

# Chez nous

MCH EMPLOYEE NEWSLETTER

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## Love is in the air

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Hôpital de Montréal  
pour enfants  
Centre universitaire  
de santé McGill



Montreal Children's  
Hospital  
McGill University  
Health Centre



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# Hearts full of love



For the families in our Neonatal Intensive Care Unit, the message of St. Valentine's is something they share every day with their precious little ones. As these photos show, there's no shortage of love or smiles to go around. Throw in a few paper hearts and some fun decorations and you have all the makings for a very special photo series.



► Glenda enjoys a few cuddles with her baby in the Montreal Children's Hospital Neonatal Intensive Care Unit (NICU).



► Baby Sharbel in dad's arms.



► Baby Loukas-Tom with his parents.



► Baby David is surrounded with love.



► Baby Nikolas rests cozily in the NICU.

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

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](mailto:info@thechildren.com).

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► Baby Ella shows off her big white bow.



► Twins Ashley and Victoria with their parents.



► Baby Derek sleeps peacefully.

**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 Asso-  
ciation of Canada.

On the cover: *Baby Macha*  
Cover photo: Owen Egan

# Overcoming the odds: Dante's story

By Maureen McCarthy



One of the most frequent things Mike and Mariarosa hear when people meet their baby boy Dante is that he's so tiny. They beg to differ. "He's so big!" says his mom. At just a little over four kilograms, she has a reason for saying that. When Dante was born in September 2015, he weighed only 620 grams.

The school year had just started and Mariarosa, a teacher, was back at work. She was less than six months pregnant at the time so when she felt a few contractions she thought they were the Braxton Hicks type. "I called Info-Santé and they said go to the hospital just to be sure." Within hours of arriving at Maisonneuve-Rosemont, she was transferred to the pre-natal unit at the Jewish General Hospital and put on bed rest. "At that stage of pregnancy, every day counts," she says. "They just wanted me to stay completely still in the hope that I wouldn't go into labour." Despite everyone's hopes, Dante arrived just one week later.

## TWO SURGERIES IN TWO DAYS

There are many possible complications in the first weeks of a premature baby's life. At six weeks old, Dante developed necrotizing enterocolitis (NEC), a condition in which tissue in the intestine becomes injured or dies off, causing inflammation. As a result, he was transferred to the Montreal Children's Hospital Neonatal Intensive Care Unit (NICU).

"Dr. Guilherme Sant'Anna and Dr. Elizabeth Hailu were the first doctors we met at the Children's," says Mike. "They said Dante might need surgery. NEC is common in premature babies but it's very serious."

"We were living minute by minute," says Mariarosa. "The world around us stopped and it was all we could focus on." After a month and half, the doctors could see a stricture in Dante's intestines, so they decided to operate to remove the damaged tissue. Two days later, it necrotized again so Dante underwent a second surgery.



► Dante the day after he was born at 24 weeks, 2 days gestation.



► Mike and Mariarosa have marked different holidays and milestones since Dante has been in the NICU. "When he's older and asks us about it, we can show him how he spent his first Halloween," Mariarosa says with a smile.

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## ANOTHER SURGERY

Dante was scheduled for a final surgery at the end of January to reattach his intestine but prior to that, a test revealed he had another stricture. "They moved up the surgery by two weeks and repaired and reattached his large and small intestines at the same time," says Mariarosa. "We're very hopeful he won't need another operation."

Dante has had his share of other problems too: he caught the flu over the holidays, and has had multiple infections. He also had to stay intubated for two weeks after surgery. Dante is on CPAP (continuous positive airway pressure) for his breathing and will eventually shift to high-flow oxygen, then low-flow. He has been fed almost exclusively through an IV tube so as he shifts towards regular feeding, he'll be closely monitored to make sure his stomach is still fine and that he's digesting food properly. The focus now will be on improving his breathing and feeding so he can eventually go home with his mom and dad. It's a day they both really look forward to.



▶ Dante after his third surgery in January of this year.

