MCH OR finds solution to space issue

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“I would go home and think to myself, ‘How am I going to fix this problem?’”

Michael Marino had a big job to do and with over 25 years of work experience as a storekeeper at the McGill University Health Centre (MUHC) he was ready to take on the challenge. Michael was asked to take part in a project to help the Montreal Children’s Hospital (MCH) fix a major storage issue in the sterile core of their Operating Room (OR). The sterile core is a highly restricted area in the OR where instruments and non-instruments, like sponges, are stored.

In early June, OR nurses began to notice that they were regularly running out of surgical instruments, because there was not enough room to store them all upstairs. Frustration started to grow and the OR team was in desperate need of a solution.

“We knew that the sterile core was too small, so we built a second room in the basement to accommodate all their instruments and non-instruments, but the layout upstairs didn’t work. Space optimization and product organization was a big issue,” says Michael.

Problem-solving at its core
MCH OR finds solution to space issue in sterile core

By Stephanie Tsirgiotis

(l. to r.) Peter Palumbo, Erlinda Aracena and Michael Marino stand proud in the sterile core on BS2.
Every morning, Michael Marino scans each product in the OR to determine which items are running low and then restocks them with the five-day inventory from the sterile core downstairs.

A couple of weeks later, a group of eight MUHC employees made up of MCH clinician nurses, like Catherine Gagnon, as well as Materials Management and Medical Device Reprocessing (MDR) personnel, like Erlinda Aracena, began to meet regularly with help from project manager Dave Lamothe-Gagnon. Over the summer, he helped the team define, measure, and analyze the issue by using Lean principles and a continuous improvement mindset. Peter Palumbo and Céline LeBreton, storekeepers at the Royal Victoria Hospital (RVH) were also involved by offering support and an outside perspective.

By November, Michael was ready to start meeting with nurses from different services to determine which specialty items needed to be stored in their carts upstairs. “I met with everyone from General Surgery to ENT to figure out which instruments were needed for emergency situations and which items were necessary for day-to-day activities,” explains Michael.

The team then began to map out a plan. First of all, the physical carts had to be changed. Storekeepers began to build specialty carts to better accommodate all the services and their product needs. “We had to completely rearrange the sterile core, because it was a bit of a mish-mash. We also started thinking strategically continued >>>
about where to place everyone. For example, we put all cardiac instruments near Theatre 5 because that’s where they do most of their surgeries,” he explains.

Once the services and their needs were identified, Michael began to stock the inventory. “Everything upstairs is for single-day usage. If you need it on that day, it’ll be there,” he says. “The rest of the inventory is kept downstairs.” A barcode system was also introduced in which each product was tagged and identified by a specific barcode. Every morning, each product is scanned to determine which items are running low and then the storekeeper restocks them with products from downstairs. Originally, nurses were hoping to stock a minimum of 350 items upstairs. Michael managed to stock 800.

The six-month project is currently in its evaluation stage, but Catherine Gagnon says nurses are happy with the outcome. “Change, even when it’s for the best, can be difficult,” she says. “But we noticed immediately that nurses are making less calls downstairs, because we have more items upstairs. This has led to fewer complaints from staff and a reduction in OR delays. We’re still working on changes to make this even better, but the project was a success because everyone on our team provided their input and guidance.”

“We’re definitely on the right path.”

Michael Marino (l.) and Peter Palumbo (r.) discuss whether to rearrange a particular section of the sterile core. Peter, an MUHC storekeeper in the Adult OR, helped with the project by offering his support and guidance.

Erlinda Aracena, an Information Services Technician in the Medical Device Reprocessing (MDR) department works primarily in the basement on BS2 where she is responsible for organizing and placing hundreds of reusable sterile items in the OR’s sterile core.
One of the top 10 scientific breakthroughs of 2015 selected by Québec Science magazine was achieved by a team from the Research Institute of the McGill University Health Centre (RI-MUHC) led by Dr. Christine McCusker, Division Head of Pediatric Allergy and Immunology at the Montreal Children’s Hospital (MCH) and researcher from the Translational Research in Respiratory Diseases Program of the RI-MUHC. Their innovative work, which attracted considerable media attention last spring, is featured in the current issue of Québec Science magazine.

