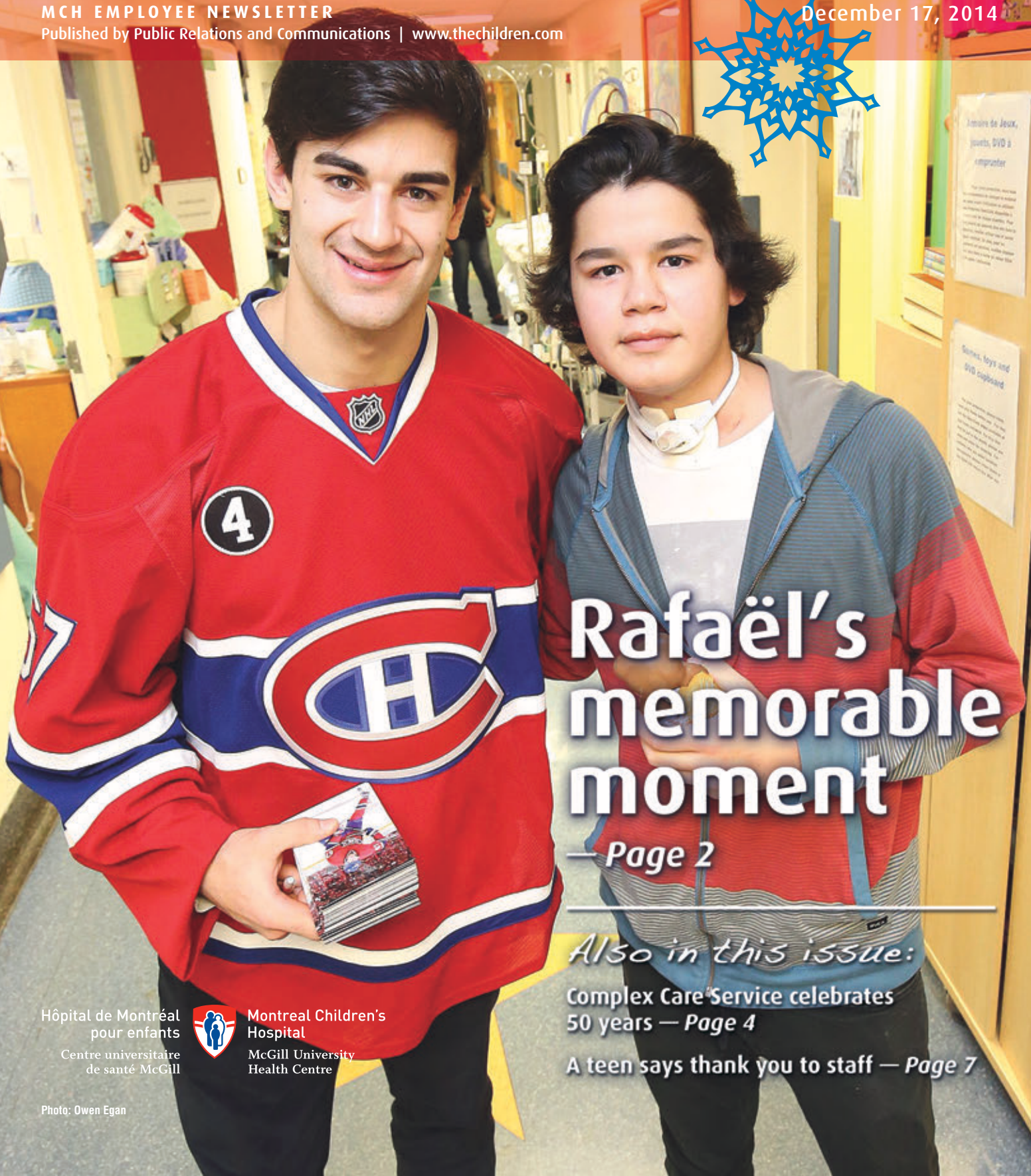


Chez nous

MCH EMPLOYEE NEWSLETTER

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Rafaël's memorable moment

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Photo: Owen Egan



A memorable moment for Rafaël



Teenager gets to meet the Montreal Canadiens after spending over three months in hospital

