

Chez nous

MCH EMPLOYEE NEWSLETTER

June 19, 2014

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Meet Chantal Souigny:

our new Associate Director of Nursing — By Stephanie Tsirgiotis

Chantal Souigny walks down the hospital's F-wing every morning with a big smile on her face. She is excited and ready for the busy year ahead. As the Montreal Children's Hospital's new Associate Director of Nursing, Chantal's knowledge of this institution, both present and future, will be invaluable as we prepare for our last sprint towards the Glen.

As an active member of the McGill University Health Centre for the last 30 years, Chantal has worked at the Royal Victoria Hospital, the Montreal Chest Institute and now the Children's. Since 2006, Chantal has acted as the nursing coordinator of Respiratory Services of the MUHC. Her main responsibilities included managing the nursing department at the Chest and

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Chantal Souigny holds her 'Breathing is life' sign. A patient at the Chest painted it before receiving a double-lung transplant. After a lifelong struggle with a severe lung condition, she now enjoys every day to its fullest. The sign was showcased in the garden at the Chest Institute and Chantal says it's one thing she wanted to bring with her to the MCH. "This sign truly connects my previous world to my new world," she says. "It means so much to me."



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Stephanie Tsirgiotis

overseeing hospital operations as a whole. She also helped implement important health initiatives and is the project leader of a smoking cessation program for MUHC patients called IMPACT. "I'm hoping to adapt this model for the Children's by expanding the program to help parents stop smoking," she says. "Our model has proven to be very successful and I'd like to see it evolve."

Besides her daily responsibilities as an administrator, Chantal also served as a clinical advisor for the construction and organization of adult Respiratory Services at the Glen. "I learned very early on that if you work together, you can get a lot more done," she says. "As an administrator it is important to stay connected to the people on the ground and make sure they participate in the decisions that will affect our future at the Glen."

Her interdisciplinary approach towards healthcare, and her innovative spirit and compassion towards patients and families will make her a perfect fit for the Children's. As a clinical leader at the Chest, she credits her team for always delivering the highest standards of care, amid ups and downs, and plans to oversee this new responsibility with the same outlook. "The Children's plays a major role in promoting the wellbeing of its community and I will make sure that our patients and families have a positive experience every time they walk through our doors," she says.

Even though she's still getting used to the different units and wings of the hospital, she already feels at home. "Over the last week I've heard so many stories of why the Children's is special," she says. "I've talked to people who have spent their entire careers here, people who have left and come back, and there was one word that kept coming up: compassion." Compassion - a word Chantal can definitely relate to. Our nursing department is in very good hands. •

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

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Did you know you're reading an award-winning magazine? Chez nous came in second for best internal health care newsletter in Canada! The award was given by the Health Care Public Relations Association of Canada. Next year we're going for gold!

Chez nous would also like to take this moment to thank Barbara Izzard for her many years of dedication and hard work. As Associate Director of Nursing, she led our nurses for the last six years and will continue to guide us as the senior advisor for MCH Redevelopment. She will now be working full-time on preparing us for our transition and transfer to the new MCH. Her new office is located in Les Tourelles.



The missing factor:

Growing up with hemophilia

— By Stephanie Tsirgiotis

Helene Zereik has spent the last few days thinking about whether or not she should let her seven-year-old son Gabriel go on a school field trip. She even drove to the outdoor activity centre in Île-Perrot to make sure the grounds were safe enough for her son. “Some parents think I’m just being overprotective, but this is our reality,” she says. “This is what happens when you have a child with hemophilia.”

