

Chez nous

MCH EMPLOYEE NEWSLETTER

Published by Public Relations and Communications | www.thechildren.com

June 18, 2015

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Hôpital de Montréal
pour enfants
Centre universitaire
de santé McGill



Montreal Children's
Hospital
McGill University
Health Centre

Photo: Owen Egan



When actions speak louder than words

Finding the right words to sum up the Children's move to the Glen site is a tough task. Descriptions like *huge success* or *major accomplishment* come to mind, but there's another word that perfectly explains why the move was such a success: teamwork. It's a word that's bandied about a lot, but there's no truer example of teamwork than the collective effort of the Montreal Children's Hospital staff to plan the transition and carry out the extensive preparations to open our doors to the public on May 24, a day that saw 66 patients from the NICU, PICU and inpatient units transferred to the Glen, with more than 650 hospital staff, 60 volunteers, 18 ambulances and drivers, and a handful of police officers on hand to make sure everything went according to plan.

There were times in the past few months when the tasks in front of us seemed herculean, and learning to work in our new spaces while packing up the old were both emotional and exhausting. But we did it and we've now begun the next chapter in the Children's history.



Caroline Foucault,
Assistant
Head Nurse
of the MCH's
Emergency
Department (ED)

There's dedication and then there's Caroline Foucault. "Caroline truly went above and beyond to make sure we were prepared and ready to move into our new emergency department," says ED head nurse Lyne St-Martin. "She never complained and was very instrumental in getting us here. Not to mention that on moving day, she was nine months pregnant!" Caroline worked until Sunday, May 24, and then gave birth to her son, Jules, four days later at the Royal Victoria Hospital. "She coordinated the transition and worked mostly from the Glen site while our team continued to care for patients on Tupper Street," says Lyne. "She made sure all of our stakeholders knew exactly what our department needed and then worked at putting all the pieces together for move day. We couldn't have done it without her."



**Silvy Pilon, Assistant
Head Nurse of
Ambulatory Services**

"Silvy Pilon really stands out in my mind as someone who went the extra mile," says Jenny Milne-Smith, Nursing Coordinator of Ambulatory Services. Silvy worked many long hours to ensure the diverse needs of all outpatient services were met, including modifying the medical equipment and supply lists for each clinic cluster. "During activation Silvy even brought in a volt metre to check the electrical power in all the clinic rooms," says Jenny. Back at the legacy site, Silvy made sure the equipment was packed and that each service had everything it needed for day one at the new Children's. On top of this, she also continued to manage her clinical responsibilities as a nurse to infant respiratory patients, a fragile patient population with high needs.

There's no shortage of opinions on what defines a successful team effort, but many people can agree that it often comes down to a few key points: having a shared understanding of goals, an ability to go beyond individual expertise to solve complex problems, and the willingness to embrace change. As the planning and preparation for opening the new hospital showed, the entire Children's team was ready and willing to meet that challenge.

There are so many stories of Children's employees who went above and beyond the call of duty to prepare our spaces, plan new work flows, test equipment and machinery, train colleagues, and ultimately help patients feel comfortable in our new environment. Here are just a few of the remarkable people within our ranks who dedicated themselves to ensuring that the new Montreal Children's Hospital continues to be a place dedicated to excellence in pediatrics, and a place that always puts our patients first.



Karina Olivo, Nurse Manager, OR

Sharon Taylor-Ducharme, Clinical Practice Consultant in the Transition Support Office, has worked closely with Karina Olivo over the past year. "Karina started working as Nurse Manager in the OR right in the middle of the transition so she really hit the ground running," says Sharon. "There was a lot of planning and coordination to do to ensure the OR was ready." Before the move, Karina implemented new processes

and collaborated with transversal partners to reorganize the workflow for staff. She also involved team members in space-fitting exercises for the various equipment and carts to address the space challenges in the new OR. She put in many extra hours coming to the new site on evenings and weekends to oversee that the operating rooms and the recovery room would be ready for opening day.

