

Chez nous

MCH EMPLOYEE NEWSLETTER

January 24, 2013

The good and the bad—one mom's MCH experience

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Hôpital de Montréal
pour enfants
Centre universitaire
de santé McGill



Montreal Children's
Hospital
McGill University
Health Centre



New year, new look for Chez nous!



To kick off 2013, *Chez nous* has a brand new design but still contains your favourite articles such as *Our Heroes*—stories of children in our care, *Our People*—profiles of MCH staff and physicians, as well as hospital events and news including the latest information on the new Montreal Children’s Hospital.

As our new hospital takes shape, it’s clear that how we ‘do business’—how we care for children and their families, how we work as a team—is about to radically change. It is an exciting time. The staff of Public Relations and Communications at the MCH will be writing extensively about our new hospital and will periodically publish articles with advice and tips on how you can better

embrace, accept and adapt to the many changes that are in store for all of us.

As always, we welcome your ideas and suggestions for articles in *Chez nous*. The newsletter is for you and about you. Let us know what’s going on in your department, clinic, service or office so we can shine the spotlight on you and your team. And remember, you and your family and friends can read *Chez nous* by going to thechildren.com and clicking on News and Events.

Happy reading and enjoy!

Lisa Dutton

Editor-in-Chief, CHEZ NOUS

Manager, MCH Public Relations and Communications

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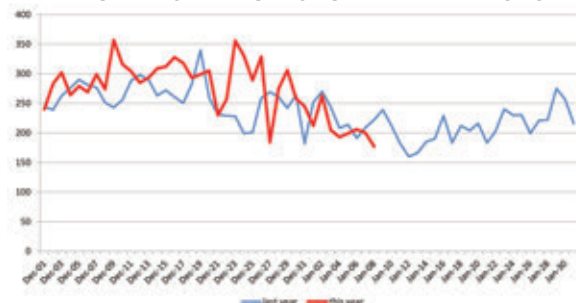
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Our holiday ER team deserves a big round of applause

Our patients and their families are indebted to the Pediatric Emergency Department Team for the care they received over the Holiday Season. Despite dealing with record-high patient volumes since mid-December our team members were able to provide kind, compassionate, individualized and timely care to all. We thank our team for their devotion and professionalism.

Anne Boisvert, Interim Nurse Manger
Lyne St-Martin, Nurse Manager
Dr. Harley Eisman, Medical Director

PEDIATRIC EMERGENCY DEPARTMENT VISITS



Our ER received a record number of patients over the holidays. On December 23, over 350 patients were treated in the ER, almost double the number we’re designed to handle, and the numbers stayed consistently high until a sudden drop on December 27—the day of the huge snow storm.



The good and the bad

One parent's story about the ups and downs of her hospital experience — By *Stephanie Tsirgiotis*

Teaching and learning from one another are essential to providing the best care for our patients and families. And once in a while, our patients' families take an active role in our learning experience — by reminding us about the importance of compassion and caring. Sabrina Nimour, a mother of four from Shawinigan and a new member of the Family Advisory Forum (FAF), recently told a packed Town hall that the care her son Malik received at the Montreal Children's Hospital (MCH) was exceptional, but that the MCH fell short in other ways.

During her pregnancy with Malik, Sabrina's doctor noticed an anomaly in the baby's urinary system, which meant he had to be treated immediately after birth in either Montreal or Quebec City. Sabrina chose to give birth at the Royal Victoria Hospital so Malik could be treated at the MCH. He spent his first two weeks in the NICU and underwent a number of tests. His doctors diagnosed hydronephrosis and renal insufficiency (kidney failure due to water inside his kidneys).

Malik was stabilized and transferred to the sixth floor where his care team began to prepare the family for his return home. Sabrina says Malik's direct care team always listened and treated her son well, but the same couldn't be said about certain staff from other services in the hospital. On one occasion, a staff member tried unsuccessfully to install a PICC line despite Sabrina's protest. "It was terrible to hear my baby cry out in pain. Imagine how I felt when she finally admitted I was right after all," she says.

