

# Chez nous

MCH EMPLOYEE NEWSLETTER

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## Tackling Crohn's disease

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Hôpital de Montréal  
pour enfants  
Centre universitaire  
de santé McGill



Montreal Children's  
Hospital  
McGill University  
Health Centre

Photo: Madeleine Dion



# Tackling Crohn's disease

## A life-altering operation gives a Laval teen a new lease on life

— By Pamela Toman

At 13 years old, Hubert Jacob — a hockey and karate-practicing teen — had just started high school when he suddenly began to experience debilitating bouts of diarrhea. “At first we thought it was just a few isolated incidents of having an upset stomach,” explains his mother, Madeleine. The episodes, however, didn’t stop.

Worried about their son’s health, Hubert’s parents took him to the Montreal Children’s Hospital’s Emergency Department where

he was admitted for dehydration caused by extreme loss of fluids as a result of acute diarrhea. The diagnosis soon followed: Hubert had Crohn’s disease, a condition that causes inflammation of the gastrointestinal (GI) tract.

### What is Crohn’s disease?

When a patient has Crohn’s disease, all of the body parts that deal with processing food can become inflamed. The walls of the inflamed area thicken and develop a cobblestone-like surface. This can cause stomach pain, vomiting and loss of appetite, among other symptoms. What’s more, there is no cure for Crohn’s disease — the management of the disease is done through controlling the symptoms.

### Tackling a debilitating condition

What followed seemed like a whirlwind of hospitalizations, treatments and struggles to get Hubert’s disease under control. “We tried almost everything to help with the management of his condition,” says Madeleine. “The more he relapsed with symptoms, the more the disease was impeding his growth. From age 13 to 14, we were in and out of the hospital. We spent birthdays, holidays and several weeks on end in the hospital. Hubert was immunosuppressed, and extremely sick. He just wasn’t gaining weight, and he wasn’t growing.”

Within a period of 20 months, Hubert was hospitalized five times and missed almost two years of high school. At age 14, he was four feet and 7 inches tall and weighed 77 lbs — much smaller than other boys his age. Hoping to find a solution that would get his growth back on track, Hubert and his family, along with his gastroenterologist, Dr. Terry Sigman, decided to try another option: surgery.

*Continued >>>*



*Hubert Jacob*



## A life-altering operation

Having exhausted all other treatment options, surgery was the only remaining alternative that held promise for Hubert. On July 2, 2011, Dr. Sherif Emil, director of general and thoracic surgery at the Montreal Children's Hospital, and his team performed an operation in which Hubert's entire colon was removed by laparoscopy (also called minimally invasive surgery) using a camera and several very small incisions. He was left with an ostomy bag to collect his stool until his intestines are reconnected at a later date through a second surgery.



*Hubert is back to being the active kid he used to be.*

The change, says Madeleine, was night and day. "Once out of surgery, Dr. Emil told us that he had never seen a colon in such a state," she says. "It made us realize just how important the surgery was for our son. It was amazing to see him slowly get better from that moment forward and to resume his regular activities."

Today, Hubert is back to being his active, happy-go-lucky self. Despite having missed two years of high school due to illness, his mother proudly affirms that the soon-to-be 18-year-old graduated with the rest of his high school class thanks to his hard work during hospitalization. Now a CEGEP student at Cégep de Saint-Laurent, Hubert hopes to eventually study Health Sciences, so that he can put his personal experience as a patient to use as a future doctor.

Dr. Emil says that Hubert is already using his personal experience to pay it forward: he recently came to the hospital to cheer on another patient who had undergone the exact same operation. "It made all the difference to that patient's recovery," says Dr. Emil. "Night and day as the nurses have said!"

"We definitely didn't follow a straight and narrow path to get to this point," says Madeleine looking back on her son's journey, "but if this is what it took, I am happy that Hubert can now lead a normal life just like his peers." •

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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!*



# Spiritual Care:

## helping families cope with their child's illness

— By Maureen McCarthy

When Fr. Paul Geraghty, coordinator of Spiritual Care services at the Montreal Children's Hospital, first came to the hospital more than 20 years ago, it was a time of change for what was then called Pastoral Services. "The department used to be based on a traditional model," Fr. Paul explains, "but the new approach was in keeping with a more ecumenical, more multi-faith and spiritual model that was being developed at the time."

