

Chez nous

MCH EMPLOYEE NEWSLETTER

Published by Public Relations and Communications | www.thechildren.com

November 14, 2014



**Moving our patients
to the Glen: Nursing team
leaders prep for big day**

— Page 4

Also in this issue:

A young woman's resilient recovery — Page 2

Expanding our approach to Patient and
Family-Centered Care — Page 10

Hôpital de Montréal
pour enfants
Centre universitaire
de santé McGill



Montreal Children's
Hospital
McGill University
Health Centre

Photo: Owen Egan



A new awakening

A young woman's resilient recovery from a life-threatening illness

— By Pamela Toman



Raphaëlla Vaillancourt

It was the first sunny day in May 2014 and 17-year-old Raphaëlla Vaillancourt was eager to take her new skateboard out for a spin. As a newbie to the sport, she was still getting a feel for it, sticking to small challenges and getting comfortable with her balance. "I had never been down a hill before," she says, as she describes the moment she jumped off her skateboard to avoid an abrupt dip in the road.

"I was aiming for the grass, but didn't quite make it," she says. Instead, Raphaëlla fell onto the sidewalk, landing on her jaw and splitting her chin open.

She quickly made her way to the nearest hospital to stitch up the deep cut. Despite being in pain and a little uncomfortable, she was able to make it through a day of final exams just a few days later at CEGEP Montmorency.

But four days after the skateboarding incident, Raphaëlla's condition began to deteriorate rapidly. "I was suddenly getting really swollen in and around my neck," she explains. "It kept getting worse and worse by the hour."

Panicked, her parents drove her to the Montreal Children's Hospital's (MCH) Emergency Department (ED). Once she arrived, the medical team didn't spare a second. Raphaëlla was rushed to the crash room where she was assessed by the Emergency team. She was in and out of consciousness and the swelling was progressing to her throat, threatening her ability to breathe. They placed a tube in her throat to maintain her breathing. Raphaëlla closed her eyes. She would only wake up three weeks later.

Battling a life-threatening bacteria

"All I remember is being put into a wheelchair in front of the Emergency Department....that's it," says Raphaëlla, who awoke from a medically-induced coma in the MCH's Pediatric Intensive Care Unit (PICU), only to discover she was much more ill than she could have ever imagined.

Specialists determined that her neck swelling was being caused by a life-threatening flesh-eating disease called necrotizing fasciitis. The infection is known to spread rapidly through the skin and underlying tissue and can be fatal if not treated urgently.

Head and neck surgeon Dr. Yolène Lacroix was called that night and performed a life-saving emergency surgery. She removed the already damaged tissue and stopped the bacteria from spreading

Continued >>>



further. “She had to remove muscles in my neck and sacrifice a nerve on both sides of my mouth,” explains Raphaëlla.

While hospitalized, Raphaëlla was visited by countless specialists, from respiratory therapists and nurses, to intensive care and infectious disease doctors. During and immediately following her surgery, with her body still in shock, she underwent an intense round of antibiotic treatment to ensure that the flesh-eating bacteria was completely eliminated from her body. She also had to rely on a breathing tube to keep her breathing stable and steady while unconscious, as the severity of the disease had weakened her lungs.

Waking up to a new reality

After spending three weeks in a comatose state, doctors began to slowly wake Raphaëlla up. “It was really weird,” she explains, “I thought I had been asleep for maybe a week. They started weaning me off my medication and I started to panic. I couldn’t really talk, I couldn’t walk or get out of bed...it was a really scary experience.”

Once she understood what had happened, the medical team informed Raphaëlla that the road to recovery would likely be a lengthy one. “They told me not to get my heart set on going back to school just yet. They said I’d likely get back to my routine by December.”

But by July 2014, Raphaëlla was making tremendous progress. With the help of daily physiotherapy and occupational therapy appointments, she was quickly regaining her strength, and her independence. “I was able to talk again, and move around in my bed. I took it as a personal challenge to get better,” she says. And she rose to the occasion.

