

# Chez nous

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## The Montreal Canadiens bring holiday cheer

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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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# The best time of the year

## Montreal Canadiens surprise patients, families and staff with special visit

By Stephanie Tsirgiotis

December 12 was a special day at the Montreal Children's Hospital. The Montreal Canadiens visited the Children's for their annual visit—a tradition that was started by Jean Béliveau almost 70 years ago. Players visited patients in all the inpatient units and even stopped by pet therapy, where they spent time with MCH patient Anthony Sheinart. Up on B9, Kenny

Agostino, Jonathan Drouin, and Tomas Tatar, enjoyed decorating brownies with patients, while three-year-old Francesca Chevalier stole the show with a choreographed dance routine. "Our patients and families love this visit," says child life specialist, Judy Edes. "It makes them feel really special, and I can tell the players get a lot out of it too." Seventeen-year-old

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Marie-Sophie Forget-Labonté helped Judy organize the afternoon activity. She planned out the brownie recipe, helped Judy bake hours before the visit, and made sure other patients knew about the event. Marie-Sophie is currently being hospitalized for superior mesenteric artery syndrome, a digestive condition that impedes food from entering the body properly, because of a kink in the intestines.

“She really wanted to plan something special for the other patients,” says Judy. “It’s fun when you get to generate new ideas and be creative with your patients. It’s very inspiring. As much as we give to the patients, we get a lot back from them in return.”

Over on B8, Jordie Benn, Max Domi, and Antti Niemi loved meeting nine-year-old Aksel. The young boy started talking last week after undergoing brain surgery. He was excited about meeting the Habs and receiving a Youppi! doll. “You could tell the players had a really good time and thought Aksel was hilarious. They left the room smiling,” says Marie-Claude

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*On the cover:*  
 Kenny Agostino  
 and Francesca Chevalier

*Cover photo:* Owen Egan

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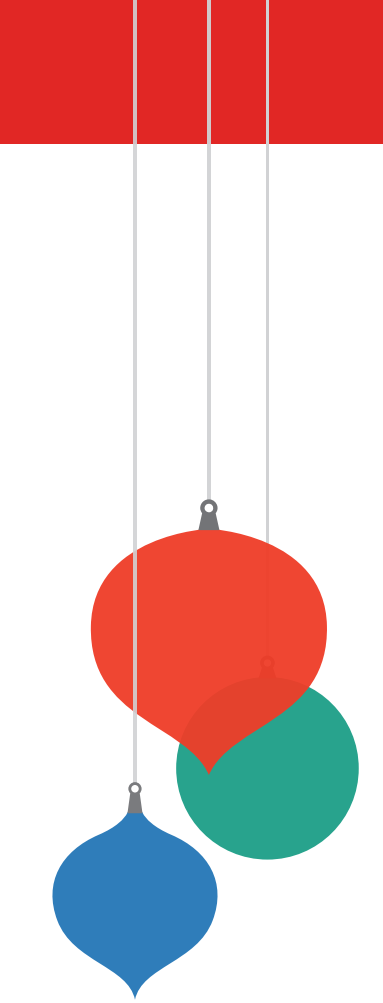
Proulx, the MCH's patient and family-centered care coordinator. And in Billie's room, her grandfather André, was the one who was beyond excited. As a diehard Habs fan, André was beaming with joy and couldn't wait to meet the players.

Jesperri Kotkaniemi, Artturi Lehkonen, and Andrew Shaw rounded out the visit with trips to oncology, psychiatry and the neonatal intensive care unit (NICU). Andrew Shaw was especially touched by the NICU, because he has a six-month-old daughter at home. He even took the time to talk to parents and ask them how they're doing. The group also spent time talking to psychiatry patients in the unit's kitchen and 18-year-old Jesperi Kotkaniemi, the youngest player on the team, laughed when one of the patients said she'll be turning 18 in two weeks!

