

Chez nous

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It takes a village

Multidisciplinary effort ensures continuum of care for baby Léa

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It takes a village

Multidisciplinary effort in NICU paves way for continuum of care at home

By Paul Logotheis

Getting the green light to go home after an extended hospital stay is an emotional moment for every family. But for some, it is just the first step of a long, unexpected and unpredictable journey.

For parents Michaël and Chloé, taking their newborn baby Léa home from the Neonatal

Intensive Care Unit (NICU) the only home she had ever known since being born premature with a chronic lung disease – at eight months old was, in itself, a tremendous feat.

“She’s not the first tracheostomy patient to go home but it’s the first time a child with such a high level of respiratory support has

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► Top: While admitting to nerves, Chloé and Michaël are pleased they can now continue caring for Léa at home.

gone home so soon,” says Dr. Wissam Shalish, a neonatologist in the NICU who followed Léa’s case closely. “This is novel here at the Children’s – it’s not a typical occurrence.”

A difficult start

Léa was born at 30 weeks and two days, weighing just less than 1 kilogram. She needed to be intubated from birth. Her health deteriorated in those first weeks of life after she contracted a norovirus – a stomach and intestinal virus that hits newborns particularly hard – which left her on the brink of a cardiac arrest. But Léa recovered from that setback and while she must rely on a ventilator and oxygen to breathe properly, she is developing like a normal, healthy baby apart from one noticeable difference. A tracheostomy tube is connected from her throat to a ventilator to help her breathe, which means she must be monitored 24 hours a day.

Doctors have, unfortunately, been unable to determine why Léa’s lungs are so underdeveloped, with biopsies proving inconclusive. Still, considering her state of health in those early days of life in the NICU, her evolution is remarkable and there is great hope this wide-eyed



► The multidisciplinary team that cared for Léa included physicians, nurse practitioners, occupational and respiratory therapists, plus complex care staff.

and active baby will develop sufficient alveoli (lungs) over time to breathe on her own.

In the past, children like Léa could remain in hospital until they were four or five years old, unable to return home because of a lack of community resources to securely care for them. But that is changing. Just two weeks before Léa left the Children’s, a 13-month old NICU respiratory patient with a similar level of required care also headed home.

The multidisciplinary team working behind the scenes on cases like Léa’s – from physicians to nurse practitioners to occupational and respiratory therapists to complex care staff – are not only providing the best care inside the hospital but working to make the transition to the community easier, and quicker. This improved continuum of care – from the hospital to the community – has provided parents like Michaël and Chloé renewed hope that life can get back to a new normal.

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Editor: Paul Logothetis
Contributors: Maureen McCarthy, Pamela Toman
Graphic design: Vincenzo Comm Design inc.
Photography: Thibault Carron, Paul Logothetis, Pamela Toman
French translation: Joanne Lavallée

To submit story ideas or texts to *Chez nous*, contact the Public Relations and Communications office at ext. 24307 or send an email to mchpr@muhc.mcgill.ca.

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On the cover: Léa pictured at the Children’s a few days before going home for the first time.

Cover photo: Thibault Carron

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“We were a little nervous, of course, but mostly excited to be able to take her home, to be able to be around family, to return to something closer to normal,” says Michaël, who alongside Chloé has been making the four-hour, round-trip commute to the Children’s from their home outside Joliette in Saint-Ambroise-de-Kildare. “The worst is behind us.”

No place like home

At home, Léa practically needs a mini ICU unit to care for her needs. Just finding her a stroller to support her oxygen tank, monitors and general baby necessities was no easy task, with Complex Care assisting the family through the entire process of preparing them for everything that comes after Léa left the hospital for the first time. The family even prepared for home through a “practice” run – the three of them

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stayed alone overnight in a room on another wing of the hospital to simulate their new reality but also be close by if any situation arose.

“As a physician, if you have the option to let the child go home – despite all of the challenges that come with it – that changes the way you present things and the options to the family,” admits Dr. Shalish. “Even if this option is complex, the child will always develop better at home.”

Michaël and Chloé will be counting on nursing assistance, too, since Léa needs 24-hour surveillance. A nurse will need to stay in the family home for 10 hours per day so her parents can sleep, run errands, prepare meals, or take a moment for themselves. Léa is also being followed by local health authorities who are prepared for any emergency since she will need swift attention.

