ON PHONE EXTENSIONS:

It has been confirmed that staff members will be able to keep their same phone extensions. The only exception applies to departments who will be merging, for example, the neonatal intensive care units at the MCH and the Royal Victoria Hospital. •



Our new home: the yellow building on the left is the new MCH!



EVENTS

Career Day

A lot of our physicians often get asked what it's like to be a doctor, and on January 15, three of our MDs answered that very question for 40 students hoping to follow the same career path. Our Dr. Nadine Korah, general pediatrician, Dr. Samara Zavalkoff, pediatric intensivist in the Pediatric Intensive Care Unit and Dr. Adam Fleming, pediatric hematologist-oncologist spoke with students from the English Montreal School Board to give them a bit more perspective on what it's like to attend medical school, balance a medical career with family life and manage the responsibility that comes with their career choice. Who knows, maybe a few of them will end up working with us in a few years!



(l. to r.) Drs. Nadine Korah, Samara Zavalkoff and Adam Fleming.

Celebrating our legacy

Big plans for the MCH's "Legacy Year"

As we plan and scan our way to the Glen, it's more important now than ever to reflect on how far the Montreal Children's Hospital has come over the last 110 years. It first established itself as a pioneer in pediatric medicine in 1904 and hasn't stopped since. Over the next 16 months, the MCH's Legacy sub-committee will be organizing interactive, educational and entertaining events to commemorate our past, highlight our move to the Glen and celebrate the dedication and commitment of our entire MCH family.

Official Kick-off Party! BBQ and Mega Garage Sale May 23, 2014

This annual event will be jazzed up with more food and more music than ever before! This is our official kick-off party and Costco will be sponsoring the event. *Mmmmmm...* Costco hotdogs, need we say more?

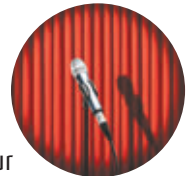


Legacy Lectures September 2014 to April 2015

Former and current physicians look at the past and future by examining how far their departments have come over the last 50 years. The lectures will be open to all staff during Grand Rounds.

MCH's Got Talent Too!! April 25, 2015

Be prepared to laugh, sing and dance at *MCH's Got Talent Too!!* A modern take on our much-loved Gong show, this Saturday night gala will showcase our staff members hidden (and not so hidden) talents.



Awards of Excellence

NOMINATE A COLLEAGUE TODAY!

Every year, the MCH Awards of Excellence are given to recognize MCH employees for their outstanding work. The Awards' sponsors give \$25,000 each year to support ongoing needs at the hospital, and award recipients can designate part of the funds to support a department or project at the MCH. In the past, Awards of Excellence recipients have supported the purchase of new equipment, continuing education for staff



and patient education. Why not think about who among your colleagues deserves recognition for their work and contribution to the hospital. At the same time, you might be helping them fulfill a dream of supporting something that's very dear to their heart! *Deadline is February 21, 2014.* Brochures and nomination forms are available at the MCH Information Desk or online at www.childrenfoundation.com.