

Chez nous

MCH STAFF NEWSLETTER | Published by Communications | www.thechildren.com

SPRING 2024

Innovative surgery for Mathilda

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Hôpital de Montréal
pour enfants
Centre universitaire
de santé McGill



Montreal Children's
Hospital
McGill University
Health Centre

Le site web de l'HME

se refait une beauté!

Joignez-vous à l'équipe des Communications pour célébrer
le lancement du tout nouveau site web de l'HME!

Au menu : des jeux, des prix, des douceurs et des
rafraîchissements qui raviront vos papilles.

30 avril 2024
14 h à 15 h 30



April 30, 2024
2 p.m. to 3:30 p.m.

Atrium P.K. Subban



P.K. Subban Atrium

The MCH website gets a makeover!

Join the Communications team to celebrate the
launch of the brand new MCH website!

On the menu: games, prizes, sweet treats and
refreshments to delight your taste buds.

To Dr. Robert Barnes: Heartfelt appreciation for your outstanding service

Dr. Robert Barnes,

As your tenure as the Associate Director of Professional Services at the Montreal Children's Hospital (MCH) draws to a close, we find ourselves reflecting on the remarkable impact you've had during your 10-year term. Your unwavering dedication, expertise and compassionate leadership have left an indelible mark on our institution and the lives of countless patients and families.

Throughout the years, you've exemplified the highest standards of professionalism, always putting the needs of our young patients first. Your commitment to excellence has been evident in every decision you've made, whether it was streamlining administrative processes, advocating for improved patient care or fostering collaboration among our multidisciplinary teams at the McGill University Health Centre.

Your tireless efforts have contributed significantly to the hospital's growth and success. Under your guidance, we relocated to a different site, witnessed advancements in safety protocols, prioritized patient flow and survived a three-year pandemic. Your ability to balance all of the responsibilities that come with the job has been nothing short of remarkable.

Beyond your administrative role, you've been a mentor and role model to many. Your willingness to listen, guide and support your colleagues has created a positive and nurturing environment within our hospital. Your dedication to professional development and continuous learning has inspired others to strive for excellence.

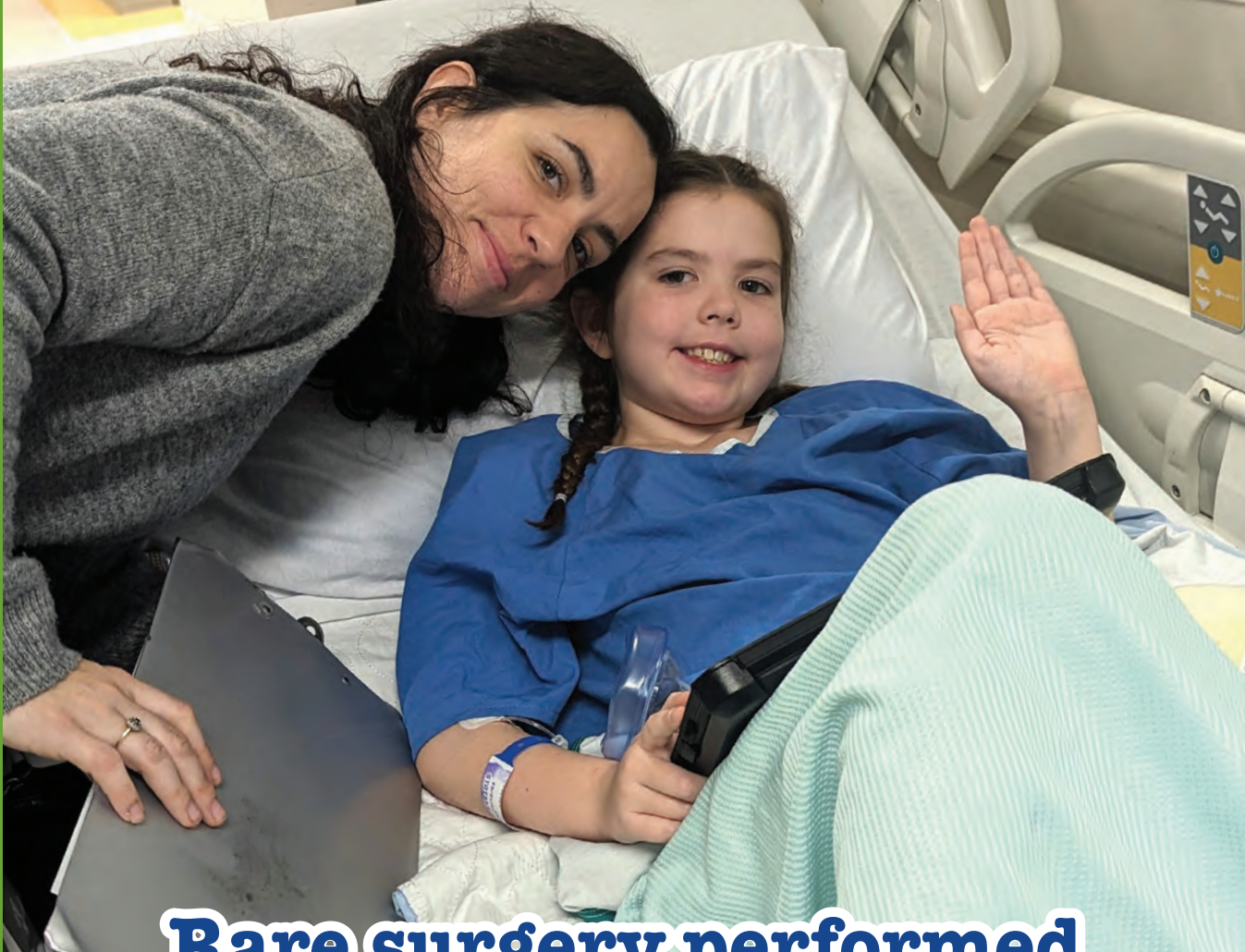
As you transition to new endeavours, we want to express our deepest gratitude. Your legacy will continue to shape the Montreal Children's Hospital for years to come. We look forward to celebrating your achievements and continuing to work with you at the MCH.