Day-to-day reality

Gabriel has Hemophilia B, a hereditary genetic disorder that makes it difficult for him to stop bleeding. In Gabriel’s case, his blood coagulates less than 1% of the time, because he’s missing factor IX, a special protein in the body that helps blood to clot. This makes Gabriel prone to joint bleeds. When he first started learning how to crawl, he had to wear kneepads because of

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Gabriel (left) at a recent follow-up appointment in Complex Care with his mother Helene and little brother Robert (right). Robert does not have hemophilia, but Helene is a carrier.



the friction; otherwise his knees could swell up to the size of cantaloupes. As a toddler, his mother also made him wear a helmet at all times, in fear of him falling over and hitting his head. “Gabriel also bruises very easily and he would get these huge bruises on his ribcage just from putting him in and out of his car seat,” says Helene. At five-months old, Gabriel rolled off the bed and hit his head. His parents rushed him to the Emergency department (ED) at the Children’s, a place where they spent every other weekend when he was a toddler.

Prevention is key

At that point in time Gabriel was treated on a needs basis. When he got hurt, doctors or nurses from the MCH’s Complex Care Service would give him Benefix®, a medication that temporarily increases his factor IX to a normal level. But Benefix’s efficiency starts to decrease after 24 hours. Now Gabriel is being treated by prophylaxis, a medical term used to describe when someone is ‘treated in anticipation’. “This helps minimize the risk of bleeding due to injury,” says Tania Lafleche, Gabriel’s nurse in Complex Care’s Hemophilia Clinic. “His parents give him Benefix two to three times a week, so that in case he gets hurt, he will have enough factor IX in him to stop the bleeding.” This new reality has decreased their trips to the ED, but introduced a new challenge – administering the Benefix. Benefix is administered intravenously, but Gabriel’s veins are very hard to find. “It broke my heart seeing him sit there, while we poked at his arms trying to find a vein,” says Helene. His nurse Tania suggested they install a port under his skin to make the process easier. Mom and dad were trained on how to use the port, which is located on the right side of his chest, and they have been treating him at home since January.

Making it work

Gabriel knows he is different from other children and that there is a fine line between what he can and cannot do. In terms of sports, he cannot play any contact sports, but he does enjoy swimming and skating. The family has even developed a special routine in an attempt to reduce Gabriel’s chances of getting hurt. “We do have to be careful, so we try to go to the park early in the morning before it gets too busy,” she says. “All these little lifestyle choices have really helped lower my anxiety and Gabriel’s.” But at the end of the day, his parents know that he is still a kid, a kid who loves to play on the monkey bars and be silly with his younger brother and sister. “We can’t control everything he does, but my hope is that his disease becomes easier to manage as he grows up. Eventually he’ll start to understand his body better and his limits.” •

Hemophilia B is hereditary and usually only affects men; Gabriel’s uncle Christian is also a hemophiliac. In fact, Christian has been treated at the Montreal Children’s Hospital’s Hemophilia Clinic since he was three years old. Because hemophilia is so rare, patients are followed throughout their entire lifetime by the MCH which is one of only four designated hemophilia treatment centres in Quebec.



How to stay in shape this summer

— By Dr. Claire Leblanc and Joanna Mazda

Summer's here and there's so much you can do to get physically active. If you lack motivation or are bored with your regular routine, *find a friend or colleague with similar interests and goals and get moving!* Lunch hours are a great time to power walk. Just make sure you don't spend too much time catching up. If you can hold an entire conversation without being out of breath, you're not walking fast enough!

If you're looking into joining a gym, *find one that is close to home or work.* Training should be fun, not an inconvenience. It's already a burden for some people to get out the door, so choose a place that is nearby and offers a wide variety of classes and space to train.

Speaking of classes, most gyms and fitness companies offer a large variety of classes. Whether you love cycling, circuit training, running, or simply weight training, *find the class that most interests you and stick with it.* Just remember to check the schedule for times and any additional fees.

If you prefer being outdoors, there are tons of companies offering outdoor boot camp, Pilates, and yoga classes. Online discount websites, such as LivingSocial, tend to offer rebates on 1-, 2-, and 3-month classes for a great deal. It's an inexpensive way to try out classes without a 12-month contract. Just make sure the location is convenient. Some great spots include Parc Lafontaine, Parc Maisonneuve, and Westmount Park.


