

Chez nous

MCH EMPLOYEE NEWSLETTER

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Hôpital de Montréal
pour enfants
Centre universitaire
de santé McGill



Montreal Children's
Hospital
McGill University
Health Centre

Photo: Owen Egan



A nightmare turned miracle

Father almost loses girlfriend and newborn daughter — *By Stephanie Tsirgiotis*

Amélie Bourassa's pregnancy was going well but in her 28th week she began to feel weak and feverish. She was diagnosed with pneumonia, but the antibiotics prescribed for her didn't work. Her condition continued to deteriorate and on April 21, she was admitted to the Royal Victoria Hospital (RVH). Soon after, the 34-year-old took a turn for the worse and her medical team decided to place her in an artificial coma.

Attached to a ventilator, Amélie's heart was only beating at 20% and her kidneys stopped working. Two days later, while still in a coma, doctors decided to perform an emergency caesarean. "They told me that Amélie might not make it through the night, but that they would try to save the baby," says her boyfriend, Samuel. "There was a chance I would lose them both."

Baby pulls through

Florence Marcil was born at 29 weeks and weighed only three-and-a-half pounds. She was immediately transferred to the RVH Neonatal Intensive Care Unit (NICU) where a group of doctors and nurses managed to stabilize her over a four-hour period. Although premature, Florence was strong. "She was a fighter," says Samuel. He and Florence's grandmother visited the baby every day for the next two months.

Florence started to gain weight and was weaned off oxygen as her lungs began to mature. "Before sending a premature baby home, our goal is to make sure they weigh at least five pounds," explains Kaylea Curotte, a nurse in the RVH NICU who was at the hospital the night Florence was born. At 38 weeks, Florence was finally ready to go home—but her mother was not.

Against all odds

Amélie's internal organs had begun to fail after Florence was born. As she was placed on extracorporeal membrane oxygenation (ECMO), a technology that provides both cardiac and respiratory support when a patient's lungs and heart are too weak to function. "It was a horrible time in our lives," says Samuel. "I was back and forth between the adult and neonatal intensive care units and then I'd rush home to make dinner for our other daughter Delphine. It was so hard trying to explain to her why she couldn't speak to mommy." When Amélie's

Continued >>>



Three-year-old Delphine (l.) holds Henri, the family cat, while the family poses for a photo.



Florence spent the first two months of her life in the RVH's Neonatal Intensive Care Unit.

team of doctors determined the type of virus attacking her lungs and heart, they were able to successfully treat it. “They discovered it was a type of virus that any kid could catch, but it affected me so severely because I was pregnant,” she says.

It was only on May 7 that Amélie woke from her coma. She didn’t know she had already given birth. She met Florence for the first time on May 23, a month after she was born. Three days later, Amélie was transferred to a rehabilitation centre. After spending weeks in a coma, Amélie had to learn how to walk again. “It was extremely challenging, but I just kept thinking about my two daughters and my boyfriend,” she says. It motivated her to recover quickly—Amélie was home in less than six weeks.

Follow-up care at the Children’s

Florence is now followed by the Montreal Children’s Hospital Neonatal Follow-up Program, a multidisciplinary team made up of numerous services and departments throughout the hospital that follow up with the highest risk patients from the RVH and MCH NICUs. The program members analyze how a child is progressing at crucial milestones in their development, and then refer families to other services if they notice a problem. “We judge how these babies are doing based on their corrected age, not on their actual age,” explains Dr. May Khairy, a pediatrician in the Neonatal Follow-up Program. “For example, although Florence was born on April 23, her mother was due on July 3. So when we first met Florence in November, we treated her as a four-month-old.” At four months, the clinic assesses gross and fine motor skills, as well as growth, feeding, social, pre-language, behaviour and sleeping patterns. “We closely observe the child during these sessions,” explains Dr. Khairy. “While playing with the child we look at things like the child’s posture, behaviour,

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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!



On Mother's Day, Florence's care team sent a photo album to Amélie. The imprint of her daughter's tiny foot is one of her favourite mementos.

A nightmare turned miracle (cont'd)

movement and dexterity. This type of evaluation gives us a better overall feel of how the child is doing, and in Florence's case she's doing really well."