During Malik's stay, it became increasingly difficult for Sabrina and her husband to divide their time between the hospital and caring for their other children. "The one major thing that was lacking during our hospital stay was support for the parents – psychological and material," she says. Absolutely everything was being done for Malik, but she felt that parental support was sidelined. And although the nurses did their best to console Sabrina during her

darkest moments, she was never offered any kind of professional psychological support.

Alone in Montreal and reluctant to leave her baby's bedside, she ate crackers and water for two weeks because no one told her about the cafeteria meal coupons or the meal replacement drinks in the unit's fridge. She also noticed volunteers would often stay with other children, but nobody offered this service to her. She would have loved the chance to have a shower, or go get a hot meal.

Another shortcoming was some staff's inability to speak French. "I get by in English, but not when it comes to medical terms," she says. "On top of being worried about my child, I was stressed out because I couldn't understand certain things about Malik's condition." Unfortunately, nobody offered to call an interpreter to help her out. She truly believes parents will have everything to gain if they are told about all these available services as soon as they arrive - something she hopes to change now that she is on the FAF.

"I recommend this hospital to everyone I meet," she says. "My child received fantastic care, however there is always room for improvement." ●



Sabrina Nimour, a mother of four from Shawinigan and a new member of the Family Advisory Forum (FAF)

Public Relations and Communications recently republished its "Welcome to the MCH" booklet in English and French which contains a listing of services available to parents. The booklet will be distributed by Admitting and is available to parents on the units beside the newly installed Parent Information bulletin boards. If you would like copies of the guide, please call x24307.





Dr. Bitzan in North Africa

MCH nephrologist trains physicians in Algeria — *By Suzanne Shugar*

MCH's Director of Pediatric Nephrology, Dr. Martin Bitzan, was invited to Algeria by the Nephrology Division at the CHU Hussein-Dey, which is affiliated with the Université d'Alger, to lecture and train physicians as part of the International Society of Nephrology (ISN) Educational Ambassadors Program.

This program aims to advance nephrology in the developing world by matching experienced nephrologists with the specific training needs of an emerging country.

"I was recommended by Professor Farid Haddoum, Chief of Nephrology at the Hussein-Dey in Algiers, whom I had met three years ago at a conference," says Dr. Bitzan.

Health care in Algeria

Although Algeria is a resource-rich country, almost one quarter of the population lives under the poverty line. Its under-five

year mortality rate is five times greater than Canada's and worse than that of Guatemala or Botswana.

Health care is nationalized and free, although a certain number of private clinics are available.

Prior to Algeria's independence from France in 1962, there was only one university in the country, located in the capital city of Algiers. Today, there are numerous institutions of higher learning, including ten medical schools. Two of the university-affiliated hospitals, in Algiers and Tlemcen, were part of Dr. Bitzan's teaching tour.

"Medical training has been a priority for the Algerian government since independence. They have good medical schools and they are making progress in some areas, but nephrology services for children lag behind," says Dr. Bitzan.

No pediatric nephrologists

"In fact, there are no trained pediatric nephrologists in Algeria. The specialty does not exist. Children with renal problems are seen by pediatricians, general physicians and (adult) nephrologists. Understandably, pediatricians and GPs lack sufficient knowledge in nephrology, and nephrologists who treat adults are often not trained to approach renal disease in children. They must learn to consult each other and work cooperatively for the benefit of these sick children and prevent the detrimental effects of inadequately managed acute and chronic kidney disease," adds Dr. Bitzan.

Opposition to kidney transplants

Algeria also trails behind in kidney transplantation, which is a routine procedure in North America. In 1980, Islamic scholars declared that organ transplantation was concordant with



Dr. Bitzan in front of the Children's Pavilion on the campus of Hôpital Pr Nefissa Hamoud (CHU Hussein-Dey) in Algiers.



religious law, but some remained opposed, leading to a severe shortage of donors. The government intervened by creating the Algerian Agency for Organ Transplantation in 2010. Seventy kidney transplants were performed that year and 6,000 people were on the donor waiting list. The number of renal transplant operations has been rising steadily since then, but cannot keep pace with the rate of patients with end-stage renal disease, currently estimated at more than 16,000.

