

Chez nous

MCH EMPLOYEE NEWSLETTER

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PICU and ICU: a 'teams' effort

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Collaborating to Overcome Challenge

The Pediatric and Adult Intensive Care Units work together to ensure patient safety

By Sandra Sciangula



► Members of the Pediatric Intensive Care Unit.

This past June, the Pediatric Intensive Care Unit (PICU) team of the Montreal Children's Hospital (MCH) learned that work to the ventilation system was going to be undertaken on its floor. This meant the unit, which cares for some of the most critically ill patients from across Quebec had only seven weeks to plan a move. The PICU team came up with a plan and demonstrated resilience in the face of adversity, but not without some help.

The PICU had the option of operating in a construction zone for three months or move the entire unit and its patients for four weeks while the work was completed. The latter was the favoured choice but where would the patients go? Margaret Ruddy, Nurse Manager of the PICU explains, "Our choices of where to move depended on space and where the infrastructure existed to support the technology." Among the few options available was the Adult Intensive Care Unit (ICU) of the Royal Victoria Hospital (RVH) also located at the Glen.

Making History

Sylvie Ampleman, Nurse Manager of the RVH Intensive Care Unit, was one of the many people who attended the preliminary meetings focused on the PICU's temporary relocation. Naturally everyone had a lot of questions. She admits that there were concerns about having pediatric patients in the adult ICU. "We're protective of our patients and our unit, we did not fully know what this was going to mean for our patients," says Sylvie. She also had concerns about how her staff of approximately 130 was going to take the news of having to share their space.

Despite the questions and concerns, Sylvie recalls one meeting in particular where she was sitting across from the Chief of the Pediatric Intensive Care Unit, Dr. Saleem Razack, who politely asked if they could have space in the Adult ICU, "At that moment, I understood they were in this situation through no fault of their own and that patients needed care in a safe environment." For the first time in either of the

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hospital's long histories, pediatric patients would be cared for on an adult unit. The collaboration that ensued between the teams is what made it work.

Patient safety comes first

This relocation was particularly challenging. Dr. Razack explains, "We had to relocate but we couldn't reduce activity and there are surprisingly few places where you can plug in the machinery used in intensive care." The teams agreed to allocate six beds to pediatric patients, with a seventh that could serve either the adult or pediatric patient populations based on needs.

Dr. Peter Goldberg, Chief of the Adult Intensive Care Units, recalls, "It wasn't a question of this is mine and that is yours, it was a question of keeping patients safe." In the weeks leading up to the move, the teams had to anticipate possible problems and come up with solutions. "We needed to figure out how to keep people safe, how to mix little people with big people," he adds.

The complexities of moving PICU patients

Although in close proximity to each other, the Pediatric Intensive Care Unit and the Adult Intensive Care Unit are worlds apart in the patient populations they care for. Sharon Taylor-Ducharme and Kim Tanguay, who were both leaders in the 2015 moves to the Glen, were the project managers for the temporary relocation of the PICU. To keep the pediatric and adult environments separate, there were physical barriers put in place. "We put tape on the floor, decorated with an aquatic theme to delineate the spaces and installed a temporary wall. We also



► Members of the RVH ICU team, from l.to.r: Nurse Manager, Sylvie Ampleman, Nursing Professional Development Educators, René Favre and Marcel Lamontagne, and Bio-engineer, Charles Borm.

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Did you know you're reading an award-winning magazine?

Chez nous received second prize for best internal health care newsletter in Canada! The award was given by the Health Care Public Relations Association of Canada.

On the cover: Dr. Saleem Razack and Sylvie Ampleman
 Cover photo: Owen Egan

Collaborating to overcome... (cont'd)



► Margaret Ruddy, Nurse Manager of the PICU.

asked staff and visitors from the adult ICU to use a different route into the unit," says Sharon. "We needed to maintain a separate pediatric environment without disrupting the work-flows of the Adult ICU."

In preparation for the relocation of PICU patients to the RVH, a simulation of the move was done. Kim explains, "This allowed us to agree on the best route from the Children's and clarify any questions regarding way-finding, transport and signage."

Everything from infections to foods and sounds were also considered prior to the relocation. Sharon explains, "C. difficile, for example, is more common in adults so for purposes of infection control, the pediatric and adult rooms were cleaned by different housekeeping staff and with separate cleaning equipment." She continues, "The peds side had to be conscientious of the smells of certain foods and noise levels which could disturb the adult patients but would generally go unnoticed by the pediatric patients." In addition, hospital registration, laboratories and the pharmacy had to be aligned so that pediatric patients were not mistaken for adults while they were being treated at the RVH.