## THE POWER OF POSITIVE THINKING

Mike and Mariarosa have made a point of keeping their immediate family up to date by sending daily texts. "When Dante was really sick, it seemed like we only had sad news to tell everyone. We soon realized that we had to find something positive to share every day, no matter how small it was. It helped us, and it helped our family too," says Mariarosa. "We got to see the good, and they got to see the good too."



The couple say that the one constant positive has been the NICU team. "They look after the baby, and us, as parents. They cheer on Dante and their love and devotion to their work is very evident. We will miss them when we finally go home." ■

▶ Mike, Mariarosa and Dante.



▶ Dante now weighs more than 4 kilograms.

# Cooking is good for the soul

MCH psychiatry patients discover new passion thanks to cooking activity

By Stephanie Tsirgiotis



► (l. to r.) Megan Blakeman, occupational therapy student from McGill, Mélanie Bazin, occupational therapist at the MCH, Courtney Swindells, social counsellor at the MCH, and Eleni Lacopo, special care counselling student from Vanier.

“This is my first time baking — I’m usually the one eating the baked goods!”

The patients smile and share a few laughs before moving on with their recipe. Every Tuesday, inpatients and outpatients from the Pediatric Psychiatric Care Program get together and cook. “We pick the recipes and assign cooking tasks depending on a patient’s level of functioning,” says Mélanie Bazin, an occupational therapist on the unit. “The goal is to challenge them, but not overwhelm them.”

## HOW IT WORKS

The activity is divided into two groups. Patients either work together in pairs or alongside a staff member. As they enter the kitchen, they are assigned a recipe and begin to prep.

“We always assign a main course, side dish and dessert. We help guide them, but the patients are responsible for completing the activity from start to finish,” says Mélanie.

Staff buy the food beforehand, but patients must look through the pantries and refrigerator to find all of their ingredients. A lot of thought also goes into choosing the recipes, because safety and nutrition are always important. “We teach them how to safely use different kitchen tools and utensils and we’re careful about allergies and food preferences,” says Mélanie. “Getting a healthy homemade meal is very comforting.” Each group has an hour to complete their recipe and then everyone gathers in the kitchen for a sit-down meal.

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► The first group was responsible for making the main course – spaghetti with meatballs and tomato sauce. One patient said she enjoyed the class because it broke up her day and allowed her to meet new people.



► The other group was responsible for making the dessert – strawberry pudding cake.



► The activity allows staff to evaluate a patient’s verbal and non-verbal behaviour by observing them while they perform a specific task.

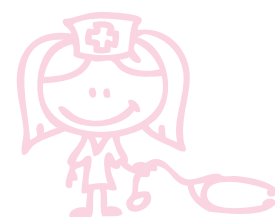


► Patients work together in pairs. Staff help guide them, but patients are responsible for completing the activity from start to finish.

### HOW IT HELPS

Besides the social aspect, the weekly cooking activity also acts as an assessment tool for therapists. It allows them to evaluate a patient’s verbal and non-verbal behaviour by observing them while they perform a specific task. “This activity allows us to evaluate many aspects of the patient’s progress, such as their capacity to follow directions, independence level, initiative, decision-making skills, concentration, frustration management, problem-solving, coordination, energy level, cooperation and social interaction,” explains Mélanie. “It’s a good assessment tool without the patients feeling like it’s one. It gives us another perspective of their abilities.”

*continued >>>*



## Cooking is good for the soul ... (cont'd)



Patients are often very proud of their work and enjoy sharing the meals they prepared; some of them even save a portion to give to their parents when they visit. Mélanie says this sort of activity promotes positive self-esteem and skill-building. Some patients even discover a new passion. “A lot of our patients realize that cooking is fun and they continue to do it once they go back home!” ■

► Mélanie Bazin says the cooking activity is a great assessment tool. The class started in 2004 and continues to grow and develop. “Another plus is that the whole unit smells so good on Tuesdays!”

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Register online at  
[weshouldtalk-mch.com](http://weshouldtalk-mch.com).**

Whether you're a staff member, a patient or a family member of a patient at the Montreal Children's Hospital, your role is important.





