Announcing Dr. Harvey Guyda’s retirement from The Montreal Children’s Hospital on September 30, 2012

By Lisa Dutton

After 41 years of service to the Montreal Children’s Hospital and the infants, children and adolescents of Quebec, Dr. Harvey Guyda has announced he will retire as Associate Executive Director (AED) of the Children’s on September 30, 2012.

Dr. Guyda began his career at the Montreal Children’s Hospital in 1971 after completing his medical degree at the University of Manitoba, a residency at the Winnipeg Children’s Hospital, a three-year clinical and research fellowship in Pediatric Endocrinology at Johns Hopkins Hospital in Baltimore, and a two-year research fellowship in Endocrinology at the Royal Victoria Hospital, Montreal. He has been a passionate advocate for the Montreal Children’s Hospital and all children’s causes. He also served as Chairman of the Department of Pediatrics in the McGill Faculty of Medicine for 16 years, following which he was appointed Dodds Professor Emeritus.

Dr. Guyda has made an indelible mark in the world of research, clinical care and teaching. On a national level, he has provided exceptional leadership to various organizations, including the Canadian Institutes of Health Research’s Institute of Human Development; Child and Youth Health; Canadian Child & Youth Health Coalition; Paediatric Chairs of Canada; and the Canadian Association of Paediatric Health Centres (CAPHC). Dr. Guyda’s dedication has earned him many awards over the years, including the Pfizer Award for Leadership from the Montreal Children’s Hospital Foundation in 2002; the Canadian Pediatric Society’s Ross Award in 2008, its most prestigious honour which recognizes lifelong excellence in the fields of pediatric research, education, healthcare and advocacy; the Contribution to Child Health Award from the Board of Directors of CAPHC in 2009. He was again distinguished when McGill University’s Faculty of Medicine created the Harvey Guyda Chair in its Department of Pediatrics in 2009 with an endowment established at the Montreal Children’s Hospital Foundation.

MCH Nursing Video Receives Top Honors at Calgary Conference

During the Annual Health Care Public Relations Association (HCPRA) Conference held in Calgary, Alberta April 29th to May 1st, 2012, The MCH Public Relations and Communications team was awarded top prize for a video about Pediatric Nursing, featuring interviews with four of the hospital’s dedicated nurses. Produced by Pamela Toman, the hospital’s Webmaster, and shot and edited by David Bitton, videographer, the video was awarded first place for its originality, high quality images and sound, and its well-crafted message about the exciting career of a pediatric nurse. To view the video online, head to www.youtube.com/thechildrens.

See the centre spread of this issue for a special tribute to our MCH nurses!
Congratulation to the MCH Nursing Awards of Excellence winners

- The Evelyn Malowany Award for Clinical Practice: Devon Leguillette
- The Lorine Besel Award for Leadership in Nursing: Isabelle St-Sauveur
- The Patricia O'Connor Award for Evidence-Informed Project or Program: Nursing Practice Development & Quality Management (NPDQM)
- The Isobel MacLeod Award for Nursing Assistants: Annabelle Giroux
- The Laraine Imperial Partner in Practice Award Administrative Officers and PAB/PCA: Juan Fuentes
- The Anne-Marie Lejeune Award for those who support and collaborate with nurses to give quality care: Annie Fortin

Standard Life offers help and hope to adolescents in need

For children and adolescents diagnosed as psychotic, medication is not an option – it’s a necessity. But when there is a lack of literature on its effects for young patients, the urgency shifts to understanding how it impacts their health – as early as possible.

Thanks to the generosity of Standard Life, the Montreal Children’s Hospital now has the means to understand and possibly one day even prevent the metabolic complications caused by psychotropic drugs.

The problem, explains Dr. Lila Amirali, is that the literature on these effects for adolescents is virtually non-existent.

“Over the past decade we’ve become more and more aware of the effects that some of our medication has on the metabolism. There’s very, very little data for patients under 18, and we need to be able to identify problems as soon as possible.”

She adds that since affected children need this medication to function, the need for more information is even more urgent.

Standard Life’s generous $50,000 donation promises the hope of a better future for children and adolescents with psychotic illness. President and CEO of Standard Life Canada, Charles Guay, underlines the importance of investing in the community.

“In 2011, Standard Life contributed over $1.1 million to over 85 community organizations throughout Canada. To invest in kids is to invest in the future. And we believe we can help build a better future by helping improve quality of life for young Canadians.”