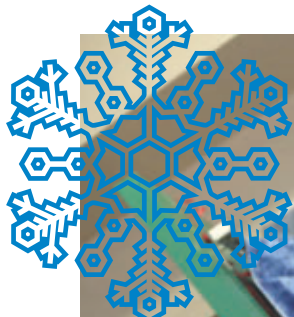
When we heard that Rafaël Bisailon was a huge Habs fan, we knew we had to find a way to get him some one-on-one time with his favourite player, Max Pacioretty. The 14-year-old from St-Jean-sur-Richelieu has been at the Montreal Children's Hospital since September 20. He was badly hurt after accidentally driving into a metal wire while on his friend's scooter. "I was driving around a parking lot near my house and I didn't notice the wire because it was dark. I drove right into it and it hit me in the throat," he says.

Rafaël was rushed to the emergency department at his local hospital. The damage to his trachea was so severe that doctors had to perform an emergency tracheotomy to help him breathe. A tracheostomy tube was inserted into an opening in his trachea to allow air to go in and out through the tube instead of through his mouth and nose. He was then transferred to the Children's Pediatric Intensive Care Unit (PICU) where he spent a week

— By *Stephanie Tsirgiotis*

before moving to the 7th floor surgical in-patient ward where he's been ever since.

With everything Rafaël has been going through, staff wanted to organize something special for him. So when word got out that Rafaël loved watching hockey games in his hospital room, they approached the Montreal Children's Hospital Foundation who then surprised him and his family with four tickets to a game at the Bell Centre on November 29. "Even though the Canadiens lost to the Sabres that night, we still had a lot of fun," says Rafaël. "It was my first time at the Bell Centre!" Then a couple weeks later, he received even more exciting news! He would get to meet all of the players on December 15 during their annual visit to the Children's. "First the game, and now this," he says. "I can't believe I got to meet them!"



Loïc Bidal, a longtime Montreal Children's Hospital patient is all smiles with his new pal Alex Galchenyuk.



Hanging with the Habs

The Montreal Canadiens surprised patients and families with a special afternoon visit on December 15



No. 43 Mike Weaver signs a card for Tristan Lessard.



Kayleigh Roberts, 17, with a few players from the Habs.



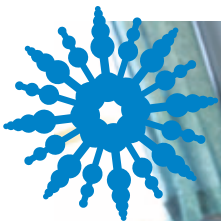
Two-month-old Sarah meets some famous new friends.



Best shirt ever! Little J r my Lefebvre with his mom, Cynthia.



Mike Weaver meets Liam, a very little Habs fan and his aunt.





Celebrating 50 years of service

MCH Complex Care Service:

Multidisciplinary team ensures children with complex needs thrive at home

Parents who care for children with special medical needs know first-hand the immense challenges that it can bring, whether it's managing their child's many appointments with physicians and therapists to the day-to-day realities of caring for their child at home. For a growing number of families, the group of professionals in Complex Care Service (CCS) at the Montreal Children's Hospital (MCH) helps ease the transition from hospital to home and supports them as they learn to be advocates for their children and take a key role in their care.

Pioneers in bringing health care home

The Complex Care Service at the Montreal Children's Hospital is unique in Canada and one of the oldest programs of its kind in North America. It got its start 50 years ago, when a small group

of professionals at the MCH began promoting the idea that children with complex needs could be cared for at home by their parents, with the support of health care professionals.

In those early days, the team treated patients with rheumatological, neuromuscular, and hematological disorders. There was little in the way of community services at the time, and the MCH team worked hard to increase the availability of these services.

