

Chez nous

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Hôpital de Montréal
pour enfants
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Montreal Children's
Hospital
McGill University
Health Centre

Building the future of the Montreal Children's Hospital together

For more than a century, the Montreal Children's Hospital has evolved alongside the children, families and communities we serve. Since its founding in 1904, the MCH has continually adapted to advances in medicine, changing patient needs, new models of care and new ways of working. That spirit of evolution has helped shape the MCH into the leading pediatric academic health centre it is today.

Our history reminds us of something important: change has always been part of who we are.

Each generation of leaders, physicians, nurses, professionals, staff, volunteers and partners has helped move the hospital forward. New programs have been created, care has become increasingly specialized, partnerships have expanded, and innovation has transformed what is possible for children and families.

Today, we find ourselves at another important moment of evolution.

As we move forward with a new leadership structure, we are excited about the opportunities ahead. The addition of new coordinators and medical leads will bring fresh perspectives, strengthen collaboration across teams and create new opportunities to improve how we work and how we care for our patients.

This new structure is about more than titles or reporting relationships. It is about creating the conditions for teams to work more closely together, share ideas, solve problems differently and turn good ideas into meaningful change.

We know that change can bring uncertainty. New structures require adjustment, new relationships take time to develop and new ways of working must be built together. But change also creates opportunity: the opportunity to challenge assumptions, rethink processes, empower teams and imagine what the next chapter of pediatric care can look like.



Dr. Tanya Di Genova

Associate Director of
Professional Services
Montreal Children's Hospital

And that is what excites us most.

The Montreal Children's Hospital has never stood still. Our progress has always depended on people willing to ask, "How can we do this better?" That same curiosity, creativity and courage will continue to drive us forward. Our purpose remains constant: providing exceptional, safe and compassionate care to children and families. What continues to evolve is how we organize ourselves to deliver on that mission in an increasingly complex healthcare environment.

Innovation does not belong to one department, one profession or one leadership team. It belongs to all of us. The best ideas often come from the people closest to the work, who see every day where we can improve, simplify, collaborate differently or create something new. So we invite you to join us.

Bring forward your ideas. Ask the difficult questions. Challenge the way things have always been done. Share what you think could work better. Partner with colleagues across teams and disciplines. Help us identify opportunities to improve care, the patient and family experience and the way we work together.

The next chapter of the Montreal Children's Hospital will not be written by any one person or group. It will be shaped by all of us.

As we honour the remarkable history of the Children's, we are equally excited about what we can build together.

Join us in innovating, imagining and creating the future of the Montreal Children's Hospital.



Cindy McCartney

Director of the
Montreal Children's Hospital



A race against time to save Thomas Forest

By Bianca Ledoux-Cancilla

What was supposed to be just another flag football game turned into a real race against time for 10-year-old Thomas Forest. After taking a hit to the head during the game last May, the young boy seemed to be suffering from nothing more than a headache.

Nearly two hours after the incident, once back home, Thomas began experiencing severe headaches. Concerned about their son's condition, Jonathan Forest and Marie-Josée Lévesque decided that Jonathan would take him to the Emergency Department (ED) at the Montreal Children's Hospital (MCH).

Upon arrival, Jonathan asked a patient attendant, Tanaisha Chapman Gomes, to watch over Thomas while he went to park the car. Thomas had started vomiting during the car ride, and his condition was deteriorating. Tanaisha immediately noticed that he was losing consciousness in the wheelchair. She rushed him straight to the Emergency

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►Above: Back row, from left to right: Dr. Ilana Bank, Kristina St-Arnaud, Marie-Josée Lévesque, Jonathan Forest, Dr. Josh Feder. Front row, from left to right: Victoria Forest, Thomas Forest.



► Thomas Forest, back to his usual self after a remarkable recovery.

Department. During pre-triage, nurse Kristina St-Arnaud quickly realized the severity of the situation and immediately directed him to the resuscitation room.