Calling all budding artists!

The MCH Auxiliary is holding its annual Christmas card contest, and once again we would like to extend participation to children of hospital employees. We are looking for original drawings, bright, colourful winter or holiday scenes. Winning entries are printed on our cards and winners receive a plaque as well as cash prize. This would appeal to children in grades 4 to 11.

Contest rules and entry forms are available from the Auxiliary Administrator, Lucette Bennett, ext. 22384 or lucette.bennett@muhc.mcgill.ca.

Deadline is May 25, 2012
La Fondation de l'Hôpital de Montréal pour enfants est fière d’annoncer les lauréats des Prix 2012 les meilleurs soins aux enfants.

Joignez-vous à nous pour féliciter des membres du personnel et des équipes exceptionnelles de professionnels de la santé qui ont permis à notre nouvel hôpital de devenir réalité.

The Montreal Children’s Hospital Foundation is proud to announce the 2012 Best Care for Children Awards.

Join us in congratulating the staff and healthcare teams who have done such incredible work to make our new hospital a reality.

### Invitation

Les représentants de l’équipe recevront les prix au Bal ABC le 31 mai et nous invitions tout le personnel de l’hôpital à venir prendre part à une Célébration à l’heure du thé le 6 juin, de 14 h à 16 h à la cafétéria de l’hôpital.

Team representatives will accept the awards at the ABC Ball on May 31 and we invite all hospital staff to come celebrate at a special Best Care for Children Awards Tea on June 6, from 2 p.m. to 4 p.m. in the hospital cafétéria.

---

**Les lauréats des Prix Les meilleurs soins aux enfants • Best Care for Children Award winners and winning teams**

- **Dr Nicolas Steinmetz**, Prix pour les meilleurs soins aux enfants, visionnaire / Best Care for Children Award, Visionary
- **Dara Korne**, Prix TD pour les meilleurs soins aux enfants, junior / TD Best Care for Children Award, Junior
- **Dr Harley Eisman**, Prix Bell pour les meilleurs soins aux enfants, équipe du département d’urgence / Bell Best Care for Children Award, Emergency Department team
- **Dre Aurore Côté**, Prix Aldo pour les meilleurs soins aux enfants, équipe des soins ambulatoires / Aldo Best Care for Children Award, Ambulatory Care team
- **Andréane Pharand et Dr Romain Mandel**, Prix Pfizer pour les meilleurs soins aux enfants, équipe de l’unité de soins intensifs néonatals / Pfizer Best Care for Children Award, Neonatal Intensive Care team
- **Dre Nada Jabado**, Prix Groupe Jean Coutu pour les meilleurs soins aux enfants, recherche / Groupe Jean Coutu Best Care for Children Award, research
- **Ann-Marie Suess**, Prix Transforce pour les meilleurs soins aux enfants, équipe de l’Unité pour patients immunodéficients / Transforce Best Care for Children Award, Immunocompromised Unit team
- **Anne-Marie Hurteau**, Prix Banque Scotia pour les meilleurs soins aux enfants, équipe du Comportement et développement du cerveau / Scotiabank Best Care for Children Award, Brain Development and Behaviour team

* Veuillez noter que les Prix d’excellence habituels seront de retour en 2013. Please note that we look forward to the return of The Awards of Excellence in 2013.
The brand identity of the Montreal Children’s Hospital is getting a makeover!

After receiving approval from the MUHC Board of Directors on April 2, 2012, The Children’s new logo is currently being launched in conjunction with updated logos for the MUHC and the Research Institute.

The text of the logos is now grouped by language to enhance readability. The figures in the shield have also been separated and slimmed down to better represent our patients of all ages and their family. They are at the centre of everything we do.

Also updated are the Brand Guidelines, which provide important rules on how to use the logo. Please take the time to review the guidelines carefully.

Updating Your Stationery
While you will have to update your stationery items, this should only be done on an as-needed basis (i.e. when your current supply runs out). Do not throw out your existing stock.

When it comes time to order new stationery, this can be done by visiting PrintSYS on the intranet. It provides a fast and easy way to customize many common stationery items and other documents. For more information and to obtain your access code, email printsys@muhc.mcgill.ca.

