

# Chez nous

MCH EMPLOYEE NEWSLETTER

Published by Public Relations and Communications | [www.thechildren.com](http://www.thechildren.com)

April 30, 2015



## Mock patient move preps staff for big day

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Photo: Stephanie Tsirgiotis



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

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**Graphic design:** Vincenzo Comm Design inc.  
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Production of *Chez nous* is made possible thanks to funding from the Montreal Children's Hospital Foundation.



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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.*

# In the home stretch

Spring is finally here and after a winter we thought would never end, we're at the start of a new season. It's a fitting comparison to the Children's because after a winter of tremendously hard work on everyone's part, we're weeks away from our own new beginning. "May 24" has been on everyone's minds for months, and the Royal Victoria Hospital's successful move on April 26, and the media coverage that resulted, showed us what's possible when everyone comes together for a common goal.



*Martine Alfonso*

A month ago, I attended the briefing and follow-up session for our first mock patient move, a process that involved a volunteer "patient" being transferred from a room on 6C to her new room at the Glen in only 12 minutes. I was so impressed how the staff taking part carried out their individual responsibilities with expertise, resulting in everything coming together seamlessly and efficiently.

What also struck me was that our volunteer patient—a family member of one of our employees—said it was really helpful to have staff members introduce themselves at various stages of the transfer and explain what was about to happen. Her comment brought to mind that the patient move on May 24 will be a once-in-a-lifetime experience not just for us, but for the many patients who will depend on us to get to the new hospital that day. It will be a demanding exercise for everyone involved but I'm sure you'll make our patients the top priority, as you do every single day.

With only a couple of weeks remaining at our current site, many of you are still very busy juggling your day-to-day work with the demands of getting your departments ready to move. When the Children's moved to 2300 Tupper in 1956, I'm sure the staff felt many of the same things we're feeling today: excitement, anticipation and the hope that we'll forever honour our heritage as a hospital that always puts the patient and family first. I have no doubt we'll continue to be that place.

*Martine Alfonso*  
Associate Director General, MCH



# Mock patient move preps staff for big day

— By Stephanie Tsirgiotis

The Royal Victoria Hospital successfully moved into their new home at the Glen site on April 26, which means the Children's turn is not too far away! On May 24, anywhere from 90 to 100 inpatients will be moved to the new Children's every three minutes starting at 7:00 a.m. In order to ensure the day runs smoothly, staff and physicians have been working for months with Healthcare Relocations (HCR) on revising protocols, establishing roles and responsibilities and of course, practicing moving patients. On Wednesday, March 25, patient move leaders took part in their first official mock move. Here's a photo montage of how the morning went...



*Mike Shebib (far left) from Health Care Relocations meets with MCH physicians and staff before the patient move begins. He briefs everyone on their different roles. On the day of the patient move, each person involved in the move will be wearing a different coloured t-shirt depending on their role for the day.*



*The mock patient move officially begins! Carlo Galli (l.), coordinator of the MCH Physiotherapy department, and Leonard Johnston (r.) from Housekeeping help move the "patient" — 14-year-old Annaëlle Leclair. Carlo will lead the Lift Team on patient move day. They will be responsible for lifting the patient from their bed and onto the stretcher. There will be two Lift Teams, one at 2300 Tupper and the other at the new Children's on the Glen site. Each role at the Children's will be mirrored at the Glen.*



*The Lift Team gets help from Julie Grenier, the Unit Patient Sender on 6C, and Houssam Kalach, the Transfer RN. The Transfer RN remains by the child's side during the entire move in order to provide continuous care along the way. In critical cases, a respiratory therapist and a physician will also be present. The Unit Patient Senders are responsible for coordinating the safe departure of patients from their floor. Each ward will have their own Unit Patient Sender. Annaëlle was also observed by Dr. Harley Eisman, the Global Patient Sender, before leaving the unit.*

*Continued >>>*

# Mock patient move (cont'd)



Annaëlle is then wheeled from her room to the elevator by the site Transport Team. On patient move day, a technician will be present to coordinate all the elevators in order to ensure the move runs as efficiently as possible. The Transport Team then wheels Annaëlle to the first floor in order to exit from the Emergency Department (ED). All patients will be exiting from the ED on patient move day.



Annaëlle and her stepmom, Ann Hébert, are then met by Urgences-Santé paramedics (who were played by MCH staff for the mock) at the door and brought to the ambulance. Before exiting the Children's, Annaëlle was stopped by Riffat Mirza from Admitting. She checked her identity and then flagged her as a patient "in transit" to the Glen site. This step is important because it allows the Command Centre to know where the patient is at all times.



Annaëlle's stretcher is loaded onto the ambulance. On patient move day, one parent may ride in the ambulance with their child, except in critical cases. Parents of NICU and PICU patients will not be allowed to travel by ambulance. This is due to the large amount of equipment and personnel needed to transport their child safely.