# Tackling pediatric HIV together



## The Montreal Children's Hospital's multidisciplinary HIV Clinic addresses the needs of today's patients and families

*By Pamela Toman*



► (l. to r.) back row: Dr. Mohammed Algounaim, Dr. Andrée-Anne Boisvert, Dr. Christos Karatzios, and Camila Gundel; front row: Dr. Dorothy Moore, Geraldine Schaack, and Chantal Champoux. Not present: Matthew Kocal, Sandra Pepin and Dr. Gillian Morantz.

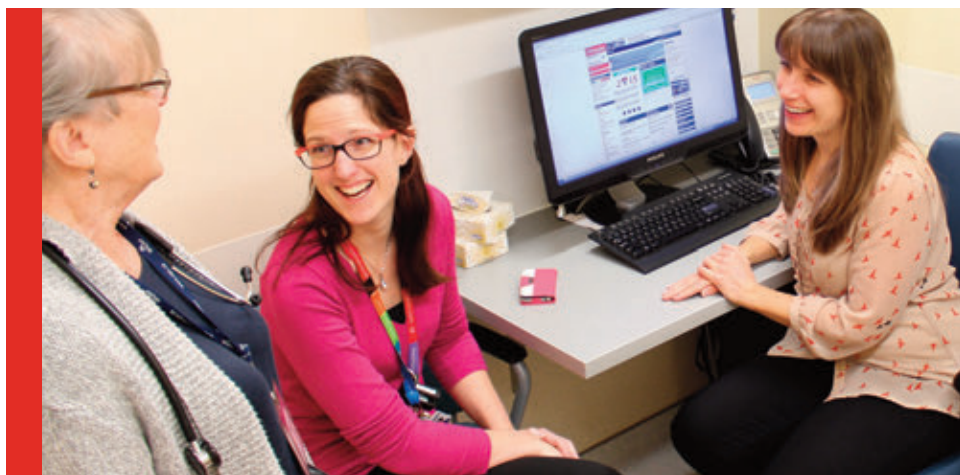
Dr. Dorothy Moore, a pediatric infectious disease (ID) specialist at the Montreal Children's Hospital (MCH) remembers a time when children with HIV had a much more uncertain future. She was one of two ID specialists working at the MCH in the 1980s, when the first pediatric AIDS cases were seen in Montreal. "It was so discouraging," she says, reflecting back. "In the beginning, I remember a feeling of not being able to do anything to help these patients."

In 1983, it was recognized that mothers could pass HIV to their babies. "Between 1985 and 1989, 11 infants with HIV

infections acquired at birth were seen at the MCH," recalls Dr. Moore. "Of these, nine died within the same time period. By the time they came to us, they were already very sick. They were hospitalized for lengthy periods and when not in hospital, they came in for intravenous infusions every month. There was no antiviral treatment until 1988 and the early drugs were not very effective, difficult to take and caused many side effects." In 1989, the care of these children was centralized in the Home Care Service to help better address the needs of these patients and their families.

*continued >>>*

## Tackling pediatric HIV ... (cont'd)



▶ The multidisciplinary team focuses on the medical and psychosocial needs of its patients.

### A NEW ERA IN THE TREATMENT OF PEDIATRIC HIV

Today, pediatric HIV treatment has advanced dramatically — something that is deeply satisfying for specialists like Dr. Moore. The MCH HIV Clinic is still part of the Complex Care Department, but has evolved to address the needs of healthy patients living with this infection. The multidisciplinary team's approach focuses not only on the medical needs of its patients, but places a much greater emphasis on addressing the many psychosocial issues that can accompany this condition.

The clinic is led by infectious disease specialists Dr. Christos Karatzios and Dr. Moore, as well as pediatrician Dr. Gillian Morantz, and aided by Dr. Mohammed Algounaim and Dr. Andrée-Anne Boisvert, pediatric infectious disease fellows. Together with the help of a variety of other health professionals, this interprofessional team treats a group of roughly 15 patients. "Thanks to advances in medications, our patients today are very healthy because we can now keep the virus under control. What we need to help support them with more than ever is how to live with this infection," says Dr. Moore.

