

Chez nous

MCH EMPLOYEE NEWSLETTER

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Healthy smiles for children with special needs

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MCH Dentistry provides healthy smiles to children with special needs

By Sandra Sciangula



► Eleven-year old Katrina Cannavino has come a long way, from being nervous about dentist appointments to now happily wearing braces.

The Dentistry Department at the Montreal Children’s Hospital (MCH) receives 22,000 patient visits per year, making it the busiest of its kind in Canada. The clinic trains residents in pediatric dentistry, and its specialties: orthodontics, endodontics, prosthodontics, periodontics, oral and maxillo-facial surgery. Although some patients receive routine checkups in the general clinic, many other patients need specialized care. “Most of our visits and emergencies are linked to dental decay but we see all patients from 0 to 17 years of age with an emphasis on trauma, syndromic patients and patients with special needs. There are hundreds of syndromes, but we see many osteogenesis imperfecta patients and cleft and cranio-facial patients or medically compromised children,” says Dr. Annie Marleau, Chief of Pediatric Dentistry at the MCH.

A clinic for patients with special needs

In addition to operating his own clinic, Dr. Jean Rizkallah, former resident in the department, returned to the MCH in May 2015, by joining the orthodontic clinic. He focuses primarily on children and adolescents with special needs, who are more likely to present with an imperfect positioning of their teeth which can affect their development both physically and socially. Often times, children and adolescents with special needs are more anxious about dental procedures, have a low tolerance for dental treatments or are unable to communicate dental pain, all of which can make orthodontic care more difficult, lengthy and costly.

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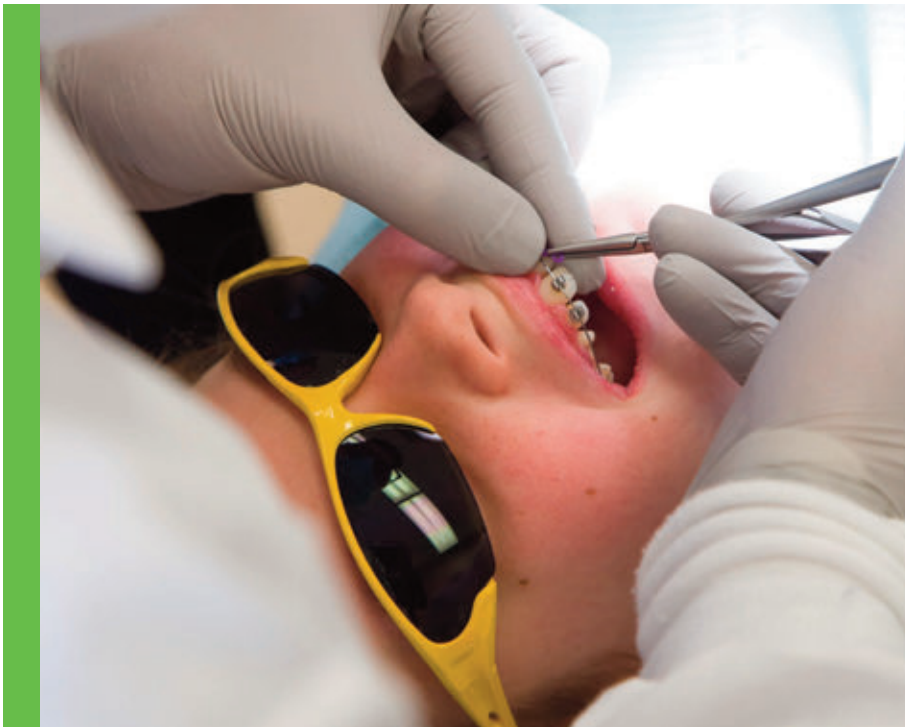


The specialized care necessary to treat special needs patients is not readily available in the average private orthodontic clinic. "Providing orthodontic care to patients with special needs requires an adapted approach, experienced staff, and a flexible schedule since treatments can often take more time. This is the kind of care we offer at the MCH," says Dr. Rizkallah.

