A new life for Nolan — Page 2

Also in this publication:

MCH launches DYNAMIC NEW WEBSITE! — Page 4

Plans for MCH move get under way — Page 6
Nolan Laberge was born with a cold. Once a month, his mother Stephanie would bring him to the Montreal Children’s Hospital (MCH) to have the mucous suctioned from his nose and to stock up on more antibiotics. Then, at around nine months old, Nolan developed a rash over most of his body. At first, his parents thought it was an allergic reaction, but when it didn’t go away after a week his mother took him to the hospital. The rash had become bumpy, his lymph nodes were swollen and his abdomen was enlarged. He was quickly admitted to the MCH and seen by doctors in almost every department in the hospital. Unfortunately, this led to the worst possible news for Stephanie and her husband, Sébastien. Nolan was diagnosed with Acute Myeloid Leukemia (AML). Very rare in children his age, AML is a type of cancer that leads to the rapid growth of abnormal white blood cells in the bone marrow. On average, only three or four children are diagnosed with AML a year at the MCH.

Over the next four months, Nolan received four rounds of chemotherapy and spent most of his time in isolation. Then at the end of February, things started to look up. Nolan’s doctors finally had some good news - the cancer was gone and he was being released. Sadly, Nolan was only home for a few weeks before being readmitted to the hospital. The leukemia was back. Nolan’s oncologist Dr. Adam Fleming recommended skin radiation to treat the resistant leukemia in his skin, as part of the total body radiation used to prepare him for a stem cell
transplant. “Radiation and chemotherapy are part of the ‘conditioning’ process which basically wipes out the child’s immune system so that it doesn’t reject the new stem cells,” explains Dr. Fleming. “Eventually these stem cells ‘grow up’ and become the recipient’s new bone marrow and immune system – thus curing the leukemia.”

But because the leukemia had come back so quickly, Dr. Fleming decided it was time to start looking for a stem cell donor immediately. Luckily, they didn’t have to look far. Several years earlier, Nolan’s parents had donated their eldest son’s umbilical cord to Héma-Québec. After searching their database, Héma-Québec confirmed they had indeed found a perfect genetic match for Nolan. The cord blood, which was still available, belonged to his brother Nathis. After nine months of being in a hospital room, almost all of it in isolation, Nolan finally received the stem cells from his older brother’s umbilical cord on May 3, 2012.

“By that point, we were all really ready to go home,” says Sébastien. Remarkably, since receiving the stem cell transplant, Nolan now shares his brother’s blood type and immune system, even developing eczema just like his brother. “He’s basically a little Nathis mini-me!” laughs his mom.
MCH launches
DYNAMIC NEW WEBSITE!

Pamela Toman, Webmaster in the MCH Public Relations and Communications department, recently led the relaunch of the hospital’s website – our most important communication tool to reach parents and families. Chez nous sat down with Pamela to find out more about the project and how it will benefit both hospital users and staff.

So why do we need a new website?
There are actually a number of reasons. The old website was developed seven years ago, long before social media platforms like Facebook and Twitter were integrated into web pages. This limited our control over what could be modified, which restricted our ability to evolve with the times. Our new website directly addresses these concerns: the new platform allows us to post a far greater range of content, and we can integrate Facebook and Twitter badges so people can share our web pages as widely and easily as possible.

What are some of the new features that make visiting our site better?
One of the best new features is a series of web forms. Parents and patients can now request an appointment with a specialist online and attach their referral in PDF or image format. They can also request an appointment in the Pediatric Test Centre the same way and our Volunteer Services Department is using the same technology to recruit volunteers online.

Our department pages have also been revamped and now provide lots of useful information for parents and patients. We hope families will benefit from this section by learning more

www.thechildren.com
about our services and therefore, feel more confident and reassured about what to expect.

And how does the new site benefit MCH staff members?
In addition to being a great source of information for families by helping them become more familiar with the hospital, the new site can help MCH employees answer patients’ and families’ questions, such as how to access their child’s medical record, how to get to the hospital, how to apply to become a volunteer, and how to make a donation.

