After a race against the clock, an MCH team effort leaves a patient breathing easy

By Christine Zeindler

“We have lungs for your patient!” The unexpected call came to the sixth floor of The Montreal Children’s Hospital (MCH) of the McGill University Health Centre (MUHC) early on a Sunday morning. News like this is always welcome, but in the particular case, it was a cause for celebration. The recipient had been an MCH patient for most of her life and her future was not bright.

“Our patient had end-stage chronic lung disease,” says Dr. Aurore Côté, an MCH respiratory specialist and the on-call physician. “She had been very sick for years and she had been admitted to the MCH about a month ago.”

Thankfully, the call meant she might be given a second chance. However, the window of opportunity for transplanting lungs was very narrow. “We had 50 minutes to prepare the patient, assemble her medical chart and organize transport to Notre Dame Hospital, where the transplantation would take place,” says Cindy Gauthier, MCH Assistant Head Nurse who was working on the ward that Sunday.

It was a race against the clock and every minute counted. Lungs are particularly sensitive to decay once outside the body; the sooner the transplant could take place, the greater chance for success.

Summarized below is an account of how the 6C2 medical ward was mobilized.

T – 50 min: The call came in with a list of all that was required and the ward was rallied.

T – 47 min: The on-call and attending physicians were contacted at home. The ward was informed that copies of the patient’s x-rays would be required.

T- 45 min: A call was made and a form was faxed to Urgences Santé to book the ambulance.

T – 42 min: The Medical Records Office was informed of the need to copy the patient’s medical file. The Medical Imaging Department was informed of the need to copy a CD of the most recent X-rays and CT-scan.

T- 40 min: The patient was woken and told the good news. Her IV was changed, she was given medications and inhaled treatments to help clear secretions from her lungs. Her clothes were packed and she was stabilized for the ambulance ride.

T- 35 min: Two nurses went to medical records to help prepare and copy the patient’s medical file.

T – 30 min: The physicians arrived. They saw the patient and reviewed the plans with the nurses. The patient’s summary was updated

T – 15 min: The ambulance attendants arrived on the ward.

T – 5 min: The patient was transported to the ambulance bay, while the transport nurse made a detour to medical records, where the completed patient chart was picked up.

T - 0 min: The patient and Ms. Gauthier boarded the ambulance and left The MCH, maybe for the last time.
It took approximately six nurses, one Medical Records employee and two from Medical Imaging to prepare the young patient for this momentous occasion. Thanks to their efforts, it turned out to be one of the biggest and best days of her 19-year life. Less than twenty-four hours after the initial call, she was able to breathe easy for the first time.

“This was a major collaborative effort,” says Gauthier.

“We had difficulty continuing our day after this,” says Dr. Côté. “We had such a sense of euphoria. With everyone working together like they did, the physicians had so little to do. I felt so proud of the team that made the effort in such a short period of time.”

Some of the nurses on 6C who received the Patient and Family Centred Care Award from the hospital’s Family Advisory Forum

from left to right (front row): Cindy Gauthier, Carmela Jumeras, Leila Zourdani (back row) Amélie Henry Garant, Louis-Charles Monast
absent: Else León, Isabelle St-Cyr, Annie Needham. Also missing from the photo: Jonnette Cabrera, Medical Records, Cynthia Ross, Timothy Ho and Bill Fani, Medical Imaging. These amazing people did their utmost to help a young patient with end-stage lung disease. This is what the MCH is all about. Thank you!

OACIS: not a mirage in organization

By Leila Nathaniel

Keeping a hospital up-to-date is tough. Delays, multiple appointments in different locations, and waiting for test results can all create problems when records aren’t immediately accessible. This is how OACIS helps. Along with the scanning project, the two will keep staff current on patient developments. According to Carole Lapierre, Senior Advisor to the OACIS project, this is especially helpful at the McGill University Health Centre (MUHC), where patients have appointments with specialists at different locations, come to the ER or are suddenly admitted, or when a child visits adult facilities.

OACIS stands for Open Architecture Clinical Information System. Carole explains the purpose of this software is to share patient information between clinicians in the most efficient and accessible manner. With OACIS, the MUHC intends to limit human error and delays with features such as ensuring patients aren’t ordered tests twice or put on medication out of recommended dosage. This improves patient care and increases patient safety.