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“The stress is real. We are putting the family in a very stressful situation. Parents are normally overwhelmed and we are asking them to take on this responsibility, too,” says NICU nurse practitioner Sarah Asselin. “We educated and prepared Léa’s parents, who have been very motivated and dedicated to bringing her home to care for her there.”

The National Program for Home Ventilatory Assistance (NPHVA) is an innovative program that provides support for patients and is a key partner in providing the continuum of care for Léa at home. This Quebec-funded initiative provides home visits and 24/7 on-call service to its members. It is a key cog in the community support system.

For Michaël and Chloé, the task ahead is to find the right home-life balance to ensure Léa is supported and allowed to develop like a normal baby. Michaël is planning to return to his factory job while Chloé, who is a trained Patient

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A multi-disciplinary effort makes the transition to the community easier and quicker.
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► Dr. Wissam Shalish, Pediatric Neonatologist, and Sarah Asselin, Pediatric Nurse Practitioner, in the NICU.

Attendant (PAB), will stay at home full-time to care for Chloé. There is the comfort of being around family but there are often new challenges to deal with as well, such as ensuring a virus doesn’t find its way into their home since it would complicate Léa’s health.

Regardless, Michaël and Chloé are up for the challenge as they’ve finally brought the entire family home.

“Parents surprise themselves with their own evolution – they often don’t even recognize themselves. What they have gone through was not easy, but to see them now is amazing,” Dr. Shalish says. “This is just one chapter in their story and they have many obstacles to come. But they are able to find a certain source of joy and comfort to help them through.” ●



A day in the life of... the Neonatal Transport Team

Over two dozen specially trained nurses and respiratory therapists ensure the safe transfer of newborns to the NICU

By Maureen McCarthy

The Children's Neonatal Intensive Care Unit (NICU) is steps away from the Birthing Centre at the Royal Victoria Hospital, and babies born there don't have far to go when they are admitted to the NICU. But infants born at other birthing centres across Montreal and elsewhere who are transferred to the Children's NICU have a longer journey ahead of them. Thanks to the nurses and respiratory therapists who are a part of the Neonatal Transport Team, the first trip of their lives is as safe and secure as possible.

Advanced skills and training

Shelley McClintock, Nurse, and Natasha (Tasha) Daniel, Respiratory Therapist, are just two of the more than two dozen members of the Children's Neonatal Transport Team. The requirements to work on the team are exacting. "Before even enrolling in the program, a nurse needs three years' experience in a level 3 NICU such as the Children's," says Shelley, "which must include intubated patients, and working with extreme preemies and infants with cardiac malformations. Then you wait until the

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► Top: Shelley McClintock, Nurse, and Tasha Daniel, Respiratory Therapist, are part of the Children's Neonatal Transport Team.

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transport training course opens up to new candidates. The courses aren’t offered regularly so you have to hope for the right timing, and hope that you’re a good fit for the job.” Once accepted, nurses take an intensive course before spending between three to six months paired with an experienced transport nurse.

Respiratory therapists meet similar requirements to qualify for the transport team but with certain variables specific to their profession. “Before applying to the Transport Team, an RT must have two years of NICU exposure—also at a level 3,” says Tasha, “and must be proficient at performing intubations on term infants and preemies.” The team is led by Dr. François Olivier, Medical Director, Sophie Fournier, Nurse, and Helen Seremetis, RT.

Answering the call

Members of the Transport Team are available on a 24/7 basis, and they respond to calls from referring birthing centres multiple times a day. During their shifts, team members carry out various duties on the unit, such as maintenance of central lines and assisting in emergency situations, but they don’t have specific patient assignments in case they have to leave at a moment’s notice. For every call, the nurse and respiratory therapist go out together.

In the NICU, there is a dedicated telephone line for referring centres. The Transport neonatologist on duty takes the call, and then reviews the case with the nurse and RT who will head out.

Urgence Santé is notified to make an ambulance available for the transport. “When in the ambulance, we review and firm up our plan for the moment we arrive at the referring hospital,” says Shelley. “When we get there, things might have changed—for better or worse—so we also have to be ready to re-evaluate quickly.”