Those needing to access the latest versions of the logos can download commonly used logo formats from the intranet. Please be sure to send these files to your graphic designers/printers and partner organizations, along with the Brand Guidelines.

To access the Brand Guidelines and logos or for more information, visit the Marketing section on the intranet located under Corporate Information.

If you require additional logo formats or have any questions, please contact branding@muhc.mcgill.ca.

STOP! Clean your hands!
MCH celebrates Hand Hygiene Day in style...


This year, over 120 people, including professionals, administrative personnel, students, family and patients participated in the activities of the day organized on 9D and 2 B. And over 100 people working at The Children’s took the e-learning module that was also offered.

Everyone who did their e-learning module and sent their certificate to Infection Control was eligible to enter a contest to win prizes. Nathalie Aube from Pharmacy won a gift certificate and Cleo Ashby from 10D won a framed picture of the Titanic with stamps from Canada Post.

The MCH participants are also eligible to win the grand prize for all MUHC sites of a $200 gift certificate from Future Shop!

Crossing your fingers you will win? Why not wash your hands instead... good things will come!

Congratulations to all participants and thank you for helping us save lives.
‘Axelle et Camille’: 
*La Presse* journalist tells the story of two MCH patients

Axelle and Camille are two young MCH patients who featured prominently in journalist Sara Champagne's series in *La Presse* in January 2011 on patients awaiting transplant operations. The series was photographed by Martin Chamberland. On April 23, Sara launched her new book at an event held at the MCH. Pictured here at the book launch are (l. to r.) Sara Champagne, Camille, Martin Chamberland and the MCH’s Dr. Martin Bitzan.

---

**Every day is a new challenge: supporting sick children in Quebec**

The first edition of Operation Challenge was launched on April 24 as part of a number of activities planned to mark *Opération Enfant Soleil’s 25th anniversary*.

Quebecers are invited to embark on a challenge of their own to show their support for sick children and their families confronting a disease, for whom every day is a new challenge.

Several celebrities have agreed to take on the challenge, including Dominic Arpin, Josée Boudreault, Annie Brocoli, Joël Legendre, Pierre-Yves Lord, Alex Perron and Claudine Prévost. You can visit the website at [www.operationdefis.ca](http://www.operationdefis.ca) for more information. A longer version of the TV ad currently running on French language television networks is available at: [http://youtu.be/8TgSknjQw34](http://youtu.be/8TgSknjQw34).

---

**A thank-you letter from one very grateful mother**

To Whom It May Concern;

This is a note to thank you for the treatment and care we received at The Montreal Children’s Emergency Department Saturday night when we came with our child.

Our son has a long and complicated health history that has required us to be at another Montreal hospital over the past seven months. I can say without a doubt that we met more caring people in the three hours we were in your Emergency than we met over the seven months in the other hospital.

We received professional treatment, you communicated with us respectfully and you showed us a kind of care that has made us trust in Montreal hospitals once again.

Thank you so much.

Regards,

Tanja

---

*Chez nous* is published by the MCH Public Relations and Communications office.

**Contributors:** Julia Asselstine, Lisa Dutton, Rebecca Fogel and Maureen McCarthy

**Graphic design:** Jean-Claude Tanguay

**Photo:** Daniel Héon

To submit story ideas or texts to *Chez nous*, contact the Public Relations and Communications office at ext. 24307 or send your email to info@thechildren.com.

---

Join us on Facebook
For Karen Boileau and Roger Larin life without their children seems unthinkable. But when their 24-week premature daughter was just 6 weeks of age they had to make a life or death decision. Do they give her medication that could potentially save her life but may also give her Cerebral Palsy? Or do they let nature take its course?

Today, many parents of prematurely born babies face similar challenges. Due to advancements in technology and medications, babies as young as 23 weeks gestation are being born and they are surviving.

Dr. May Khairy, who is a mom to a premie herself and who has been working in the Neonatal follow-Up Clinic at The Montreal Children’s Hospital (MCH) since 1997 with children who were born prematurely, discussed the need to better understand long-term outcomes for these children at a recent day conference, entitled: “Extremely low birth weight infants, from conception to childhood.” The conference, which was organized by McGill University Health Centre neonatologists Dr. Guilherme Sant’Anna and Dr. Thérèse Perreault, faced this new phenomenon head on.

