Miracle at the Children’s Hospital
Infant defies the odds

By Lisa Dutton

The parents of five-month-old Panagiotis Baltzis came to the ER of The Montreal Children’s Hospital (MCH) of the McGill University Health Centre on December 18, 2008. Their son wasn’t putting on weight or growing. Although this concerned them, they were not overly worried about his health.

You can imagine the shock Nadia Valerio and Athanasios Baltzis had when the pediatric cardiologist who examined their infant told them little Panagiotis was seriously ill and potentially in imminent danger of dying.

“When we heard this, we thought the doctor was mixing us up with another family. We asked the doctor if he had the right parents because there wasn’t anything seriously wrong with our son,” recalls Nadia.

Baby’s pulse was 230 beats per minute

“When they arrived at our ER, Panagiotis’ life was hanging by a thread,” says MCH cardiologist Dr. Charles Rohlicek. Panagiotis was admitted to the Pediatric Intensive Care Unit (PICU). He was intubated and put on strong medications to control his heart rhythm.

The first order of business was to support the child to keep him alive; the second was to try to figure out what was wrong with his heart. After a few days in the PICU, under 24-hour supervision, the specialists were able to rule out a viral infection. Doctors came to the conclusion he actually had a heart rhythm abnormality—his heart was beating too quickly, and exhausting itself.

On January 2, 2009, the little boy took a turn for the worse. His heart deteriorated and its rhythm was in the danger zone, the lethal zone. “We were concerned he would die imminently,” says Dr. Sam Shemie. “We approached the family with two options, either we let the little guy go, or we put him on an extracorporeal life support system (ECLS). Unfortunately, we had no time to spare.

Expertise of staff in PICU put to the test

Despite the risks associated with ECLS, the parents opted for this therapy for their son. At the same time, Panagiotis was placed on the ECLS, he was also placed on the transplant list.

“Because of the bleeding, a patient can only be on ECLS for so long. Basically, you keep going as long as you can until you run in to a complication. You hope the new heart shows up before the complication,” says Dr. Rohlicek.

As the hours moved in to days, Panagiotis was doing okay on the ECLS. He was in stable condition. ECLS is very labour-intensive, and a whole team of MCH and MUHC perfusionists were monitoring the child around the clock. Time kept elapsing and the team knew Panagiotis couldn’t remain on the ECLS indefinitely, but unfortunately, no donor heart was available.

(Continues on page 2)
Making the bold step to the Berlin Heart

The specialists treating Panagiotis held a conference to develop a new course of action. With the parent’s consent, they decided to take Panagiotis off the ECLS and put him on a Berlin Heart.

“A Berlin Heart is still considered experimental,” says Dr. Christo Tchervenkov. “It is a pretty bold step to move to a Berlin Heart, especially in an infant. There is barely any literature on a mechanical heart being implanted in such a small child.”

Surviving implant surgery

Panagiotis survived the surgery. The health team had bought him some time. He could easily live on the Berlin Heart for months. But a Berlin Heart in a small infant is generally seen as a one-way ticket to a heart transplant. Once the mechanical heart is implanted there is no going back.

“When a mechanical heart is implanted, a big tube is put through the patient’s heart,” explains Dr. Renzo Cecere. “The heart suffers significant damage. Which means a heart transplant remains the only viable option for the patient’s long-term survival.”

Well, that is what the doctors thought at least.

The infant was doing well on the Berlin Heart. There were no complications. At this point it was a waiting game. One week slipped by and then two. But doctors started to notice something rather odd. Panagiotis’ heart had started to squeeze again. Basically, he had two heartbeats: the Berlin Heart and his own.

Good, but unexpected news. This is not supposed to happen—his heart was supposed to be non-recoverable. The specialists had to figure out if the boy’s heart could sustain him, but they could only turn the Berlin Heart down to 40% of output. Would his heart be able to pick up the slack? There is no accepted protocol for how to do this; there were few reports of an infant child being successfully weaned from a Berlin Heart.

“Sometimes, you can’t go by the book, because the book hasn’t even been written,” says Dr. Rohlicek. “But thanks to the expertise found in a quaternary and tertiary care hospital such as The Montreal Children’s, the team can make an educated guess based on their past experience.”