Now that the new OR is up and running, Karina is still working non-stop. To re-establish the normal schedule, she's been working hard to coordinate OR activities and operational readiness with many different team members including the integration of the cath lab into the OR setting. "She's taken inventory of the ongoing issues," says Sharon, "and is working continuously with her team to correct them in order to provide a safe, efficient, peri-operative service."



**> Sophie Maranda
Assistant Chief Respiratory
Therapist, Pediatric
Anesthesia**

**Marisa Leone, Assistant >
Chief Respiratory
Therapist, Pediatric
Respiratory Therapy**



When *Chez nous* asked Pina Diana, manager of Respiratory and Anesthesia Services, to nominate someone from her team for this feature, her initial reaction was, "Just one??" So we settled on two: Marisa Leone and Sophie Maranda. "Both of these women worked so hard over the last few months, I couldn't pick just one," says Pina. "Sophie was responsible for making sure the ORs, cardiac cath lab, MRI, and hematology-oncology were all ready to receive patients on May 24. With the introduction of new medication carts at the Glen site, Sophie worked closely with pharmacy and the anesthetists to ensure as smooth a transition as possible. She ran back and forth between both sites, worked 14 days in a row and the night before the move, she was at the Glen until midnight, then came back on Sunday at 5:00 a.m."

Marisa was responsible for preparing the NICU, PICU, and Emergency Department, and was also the RT transport team leader on move day. "She coordinated the Code Blue Pediatrics transition to the Glen site, which introduced a new way of linking code blue buttons by the bedside to the new WiFi spectra link phones," says Pina. "She made sure the emergency carts were well placed to ensure quick response by the team. All this meant numerous hours of training for the code blue team which Marisa coordinated.

CHEZ NOUS is published by the MCH Public Relations and Communications office

Editor: Stephanie Tsirgiotis
Contributor: Maureen McCarthy
Graphic design: Vincenzo Comm Design inc.
Photography: Owen Egan, Stephanie Tsirgiotis, Pamela Toman

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

Production of *Chez nous* is made possible thanks to funding from the Montreal Children's Hospital Foundation.



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On the cover: Talyne Hezaran

The Children's way

Chantal Souigny celebrates nurses past and present



Nurses, past and present, gather around Evelyn Malowany, former Nursing Director of the MCH, in the old cafeteria to say goodbye to Tupper Street.

I didn't start my career at the Children's, but I always wish I had. The Children's was one of the first hospitals to use play to help children heal, to use cheerful colours in a hospital setting to reduce a child's fear, and to keep up with a child's daily activities such as school during long hospital stays. Nurses were all part of creating these innovative approaches and they have always been an integral part of the care team. That is just the way it has always been at the Children's.

The Montreal Children's Hospital move from Tupper Street to the Glen site is already in the past, but we briefly took a moment last month to celebrate a great nursing department, and the legacy of Tupper Street. One of our nursing administrators, Lucy Caron, brought along her photo albums and I was not surprised to see pictures of nurses like Ann Lynch, Valerie Shannon, Patricia O'Connor, Andréane Saucier, Barbara Izzard, Louise Murray, Carol Common and many more. I was also not surprised

young nurses, expert nurses, nurse researchers, nurse managers, nursing assistants and patient attendants all collaborating with the rest of the care team.

Settling into the new Montreal Children's Hospital will be an adjustment and the Nursing Department is shifting gear to continue its path of meaningful impact on positive patient outcomes. Collaboration is our strength and we will continue to build strong networks and address the more complex issues of tertiary pediatric care.

That is the Children's way.

Chantal Souigny
Associate Director of Nursing,
Montreal Children's Hospital

to see that many of the nursing leaders at the McGill University Health Centre and McGill University once practiced here at the Children's.

Since the early 1950s, the Children's has been teaching pediatric nursing as a specialty. Nursing students interested in postgraduate studies came from all over North America to study this unique McGill program in maternal and child health. The concept of total care was the foundation of the program and we now have

Access to the Glen made easier:

Tunnel to Vendôme Metro now open

As of June 18, the underground tunnel connecting the MUHC's Glen site to the Vendôme intermodal station has opened, offering patients, visitors and personnel a quicker and safer way to access the hospital. Beginning on the AMT commuter train side of Vendôme station, the 35-meter tunnel takes pedestrians underneath the rail tracks to the Glen side, and leads directly onto the main plaza of the hospital.