Another important way to keep fit is to *create short-term goals* and work towards them. Keep a notebook with your distances and times (or weights if you love weight training) and always aim to surpass your last workout!

If you're thinking about starting a taped workout like Insanity, make sure you know what you're getting into. If you've had any previous injuries or aches and pains, high-intensity interval training may not be the best option. These types of workouts may bring about more injuries than benefits, especially if you're not doing the movements properly.

Not fond of the gym/fitness course setting? *Why not join a recreation league to stay fit and meet new people?* From the traditional (hockey/soccer) to the unconventional (dodgeball, ultimate frisbee), Montreal offers dozens of leagues for people of all skill levels.

Finally, if you've got a busy lifestyle *try getting an early start* on your activity! There will always be something more important in your life to attend to so the earlier you get up and get moving, the less likely you'll be to miss that workout!

Montreal's summer weather lasts for four to five months, tops. Get out and make the most of it! Go for a family bike ride around the Lachine Canal, or a romantic hike up Mount Royal. Find an activity you love, make sure it fits your schedule, and stick with it! Don't forget to eat well too, and pack healthy snacks to enjoy while you're out.

Happy Training! 

If marathon running isn't for you, how about trying marathon stair climbing? Sophie Fournier and Véronique Courchesne from the NICU have both been participating in the Défi des escaliers de Québec for the past three years. They climb and run up 19 kilometres of stairs – we're talking 3,200 stairs! They practice after work by running up the Atwater hill and they also walk up to 9C at least three times a day.



Julie Richer

Julie Richer, a nurse in the NICU and mother of two, has always loved keeping fit, but she became bored of doing the same workout and began looking for a new challenge. Her trainer introduced her to Powerlifting, a strength sport that

consists of three lifts: squat, bench press, and deadlift. To date, Julie can lift 195 lbs. in the squat position, 135 lbs. on the bench press, and an amazing 225 lbs. in the deadlift. She now trains four to five times a week for an hour and a half and is currently training for her first competition which will take place on August 24.



Yann Djellid



Five years ago, Yann Djellid, an administrative officer in the Emergency department, became concerned about his health. Weighing in at 220 pounds and a Type 2 diabetic, Yann realized it was time for a change—so he began walking. During lunch, he would walk to Complexe Desjardins and back, but when that became too easy he started walking home

after work which took him three hours and 45 minutes! Over time, walking turned into speed walking and speed walking turned into running. He now runs home every day, rain or shine, summer or winter, in a record time of 54 minutes. “I run for myself and I run for my health,” he says. “I’m now down to a healthy 165 pounds and I feel great.”

Stephanie Arpin

Stephanie Arpin, a physiotherapist at the MCH, ran for 11 years before she became serious about training for a marathon in 2012. Last year, she completed her first marathon in Arizona, followed by another one in Montreal, for a total of 84.39 kilometres! A few weeks ago, she ran alongside 20,000 runners in a half marathon

in Ottawa and is already gearing up for the Army Run in September. When training, she runs up to 65 kilometres a week, which consists of two to three short runs and a longer one on Sundays. “I got into marathon running because I wanted to test my physical and mental limits,” she says. “It was also something I wanted to cross off my bucket list!”



Randy Robins

Randy Robins, Associate Director of Hospital Services at the MCH, has been playing tennis for the last 25 years. Three times a week, she plays tennis for an hour after work at the Monkland Tennis Club, an outdoor tennis club close to home. “I’ve actu-

ally been playing tennis with the same three friends for the last 20 years,” she says. “We play doubles and change partners every set.” Randy loves the social, recreational and competitive nature of tennis. “It’s also a great way to get fresh air and stay fit during the summer months.”





