A gift of holiday spirit
MCH Social Services team looks after families in need

Every year around this time, the MCH Social Services team sends a memo to all departments asking for donations to the holiday baskets. It doesn’t take much to pick up gift cards from the grocery store or pharmacy, but that small gesture goes a long way to helping more than 60 families in need. And it’s all thanks to the Social Services team.

Rosanna D’Orazio, Professional Coordinator of Social Services at the MCH, explains how they get it all done. “The families who receive the baskets are families that we know through Social Services,” she says. “The Gazette Christmas Fund provides funds which allow us to help 100 families. With the donations received from everyone at the MCH, we’re able to help 60 to 70 more families every year.” The generous donations from MCH staff come in the form of grocery and pharmacy gift cards. Child Life Services also plays a very big role by providing toys, pyjamas and other essential items. The social workers can also count on Sam Segal, a children’s clothing manufacturer, who provides 3,000 pieces of clothing every year. They also receive donations from thoughtful individuals around Montreal such as the knitters’ group on the South Shore, who donate handmade blankets, and a lady who supplies new snowsuits every year.

Once everything is in place, the Social Services team get to work on preparing the baskets. Rosanna says the combination of cards and gifts works very well for the families they help. “We’re sensitive to the various needs of our families and this allows them to buy the foods they like best.” And the donations of new clothing and toys mean that the children will receive something brand new just for them. “Every child deserves that opportunity,” she says.

Of course, it’s not just because it’s the holiday season that families need help. “The needs are always greater in the winter especially when it comes to warm clothing and getting enough to eat,” says Rosanna. “The baskets come at a time when those needs start to increase, so they go a long way to helping alleviate some of the stress that these families are under.”

A perfect way to say thanks
The MCH Public Relations and Communications office has developed a series of note cards that can be used to send a thank-you or special message to a colleague, a business partner or even a patient and their family. The cards are available at the MUHC store online at muhc.ca, or at the MCH boutique on 2B at the hospital.
With 2009 drawing to a close, I extend my very best wishes for a happy and healthy New Year to everyone at The Montreal Children’s Hospital, the MCH Research Institute, the MCH Foundation, as well as to all of our colleagues in the adult missions.

The biggest news of the year, bar none, was the recent announcement that the MUHC has selected, after a year-long process, the consortia that will start building on the Glen Campus very soon. An expected 1500 people will be working on the site by Spring and this number will rise to 3000 when the construction reaches full speed. The MCH User Groups will work with the winning consortium to insure the optimal design of the new Children’s Hospital that is anticipated to be ready in 2014.

**Other highlights**

In February, we opened our expanded and renovated ER and in October we inaugurated the new intraoperative MRI—both projects made possible thanks to the MCH Foundation. Most of you probably don’t realize just how fortunate we are to have such a successful and strong foundation. In 2009, the foundation transferred $19 million dollars to support the MCH community in the domains of clinical services, research and teaching.

In June, Quebec announced it would fund a universal newborn hearing screening program. This decision followed a year-long lobbying campaign by the Quebec Coalition for Universal Newborn Hearing Screening that was initiated and led by staff from the MCH.

The Trauma Program and the Dialysis Program both celebrated their 20th anniversary in 2009.

Thank you to everyone who attended ‘Harvey J. Guyda Day’ on June 3. The event was a true honor and quite overwhelming. For those of you wondering why there was a retirement party for me when I have yet to retire as Pediatrician-in-Chief at the MUHC and Chairman at McGill University: a search committee is actively interviewing candidates and a new Chairman of Pediatrics will be announced, hopefully early in 2010.

**New faces in the PICU**

Sophie Baillargeon recruited close to 12 nurses to work in the pediatric intensive care unit, an astonishing achievement given the nursing shortage. Her efforts have been hugely beneficial with far fewer operations being postponed.