With five thousand people expected to use the tunnel daily, the STM has also taken measures to improve traffic flow in the Vendôme station by adding stairs, reorganizing booths, and widening the existing passageways.

Though the Glen portion of the tunnel comes equipped with an elevator for persons of reduced mobility, the STM and AMT side is only accessible via stairs. Plans to build a second entrance have now been adopted as part of the 2014-2024 Quebec Infrastructure Program plan. This second entrance will provide a universally accessible link complete with elevators for metro and commuter train users as well as for Glen site employees, patients and visitors.

In the meantime, the MUHC encourages patients with reduced mobility to use the STM's new 77 bus route, which leaves from Lionel-Groulx metro station and drops users directly at the front entrance of the hospital. There are also three designated main entrance stops at the Glen site for Transport adapté users: the Royal Victoria, the Montreal Children's and the Cedars Cancer Centre. •

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The big move!

On May 24, the Montreal Children's Hospital officially moved from 2300 Tupper Street to 1001 Décarie Boulevard. The day started with a "kick-off" meeting in the Forbes-Cushing Amphitheatre at 6:00 a.m. Staff were given their coloured t-shirts, had breakfast (and coffee!) and headed to their designated areas.





Patients and families were comforted throughout the day by smiling staff members, volunteers and physicians. Within four hours, 66 patients were transferred, including 25 from intensive care.







The historic move was completed ahead of schedule at 11:00 a.m.; Healthcare Relocations said it was one of the most successful moves they had ever been part of. A few hours later, MCH staff gathered in the new Atrium for a cake cutting ceremony. Martine Alfonso, Associate Executive Director of the Montreal Children's Hospital, Normand Rinfret, President-Executive Director of the McGill University Health Centre, and Dr. Nicolas Steinmetz, welcomed staff to their new home.





Thank you



and congratulations!



First impressions

Patients and families share their thoughts on the new Children's



Josianne Larocque-Boucher

*T*o be the first person in this room, the first person to sleep in this bed, turn on the lights, watch the TV—it's really neat," says Josianne, a patient on the hospital's B9 medical unit. Adjusting to the new hospital wasn't too difficult for the 17-year-old who says she was pretty excited to get here on moving day. "The social worker explained everything to me so I knew what to expect." Josianne has checked out some of the common areas in the hospital like the playroom on her unit, and the teen lounge in Child Life Services, which she says are both great. And having her own room is also a big plus. "The rooms have everything the nursing staff needs," she says, "and they're quieter and more private than at the old hospital so it's just easier when people come to visit." She also says the surroundings make a difference to how the patients feel. "We're still sick, but the environment is much better—it's brighter, we have a beautiful view, we're comfortable here."

I'd been hearing from everyone about the new hospital, that it's big, spacious, and bright, so I was kind of excited to get here, to see what everybody was talking about," says Jennifer Wykes, mother of nine-year-old Sebastian, a patient on the Hematology-Oncology unit (B7) where he's being treated for leukemia. Sebastian was able to go home for a week a few days after the move, and was then readmitted to the unit. "For the most part, things are good," says Jennifer. "There are still a few glitches to work out around the hospital but that's expected with a brand-new space." When asked what she thinks of Sebastian's room, her answer is unequivocal. "I love it—love it," she says. "Having the space to move around makes a big difference and the couches are much more comfortable than the chairs at the old hospital. Sebbie actually loves the couch so he was a bit disappointed to learn that he's not allowed to sleep on it!"



