

Chez nous

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Cochlear implants:

MUHC and MCH become new provincial point of service

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Hôpital de Montréal
pour enfants
Centre universitaire
de santé McGill



Montreal Children's
Hospital
McGill University
Health Centre



2023: Off to a great start

As we enter 2023, the Montreal Children's Hospital administration would like to offer you its best wishes. May this year be filled with happiness, health and success!

We thank you wholeheartedly for your tireless efforts over the past months. Since last fall, we have been facing an unprecedented pediatric respiratory virus crisis. Your dedication, passion and professionalism have been unmatched in the face of this extraordinary situation.

Throughout the month of January, our main focus has been the preparation for the Accreditation Canada visit the week of January 23. In the

upcoming months and for 2023-2024, major efforts will be devoted to four main priorities: the stabilization and professional development of our workforce, the strengthening of our safety culture and engaging patients and their families in the decision-making process.

We look forward to seeing you at our next town hall in February where we will present our goals for 2023.

Cindy McCartney

Associate Director of Nursing,
Montreal Children's Hospital and
Women's Health Mission of the MUHC

Frédéric De Civita

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Dr. Robert Barnes

Associate Director of Professional
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► Above (l. to r.): Dr. Robert Barnes, Cindy McCartney and Frédéric De Civita.



A new point of service for the Quebec Cochlear Implant Program

**The MCH takes part in this important initiative
for better access to hearing health care**

By Maureen McCarthy

► Above: Arman Dimirjian and Dr. Melanie Duval at the MCH pediatric cochlear implant clinic.

The McGill University Health Centre (MUHC), along with its partners, has become the second cochlear implant point of service in Quebec. The new clinic will provide deaf and hearing-impaired children and adults living in the western part of the province the opportunity to benefit from comprehensive, state-of-the-art hearing health care close to home.

December 14 was an important day for Arman Dimirjian and his parents. They were at the Montreal Children's Hospital (MCH) so that Arman could be assessed for cochlear implant surgery. It was the second pediatric cochlear implant clinic since the MUHC became the new point of service for the Quebec Cochlear Implant Program.

Previously, the sole point of service had been the Centre hospitalier universitaire de Québec-Université Laval (CHUQ) in Quebec City. Arman and his parents, who live in Blainville, had been referred there last year and went through the process to consider a cochlear implant for Arman, but the need for multiple trips from Montreal to Quebec City and overnight stays contributed to them delaying their decision. With the recent news that the MUHC is now providing cochlear implants, they are looking at a much simpler process by being able to get care close to home.

Dr. Sam Daniel is the head of Otolaryngology – Head and Neck Surgery at the MCH. "The MCH is in fact a pioneer in cochlear implantation with Dr. Melvin Schloss performing the first implant in the country at the MCH three decades ago," he says.

Soon after this, however, the CHUQ received the designation to perform cochlear implants, and became the only

centre in the province to do so. "In the years that followed, our department maintained its leadership in implants even though we were not allowed to do cochlear implants," notes Dr. Daniel. Those innovations included the first Minimally Invasive Ponto Surgery (MIPS) bone anchored hearing aid in America about seven years ago, and the first Osia implant in Quebec in 2021.

What is a cochlear implant?

Cochlear implants are used for children and adults with severe to profound hearing loss and for whom hearing prostheses are not sufficient.

The device is made up of two parts: an internal part which includes an electrode inserted into the cochlea with an internal processor under the skin near the ear, and an external part, which includes a voice processor and antenna. The two parts connect to analyze sounds and stimulate the auditory nerve, allowing information to be sent to the brain, thus improving hearing.

A cochlear implant requires surgery under general anesthesia; the surgery lasts about two to three hours and does not require hospitalization.

MULTIDISCIPLINARY TEAMS AND CONTINUITY OF CARE

For the new cochlear implant program at the MUHC, children are cared for at the Montreal Children's Hospital, and adults at the Royal Victoria Hospital (RVH). All patients will have their evaluation, surgery and medical follow-ups, as well as device activation/programming for the initial 12 months at the

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► Members of the Otolaryngology – Head and Neck Surgery Department and the Audiology Department at the MCH (l. to r.): Dr. Melanie Duval, Dr. Joshua Gurberg, Dr. Catherine Roy, Audrey Hardy, professional coordinator, Audiology, Dr. Bshair Aldriweesh, Dr. Mohammed Alnoury, and Dr. Sam Daniel.