Another feature of the system is its customizable interface. Due to strong participation of collaborators with clinical backgrounds for the system design, its introduction within the MUHC clinical workflow tends to be easy and well integrated. Once all the functions are in place, OACIS will be able to keep track of all patient records, results, prescriptions, clinical documentation and be able to give system support for clinical decisions, among other abilities. The MUHC is planning on introducing all aspects OACIS is capable of over the next four years, before the move to the Glen Campus.
**Transition: a positive move**
*The MUHC Transition Support Office helps de-clutter the way*

By Christine Zeindler

As the McGill University Health Centre (MUHC) moves from six sites to one newly constructed campus and two renovated ones, all of the approximately 12,000 employees will be affected in some way. They may have to physically move to a new location or change the way they work. Although these transitions are challenging, they needn’t be unpleasant. The Transition Support Office (TSO) has been established to help smooth the path.

“We are here to support the employees, from the clinicians to the managers,” says Marie-Claire Richer, Director of the MUHC TSO. “They know best what they need. In collaboration with other departments, such as Quality & Performance and Human Resources, the TSO’s dedicated resources in project management and process improvement will help MUHC services become more efficient and effective.”

**Change provides opportunity**

“Going through this big redevelopment project provides a great opportunity for people to innovate and to think differently about their practice,” says Ms. Richer. “It’s a great opportunity to optimize and reorganize procedures and processes so that we really will give the best care to our patients.”

Such restructuring has already been put to the test with the consolidation of two adult Cardiac Cath Labs into one, now located at the Royal Victoria Hospital (RVH). “There were two distinct teams, with different methods of practice,” says Richer. “We helped the teams harmonize and optimize their practices.”

The Montreal Children’s Hospital (MCH) of the MUHC has also been proactive in planning for their transition, and is viewed as a success story for the TSO. “Since we opened our doors in 2008,” says Richer, “the MCH leadership has welcomed us on board to help them plan their transition to the Glen campus.”

One of the priorities established by the Children’s is ambulatory care. Because of the vast number of visits, this service has been identified as a priority. The types of patients and care were evaluated, and have been compared to what the Ministry of Health outlined in the clinical plan. “The Children’s has always provided specialized care. The logical next step was to offer them support towards achieving their vision for ambulatory care – it’s a work in progress!”

A facilitator towards the future

The TSO currently has 12 employees, but the team is growing to support increasing demand. At present they are helping coordinate more than twenty projects, ranging from support for the operating rooms to helping the pediatric Psychiatry service. They are also beginning to mobilize a project team for the consolidation of the two NICUs (one is at the MCH and the other is at the RVH).

“It is not our mandate to tell the units what they need to do,” says Richer. “They need to identify their priorities and the TSO will support them. There needs to be a good alignment between the needs of the clinical leadership and support from the executive team.”

“Once again, the Children’s is an example of where this works well. Their leadership, physicians, nurses and other professionals involved are really engaged, which has resulted in success in a number of areas.”

Given this experience and the TSO’s optimism, it appears that MUHC staff can look forward to positive changes, despite the many challenges ahead.

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**The TSO offers different types of support including:**

- Harmonizing clinical and administrative practices (EIDM)
- Analyzing and optimizing processes
- Aligning new information systems with overall transition needs
- Supporting the consolidation of services
- Tracking the success of transition projects

To discuss your plans with the TSO, please contact Marie-Claire Richer at 71355.
The CNCP Grants Committee has funds to support non-clinical personnel and managers to improve the quality of their services with regards to:

- Training activities (not leading to a diploma)
- Group orientation
- Conferences
- QLW activities
- Emerging needs

CNCP Grants can be used to finance training opportunities which are pertinent to job requirements, to improve orientation activities for large employee groups and to finance conference speakers who would be of educational interest for CNCP members. Employees are required to obtain their managers signature ONLY if their activity interferes with their work schedule. The CNCP may allocate up to $500 for individual requests and $1,500 for group requests.

Visit the CNCP website at cncpindex. Applications are available near the MCH Cafeteria on E3

Deadline for submitting your request is December 13, 2010
All applications should be sent to
Hélène Hammers, at 2155 Guy St., Suite 322-B
Questions? Call 22661 or 42154

Start thinking about your Awards of Excellence nominees

The Awards of Excellence ceremony is still a few months away but it won’t be long before the nomination period begins. Get a head start and put some thought into who you’d like to nominate for the 2011 Awards. The Nomination Period will be announced in January. Look for more information in upcoming issues of Chez nous.

The Montreal Alouettes and TELUS bring some joy to The Children’s

On November 15th, a number of MCH patients were greeted with a surprise visit from members of their favourite football team. Accompanied by their mascot Touché, Montreal Alouettes players Danny Desrivaux, Matthieu Proulx and Scott Flory took an afternoon off from preparations for the Eastern Conference final, and spent their afternoon reading and visiting with some enthusiastic fans.
Do you look like your pet?