Dr. McCusker’s team tested a potential vaccine, administered as a nasal spray, which redirects the immune response away from developing allergies. This discovery could bring hope to millions of Canadians suffering from allergic airway diseases. "We studied a molecule called STAT6 that is important in the development of allergic response. In a collaborative effort, over several years, the team developed and tested a peptide (a small piece of protein) that blocks this STAT6 activity and teaches the immune system to tolerate allergens," says first author, Dr. Husheem Michael, MD, PhD in Dr. McCusker’s lab. "What’s beautiful about our approach is that you do not have to couple the peptide with a specific allergen. Since it just nudges the immune system away from the allergic response, it will not matter if the child is exposed to pollen, cats or dogs. The immune system will simply not form an aggressive allergic reaction anymore," says Dr. McCusker.

Visit quebecscience.qc.ca/10-decouvertes-2015 to watch the video about their work.
**Moving full steam ahead**

**Major changes at 2300 Tupper**

By Stephanie Tsirgiotis

*It’s been over six months since we moved from 2300 Tupper to the Glen site. While we’ve all been busy adjusting to our new hospital, there’s still a lot happening at the old site.*

**WHAT’S BEEN GOING ON OVER THE LAST SIX MONTHS?**

“We’ve been very busy over the last six months,” says Barbara Izzard, Senior Advisor for the MCH Redevelopment. Besides overseeing regular maintenance and security of the building, teams have been going from room to room collecting inventory of all the biomedical equipment and furniture. And in mid-January, a scrap metal company began removing all discarded metals. “We also have to go through all the paper and documents that were left behind and MCH volunteers have agreed to pack all the books for donation,” she says.

**WHAT’S HAPPENING TO ALL THE EQUIPMENT AND FURNITURE?**

Every piece of biomedical equipment has been identified and tagged to Keep/Reuse, Sell/Donate, or Discard. These items were first offered to MUHC sites, and a large amount were moved to the Glen site, Montreal General Hospital and Lachine Hospital, while the rest have been submitted to the Ministry of Health and requests are starting to filter in from other healthcare facilities in the region. As for IS and Telecom items, like printers and telephones, every piece has been removed, recycled or reused. Next on the list is to finish inventorizing all the furniture. “We still have to finish looking through Blocks E and F, but the rest of the facility is done,” explains Barbara.

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*([l. to r.]) Barbara Izzard, Senior Advisor for the MCH Redevelopment, and Pierre-Étienne Fortier, a coordinator involved in Project and Planning Redevelopment. A large amount of biomedical equipment has already been moved to the Glen site, Montreal General Hospital and Lachine Hospital.*

*MCH volunteers will begin packing medical books in the coming weeks for donation.*

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WHO STILL WORKS THERE?
Security guards Khemais Dassi, Yoel Perez Gorris and Gilles Gauthier, are just three of the employees still at 2300 Tupper street. They spend their days looking after the building and guarding the old site. Long-time carpenter Greg Beerwort is still on-site and shares his duties with Sylvain Parent. Both have been very involved with maintenance of the facility and helping with inventory. After the sale of the site, Greg and Sylvain will be transferred to the Montreal General Hospital of the MUHC, and the security team will be sent to guard the former Royal Victoria Hospital site.

WHO BOUGHT THE OLD SITE?
After a public-tender process, Les Placements Luc Poirier Ltd.’s submission was selected. The group is currently in the middle of a 120-day due diligence period, which will confirm the transaction’s terms. If all goes as expected, proceeds from the sale will be transferred to the New MUHC redevelopment budget.
Charlotte was just five months old. For several weeks, she was coughing, but she continued to play and laugh and she was eating well, so I didn’t worry much. An appointment with the doctor reassured me; she was diagnosed with an upper respiratory infection. But Charlotte’s cough continued to linger. One night, the cough was particularly bad and Charlotte began to vomit up her bottle milk.

Twenty-four hours later, unable to bear hearing Charlotte’s continuous cough and noticing that she was sleeping more and not drinking, I headed to my local Emergency Department in Saint-Jean-sur-Richelieu. In the car, Charlotte was laughing and singing songs, but the laughing subsided when the pediatrician on duty said he suspected Charlotte had pertussis (otherwise known as whooping cough). As a precaution, Charlotte was sent to the Montreal Children’s Hospital. The doctor told me that they would have to intubate Charlotte for safety reasons. As her mother, I was in complete shock. Two minutes earlier, I had a baby laughing in my arms, and here I was off to an unknown hospital in Montreal with an intubated and sedated child!

Upon our arrival at the Children’s, a whole team was waiting for us. They quickly made the decision to transfer Charlotte to the Pediatric Intensive Care Unit (PICU) on 9D, where she would spend the following two weeks hooked up to a respirator. Her X-rays were disastrous: her entire respiratory system was affected. Without the help of the breathing machines, Charlotte wouldn’t be alive. Even while sedated and intubated, she was coughing. And when she coughed, the outline of her lips turned purple.