Leap of faith

After consulting Panagiotis’ family the team decided to make the leap of faith, remove the Berlin Heart and cross their fingers to see if the little guy’s heart would pick up the slack. On January 24, the Berlin Heart was removed. To everyone’s surprise and delight, his heart was able to beat on its own and with sufficient strength that little Panagiotis could be removed from all forms of life support.

The infant woke up on January 29, and his mother was once again able to hold him in her arms. During this whole ordeal, Panagiotis had two teeth emerge and grew an inch. He was alert and seemed to have escaped neurological damage. He went home on February 19.

The future

The team at The Montreal Children’s Hospital will continue following this little boy very closely. He’ll have to undergo several tests to try to monitor the electrical problem with his heart. Ultimately he will undergo an electrophysiological intervention in the cardiac catheterization laboratory at the MCH to eliminate the problem permanently.

On June 29, Panagiotis will celebrate his first birthday: a milestone for him, a milestone for his parents and a milestone for the team at the MCH.

Happy Birthday, Panagiotis!
Congratulations to the MCH Trauma team and MCH Public Relations and Communications office!

MCH Trauma website wins Quebec Public Relations Society Award of Excellence

Silver Award - Reconnaissance de L’excellence tactique
To read more about the award, see page 7.

Chez nous survey

A big thank-you to everyone who completed the recent Chez nous survey which was included with the May 14 issue. Over 160 of you completed the survey and most of you feel that the content and format of Chez nous are good or very good. We thank you too for your great comments and feedback, and ideas for how the publication can be improved. We’ll look more closely at your requests to get ready for the new season of Chez nous in September.

One note of interest: many of you have asked us about the need to print Chez nous. Quite a few of you are now reading it online and since last year we’ve reduced the number of printed copies by approximately 500 per issue. Don’t forget that you can catch up on all the news any time by visiting thechildren.com and selecting the Chez nous tab under ‘News and Events’.

And finally, congratulations to Sylvie Portelance from Medical Records whose name was selected in the draw to win the $75 Alexis Nihon gift certificate!

Congratulations!

MCH Parking offices employees Terry Broccoli (left) and Adele Nanfack (right) present MCH valet Hassan Nemutlu (centre) with a token of appreciation for his exceptional service. It is always nice to hear that an employee goes that extra step to help families and patients as they arrive at the hospital. Hassan is also a proud new father! Congratulations Hassan and thank you for your daily contribution – your attention to our visitors is noticed and appreciated!

During the past year Dr. Barry Pless was elected to the National Board of Directors of the Society for the Advancement of Violence and Injury Research and is the only Board member from outside the U.S. He has accepted an invitation to join the editorial board of the International Journal of Pediatrics and has recently served as Chair of the CIHR Scientific Review Committee for the Strategic Teams in Applied Injury Research competition.

Chez nous is going on summer holidays. See you again in September!
Summer is just around the corner. Before we take off to spend some well-deserved downtime with our family and friends, I wanted to leave you with a few positive news pieces.

Nurses recruited to work in PICU

In the coming weeks, there will be a lot of new faces in the Pediatric Intensive Care Unit (PICU). Sophie Baillargeon, the head nurse on 9D has recruited 11, possibly 12, new nurses. This is excellent news for the MCH because these additional nurses will allow the hospital to maintain its surgical schedule, thus protecting the hospital’s role as a tertiary/quaternary care centre. Sophie is to be commended for making inroads with the School of Nursing at L’Université de Montréal, where she hired four nursing graduates. By the way: did you know it takes 10 nurses to keep one PICU bed open 24-7!

The infant’s heart was dead…or so MCH specialists thought

The staff in the PICU and Cardiology recently held a press conference to let the world know about little Panagiotis Baltzis. The five-month-old baby arrived at the MCH ER in acute heart failure. He was whisked to the PICU where the team tried to stabilize his heart rhythm with medication. When this failed, they placed him on an extracorporeal life support system (ECLS). The baby was also placed on the heart transplant list. After a few weeks on ECLS, the specialists put him on a Berlin Heart. And they waited for a donor heart. But then something odd started to happen: the baby’s own heart started to beat again. Doctors were stunned, amazed. They had thought his tiny heart was dead, but there it was beating. They decided to take him off the Berlin Heart to see if his heart could sustain him. To their utter amazement his heart began to beat normally. You can read more about this little boy’s battle on page 1 of this issue of Chez Nous.