Missing from photo: Dr. Owen Woods, Jesse Burns, speech language pathologist and manager, MUHC Cochlear Implant Program, François Prévost, audiologist and coordinator, MUHC Cochlear Implant Program, Marjolaine Couture, audiologist, and Cléo Audet-Halde, audiologist.

MUHC. After the first year, programming follow-ups for patients are provided by the Lethbridge-Layton-Mackay Rehabilitation Centre and the Centre de réadaptation en déficience physique Raymond-Dewar Laurier as well as by

regional rehabilitation centres which offer these services outside Montreal.

Dr. Daniel explains that a sustained effort was made over many years to advocate for the MUHC and its partners to

be part of the Quebec program, which included support from MUHC leadership, the MCH Foundation and local politicians.

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On the cover:
 Members of the new cochlear implant program

Cover photo:
 Maureen McCarthy

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► Arman Dimirjian during the activation of the implant.

“There was also constant involvement and commitment from our pediatric and adult otolaryngology and audiology teams to make this happen,” he says.

Dr. Daniel adds that the collaboration with the rehabilitation centres is very important. “On the pediatric side, we have a long-standing partnership with the Mackay Centre and their team is very important in supporting the cochlear implant program and its development, and the ongoing services to families.”

Continuity of care will also be key as MCH patients get older and eventu-

ally transition to adult care at the RVH. “This is a terrific model of the MUHC’s continuity of care, which is one of our important strengths,” says Dr. Daniel. “It’s easier for the families we care for, and the teams are in close proximity and share resources in many ways.”

LESS TRAVEL, NEW TEACHING OPPORTUNITIES

Dr. Melanie Duval is a pediatric surgeon in the Otolaryngology — Head and Neck Surgery Department at the MCH, and the lead of the pediatric cochlear implant team. She says one of the key advantages of the new service at the MCH for patients and their

families is how it will save time and travel.

“In the past, patients who required a cochlear implant surgery needed three to four visits to Quebec City — some of them for multiple days — for assessment, surgery, then activation of the implant, all of which can be hard for the family,” she says. “So being able to do this close to home for all of our patients in the greater Montreal area, as well as those from Western Quebec, is going to be much easier on everybody in every way. For most children it’s a day surgery, so kids can sleep in their own bed at night.”

Another advantage will be the benefit to children with complex needs since the cochlear implant program will now eliminate the need for referral to another centre — a very important factor for families who are balancing multiple appointments and hospital services on a regular basis.

Dr. Daniel also points out that for the department’s residents, cochlear implant surgery is part of the requirements to complete their training. “For many years, our trainees visited other programs to learn cochlear implantation surgery but now they can do their training here at the MUHC,” he says.

The first cochlear implant surgery at the MCH took place on January 17. In 2023, the MUHC program aims to perform cochlear implant surgery on approximately 50 pediatric patients and 100 adult patients. ❀



ASD:

A first assessment clinic for ages 13 and up

By Christine Bouthillier

A clinic for the evaluation of autism spectrum disorder (ASD) in adolescents aged 13 to 17 opened this fall at the Montreal Children's Hospital (MCH). It is the first of its kind in Quebec.

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► Above: Eva Lee, 15, was one of the first patients to benefit from the full services of the MCH's new ASD 13+ clinic.

Parents who suspect their child has ASD often face long waiting lists to be evaluated and finally get answers in terms of diagnosis. Requests for ASD assessments have increased dramatically in recent years for all age groups. The overall incidence rate of ASD in Quebec has grown from 3.9 per 10,000 in 2000 to 19.1 per 10,000 in 2015, according to TVA Nouvelles.

To facilitate the assessment process, the Ministère de la Santé et des Services sociaux has mandated Quebec's four pediatric university hospital centres to open specialized ASD evaluation clinics for ages 13 and older, with their own permanent, full-time team and specific program. The MCH clinic was the first to open and received its first patient in November 2022.

Many of these patients were previously seen by child psychiatrists. The assessment is now done by a multidisciplinary team from the Brain, Development and Behaviour Clinic, which frees up child psychiatry staff in the community.