Clinical Labs: an exciting future at the Glen

— By Maureen McCarthy

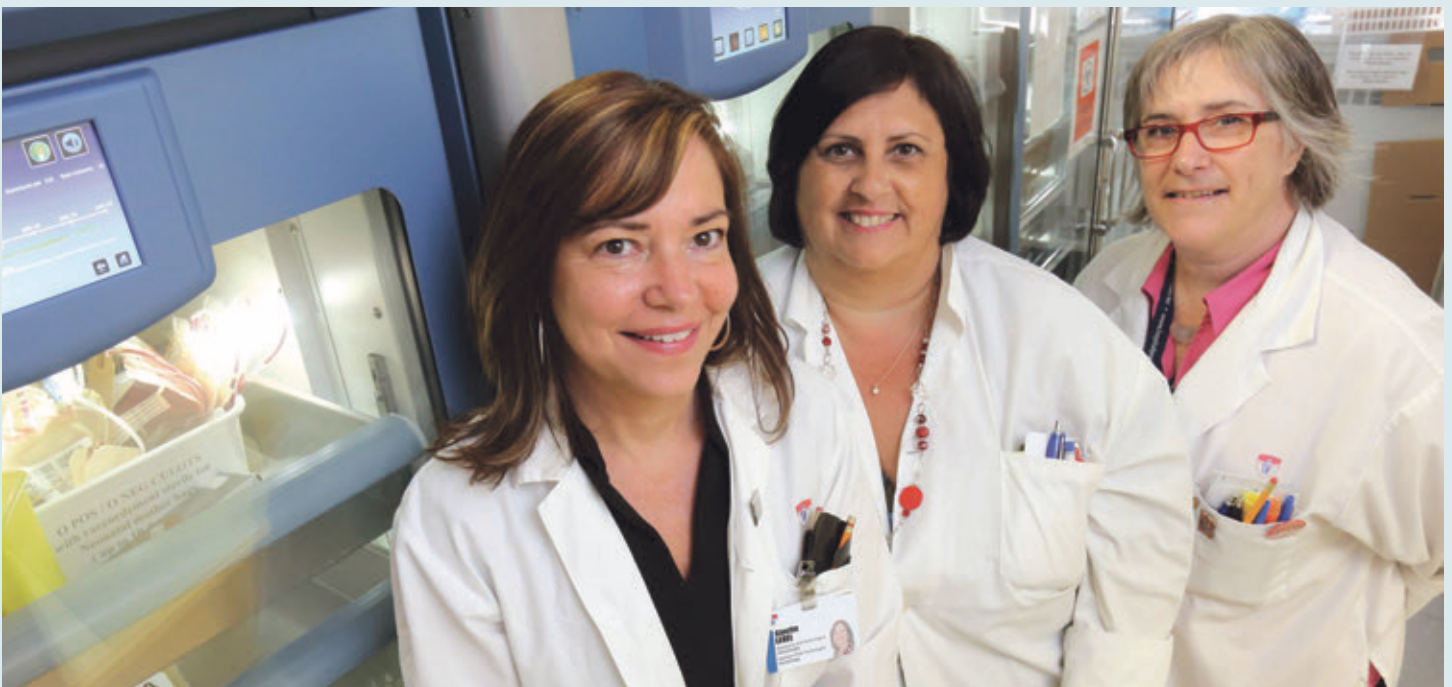
When talking about the Clinical Laboratories at the new MUHC, Johanne Gravel easily sums up what the department's hard work and planning will represent. "We'll have one of the largest, most advanced facilities not only in the province, but in North America," says the Interim Associate Director of Clinical Laboratories at the MUHC, "and our capacity and expertise will make us a leader in Quebec."

Planning for the new MUHC clinical laboratories at the Glen has been years in the making but more recently, the Optilab project, a reorganization of the province's lab services, added another dimension to the planning process. The MUHC was designated as a "centre serveur" by Optilab, making it one of three supra-

regional laboratories which are the largest facilities in the province. The role of the "centre serveur" is to continue to serve its own patient population as well as provide lab testing for other institutions according to its expertise or geographical location. "For the most part, the MUHC labs will continue to do all forms of testing for MUHC patients but we are now analyzing all non-urgent tests from many other hospitals as well," says Ms. Gravel.