Fr. Paul and his colleagues Doreen Shalla, Susan Buell and Jennifer Bourque are the hospital's chaplains, known as Spiritual Care Professionals, and each plays an important role within many of the hospital's care teams. Fr. Paul is part of the Pediatric Intensive Care Unit (PICU), Doreen works in Neurosurgery, Trauma and Emergency, Susan works with the Oncology team, and Jennifer is on the Neonatal Intensive Care Unit (NICU) and pediatric wards. In addition, they provide 24-hour on-call service to all areas of the hospital, which often means rushing to Emergency in the middle of the night.

The chaplains have all completed required courses in Clinical Education for Spiritual Care at the Royal Victoria Hospital. Between them, they have also obtained degrees in theology, ministry and in Fr. Paul's case, law. "People are often surprised by that," he says with a laugh. Each of them came to the Children's with chaplaincy experience, ranging from youth ministry to working with seniors. Although none of them set out to work in pediatrics, it has turned out to be the perfect fit for all of them.

Fr. Paul explains that their role at the Children's is to provide service, presence and accompaniment to families. "We are all, without exception, fully integrated into the care teams," he says. They often meet the parents on the first day their child is admitted, although in Oncology and the NICU, where patients

can have long stays, the introductions might happen a bit later. "Sometimes we get referrals from a nurse who has talked to a family," says Susan, "which is a nice lead-in because they know we're part of the team."



*MCH chaplains Susan Buell and Jennifer Bourque are part of the Spiritual Care team at the Children's.*

### Meeting parents 'where they are'

"We work with people from many different religious traditions," says Jennifer, "and we are there for all parents on the unit. We're very committed to meeting people 'where they are' in terms of dealing with their child's illness. It's very important that we listen to them first to know what they need from us." The chaplains acknowledge that, for any number of reasons, parents are not always ready to talk to them. Some parents aren't interested, while others feel they already have support from their community. But the chaplains' ongoing presence on the units sometimes yields surprising results. "One of the parents approached me after being there for almost a year," says Susan. "She had watched me interact with other parents

*Continued >>>*



and children, and eventually felt ready to talk.” The chaplains also watch out for parents who have many different caregiver roles. “Sometimes a family member is the caregiver for another family member, but nobody is taking care of their needs. That’s another way we can help,” says Doreen.

The chaplains are sometimes asked to help families who want to speak to someone from their own faith, such as an imam or rabbi, when their child is dying, or if they need guidance around critical decisions about their child’s care. One of those people is Sid Dworkin, a rabbi who comes to the Children’s once a week and on-call as needed.

Parents aren’t the only family members they talk to. Sometimes, the children themselves will ask to speak to them. From time to time, the chaplains also provide support to their

colleagues at the Children’s, and they hold memorial services for patients who have passed away.

In keeping with the Children’s role as a teaching hospital, the chaplains have made presentations at Emergency and nursing orientation rounds, and they’ve taught residents and other staff members on subjects such as spiritual needs, grief, rituals, and bereavement follow-up.

Fr. Paul, Doreen, Susan and Jennifer all agree that working in pediatrics has been a great gift. “When our patients are discharged, that’s often the end of our work with the family,” says Doreen. “But occasionally we’ll see a family six months or a year later when they’re here for a check-up and you get to see how the child has progressed. Those moments bring us a lot of joy.” •



*Chaplains Doreen Shalla (l.) and Fr. Paul Geraghty (r.) are seen here with Toni Santeusano, administrative assistant in Spiritual Care Services at the Children's.*



# Celebrating Respiratory Therapists Week

October 26 to November 1, 2014



*(l. to r.) Sylvia Ladan, Rebecca Silverberg and Angie Penta.*

Respiratory Therapists in the Montreal Children's Hospital's Sleep lab help children and their families breathe easier. Masters at maximizing space usage, Sylvia Ladan, Jacinthe Lavergne, Christine McGregor, Angie Penta, Rebecca Silverberg, and Diana Zinno, make the most of their small space on the 5<sup>th</sup> floor of the hospital's C-wing.

"We evaluate children of all ages, both in the home and in the lab setting, using various diagnostic tools for conditions such as, but not limited to, obstructive sleep apnea, central sleep apnea, and other sleep disorders. We also conduct therapeutic sleep studies that often involve adjustment of ventilator parameters

in order to ensure proper ventilation for the child at night," says Rebecca.