It’s often said that people look like their pets and vice versa. We, at Chez Nous, want to put that theory to the test. Do you have a nose like your cockatoo? Are you as roly-poly as your guinea pig? Do you and your dog have the same hairdresser? Are you and your cat perrrrfectly matched?

If you and your pet are sisters or brothers from a different mother then send us a picture of you and your pooch, parrot or python. You would win a $50 gift certificate good at any retailer in Alexis Nihon Plaza.

Email a photo of you and your beloved pet to info@thechildren.com. All entrants must be received by Friday, January 7, 2011. The winner will be announced in the January 20 edition of Chez Nous.

Good luck!

A wonderful gift idea for Christmas!

Looking for a great gift idea that combines creativity and generosity? Music therapists Christelle Jacquet and Pascal Comeau of the Montreal Children’s Hospital (MCH) of the McGill University Health Centre (MUHC) created a CD of lullabies. The acoustic recording features 12 songs in eight different languages performed by various singers. You can listen, download or buy the CD through the MCH website at www.thechildren.com/fr/musicotherapie.aspx, the MCH Foundation’s virtual store www.fondationduchildren.com/fr/catalogue.aspx, and Archambault outlets on Berri Street and in Laval. You can also contact Pascal or Christelle (Rm A-414, ext 23234), to buy the CD.

Awards and Nominations

Dr. Stephane Schwartz was recently honoured as a Life Member by The Montreal Dental Club. The award of merit is given in recognition of a dentist’s contribution to the art and science of dentistry.

Events

Come celebrate Christmas with your MCH colleagues

Join in the fun at this year’s employee Christmas party. It’s a chance to enjoy a break from the everyday routine and celebrate the season with your colleagues!

Wednesday, December 15
11:30 a.m. to 1:30 p.m.
MCH Cafeteria (3rd floor)
Hot and cold buffet, games, dance and prizes.
Brought to you by the Quality of Life at Work committee

Lunch & Learn

Bien dans sa peau!

Join Christiane Tessier for a relaxing and enjoyable Lunch & Learn session where she’ll give you helpful tips to rejuvenate your skin and get glowing for the holidays.

Tuesday, December 14
12:00 noon
D-162
rsvp: terry.seguin@muhc.mcgill.ca
Kamel Choubane  
Biomedical Engineering  
When not at work, I like doing sports, reading, and watching TV, especially documentaries on technology.

Colette Fontaine  
Physiotherapy  
36 years at the MCH  
I really like the team I work with at the MCH. When I’m not at work, I love to shop, spend time with friends and above all, go out with my daughter.

Linh-Chi Nguyen  
Biomedical Engineering  
4 months at the MCH  
I enjoy playing badminton and cycling and running. I also enjoy eating chips and cake…!

Erica Richardson  
Neonatal Clinic  
18 years at the MCH  
I love to be outdoors and the best way to do that is by riding my bike to work as often as possible.
The label low-down: how to get the most out of the Nutrition Facts table

Nutrition labels contain all of the essential information consumers need to know about the nutritive value of food products, and can serve as a navigation tool to make healthier choices. Yet a large number of Canadians admit they’re just plain confused by them.

While it may seem off-putting to scrutinize every box on the shelf, Claudine Larivière, a nutritionist at The Montreal Children’s Hospital of the McGill University Health Centre says practice makes perfect.

The Nutrition Facts table on any given product along with the percentage daily value calculation (DV %) can help you compare foods and choose products that are more nutritious for you and your family.

Using the daily value percentage indicator, it is fairly simple to determine which foods are wholesome, and which foods aren’t by using the 5 to 15% rule.

“Nutrients you will want more of are calcium, iron, fibre, vitamin A and vitamin C,” says Larivière. “That said, to make healthy choices you should choose products that have 15% or more of these nutrients. “Nutrients you want less of are fat, which includes saturated and trans fats, cholesterol as well as sodium,” she says, adding that consumers will want to look for products that contain less than 5% of the daily value of these nutrients to keep a well-balanced diet.

It is important to keep in mind that the percentage daily value in the Nutrition Facts table is for a specific amount, or a serving of food, but the amount consumed can be smaller or larger. Stay on track by comparing the serving size information to the amount you will actually eat.

In Focus

Get to know your Call Centre

By Pamela Toman

Though you may have never seen her face, you’ve no doubt spoken to Tanya Monuma or some of her colleagues more than a few times. Maybe you asked her to page a physician on call, or maybe you were looking for a specific department’s phone number. You may have even been the recipient of a late-night page telling you to come in to the hospital to help with an urgent case – but regardless of the reason for your interaction, your communication with the MUHC Call Centre is more frequent than you think.