Thank you, Bob, for a decade of exceptional service.

With warm regards from the entire MCH community,

Cindy McCartney
Associate Director of Nursing
Montreal Children's Hospital and
Women's Health Mission of the MUHC

Frédéric De Civita
Associate Director of Multidisciplinary
Services and Support Programs
Montreal Children's Hospital and
Women's Health Mission of the MUHC



Rare surgery performed at the MCH

By Christine Bouthillier

An advanced surgery was recently achieved at the Montreal Children's Hospital (MCH), enabling nine-year-old Mathilda Stacey to keep her adrenal glands and live a normal life. This accomplishment once again highlights the unique collaboration between the pediatric and adult care teams under one roof at the Glen site of the McGill University Health Centre (MUHC).

Mathilda has Von Hippel-Lindau disease, a rare genetic syndrome that can lead to developing tumours in various locations. Although she had no particular symptoms, the young girl from Ontario has been followed by a host of specialists every year to make sure everything is going well.

Last year, however, the family received a dreaded verdict: a blood test revealed that Mathilda had high levels of catecholamines, hormones secreted by the adrenal glands, which are linked to blood pressure. Subsequent examinations showed that she had a 2 cm pheochromocytoma, that is, a tumour on an adrenal gland.

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► Above: Mathilda and her mom Stephanie Stacey just before the operation at the Montreal Children's Hospital.

“These patients are at risk of developing multiple tumours throughout their lives,” explains Dr. John-Paul Capolicchio, Director of the Urology Division at the MCH. “The usual approach is to remove the entire adrenal gland to prevent tumours from recurring, but they often develop on the other adrenal gland. If you’ve lost both glands, you need to take multiple medications for the rest of your life.”

The team at the hospital where Mathilda is being treated proposed the total removal of her adrenal gland (adrenalectomy). However, her mother wanted a partial removal instead. Stephanie Stacey suffers from the same disease as her daughter and underwent partial adrenalectomies 10 years ago when tumours appeared on both glands.

“The more tissue we can save, the better the outcomes, and without medication,” she explains.