“When being in constant contact with health professionals working in the community, we knew that there was a great need for information and education related to the Extremely Low Birth Weight Infant,” says Dr. Perreault. “The response was overwhelming and surpassed the conference room capacity. In order to accommodate as many people as possible, we used telehealth to present the conference to five other sites, allowing more than 250 people to attend.”

When Karen and Roger were asked to decide the fate of Olivia, they felt like they were being asked to play God. “But when I saw Olivia sucking on a pacifier with her eyes wide open I knew I couldn’t let go. We decided then to give her the medication,” says Karen, who spoke at the conference along with Dr. Peter Davis from Melbourne, Australia and 15 other healthcare professionals to offer a parent’s perspective on extreme prematurity. She also discussed parents’ need for psychological support during and after hospitalization of a premature child.

Karen and Roger have two children who were premature: Joshua, who was born at 25 weeks gestation and Olivia at 24 weeks. Today they are 10 and 7, respectively. They are happy and normal in every way, with the exception of Olivia having one lung smaller than the other. She is being followed for at The Children’s.

According to Dr. Khairy, hospitalization is high in the first two years of these kids’ lives but by adolescence, although chronic conditions are high, they do decrease. Studies show that compared to their peers, these children also have higher rates of asthma, they have lower IQs, they are shy and less outgoing and they are less athletic. During childhood, ADHD is also more prevalent. But despite having more health and educational issues as a group, when you ask teens who were born prematurely, they rate their quality of life as very satisfactory compared to peers.

Dr. Khairy says long-term follow up studies are essential to understand the full evolving picture of outcomes from prematurity. One thing she knows for sure is that although prematurity does not get erased with time and some people will experience limitations in health, survivors have shown exceptional adaptability and the vast majority enjoy a good quality of life.

“It has not been easy,” says Karen. “But we were blessed and every day I am thankful for these precious gifts. I would not have it any other way.”

By Julia Asselstine
Join us on Wednesday June 6 from 2 to 4 p.m. in the cafeteria to congratulate the MCH staff and healthcare teams who have done such incredible work to make our new Children’s hospital a reality.

The Montreal Children’s Hospital Foundation is proud to present

THE BEST CARE FOR CHILDREN 2012 AWARDS

NOTE: The annual Awards of Excellence event will be back in 2013
Just say yes to organ donation!
MP invites citizens to sign health insurance cards

MP Hoang Mai (Brossard–La Prairie) paid tribute on May 4 to young Vincent Lambert, who is waiting for a new heart, by asking his parliamentary colleagues and the public to sign their organ donation cards without delay.

Mai highlighted the case of Vincent Lambert during question period in the House of Commons. “This young man from Brossard-La Prairie is surviving thanks to a mechanical heart, but now he absolutely must have a new heart,” he said. “Last week, to mark Organ Donor Week, he and his family called on citizens to sign the back of their health insurance cards.”

The MP reminded people that by signing their health insurance cards they could save the life of someone like Vincent. “By signing our cards, we have the power to change lives.”

“Don’t be discouraged Vincent,” said Mai. “Stay strong and optimistic.”

1,264 people are currently waiting for an organ transplant in Quebec, including 16 children. Vincent’s family asked citizens to use the word-clic #uncoeurpourVincent on social networks or to go to signezdon.ca to obtain information on organ donation.

---

The Système Automatisé et Robotisé de Distribution des Médicaments, or “SARDM” project introduced by the Ministry of Health, allows for certain technologies to improve security in the “Circuit du medicament”, the medication distribution process that follows every step from physicians prescribing medications to pharmacy validation and dispensing to administration by nurses on the units.

One of the components of this is unit dose dispensing which provides pre-measured dose-adjusted oral syringes of medication labeled for each individual patient. Unit dose is the modality of drug dispensing recommended by Accreditation Canada, and the NICU will be the first unit to take part in the pilot project at the MCH. Other MCH units will follow shortly, pending staff resources. L’Agence has invested in the necessary renovations for the project to be implemented and equipment can be moved to the Glen when the time comes.

There are many advantages to a unit dose system such as the reduction of waste of medication, reduction of dispensing and dose errors, and computer interface with the patient medication profile. Each unit dose syringe is clearly identified and drugs are sent 24 hours at a time, reducing idle, costly inventory on the wards. Additional resources for pharmacy are needed but the benefits are clear in terms of quality and safety. It also promotes better use of time for clinical professional staff: more delegation to pharmacy technical assistants and less time spent by nurses measuring medication.
Successful 24 heures de sciences event goes CSI!