“The physicians I met were keen to learn and improve their skills. During rounds and meetings we talked about kidney transplant complications, including disease recurrence, biopsy indications and treatment of humoral rejection. We

also discussed hemodialysis, peritoneal dialysis, and genetic and metabolic diseases, such as cystinosis and Fabry Disease. I became involved in treatment decisions in cases of hemolytic uremic syndrome and acute renal failure in the pediatric intensive care unit,” says Dr. Bitzan.

Dr. Bitzan was impressed with the calibre of the professionals with whom he interacted and overcome by the warm hospitality and generosity of his host and the Algerian people. It appears they feel the same way about him. He was asked to return to provide more training in the spring and he will host two Algerian nephrology residents who are planning observerships at the MCH and CHU Ste-Justine. ●



Dr. Bitzan during rounds with a Nephrology resident and pediatric patient at the renal division of the CHU Tlemcen in Tlemcen, Western Algeria.



Photo: Daniel Héon

Martine Alfonso
MCH's new Associate
Executive Director

Martine Alfonso joins the MCH

Martine Alfonso officially joined the MCH on Monday, January 7, 2013, as our new Associate Executive Director. “The Montreal Children’s Hospital is home to an impressive array of researchers, physicians, nurses, clinicians, and staff who have made significant contributions to the well-being of Quebec’s infants,

children and teenagers for over a century. With the eminent move to the new MCH in 2015, it is a privilege to be joining the hospital at such an exciting time in its history,” says Ms. Alfonso. “I look forward to contributing to the ongoing success of this renowned academic hospital.” ●



Change, change, change

Big changes are a-comin' at the MCH...

Some tips to help you cope — *By Lisa Dutton*

As human beings we are always experiencing change. Cold weather, we change how we dress. Text messaging, we change how we communicate. Bad economy, we change how we spend our money.

Everyone at the MCH is on the cusp of massive change. There's no denying that moving to our new hospital will completely alter where we work, how we work, and in some cases with whom we work. Here are a few tips to help you cope with upcoming changes.

"People adapt to change at different rates," says Hani Kafoury, principal of Tranzition Consulting, a Montreal firm that specializes in helping organizations with the 'people side of change'. Mr. Kafoury says undergoing a major change can be very emotional and can make people anxious, doubtful, or sad. "Expect and accept a grieving period or a period of uneasiness," he says.

Make positive predictions

Often however, people tend to "make negative predictions about their ability to adapt and manage pending changes," says Mr. Kafoury. "We tend to catastrophize, imagining the worst outcome as a result of the change. This is not surprising since people feel a sense of incompetence and loss of control whenever they experience major change. It's to be expected, at least for a while, since change requires us to go through a learning curve." It's important to remember the uneasiness is only temporary. He suggests referring back to past changes such as moving to a new home, starting a new job, or getting married, things that we have experienced and coped with successfully.

Ask, ask, ask

Another key to better cope with change is to find out more. "We tend to be afraid of the unknown," says Mr. Kafoury, "so, be proactive in getting the information you need about how the change will affect you or your team." It's crucial to ask your manager for more information about the move and where your department will be located. You can also read more on the MUHC website, offer to sit on a planning committee, or attend town hall or public information meetings.

One big change at a time

"It is also important, as much as possible, not to overburden yourself with several changes at the same time," says Mr. Kafoury. "If during the MCH's big move in 2015, you can hold off on other changes, all the better!" Too many changes, if not managed properly, can lead to discouragement, and even burnout. So as much as possible, tackle one big change at a time. If this is not possible, then you should "prioritize, pace yourself, and ask for help and support," says Mr. Kafoury.

Celebrate small wins and successes

Most important, we should acknowledge and celebrate small wins and successes during times of major change in order to keep our momentum and enthusiasm going throughout the change. ●



The new MUHC



My child is being bullied—what can I do?



The latest addition to the MCH Health Tips series addresses an important issue that many parents and families are worried about: bullying. The pamphlet offers constructive advice on how to talk to children about bullying, what signs to watch for, and what parents can do to support their children.