From fear to familiarity

Katrina Cannavino is 11 years old and has been a patient in the MCH dentistry department for seven years. "She's a brave patient who has come a long way," says Dr. Marleau who cares for Katrina's general dental needs and eventually referred her to Dr. Rizkallah's care. Katrina has autism spectrum disorder and had many fears about going to the dentist, but after several appointments, she became familiar with the procedures and the staff, and developed a level of comfort with the whole process.

Michelle Prince, Katrina's mom, explains that her daughter was frightened by the thought of receiving orthodontic treatment, in part because of "Darla," an antagonistic character in Disney's *Finding Nemo* who dons a head-gear and has a tense visit to her uncle's dental clinic. "For Katrina, everything that is unknown



► Katrina wears sunglasses to shield her eyes from the bright exam light. She says she is reminded of being in Florida.

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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. Jean Rizkallah and Katrina Cannavino
Cover photo: Owen Egan*



► Katrina and her mom, Michelle Prince, share a laugh with Dr. Rizkallah before their appointment.

to her is especially difficult,” says Michelle. However, after she discussed it with Katrina and gave her a chance to think about it, Katrina agreed to meet with Dr. Rizkallah. “The people at the clinic really know how to put Katrina at ease,” says Michelle. “I stay behind in the waiting room while she gets her procedures done and all I hear coming out of there is laughter.” Last March, Katrina had a palate expander placed in her mouth, and now has braces to further correct her teeth.

A happy patient with a colourful smile

“I love my braces!” says Katrina. She warmed up to the idea of getting braces because she trusts the clinic team members who care for her. “They’re very nice, they make me feel welcome and they make me laugh. They’re the best,” she says. What she most enjoys about having braces is that she gets to choose the colours of the elastics that hold the wire to the brace. At Christmas Katrina chose green and red elastics, and at her most recent appointment, she got elastics in her

favourite colour: purple. When asked what advice she has for anyone else who might have reservations about visiting the MCH Dentistry Department, Katrina says, “Don’t worry about it, everyone is super nice and it’ll all be over before you know it!”

The MCH Orthodontic Clinic works with a growing number of patients and now has three physicians, including Drs. Marie-Claude Chouinard and Adriano Farina, who see patients. In fact, the clinic’s success has led to a six-month waiting list. Dr. Rizkallah has always enjoyed the work culture and environment at the MCH Dentistry Department. The orthodontics clinic allows him to work with patients that present him with new challenges and force him to think outside the box. “We are providing healthy smiles to children who otherwise might not have been able to get proper treatment. It’s a gratifying experience,” he says. ■





From wheelchair to walking again

Twelve-year old Mustafa thrives thanks to expert care from the Montreal Children's Hospital Rheumatology Department

By Pamela Toman

When Mustafa and his family immigrated to Canada from Pakistan in August of 2014, he couldn't wait to learn how to skate. "He was learning, so he ended up falling a lot," says his mother Nadia. That was when he first started complaining of wrist pain.

Summer came, and with his wrist pain gone, Mustafa was back to playing all the other sports he loved like golf and squash. But in early 2016 the pain returned, "We were confused about it. The problem seemed to come and go," says Nadia.

One day during gym class, the symptoms brought on a whole new level of concern. "Mustafa's gym teacher was showing the students how to do a proper push-up, and he just couldn't bend his wrist into position. That's when I started to get really scared," says Nadia.

Searching for the unknown

Just a month after his symptoms started worsening, Mustafa woke up one morning with bruises on his palm, and an extremely swollen hand. Nadia rushed him to the Montreal Children's Hospital Emergency Department where the care



► Mustafa with his dad, Ahsan and mom, Nadia.

continued >>>

From wheelchair to... (cont'd)



► Top row from l. to r.: Nadia Ahsan, Michèle Geoffrion, Sophie Laniel, Sultana Mirza, and Dr. Camille Legoux. Bottom row from l. to r.: Charlene Hopper, Ahsan Qureshi, Mustafa Ahsan and Dr. Claire LeBlanc.

team confirmed Mustafa was dealing with something serious. The next day, Mustafa met with pediatric rheumatologist Dr. Claire LeBlanc who, after a series of tests to determine the cause of Mustafa's inflammation, concluded it was a type of juvenile idiopathic arthritis called enthesitis-related arthritis or ERA.