After five weeks at the Children’s, she was transferred to a rehabilitation facility for three weeks, and by August, Raphaëlla was finally discharged. “It was so great to be back with my family and friends,” she says with a smile. “I found out how many of them had come to visit me while I was in the hospital and it was really nice to see everyone.”

Today, Raphaëlla is a focused student hoping to complete a literature degree after finishing her Social Sciences program this summer.

Grateful to be healthy, Raphaëlla says she’s enjoying seeing things from a different perspective. “I’m going out a lot with friends to make up for the summer I missed,” she says with a grin. “My experience really impacted me. I now make the most of every day.” ●

CHEZ NOUS is published by the MCH Public Relations and Communications office

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

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.

Production of *Chez nous* is made possible thanks to funding from the Montreal Children’s Hospital Foundation.



Join us on Facebook!

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!



From point A to point B: MCH team leaders get ready for patient transfers

— By Maureen McCarthy

When it comes to moving our admitted patients from 2300 Tupper to the new MUHC, nothing will be left to chance. The Montreal Children’s Hospital patient transfer group includes representatives from every department involved in the move on May 24, 2015. Nurses Diane Lalonde, Valérie Ann Laforest and Lyne Mainville are the Nursing Team Leaders responsible for the Neonatal Intensive Care Unit (NICU), Pediatric Intensive Care Unit (PICU), and the medical and surgical units (6C, 7C, and 8D) respectively.

Diane Lalonde has many years’ experience on the MCH Neonatal Transport team but she’s quick to point out that moving an entire group of patients on one day is a very different exercise. That’s where Health Care Relocation (HCR) comes in. “We have the clinical expertise, and HCR has the moving expertise,” she says. “We’re bringing these all together to ensure that the move is safe and secure for the patients, and as effective as possible.”



Lyne Mainville and Valérie Ann Laforest

The three team leaders are working closely with respiratory therapist Marisa Leone to plan the transfers. “We’re in the process of developing a grid that will list all our patients, categorize them by risk, and allow us to determine exactly what each child will need in terms of staff and equipment the day of the move,” says Valérie.

Approximately two to three weeks before the move, the hospital will begin a slowdown of service in areas such as elective surgeries in an effort to decrease admissions leading up to the move. In the NICU, staff also want to minimize the number of babies transferred to the MCH’s current location who would then have to be transferred to the Glen shortly thereafter. “For this short time period, Hôpital Ste-Justine will take patients that would have normally come here,” says Diane. Despite the slowdown, the units will still be functional right up to the last day.

Continued >>>



Valérie Ann Laforest and Diane Lalonde



Diane Lalonde, Valérie Ann Laforest and Lyne Mainville (l. to r.) are the Nursing Team Leaders responsible for organizing the transfer of all patients who will need to be moved from the Children's current location to the new hospital at the Glen site on May 24, 2015.

Running like clockwork

HCR advises that the best way to minimize any risks or unforeseen problems on moving day is to keep the total time spent out of the hospital to a minimum. Their goal is to move patients at three-minute intervals. They also recommend that patients considered more stable—i.e. less at risk—should leave at the beginning or the end of the allocated time frame.

In an ideal world, the number of admitted patients on moving day would be much smaller than normal, but it's not an ideal world. "Part of our planning includes preparing for the maximum number of patients to be transferred," says Lyne. "So if that should end up being the case, we'll be ready to move our full bed count."

Individual transport teams made up of a nurse and RT will accompany each patient in the ambulance. The child's nurse will also make the trip to the new hospital and will be ready to immediately resume the child's care once they arrive. There will

be a control centre for communications that transport staff can readily access, and teams on the receiving end at the Glen will also be kept informed of any changes in the child's status en route.