### WORKING TOGETHER TO MEET NEW NEEDS

As case manager, Geraldine Schaack's role is key in coordinating patient care. "I am the point of contact for families and

my role is to assist the medical team by drawing blood and conducting follow-ups with the family, but also reaching out to members of the team to help manage issues that can come up, such as fear of needles or difficulty trusting the team," she explains.

As a Child Life Specialist within the team, Chantal Champoux says her role is multifaceted. "I really have three main goals in my work: to prepare a child for medical procedures, to find ways for children and teens to express them-

selves, thus creating a sense of control, and to empower parents to recognize their child's needs and to play an active role in their child's care," she explains.

When issues arise about how to manage the social impacts of living with HIV, Camila Gundel's role as a social worker is to offer families emotional support and counselling, as well as a variety of resources to ensure that they feel well supported. "Despite the fact that there is much more awareness and public understanding of HIV, there is a stigma attached to it, and this population can still be ostracized," says Dr. Karatzios. "We work together as a team to ensure that we support these patients so that they can understand that this disease is something they have to pay attention to and manage, but it does not define them."

### LOOKING AHEAD

Despite the lack of a cure for HIV, Dr. Karatzios remains optimistic. "I'd be surprised if it came within the next 10 years, but I am hopeful that we will see a cure for HIV in my lifetime," he says. "Seeing no more HIV would put us out of business, but it would be a very good way to go out." ■



# Fun in February



## A number of events were held at the Montreal Children's Hospital this month



A **special Valentine's Day party** was organized for MCH inpatients and outpatients on February 11. Patients took part in a bunch of fun activities, like decorating cupcakes, doing arts and crafts and taking photos with Frozen's Olaf. Montreal performer Bianca Fiamelli also entertained patients and families by performing a variety of songs in the P.K. Subban Atrium.

► Coralie and her mom Mireille have fun being silly with heart-shaped sunglasses.

The MCH's 'Quality of Life at work' committee organized a **two-day candy-o-gram sale** this year for Valentine's Day. Staff were able to write kind messages to each other by purchasing a handmade Valentine's Day card for \$1. Volunteers then delivered the cards to staff on February 12. All proceeds went to the 'Quality of Life at work' committee to help purchase decorations for upcoming events and holiday celebrations.



The committee members even made the cards by hand! ►



Staff, patients and families celebrated **Chinese, Korean and Vietnamese New Year** on 2A earlier this month — just like at the old Children's! Known as the Spring Festival, celebrations last 15 days and special food is eaten to welcome fortune, happiness, health and prosperity. **Fun fact:** this year marks 4713 in the lunar calendar and is the Year of the Monkey.

► Members of the Vietnamese community come to the Children's every year to sell flowers and food during their New Year. All proceeds go to the Montreal Children's Hospital Foundation.

# Students learn from the best

## MCH holds its annual Career Day



The Montreal Children's Hospital hosted a two-hour event for 40 high school students from the English Montreal School Board on February 1. The grade 10 and 11 students, who are all interested in pursuing careers in medicine or nursing, had the opportunity to ask questions and learn from physicians and nurses in the field. Dr. Rob Sternszus explained what it's like to work as a general pediatrician in a Medical Inpatient Unit, while Dr. Sharon Abish described her role as a pediatric oncologist/hematologist. Andreane Pharand also talked about what it's like to be a nurse in one of the most critical Neonatal Intensive Care Units in Quebec. ■

► A few students left thank-you letters or followed up by email to thank all the participants for taking the time to answer their questions. One student wrote, "Thank you for allowing me to understand more about the field I wish to pursue. You have helped me so much."

### Nouvelle capsule vidéo! Comment le personnel de l'Hôpital de Montréal pour enfants communique-t-il lorsque quelque chose ne va pas?

Découvrez-le dans cette nouvelle capsule vidéo de la campagne Parlons-en. Rendez-vous au [parlonsen-hme.com](http://parlonsen-hme.com) pour voir la capsule vidéo.

### New video! How do Montreal Children's Hospital staff members communicate when something's not right?

Find out in this new clip from the We Should Talk campaign. Watch the video at [weshouldtalk-mch.com](http://weshouldtalk-mch.com).