I have to commend the team that went to extraordinary lengths to care for this child. Thanks to the team’s expertise, and wealth of knowledge they were able to save this little boy’s life. Panagiotis will be celebrating his first birthday next week. My congratulations to the entire team—you are extraordinary.

The New Montreal Children’s Hospital and the MUHC Redevelopment Plan

Dr. Micheline Ste-Marie, Associate Director Professional Services, and Barbara Izzard, Associate Director of Nursing, are leading the MCH redevelopment process. They report excellent progress in defining the MCH’s functional and technical programs. The MUHC user groups have just completed their meetings with the two P3 consortia. The consortia will use the information gathered during the user group meetings to draft their final proposals. They will submit their bids to build the Glen Campus on August 13. The winning consortia will be selected in early December. Construction is slated to start soon after. It is anticipated the MCH will begin moving in to its new hospital in 2013.

Regarding existing programs in clinical care, teaching and research that are not adequately addressed in the current functional plan, the MUHC is in discussions with the government. These programs are known collectively as “the delta”.

Intra-operative MRI

The spectacular intra-operative MRI project is on schedule. Construction began in early January, and will be completed by early summer. There have been some inevitable disruptions but in the end, the Montreal Children’s Hospital will be the first Canadian pediatric hospital to have an intra-operative MRI. We acknowledge the outstanding support we have received for this multimillion-dollar project from the MCH Foundation and its fundraising community. I also want to gratefully acknowledge Dr. Jean-Pierre Farmer who had the initial vision for this project. I also want to thank Teresa Di Bartolo and Paul Diver for their superb management of this huge project.

Keep an eye out for the huge crane that will deliver the three-tesla magnet around June 22.

Even dollar counts! Please support the Best Care for Children Campaign

On May 7, the MCH Foundation launched the Best Care for Children internal campaign. We are asking staff to financially support the construction of our new hospital. I know times are tough right now, but if you could donate even one or two dollars per pay cheque your contribution would be much appreciated. Together, let’s build the new Children’s.

(Continues on page 5)
Health Minister attends MCH Ball

I am very pleased to report the Minister of Health and Social Services Dr. Yves Bolduc was the special guest at the 2009 ABC Awards of Excellence Ball for The Children’s. While still allowing the Minister to enjoy the Ball organized by the MCH Foundation, I was able to speak with him one-on-one about a few pressing issues at The Children’s such as our trauma dossier and NICU nursing shortage. I can also report that the Minister knows how to boogie on the dance floor!

Over 500 people attended the ball, which raised approximately $750,000 for the hospital. The money raised will go towards the Best Care for Children capital campaign. The goal is to raise $100 million for the construction of the new Children’s.

MCH Trauma Website wins prize

Congratulations to both the Public Relations and Communications team and the Trauma team. They recently received a prestigious silver Award of Excellence for the new MCH Trauma website (www.thechildren.com/trauma) from the Société québécoise des professionnels en relations publiques (SQPRP).

The Public Relations and Communications team is currently building a new Web section focusing on pediatric oncology which should be launched next Spring.

I wish all of you a wonderful and relaxing summer.

Best regards,

Dr. Harvey Guyda,
Associate Executive Director

The ABC Awards Ball raises $750 000 for the new MCH

The tenth edition of the ABC Awards Ball for The Children’s was truly a night to remember! The 500 guests gathered at Windsor Station on May 28 were dazzled by performances from MCH Ambassador, Nikki Yanofsky, as well as from Meredith Marshall and Soul City. The evening was masterfully hosted by Marianna Simeone (CBC News: Montreal at Six), who paid tribute to the ten Award of Excellence recipients, followed by acclaimed Quebec actress Chantal Lamarre, and Q92 morning host Aaron Rand. Most importantly, the event raised an outstanding $750,000, which will go towards the construction of the new MCH on the Glen campus.
Over the last three months, hundreds of babies born at The McGill University Health Centre (MUHC) have undergone a simple screening test to rule out hearing loss, the most common type of birth defect affecting 1 to 3 of every 1000 newborns. Before babies are discharged from the Royal Victoria Hospital (RVH) they automatically have their hearing screened.