**Bonding with CHU Ste-Justine**

This year, the ties with our sister hospital have been strengthened, largely due to the appointment of M. Fabrice Brunet as Director General of CHU Ste-Justine. M. Brunet and I meet regularly to discuss issues of common concern such as our trauma programs, and the H1N1 pandemic. In September, the senior management team from both hospitals gathered for a ‘5 à 7’ designed to create a ‘rapprochement’ between the two institutions. We look forward to forging even stronger collaborations in the coming year.

**H1N1 Pandemic**

The H1N1 pandemic has come and largely gone. Fortunately, the Pandemic Planning Committee, headed by Jocelyne Albert, had us well prepared and our plans were activated quickly and effectively. We were very busy for a three- to four-week period, mainly in the Medical Emergency, with a reduction in elective surgeries. I wish to thank everyone who contributed to this wonderfully collegial response.

**Challenges ahead in 2010**

The Children’s Hospital and the MUHC as a whole, as well as most hospitals in Quebec, are facing a very significant financial deficit. We hope to identify creative ways to reduce our expenses without compromising quality patient care. Unfortunately, this will be an ongoing challenge for all of us as we enter 2010.

In preparation for its move to the Glen, the MUHC has established a process to assess strategic priorities (Clinical Activity Priority Setting or CAPS). Within this process, and the MUHC redevelopment plan, we will be modernizing the way the hospital operates and delivers health care in the McGill RUIS. The goal of CAPS is to better position the MUHC within the network of healthcare institutions in Quebec, Canada and beyond. The purpose is to align decision making processes at all levels such as: clinical development, budget allocations, human resource planning, equipment selection and space allocation. For more information visit the MUHC intranet http://www.intranet.muhc.mcgill.ca/CAPS/index.html.

In addition, the Children’s is also more formally adopting the concept of integrated clinical networks, a comprehensive way of ensuring a continuum of care to our patients in
Their names are very familiar to many MCH employees and these two young patients have done tremendous work through their respective foundations to raise funds that help improve care for children being treated for cancer at the hospital. And now, they can both add ‘torch bearer for the 2010 Winter Olympics’ to their many accomplishments.

Sarah Cook and Marc Normandeau both had the very special honour of carrying the flame on December 10 as it passed through Montreal.

“It is such an incredible honour to have been nominated by the MCH Foundation to do this – I’m so proud,” says Marc, who has sparked a bit of jealousy amongst his friends! “Marc loves hockey and has had to stop playing due to his leukemia treatments… carrying the Olympic flame will make him feel like an athlete again!” reads an entry on his own foundation’s web site. Marc was given the opportunity to carry the flame thanks to Bell, a longtime partner of the MCH Foundation, who sponsored Marc’s portion of the run.

Sarah was nominated by RBC. Like Marc, Sarah received the news with great enthusiasm, but because she received chemotherapy only a few days before December 10, she decided to walk with the flame instead of run. She’s hoping that her participation in the event will help sensitize young people to get involved through charity to give back to their communities.

Heartfelt congratulations to both Sarah and Marc from everyone on the MCH team. You are an inspiration to all of us and your participation in the torch relay is a well deserved honour!

MCH transplant patient Gordon Dennison carries the flame, raises awareness. In 1997, when former MCH patient Gordon Dennison was 17 years old, he was diagnosed with kidney failure. He was quickly put on dialysis and as time progressed he graduated to home dialysis, until finally a kidney became available within a year. “After my transplant my life improved 550 per cent!” says Gordon.

As an adult, Gordon—who is now a mechanical engineer—is followed as a patient at the RVH, where he also volunteers. On December 7, Gordon carried the Olympic torch in Beloeil as it made its way to Montreal.