"It was tough to determine which kind of arthritis he had initially because the symptoms he presented with were not characteristic," says Dr. LeBlanc, who explains that patients with ERA rarely complain of wrist pain but more frequently of pain in the lower limbs. "What we noticed in Mustafa shortly after his diagnosis was that he started to develop enthesitis in his heel, which impeded his ability to walk." In fact, it got so bad that Mustafa was using a wheel chair to get around.

Finding the right treatment

In order to relieve his pain, Dr. LeBlanc began treating Mustafa with ultrasound guided steroid injections in the affected joints. "We found that he did get a bit better for a short time, but it didn't fix the problem – his heel remained inflamed and he still couldn't walk well at all," she explains. The team tried non-steroidal anti-inflammatory medications, but they did not work so the team started discussing the idea of using a biologic medication to treat the inflammation that was causing Mustafa so much pain. "Biologic medications are developed to target specific molecules that cause inflammation," explains Dr. LeBlanc.

"On August 27, Mustafa received his first dose of the new treatment," says Nadia. "Dr. LeBlanc told us that it can take the body up to a month to respond. But the very next day, Mustafa was walking 60% better. I couldn't believe it!"

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Physiotherapist Michèle Geoffrion, who saw Mustafa a few months after he began his biologic treatment, agrees that it was like seeing a different patient.

Sophie Laniel, Mustafa's occupational therapist, says his recovery has been very impressive to watch. "He never gave up, he always followed my recommendations, and to see how far he has come is just fantastic," she says.

Returning to a normal pain-free life

Today, Mustafa is back to enjoying the sports he loves and recently was awarded a scholarship at Kuper Academy, where he is currently in grade 6. Nadia says her son is nearly 100 per cent better and considers his recovery a miracle. "We are so thankful to Dr. LeBlanc and the rheumatology team for everything they have done for Mustafa," she says. "When I first moved to Canada, away from our family, I wondered why my journey brought me here. I now know that it was because Mustafa was meant to be treated in a place where people care so much, and we are so thankful for everything the Children's has done for us. We always tell Mustafa that we want him to continue to do well in school so that he can be a future Dr. LeBlanc!" ■



► Dr. Claire LeBlanc talks to Nadia and examines Mustafa during a check-up.

Sharing our expertise to improve child health



By Maureen McCarthy



► Family members outside the hospital in Kigali.

The Centre hospitalier universitaire de Kigali (CHUK) in Rwanda is half a world away from the Montreal Children's Hospital (MCH), but the two health centres are building strong ties thanks to a new program in the Department of Pediatrics.



MCH pediatricians Drs. Gillian Morantz and Jennifer Turnbull are co-directors of the Global Child Health Program, which was officially established within the McGill Department of Pediatrics in 2014. In addition to providing a structured global health curriculum to all pediatric residents and an advanced curriculum for residents, fellows, nurses and other health care professionals, the program aims to create and maintain partnerships in medical education and research with pediatric centres in low-income countries. The agreement between the MCH and CHUK, a public teaching hospital and one of four referral centres in Rwanda, was the program's first official long-term agreement.

"Dr. Jean-Martin Laberge initially introduced us to Dr. Lisine Tuyisenge, the Interim Director of Medical Services at CHUK who was then head of pediatrics," says Dr. Morantz. At the time, CHUK indicated they would benefit from continuing medical education for their pediatricians, most of whom receive only general pediatric training.

Dr. Martin Bitzan, Director of Nephrology at the Children's, visited Kigali in 2015, and in October 2016, Dr. Thérèse Perreault, Director of the Children's NICU, and Elissa Remmer, Nurse Educator in the NICU, went to Kigali to work with the neonatology team at CHUK to help identify their most important needs and offer recommendations.