The Clinical Labs department was one of six Major Optimization Projects (GPO) launched at the MUHC last year. Workgroups within the department looked at issues of centralization, and

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(l. to r.) Ginette Lebel, Assistant Chief Technologist, Blood Bank – MUHC Transfusion Services, along with medical laboratory technologists Lison Robert and Jocelyne Emery (and Gail Lamica, not in photo) work in the Montreal Children's Hospital blood bank. Currently there are three blood bank refrigerators at the MCH site; that number will increase to 10 at the new MUHC.

how best to standardize and optimize their practices. By the end of 2013-2014, the department realized savings of more than \$2 million, while maintaining their annual volume.

A new way of working

The Clinical Labs are currently spread out over the MUHC's various sites but the move to the Glen will bring lab services altogether under one roof where everyone will work in larger teams in a bigger, more open facility.

All labs at the new MUHC will be located on levels 4 and 5 of Block E, which is also home to the Research Institute. The facilities will include the Central Lab, which includes biochemistry, and hematology. There will also be the cytogenetics, genetics, cytology, pathology, and microbiology labs, and a molecular diagnostic laboratory.

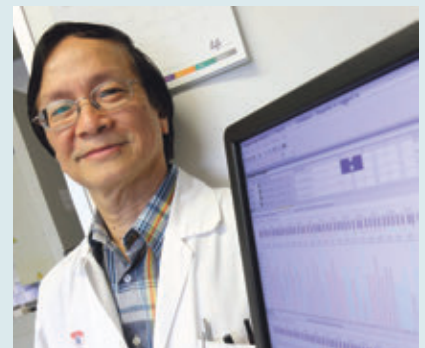
The lab staff at the Children's numbers around 100 people, and they are part of an MUHC-wide team of nearly 700. Transfers and training are already taking place in some areas. For example, there are Montreal Children's Hospital (MCH) staff who recently transferred to the Royal Victoria Hospital (RVH) labs to work with their RVH colleagues on both pediatric and adult samples. "We won't have separate adult and pediatric work stations in the future, so this is excellent training for what's ahead when we move," says Ms. Gravel.



Wafaa Chebaro, Specialist in Biological Sciences in the Molecular Genetics lab, is seen here conducting a test to isolate DNA samples from blood.

Getting there in the blink of an eye

At the new hospital, walking the distance from Block A or B over to Block E will take several minutes. Blood tests, however, will make the trip in seconds thanks to the pneumatic tube system. "The advantages are tremendous," says Ms. Gravel. "There is never any need to wait. Once a blood test is done, staff can send the sample via pneumatic tube and it will arrive in the labs in seconds." There is also a priority system to allow urgent requests to get through first. In these cases, the turn-around time will be less than one hour, with results posted immediately to OACIS.



Tak Lee, Specialist in Biological Sciences in the Molecular Genetics lab.

One of the main tasks in planning for the move is determining the required staff resources at the Glen. The increase in annual volume due to Optilab will also mean recruiting new staff. "We're looking at each work station in terms of volume, time required, etc., so that we can determine how many people will be required in each area," says Ms. Gravel. "We want to ensure that we maintain our staff expertise and minimize the impact on personnel as much as possible."

Early activators help put plans into action

Certain staff members from each site have been designated as early activators and are involved in testing new work flows; some are receiving training on new equipment and preparing the new work areas at the Glen. There will also be "super-users" on certain equipment; they will eventually train other staff on the equipment as well.

While some of the equipment currently used at each of the MUHC sites will be transferred to the Glen, one new piece of

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Clinical labs at the Glen *(cont'd)*