“I am very proud to be part of this once-in-a-lifetime experience,” says Gordon, who has raced in various Transplant Olympic Games and other competitions. To date he has 24 medals. “And I hope that my participation will focus attention on organ donation and its many benefits to those whose lives are forever changed by it. For me this relay event is strongly symbolic of tissue and organ donation—passing on of the baton, keeping the torch alive.”
The magic of Christmas on 8D and the Units
By Denisse Campos

As the holiday season is well under way outside the walls of the MCH, where it seems decorations are everywhere, the shopping centres are hives of activity, and cookies and gingerbread men are popping out of ovens, it turns out that some of the children admitted to the MCH are also enjoying holiday activities thanks to the dedicated group of employees from Child Life Services on 8D, where the children are often admitted for long periods of time.

The members of the team make it a point to organize activities in order to create a festive holiday atmosphere for the kids despite the fact that they’re in hospital. For example, earlier this month, the smell of freshly-baked cookies was in the air on 8D, and parents and their children were decorating the Christmas tree while enjoying cups of hot chocolate.

At the time of publishing this article, Christmas bulbs were being put up, gingerbread houses were getting roofs full of icing, Christmas stockings were being decorated and every child on the unit was getting their own tree!

There was even a colourful festive newsletter which was distributed with arts and craft ideas, holiday riddles, and even a mouth-watering recipe for fudge!

The activities also take place on other units, and include a cooking program of Christmas recipes, and on Dec. 23, a coffee break for family and staff on all the units where there will be cookies, chocolates, candy canes and a few surprises for our patients. The gift fair takes place on Dec. 22, and as usual, our patients who are here on Christmas Day will get a gift from Santa himself – someone we all know very well!

A special thought for our colleagues who will be working on Christmas Day

While most of us will be spending Christmas day celebrating at home with our families, there will be a number of staff coming to work in Emergency, the intensive care and other units, and even in the Cafeteria.

We want to acknowledge their commitment to helping ensure all our patients continue to receive quality care. We know that a little extra effort is needed and we want to say a huge ‘THANKS’ to all the staff who are spending Christmas Eve and Christmas Day at work.

Here are a few fun ideas to make these holiday days at work more fun for you and your colleagues:

• Organize a “sweets” potluck where everyone brings cookies or desserts from home; and put them out in a common area where everyone can try something.
• If possible, play a little Christmas music; it helps to create a bit of ambiance.
• Organize a gift exchange from the Dollar Store—it’s amazing what you can find there!
• Think about having a funny gift exchange—useful gifts not allowed!
• Is there an amateur musician in your department? It’s always nice to hear a couple of holiday songs.

Volunteer Eleanor Kripps will be here on Christmas Day to spend time with our patients. Eleanor’s daughter-in-law is a nurse in Ontario so her family usually celebrates Christmas later on.

Hélène Villeneuve will be at the Cafeteria on December 25 sharing her always cheerful smile with everyone. If you’d like to wish her a Merry Christmas, stop by the Cafeteria—and if you show your employee ID card, you’ll be able to take advantage of a free meal.

Dr. Sharon Abish from Hematology/Oncology is among the doctors who will be at work over Christmas.
**Keep your holiday energy in top form!**

At the last Quality of Life at Work Committee Lunch & Learn session on Nov. 24, Gail Ham showed us some little tricks on how what we eat throughout the day can make a big difference in our energy levels. As we head into the holiday season, energy is going to be at a premium! Here are a few tips from Gail to help stay ahead of the game:

- whatever you do, DON’T SKIP BREAKFAST. Eating as soon as you get up – and including a bit of protein—will reduce the temptation to eat all those rich holiday treats throughout the day.
- if you feel the need to snack during the day, reach for a healthy choice such as an orange, almonds or yogurt.
- If you find yourself hungry before going to bed, have a small snack which will help you to wake up with more energy.

**The Holiday Spirit of Material Installations!**

Once again this year, our Material Installations Department has risen to the task of illuminating the exterior of our main entrance and the ER entrance with a variety of colourful, twinkling lights. Unfortunately, budgetary constraints do not permit the purchase of extravagant decorations, but generous donors and a few things from home have allowed them to bring the holiday spirit to the MCH. For example, the trees with the red lights that line the walkway at the front of the hospital as well as those that mark the entrance to the ER were donated by Ste-Justine Hospital a couple of years ago. Material Installations then personalized them for the MCH by creating wooden “gift boxes” that act as stands and add that little extra touch!