Space and supplies at a premium

The CHUK NICU admits almost 600 infants per year, all of whom are born in the hospital's obstetrics unit. The NICU has three rooms: the Kangaroo Care (KC) room for babies in the feeding/growing stage, the bassinette room for babies transitioning from nasogastric feeds to breastfeeding or finishing an antibiotic course, and the intensive room which has warmers and isolettes. The unit is often overcrowded, and supplies are inconsistent.

From the Canadian perspective, the limitations staff deal with can sometimes seem daunting. "At the Children's, we have saturation monitors in every patient room," says Elissa, "but at CHUK, they have only a few for the whole unit." Nurses are often called upon to do many different tasks including cleaning the isolettes—a job that is usually done outside. "Despite the obstacles they face, the staff provide the best care they can," says Elissa. But some things are beyond their control. "They work really hard to stop the spread of infection but they're in a tight space, and share much of their equipment," she says. "As well, they don't really have the nutritional support they need in terms of IV feeding, so when the babies

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► Dr. Thérèse Perreault (2nd fr. r.) talks with Centre hospitalier universitaire de Kigali (CHUK) staff as they clean isolettes outside the NICU.

do get sick or develop infections, they don't get enough protein to heal."

Building local knowledge through research and education

With just under two weeks on site, Dr. Perreault and Elissa worked long days alongside their counterparts, and used the evening hours to evaluate their observations, prepare reports and even contact their colleagues in Montreal for their input. "The challenge is not finding things to improve, but choosing the right one to implement first," says Dr. Perreault. "For example, having running water all the time is a necessity, but it's not always possible, so focusing on something they can control directly, which could make a big difference in a short

time, probably makes more sense." Dr. Perreault came to the conclusion that an antibiotic stewardship protocol could help CHUK staff better manage antibiotic treatments and improve their high rate of infection with multi-resistant germs.

Her proposal involves initiating research within the NICU to collect data on incidence and types of infections, as well as outcomes, and develop an algorithm to determine which antibiotic treatments to use in each case. "By building their knowledge and capacity from within, they'll be in a better position to effect real change," she says.

Dr. Perreault will be returning to Kigali in April and she hopes that the first steps to establishing the protocol can be implemented with Dr. Tuyisenge and local public health officials. She will also bring some refurbished and donated equipment such as saturation monitors and thermometers, and basic items such as blankets which are in short supply at CHUK.

The program is hoping to bring one of the pediatric residents from Kigali to Montreal for a short observership at the MCH; the resident would then return next year for a fellowship. Dr. Perreault and Elissa made a number of recommendations after their return and they both firmly believe that a strategic approach to implementing new protocols and training, and support at a distance from the MCH will help the CHUK NICU team achieve significant long-lasting change. ■

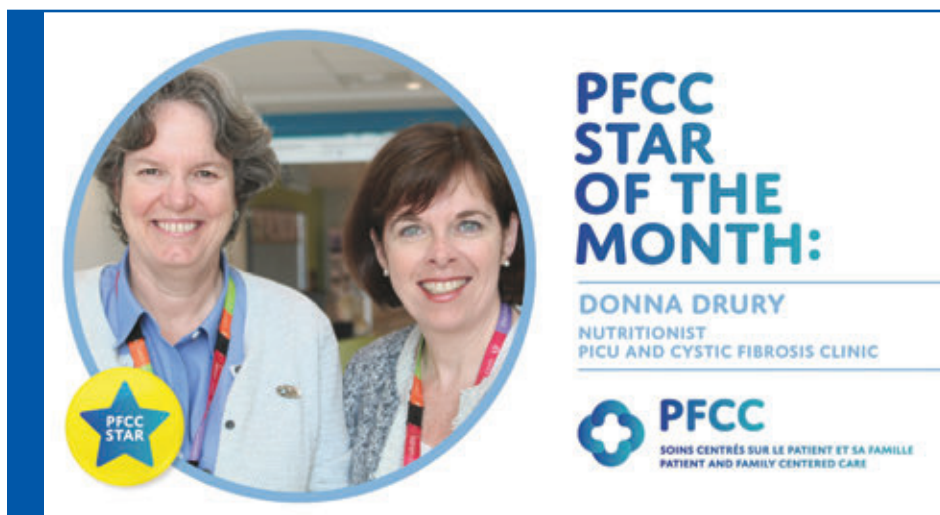


► Inside the NICU at the CHUK.