The MCH Health Tips series includes 27 titles on a range of children’s health issues. The pamphlets are available in the 2B area, Emergency, the Family Resource Centre and the Ophthalmology waiting area (D-1). For more information or to obtain a complete list of topics, contact Public Relations and Communications at x24307. •



Watch what you say, and where you say it

— *By Imma Gidaro, MCH Coordinator for Patient- and Family-Centred Care*

Let’s be mindful of our surroundings. When stepping in an elevator or going outside for a break, wherever we are in and around the hospital, we should always watch what we are saying. When outside your office or clinic, you’ll likely be in the presence of patients and families. Talking amongst each other in public about a patient or about an anxious family is not professional and can be very disturbing to those who can hear what you’re saying.

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One machine, one purpose, one very clean bathroom

MCH Housekeeping has a new piece of equipment at their disposal: the Compass™ 2 Multi-Functional Cleaning Machine. “January 10 was the first day we used it and the results were great,” says Leonard Johnston, Manager of Housekeeping at the MCH. “Our staff are very happy with it.” The new machine cleans and disinfects washrooms through a three-step process: first, it sprays soap on the walls and toilets, then it rinses the room by pressure washing with hot water, then

finishes by vacuuming the surface completely dry in one-third less time than conventional cleaning methods. •



Denis Beauseigle, Housekeeping



MAKING HEADLINES

MCH in the news

Over the holidays, the Montreal Children's Hospital received a lot of positive coverage in the media, particularly in *Le Journal de Montréal* and *La Presse*. The articles truly reflect the amazing work and care that takes place at the hospital and recognize the real impact we all have on our patients and their families.

We should all be proud of these MCH successes! Please visit the websites of *La Presse* and *Le Journal de Montréal* to learn more about our courageous patients, including 11-year-old Miguel who had his entire jaw reconstructed, and 10-year-old Raphaëlle who is bravely battling cancer after having her leg amputated. •

A big thank-you!

Congratulations to The Montreal Children's Hospital's staff for sharing the patient stories that describe the extraordinary quality of care offered to children in a family-centered environment. The articles which appeared in the media over the holidays demonstrate that our patients and their families appreciate and publicly recognize that the quality of care they receive at the MCH is unmatched in every regard.

We are very proud of these wonderful testimonials.

François Laurin

President,

and members of the Council for Services to Children and Adolescents



EVENTS

How sweet it is!

A delectable gala not to be missed, **Dolce** is an event organized by the members of the Young Leaders Circle, a stylish team of hip young professionals dedicated to raising money to support The Children's. Four hundred attendees at last year's **Dolce** event were treated to cocktails, music, dancing, and a vast array of tasty treats guaranteed to delight even the most discerning dessert aficionado. A silent auction full of the hottest items and gift bags are also sure to please this year's guests. **Dolce** will take place on February 23, at Espace Réunion. Tickets are going fast and may be purchased at dolcemontreal.com. •





OUR HEROES

Missed connections, from birth to NICU:

Nico's journey — *By Christine Zeindler*

Maria Vindigni was the picture of health when she went into the hospital to deliver her twins. Her pregnancy had been completely normal and she was confident all would go well. However, her world turned upside down after the delivery of the second of the pair, Nico. He was born with esophageal atresia and tracheoesophageal fistula (TEF), a birth defect in which the esophagus (the tube that connects the mouth to the stomach) doesn't properly connect to the stomach.

"The doctors realized something was wrong within the first 10 to 15 minutes," says Ms. Vindigni. "Nico was choking on his saliva, he was unable to swallow. They tried to place a tube into his esophagus and it wouldn't insert very far. This was when they suspected he had TEF."

Nico was rushed to the Montreal Children's Hospital (MCH) of the McGill University Health Centre (MUHC), where the physicians confirmed the initial TEF diagnosis with an X-ray.

"Luckily I didn't breastfeed Nico right away or his problems could have been worse. It turns out that his esophagus was connected to his lungs."

Nico had his first surgery before he was two days old to reconnect the esophagus to the stomach. He was then transferred to the Neonatal Intensive Care Unit (NICU) where he spent his first two weeks of life.

"We see about one of these patients each month," says MCH pediatric surgeon Dr. Robert Baird.