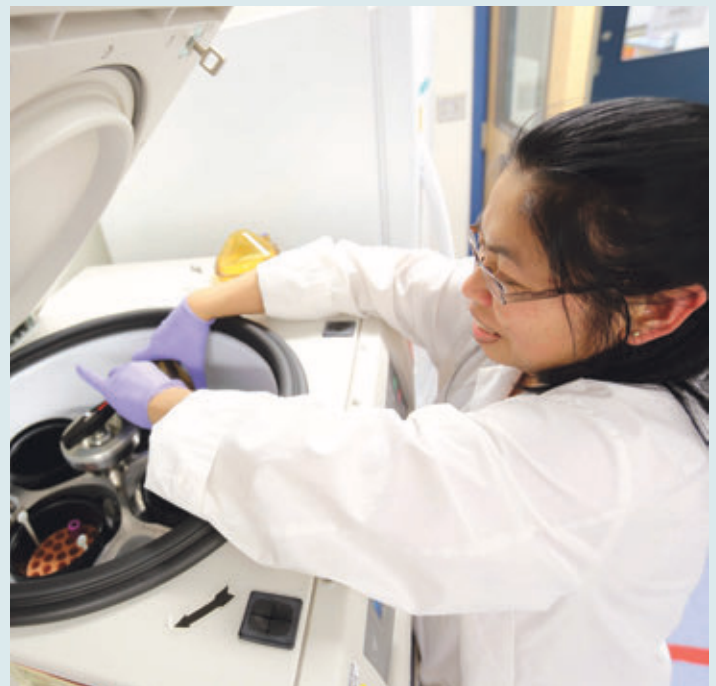
(l. to r.) Annie Capua, Administrative Technician, Biochemical Genetics Laboratory, and Gail Dunbar, Medical Technician in the Tissue Culture lab.

equipment being installed at the Glen—a four-track automated system which links four different areas of activity (biochemistry, immunochemistry, coagulation and hematology)—will be the only one of its kind in North America. The super-users will be the first to receive training on the new automated system, which will take place before the move in April 2015.

Moving in stages

The first group of clinical lab staff will move in April when the RVH moves. Most staff from the MCH will move in May. “The Clinical Laboratories management will ensure that the Children’s has the required number of lab staff to cover all patient needs right up until the final day of the move,” says Ms. Gravel. Certain staff from the Montreal General Hospital and Lachine Hospital will also move to the Glen, but both sites will maintain stat labs to offer the services required to patients.

Ms. Gravel says the Clinical Labs at the MUHC have much to look forward to. “Our position as a leader in the province combined with our brand-new facilities and the opportunities that a pediatric-adult teaching hospital can provide place us in a superb position for the future. Our staff can be very proud of what we’re accomplishing.” She emphasizes that the department is working hard to communicate with employees and help everyone understand the changes and what to expect. “Our staff know that we’re in a period of great change but they also know that despite the challenges ahead we’re in a very exciting phase in our department’s history. Next year at this time, when we’re all in one location, we’ll have so many more opportunities for collaboration and discussion, as well as sharing of technology and expertise. The future looks very promising.” •



Keo Phommarinh, Medical Technician in Biochemical Genetics, places blood samples in a centrifuge.

You asked, we answered!

Answers to frequently asked questions about the Glen

How will the different buildings and hospitals be identified?

Glen is made up of five blocks (buildings) and two parking lots. Each building is identified by a letter:

- Blocks A and B: Montreal Children's Hospital
- Blocks C and D: Royal Victoria Hospital, Montreal Chest Institute, Cancer Centre
- Block E: MUHC Research Institute
- Block F: Employee parking lot
- Block G: Underground visitor parking lot

In addition, a colour has been assigned to each hospital:

- Montreal Children's Hospital: turquoise
- Royal Victoria Hospital: dark blue
- Montreal Chest Institute: orange
- Cancer Centre: green
- MUHC Research Institute: red