Putting up the lights around the vestibule roofs is not for those afraid of heights – but thank Santa this is not a problem for Tony!! The wiring of all the lights is also no easy feat (we all know this from personal experience!), but André and Gilles have developed the electrical maze into an art! Together, and with the help of Leela Baldeo, who has provided much of the artistic guidance, all the guys from Material Installations have contributed towards making the exterior of our hospital lighter and brighter and more welcoming to our patients and staff. The MCH thanks them for their great efforts and for having that wonderful Holiday Spirit!

*Teresa Di Bartolo*

CJAD host Dan Laxter, host of Laxter Live, weekdays from 2:00 to 4:00 p.m. and the CJAD Trivia Show, Sundays from 9:00 a.m. to noon whipped up a seasonal poem after hearing that Children’s Hospital of Eastern Ontario won’t be able to welcome Santa this year!

’Twas the night before Christmas, and all through the ward Not a doctor was stirring, the nurses were bored. The patients were tucked all snug in their beds, With visions of orderlies stuck in their heads.

Each of them hoping that when they awake, There’d be lots of presents for Christmas’s sake. But no presents would be there, and all of them knew That poor old St. Nick had caught the swine flu.

But that was in Ottawa, and not Montreal, Where dear old Santa is right on the ball. He knows what it takes to keep swine flu at bay: Wash your hands, sleeve your sneeze, and you’ll be okay.

So the Montreal Children’s will be on Santa’s route, And he’ll stop by so sick kids will get lots of loot. But not so in Ottawa where sick Santa’s a tough sell. So I’m afraid East Ontario’s this year’s SOL.

**Dr. Sam Daniel**, Director of Otolaryngology, Head and Neck Surgery, is now a regular guest on *RDI Santé*. He will appear on the show once a month. You can watch his previous interviews at [http://www.radio-canada.ca/rdi/sante/](http://www.radio-canada.ca/rdi/sante/).
Mini-Med thanks!

Lisa Dutton, Manager of Public Relations and Communications at the MCH, stopped by The Study on December 4 to thank students for their volunteer help with the successful Mini-Med 2009 series.

Blast from the MCH’s past—did you know?
Research is never dull

In the early 1950s, Dr. Richard Goldbloom was studying a puzzling presentation among infants with skin rashes. When brought to Emergency, crying in pain, they bore characteristic inflamed, red rash from head to toe. The emergency room staff dubbed these infants ‘lobster babies’. Dr. Goldbloom traced the cause of the red rashes to a boric acid found in a popular brand of baby powder. With his father, Dr. Alton Goldbloom, he published a series of case studies in 1953 that deterred mothers from using boric acid powders on their infants. One day, Dr. Elizabeth Hillman, Director of Emergency, and a few other practical jokers called Dr. Goldbloom to Emergency “on the double” proclaiming that a ‘lobster baby’ had just arrived. Dr. Goldbloom interrupted his work and rushed to the ER where a tightly swaddled bundle awaited examination. He drew back the coverings to discover...a giant red lobster! ~ An excerpt from Building on a Century of Caring: The Montreal Children’s Hospital 1904-2004
Dr. Jacquetta Trasler’s career did not begin in a lab; she was training to be an obstetrician gynecologist at the Royal Victoria and the Jewish General Hospitals where some of the babies being born were abnormal. “At that time we often couldn’t identify the causes. Even now, the causes of about 60 to 70% of babies being born with malformations, including heart defects, neural tube defects or even learning and behavioral problems are still unknown,” she says.

“I saw that there were many questions that needed to be addressed in the field of research into the causes of birth defects in children. If I wanted to make a contribution, I knew I needed advanced training in research,” she says. Dr. Trasler went back to complete eight years of specialized training in research including a Ph.D. at McGill followed by postdoctoral studies in molecular genetics in Boston. In fact, her academic journey was ideal since her medical background helped her study conditions that she knew were very important.