How did you select the web development firm?
The MUHC Purchasing Department facilitated the process, and the project went to public tender. Our department outlined the needs and minimum requirements for the new website and we received several submissions from interested companies. We chose a company called Umen Innovation, based in Montreal.

Is the new site connected to the MCH Facebook and Twitter accounts, and our YouTube channel?
Yes, of course! We use the hospital’s social media pages extensively to help promote the new website to our community and beyond. We have links to the MCH’s Facebook, Twitter and Youtube accounts on the front page of the website. We also have ‘social media plugins’ or ‘sharing’ icons on all department pages, health topic articles, news pages, etc. The more people share our content on social media, the more users we reach—and that’s one of our primary goals.

Do you have any statistics on how the launch of the new website has affected visitors?
We have already noticed that users are discovering our content more and are spending double the amount of time on our site. The average visit is now 3 minutes long and the average visitor views 3.74 pages. In time, we also expect to increase the number of visitors to our site: previously the site averaged 50,000 visitors/month and we expect to increase that to 70,000 visitors/month.

How will you promote the new site to the public?
We’re designing a Facebook app on our Facebook page which will encourage users to engage with us and visit our website. We’re also conducting a Search Engine Optimization (SEO) campaign, which ensures the Children’s website always falls within the top searches on Google, Bing, Yahoo and other leading search engines. We’ve also launched a print version of our e-newsletter for parents, Where Kids Come First, with all content linked to our new website.

Now that the new site is up and running can we expect more new features to be added in the coming months?
Apart from continuously updating all sections of the website, from staff profiles to department pages, we hope to develop a larger section devoted to news about our new hospital. What’s more, we’d like to produce more content for community and referring physicians in the Health Professionals section to make it easier for them to refer patients.

Visit www.thechildren.com to learn more!
Fear and uncertainty can take over during times of change and the idea of transitioning to a new facility can be overwhelming. One of our most important partners as we lead up to the move in spring 2015 is Health Care Relocations (HCR). The Canadian firm was hired to organize our move to the Glen and they put their ideas into action during the kick-off meeting on September 10.

Each department’s designated transition coordinator was invited to attend a presentation by Michèle Lortie, the Glen Activation Project Director, and Patrick Moriarty, president and founder of Health Care Relocations. With over 20 years of experience, Moriarty and his team have assisted and moved more than 300 pediatric and adult hospitals both nationally and internationally. Over the course of an hour, they broke down the move into more manageable pieces and demonstrated their expertise and commitment to making sure the MUHC has a safe and seamless transition to the Glen.

**HCR’s guiding principles**

HCR has one main focus: to provide and maintain safe and quality patient care during the entire transition process. They plan on accomplishing this by minimizing operational downtime and mitigating all risks. In order to do so, HCR will move each hospital one at a time with a recovery period in between. “Our goal is to move the MCH as quickly as possible,” says Moriarty. “We don’t want to be half here and half there, because that could create problems.”

**Important next steps**

Following the kick-off meeting, HCR embarked on a four-day tour of the hospital, meeting department transition coordinators to get a better understanding of each department’s needs and requirements. HCR will then create a realistic ‘move calendar’ by breaking down the transition into various phases. From now until the move, each coordinator will be notified of any changes or issues, and will therefore be responsible for leading, supporting and communicating this information with their staff members.

The **MCH Transition Steering Committee** will also be preparing a list of key documents to be posted on each floor, which will include a ‘Do not move list’ (items that won’t move to the Glen), hospital stacking diagram (a breakdown of each floor’s layout), floor plans, and site map. Over the coming months, HCR will also supply each department with a move calendar, detailed departmental move plans, transfer equipment lists, packing instructions and move guides. •

**“Watching one hospital go to sleep and another one wake up is an experience of a lifetime.” — Patrick Moriarty, president and founder of Health Care Relocations**