Making up for lost time

Even though Amélie missed the first months of Florence's life, she is now making up for lost time. Thanks to a photo album put together by Florence's primary care team at the RVH, Amélie has a few keepsakes from the first few months of her daughter's life. The album is filled with photos, heartfelt messages from staff and little treasures, like an imprint of Florence's tiny foot. "This album means so much to me," says Amélie. "I am so grateful for everything the hospital did for us. Everyone went above and beyond. The fact we're both alive is truly a miracle." •

Protecting our patients from Respiratory Syncytial Virus

Do you know what Respiratory Syncytial Virus (RSV) is? It's a virus that causes infection of the lungs and breathing passages. In adults and healthy children, RSV may only produce symptoms of a common cold, such as a stuffy or runny nose, sore throat, mild headache, cough, fever, and a general feeling of being ill. But in premature babies and kids with diseases that affect the lungs, heart, or immune system, RSV infections can be much more serious. Did you know adults can easily infect young children with the virus? But there's good news! RSV infection is entirely preventable, and with your help RSV-related respiratory disease can be better controlled. Keep the following tips in mind to help keep our patients safe:

- **Wash your hands.** No, really. Wash them well and wash them often, as this is the best way to prevent the spread of ALL infections.

- **Feeling sick?** If you're a frontline health care worker, stay home until your symptoms have passed to avoid infecting colleagues and patients.
- **If you're recovering from a cold,** practice good respiratory etiquette to limit contamination of work surfaces. RSV can be spread through droplets containing the virus when someone coughs or sneezes.

Did you know that at-risk infants can be given a monthly injection of a medication consisting of RSV antibodies? This injection is available at the Montreal Children's Hospital for children under the age of two years old who meet certain criteria.



Want to know more about RSV?

Head to thechildren.com/RSV for more info.

A 'new' year in every sense of the word

The start of a new year is always an opportunity to wish our families, friends, and co-workers much health and happiness. And for those of us at the Montreal Children's Hospital, these 'new year' wishes take on much greater significance in 2015 because in just four months, we'll begin a new era at the Glen site. The result of more than a decade of planning and preparation is now a reality.

Like many of you, I took part in the Open House at the Glen site in December, and I'm sure you share with me the anticipation and excitement of continuing the Children's legacy on our new site. One of the most rewarding experiences that weekend was meeting the public and seeing how impressed and excited they were about the new hospital.

Continuing to provide excellent care to our patients and their families while preparing your departments and services for the move in May is a formidable task and I want to thank all of you for keeping this important goal in sight. A special thanks goes to the employees who have taken on the roles of early activators and super-users, carrying out the important functions of preparing and verifying the new facilities and testing equipment to ensure that we are ready to care for our patients from Day 1 at the new hospital.



Martine Alfonso

The many challenges we've dealt with in the past year will not be resolved overnight, but if the past is any indication of the future, you'll continue to face these challenges with the professionalism that you've always shown. Thanks to all of you for your continued dedication to the Children's. We have much to look forward to!

Martine Alfonso

Associate Executive Director, MCH



EVENTS AND AWARDS

Awards

Dr. Bruce Williams was appointed to the Order of Canada for his contributions to the practice of plastic surgery, particularly for helping burn victims as well as young people with congenital abnormalities.



Join us for a Valentine's Day coffee break

on *Thursday, February 12, 2015*
from *2:00 p.m. to 4:30 p.m.* in the
MCH cafeteria. Savour chocolates
and many more special treats.
Show your love for the Children's
by sharing your special memories for
our commemorative video.



MCH's CHAMPAGNE FAREWELL PARTY

Save the Date! Please join us in celebrating our Legacy Year at the MCH's Champagne Farewell party on *Friday, April 17, 2015 from 6:00 p.m. to 10:00 p.m. at Entrepôts Dominion*. Dance the night away while enjoying gourmet food and champagne. A special commemorative video will also be played throughout the evening. For more information on the event, please contact Teresa DiBartolo ext. 22349.



Chief of Service Rounds get revamped and re-energized

— By Stephanie Tsirgiotis

As a pediatric teaching hospital, there are many different ways to train and evaluate our future doctors, nurses and other professional healthcare workers. One such option is the Chief of Service Rounds for medical residents. In the past, residents were responsible for presenting an 'odd' or 'mysterious' case after which their peers and colleagues would quiz them on different diagnoses. "This method worked for many years, but recently residents and staff started to lose interest and attendance was becoming an issue," says Virginie Clavel, chief resident, 3rd year. Virginie and her counterpart, chief resident Fiona Muttalib, decided to revamp the rounds with the aim of re-energizing them.