"As soon as we saw Thomas arrive in that condition, we had to act fast. Every second counted, and the entire team sprang into action immediately," explains Kristina.

In the resuscitation room, Dr. Ilana Bank, Division Director of Pediatric Emergency and Medical Director of Pediatric Simulation, took care of Thomas alongside her colleague, Dr. Cathie-Kim Le. Several teams worked together simultaneously. The nurses set up the monitors,

established intravenous access, and performed the necessary examinations with remarkable speed.

"What struck me was how quickly everyone knew exactly what they had to do to try to save Thomas. This kind of situation requires trust, excellent communication, and a team that truly functions as a single unit," says Dr. Bank.

Even doctors who were not on call, including Dr. Brett Burstein, immediately responded to the call. Dr. Josh Feder, from the Pediatric Intensive Care Unit, also arrived to manage Thomas's airway.

Elsewhere at the MCH, teams from radiology, neurosurgery, intensive care, anesthesia, and the operating room sprang into action. The CT scan revealed significant bleeding in Thomas's brain caused by the impact. Dr. Adriano Cattani, a neurosurgeon, arrived a few minutes later to prepare Thomas for surgery. Social worker Laura Johnston supported the family throughout the ordeal.

The speed of the response is a testament to this exceptional coordination: only 18 minutes elapsed between Thomas's arrival at the ED and his CT scan, followed by 10 minutes between the scan and his arrival in the operating room.

For Thomas's parents and his little sister Victoria, these moments were particularly trying, despite Jonathan's experience as a firefighter.

"I'm used to witnessing emergency situations, but when it's your own child, it's completely different. Seeing the entire team rally around Thomas gave us confidence," he says.

Today, Thomas has made a full recovery. He is left with a large scar on his head from this ordeal, which required 112 stitches. For his family, it now serves as a reminder of how far he has come and of the immense gratitude they feel towards all those who rallied around him to save his life. ❀



New volunteer program helps expand parental presence during anesthesia

By Maureen McCarthy

The Parental Presence at Induction (PPI) program was launched more than 10 years ago at the Montreal Children's Hospital (MCH) to allow a parent to accompany their child into the operating room (OR) and remain with them until they fall asleep with anesthesia. The program aims to reduce fear and anxiety for parents by providing comfort and reassurance. In turn, children can feel less stress knowing their parent is right there with them.

This year, the hospital's Child Life specialists launched the PPI Volunteer Escort (PPIVE) program, which was created to increase access to the benefits of PPI when a Child Life Specialist is not available.

Erica Crimi, Child Life Specialist at the MCH, explains that more and more parents are asking for

PPI, and the program volunteers are helping to respond to these requests. "The popularity of the service has grown over time, and we've sometimes had to decline requests," says Erica. "But now that we have the PPIVE, we're able to respond to more requests than in the past."

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► Above: PPIVE volunteer Chloe Bergeron helps Arielle Charles and her mother Meggy as they prepare to go into the operating room.

A MASTER'S PROJECT COMES TO LIFE

Erica developed the idea for the PPIVE program as part of her master's project in Child Life and Pediatric Psychosocial Care at McMaster University. During her studies, she did an eight-month internship at the MCH and was hired when it ended.

"When I interned, I spent most of my time in surgery. I noticed that PPI was heavily dependent on Child Life specialist availability," says Erica. "At the time there was only one specialist in the OR, who was also covering the pre-op clinic and the recovery room. We couldn't offer the service to everyone." Erica developed the idea of the volunteer program and, along with Child Life Specialist Krystalanne Pacheco Cabral, implemented it at the MCH earlier this year.

Erica explains that some parents request PPI ahead of their child's surgery date, but many requests happen on the day of surgery, especially from parents who are at the hospital for the first time.

Ultimately, the anesthesiologist decides whether a parent may come into the



► Child Life Specialists Erica Crimi (l.) and Krystalanne Pacheco Cabral (r.) with PPIVE volunteers (l. to r.) Mallory Exe, Chloe Bergeron and Dawn Narainen.