Dr. Hema Patel is the director of CCS, and she leads an interdisciplinary team of more than 20 professionals including nurses, clinical nurse specialists, pediatricians, an occupational therapist, physiotherapist, psychologist, social worker, child life specialist and administrative staff. *Continued >>>*



Eugénie, shown here with her mother Anouk (l.) and nurse Sylvie Canizares (r.) is followed in the MCH's Complex Care Service.



Their goals are to improve the quality of life of children with complex medical conditions by maintaining and encouraging a child's and family's independence, minimizing the impact of intensive home care on them, and encouraging every child's growth and development. "We also aim to reduce unscheduled hospitalizations and emergency visits for these children, and coordinate the child's and family's needs with home, community, and hospital services as effectively as possible," says Dr. Patel.

The service has 10 programs to help organize services according to a child's primary diagnosis:

- Cardiac transplantation
- Home total parenteral nutrition
- Bronchopulmonary dysplasia
- Neuromuscular disorders
- Immune deficiency
- Tracheostomy and home ventilation
- Long-term intravenous therapy
- Thalassemia
- Coagulation disorders
- A "multiplex" program for children with more general complex health care needs



Dr. Hema Patel

The CCS team members conduct home visits when a child is admitted to the program and provide ongoing assessment to each child at regularly scheduled clinic appointments. They also coordinate many aspects of the child's care within the community and act as liaison with schools, rehabilitation services and CLSCs. Dr. Patel says the province-wide collaborations they've developed are essential to providing services to all their patients.

"Each of the 10 programs has a designated nurse case manager who manages each child's care and acts as the link between the family and the hospital," says Nathalie Aubin, Assistant Nurse Manager of CCS.

The CCS also offers an urgent care clinic from Monday to Friday for children with acute issues. The care provided, such as IV antibiotics or rehydration, often helps patients avoid hospital admissions or trips to Emergency. CCS also provides a 24-7 on-call service (nurse and physician) for their patients. Parents frequently refer to

Continued >>>

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MCH Complex Care Service (cont'd)

the on-call service as a “lifeline” since they can get advice and instructions at any time of day from a CCS team member who knows their child well.

The Complex Care child: evaluating fragility, complexity and technological dependence

Determining which children can benefit from being admitted to CCS is a multi-step process that must be tailored to the needs of each child.

There are three key factors—fragility, complexity and technological dependence—that the CCS team members use to evaluate patients referred to their program. Although each child’s case is unique, what the children share in common is that they can be cared for at home by their families. Whether it’s equipment and technology such as feeding pumps, intravenous tubes for nutrition, suction machines, supplemental oxygen, or tracheostomies and ventilators, most parents can learn how to operate these at home.

Expanding knowledge and networks

In 2006, the MCH Complex Care Service was awarded the first Rotman Award for Pediatric Home Care Innovation, which brought national recognition to their work.

CCS is also taking steps to share their knowledge and experience further: Dr. Annie Sbrocchi is leading the development of a Complex Care Core Curriculum, which will be a national standardized resource for postgraduate pediatric training programs, and the Complex Care Clinical Fellowship, the first of its kind in Canada. Dr. Patel also chaired the inaugural meeting of the Canadian Complex Care Collaboration, held at the 2014 Canadian Paediatric Society (CPS) annual meeting. CCS is also playing an important role in developing complex care as a subsection within the CPS.

Within Quebec, CCS has started to work closely with other partners in pediatric health such as the Centre hospitalier universitaire Ste-Justine, Centre hospitalier universitaire Sherbrooke, Centre hospitalier universitaire Laval, and the Ordre des infirmières et infirmiers du Québec, to standardize pediatric home care practices and initiate a pilot project before launching the practices provincially. •



Special thanks to Greg & Sylvain!

Greg Beerwort and Sylvain Parent from Technical Services stand proud in front of the front entrance of the hospital. They spent two weeks putting up this year’s holiday decorations. Thanks to a donation from Canadian Tire, the Children’s has never looked so good! Greg and Sylvain even designed a wood frame to help support the Santa Claus in front of the main entrance and on top of the Emergency department’s entrance.