"Approximately 1 in 2,000 children is born with this and until birth, there is often no suspicion of the defect. This can increase the anxiety around surgery as the family has not had time to prepare for the procedure."

"TEFs are not created equal," says Dr. Baird. "The surgeries can range from straight-forward to complex, depending on where the defect occurs. Nico's surgery was only moderately complicated, lasting about four hours. Fortunately, he and all our patients benefit from multidisciplinary care, where they have access to all the different available expertise, from gastroenterologists, respirologists and ENT physicians, to nutritionists and feeding psychologists."

>>>



Nico (r.) and twin brother Matteo (l.) get a hug from big brother Alessandro.



Nico's journey (cont'd)

Since she had delivered the twins via a caesarian section, Ms. Vindigni needed to recover. Initially, this prevented her from traveling to the MCH with Nico. Ms. Vindigni was worried about Nico's welfare, but the support she received from the MCH team put her mind at ease.

"We had access to the NICU, via the nurses who answered the phone 24/7. I didn't feel so badly not being there because the support and care were so amazing. This was my first encounter with the MCH and the care was wonderful. The nurses treat the children as if they were their own."

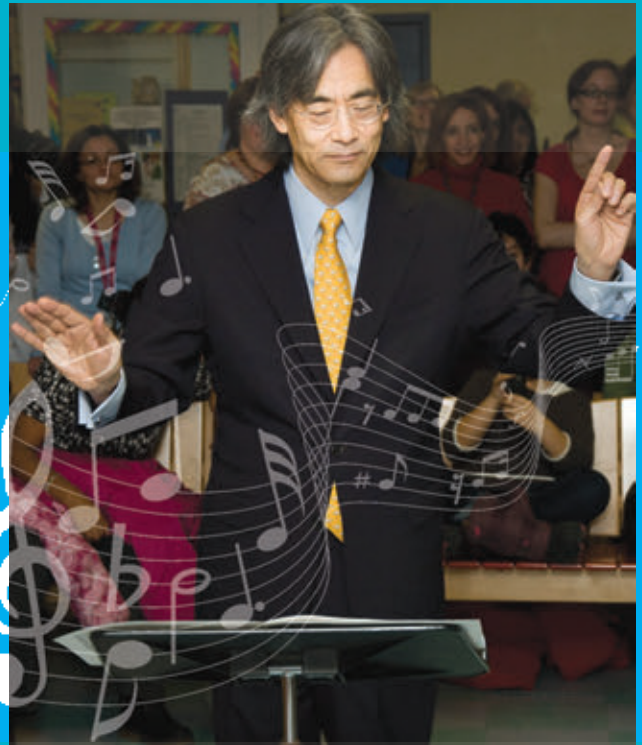
After two weeks Nico was able to go home and life slowly became less chaotic. Nico went from a feeding tube to breast feeding and by six months was beginning to eat solids. However, this proved to be less easy for him than his brother. Ms. Vindigni noticed that Nico was again having trouble swallowing. A trip to the MCH Atresia Clinic showed that Nico's esophagus was starting to close around the surgical scar. A day-surgery procedure widened the tube and allowed for improved eating. Since then Nico has had a few more of these procedures and is monitored closely by mom and the MCH.

"Nico needs a lot of supervision during meals. Although he likes to keep up with his brother, we have to make sure he doesn't put too much in his mouth."

"Although Nico does need surveillance, the good news is the family needs me less and less," adds Dr. Baird. "Nico is doing well and we anticipate that he will have a full and active life." There is one benefit from all this attention – Nico has grown to be a very outgoing boy. At almost two, he is an engaged and happy tyke. His parents have also grown with this experience. They have learned to ask for help and seek support.

"In stressful situations, the reaction is to withdraw. Parents who are faced with similar situations should tap into all the resources of the MCH and not close themselves up," says Ms. Vindigni. "The hospital is there to help and they do an incredible job." •

Mso at the MCH



On December 20, 2012 the Montreal Symphony Orchestra, led by renowned conductor Kent Nagano, performed a holiday concert for staff, parents and patients in the 2B clinic area of the Montreal Children's Hospital. •