Over the summer, Virginie and Fiona started a pilot project: they developed different alternatives to the rounds and tested them on 20 senior residents. The results showed that their peers had become more comfortable and motivated by the new rounds. This led to the creation of a broader, more interest-based model. "We wanted to give residents the opportunity to make it personal. They can now present on anything they think is interesting," explains Virginie. "It's not only about learning, it's about sharing our knowledge."

It is mandatory for all residents to present twice a year and the rounds take place every Tuesday from 12:00 to 1:00 p.m. in

C-417. Residents now present on subjects as diverse as social determinants of health, and the reliability of medical apps. The presentations are evaluated on content, academic proof, and originality.

"These new rounds allow us to see what all the residents are interested in," says Virginie. "It's definitely bringing everyone closer together. We wanted to take these rounds to another level and so far we're succeeding!" •



Virginie Clavel presented at the Chief of Service Rounds before the holidays. She spoke about her recent experience in Rwanda.



Eye on the future:

A wi-fi robot that will keep families connected

— By Maureen McCarthy

Many young patients from outside Montreal who have to spend weeks or even months at the Children's usually want nothing more than to stay in touch and share their daily experiences with family members who can't make the trip to see them. Aside from email, phone and video chats, the choices available to them have been limited. But thanks to new technology—and the efforts of several members of the Telehealth team—the future is looking a lot more interactive than ever before.

This new technology comes in the form of a robot, one that combines the benefits of teleconferencing with the ability to

move from place to place. The technology allows users to see and hear each other thanks to a wi-fi connection, and the patient or family member can move the robot with a remote control as they go from room to room, or even floor to floor.

This past fall, Telehealth Services, which is based at the Children's, carried out a pilot project to test the VGo robot. "Providing this technology to patients and families is an idea that our team really wanted to test," says Daniel Olano, Telehealth Services project manager. "The pilot project indicates that it works well and is easy to control. We now have the basics in place to bring it to a wider group of patients."

Patient safety a top priority

Daniel emphasizes that, like all their projects, patient safety is always top of mind. "The robot must be easy to clean to prevent the spread of infection, and it must be easy for patients to operate especially when walking with the robot." Daniel explains that they've already met with staff from certain departments such as Infection Control and IT to address the various safety and operational issues, and there will be ongoing meetings as needs arise. "We want to make sure the project is both realistic and sustainable. As such, this has to be a joint effort from different partners," he says.

In addition to serving patients undergoing lengthy stays at the hospital, the robot could also provide patients who cannot leave their rooms more opportunities to take part in child life and other activities within the hospital.

Easy access for families at home

For families who want to "virtually" visit their loved one at the Children's, only a computer and webcam are needed, and family members can download an app to run the program. "It's

Continued >>>



The VGo robot uses a wi-fi connection to allow users to communicate via teleconference as they move from place to place. The robot's screen panel allows the user to see and talk to people who are logged on at another location.



Caramel demonstrates how easy it is to use the VGo robot at the MUHC Open House in December.

very user-friendly,” says Daniel. “There’s a log-in procedure, and we can manage the log-ins to ensure scheduling and time slots for the patients to use it.”

A first in Quebec

The robot was on hand at the Glen site Open House in December and it made quite an impression on visitors. “As far as we know, we’re the first hospital in Quebec to use this technology,” says Daniel.

This is the first Telehealth service targeted directly to patients, which fits within the broader mission of the department. The robot has already moved to the new hospital, and the team will start testing it there in March with plans to gradually introduce it to patients over the next year or two. •

New outpatient clinic gets go-ahead

— *By Stephanie Tsirgiotis*

For the past few months, we’ve been hearing about the possibility of a pediatric outpatient facility adjacent to the Glen site, one that could accommodate 80,000 ambulatory visits a year. As a tertiary care hospital, the Montreal Children’s Hospital has been asked to divert these less-complex patients to outpatient clinics throughout the city. Such facilities are ill-prepared for pediatric subspecialties, and so physicians opted for a more viable solution closer to home.