The **MCH Transition Steering Committee** was launched last April as one of the five projects outlined by the MCH’s *Stratégie en route vers l’excellence* (SERVE). It was created to oversee our transition to the Glen and works closely with the Planning Department, Transition Support Office and Health Care Relocations. The committee is made up of thirteen MCH and MUHC members, including a parent representative, and is co-chaired by Barbara Izzard, Associate Director of Nursing, and Sharon Taylor-Ducharme, Clinical Practice Consultant of the Transition Support Office.
Drs. Holly Agostino and Brett Burstein might be out of the Amazing Race Canada, but boy oh boy, were they ever fun to watch! Building an igloo and throwing a harpoon in Nunavut proved to be too much for the young couple, despite the fact that Dr. Burstein wolfed down 10 pieces of muktuk (whale skin and blubber) in 30 seconds. Even though physical challenges were not their forte, they played a very ‘smart game’ and were contenders until the very end. “The race is a lot harder in real life than on TV,” laughs Dr. Agostino, who was sometimes criticized for crying during difficult challenges. “Like the time we spent four hours in 30 degrees searching for two key chains in a truckload full of lentils. Let’s just say I haven’t eaten any lentils since!” Overall, they found the experience very rewarding and would do it all over again in a heartbeat.

The couple was hoping to donate 25 per cent of their Amazing Race winnings to the Montreal Children’s Hospital Foundation, but have still managed to raise over $14,000. For more information, visit their website www.amazingcause.com.

Five fun facts about the Amazing Race Canada:

1. On race days, teams wake up between 1:00 and 3:00 a.m. and compete until 6:00 p.m.
2. The race doesn’t stop for meals or pee breaks so teams eat granola bars while on the run and only stop for bathroom emergencies.
3. On non-race days teams get 12 to 24 hours of rest, but are not allowed to leave their hotel rooms!
4. The docs were very close to the two Tims (father and son duo from Winnipeg) and still talk to Jet and Dave (best friends from London, Ontario.)
5. Amazing Race Canada is the #1 show in Canadian TV history with 3.5 million viewers!

Married MCH doctors, Holly Agostino and Brett Burstein completed seven out of ten legs of the Amazing Race Canada.
EVENTS

When a child is injured or sick, the challenges they face in their daily lives are not unlike climbing a mountain. This fall, inspired by the courage and resilience of the young patients at The Children’s, Jennifer Turmbull, emergency physician and Anne-Marie Goyette, developmental pediatrician, will embark on the adventure of a lifetime. They will be raising money for the hospital as part of a team climbing to the base camp of the world’s tallest mountain, Everest.

Show your support at www.1millionkm.com

Dr. Robert Baird will be unveiling his My First Surgery app at a press conference on Monday, September 23 at 10:00 a.m. in the Amphitheatre (D-182). The app was designed to help parents and patients better prepare for surgery.

A memorial service is being organized to remember the children who have died recently at the MCH. We shall also be commemorating children who have died of SIDS. All staff members are warmly invited to attend this service, which will be held on Tuesday September 24 at 2:00 p.m. in the Amphitheatre (D-182).

Looking for a solution to a problem in your department?
Maybe Hacking Health can help! Hacking Health is a national organization which brings together health and IT experts to find solutions for common problems in the healthcare system. All staff members are invited to a Hacking Health Café at 6:00 p.m. on Monday, September 23 in the Amphitheatre (D-182).

Moms Forever, a group of mothers who have suffered the loss of a child, is hosting a special event with author and bereaved mom Sandra Fox, on Tuesday September 24 at 7:00 p.m. The event will take place at Selwyn House in Westmount. Admission is free. For more information, please contact Angeliki Souranis in Social Services at ext. 22797.

The McGill Relay for Life is a 12-hour, non-competitive fundraising event taking place from October 5 to October 6, 2013 in McGill’s Tomlinson Fieldhouse. All money raised will be going towards the Canadian Cancer Society. If you’d like to participate, please contact survivors.mcgillrelay@gmail.com

Pilates at the MCH – for employees
When: Mondays, and/or Wednesdays, 5:00 to 5:55 p.m., starting Sept. 23 and 25, for 10 weeks.
Where: Rm D-292, MCH
Cost: $100 – one class per week; $180 – two classes per week
Registration: Contact Karen at (514) 489-7717 or karenkunigis@gmail.com before Sept 19.
Please note a minimum of 10 participants is required.
Chez nous came in third place for best internal health care newsletter in Canada! We received the award from the Health Care Public Relations Association of Canada.