Sometimes when they arrive, they immediately assess the ABCs—airway, breathing, circulation—and stabilize the patient before even receiving the report or talking to staff from the referring centre. Tasha adds, “We are the eyes and ears for the rest of the NICU team waiting back at the Children’s so it’s essential to assess the situation immediately

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► Tasha and Shelley discuss cases with Transport Team leader Valerie Voukirakis.



and methodically, carry out the required care, and then call the neonatologist with an update.”

Stabilize and transport

The equipment and medication the pair bring with them cover a whole range of needs for a newborn in crisis. But Shelley and Tasha point out their main goal as a transport team is always to stabilize and transport the infant as quickly as possible. The team works by a motto, of sorts: *Don't bring the ICU to the baby—bring the baby to the ICU.* “Research has shown that there are better outcomes the faster you get the baby back to the NICU, so that’s always in the background,” says Tasha.

Shelley and Tasha agree that communication—both verbal and non-verbal—is essential to their work. “Over time, some of us (nurse and RT) get to know each

other really well depending on how often we’ve worked together in the unit and on transport,” says Tasha.

Never lose sight of the family

Despite the focus required to do their work, Shelley and Tasha are always aware that they’re taking care of not only a newborn but the parents as well. “It can be hard to take a child away from their parents, especially when everything is moving so quickly and there are many unknowns,” says Shelley. “We meet parents when we go to the referring centres and pick up their newborn, we explain as best we can what is happening in the moment, and whenever we can, we greet them when they arrive at our NICU so that we make the connection again, and help them get settled.”

They also deal with any number of staff they meet at the referring centres. “There are times when they’ll want to learn from what we’re doing, so we try to include them if it’s feasible, taking advantage of teaching moments,” says Tasha.

A challenge, but worth it

Shelley and Tasha have similar answers to the question of why they decided to be part of the neonatal transport team. “It’s definitely a challenge because you never know what to expect,” says Tasha, “but that’s also the draw.” They acknowledge that their work can be very stressful, but being able to stabilize a critically ill infant and ensure their safe transfer to the Children’s NICU is very rewarding. “Honestly, our entire team does an excellent job,” says Shelley. “And we love the work that we do!” echoes Tasha. ●

► In the ambulance, Shelley and Tasha review and firm up their plan for the moment they arrive at the referring hospital.





Meet the Children's new Anesthetist-in-Chief

By Paul Logothetis

Dr. Thomas Engelhardt is confident the Montreal Children's Hospital will be the culmination of a globe-trotting career.

Born in the former East Germany, Dr. Engelhardt left for Scotland in his mid-twenties to continue his medical education and spent the next 25 years developing into an internationally respected pediatric specialist at the Royal Aberdeen Hospital for Children.

Now, the 51-year-old father of three is ready for the next challenge and chapter in his professional career after being appointed the Children's Anesthetist-in-Chief. Unpredictable as the journey to Montreal may have been, Dr. Engelhardt sees this latest chapter as a culmination of his life's work.

► Top: Dr. Thomas Engelhardt

"I achieved a great deal in Aberdeen and it was time for me to give something back and to be in a leadership position at a prestigious hospital, and the Montreal Children's allows me to achieve this," says the soft-spoken anesthetist, who enjoys a high professional profile across the United Kingdom and Europe.

Dr. Engelhardt specialized in pediatric anesthesia in Aberdeen, Glasgow, and Toronto and is highly involved in research programs and an author of more than a hundred peer-reviewed papers. He serves as an editor of the British Journal of Anesthesia, Pediatric Anesthesia and Acta Anaesthesiologica Scandinavica, and has authored two major pediatric anaesthesia text and reference books.

However, his passion lies in clinical teaching and education. "It's not very glamorous
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► Dr. Engelhardt's hobbies outside of work include Monty Python and Pokémon GO (he's a self-confessed level 4).

in comparison to getting research grants and investments to do research. But it makes a difference to the child," he says, matter-of-factly. As such, Dr. Engelhardt is one of the founding members of the SAFETOTS (www.safetots.org) initiative. The safetots.org initiative addresses the safe conduct of pediatric anesthesia and promotes best safety and quality practices, and also focuses on the rights of the child for high quality care in the right environment.