Dr. Michael Shevell, Pediatrician-in-Chief at the Montreal Children’s Hospital, is also the ‘Architect-in-Chief’ behind this project. This yet-to-be-named facility will be completely independent from the McGill University Health Centre. The Brunswick Medical Group will provide the administrative and organizational framework to run the clinic and Dr. Harley Eisman has just been named its Medical Director. “The pediatricians and specialists who will be working there will be from the Children’s, so the patients we see on a regular basis will experience a fairly seamless transition—which is one of our key objectives,” says Dr. Shevell. “We wanted

to keep our physicians close to the Children’s.” Located within walking distance to the new MCH will also allow patients and families to easily access the new hospital if more specialized care is needed.

How it will work

The 12,000 sq. ft. facility will be divided into three pods, including two waiting areas. The first pod will be treated as a walk-in clinic, the second will be used for medical visits and the third for surgical specialties. Each pod will house between four to 12 exam rooms, as well as enough space for a handful of offices. Physicians will also have access to OASIS and will be able to retrieve clinical data and medical records from MCH patients. “This facility will allow us to continue to provide great care, but in a different way,” says Dr. Shevell. “It’s the only solution to meeting our educational and clinical mandate. It’s essential we do this right.” The clinic is scheduled to open in early summer 2015 at 5100 de Maisonneuve. •

Ring in the new!

To highlight some of the exciting and smartly designed spaces at the new Montreal Children’s Hospital and what our patients and staff can look forward to, we’re introducing a “Before and After” series to run in upcoming issues of *Chez nous*. The “old

and new” photos are also being posted to the Children’s Facebook page so that the public can see how the new spaces will enhance patient care and the family’s experience. Here’s a look at three key areas:



Before...



After!

HEMATOLOGY-ONCOLOGY

Located on Level 7 of Block B of the Glen site, the Charles-Bruneau Hematology-Oncology Day Treatment Centre and Immuno-compromised Care Unit have been designed to maintain quick access to key services. Take a look at these before and after shots of the new infusion stations for patients needing intravenous treatments. Plenty of natural light and a much bigger space — both for patients and staff!

Continued >>>



PEDIATRIC INTENSIVE CARE UNIT (PICU)

One of the care units that will see the greatest change in its physical space is the MCH Pediatric Intensive Care Unit (PICU). In the current space, a majority of patients are cared for in a large room with only curtains dividing each patient's space. In the new facility, there will be 12 large private rooms for patients and their families. To maintain close, optimal monitoring of patients, decentralized caregiver stations are positioned between every two rooms with direct visibility into patient spaces.

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PEDIATRIC EMERGENCY

A larger space and the addition of single patient rooms in the new Opération Enfant Soleil Pediatric Emergency Department not only helps patients and their families feel they have more privacy, but helps staff members deliver better care.

“I’m looking forward to the extra space and separate rooms. Right now six of our observation stretchers are divided by curtains. At the Glen, each room will be separate, which will help reduce cross-contamination. It will also allow me to better focus on each individual family,” says Danielle Deslauriers, a Pediatric Emergency Department nurse, who has been greatly involved in planning for the ED’s move to the Glen. Take a look at the current observation area at the Children’s compared to what awaits us at the Glen. Hard to believe it’s just a couple of months until the move!

You asked, we answered!

Answers to frequently asked questions about the Glen

WILL THE DENTISTRY DEPARTMENT BE MOVING TO THE GLEN SITE IN 2015?

The team of over 20 dentists and specialists will continue to treat patients at the Gilman Pavilion at 1040 Atwater. Each year, close to 20,000 patients visit the MCH’s dental clinic, the busiest pediatric dental facility in Canada.

At the Glen site, a room in Block A will be allocated to dentists, orthodontists, and oral and maxillofacial surgeons from the H.B. Williams Craniofacial and Cleft Surgery Unit. Thanks to these services, the young patients will grow up with healthy teeth and jaws, not to mention a sparkling smile.

A dental procedures room will be located on level 3 of Block B, near the operating rooms, to treat children with particular needs. Anesthesia services will be available for nervous young patients. All inpatients, accident victims, and patients with medical conditions registered as outpatients in other departments will also have easy access to a dentist when needed.

The team is very excited to move to their new location. Its proximity to the other clinics will make it possible to improve on current services. For example, the young patients at the Shriners’s Hospital will be right next door to a dentist who is qualified to treat their specific problems. ●