CUTTING-EDGE EXPERTISE

Partial removal of an adrenal gland is, however, a surgery rarely performed in Canada. It was developed at the National Institutes of Health (NIH) in



► L. to r.: Dr. Alexis Rompré-Brodeur, urologic oncologist at the Royal Victoria Hospital, Maryse Dagenais, nurse manager on the MCH Pediatric Intensive Care Unit, Dr. Catherine Goudie, genetic oncologist at the MCH, and Dr. John-Paul Capolicchio, Director of the Urology Division at the MCH.

Washington, which has particular expertise in the field.

“We were referred to Dr. Capolicchio, and he called us a week later. I felt grateful, but also nervous. I wasn’t sure if he could help us,” says Stephanie.

Dr. Capolicchio has unique experience in Von Hippel-Lindau disease, particularly in children with aggressively growing

tumours, which are too large for a partial adrenalectomy. With Dr. Catherine Goudie, a genetic oncologist at the MCH, they published a study on this cohort and suggested that screening guidelines be changed and adapted according to the patient’s genetic background. Dr. Goudie continues to do research on hereditary tumours such as those that occur in Von Hippel-Lindau disease.

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Chez nous is published by the MCH Communications office.

Editor: Christine Bouthillier
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 Design : Vincenzo Comm Design inc.
 Photography: Christine Bouthillier, Thibault Carron, Caroline Fabre, Stephanie Stacey

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

On the cover:
 Mathilda Stacey had a rare surgery at the MCH.

Cover photo:
 Stephanie Stacey

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► Mathilda recovered well from her surgery and only spent two days in the hospital.

They teamed up with Dr. Alexis Rompré-Brodeur, a urologic oncologist who recently joined the Royal Victoria Hospital. Dr. Rompré-Brodeur was trained at the NIH and has particular experience with organ-sparing adrenalectomies.

A TEAM EFFORT

Together, Drs. Capolicchio and Rompré-Brodeur, both of whom have a special expertise in retroperitoneoscopic minimally invasive surgery, operated on Mathilda in December 2023. They opted for a retroperitoneoscopic partial ablation, that is, they performed the surgery from the back of the patient instead of the front (laparoscopic approach). This technique is less common, but has the advantage of giving direct access to the adrenal gland, thus bypassing the bowels and organs such as the liver

and spleen as is the case with a laparoscopic approach.

The procedure is delicate and requires particular anesthesia knowledge. There is a risk of a stroke if blood pressure is not properly controlled. As soon as the tumour is touched, blood pressure rises. The anesthetist had to make sure they gave the right drugs to prevent a rise in blood pressure, but just enough to keep it from dropping too much.

“We worked as a team with Anesthesia and Nephrology to develop the pre-operative medication protocols necessary for blood pressure control before surgery, and to ensure everything goes well during surgery and post-operation in the Pediatric Intensive Care Unit,” explains Dr. Capolicchio.

Since hormones have an effect on blood pressure, the Endocrinology Division was also called upon to support Mathilda’s care. When a patient no longer has adrenal glands, this team is responsible for developing their hormone replacement therapy.

This was not the first time the MUHC’s pediatric and adult urology teams had collaborated. Together, they had also performed the first robot-assisted laparoscopic partial kidney removal in

Quebec for a child with kidney cancer in 2016, another example of the synergy between the two hospitals.

ALL ENDS WELL

Mathilda’s surgery was a success. She recovered well and was able to return home two days after the procedure.

“Traveling with such a young child, sleeping at the hospital in my daughter’s room, waiting there for the results of the surgery, it was a scary time. Fortunately, the team was reassuring, and the experience was incredible,” says Stephanie. “In the details, they helped to give Mathilda a sense of control in the situation, for example by allowing her to choose the “flavour” of her anesthesia [orange!]. Still, we were very happy to be able to return home.”

The surgery maximized preservation of adrenal tissue until Mathilda has another tumour, hopefully not for a very long time.

“Who knows, maybe in 10 years, research will allow for the development of a medication that slows the growth of tumours,” suggests Dr. Capolicchio.

Mathilda continues to be monitored by medical professionals and the family says they are ready to face the challenges as they arise. For the time being, she has resumed her regular activities like any other little girl.