The MUHC Newborn Hearing Screening Program was started in March in partnership with The Montreal Children’s Hospital (MCH). Babies who do not pass the screening test are referred to the MCH for diagnostic evaluations, counseling and rehabilitation until each child with a hearing loss is followed in a rehabilitative setting in the community.

“Newborn hearing screening is essential. A simple, inexpensive test is able to detect hearing problems in newborns. This allows us to treat these children early enabling them to reach their full potential,” says Louise Miller, Clinical Coordinator of the Audiology Department at the MCH.

When an infant’s hearing loss is detected late, the hearing impairment could lead not only to an inability to communicate using speech, but could also lead to developmental delays that will impact on the child’s ability to learn and to become a productive citizen.

Quebec Ministry of Health announces hearing screening program

A couple of months after the MUHC program was launched, the Quebec Ministry of Health announced it was launching a universal hearing screening program.

MCH pediatrician Dr. Hema Patel and Mr. Claudio Bussandri, Co-Chair and Chair of the Quebec Coalition for Universal Newborn Hearing Screening (UNHS), have for some time, been urging the government to initiate universal hearing screening. “On behalf of the Coalition, we want to thank Dr. Bolduc for announcing that his government will establish a universal newborn hearing screening program. This cost-effective program will have a profound impact for babies with hearing loss. It will literally change their lives. A universal program means that all Quebec newborns will soon benefit from hearing screening.”

Quebec Ministry of Health announces hearing screening program

A couple of months after the MUHC program was launched, the Quebec Ministry of Health announced it was launching a universal hearing screening program.

Mini Med School at
The Children’s Fall 2009

The MCH Mini Med School Fall 2009 season has just been announced. The six-part series will run from early October to mid-November.

Visit mchminimed.com for info and registration.
Missed last year’s presentations? Visit the MCH media portal (montrealchildrenportal.com) to see lectures from the 2008 Mini-Med series.

Lunch & Learn

¿Hablas español? Or maybe you’d like to try! Join MCH’s Carlos Noriega for a challenging lunch & learn, in beginner Spanish: translating a song of your choosing.

Thursday, June 25
12:00 noon to 1:00 p.m.
A-422

RSVP: Terry Séguin 24307
terry.seguin@muhc.mcgill.ca

Presented by the Quality of Life at Work Committee
The Société Québécoise des Professionnels en Relations Publiques (SQPRP) held its annual Prix d’excellence on May 28. The theme of the event was ‘Celebrating Excellence’ so it’s fitting that the MCH Trauma website was named one of the Award recipients! The MCH Trauma and Public Relations and Communications teams took home a Silver Award - Reconnaissance de L’excellence tactique in the interactive and electronic communications category.

Every year, the MCH treats 15,000 children with traumatic injuries. This works out to more than 41 infants, children and adolescents who are injured each day, so the MCH Trauma Program took the initiative to launch a bilingual Web site to provide professional and reliable information to parents and professionals. As a provincial trauma centre, MCH Trauma wanted to demonstrate its involvement in both the delivery of tertiary level care and its role in the promotion of prevention.

The Trauma team worked with Public Relations and Communications to develop the site. The site is accessible through the main MCH web site (thechildren.com) to take advantage of the technology already in place. The content was carefully chosen among documents developed internally, brochures on prevention, treatment protocols and articles that have appeared in various publications.

Competition for the various SQPRP awards was significant this year including many private sector companies such as Bombardier, Ubisoft, Rio Tinto Alcan and organizations such as the Fédération des médecins spécialistes du Québec and Héma-Québec. Visit the SQPRP website (sqprp.ca) to see a complete list of the awards.

The SQPRP awards ceremony took place on Thursday, May 28, at the Telus Theatre in Montreal; the PRC and Trauma teams represented the MCH at the event.