With patients' comfort top-of-mind, the new Sleep Lab at the Glen site will not only be bigger, but floors in the sleep rooms will be cushioned, the rooms will be sound-proofed, and each room will have independent climate control. •

During RT Week, head to our Facebook page at [www.facebook.com/lechildren](http://www.facebook.com/lechildren) to read more about our Respiratory Therapists and the important work they do at the Children's.



# The MCH Legacy Sub-Committee presents: A Photo Exhibit of the Montreal Children's Hospital

The Montreal Children's Hospital is more than just a building. Every room, hallway and staircase has played a part in creating its history and every patient, family and staff member has helped turn it into the special place it is today.

Giuseppe Pascale, a MCH volunteer and part-time employee, was deeply moved by this thought and wanted to capture it through his photography. "As a volunteer I spent most of my time on the 6<sup>th</sup> and 7<sup>th</sup> floor, and even though the physical space never changed, the atmosphere did - constantly," he says. "It really got me thinking about how people truly shape the buildings they work and live in and I wanted to capture that before we moved."



*The boiler room, which is located in the basement of the Children's.*



*The stairwell between C3 and C4.*

After approaching Teresa DiBartolo with his idea, the two spent time walking through the hospital and taking photos of everything from the PICU to the F-wing. "I wanted to take photos of areas that people were familiar with, but also show them spaces they probably have never seen before, like the boiler room," says Giuseppe. His collection of black and white photos will be on display in the hospital's 2B Waiting area from October 23 until May 2015. The exhibit is sponsored by the Auxiliary of the Montreal Children's Hospital. •

Prints can be purchased by contacting Giuseppe through his website at [www.gpfoto.ca](http://www.gpfoto.ca) or by going to [www.etsy.com/ca/shop/gpfoto](http://www.etsy.com/ca/shop/gpfoto). 50% of all profits will go towards the Montreal Children's Hospital Foundation.



# The Pack Plan:

## customized labels and equipment will help the move run smoothly

Many of you have been working hard to scan documents and merge and purge files before the big move in May. The next question is how and when will the packing begin?

### Packing facts

- Each employee is responsible for packing and unpacking their office supplies (books, binders, desk contents, etc.)
- Health Care Relocations (HCR), the company hired to organize the move, will deliver packing equipment to your department within 24 to 48 hours of your scheduled move date/time (detailed transfer calendars can be found on the MUHC 2015 section of the intranet under 'Useful Tools').
- You'll have 24 to 48 hours after the move to unpack your items before HCR returns to pick up their packing equipment.
- Each and every item that moves **must** have one of HCR's custom designed labels affixed to it which they will supply. If an item does not have a visible HCR move label, the item **will not** be moved.
- HCR's specialized moving equipment allows you to pack your office and continue working, since there is easy access to approximately 90% of your office contents.
- Your department manager is responsible for designating a "Sender" and a "Receiver". The "Sender" needs to be present when HCR arrives to assist in identifying which items are being moved to the new hospital. The "Receiver" needs to be present at the Glen to assist HCR with the correct placement of contents in your new space.
- HCR designed all the packing equipment based on their many years of experience!

### Packing equipment

#### The Gondola

HCR's customized Gondola is a mobile file holder used for files, books, binders, etc. Contents remain visible when packed so

you are fully operational while moving. The clear, plastic dome and Velcro cover ensures safe transport of items. Both shelves are removable to accommodate different sized items.

### Blue Totes

Blue Totes are lightweight, reusable boxes that are intended for loose desk items only. They are water tight, stackable and can be sealed for security.

### Computer bags

Computer bags are large, plastic re-sealable bags. They are ideal for keyboards, mouse, mouse pads, speakers and any cable/plugs for your computer.

### Speed Packs

Speed Packs are used to transport larger, fragile items such as computers or toys and bulk storage items such as walkers, crutches etc. HCR secures the item with moving pads and packs the item inside the speed pack for safe handling during transportation. •



HCR's customized Gondola and move label.