Dr. Chantal Bernard, director of Pathology of The Montreal Children’s Hospital, and Chantal Attalah, MUHC resident in Pathology, welcomed participants to the 7th annual 24 heures de sciences on May 12, at The Montreal Children’s Hospital to uncover the ins and outs of pathology. The day was accompanied with much enthusiasm for the art of this science.

In forensic investigator CSI TV show fashion, the experts demonstrated how they trace the history of a patient’s disease in lungs, hearts and colons. And then, for the first time ever, they invited the curious participants to the laboratory and autopsy room to see where they perform their work.

But the participant’s experience didn’t stop there. They travelled through time and learned about pathology and the history of emergency medicine at the Maude Abbott Museum of McGill University. Bone fragments from soldiers who were wounded during the American Civil War (1861-1865) were part of the experience. And organs damaged by a stroke and affected by severe infections were also highlighted as part of the exciting tour.

Discover all the other activities presented during 24 heures de science by visiting: http://www.science24heures.com/

Awards and Nominations

Dr. Saleem Razack has been selected as one of the McGill Faculty of Medicine’s inaugural laureates for the Haile T. Debas Prize. This prize seeks to promote diversity at all levels in the Faculty and is given to a faculty member who promotes diversity by acting as a role model, mentoring, or implementing new policies that seek to increase the participation of under-represented minorities in undergraduate or postgraduate training, faculty recruitment, retention or promotion.

On June 14, Dr. Barry Pless will be receiving a Doctor of Science, honoris causa, from his alma mater, the University of Western Ontario. He will also be giving the convocation address at the ceremony.

Dr. Nada Jabado is this year’s recipient of the Faculty of Medicine’s Maude Abbott Prize. This Prize, established in 2010 is given annually to women faculty members who excel in education, research or administration with a focus on those at the early stages of their careers.

Frédéric De Civita has been appointed Assistant to the MCH General Administration, effective May 7. Frédéric previously worked as a Senior Advisor and Project Manager at the Douglas Mental Health Institute. Frédéric holds a Master’s degree in public administration and his role at the MCH will be to support overall project/program development as we transition to the Glen.
Chronic pain is something that many people live with but few understand. When Christina Rosmus was studying for her Bachelor's of Nursing at University of Toronto, she became very interested in the role that nurses play in managing a patient's pain. That early interest stayed with her and she has dedicated herself to practicing and teaching the importance of good pain management.

Christina is a Clinical Nurse Specialist in the Chronic Pain Service at the MCH. Chronic Pain follows a multidisciplinary model and Christina works closely with Dr. Joelle Desparmet (anesthesiologist), Dr. Yves Beaulieu (psychologist), and Rita Joyal (physiotherapist). “We see patients as a team,” says Christina. “Every week we meet to review cases. This is important because it allows us to intervene faster. It also reassures the family because they know each of us is involved.”

Referrals to the Chronic Pain Service come from throughout the hospital, in particular, Neurology, Orthopedics, Rheumatology, Gastroenterology, and Oncology. Some of the children they see have chronic illnesses, others are recovering from injuries but what they all share is a desire to overcome their pain. “We’ve really put some good services in place,” she says. “It’s rare that we don’t make a difference and improve the patient’s and family’s experience.”

A pioneer in chronic pain
In the years following graduation, Christina worked at the Montreal General Hospital and then the MCH before heading to the Arctic for three years. When she came back to Montreal in the late 1980s, she returned to the MCH as a nursing consultant in the ER. Not long after that, she decided to go back to university to learn advanced research skills. “We were required to talk to an expert about our field of interest so I asked Celeste Johnson, who I knew from the nursing research committee,” says Christina. “It was the best hour and a half I had spent in ages! By the time we were done I had pretty much developed the idea for my thesis on pain management in children.”

Christina was the first clinical nurse specialist in chronic pain in Canada. While she was teaching at UPEI, she learned that IWK in Halifax was looking for a CNS for their newly opened pain and palliative care service. She took the job and used the opportunity to build pain management into the university curriculum. Christina returned to the MCH in 2003 as Nursing Research Associate and CNS in Chronic Pain. She is now Nursing Consultant for Advanced Practice and supervises 6 NNPs and 17 CNSs at the MCH.