A thank you letter to staff

The MCH Public Relations department received an email from Vanessa Akl, a long-time patient at the hospital. Vanessa recently turned 18 and wanted to thank staff for always being there for her.

I was treated at the Children's for almost three years for a neurological illness called Myasthenia gravis. This causes weakness in every muscle and makes it difficult to breathe and swallow. There is no cure and I feel like I keep getting worse every year. I'm going to turn 18 in two months and it breaks my heart to think about how I'm going to have to say goodbye to everyone that took care of me. I haven't met anyone who wasn't nice, sweet, and caring. I have been through my share of departments: 6th floor hospitalization, 5th floor Child Life, 9th floor PICU, 2nd floor Dialysis, Complex Care, Immunology, 5th floor Neurology, 7th floor, 10th floor Surgery, Psychology and countless visits to the emergency room.

It's been a very rough roller coaster and one of weakness, fear, fatigue, and pain... If the hardworking staff of the Montreal Children's Hospital wasn't there to help me overcome everything, I wouldn't be where I am today. I cannot count how



Vanessa Akl

many times I've wanted to give up, but everyone helped me get stronger or at least convinced me not to give up by giving me pep talks and listening when I needed to talk. I want to say thank you for everyone who took care of me.

Thank you,
Vanessa Akl

Joël Legendre concert a big success!

Joël Legendre surprised patients, families and staff with a private concert on December 1. He performed songs from his latest Christmas CD and spent over an hour entertaining fans in the 2B waiting area. The concert was recorded live and will be aired on Rouge FM during the holidays. A passionate supporter of child health, Joël Legendre will donate \$1 to Opération Enfant Soleil from every album sold, an important partner of the Montreal Children's Hospital Foundation. •





ARC: Children's Appointment and Referral Centre streamlines processes to improve services

The Montreal Children's Hospital appointment centre is an integral part of Ambulatory Services, currently handling 36,000 appointments annually, nearly one third of the hospital's patient visits. With such high volumes, and plans to increase that number in the future, the Ambulatory Services team recently embarked on an analysis of the centre's work processes to ensure they were ready to meet their future goals.



(l. to r.) Louise Martin, Lynn Lebel and Nathalie Fréchette

Lynn Lebel, Louise Martin and Christiane Allaire from Ambulatory Services, and Frédéric De Civita from MCH Administration, began their analysis about a year ago. Initially, a student from École polytechnique spent several weeks studying the appointment centre's work flow. "She provided us with a lot of data that confirmed many of our assumptions about processes and areas that needed improvement," says Lynn.

As a result of their findings, several important changes were implemented including separating the appointment booking process from referral management, and hiring an additional

person to meet the call demand. They also took a much closer look at their booking guidelines, an essential tool for their work.

Searchable documents build on staff knowledge

The Appointment and Referral Centre (ARC), as it is now known, currently books appointments for seven departments at the Children's. Christiane was responsible for refining and expanding the booking guidelines and reviewing and validating the content with the individual clinical teams. "My goal was to bring the staff's knowledge and expertise into an integrated booking tool so that everyone can access the same information," says Christiane. "We made the guidelines more consistent and structured, and created a searchable format by key word to facilitate appointment booking in a timely fashion. We can now search the reason for consultation as indicated on the referral, and know immediately how quickly the child should be seen, and by which clinic or doctor. The documents will be updated on an ongoing basis and ARC has a main contact person in each department to answer any questions about information not yet in the guidelines. This collaboration is essential.



(l. to r.) Christiane Allaire, Sophia Fisher, and Joé Couture.



(l. to r.) Nathalie Fréchette, Margarida Pacheco, Angie Spiropoulos, Sabrina Iacovelli, Joanne Côté-Hicks, and Louise Martin review the week's call activity.