Since joining the Call Centre team seven years ago, Monuma has seen it all. Back-to-back emergency code calls, unanswered pages and days when the phone seems to ring off the hook. As one of the veteran employees manning the phones, Monuma can clearly handle the infinite number of calls that come her way – and as Operations Manager Lillia Glykis-Hatajlo explains, there are a lot.

(Continued on page 8)
In 2009, the MUHC Call Centre handled over 1.8 million calls, as well as 3,416 Emergency Calls. “We receive an average of 150,000 calls per month, or approximately 6,500 calls during the weekday - during peak periods we have up to 11 operators handling calls.” says Glykis-Hatajlo. “Our team must work cohesively in order to make sure information is shared, and we are able to provide quick and efficient service.”

Spread across two sites, one on the 3rd floor of the administrative offices on Guy Street, and the other located above the Daycare of the Montreal General Hospital, the MUHC Call Centre is the lifeline for communication between departments, services and hospital sites.

Glykis-Hatajlo has made it her team’s priority to improve the rapidity, efficiency and uniformity of the Call Centre’s service to the internal and external clientele of the MUHC. “There has been a significant improvement in the service levels of the past two years,” she says. “Our team is committed to quality service: we have implemented a continuous quality control monitoring system to enable us to monitor and supervise the service our operators are providing.”

Another challenge has been the management of 320 on-call schedules, for the departments and services across the MUHC; however, communication between the Call Centre and the departments has improved. “We are all looking to provide the best services for patient care,” she acknowledges.

Informational initiatives have included the creation of a Call Centre pamphlet that includes all important numbers and services offered by the department, as well as the distribution of emergency code number stickers to be posted on telephones for quick reference. These extensions may seem obvious, but to employees dealing with emergency situations, remembering the correct extension to dial may be an afterthought.

“Ultimately, the Call Centre aims to provide the best services possible,” says Glykis-Hatajlo. One call at a time!

‘Tweets’ from the Operating Room: Join The Children’s in a Canadian First

The Montreal Children’s Hospital performs approximately 6,600 operations annually, including day surgeries, but many of us never get to see what happens once patients are wheeled into the operating room. In a Canadian first, The Children’s brings you beyond the waiting room right into the OR with otolaryngologist Dr. Melvin Schloss, as we follow, via Twitter, his patient’s journey from prep to the operating table. We’ll be posting photos and live tweets in early January as Dr. Schloss performs a routine surgical ENT procedure. Stay tuned for details of date and time, and follow us @HopitalChildren – you won’t want to miss this exciting and informative session!

Mini-Med presentations now online at www.thechildren.com

If you didn’t manage to sign up for Mini-Med this year, you can catch some of the presentations by visiting the Children’s web site. Just follow the Mini-Med link from the home page.
Ellen Amicarelli is a vibrant, dynamic, and resourceful person. Her zest for life is evident within minutes of first meeting her as she happily talks about her life so far—one filled with many stories of volunteering, raising her children, and working at the MCH.

Ellen is the oldest of five girls. She came to Canada in November 1953 from Campobasso, Italy. “We arrived in Halifax and went by train straight to Windsor, Ontario, where my father was already living,” she recalls. “One of my first memories is looking out the train window and wondering why so many people had clothes on the line when there was snow on the ground!”

Ellen’s family had quite a few American relatives so she spent her childhood going back and forth between Windsor and Detroit. “I learned to speak English very quickly which, in no small part, was thanks to my grade four teacher who tutored me.”

By the time Ellen was in her late teens, she moved to Montreal, married and eventually started a family. There were a few different turns in her career before she ended up at the MCH. She worked as a teacher in the late 1960s, and helped lead a pilot project for children who had difficulty in school. Throughout her career, Ellen took various courses at Collège Marie-Victorin, O’Sullivan College and Concordia University to improve her skills and credentials.

Before working at the MCH, Ellen became involved in developing a not-for-profit association involved in genetics research, which gave her the opportunity to meet Dr. Charles Scriver. Her work with this association brought her to conferences in France, Italy, Turkey, Greece and the United States. Her language skills, which by then included French, meant she acted as translator for many delegates. Ellen is passionate about what she accomplished over the years with the association. “It was such a fantastic opportunity to learn, to meet new people, and help them make connections with each other,” she says. “I made many wonderful friends who I still see to this day.”