In the months leading up to the move, a number of staff will be trained to carry out particular types of duties, and some will take part in patient transport simulations. One week prior to the move, the Transfer Team will meet every day to assess and re-assess the status of each patient to determine the order and priority for moving day. The day before, they'll meet twice to finalize the list.

The staffing needs on moving day will be much greater than a typical work day but Diane, Valérie and Lyne say that many people have expressed an interest in working that day. "A move on this scale is really a once-in-a-lifetime opportunity," says Diane. "I think a lot of people will want to be involved and do their part." •

The people behind our patient move



Transfer team leaders at the Montreal Children's Hospital

The MCH patient transfer group is made up of 24 team leaders from across the hospital. Each team leader represents a specific department or service at the MCH and they all come together twice a month to plan every aspect of the patient move. Mike Shebib from Health Care Relocations helps guide the team,

along with Barbara Izzard, senior advisor of MCH Redevelopment. The group's main goals are to maintain patient safety, minimize operational downtime and mitigate all risks. In order to do so, the team must oversee everything from the ambulance route to the number of volunteers needed to ensure a successful move.



Our first patient visits at the new hospital are only six months away! Pictured here are the Sleep Lab (l.) and Otolaryngology clinics (r.)

You asked, we answered!

Answers to frequently asked questions about the Glen

WHAT PLANS ARE IN PLACE FOR THE NEW PHONE SYSTEM AT THE GLEN?

The MUHC Telecom department has upgraded the voice network and telephone system at the Glen which includes standardized phones for all employees. A total of 5,500 IP1120 and IP1140 display phones will be installed; these phones represent an upgrade from what most employees currently use. Thanks to converged technology, the IP (Internet Protocol) phones will run on the same platform as the hospital's computers. Building one network instead of two separate networks will mean greater efficiencies and potential cost savings in the future. Most of the existing extension numbers at the MCH will be transferred to the new hospital, and new ones will be created for conference and meeting rooms, and in special situations when required.

Employees can get a sneak peek at the many features of the IP1120 and IP1140 phones by visiting the MUHC intranet site: Department & Services > Telecom > Nortel on-line training. Once you've selected English or French, you'll see an introduction (page 1) and descriptions of the phone's features (page 2—"Keys"). Click to page 3 for interactive instructions (press "play" at the bottom of the page) on features such as Making and

Receiving Calls, Transferring, Conference Calling, Messages, Call Park, and Call Join (for conference calls).



I KEEP HEARING ABOUT CLOUD PRINTING AT THE GLEN. WHAT DOES IT MEAN AND HOW DOES IT WORK?

Cloud printing will allow staff at the Glen to print documents from anywhere, anytime, in a fast and secure manner. Every time an employee clicks on "print" from any PC or from a mobile device, the request is sent to the McGill University Health Centre's (MUHC) private cloud. The cloud is a secure virtual server installed in the MUHC's infrastructure.

When users decide to print something, they will go to one of the printers and use their hospital card or personal identification number (PIN) to collect the documents they requested. Nothing will be printed without the intervention of the user, so it's very secure.



About 800 eco-friendly, multifunctional machines, with print, scan and fax features, will be installed at the Glen. By the time all hospitals of the MUHC are equipped, 1,500 printers will be available. The new system will be especially useful for clinicians who work in different sites.

Besides improving mobility and security, cloud printing will also be more economical. Access to extra features, such as colour, big format or high-volume printing jobs will be restricted, helping save paper and ink. For efficiency reasons, a few administrators and clinical staff who schedule appointments will keep personal printers near their desks. •



Electronic signs at the entrance to all parking facilities at the Glen will constantly update available spaces on each level to help visitors, staff and patients find the most convenient parking space before entering the hospital.



In the previous issue we highlighted the indoor and outdoor playgrounds. Here is a panoramic view of the Atrium at the Children's, along with the silver bear, everyone's favourite new sculpture.

Flu Season is back

Get a chance to win a very special prize just by getting your flu shot.