**We're almost there!...**



Annaëlle is greeted by Josie Revuelta, the Unit Patient Receiver, and is brought to her new room. The Unit Patient Receiver is the primary contact for the move teams as they arrive at the unit. The Unit Patient Receiver will direct the move teams to the patient room and have the assigned nursing staff in place to receive the report from the Transfer RN.



Josie helps the Lift Team move Annaëlle from her stretcher to her new bed.





*Annaëlle arrives safely at the Glen!*



*Annaëlle and Ann are greeted at the front entrance of the new Montreal Children's Hospital by the site Transport Team. They stop to talk to Lucy Caron, the Global Patient Receiver. She checks the child's health status, and along with Admitting, verifies the patient's identity and electronically admits her to the new hospital. They send Annaëlle to her new room on B9.*



*The patient is wheeled through Block B towards the Trauma elevators. All patients will be using these elevators on patient move day. Over 40 volunteers will also be present to help facilitate the move by opening doors and helping with wayfinding.*



***The mock move is over!***  
*From bed to bed, it only took the team 12 minutes.*

***A second mock move*** happened on April 14 when the team moved an infant. It took 15 minutes because they spent more time with Admitting staff at both sites. A third move will happen on May 11. Besides the three official mock moves, units are also performing department-specific mocks to make sure their staff are prepared for the big day. The Pediatric Intensive Care Unit successfully completed their mock move on April 21. •

# Saying goodbye to 2300 Tupper street

With our big move to the Glen site just weeks away, we asked:  
What's the number one thing you'll miss about working in our current space at  
the Montreal Children's Hospital?

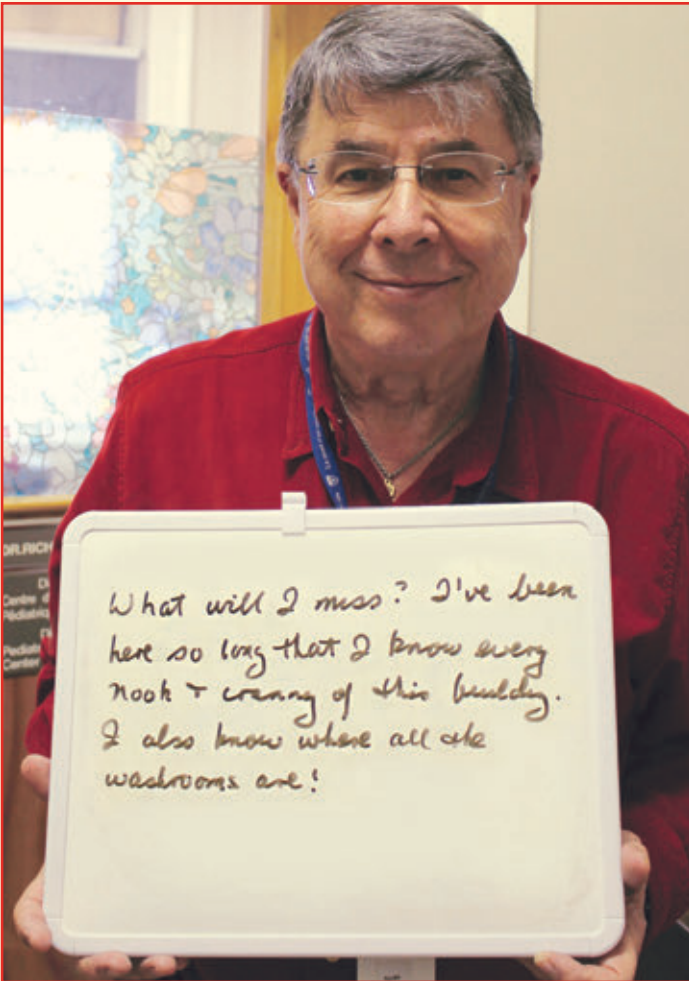


*Helen Magdalinos, Child Life Specialist*



*Dr. Mylène Dandavino, pediatrician*





*Dr. Richard Haber, pediatrician*



*Michal Stachura, Nurse Clinician,  
Pediatric Intensive Care Unit*

## Awards and nominations

**Dr. Bruce Mazer** has been appointed Deputy Executive Director/Deputy Chief Scientific Officer of the RI-MUHC and Head of Child Health Research at the Montreal Children's Hospital of the MUHC.

**Chez nous** has just won second place (for the second year in a row) for best internal health care newsletter in Canada. The award was given by the Health Care Public Relations Association of Canada.