Since returning to McGill and the Montreal Children’s Hospital nearly 20 years ago, Dr. Trasler has garnered some of the most prestigious awards in her research field, including the Canadian Institutes of Health Research (CIHR) Scientist Award and the Fonds de la recherche en santé du Québec (FRSQ) National Scholar award. She is currently a James McGill Professor. Although she has not returned to clinical practice, she has used her medical background to foster the development of clinician-scientists and help build research programs in the hospital environment. Her research field continues to evolve.

In one of her first studies in the 1980s she studied the male mediated developmental effects of anti-cancer drugs. At the time, pregnant women were counselled about exposures to drugs and workplace conditions that could be harmful to their children. Little was known about whether a father’s exposure to medications could also cause birth defects. “For exposed men, we needed to prove that even if sperm were mobile, could fertilize the egg, and result in an embryo, they might still carry genetic or epigenetic damage that could result in a birth defect. Initial grants were hard to obtain,” she recalls.

Working with Drs. Bernard Robaire and Barbara Hales at McGill University, she carried out the initial proof of concept experiments in animal models.

In the last ten years, enough information has been gathered from animal studies to begin to conduct studies in humans. For instance, Dr. Trasler now works in collaboration with clinicians at the MUHC along with the MCH oncology team on young adolescents treated for leukemia and lymphoma. The team plans to counsel and offer sperm and tissue banking in case the cancer treatment results in sperm damage and problems with fertility later in the lives of these young men. “This is a challenge, because you have to talk about fertility issues to adolescents who are not really thinking about fatherhood yet! But this important clinical research will help us establish what type of treatments may cause problems in the future and allow us to better counsel young cancer survivors.”

All of her studies focus on understanding the causes of birth defects, whether to determine if the treatments that use vitamins to treat infertility will be problematic later, if they will affect babies yet to be born, or if some of the chemicals present in the environment, such as flame retardants, could affect genes in ways that may lead to cancer or cause growth defects.

The amazing thing about Dr. Trasler is that she is always looking forward, and looking forward for her also means “facing new challenges”. “I have been very fortunate in my research career to work with excellent colleagues and trainees and receive generous funding from provincial and federal granting agencies such as CIHR and FRSQ to carry out my research on the causes of birth defects,” she says. “My goal now is to help the next generation of young researchers/investigators to be successful. The field is very competitive. I want to help build a dynamic team that will continue to do excellent research in the field of child health.”

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Wearing the hat of Associate Director for Pediatric Research within the Research Institute of the McGill University Health Centre since 2007, she is in a good position to achieve her goals. After spending 10 years running the McGill MD/PhD program that trains clinician investigators, she now has the chance to mentor people once they are starting their own research labs.

Dr. Trasler’s role in pediatric research also gives her the chance to actively participate in the building of the new Research Institute of the MUHC at the Glen site. She brightens when she talks about the amazing possibilities of this new world-class centre with pediatric and adult sites next to one another and state-of-the-art clinical and research facilities.

“I have the chance to think about the programs, to plan for child health research within integrated new facilities that allow us to study disease across the lifespan,” she says. Soon, she is certain, “we will be able to go from looking at children with disease to understanding what will happen to them in adulthood. We hope not only to better understand the genetic basis of disease, but also to intervene early on to prevent children from developing diseases later in life.”

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as seamless a manner as possible i.e., the right care, at the right time, in the right place. One example of this effort is the establishment of the Brain Development and Behaviour integrated network which regroups Psychiatry, Child Development and Neurology. The primary goal of this initiative is to improve patient care with an emphasis on family-centred care.

You’ll be hearing much more about these two projects in the coming months.