MAIN DIRECTORY ▼

Départements	Bloc	Niveau	Départements	Bloc	Niveau
Hôpital de Montréal pour enfants	A & B		Service de soins complexes	B	BC
Radiologie pédiatrique	A	BC	Services éducation et soutien	B	BC
Aire de triage	B	BC	Services dentaire	B	BC
Angiographie	B	3	Soins aigus	B	BC
Archives médicales - Centre de numérisation	B	BC	Soins ambulatoires	B	BC
Bloc opératoire	B	3	Centre de radiologie	B	BC
Centre de cardiologie	B	BC	Soins aigus	A	2
Centre de ressources pour la famille	A	BC	Triage	B	BC
Centre de diagnostic et de traitement	B	BC	Unité de pédiopsychiatrie	B	7
Centre de prélèvement	B	3	Unité de traitement des dispositifs médicaux (TDM)	B	BC
Chirurgie d'un jour	B	3	Unité de soins aux patients immunodéprimés	B	7
Cliniques ambulatoires - Comportement et développement du cerveau	A	3BA	Unité de soins intensifs néonataux	B	4
Cliniques	A	BC/3	Unité de soins intensifs pédiatriques	B	4
Cliniques ambulatoires - Audiologie	A	BC	Unité de soins postanesthésiques	B	3
Cliniques ambulatoires - Ophthalmologie	A	BC	Unité de soins médicaux/chirurgicaux	B	3 & 7
Cliniques ambulatoires - Otolaryngologie	A	BC	Urgence - Aire administrative	B	BC
Cliniques ambulatoires - OBL	A	BC	Urgence - HME	B	BC
Centre de l'équipement biomédical	B	BC	Urgence - Hommes	B	BC
Diagnostic neurologique	B	3	Zone ambulatoire	B	BC
Dialyse et aphémie	B	BC	Unité de soins postanesthésiques	B	3
Distributeur d'unités	B	BC	Unité de soins médicaux/chirurgicaux	B	3 & 7
Hôpital Royal Victoria	C & D		Urgence - Aire administrative	B	BC
Ergothérapie	A	3	Urgence - HME	B	BC
Évaluation psychosociale	B	BC	Urgence - Hommes	B	BC
Évaluation rapide	B	BC	Zone ambulatoire	B	BC
Généraliste médicale	A	4	Unité de soins postanesthésiques	B	3
Hôpital de jour en oncologie	B	7	Unité de soins médicaux/chirurgicaux	B	3 & 7
Imagerie médicale	B	3	Urgence - Aire administrative	B	BC
Imagerie - Administrative	B	2	Urgence - HME	B	BC
IR-EMF Pédiatrique	B	4	Urgence - Hommes	B	BC
Laboratoire d'Electrocardiologie	B	3	Zone ambulatoire	B	BC
Laboratoire de virologie	B	3	Unité de soins postanesthésiques	B	3
Laboratoire de fonction pulmonaire	B	BC	Unité de soins médicaux/chirurgicaux	B	3 & 7
Laboratoire de sang	A	BC	Urgence - Aire administrative	B	BC
Neurologie clinique	B	BC	Urgence - HME	B	BC
Orthopédie	A	4	Urgence - Hommes	B	BC
Pharmacie - Soins intensifs	B	6	Zone ambulatoire	B	BC
Pharmacie d'urgence	B	6			
Physiothérapie	A	3			
Psy-triage	B	BC			
Psychiatrie	A	3			
Radiologie	B	BC			
Salles d'attente	B	BC			
Centre de cancer	C				
Salles des résidents	A	BC			
Séance	B	BC			
Télécentri	B	BC			
Service d'ambulatoire	B	BC			

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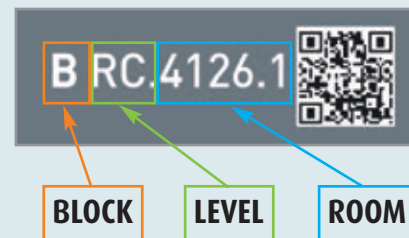
You asked, we answered! (cont'd)

How will the room numbering work?

Rooms will be identified by block, level and number. Each room also has a distinct QR code that can be scanned for operations and maintenance purposes.

To facilitate patient/family circulation within departments, clinical rooms (i.e. exam rooms, procedure rooms, ORs, etc.) have been independently numbered.

GRAY DIRECTIONAL SIGNAGE is dedicated to public areas such as bathrooms, elevators, commercial areas, cafeteria/food services, etc.