"Seven weeks is a tight timeline to get the site ready for the relocation," says Kim, "and everybody went above and beyond their day-to-day work to make this happen." The

collaboration was strong. "The transversal support services were key," adds Sharon. "Bio-med, Materials Management, Housekeeping, Information Systems and Social Services, to name a few, all collaborated and were essential to the safe move and successful co-habitation of the patients."

Working together

"It was absolutely the right decision," says Dr. Razack about collaborating with his adult counterparts. "We were warmly welcomed and they understood that we had to come together to make this work on such short notice." Every morning, the PICU and ICU nursing leadership would meet to discuss if there were any other needs or if the co-habitation could be improved. "When they moved in," says Sylvie, "we wanted to make sure everything was OK, but they never asked for anything."

Working in intensive care gives the teams a certain level of understanding. Dr. Goldberg explains, "We talk the same language, we know what intensive care implies in terms of personnel, space and stress." He continues, "The PICU team is a very pleasant group of people, they have a strong *joie de vivre* and a sense of community." The PICU patients and staff returned to the Children's on September 29 and looking back Sylvie says, "The experience was gratifying and we're going to miss the team from the Children's." ■



► Sharon Taylor-Ducharme and Kim Tanguay were the project managers that oversaw the temporary relocation of the PICU.

Ma première chirurgie is launched

The interactive app that makes surgery a little less scary is now available in French

By Sandra Sciangula



Ma première chirurgie, the French version of the *My First Surgery* iPad app is now available. In 2013, Dr. Robert Baird, pediatric surgeon at the Montreal Children's Hospital (MCH), teamed up with Montreal-based digital development company Stradigi to address the growing need expressed by parents and patients to better prepare for their first time in the operating room.

The interactive app breaks down each step by explaining what will happen before, during, and after the surgery in both a child-friendly manner, and with a special section just for

parents. "We value patient and family-centred care at the Children's, and this app aligns with that philosophy by offering families a tool that provides a great deal of information about what their surgery experience will be like," says Dr. Baird. "The goal is to continue the development of the app because everyone has the right to know what to expect in preparation for surgery," he adds. Dr. Baird believes the app should be available to as many people as possible and says, "I would like to see it grow to become multilingual and eventually become available for iPhone and Android users too."



► Dr. Robert Baird

Dr. Damien Maxwell, a pediatric surgeon at the Charleston Area Medical Centre (CAMC) in West Virginia, is one of the app's users. "The app is installed on the iPads the patients play with in the preoperative holding area," explains Dr. Maxwell. "The feedback has been very positive and has reduced anxiety in patients just prior to surgery," he says. "I show the app to families maybe once a week but they often find it on their own and many of them play with it on a regular basis."

The app, available in English and French can be downloaded for free from Apple's App Store for iPad use. To find out more or to contribute to the development of the app, visit www.myfirstsurgery.com. ■



Thank you to the Alouettes for a wonderful visit!

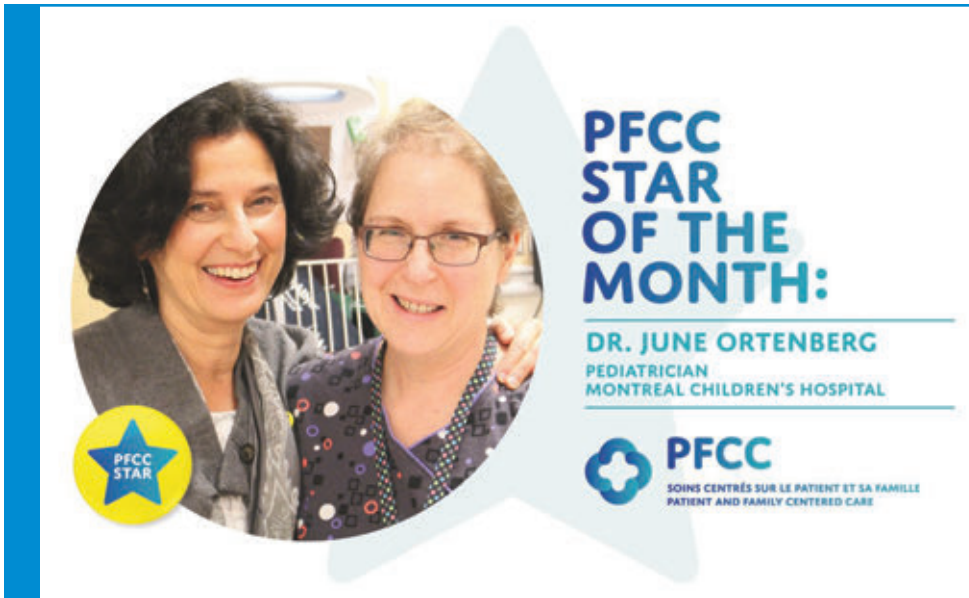
Players and coaches from the Montreal Alouettes visited the Children's on October 4 to hand out gifts to their young fans. Patients, families and staff on the wards, in the clinics and even those in the waiting areas had a chance to chat and take their own pictures with the pros. Thank you to the Als for taking the time to stop by!