**Dr. Harley Eisman, Jorge Pomalaza Ráez and Jean-Pierre Cordeau** won the "Connected to the Community" award from the **Canadian Wireless Telecommunications Association (CWTA)** for the Emergency Department's "Plan your wait with a text update." The award is given to organizations that use wireless technology to improve the lives of Canadians.

# Thinking outside the box

## Surgical inpatient unit organizes scavenger hunt to help orient staff at the Glen

— By Stephanie Tsirgiotis

*“You need to pee. Find the closest bathroom!”*

Nurses from the Children’s Surgical Inpatient Unit scour the floor in search of the closest lavatory, where they’ll also find their next clue. Since March, Christina Duperreault, the unit’s assistant head nurse, and Stephanie Lepage, a nursing professional development educator, have been organizing regular scavenger hunts for their nursing team. The wayfinding exercise is one of the creative ways they’re training staff at the Glen.

### Training day

The training sessions run from 7:00 a.m. to 3:00 p.m. and six to 12 nurses are invited to attend. Each participant receives a map of the unit and gets to explore the floor for 30 minutes on their own. Christina and Stephanie then host a two-hour official tour where nurses are briefed and trained on a number of different protocols and new pieces of equipment, including the nursing call system and pneumatic tube system. “We then break up into teams of two and start the scavenger hunt,” explains Christina. “The exercise helps recap what they’ve already learned. We wanted to organize a fun and helpful activity for them and so far we’ve been getting great feedback!”

The goal of the scavenger hunt is to help orient staff and get them accustomed to a new routine. Each clue leads to the next one and the entire activity lasts about 20 minutes. Once the scavenger hunt is over, they move on to completing 12 patient care scenarios. “When developing these simulations we really thought about what do these nurses need to know on day 1,” says Stephanie. “How do you call a Code Blue? How do you find a colleague who is down the hall? How do you call for help?” After lunch, the group then moves on to a hospital-wide tour.

“Once the hospital opens, our nurses will be expected to bring their patients to different parts of the hospital, like Medical Imaging for example, so they also have to know where everything is at the Glen,” she says.

During a training session, one of the nurses wore a pedometer and covered over 8 kilometres!

### New environment

Their new environment is very different and much larger than their current space. Twenty-four patient rooms will now be spread over two pods, one on the south side and the other in the centre. The north pod is reserved for the new Acute Care Unit and will be run by intensive care nurses, however, the surgical nurses still need to be familiar with this space since they will be sharing the breast milk room, procedure room and playroom.





## Next steps

By early May, all 40 nurses will have been trained; Christina and Stephanie will begin training the clerks and patient care attendants on May 11. "We're going to adapt the training session to their needs. We'll still have a scavenger hunt, but this session will be more about explaining their new role in their new space." And of course, showing them where the closest bathroom is! •



(l. to r.) Laurie Dandy and Monica Mroczek look at a map of their new unit.

**JUNE 20 2015**

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# You asked, we answered!

## Answers to frequently asked questions about the Glen

### ARE THE COMMUNICATION SYSTEMS BEING UPGRADED AT THE GLEN SITE?

With the first patients from the Royal Victoria Hospital already at the Glen site, progress to enhance communication systems is noticeable. The call system has been reprogrammed in all areas to display an alphanumeric sequence (pavilion-floor-unit-room) instead of architectural codes. For example, Rm. 47 in the Psychiatry Unit would read: B7.PSY47 (block-floor-unit-room) on the console rather than B072138 (architectural code). Lexicons for these new sequences will be available shortly to units, responding teams and on the Intranet. Our supplier has validated, room by room, this new programming. If users come across an error in the system, they should report it to the Activation Centre (ext. 24545 or [activation@muhc.mcgill.ca](mailto:activation@muhc.mcgill.ca)).

Additionally, the auditory alerts for code blues, emergency and nurse call are now clearly distinct. The system's zoning has also been adjusted to relay alerts to all nursing stations or "pods" on the same floor that constitute functional teams (ex. Internal Medicine) and in the work space or care area in which a care team member has reported in via the system.



It is essential for all care staff members to report in by activating the system's "présence" button so that they are notified of medical emergencies in medication rooms, staff lounges, patient rooms and other areas. The goal of this new patient-centred approach is to minimize background noise while ensuring safe patient care.

In all zones, medical emergency alerts from the nurse call system will be transmitted directly to the Code Blue teams over the new Wi-Fi phones (the new Spectralink phones). **It is imperative that staff push the Code Blue button in the event of a medical emergency to automatically relay the alert to responding teams.** As a redundancy measure, staff should also call 55555 after having pushed the button.

Please note that the call system reprogramming for the ambulatory and remaining zones will be completed in the first few weeks following the Royal Victoria Hospital move. The volume of the PA system will be also be readjusted. During that period, users can

use either the PA system or the nurse call system for overhead paging in departments. There is a speed dial function on the phone that can be programmed.