“She’s perfect,” says her mother. ❁



A day in the life of a patient transport attendant

By Maureen McCarthy

Rupert Perry officially retired from his role as a patient transport attendant at the Montreal Children's Hospital (MCH) in January this year but he's very happy that his retirement has been put on hold for now. With several dozen staff working as patient transport attendants across the Glen site of the McGill University Health Centre (MUHC) and the Montreal General Hospital, Rupert has been keeping busy replacing people for vacations and sick days.

Patient transport attendants play a key role in care delivery by ensuring that patients get to their tests, procedures and treatments in areas throughout the hospital such as medical imaging, cardiology, respiratory medicine and more.

ALWAYS ON THE MOVE

Shortly after the Glen opened in 2015, Rupert started working in patient transport at the MCH. Although he'd spent the previous 30 years in the **continued >**

► Above: Rupert Perry is a patient transport attendant.



► Rupert exchanges a file with Dr. Mylène Dandavino, Medical Director of the Pediatric Medicine Unit.

same role at the Royal Victoria Hospital, working with children and adolescents was completely new. He soon discovered that it was a great fit for him.

As soon as Rupert arrives at work, he's in touch with the dispatch team, which is part of the MUHC Procurement and Logistics Directorate, to find out what his day will look like in terms of patients who need transport to test areas and clinics. Add to that, there are always requests from the Emergency Department (ED) to bring children for x-rays and other tests, or move them to one of the units for admission. On a typical day, he'll interact with about 15 patients and their families.

Rupert carries a Spectralink phone so he can respond to requests as quickly as possible, whether the calls come from the dispatch team, from the unit or clinic itself, or both. Sometimes children have to go for multiple tests and Rupert is often coordinating several patients at a time. As he does all this, he also takes into consideration how sick or fragile a child is.

"I always work it out with the staff in the test area, but my experience also tells me what to do," he says. "For example, if a child from the Hematology-Oncology Unit has to go for radiation, I make sure to pick them up immediately after they're finished treatment so they

can get back to their room as quickly as possible."

Rupert is also part of the team of 14 people at the Glen that responds to code blue (cardiac arrest) calls. Whenever he hears a call on the overhead announcements, he has to go immediately in case the person must be brought to the ED or one of the intensive care units.

It's not only patients for whom Rupert is responsible. He often moves cribs and beds to where they're needed, and sometimes is responsible for delivering samples for testing. "In March 2020, I brought what I think was the first

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COVID-19 specimen from the MCH Emergency to the Research Institute,” he says. “It was just before the pandemic was declared. We really didn’t know much then, so I was a bit scared to carry it.” He didn’t get COVID-19 at the time, but like many people, he did eventually come down with it in 2022.

BUILDING VALUABLE RELATIONSHIPS

Rupert knows many staff throughout the hospital’s clinics and test areas, as well as on the inpatient units, and he has developed friendships with many nurses, doctors and PABs. Through them, he has learned about tests and procedures at the hospital, and this knowledge helps him provide reassurance to the patients and families he brings to appointments.

“Sometimes when I see that they’re very nervous — and that could be children or their parents — I’m able to tell them that the test is not going to hurt, or it’s quick, or it’s simple,” he says. “And I always try to make them smile.” He adds that working in pediatrics requires a special set of skills. “You have to be sensitive and caring, but also strong.”

He sometimes gets to know families fairly well when their child has a long stay at the hospital, and says it’s very rewarding and a “priceless feeling” to see them eventually go home. “And sometimes when they’re back for



► Rupert works closely with the units’ staff. He’s pictured here with Melanie Pinto, B9S unit coordinator, and Joseph Van Der Sluys, nurse educator.

follow-up appointments, they’ll flag me down to say hello.”

Rupert says his work ethic is to “get things done” and he finds his days go by incredibly quickly because they’re al-

ways full. “I enjoy every day that I come to work and I’m always happy to be back at the MCH,” he says. “I take great pride in being efficient and responsive to everyone who counts on me. I absolutely love what I do.” ❁



Clinical support program for nursing care **Bridging gaps, building confidence**

By Caroline Fabre

Almost two years ago, the Montreal Children's Hospital (MCH) implemented a clinical support program with the goal of providing assistance to nursing staff working evenings, when resources are limited.

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► Above: Rachel Dragan, clinical support nurse at the MCH.