PFCC Star of the Month: Donna Drury

Nutritionist, PICU and Cystic Fibrosis Clinic

By Maureen McCarthy



February's PFCC Star Lynn McCauley says Donna Drury is the definition of patient- and family-centered care. "If there's anyone who's patient centered, it's Donna. Her dedication to families is ever-present, whether in the PICU or the Cystic Fibrosis clinic, and she is always thinking about how to do the best for them." Lynn adds that she and her fellow nutritionists often consult with Donna for her expertise and advice. "She's very deserving of this recognition."

Patient- and family centered care takes on new meaning in the CF clinic where the team has ongoing contact with children until they're 18. "They grow up with us," says Donna. "I act as a nutrition coach trying to help kids achieve their full growth potential. There has been a multitude of literature in recent

years about improved outcomes and quality of life for CF patients so it's amazing to be part of a disease area where my work can help children live longer, healthier lives."

Often when a child is diagnosed with CF, they have chronic malabsorption so Donna's role involves administering pancreatic enzyme replacement therapy, ensuring they get adequate nutrients, and monitoring their micro-nutrient status for deficiencies. "It's extremely rewarding when we're able to start the therapies and watch the child thrive and see their malnutrition reverse," she says.

Family at the heart of it

Donna says it's a privilege to work with this population. "The families have always been really generous with me,"

Our PFCC Stars are featured on the Children's Facebook page. Here's what people had to say about last month's star, Lynn.

f Marie-Hélène Lavoie
Bravo Lynn! You really deserve this mention. You're a star for your patients, parents and for your coworkers. It's a pleasure to work with you. Again, BRAVO! 🙌

f Silène Beauregard
That's our Lynn - big thanks to you!!!

f Mireille Jacques
Bravo Lynn! It's truly well deserved xx

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she says, adding that they are the central core of their child's care team. "Together we find solutions to whatever challenge is happening. My hope is to always provide an environment in which they feel supported and where they never feel judged when things aren't going well."

She acknowledges the "great multi-disciplinary team" in the CF clinic for working with families to figure out

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what's best for each child. The long-term relationships with these families also means watching their children transfer to adult care, which thanks to advances in therapy, is now the norm for CF patients. Andria is one of the recent "graduates" of the CF clinic. "It's really so nice to see a child you've known their whole life become an adult, and master their own skills, and ask all the right questions," says Donna. "It's difficult to say 'goodbye' but we form bonds that don't go away when they transfer."

Andria's mom Emilia feels that Donna played an important role in teaching Andria about CF as she got older.

"When children are small they don't understand the severity of their disease. Donna just knew when it was time for Andria to be more engaged, and she taught her more and more as time passed."

"Donna has always been so informative about everything, and explained things in a way I can understand," says Andria. "She's shown me that what I do to look after myself, like eating a healthy diet and exercising, is really important for the disease."

Emilia also appreciates Donna's ability to treat them as partners in the process. "If she was concerned about some-

thing, she'd let us know so we could stay on top of it too. It really helped us feel that she was always there for us."

Andria remembers one hospital visit when Donna wasn't available to see them. "By the time we got home, she'd left a detailed phone message about my blood work, my weight and said everything was good. She basically summed up our visit in a voicemail, which was great."

"Her passion for her work and the families she sees is so deep," says Emilia. "We were so fortunate to have met her." ■

Everyone is Irish on St. Patrick's Day!



► On March 17, Saint Patrick's Queen, her court and the Grand Marshall of the parade, Montreal mayor Denis Coderre, visited the MCH. Patients were thrilled to try on crowns and receive fun green gifts from the visitors. Pictured here is Thomas surrounded by the Queen, her court and Mayor Coderre.



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