OR. If that is possible, the PPIVE volunteer is notified and begins their work. The volunteer explains the steps involved to the parent, including how to put on the surgical gown. When the surgical team is ready, the volunteer accompanies the parent and child right up

to the door of the OR. After the child is asleep, the volunteer brings the parent back to the waiting room.

THE VOLUNTEER PERSPECTIVE

Volunteers like FengPing An have become quite adept at coordinating a

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On the cover:
Thomas Forest with his parents, Marie-Josée Lévesque and Jonathan Forest, and his sister, Victoria.

Cover photo: Caroline Fabre

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number of “moving parts” to ensure parents have a positive experience.

FengPing is currently studying undergraduate psychology at McGill after completing a pharmacology degree. She has been volunteering at the MCH since 2023 and has supported the Child Life team on different units.

“I’ve spent much of my volunteer time working in patient waiting rooms but this new opportunity to work in the OR area is an exciting change for me,” she says. FengPing feels strongly about doing good for others, and supporting people to feel better, so the PPIVE strikes all the right notes.

“As a volunteer, I’m not allowed to go right into the operating theatre, but I take the parent right to the door and wait for them to come back out.” The anesthesia process usually takes only a couple of minutes. Parents are often emotional after watching their child undergo anesthesia, and the volunteers can make a big difference to their experience by offering a calm, supportive presence and clear communication.

There are currently five volunteers in the program and they mostly work mornings since it’s usually the busiest period. Erica explains that they recruit volunteers who already have a minimum of 50 hours at the MCH to ensure they have some experience and exposure to the healthcare setting.

TRAINING FOR PARENT SUPPORT

“MCH leadership was really supportive in getting the project off the ground,” says Erica, “and once volunteers were recruited for the role we held a training session, including how to provide emotional support and deal with parents’ reactions.” Erica created a training manual that includes detailed information as well as different scenarios that the volunteers may encounter and how to handle them. They also learn that if the situation becomes complicated, they can refer the parent to a Child Life specialist for further help.

“When any volunteer starts, we make sure to do the first few cases with them so that they’re comfortable with the process,” says Erica. “Of course, as the volunteers gain more experience, they can build on what they have learnt.”

PARENT FEEDBACK: THE TRUE TEST

One of the final steps in the PPIVE process with parents is asking them to complete a short questionnaire. The feedback has been very positive and touched on several important aspects of the experience:

- “It helped to make our experience feel more human, thoughtful and caring.”
- “Very good team. We were supported from the beginning right to the end.”
- “Everything was well done and well explained. I had a great experience.”

- “It was important for me and made all the difference for my family and, above all, my daughter. Thank you.”

Erica adds, “We’ve been sharing the parents’ feedback with the surgical teams, and team members have said they are noticing the program’s positive effects on parents.” ❀



► Erica Crimi and PPIVE volunteer FengPing An.

Three different careers, one shared passion for the MCH

By Caroline Fabre

For some, reaching retirement age means turning the page on a long career. For others, it is an opportunity to reflect on what still motivates them to walk through the doors of their workplace each morning. At the Montreal Children's Hospital (MCH), three members of our team have chosen to continue their careers beyond the traditional retirement age. Their paths are very different, but they have one thing in common: after decades dedicated to the MCH, they still find a reason to come back.



MARTINE CANTAVE: **"TO ME, BEING A NURSE ISN'T A JOB"**

Since she was a teenager, Martine Cantave knew she wanted to work with children. After joining the MCH in 1990, she has built a nearly 36-year career across several areas, including hematology-oncology, the Emergency Department, the float team, critical care, hemodialysis and, today, radiology.

Her career has allowed her to discover different ways of caring for children. In hemodialysis, for example, she developed relationships with patients she sometimes followed for a year or two. Today, in the MRI preparation and recovery area, she sees some of the same children regularly. "What I love is the contact with children, welcoming them and getting to know who they are."