Since starting at the MCH in 1982, Ellen has worn many hats. Her first job was in the renal clinic. She then worked for the director of poison control and child protection. Since 1992, she has worked at the Information Desk and registration. During that time, she also worked in ER registration. For the past year, she has worked exclusively at the Information Desk as the first contact for the countless number of patients, families and other visitors who come to the hospital every year. Needless to say, it can be busy.

Ellen is someone who could be described as intuitive and compassionate—qualities that come in handy working at the main entrance. She tells a recent story of a young mother who asked her for help. “She had been trying to get an appointment in one of our departments so I asked to see her referral papers. It said the consultation was urgent but there was an error in the paperwork.” Ellen called the department and they arranged to see the child right away. “I was so glad she asked me for help—and so happy that I could help her.” That day, when Ellen returned from lunch, there was a thank-you note from a grateful mother.

Ellen says you not only have to know the hospital to work at the Information Desk, you have to know the city: hotels, metro lines and so much more. She keeps maps at the ready. “You’d be amazed how many times people call and say ‘How do I get to the hospital?’ Well, I need to know where they are before I can tell them how to get here!”

Ellen is only a few weeks away from retirement and she’s looking forward to the next phase of her life when she’ll get to spend a lot more time with her granddaughter, the light of her life. She also plans to start writing her family history.

Even in retirement, Ellen will likely continue to help people wherever she goes. “A while back, a woman arrived at the front entrance with her baby. She had just given birth the day before,” says Ellen. “Her dad was parking the car so I offered to help her carry the baby to the elevator. That’s just what you do!”
Learning that your child is sick is every parent’s fear. Imagine what it’s like when it happens a second time. That’s what Lisa Yee and her husband Gerald Verghese went through with their son Gabriel, then daughter Gracianne. “We felt like lightning had struck twice,” says Lisa. “After what we’d been through with Gabriel, Gracianne was supposed to be ‘the healthy one’.”

What they’ve been through is no small feat. When Gabriel was still a baby, he was diagnosed with severe reflux and esophagitis which resulted in a failure to thrive. He stopped gaining weight at about six months of age, and although he was put on medication, at 11 months his lab results started coming back abnormal. His gastroenterologist, Dr. Dominique Levesque, and staff from the MCH failure-to-thrive clinic made an important decision. “We had to learn how to feed him high-caloric hypoallergenic formula via a nasogastric (NG) tube,” says Lisa. “Gabriel and I were hospitalized for tests and we learned how to insert and remove the NG tube and prepare the formula.” By the time Gabriel was 20 months old, he had gained enough weight and was eating enough by mouth to stop the NG tube.

A second trip to Emergency
Over time, Gabriel got better, and life was getting back to normal. Before long, his sister Gracianne was born. She showed every sign of being a healthy baby but by her second birthday, there were signs that something was wrong. The family found themselves back in Emergency where Gracianne was diagnosed with Type 1 diabetes. Within days they were at the Children’s Diabetes Clinic. Anne Bossy and Evelyne Pytka taught them how to manage Gracianne’s diabetes with blood glucose tests, carbohydrate counting, and management of hypoglycemic events. “It was our second time going through the shock of emergency room visits and constant medical management of our child,” says Lisa. “The staff didn’t understand why we were so calm at first. My attitude was ‘show me what needs to be done and we’ll do it’.”

So how does the Verghese family manage with two kids who have a standing relationship with the Montreal Children’s Hospital? According to Lisa, you get used to it. Gabriel is turning 10 in December; he still takes medication for gastroesophageal reflux disease (GERD) and takes certain precautions such as not eating before bedtime. He has annual endoscopies to check his esophagus and stomach valve. “Otherwise he’s fine and doesn’t remember much of his ordeal,” says Lisa.

Gracianne is five now and usually very cooperative with her diabetes management. “She now wears an insulin pump which has made day-to-day management significantly easier,” says Lisa. Gracianne eats almost whatever she wants, within reason, however she’ll always need blood glucose checks about four times a day. The difficult times are when she says “I hate being diabetic” and asks “why was I made this way?”

Follow-up visits bring peace of mind
Gabriel’s annual check-up and Gracianne’s appointments every three months are not what Lisa considers demanding. “The doctors’ close follow-up gives me confidence that any long-standing complications can hopefully be avoided.”

Lisa often hears “I don’t know how you do it.” Her usual response: you’d do it too if your children were in the same situation. She also tells parents that if they’re uncertain about their child’s health, they should keep asking the right questions to the right health care people until they get answers that make sense. “We’re very fortunate to have the dedicated and specialized staff at the Children’s to look after our kids when we need them,” Lisa says. “Gracianne “loves!” Dr. Mitchell and she’s always so happy when it’s time to go to the hospital. What else could a mother ask for?”