And in the spirit of Christmas, one young boy in oncology was especially touched by the visit. He recently wrote to Santa Claus asking if he could meet the Canadiens and Youppi! "I can't believe it came true," he says. Year after year, this visit continues to lift people's spirits and bring the whole hospital together. The Habs organization even surprised staff with complimentary tickets to a game on December 13. "Today was very special," says Kenny Agostino. "I love kids, so seeing all of these children smiling - even though they're going through hard times - meant a lot. I'm so glad we did this." ●











# Heading in the right direction

## An overview of this year's accomplishments

By Stephanie Tsirgiotis

Every year, the leadership team at the Montreal Children's Hospital (MCH) takes part in a brainstorming session to determine the hospital's yearly priorities and goals; they accomplish this through a strategic planning exercise called SWOT analysis (strengths, weaknesses, opportunities and threats). For this fiscal year, the brainstorming session also included the participation of clinical leaders across the MCH.

These annual objectives are a combination of MCH, MUHC and Ministère de la santé (MSSS) targets and are set by prioritizing our challenges

and major needs. As the new year approaches, the MCH is already halfway through its 2018-19 list of objectives.

*Here are our accomplishments to date...*

### IMPROVE ACCESS TO DATA

The MCH hired a data specialist earlier this year to support departments with data retrieval and dashboard development. In February 2019, an informational portal with the ability to collect data on more than 50 indicators will be available for designated staff.

### INCREASE PATIENT PARTICIPATION

A number of projects are being developed to educate, empower and support families, thus helping them, as well as staff, become better partners in care. Examples of this include training nurses on how to communicate with families during challenging situations; offering educational sessions for parents to better understand their child's needs; and clearly explaining the discharge process from NICU to B9. The MCH's goal is to increase patient participation from 65% to 70%.

### DECREASE NUMBER OF PATIENTS WAITING NINE MONTHS FOR SURGERY

A number of measures are currently in place to reduce the waiting list, including increasing the number of cases being seen in the MCH procedure room, updating and validating the surgery list, respecting the proportion of patients already waiting, and creating a scorecard to measure OR performance. Currently, 184 patients are waiting more than nine months for surgery; a decrease of 25%.





## DECREASE NUMBER OF NON-URGENT ED VISITS

The “Smart Choices” campaign was launched on November 19 in an effort to educate patients and families when and when not to come to the Emergency department (ED). A list of network clinics is also being distributed at large and families waiting in the ED can choose to be reoriented towards a local clinic if their child is considered non-urgent. Families can now book clinic appointments directly from the ED waiting area. Compared to last year, non-urgent (P4-5) visits have decreased by 10%.

## IMPROVE ACCESS TO MEDICAL IMAGING

The MSSS target is to have 90% of patients wait less than 90 days for an MRI or ultrasound. Currently at the MCH, 63% of patients waiting for an MRI, and 80% waiting for an ultrasound are seen within 90 days, an improvement over last year's stats of 57% and 67% respectively. One reason for the improved wait times is that more anaesthesiologists are now available for MRI sedation because ED physicians are helping with sedation in the procedure room. ED physicians are also beginning to supervise safe sedation in medical imaging.

## MITIGATE THE RISK OF AN UNBALANCED BUDGET

The Children's main budget pressure point is the Neonatal Intensive Care Unit due to its acute and complex patient population. Leadership has submitted a new NICU business case proposal to the MSSS in an effort to increase the NICU's budget to better reflect the type of patients the unit treats.

## SUPPORT INNOVATIVE PROJECTS

The hospital continues to coordinate with the MCH Foundation for their upcoming capital campaign by reviewing and prioritizing innovative projects submitted by various departments and services. Leadership also organized a brainstorming session with over 20 future leaders to get a better idea of where they think the hospital should be seven to 10 years from now, and how the Foundation can be an essential partner.

## CONSOLIDATE COORDINATION OF CARE

The MCH is working to create stronger links with our community partners and the MSSS to improve *Niveau de soins alternatifs* (NSA) patient services and accessibility to specialized services in the community. A new MCH committee is now responsible for flagging and reviewing files on NSA patients who have been at the hospital for more than 21 days and working to facilitate their discharge home.