Martine conducts clinical assessments of patients before procedures, some of which are performed under anesthesia, and closely follows the procedures throughout. For her, when it comes to intravenous procedures, the most important thing is to build a connection with the child, explain what is going to happen and never lie to them. "I don't lie to them, and I try to explain everything in a way they can understand, using their own words."

She also finds small ways to make their days a little lighter. She remembers one young patient who had to fast all day before a procedure. After

colouring and playing games with her, Martine eventually put an episode of Dora on her computer for her to watch. The child's mother, touched by the moment, took a photo and later sent Martine a thank-you message. "To me, being a nurse isn't a job, it isn't a chore. It's a beautiful routine."

Although she has reached retirement age, Martine is not ready to turn the page just yet. She still loves her work, the children and, above all, the MCH team, which she describes as a family. "It's like we're a family. Everyone is kind, and we're all moving in the same direction, for the good of the children."

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Over the years, she has also gained confidence, thanks in part to the colleagues and mentors who supported her along the way. "At the MCH, there is always someone there to help you. You're never left on your own."

Today, she is proud of everything she has learned and of the professional she has become. Her advice to the next genera-

tion? Be patient, ask questions and never stop learning. "You're always learning something new: a new disease, a new treatment, a new tool."

For now, Martine is choosing to keep going. Because after 36 years, there are still children to welcome, smiles to bring to their faces and plenty left to learn.



LINDA MASSÉ: **"IT'S ALWAYS ABOUT LEARNING, ALWAYS ABOUT ADAPTING"**

After more than 41 years at the MCH, Linda Massé officially retired a few weeks ago. But for someone who dedicated much of her career to critical care, leaving the MCH completely was not so simple. She now returns to the hospital as a volunteer to share her expertise, particularly in tracheostomy care. Over the years, she has taught nurses, physicians and other healthcare professionals. Her expertise continues to benefit the teams caring for young patients.

Linda joined the MCH in 1985. She initially worked in neurology and adolescent medicine before moving into critical care, where she spent more than 38 years. Throughout her career, she developed expertise in several areas, including palliative care, wound care and tracheostomy care. "I have always loved being a nurse. To me, it's a profession that provides holistic, comprehensive care."

Her curiosity also led her to advanced practice nursing. She applied, pursued a master's degree at McGill and became an advanced practice nurse. A few years later, she worked with Dr. Tanya DiGenova to develop a training program for pediatric nurse practitioners at McGill. She then helped support the integration of this expertise at the MCH because she "didn't want pediatrics to be left behind."

Throughout her career, Linda has sought to meet the needs of her workplace, as well as those of her patients and their families. When she identified a need for greater expertise in wound care, she pursued additional training, collected data and helped demonstrate the importance of specialized expertise in this area. She was also among the early professionals to develop expertise in extracorporeal membrane oxygenation (ECMO) when the technology was introduced in neonatal care.

To keep up with the rapid evolution of medicine, she never stopped learning. "I took so many courses, read so much, went to conferences to improve my knowledge. I adapted to

the needs of the environment and sought out the knowledge I needed."

Behind all these areas of expertise, however, Linda always comes back to the same thing: patients and their families. She describes herself as a humanist who always gives her best. "We're there at a time when patients and parents are vulnerable. It's important to support them during that time. That's what makes a difference in their lives."

After 41 years, she ultimately chose to retire, not because she no longer enjoyed her work, but because she was tired. Her connection to the MCH, however, remains strong. She continues to return to teach and share her expertise.

To the next generation, she hopes to emphasize the importance of being there for patients and their families during some of the most vulnerable moments of their lives. "It's always about learning, always about adapting to situations, and then giving the best of yourself." Even in retirement, Linda continues to put that philosophy into practice.

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DONNA LYNN MURRAY:
"I'M VERY HAPPY HERE. THAT'S WHY I'M STILL HERE."

For Donna Lynn Murray, working at the MCH is above all about people. An administrative agent in the Orthopedics and Rheumatology Clinic, she has been working at the Glen site for six years and has spent 19 years within the MUHC.