PFCC Star of the Month: Dr. June Ortenberg, Pediatrician

By Maureen McCarthy



► Martine Laflamme, September's PFCC Star of the Month, was very happy to nominate Dr. June Ortenberg for this month's award.

"Dr. Ortenberg is someone who takes very special care of every child and family she sees at the Children's. She always has a gentle and thoughtful approach and gives everyone her full attention and dedication. I feel like I've known her forever and I have such respect for her. She's a pediatrician who is a true model of professionalism."

Dr. Ortenberg was surprised and touched when Martine presented her with the award. "Patient and family-centered care is the essence of what we do at the Children's so to be recognized for it is an honour," she says. Dr. Ortenberg says that the idea of PFCC is a principle that helped determine her path. "From the time I was young, I had two great but different interests – fine arts and children," she says. "I always knew I wanted to work with kids though, so in the end, medicine won out."

After studying at McGill, Dr. Ortenberg completed her pediatric residency at the Children's, then spent a year at Hôpital Ste-Justine in genetics, where she first learned about neurofibromatosis, a genetic condition affecting 1 in 3,000

people. "Neurofibromatosis can have multiple effects on the system since it touches the cells of the nervous system, which supply and direct the entire body," says Dr. Ortenberg. "So an integrative, whole person approach is particularly important for these patients."

When Dr. Ortenberg moved over to the Children's she took on a dual appointment in General Pediatrics and Genetics, where she started the neurofibromatosis clinic. "I decided it was a cause to take on so along with the medical genetics counsellor, I helped to spearhead the founding of *L'association de neurofibromatose du Québec* (ANFQ) which continues to do great work to this day." Many of Dr. Ortenberg's neurofibromatosis patients have grown up with her, and she now sees some of their children for the same condition. Dr. Ortenberg has always been interested in treating children with more complex medical problems, whether in terms of physical or mental development. "I've always found that to be really rewarding, and it's one of the reasons I started the neurofibromatosis clinic. It's a goal of mine to meet the child's global needs," she says.

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Within the Division of General Pediatrics, Dr. Ortenberg has worked in both inpatient and outpatient care. She currently works in the Pediatric Consultation Clinic (PCC), the Asthma Clinic, the Pre-op clinic and the Day Hospital, and she recently became director of the spina bifida clinic, replacing Dr. Patricia Forbes, one of her "great mentors" who retired this past year. One of her favourite roles at the Children's is to teach future healthcare professionals at the patient's bedside. "My colleagues and I have the special opportunity

every day to promote the value of PFCC to the next generation," she says. "We're really lucky to have the chance to do it."

In terms of the many other people she works with, her praise is heartfelt. "The Children's has such magnificent spirit. Everyone feels strongly about their role and the contribution they can make, no matter what their job is," she says. "There are fundamental reasons people choose to work in a pediatric institution. It's a common bond that always guides us." ■



An art project that's out of this world

Here at the Children's, we love art, so when Ian Cion, Director of the Arts in Medicine Program at MD Anderson in Houston, contacted us about participating in an inspirational project he launched to paint space suits, we said yes! Ian is working

in collaboration with NASA and retired American astronaut, Nicole Stott, the first person to ever create a painting in space. This suit, called Unity, will be made in partnership with pediatric patients in the headquarter cities of the Space Agencies

that partnered to build the International Space Station, specifically Cologne, Moscow, Tokyo, and Montreal. In each city, they ask young patients to help paint a piece of canvas which is then pieced together and sewn into a space suit. The final result is a beautiful, creative patchwork that represents hope and inspiration. A sincere thank you to Ian and Nicole for sharing this unique project with our patients. ■



► From l. to. r.: Ian Cion, Vincenzo Cervini and Nicole Stott.