The fourth annual H. Bruce Williams Pediatric Surgical Research Day was held in June. The visiting professor was Dr. David L. Sigalet, Chief of Surgery from the Sidra Medical and Research Center in Doha, Qatar. Fifteen research projects were presented by surgical fellows and residents. Dr. Jean-Pierre Farmer, Chair of the Department of Pediatric Surgery, would like to congratulate Dr. Sofia Waissbluth (Otolaryngology – Dr. Sam Daniel’s lab), Dr. Maan Alkharashi (Ophthalmology – Dr. Robert Koenekoop’s lab), Dr. Asim M. Makhdom (Orthopedic Surgery – Dr. Reggie Hamdy’s lab), and Dr. Abdullah Alshehri (General Surgery – Dr. Sherif Emil’s lab) for winning this year’s Surgical Research Awards.

McGill’s Neonatal Nurse Practitioner (NNP) program recently received a five-year accreditation. The only one of its kind in Quebec, it was created in collaboration with an MCH NNP and neonatologist, along with McGill’s Ingram School of Nursing. The program is bilingual and 10 candidates have already successfully graduated. For more information, contact Linda Morneault or Dr. Nabeel Ali.

Dr. Emmett Francoeur won this year’s Pediatric Chairs of Canada award for leadership as a Clinician-Practitioner. Since 2007, PCC has awarded national leadership awards in practice, education, and research.

In June, fourteen-year-old Laurent Mailloux from Collège Mont-Royal won a personalized workshop in Dr. Jacquetta Trasler’s Developmental Genetics Research laboratory, along with his Junior Gold medal in the 2013 Quebec finals of Super Expo-Sciences Hydro-Québec. The unusual prize idea came from MCH physician and researcher Dr. Caroline Quach, this year’s scientific chair of the regional final. “For Laurent, I think this was a first encounter with a real research environment,” said Dr. Quach, “Hopefully, it will spark his interest to pursue more complex projects.”

Chez nous survey provides some great feedback! Thanks to the nearly 400 employees and volunteers who answered our Chez nous survey in June. Your feedback helps ensure that we continue to deliver the news and features you want to read about. We also received many suggestions for employee and department profiles, so we’re looking forward to highlighting some of these people and teams over the course of the coming year. The lucky winner of our draw for completing the survey is Micha Huynh who received a $100 gift certificate for Place Alexis Nihon.
The Family Advisory Forum (FAF) would like your help in recruiting parents and family members who are interested in making our great hospital even better! We welcome diversity in our membership to ensure the necessary perspective to advocate in the best interest of all our children and families, an idea that is at the heart of the FAF.

There are many ways to give back to the hospital and joining the Family Advisory Forum is a great way to do so. If you know anyone who is interested in joining the FAF, contact Imma Gidaro, Patient and Family Centered Care coordinator, at 514-246-0087 or at 514-412-4400, ext. 23992 (imma.gidaro@muhc.mcgill.ca).

Our upcoming meetings will take place at lunch hour on:
- October 17, 2013
- November 28, 2013
- December 19, 2013

Be Line Wise!

The “Be Line WISE” campaign was officially launched at the MCH and across all MUHC sites on Tuesday, September 10. The goal of the program is to reduce catheter related complications by reminding staff about best practices for the insertion and care of central venous catheters. A poster was created for hospital units to keep track of how many days have passed since the last infection occurred. The boards are located in strategic locations in the NICU, PICU, Hem/Onc, 6C, 6D and Angio units and are visible to all families and health care providers.

Front row (l. to r.): Martine Claveau, Martine Chagnon. Back row (l. to r.): Chantal Perpète, Dr. Caroline Quach, Cassandre Marthone, Sophie Fournier, Mario Bonenfant, Dr. Thérèse Perreault.