The team has set targets to improve their performance in several areas. They also have weekly 'stand-up' meetings where they get a quick overview of the week's activity. Since implementing the changes, the results are impressive: in less than six months' time, there has been a decrease in wait time to answer a call from an average of 7 minutes to less than 3 minutes, and the percentage of abandoned calls has dropped by a third.

Another project the team is planning to pilot is the implementation of an automated appointment reminder software that will automatically contact parents a few days before their child's appointment. No-shows are significant in some areas so the goal is to reduce the number of missed appointments.

In the coming months, ARC will begin working with more specialties at the MCH. The first steps will involve meeting with department teams to learn more about their needs, establish work processes and the lines of communication. The implementation will be done gradually; the first phase will see call volumes increase as they add the equivalent of 31,000 patient visits.

New year, new location

Nathalie Fréchette was recently appointed as manager of the new MUHC Appointment and Referral Centre which will be located close to the Glen site. The current MCH ARC staff will be moving there early in the new year along with their colleagues

from the adult sites. "There will be a larger group of employees at the new Allocation but the pediatric and adult services will remain completely separate—different work stations, different databases—and our MCH team will continue to work solely on pediatric appointments and referrals," says Lynn.

The team is well prepared for the future. "The simultaneous process of revamping our work processes and getting ready to move has certainly been demanding on the team," says Lynn, "and I congratulate our staff who have worked very hard to improve services ahead of the opening of the new MCH. We're definitely headed in the right direction." •

New MCH Quality and Improvement office teams up with McGill's Faculty of Management for three-day course

The Montreal Children's Hospital has created a new Quality and Continuous Improvement Office to develop and disseminate a culture of quality within the organization. The group is co-chaired by Frederic De Civita from MCH Administration and Dr. Caroline Quach who are both Six Sigma green belt certified, a certification that focuses on identifying improvement opportunities, developing solutions and ensuring that benefits are realized. This office is multidisciplinary across the hospital and aims to bring together all initiatives for improving quality of care and patient safety.

In order to ensure that the staff involved receive appropriate training, the Office recently teamed up with the McGill Desautels Faculty of Management to organize a Lean/Six Sigma course specifically for healthcare. The course took place from November 29 to December 1, and 24 MUHC staff—including 16 from the MCH—completed the course and obtained their green belt in Lean/Six Sigma. This will allow them to support quality improvement projects. The representation from clinical (physicians and nurses), research, administration, and laboratories will ensure a wide impact for this initiative.



LEFT: The Audiology department at the new Children's will be located next to the Otolaryngology (ENT) department. Proximity to this department will greatly enhance patient care since parents will no longer have to move from one end of the hospital to the other for follow-up appointments.

RIGHT: The Audiology department was also designed to be bright and colourful so our patients and their families would feel at ease in the new environment. The soundproof rooms (seen above in red) will be used for most of the hearing tests.



The Family Resource Centre will be located near ambulatory clinics in our new hospital. It's roughly 1,000 sq. ft. and is near the main entrance of Block A. The space comes equipped with a family conference room, a business centre complete with internet access, printing and fax services, and Wi-Fi, as well as a more complete consumer health library.

You asked, we answered!

Answers to frequently asked questions about the Glen

Q- Normand Rinfret recently sent out a message on the Intranet about how to manage our clinical activities before and after the patient move. WILL THE SAME PROCESS BE APPLIED AT THE CHILDREN'S?

A- The terms being used to describe this process are 'ramp down' and 'ramp up'. Similar to the adult sites, a week before the patient move (May 19 to 22) the Children's will begin to ramp down its clinical activities to approximately 25 per cent of its usual patient volumes. This will affect elective, ambulatory, surgical and Allied Health services. The same reduction rate will not be expected for inpatient units, but inpatient activity will likely be reduced as a result of the decrease in these other services. The main goal of this ramp down is to reduce the number of admitted patients to a manageable number so the patient move will be easier to plan and safely execute.