Donna's story with the MCH began at the former site, where she worked for six years before spending five years at the Montreal General Hospital. There, she worked in several clinics, including plastic surgery, general surgery, trauma and thoracic surgery.

But she never lost her connection to the MCH. "I really liked working with children at the MCH. That's why I started there and really enjoyed it. I always tried to come back." Six years ago, she finally had the opportunity to return to the hospital where her career began. Today, her role includes welcoming patients, managing follow-ups and scheduling appointments.

After several years in her current department, Donna Lynn knows her job inside and out. She still appreciates the unique aspects of each department and the different ways physicians like things to be done.

As she approached retirement, she chose to keep working, just like her husband. For her, staying active and being around people is important. "We don't want to just stay home and do nothing. So we decided we would keep working."

What does Donna Lynn enjoy most? Her colleagues, the children she meets and the relationships she has built over the years. Some patients return, recognize her and thank her for the small gestures she has made along the way.

Her colleagues also make her feel appreciated. After a few weeks of vacation, they tell her how much they missed her

and that she is not allowed to take such a long vacation again. After all these years, that is probably one of the nicest compliments someone can receive: knowing that their presence is appreciated not only for the work they do, but also for who they are as part of the team.

When asked what she would like to pass on to the next generation, Donna Lynn emphasizes the importance of understanding processes before trying to change them. Some ways of doing things may seem complex, but they often reflect the needs of teams and physicians.

After all these years, she describes her career simply: she has enjoyed her work, met great colleagues and found a workplace where she feels comfortable. "I have enjoyed it. I've gotten to know many people whom I still consider good colleagues and friends. I'm very happy here. That's why I'm still here."

After more than 19, 36 and 41 years at the MUHC and MCH, Donna Lynn, Martine and Linda have each built a unique career. One still finds joy in her relationships with colleagues and families, another in the smiles of children and the day-to-day experience of caring for young patients, while the third continues to share expertise gained over four decades. Even when it comes time to slow down or officially retire, their connection to the MCH remains. After all these years, for these women and others, the hospital is not simply a place where they work; it's part of their story. ❀



Moments that make all the difference

By Caroline Fabre

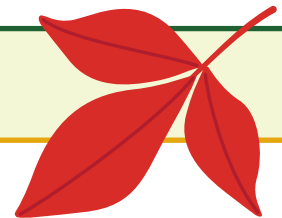


At the Montreal Children's Hospital (MCH), there's more to a day than appointments and treatments. Throughout the year, our teams and partners create special moments to entertain, surprise and bring smiles to our patients, their families and our staff.

The Service de sécurité incendie de Montréal had a full program in store for our patients and their families, with fun activities, fire prevention booths and safety tips. Mascots Chef and Pompyroux, along with a few firefighters, also made their way through the MCH to visit children who were unable to leave their rooms and bring them a few special gifts.



The Quality of Life at Work Committee brought MCH teams together for a fall gathering featuring delicious corn on the cob. Everyone enjoyed theirs exactly the way they liked it: with butter, salt... or both!



As part of Superhero Week, organized by our Child Life Services team, Batman and Spider-Man made their way around the MCH to visit patients and bring some superhero magic to their day.

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The P.K. Subban Atrium was transformed into a theatre for an hour as patients, families and staff enjoyed a performance of Critters Crossing by Little Bird Productions.



To celebrate summer, the P.K. Subban Atrium and the MCH's terrace transformed into a mini-festival thanks to the Quality of Life at Work Committee. The festivities included snacks, lemonade, a strawberry-themed quiz and fun keychains to make and take home.



Our young patients and their families from the Hematology-Oncology Day Treatment Centre set off on an adventure... without ever leaving the MCH! Our Child Life Services team and Leucan prepared a trip around the world, complete with an airplane boarding experience, passports in hand, stamps to collect, hidden landmarks to discover, a stop at the duty-free shop and a taste of specialties from around the globe.