Every day we lived in fear of losing her. Antibiotic after antibiotic, nothing was working. Charlotte had a collapsed lung and had to be connected to another type of device: a high-frequency ventilator. Dr. Samara Zavalkoff, pediatric intensivist, called us to tell us the news. She was reassuring, telling us that Charlotte was responding well to the new device, but emphasizing that this was her last option. Torn between our need to be near her and caring for two children at home, we made the trip to and from the hospital every day. The unit became our second home.
The staff members in the PICU were angels. Always welcoming and ready to give us their chairs so we could spend a few minutes with our little one who was hooked up to dozens of highly sophisticated devices. I couldn’t touch my baby because it could cause her to resist sedation. I felt helpless in my role as her mother. No diapers to change, no bottles or baths to give. I couldn’t even rock her back and forth. My little doll had to fight this on her own.

After a nightmarish two weeks, Charlotte began to show signs of healing. I will always remember the day Dr. Zavalkoff sat down next to us and said, “I think we’ve made it through!” Her X-rays supported her claim; we could clearly see the difference between her condition at that moment, compared to when she had first arrived. Her lungs, once white on the initial X-ray, had become almost transparent. I cried a lot that day. It was as though I could breathe for the first time in two weeks. Within a short span of time, Charlotte got stronger and was transferred down to another unit. It was with a heavy heart that we left the super nurses on 9D.

When you’re hanging on your child’s every breath, two weeks feels like months. Today, Charlotte is six years old. She’s a curious, charming little girl, but is also a little warrior. I wouldn’t advise getting in her way! I am so thankful that my little one is alright, but I’m even more thankful to the Children’s and its staff members who did everything humanly possible to help her fight her way back to health.

Thank you,

Malorie Gagné, Charlotte’s mom
What was your New Year’s resolution? Chez nous asks staff about their big plans for 2016.

KARYAH FOSTER,
Administrative Agent Class 3, Admitting and Registration
“My New Year’s resolution is to eat better and get healthier. I also want to exercise more, as much as I possibly can!”

DANNY LACOMBE,
Administrative Agent Class 2, Medical Records
“A few years ago, I made the decision to no longer make New Year’s resolutions, because they’re often not enforced or respected, and we tend to set unrealistic expectations for ourselves. I choose to rather be happier throughout the year by enjoying the little things. I also try to appreciate everyone around me more, and help those in need.”

AUDREY HARDY,
Audiologist
“2016 is all about setting a standard! It’s about maintaining my beautiful relationship with my husband, even though we lead a busy life with three young children. It’s about maintaining a harmonious life at home with my family and at work with my Children’s family! Laughter, curiosity, discovery, success, honesty and transparency are also key words that I’d use to describe my goals for 2016.”
Everyone’s talking about the Children’s!

P.K. Subban’s Winter Wonderland video has been viewed almost 4 million times!

Over the holidays, P.K. Subban teamed up with Air Canada and transformed the P.K. Subban Atrium into a special Winter Wonderland for our patients and families. There were lots of surprises and plenty of smiles to go around!

We believe in working together with our patients and families.

For more information on how to speak up, check out thechildren.com/we-should-talk or email marie-claude.proulx@muhc.mcgill.ca for tips.

Nous croyons à la collaboration avec nos patients et leur familles.

Pour plus d’information sur les façons de bien communiquer, visiter le hospitalpourenfants.com/parlons-en ou envoyer un courriel à marie-claude.proulx@muhc.mcgill.ca pour des trucs de communication.
Maya Sobers from Housekeeping was pleasantly surprised to find this thank you card from a patient at the Montreal Children’s Hospital. The young patient wrote: “Dear housekeeping personnel, thank you for keeping my room clean and coming to talk to me during my stay in hospital.” He also left her a basket of goodies filled with chocolates and wafers!

Family Literacy Day

Join us in the P.K. Subban Atrium on Wednesday, January 27, from 9:00 a.m. to 2:00 p.m. for Family Literacy Day. There will be free books available for all patients, information for parents and staff, and coffee, cookies and prizes! Rachel Barr from Georgetown University will also be speaking at Grand Rounds about Learning from television, e-books and touchscreens during early childhood. For more information, contact Jan Lariviere at ext. 23640 or Caroline Erdos at ext. 23374.

Meditation sessions

Looking for a moment of stillness in the middle of a busy day? Guided Mindfulness meditation sessions will now take place every Wednesday from 12:30 to 1:00 p.m. in the MCH Chapel (Block A North) from January to June. Open to all MUHC employees and healthcare professionals. No experience necessary. For more information, call 514-398-2298.