*Sebastian Call
and Jennifer Wykes*

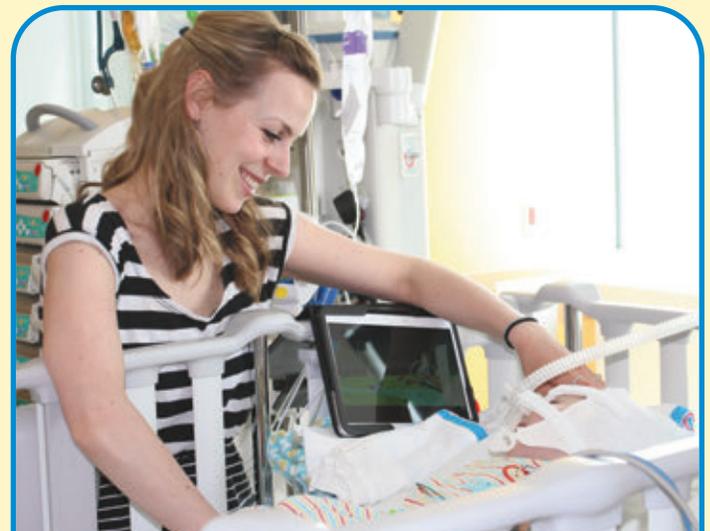
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Éloïse Baxter

“Our family is in the hospital full-time, so the fact that we now have more privacy is a big bonus,” says Graham Baxter, the father of four-year-old Éloïse Baxter. Éloïse was born with Coffin-Siris syndrome, a genetic disorder so rare she’s the only child in Quebec to be diagnosed with it. The syndrome causes physical and mental delays, as well as severe scoliosis in some cases. The Baxter family spent the first 16 months of Éloïse’s life in the MCH’s Neonatal Intensive Care Unit and have been in and out of the hospital ever since. “Because of Éloïse’s scoliosis, we have a lot of modified equipment that needs a lot of space to move her around.” At the old hospital, the corridors were narrower and crowded with both people and equipment, making it almost impossible for her to leave her room comfortably. Now, Éloïse’s parents can finally bring her outside to play and enjoy the fresh air. “We go for a lot more walks now and she is enjoying every second of it!”

Eighteen-month-old Malik Trépanier spent six days in the Pediatric Intensive Care Unit before being transferred to the new Montreal Children’s Hospital at the Glen site. He suffers from Spinal Muscular Atrophy Type 1, a neuromuscular disease that affects his muscles, breathing and eating. “Since moving to the new hospital, I’ve noticed that Malik is sleeping better,” says his mother, Claudia McNeil. “At the old site, he would often wake up during his naps because of other noise in the unit. I’ve also noticed that he’s socializing more with the nurses, but that could just be because he’s getting used to everybody on the ward!” Claudia also appreciates the size of the room. “There’s enough space to have all the equipment he needs in his room and we can finally bring more toys and games from home.” •



Malik Trépanier
and mother Claudia McNeil

Going the extra mile

MCH physicians fly to northern village to save young girl

— By Stephanie Tsirgiotis



Drs. Nguyen and Malenfant-Rancourt

Only five days after the Montreal Children’s Hospital moved to its new home, two of its physicians helped save a little girl’s life. In a northern village in Nunavik, Quebec, nine-year-old Elisapie was accidentally shot in the neck while her brother and his friends were preparing for a hunting trip. She was transported to her local hospital, but the swelling around her wound was so severe that doctors found it impossible to intubate her.

Dr. Lily HP Nguyen was the Otolaryngology – Head and Neck Surgeon on call that day at the Children’s. She learned that a young girl had been shot and the medical team working on her needed help. Elisapie’s injuries were very serious and she was too unstable to board a plane to Montreal. “I got the go-ahead from senior management to head up north, but I needed backup. One of my colleagues had to cover my call and we also needed expertise from Anesthesia,” says Dr. Nguyen. When pediatric anesthesiologist Dr. Marie-Pier Malenfant-Rancourt heard what had happened, she volunteered and jumped in a cab to get to the Children’s.

The two doctors immediately got on the phone with the local hospital in Nunavik to coordinate the equipment they needed to bring. They then spoke to the medical team on the Quebec government’s Challenger jet, which is used for medical transport, including moving patients from remote areas to city centres in emergency situations. Following the phone call, staff from nursing and respiratory therapy helped Drs. Nguyen and Malenfant-Rancourt prepare equipment and medication for the trip.