The team at the MCH's new ASD 13+ clinic is composed of neuropsychologists, a clinical coordinator, a psychoeducator, a nurse, an occupational therapist and a speech-language pathologist. This multidisciplinary approach is what makes this team unique, according to its members.

"It's quite rare to work with an occupational therapist or a speech-language pathologist in ASD evaluation. It allows us to have the full picture and orient the diagnosis correctly," explains Émilie St-François, psychoeducator.

"It is possible to conduct joint observations between team professionals. This way, we avoid working in silos," adds Vincent Chiasson, neuropsychologist.

A BRIDGE TO THE COMMUNITY

The ASD 13+ clinic is mainly focused on the evaluation process. It makes recommendations and can also carry out short-term interventions while waiting for the family to be taken care of by long-term services in the community (CIUSSS, CLSC, etc.).

"If the family has specific needs, we can offer support, give them the appropriate information, for example on ASD and sleep," says Émilie.

Adolescents are referred to the ASD 13+ clinic by partners who are part of the McGill RUISSS, including the CIUSSS. Other young people seen at the clinic are already patients at the MCH. The Director of Youth Protection may also request the service for teenagers under its care. Patients are then contacted and assigned a case manager, who may be a nurse, an occupational therapist or a psychoeducator from the clinic team.

"We adapt to the patient. We first discuss the case as a team and decide the best course of action for the evaluation," explains Stephania Sauco, clinical coordinator.

The assessment consists of several appointments, the content of which will depend on the needs of the teenager (speech therapy, occupational therapy, etc.). An intellectual evaluation and a clinical evaluation are always performed by a neuropsychologist. Using

games and material, these standardized tests aim to place the adolescent in different contexts and analyze how he or she interacts, plays and communicates, for example. An interview is also conducted with the parents and sometimes with the patient alone when the situation requires it.

The case manager and the neuropsychologist also make sure to gather all the necessary information from various partners, such as the school or the adolescent's doctor. Follow-up is also provided at the end of the process to share resources with the family and ensure that the recommendations are implemented.

When these elements are gathered, the team meets to decide on the diagnostic orientation and then presents the assessment and recommendations to the family.

"Once the dust settles, we also offer a post-diagnosis meeting with the family to determine what they understood. We also tell them what resources are available to them while they wait for care in the community," adds Émilie.

A DIVERSIFIED CLIENTELE

The youth welcomed at the ASD 13+ clinic come from a wide variety of backgrounds. The team sees teenagers who attend regular school and patients from specialized schools or with developmental comorbidities, as well as young people from Northern Quebec or from multicultural communities, for example.

"These are sometimes more vulnerable clients, which may explain why the ASD

continued >

is assessed later, or functional teenagers who were compensating, but for whom it no longer works during adolescence, with increasing social and academic demands. By this age, the most obvious cases have usually already been diagnosed,” says Vincent.

It’s never too late to treat these patients. However, the later the ASD diagnostic process is undertaken, the greater the chances of developing mental health

problems for adolescents awaiting evaluation, adds Vincent.

“Teenagers are more engaged in the process, they are able to talk about their experiences themselves,” he notes. “And generally, the diagnosis is well received by the adolescent and their family. They realize that they are not abnormal and that their difference has a name. They finally understand what they are going through. It can be a relief.”

So far, the team has received good feedback from families who have been seen at the clinic.

“Prior to the project, we did patient-partner interviews to help develop a program adapted to the actual needs of patients. The services will continue to be developed based on the feedback we receive from families. The work goes on,” concludes Stephania.

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► (l. to r.) Camille Léonard, neuropsychologist, Vincent Chiasson, neuropsychologist, Stephania Sauco, clinical coordinator, Melissa Romano, neuropsychologist, Charlotte Gagner, neuropsychologist, Émilie St-François, psychoeducator, Anna-Karina Prieur, nurse, and Cameron Dinh, occupational therapist. Missing from photo: Andréanne Langis, speech-language pathologist.

A door opens

Eva Lee, 15, is one of the first patients to receive complete services at the Montreal Children's Hospital (MCH) new ASD 13+ clinic. After a long process that began in late November, she has just been diagnosed with autism spectrum disorder (ASD) and developmental coordination disorder. A verdict that she and her family welcome with relief.

"I feel much better. It went very well at the clinic," she says.