Of course this is not an exhaustive list of all of the many activities going on within our walls; there have also been numerous awards and publications, and some staff have left the Children’s, while others have eagerly joined our team. In addition, we must not forget the families we serve that have experienced joys or heartaches. Through all of this, you have provided an exemplary service that helps to secure the well-being and future of the children of Quebec. I sincerely value your contribution to the Children’s and thank you.

I offer you and your loved ones my best wishes for the holiday season and a Happy New Year. May all of you enjoy a peaceful and more relaxed time so that you return refreshed for the challenges of the coming year.

(Continued from page 2)

Lucy Caron, CNS, has been named Nursing Administrative Manager, Pediatric Inpatient Services and Labour Relations at The Montreal Children’s Hospital. Lucy will bring to this new role over 30 years of diversified nursing experience in both adult and pediatric care. She has expertise in clinical practice, administration and professional development in both inpatient and ambulatory settings and has been involved in many interdisciplinary and complex initiatives for both the MCH and the MUHC. Lucy will begin transitioning into these new responsibilities immediately, and will remain located in A412 (local 22905).

The Chez nous team wishes you a very happy new year!
12B, 3G... A Bingo game is under way on Sarah’s floor as I walk in. I’m here to meet Valerie, Toni’s mom. The fireplace in front of the front desk is full of candy canes, a snow-covered town has been set up. We are on the Oncology ward of the Montreal Children’s Hospital, a place where Toni and her mom will spend Christmas.

Toni is 10 years old; she was nine when she was diagnosed with Osteosarcoma in February. It was the first time Toni set foot in a hospital, neither she, her 16-year-old sister or her 18-year-old brother had ever been to the Montreal Children’s before.

Toni had to undergo surgery and chemo treatments in May. She went through it with a lot of strength, supported by her family and friends. Unfortunately, while she was still on crutches, she started having a fever. By chance Valerie was quick thinking enough to bring her to the hospital. “She had a fever,” recalls Valerie, “so I just rushed her to the hospital. I did the right thing because she became septic and that was very dangerous, she really needed medical care because she had an infection.” That was in October, and Toni has been on Sarah’s Floor since then while she waits to have another surgery on December 16 to have a rotation-plasty.

It’s amazing the strength that Valerie shows when she talks about the surgery. Toni will now need a prosthesis. “At first Toni wanted to have a surgery that would cut above the knee, but she finally agreed to have a rotation-plasty.” The purpose of this procedure is to make use of the joint in her heel. They will remove part of the leg while keeping the main nerves to the lower leg intact and functioning. “She preferred the other one because of how it would look, but the rotation-plasty will allow her to dance and run,” says Valerie.

Because the surgery will take place on December 16, Toni will be among the patients that will stay at the hospital for Christmas with her mom. “We’ll have visits from family and friends; Christmas will come to her,” says Valerie. And she tells me how on Thanksgiving, the whole turkey dinner came to her thanks to her friend Mandy and her family. They are fortunate to have a close family and very supportive surroundings. She also is extremely touched by what staff do to make the children’s stay easier.

“Child Life are so good to us. They make the days go by easily with all the activities. Imagine if you had to just sit there waiting.” She adds that everyone at the MCH has been amazing and that Toni’s morale is good, something that actually helps her go through the ordeal. “Toni and I are very close, we help each other,” she says.

Toni’s ordeal has been proof to the entire family of their strong bond. And Toni’s strength is just amazing. I read a text that Toni’s sister wrote about her sister: she says that Toni is the one who tells her everything will be OK, instead of the other way around. You can really feel that the family is very close.

As I take the elevator back to my office I have a lump in my throat. I can’t even imagine what Valerie has gone through. I admire her, and her positive attitude. And above all, I admire Toni’s courage.

Even though the Grant family will spend this Christmas at the Montreal Children’s Hospital, it really doesn’t matter; the important thing is that Toni gets better. “There will be other Christmases,” says Valerie. “Next year we’ll celebrate Christmas at home, and Toni will be there as well and we will celebrate her healing!”