### My department's moving date is scheduled for May 12 but some of us will still need to work at 2300 Tupper until the hospital move is complete on May 24. HOW WILL WE BE ABLE TO WORK DURING THAT TIME PERIOD—FOR EXAMPLE, WILL WE STILL HAVE ACCESS TO THE NETWORK?

The designated moving period for the Children's is May 12 to 24, and on any given day during that period there will be as many as two dozen departments, services and clinics moving to the Glen site. Staff from Healthcare Relocations (HCR) is in charge of the move, and you can expect a turn-around period of less than 24 hours from the time your boxes and crates leave 2300 Tupper to when they will be delivered to your new space at the Glen site.

The computer system at 2300 Tupper will still be fully operational for Lotus Notes, Internet, OACIS, and network folders until May 24, and there will still be a large number of working computers on site. As long as you have access to a workstation, you'll be able to use any of these services.

It's important to note that your 5-digit phone extension will be transferred to your new phone at the Glen the same day your department moves, and the phone you've been using at 2300 Tupper will be disconnected. This may cause some problems for staff members but keep in mind that it's only a temporary situation and you'll be able to retrieve your voicemail messages by dialing ext. 17000 from any phone at any site, and following the instructions to enter your extension number and password. You can also access the voicemail system from outside the MUHC by dialing 514-931-7000 and following the prompts.

Healthcare Relocations staff will be at the Children's starting in early May to provide information, explanations and support on preparing and packing your files, office supplies and any equipment being transferred.

You might want to consider keeping a small bag or knapsack with you that can hold any items such as pens, forms or anything else you'll need between your moving date and May 24. •



# Pilot project helps OR team improve efficiencies

— By Maureen McCarthy

The Children’s operating room (OR) staff has managed to do what most people only dream of: they found a way to get more time out of a day. Two OR team members, anesthesiologist Dr. Vincent Collard and Nurse Manager Karina Olivo, recently led a pilot project to improve the OR’s workflow. It began after Dr. Collard asked Karina to observe the OR process on a typical day, and she quickly noticed that various staff members were often waiting to begin their work while another colleague completed their tasks.

The typical routine for a surgical procedure started with the OR assistant cleaning and preparing the OR, followed by the nurse who would open the sterile equipment. Only when this last step was finished did the anesthesiologist bring the patient into the room to begin the induction.

With the support of the hospital’s Peri-Operative Committee, Dr. Collard and Karina initiated the pilot project to see if certain

OR staff could work simultaneously instead of one after another when preparing for the next surgical procedure. Karina prepared by reading up on other hospital centres that run a parallel process in the OR. “The findings show that it’s possible to improve the process without increasing resources or making people work any faster than they currently do,” she says. “The end result is we can gain more time to devote to the patients.” The pilot project tested a process that allowed for overlaps in individual tasks. The OR assistant still starts on their own to complete certain cleaning and sterilization steps, but as soon as the room is clean, the nurse can start opening the sterile equipment. As well, the anesthesiologist now doesn’t have to wait for the nurse to finish before bringing the patient into the room.

The pilot project also looked at certain tasks that can be delegated to different people to help efficiencies and flow. “It’s mostly about putting the right person in the right place at the right time,” says Karina.

*Continued >>>*



(l. to r.) Dr. Dominique Levesque, Vanessa Panneton, and Drs. Lau and Courval.

## Pilot project (cont'd)

### Time saved, improved communication

Dr. Collard points out that on days when four, five or even six surgeries are planned for one OR theatre, the time savings have been significant. "In the first week alone, we could see a gain of about 20 minutes per case, which adds up to nearly two hours per day," he says. "That's two more hours that the surgical team can spend with patients."

He also adds that the new method creates better teamwork and collaboration since there are more opportunities for staff to communicate with each other, and discuss what is happening at any given moment.

### One step closer to the Glen

One of the main goals of testing the new process this spring was for the OR team to be comfortable with it before moving to the Glen. "Everyone has taken part in the process," says

Karina. "We couldn't pilot the project in just one operating room because we share resources throughout the OR, so we did five rooms all at once. Naturally, some staff have had questions and concerns, so we're working to find solutions. Ultimately, we have to strike a balance where it works well for the whole team."

"It was a lot to ask of our team members with so many other changes connected to the move," says Karina. "But overall, the OR staff see it as a positive step forward."

Dr. Collard concludes that one of the most important measures of the project's impact has to do with patients. "If we don't have to cancel a surgery at the end of the day, then we've been successful," he says. "Within the first week, the surgeons said things were working well and they were finishing on time. For our patients, that means everything." •

# Ring in the new!



### MAIN ENTRANCE

*What a difference a new front entrance makes! Check out the new entrance of the Montreal Children's Hospital at the Glen site.*