Being a part of such international networks of professionals allows him to stay abreast of all the latest innovation and education in the field. To suggest Dr. Engelhardt is plugged into the world of pediatric anesthesia is to be modest, just as he likes it.

"I have a certain amount of the understated British character from all my time there, the dry and ironic side. But my German roots run deep, including my work ethic, which dictates how I approach situations. I'm straightforward and direct, and hopefully very efficient as well," says Dr. Engelhardt, who

counts Monty Python and Pokémon among his guilty pleasures.

He is familiar with Canada's health care system following a fellowship at Toronto's Sick Kids Hospital in 2005. This one-year sojourn was brief but he expects to bring his long experience from working in the UK's National Health Service (NHS) to Montreal. "The similarities are in organizational and patient care, which should always come first. A lot of good practices were developed over the years in the UK and some of these we can transfer here. Something the MCH can really benefit from."

Dr. Engelhardt is preaching patience as he settles in and comes to grips with a new system and language while continuing to spend at least four days per week in the Operating Room. "There are challenges whenever you settle into a new place. But that also presents tremendous opportunities," he says. "I recognize that people here really want to do the best for the children all the time and want results – so there are high expectations. I've had to remind everyone

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this is something that will take time especially if system changes are required. However, everyone has been very supportive and has embraced what we have outlined for this mission."

Dr. Engelhardt and his family are settling into Montreal. His wife is an experienced family doctor who is working towards qualifying to practice in Quebec. Two of his three sons – the oldest is also a doctor – remained in the UK, while his youngest is in high school here, relishing the bilingual requirements of his new home.

While Dr. Engelhardt arrives at the Children's with a wealth of qualifications, he is eagerly anticipating his first winter in Montreal. "The previous two times we visited Montreal were in early spring when there was no snow but only freezing cold, so my wife asked me 'are you sure you want to go there?' All I know is we've been promised the most amazing Canadian winters." ●



Scary good:

The Children's Halloween party

Despite the ghastly weather warning, there was no chance Halloween was going to be postponed at the Montreal Children's Hospital! Patients and staff members shared in the fun that accompanies this annual lunch hour tradition as the PK Subban Atrium played host to a costume contest, a variety of games, hip-shaking music and an indulgence of candy and sweets (of course!) Congratulations to Dr. Pablo Ingelmo, director of the Chronic Pain

Service, for winning best individual costume with his amazing impersonation of the character from the film *UP!* The teams in B8 and the Post-Anesthesia Care Unit (PACU) scored the best group-themed costumes with their *Toy Story*-themed outfits, while Shannon Burns, a Pediatric Nurse Practitioner student, took home best pumpkin with her Minnie Mouse design. All in all, a devilishly fun afternoon for all. ●



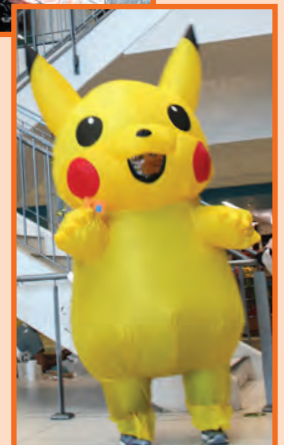
Group costume winners



Individual costume winner (left)



Winning pumpkin



Behind the scenes at the Children's

When it comes to providing the best care possible to children from birth to 18 years old, practice really does make perfect. At the Children's, simulation is a big focus of continuous learning for physicians, nurses and so many other allied health professionals. We offer regular and consistent opportunities to our staff members to simulate complex and —sometimes— high stress situations so when a child is faced with a rare or particularly difficult situation, we are there and we are ready. Learn more about how simulation makes us better health professionals when it matters most by checking out this latest video of our *Behind the Scenes* series on the Children's social media platforms, including Facebook and Instagram. ●



Complete the *Chez nous* survey for a chance to win!



The Children's Public Relations and Communications office would like your opinion on *Chez nous*! We want *Chez nous* to deliver the news and information that matters to the Children's community and by answering this short survey, you'll help with that. The survey is easy to fill out online, whether on desktop, phone or tablet. Go to: surveymonkey.com/r/Chez_nous_EN_2019.

You can fill it out anonymously, however including your name and contact info means you'll have a chance to win a **\$50 Amazon gift certificate**.

Deadline to complete the survey is December 10, 2019.