"It explains a lot. I felt fairly confident that it was ASD. We are hoping this opens up many services for her. It may also explain some of her behaviour to friends or family. It's good to confirm that what we have been going through has an underlying cause and that she is not 'just being difficult'," adds her mom, Hilda Thorarinsdottir.

TOWARDS THE NEXT STEP

A new chapter begins for the teenager and her family after a journey full of challenges. Hilda had always suspected that her daughter had ASD, but because she did not show the typical signs of the disorder, her pediatrician and school did not share this hypothesis.

While Eva was relatively well as a small child, things took a turn when she entered high school in the midst of a pandemic, in a large building, full of people. The anxiety was so high that she had to be pulled out of school and is now home schooled. She was put on waiting lists to get an evaluation... and never heard back.



► Eva Lee, 15, with her mom Hilda Thorarinsdottir.

"When we got the call from the ASD 13+ clinic, it was like a Christmas present," says Hilda.

Hilda is full of praise for the MCH staff, noting how grateful she is for their patience, their calm demeanor and their kindness.

With the clinic team, Eva will implement short-term strategies to better live with ASD, including occupational therapy to establish a proper routine, and will be referred to other services for long-term follow-up. ❄️



An avalanche of activities to celebrate the magic of the holidays

By Sandrine Pelletier

After two years of the pandemic and virtual meetings, the feeling of excitement was at its peak in the corridors of the MCH during the holiday season.

On December 8, Montreal Canadiens players toured the Montreal Children's Hospital (MCH) corridors to meet with patients and their families. The athletes, accompanied by several administration members, distributed gifts and signed autographs, much to the delight of the children and their parents.

The tradition, established by the legendary Jean Béliveau in the 1960s, is a much-anticipated event in Montreal's pediatric hospitals. For the 57th consecutive year, the Canadiens players were able to offer a little holiday magic to families going through a difficult time.

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► Above: Captain Nick Suzuki, forwards Kirby Dach and Jonathan Drouin and defenseman Jordan Harris with a patient on the Pediatric Medical Unit (B09).

“Coming here really puts everything in perspective,” says Paul Byron, taking part in holiday activities at Montreal hospitals for the seventh time this year.

“It makes us realize that no one is really immune to what the families here are going through,” he adds.

The players’ visit to the MCH is a much-appreciated event for both families and staff. Thank you to the players and the Bleu-Blanc-Rouge organization for another great visit!

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► Staff members from the B09 Unit with Canadiens players.



► Goalie Jake Allen with a patient on the Hematology-Oncology Unit.



► Defenseman Arber Xhekaj and forward Paul Byron write a message on the window for a patient in isolation.

FESTIVE TRADITIONS

The holiday season is a busy time for Child Life Services. Some of the December highlights include a large toy and donation drive in collaboration with Volunteer Services, a visit from Santa Claus and his elves to the Nephrology Clinic, and a surprise visit from a superhero for patients with sickle cell disease, to name a few.

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► Afifah Chaudhry, child life specialist, presents a gift to a patient during a holiday activity.



► The Child Life Services party for the Nephrology Clinic brought smiles to the faces of children and adults alike.



► Sabrina Drudi, Child Life Services coordinator and Lise Gagnon, Volunteer coordinator, with donations collected during the major toy drive organized in December.



EMPLOYEES GET IN THE HOLIDAY SPIRIT

MCH staff didn't disappoint for the traditional Ugly Holiday Sweater Day! Adorned with lights, snowman designs and occasionally a few good puns, the ugly holiday sweater is a must-have for the season. Many employees also donned their best holiday PJs on another December day to the delight of many children on the units. A big thank-you to our dedicated staff for their enthusiastic efforts which always bring a little magic to the hospital!

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► Employees on B08 strike a pose at a holiday event organized by the Quality of Life at Work Committee.



► Employees from Hematology-Oncology proudly show off their ugly holiday sweaters.



► The Orchestre Métropolitain quartet in the atrium on December 19.



A SPECIAL PERFORMANCE

A quartet from the Orchestre Métropolitain (OM) paid a visit to the Montreal Children’s Hospital playing for patients, families and staff. Their presence and their music brightened everyone’s day, and they were even able to visit some of the patients on the units; these small and intimate concerts created touching moments for the families. ❄️

► A patient and his mother listen to the OM’s private concert with staff and other families on B09.