The MUHC team with the highest rate of flu vaccinations by December 12 will get to enjoy a delicious breakfast with the Alouettes at the end of January 2015! Additionally, all employees of the MUHC who get vaccinated against the flu before December 12 will be automatically entered into the prize draw for a chance to win one of 7 WaySpa certificates (value of 100\$ each) or one Sport Expert gift certificate (value of 300\$).



So grab the flu vaccination schedule, pull your team together for a huddle and be the leaders in flu vaccination this season! You can find the schedule on the Intranet or call 44-FLU.

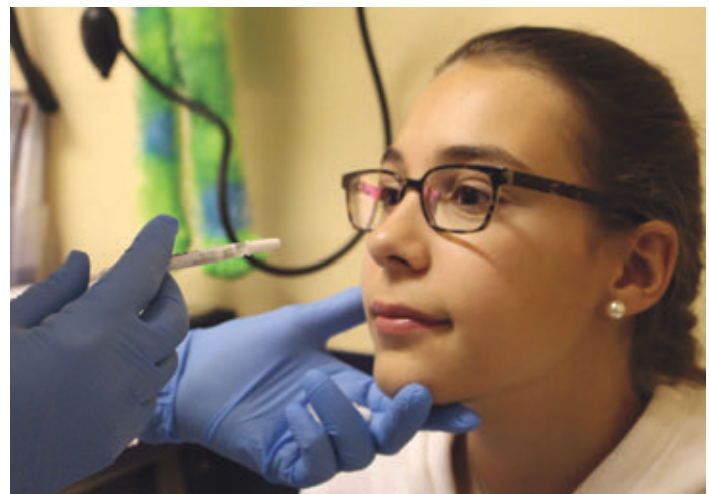
Flu vaccines for patients and families now available!

Convincing people to get their flu shot is a whole lot easier when they see how convenient it is at our special clinic. For the third year in a row, the Montreal Children's Hospital is offering free flu shots to all patients and their families, including siblings.

The walk-in clinic is being held in B-250 from Monday to Friday between 9:00 a.m. and 4:00 p.m. until Friday, December 12.

Retired nurse Tricia Brown from the McGill University Health Centre's Vaccine Study Centre says she vaccinates between 65 to 95 people every day. "We've been getting very good feedback from parents," she says. "They love how fast and efficient it is. They can literally pop in while waiting for another appointment. It doesn't get any easier than that!"

The surrounding outpatient clinics have been very good at promoting the service within the hospital and Tricia says the number of people being vaccinated is way up from last year. For children who are afraid of needles, a nasal spray alternative called FluMist is also available for those who fit the criteria.



Annaëlle Leclair gets her seasonal flu vaccine at the Children's drop-in clinic for patients and families. She chose to go with the nasal spray!

"The mist goes into both nostrils and is very popular with young children, but kids under the age of two have to get the injection," she explains.



Patient and Family-Centered Care

it's about more than being nice!

— By *Stephanie Tsirgiotis*

Staff and volunteers at the Montreal Children's Hospital strive to provide the best possible care for our patients and families. But if caring for them is already a part of our philosophy, why do we keep talking about Patient and Family-Centered Care (PFCC)?

"The term PFCC is not new. I've been talking to nurses who remember first hearing about this concept 25 years ago," says Marie-Claude Proulx, co-chair of the PFCC working group. "The difference now is that we want to put a formal structure in place to make sure that everyone is on the same page." To date, Marie-Claude and Stéphanie Léveillé, the new PFCC coordinator, have put together a multi-disciplinary PFCC working group made up of 11 staff members and three parent representatives. The group has met with units and services to get a better understanding of the PFCC practices already in place. "This exercise

showed us that we're doing a lot of good things here at the Children's, but there is still some confusion between what is PFCC and what is just being considerate to families," explains Marie-Claude.