During the two-hour flight, the two physicians ran through different simulations in order to prepare themselves for any type of situation. Dr. Nguyen even taught Dr. Malenfant-Rancourt how to help in case she had to perform an emergency tracheotomy. “We didn’t want to waste any time once we landed,” says Dr. Malenfant-Rancourt. “But when we got there, we quickly realized that our plans A, B, and C couldn’t work and we had to come up with a plan D. Our adrenaline kicked into high gear.”

Continued >>>

As soon as they arrived, Elisapie went from bad to worse. Four hours had passed since she was shot, but she was still awake and had just started to vomit. She could barely open her mouth, and they were worried she would start choking. “I tried looking into her mouth, but the swelling was horrible,” says Dr. Nguyen. “Her trachea was displaced and her anatomy inside and outside was unrecognizable. I couldn’t tell what was what.” Breathing was becoming very difficult for Elisapie. Dr. Nguyen had to find a way to establish the airway—and quickly. Working with Dr. Malenfant-Rancourt, she began to run a flexible tube through Elisapie’s nose and down into her trachea to help her breathe. “The poor girl was awake during all of this and she didn’t move a single muscle,” says Dr. Nguyen. “She was so brave.” Once the tube was well-positioned, the team began to

manually pump air into her lungs and then hooked her up to a ventilator. Dr. Malenfant-Rancourt then secured the tube in place and did a quick x-ray to ensure it was properly positioned.

While Dr. Malenfant-Rancourt was stabilizing the patient, Dr. Nguyen called the team at the Children’s to give them an update. They then boarded the Challenger jet with Elisapie and flew back to Montreal. “An army of people were waiting for us at the MCH Emergency Department. The PICU, ED, Trauma, General Surgery, OTL-HNS, Radiology, Respiratory Therapy—everyone was there,” says Dr. Malenfant-Rancourt. “We were also able to get in touch with Elisapie’s mother who was receiving care at the Montreal General Hospital.” The Trauma department immediately took over to make sure that Elisapie



“The Challenger jet was fully equipped like a mini-hospital,” says Dr. Malenfant-Rancourt. The jet has specialized medical equipment, including three stretchers and an incubator, and can provide care for several patients at the same time.

Continued >>>

Going the extra mile... (cont'd)

hadn't suffered any spinal or brain injuries, and once she was stabilized, they sent her for a CT scan.

Elisapie was transferred to the PICU immediately afterwards, where she continues to receive care and has already undergone two surgeries with Dr. Sabrina Cugno, a pediatric plastic surgeon. Her mother was also transferred to the Royal Victoria Hospital so she could be closer to her daughter for the next 10 weeks. "We learned a lot from this experience," says Dr. Nguyen. "At home we have so much backup, so many people around us, but in this case it was just the two of us. We are so lucky to be working at the Children's. I have a lot of respect for the physicians and nurses who work in these remote areas. This experience put a lot of things into perspective for us." •



Elisapie is transferred to the Quebec government Challenger jet for the trip back to Montreal.

Pediatric Intensive Care Unit staff inaugurate brand new Advanced Care Unit

Celebrations were in order on June 11 when Pediatric Intensive Care Unit (PICU) staff officially inaugurated the brand new Advanced Care Unit at the Montreal Children's Hospital at the

Glen site. The 6-bed unit, located on the 8th floor of Block B, will be staffed by the PICU team and will be dedicated to caring for patients who have just undergone surgery and require closer monitoring.



Maggie Ruddy (l.) and Dr. Tanya Di Genova (r.) are joined by several PICU team members as they cut the ribbon to open the new Advanced Care Unit on B8.

"The opening of this new unit will facilitate surgical access for patients, allowing us to continue to offer the best possible care to patients and their families," says Dr. Saleem Razack, Chief of the Pediatric Intensive Care Unit, who commended the leadership of Dr. Tanya Di Genova, pediatric intensivist and Maggie Ruddy, Nurse Manager, on ensuring all processes were reviewed for the opening.

Congratulations to the entire PICU team on achieving this exciting milestone! •