Rachel Dragan started her career at the MCH on the Pediatric Medicine Unit (B9) and then switched to the Pediatric Intensive Care Unit, before becoming one of two part-time nurses in the program. To mark National Nursing Week, in May, *Chez nous* caught up with her.

Chez nous: Can you walk us through a typical evening as a clinical support nurse and highlight some of the responsibilities you have?

Rachel Dragan: A typical evening shift for me starts at 2 p.m.. After checking emails, I prioritize rounding each unit to support our nursing staff. Doing this provides a good reminder that I'm there, so they see me and think of me if needed. I prioritize visits to B9 as that's where we often receive the most calls for assistance since it has many junior nurses.

On this unit, I provide support in various ways: assisting during a procedure the nurse has never done before, reviewing protocols, critical thinking, ensuring safety, and more. Throughout the shift, I work my way down the different units to the emergency room.

I answer calls and I usually take my break during the shift change so I can be present on the units during the busiest times. After my break, I return to the eighth and ninth floors and respond to any calls.

CN: One of the primary objectives of the clinical support program is to assist newer nurses in developing their skills and confidence. What impact have you observed among the staff?

RD: With COVID-19, clinical placements were limited. Many nurses feel nervous and anxious coming out of school into the working world. I know I did. Even now, new nurses sometimes feel as though they lack the technical skills and confidence, depending on their background. My job is to provide a helping hand in the form of one-on-one support, to be just a phone call away to reassure them and provide tips and tricks to succeed.

I have always liked teaching so I spend a significant amount of time mentoring newer nurses, offering guidance, answering questions and providing assistance as needed.

There are other initiatives that I have been trying to do. For instance, the nurse educator on B9 has organized an activity called "Hot Topics", which has expanded to other units since my position was created and for which I prepare presentations. This informal educational session allows for a short recap of a topic that pertains to most units of the hospital. It provides an opportunity for nurses to be updated on new protocols, ask questions and be more informed.

CN: What are some common challenges nurses face during evening shifts and how does the program address these challenges?

RD: Nurses are so busy on the floor. During the evening, there tends to be fewer resources available and this has an impact on the nurse whether they are junior or senior. Common challenges faced in the evening involve lack of personnel, the acuity of the patients' health problems and fatigue.

It is often difficult to ask a senior nurse questions, since they are also super busy. In this position, I am able to create a bridge between leadership and bedside. This program allows for one-on-one support that does not necessarily have a time constraint. My nursing background also allows me to deal with medicine, surgical and critical care situations, which is helpful for many units.

The feedback that I have received shows that the staff are very appreciative that there's someone they can call and sit down with. Someone to walk them through a process for the first time, be present in the patient's room and show them a particular skill.

This position is invaluable as it makes the nurses feel good about their capabilities and helps reinforce their decisions. Having a clinical support nurse is definitely something I would have liked when I started. ❁

A lively start to the year at the MCH

By Caroline Fabre

The snow is melting, the days are getting longer, the birds are coming back. There's no doubt: spring is slowly returning to the MCH and it's brought with it a host of activities, each more delightful than the last. The year 2024 couldn't have gotten off to a better start!

Staff at the Montreal Children's Hospital celebrated the Lunar New Year on February 10 to the sounds of Chinese guzheng melodies, courtesy of professional musician and music therapist Chih-Lin Chou.



Five football players from the Montreal Alouettes took the time to share special moments with our little patients. Autographs, photos and animated discussions about sport punctuated this exceptional morning. Some of the children were even able to lift the legendary Grey Cup, won by the team last November.



Patients received their own teddy bear and explored interactive stations to learn about blood tests, magnetic resonance imaging/x-rays, surgery, dentistry, respiratory medicine and coping techniques during the Teddy Bear clinic, organized by Child Life services.



We were honoured to welcome a queen and her princesses (almost) straight from Ireland to celebrate St. Patrick's Day. Giving out gifts, smiles and lucky shamrocks, the queen and her court charmed the children, their parents and our staff, who also sported green attire for the day.



From heart-shaped glasses to sequined headbands, and pink and red sweaters, hospital staff were ready to celebrate Valentine's Day. They were treated to a very special concert, while enjoying chocolates and reading sweet notes written by their favourite colleagues.