To clarify the difference, Marie-Claude has started training a few clinical teams on the PFCC basics, including the 'Mutual Learning Model.' The theory promotes five important values: transparency, curiosity, informed choice, accountability, and compassion. "We're all at different stages, so these training sessions will ensure we have the same basic knowledge," she says. To help spread the word, Marie-Claude and Stéphanie are also recruiting staff members who they believe will eventually become (or already are) excellent PFCC trainers and consultants. "We're on the search for PFCC ambassadors, because we can't do this alone," says Stéphanie. "This is a long-term project and our goal is to eventually integrate PFCC into everything we do. We want it to be part of our training, orientation, and daily performance."

To help make this happen, Marie-Claude and Stéphanie are now offering a consultation service. They are available to answer questions, help departments develop and implement PFCC initiatives, and provide resources and reading material.

You can reach them at
marie-claude.proulx@muhc.mcgill.ca
(ext. 22253)
stephanie.leveille@muhc.mcgill.ca
(ext. 23991). •



Stéphanie Léveillé (l.) and Marie-Claude Proulx (r.)

Mission Possible:

New educational website for families of children in need of complex care at home

Made possible thanks to the collaboration of CHU de Québec, CHU de Sherbrooke, CHU Sainte-Justine and the Montreal Children's Hospital

Children with complex care needs who are followed at home are frequently cared for by their parents or caregivers. To date, there is a limited amount of suitable educational material available for families, who in addition to coping with the challenges of living with someone suffering from a chronic, complex disease, also have to deal with the responsibility of caring for their child's tracheostomy, mechanical ventilation, ostomy disposal, feeding, peritoneal dialysis and/or intravenous therapy.

To help deal with this reality, dozens of enthusiastic and dedicated families from across the province, along with frontline healthcare workers and representatives from four pediatric teaching hospitals, have come together with a common goal in mind. Their intention is to first standardize the methods used for homecare in Quebec, based on literature and expert opinion, and secondly, to gather useful resources for parents, such as how pediatric care is provided at home. This material will be made available on a single website, open to all, and is scheduled to be launched in April 2015.

Thanks go to Opération Enfant Soleil for its financial support of this important project which will help all families of children with complex care needs benefit from improved quality of life and safety when providing care at home. •



Eugénie is followed by the MCH Complex Care Service team.



QUESTIONS?

Contact Isabelle St-Cyr, Coordinator of Phase 1, Complex Care at Home for Children,
514-412-4400, ext. 23895



EVENTS AND ACTIVITIES

Halloween is not just for kids!

MCH staff members got their best costumes on for our last Halloween party on 2300 Tupper street. **Check out our first place winners!**



Associate Executive Director, Martine Alfonso (right) with 1st place winner for Best Individual Costume, Trong Khoi, a CPNP from Hematology-Oncology. It took him eight months to build his costume!

The 1st place prize for Best Group Costume went to the Dentistry Department (again!) for their 'Gilman Princess Convention' theme.

Run for the cure

Last month, a team of 46 people from the Children's, including nurses, nursing assistants, medical students, residents and staff, along with family and friends, joined 6,000 other runners and walkers in the Canadian Breast Cancer Foundation Run for the

Cure. Apart from the tremendous achievement of raising over \$15,000 in support of their colleagues, friends and loved ones touched by breast cancer, the team had a very fun yet moving morning filled with personal accomplishments (first-time runners really discovered the athlete within!), incredible team spirit and the inspiring feeling of being a part of a bigger cause.

PILATES AT THE MCH

When: Tuesdays, 12:10 to 12:55 p.m. (starting Nov. 25)

Where: Rm W-202

When: Wednesdays, 5:00 to 5:55 p.m. (starting Nov. 26)

Where: Rm D-292

ZUMBA AT THE MCH

When: Thursdays, 12:10 to 12:55 p.m. (starting Nov. 27)

Where: Rm W-202

Cost: \$100 for 10 weeks (for one session per week)

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

(The rate is based on a minimum of 10 participants.)