## STABILIZE NURSING AND MEDICAL WORKFORCES

The MUHC's staff agility project led to the creation of more nursing positions on most inpatient units and increased nursing float teams, thus stabilizing the nursing workforce. Recruitment is ongoing for a new director of Pediatric Anesthesia, who will explore the organization of this clinical service and will present a credible proposal for the assignment of more anesthetists to the MCH.

## STABILIZE THE MCH'S MANAGERIAL STRUCTURE

Martine Alfonso is now the associate president and executive director of the MUHC and oversees the MCH, as well as clinical operations for the entire institution; Margaret Ruddy is the new associate director of nursing at the Montreal Children's Hospital and Women's Health Mission of the MUHC; Dr. Indrani Lakheeram has been named interim clinical coordinator of the Department of Pediatric Anesthesia at the MCH; Dr. David Valenti is the new director of Pediatric Medical Imaging; and Dr. Martin Gignac will begin his new role as chief of Psychiatry on January 21.





## A day in the life of... two communication officers

By Dr. Samara Zavalkoff

*Chez nous* has decided to turn the tables and profile the people behind the MCH's Public Relations and Communications department. Communication officers Stephanie Tsirgiotis and Sandra Sciangula have varying roles and each contribute to the Children's in different ways. Pediatric intensivist, Dr. Samara Zavalkoff, sat down with the team to learn more.



### **Stephanie Tsirgiotis**

**Started career at MCH:** September 2012

**Job before coming to MCH:**

Radio journalist and content producer

**Main responsibilities:** Media relations and *Chez nous*

### **What does a typical day look like for you?**

My job is completely unpredictable and every day is different! If it's the beginning of the month, I'm definitely working on my *Chez nous*

lineup. I come up with all the content and write the majority of the articles, so that means spending time researching, interviewing, writing, taking photos, and editing. Our freelance writer, Maureen McCarthy, helps me a lot with the magazine. The rest of the time is a mix between working on media requests and internal communication projects. Our administrative assistant, Melanie Nixon, and I organize most of the hospital visits (like the Habs visit!) and I also work closely with our Foundation. I receive seven to 10 media requests a week from various radio, TV and print journalists, and I also pitch one to two stories a month to reporters. Last year, the Children's was in the news 265 times.

### **How do you select subjects to feature in *Chez nous* or the media?**

I'm very strategic about the stories I choose for *Chez nous* and the media. I look for stories that showcase our expertise, set us apart from other pediatric hospitals, and demonstrate how

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we go above and beyond for patients and families. I get most of my content by being proactive and contacting different services and clinics, going to meetings and talking to people. For patient stories, I like to profile patients from different areas of the hospital, so that we're not only giving exposure to a select few. I also work with the media to help me get important messages across to the public, like when our emergency department is very busy.

### What is the best part of the job?

I really enjoy writing about our patients and our staff. I also love planning very complicated media stories with lots of moving parts. Just last week, we filmed in the Pediatric Intensive Care



### Sandra Sciangula

**Started career at MCH:** May 2016

**Job before coming to MCH:** Worked in marketing and communications for MUHC

**Main responsibilities:** MCH website and social media

### What is the best part of the job?

The best part of my job is getting to shine a light on the people who work at the Children's and on the patients and families who receive care here. Social media is great because we have a direct line to members of the community and they let us know what they think! The Children's has over 70,000 engaged followers across its three social media platforms. In fact, [Facebook.com/lechildren](https://www.facebook.com/lechildren) has the third greatest number of followers in eastern Canada amongst organizations related to pediatric health. More often than not, the reactions and comments on social media are positive and touching, and it's so rewarding to forward the notes of thanks and congratulations to the person or team being highlighted. I also really like that technology is always offering me new and creative solutions to keep [thechildren.com](http://thechildren.com) up-to-date.

### How do you select subjects to feature on social media?

Strategically, I try to ensure that every area of the hospital

Unit for two full days with TVA. Coordinating staff schedules and interviews, getting consents from patients and families, planning the flow of the shoot, it all takes hours of planning, but the end result is very exciting.