BLOCK: The first letter indicates the block the room is located in

LEVEL: The next two numbers and/or letters indicate the level the room is located on

ROOM: The last four or five numbers indicate the room



If you've driven by our new home on the McGill University Health Centre's Glen site, you may have noticed the coloured glass windows as you passed by. Here's a look at these same windows from the inside as construction wraps up. This area will be the main walkway that connects the various buildings together, and will include commercial spaces where food and other conveniences will be sold.

The Ball for the Children's

The Ball for the Children's on May 22 at Windsor Station took guests on trip over the rainbow to the Land of Oz, all the while raising an impressive \$1.1 million for the MCH. The outstanding total was achieved thanks to many generous supporters including Patron of Honour, the National Bank, Governor sponsors, the Caisse de dépôt et placement du Québec, Bell, Célébrations FX, and all Awards of Excellence sponsors. Funds will go to the Healthy Kids Fund aimed at meeting the most urgent needs of the hospital.

Seen in this photo from left to right are Marie-Josée Gariépy, President of the Montreal Children's Hospital Foundation, the event's Patron of Honour, Karen Leggett, Executive Vice-President, Marketing & Corporate Strategy and Member of the Office of the President, National Bank, Greg Rokos, chairman of the Montreal Children's Hospital Foundation, and Martine Alfonso, Associate Executive Director of the MCH. •



Complete our survey: you could win a \$100 Target gift card!

Every year around this time, Public Relations and Communications asks the MCH community to weigh in on *Chez nous*. Our survey this year is available online so it's quick and easy to fill out. You can do it at work, at home, or even on the bus. It only takes about three minutes, and it gives you the chance to tell us if *Chez nous* is interesting, engaging, and providing you

with the news you need to know. What's more, completing the survey will give you a chance to win a **\$100 Target gift card!**

Visit www.surveymonkey.com/s/ChezNous_survey to complete the survey. Deadline is **June 30, 2014**. Thanks in advance for sharing your feedback with us... and good luck! •

Congratulations to the two prize-winners of the 2014 MCH Annual Research Day, Amanda Baumholz and Adam Fontebasso, on their excellent presentations.



The Caring for Kids Radiothon raised \$1,460,000!

May 29 was an exciting day, filled with courage, hope and a few surprises! Eleven-year-old patient Tristan Lessard fulfilled a lifelong dream to audition for TSN Radio and nine-year-old patient Keyanna Guité was surprised with concert tickets to see one of her favourite artists!

All funds raised will go to the Healthy Kids Fund to meet the most urgent needs of the hospital, which include medical and surgical equipment and funding for innovative projects. Special thanks to CJAD, Virgin Radio 96, CHOM 97.7 and TSN-Bell Media, to phone bank sponsor Dormez-Vous? and Miracle Hour sponsors A Bunch of Moms, Cinemas Guzzo, Fondation Air Canada, Larente Baksh Group, Employees of Omnitrans, Revolution Textiles, Tenaquip, Scotiabank and Shire Canada. Thank you also to Air Canada and the dozens of volunteers who answered phones helping to ensure the event's success.

But the biggest thank-you of all goes to all the staff who work so hard to take care of our young patients! •



Keyanna Guité, seen here with Virgin Radio host Kelly Alexander, was thrilled to receive free tickets to see Demi Lovato this fall.

The Children's launches its Legacy Year



Staff at the Montreal Children's Hospital joined all MUHC sites in kicking off the Legacy Year with a BBQ lunch and its annual garage sale on May 23. The event launched a year of activities that will pay tribute to the colourful history of the MUHC's founding hospitals and culminate in the official inauguration of the new Glen site on **Saturday, June 20, 2015.**

Be sure to check out our brand new website, muhclovesmtl.ca, where you'll find fun, historical stories, details about the inauguration celebrations and the full list of Legacy Year events at the Children's and across the MUHC. The website is the only place where you can register for events like the Glen site open house for staff on **December 6, 2014.** •