On Sunday, May 24 (the day of the patient move), all urgent activities will begin on that same day at the new Children's. As of 5:00 a.m., the Emergency Department, Medical Imaging, two Operating Rooms, laboratories and Admitting will all be fully functional. This will be followed by the official opening of all the inpatient wards as of 7:00 a.m. Then on May 25, most clinical activities will begin ramping up over a two-week period. Clinical activities will be slow to start, but the company organizing our move, Healthcare Relocations, suggests we

focus on a longer period to ramp up activities at the new site, compared to the period required to ramp down at 2300 Tupper. This ramp up period will give staff the opportunity to adjust to their new space. It's also important to keep in mind that each department will be able to determine the pace of their ramp up and this will affect staff needs during this period of time. These needs will be monitored on a daily basis and will be adjusted depending on how fast or slow departments and services return to normal levels of clinical activity.

Q- I've heard there will be enhanced Telehealth facilities at the new hospital. WHAT HAS BEEN PLANNED?

A- The Telehealth team that is based at the Montreal Children's Hospital serves the entire MUHC as well partners in the McGill RUIS. Over the past couple of years, the number of meetings, clinical consultations and presentations they have supported has increased significantly. Last year, there were 5,024 individual telehealth activities within the MUHC, and 16,261 within the McGill RUIS.

One of the recent developments in Telehealth was the creation of a control centre to provide support for the department's activities. At

the Glen, the control centre will be located in Block D, and testing is now underway to prepare for the move, which will take place in March. The Telehealth facilities at the Glen have been designed for clinical, research and training activities, and throughout the site, approximately 130 locations including meeting rooms, treatment rooms and clinical areas will have telehealth equipment and monitors.

The new facilities will also provide more options for using devices such as tablets and smartphones to allow staff more flexibility in their presentations. The objective is to make technology more accessible in more locations around the Glen to improve opportunities for telehealth communication.

All these facilities will undergo testing before the hospital opens to ensure that they are ready to use when staff begin to move in. •



The Emergency department at the new Children's is almost the size of two football fields! Above is a photo of the main waiting area which is right next to the ambulance bay and pre-triage.



Purposeful tours at the Glen are in full swing!

This coming spring, the MCH employees designated as clinical early activators will be responsible for activating their respective departments at the Glen site. In order to do so, each activator is responsible for creating a check list to identify what works, doesn't work or is missing in their new space. These early activators have already started their purposeful tours at the Glen, to give them the opportunity to see their space and refine their checklist before the official activation period begins in early spring. This will ensure everyone is prepared and ready when the time comes to activate. The tours also give activators the opportunity to identify significant issues and report them to the activation centre. Transition teams have also been invited on these purposeful tours to help them confirm or identify issues related to new processes and work flows.



Nadia Eldaoud, Clinical Manager, Pediatric Day Hospital Services

"I was very impressed with all of the Day Hospital sectors. The area was bigger than expected, the colours are very nice and it looks like it'll be a great place to work. I found the purposeful tour very helpful, because it gave me a chance to update my checklist and see the deficiencies before activation." •

STILL NEED HELP WITH YOUR "CLEAN SWEEP"?

MUHC Document Services has a team of four employees who can provide the following services to help you and your colleagues clean up files in preparation for the move in May.

- consultation and evaluation of your needs
- assistance with using the MUHC document retention calendar (legal retention period for many different type of documents)
- supplying extra bins for document purging
- creating an account with Iron Mountain for offsite storage (no transport and handling fee if boxes are ordered through Document Services)
- assistance with preparing documents to send to Iron Mountain
- scanning of documents
- training on how to scan your own documents

All services are free except for storage costs at Iron Mountain or storage space required on the IS network.

The moving date is fast approaching so if you think you'll need assistance, contact Document Services today!

To book an appointment:

Anna Colicchio, ext. 42733,

anna.colicchio@muhc.mcgill.ca

Carmin Cristofaro, ext. 31513,

carmin.cristofaro@muhc.mcgill.ca

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