Christina feels that progress has been made in pain management in certain areas of pediatrics but that’s mostly been in tertiary care centres. According to her, The Children’s is one of those places. “Dr. Desparmet had an interest in developing a chronic pain service and she started working with Rita Joyal around 1997. They were seeing patients on a case-by-case basis then.”

Kids are highly motivated
For patients in the Chronic Pain Service, treatment often starts with physiotherapy. “Rita always explains why she’s starting the patient on physiotherapy; it helps get them motivated,” says Christina. “Sometimes, the treatment is more psychology based—for example, we will look at play or sleep hygiene.” Christina’s role is to help parents understand treatments and reassure them that the chronic pain team understands that it’s a physiological problem in the pain system. Sometimes they prescribe medications to their patients as part of the overall treatment plan.

Christina says that children often have a high motivation to return to sports, school and activities. “We teach kids that they can take control back into their own hands. With chronic pain, we try not to ask how’s the pain, etc. we focus on how’s soccer, how’s the tutor, how are you sleeping?”

“I really enjoy the true multidisciplinary role of what we do. It’s the blend of our skills and expertise that has really helped move things forward,” says Christina.

Christina is being honoured this month with the Nursing Excellence in Pain Management Award from the Canadian Pain Society. “It’s quite an honour,” she says. “Four out of the six recipients in the Award’s history have worked in pediatrics so I’m in good company!”
In the last edition of Chez nous, Rebecca Fogel wrote about how her life was turned upside down and inside out when doctors at The Montreal Children’s Hospital diagnosed her with ITP (Idiopathic Thrombocytopenic Purpura). ITP is the condition of having an abnormally low platelet count of unknown cause. A very low platelet count can lead to an increased risk of bleeding. After receiving a blood transfusion, Rebecca’s life returned to normal, but her good health wouldn’t last for long.

After the blood transfusion, I continued living my life, and was not really bothered by my ITP; except for the check-ups, and my low immune system, I worked through it all. Around my 16th birthday (June 2010) I started to have trouble with my stomach, and was going to the washroom a lot more then usual. Not very concerned, I let it slide.

August of the same year, I went to see my gynecologist, and explained to her that my body was no longer absorbing my birth control pill, since I was running to the washroom over 15 to 20 times a day for the last three months. She did not like the sound of that. On the ball, she asked right away about family history; my father suffers from ulcerative colitis, and IBS (irritable bowel syndrome) runs wild on both the maternal and paternal sides of my father’s family. My doctor contacted the GI department at The Montreal Children’s Hospital (MCH). Within two weeks, I was seen and scoped and was diagnosed with Crohn’s Disease. I was given medication to treat it. I thought my new diagnosis was going to be an easy ride, because my Crohn’s was caught at the beginning stages. I was so wrong.

Two weeks into my treatment, I was starting to have excruciating pain in the centre of my abdomen. I was concerned that my medication was doing more harm than good. My parents took me to the MCH. That is when my nightmare began.

The severe pain was due to an adverse reaction to the medication for my Crohn’s. It triggered pancreatitis. No longer being able to use that medication, I had no choice but to be put on steroids. I spent a month in the hospital. Boy was I ready to go home after that. Little did I know I was only going to be home for a month. The more pain I had, the more meds I was prescribed, and the more problems occurred.

Admission after admission, I had the time to make close friends with the amazing staff at MCH. Their support kept me going. I went through so many changes: I went through a fat phase (because of the steroids), I gained 60 pounds, I was hospitalized 13 times in the span of 18 months. It was horrible. It was unbearable. I missed school. I had mood swings, depression. On occasion, I didn’t sleep for days. My life was a mess, and I didn’t see a reason to keep living. That was until one day a very close person to me broke through my “tough girl” persona and actually saw my true pain. With the support of her, my family, my hospital family, and all my friends, I saw what I really had. And that was amazing people who are always going to be there for me. The nurses were the biggest help. They were keeping me going by adopting me, so to speak. They gave me inspiration.

When I was younger my parents used to ask what I wanted to be when I was older. After everything I’ve gone through, I can finally answer that question. When I grow up, I want to be a nurse, to give back for all that was given to me.

It doesn’t matter how low you feel, with a good family, you never go through it alone.
Bravo à notre merveilleuse équipe de soins infirmiers!

Bravo to our amazing team of nurses!