### What is the hardest part of the job?

Dealing with negative media coverage. Thankfully at the Children's, this doesn't happen often, but when it does it can be very stressful. When a negative story breaks, I take it personally because I know how hard everyone works and it's difficult seeing our reputation tarnished, even for an afternoon. Luckily, I've been able to put out a lot of fires before they hit the newsstands!

is fairly represented and that key messages are communicated. Our social media platforms are shared with the MCH Foundation to ensure that their donors and projects are equally highlighted. Selecting what to feature across our digital platforms is also a question of knowing what our online audience is interested in, and what they want to know more about. There's also an element of instinct when it comes to choosing content—sometimes I just know what's going to work!

### How do you see your role in the hospital's mission of giving the best care to children?

As an official voice of pediatric health care in the province, we have the responsibility of giving the public timely and accurate information. Also, receiving both positive and negative feedback from patients ultimately helps us improve the care we give.

### What has been your most interesting experience in the role?

Three of the most memorable experiences I've had were photographing a simulation of a 10/10 trauma emergency, watching a surgery being performed, and photographing a six-year-old child who in preparation for his sixth surgery, went through the Parental Presence at Induction program and was walked to the Operating Room by his mother.

I remember when I starting working at the Children's, I was on the elevator with Pamela Toman from our department who is currently on mat leave. At the time she had already been at the Children's for a few years, and a child said something funny. I had a really good laugh and commented to Pam that because the experience was new to me, I might have been a little extra amused, but she reassured me that it doesn't wear off. So far, she's been right: the charm of the children and the Children's does not get old! ●





# Learning more about B9

## Over 40 physicians and staff attend medical inpatient services open house

By Stephanie Tsirgiotis

On December 5, medical inpatient services held an open house on B9. Participants were invited to discover how clinical, educational, quality improvement, and research mandates are structured on the unit and explore possible ways to collaborate with the team. The open house was divided into three stations: education, innovation and clinical care.

### Education

A number of activities were organized to showcase the work being done on the ward with regards to education; among these was a simulation exercise based on actual patient safety incidents. Dr. Elisa Ruano Cea and pediatric resident Dr. Kimberly Kaspky also spoke about the unit's bootcamps. Pediatric residents spend a total of eight months on the medical inpatient wards during their core training, and the resident bootcamp aims to enhance their capacity during this period, while the ward attending bootcamp was designed to improve skills in communication, as well as procedure and resuscitation.

### Innovation

Dr. Nadine Korah, associate program head of medical inpatient services, led the innovation station by summarizing the ward's quality improvement efforts and gave a brief overview

of the unit's main objectives by showcasing their new 'Salle de Pilotage', while her counterpart, Dr. Catherine Nolin, reviewed the unit's new work flow process with a special focus on joint nursing and physician bedside rounds.

### Clinical care

Lastly, Josie Revuelta, B9's nurse manager, explained how the patient rooms' call system can be used in various types of patient emergencies, and showcased some of the care technologies available on the wards, including chest tubes, peritoneal dialysis, and total parenteral nutrition. Program head of medical inpatient services, Dr. Mylene Dandavino, also spoke about how the medical team uses the white boards in patient rooms for information-sharing with families and other services, after which participants moved on to learn more about the hospital's 'Tableau de Lit', universal central physiological monitoring capacity on the inpatient wards, and how to use VSign more efficiently.

The open house ended in the unit's playroom, where B9 child life specialist Judy Edes presented some of her unique child life activities. "We're very happy this open house was so well received," says Dr. Dandavino. "We have a lot to be proud of." ●

► Top: (l. to r.) Dr. Holly Agostino, Dr. Tanya DiGenova, Judy Edes, Dr. Mylene Dandavino, Dr. Nadine Korah, Anne-Isabelle Dube, Catherine Bouchard, Josie Revuelta, Dr. Robert Sternszus, Dr. Catherine Nolin, and Dr. Geoff Dougherty.