*When construction wraps up on these play structures in the atrium of the new Montreal Children's Hospital, this colourful playground will be accessible to all patients and families who come through our doors.*

# You asked, we answered!

## Answers to frequently asked questions about the Glen

### **I KEEP HEARING THAT THE GLEN WILL BE KEYLESS. WHAT EXACTLY DOES THAT MEAN?**

Our employees will each be equipped with access cards (which will also double as our I.D. cards) that will open doors based on an employee's role and access requirements. Depending on the type of area being accessed, security personnel may be able to see who is accessing which doors in real time. This new system will help increase the security of the entire facility by ensuring that the right employees get access to the right spaces. The cards will also be fully functional even during power outages thanks to a back-up battery system. Access cards can also be reprogrammed or deactivated to correspond with changes in an employee's status or role within the MUHC, which is — pardon the pun — key!

### **WHAT WILL HAPPEN TO THE FURNITURE AND EQUIPMENT NOT MOVING TO THE GLEN?**

Once items not moving to the Glen have been identified, an inventory of all the 'leftover' equipment and furniture will be created. The Montreal General Hospital, Montreal Neurological Institute and Hospital, and Lachine Hospital have been asked to create a wish list of materials they need and they will get first dibs on whatever is left behind. Following that, we will send a list of the remaining objects to the *Agence de la santé et des services sociaux de Montréal* who will follow a detailed ministerial policy that outlines what should happen to them, which includes the distribution of objects across the network, or even to other organizations in other parts of the world. •



*Wondering how to get from point A to point B within the Glen site once it opens? Detailed wayfinding signs have been installed throughout the new space to help patients and families navigate the hospitals and identify key areas. White signs, shown here, will help identify departments and services, while gray signs will designate public spaces.*



*Thanks to the new design of our Child Life Department at our new hospital on the Glen site, patients will be able to access outdoor space more easily. Centrally located in Block B, just down the hall from the Pediatric Emergency Department, the new Child Life Services space will include a large playroom, equipped with new tables, chairs and toys for kids of all ages, and will open up onto a spacious terrace.*

LEGACY YEAR EVENTS: CELEBRATING OUR PAST AND FUTURE

**TOUR  
YOUR NEW  
HOSPITAL!**

**GLEN SITE  
OPEN HOUSE  
DECEMBER 6  
EXCLUSIVE TO MUHC  
DECEMBER 7  
OPEN TO PUBLIC  
10 AM - 4 PM  
1001 DECARIE BLVD  
VENDOME**

**Free  
Parking on site  
Guided tours  
Once-in-a-lifetime  
opportunity**

**SPECIAL VISIT FROM  
SANTA CLAUS AND  
SHUTTLE SERVICE ON  
DECEMBER 6**

**RESERVE  
YOUR  
SPOT  
TOURGLEN.CA**

Centre universitaire  
de santé McGill



McGill University  
Health Centre

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**CUSM  
MTL  
MUHC**

AIMIA

Bell

BMO

Énergie

CJAD  
107.5

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# EVENTS AND ACTIVITIES

## Awards and nominations

**Dr. Constantin Polychronakos** will be inducted into the Royal Society of Canada (RSC) on Saturday, November 22 at the Fairmont Le Château Frontenac in Quebec City for his work in the genetics of diabetes. Established in 1882, the RSC is the senior national body of distinguished Canadian scholars, artists and scientists.

The Canadian Academy of Health Sciences (CAHS) recently recognized **Dr. Michael Shevell** as a leader in the health sciences by electing him as a CAHS Fellow, one of the highest honours for individuals in the Canadian health sciences community.

**Dr. Saleem Razack** was awarded the 2014 Paediatric Academic Leadership Clinician Educator Award. This award recognizes Dr. Razack's significant years of service at the Montreal Children's Hospital in the Pediatric Intensive Care Unit, as well as his outstanding professionalism as a great role model for all trainees.

The annual **RUIS McGill : Mères, enfants et jeunes** (French only)



The conference will take place on Friday, November 21, 2014 from 9:00 a.m. to 12:30 p.m. in the MCH amphitheatre D-182.

If interested, register before November 14 at [www.surveymonkey.com/s/141121](http://www.surveymonkey.com/s/141121)

**HALLOWEEN PARTY!**

Come join us on **Friday, October 31** from 12:00 p.m. to 1:30 p.m. in the MCH cafeteria for our last Halloween party at 2300 Tupper. Get ready to have fun, dance, laugh, and compete in our annual costume contest!

## A memorial service...

is being organized to remember the children who have died recently at the MCH. We shall also be commemorating children who have died of SIDS. All staff members are warmly invited to attend this service, which will be held on **Tuesday October 21<sup>st</sup> at 2:00 p.m. in the Amphitheatre (D-182).**