Awards & Events



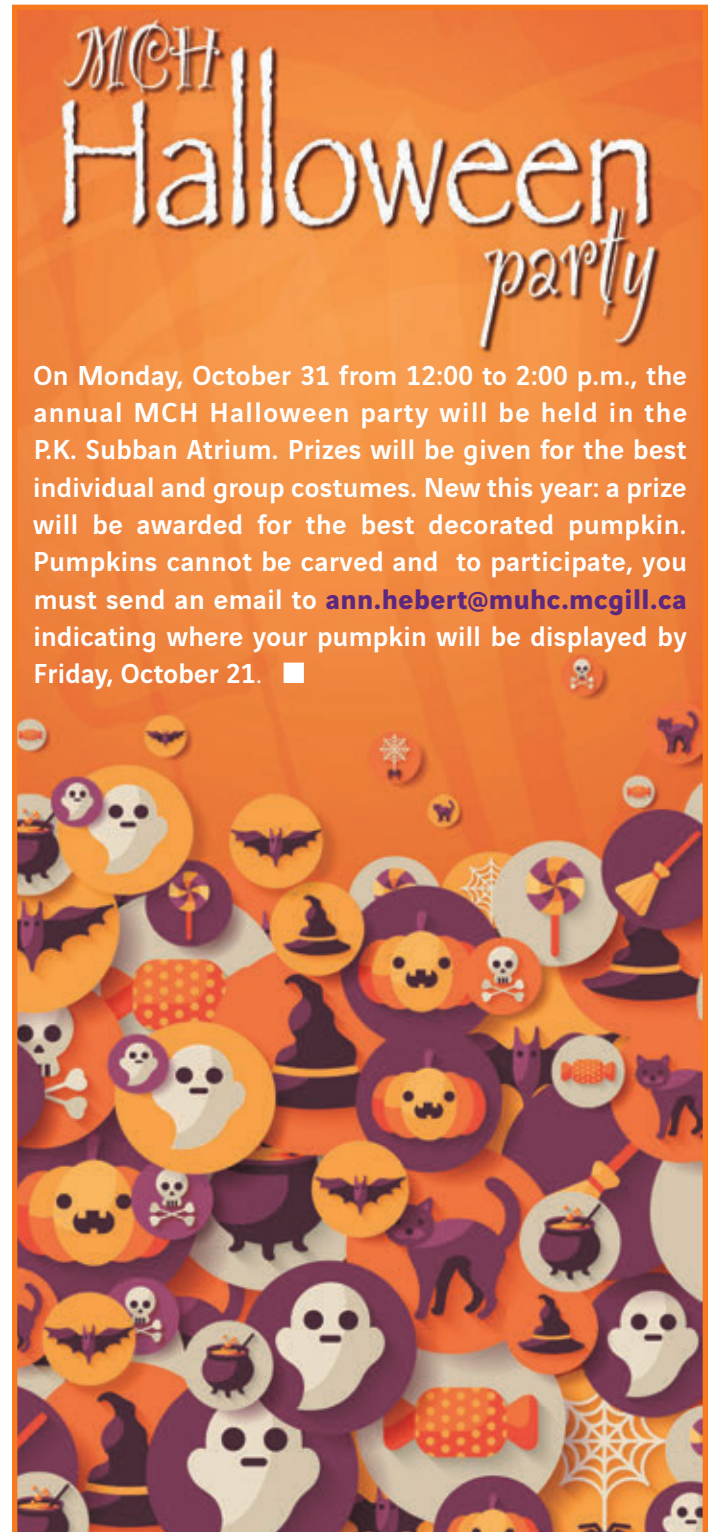
Award

Congratulations to **Dr. Sasha Dubrovsky** and his team for receiving an honourable mention from HealthCareCAN and the Canadian Patient Safety Institute for the *We Should Talk* campaign.



We should talk: 1 year

Speaking up is hard to do. But effective communication is so important, it can actually save lives. One year ago during Patient Safety Week, *We should talk*: a campaign aimed at raising awareness about the importance of speaking up, no matter the circumstance, was launched. Just one year later, surveys show that more than half of the MCH staff agree that the campaign encouraged them to make changes in their approach to communication at the hospital. Keep it up for our patients' sake. Learn more at thechildren.com/weshouldtalk. ■



On Monday, October 31 from 12:00 to 2:00 p.m., the annual MCH Halloween party will be held in the P.K. Subban Atrium. Prizes will be given for the best individual and group costumes. New this year: a prize will be awarded for the best decorated pumpkin. Pumpkins cannot be carved and to participate, you must send an email to ann.hebert@muhc.mcgill.ca indicating where your pumpkin will be displayed by Friday, October 21. ■



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