Hail to the Chief!

Tremendous turn-out for Dr. Harvey Guyda Day

By Lisa Dutton

Peers, colleagues, friends and family turned out in large numbers to honour Dr. Harvey Guyda, Associate Executive Director of the MCH on June 3. Harvey Guyda Day recognized his outstanding achievements as the Dodds Professor and Chair of the Department of Pediatrics, McGill University, MCH Physician-in-Chief and MUHC Pediatrician-in-Chief. Dr. Guyda will be stepping down from these positions ‘soon’ in order to focus his attention on his role as head of The Montreal Children’s Hospital.

The highlight of the half-day scientific program and evening dinner and dance was when Dr. Nicolas Steinmetz, Chairman of the Montreal Children’s Hospital Foundation, presented Dr. Guyda with a gift that “he could never have and could not take home.” In recognition of Dr. Guyda’s clinical, research and administrative work and his devotion to The Montreal Children’s Hospital for nearly 40 years, the MCH Foundation established the Harvey J. Guyda Chair in pediatrics at McGill University.

(Continues on page 8)
He insists his tuckus is not sore. But Dr. Francoeur is walking with a definite wobble due to achy feet. He’s also got a kink in his neck and shoulders from all the cycling he’s been doing. The Child Development specialist is training for the July 11 and 12 Ride to Conquer Cancer. He’ll make the 250-kilometer trek between Montreal and Quebec City on his 30-speed Marinoni Gianella bicycle. He insists he is more comfy on his beautiful customized Italian racing bike than sitting in an armchair.

A number of Dr. Guyda’s colleagues spoke, including Dr. Richard Levin, the McGill Dean of Medicine, Dr. Arthur T. Porter, Director General and Chief Operating Officer of the McGill University Health Centre, Dr. Ciaran Duffy, Director of Rheumatology, Dr. Constantin Polychronokos, Director of Endocrinology and one of the main organizers of Harvey Guyda Day, Ms. Elaine Orbine, President and Chief Executive Officer of the Canadian Association of Pediatric Health Centres (CAPHC), and Pat Guyda. The master of ceremonies was Dr. Gus O’Gorman.

The half-day scientific program consisted of lectures by six MCH physicians: Dr. Janusz Rak, Dr. Shuvo Ghosh, Dr. Sam Shemie, Dr. Michael Zappitelli, Dr. Christine McCusker, and Dr. Indra Gupta and special guest speaker Dr. Stenvert L.S. Drop, professor of Pediatric Endocrinology, Erasmus University, The Netherlands. The keynote Goldbloom Lecture was delivered by Dr. Guyda.

**Sore bum? Nah!**

**Dr. Francoeur trains for Ride to Conquer Cancer**

By Lisa Dutton

“...knowing which gear your body is able to withstand is an art,” says Dr. Francoeur, who has spent the last 20 years cycling. However, he’s never biked such a long distance before. The two-day odyssey starts at 7 a.m. on July 11 and the cyclists have 12 hours to finish the first leg. Sweep trucks will then actually pick up stragglers and drive them to the evening pit stop. The bikers will bed down in two-person pup tents and then get up early the next day to do the next leg of the trip. Ouch!

It’s not the Tour de France, but it will be grueling nonetheless. “On day two, my body will learn to do stuff it has never done before,” predicts Dr. Francoeur.

Dr. Francoeur has had to raise $2500 to participate in the Ride. He decided to sign up because he felt the event would be a challenge, but doable. He will be riding in honour of family members and friends. As well, two other MCH people will be taking part in the two-day trip: Lidia Miriello, a respiratory therapist who works in Respiratory Medicine, and Céline Fleising-Roy, a pediatrician who works in the Emergency Department will be riding with her daughter. If you would like to make a donation to support their efforts please give them a call.

Funds raised during the Ride to Conquer Cancer will go to the Jewish General Hospital, The Trois-Rivières Regional Hospital Centre (TRRHC) Foundation, The Gatineau’s Health and Social Services Centre (HSSC) Foundation and The University Hospital Centre of Quebec (UHCQ) Foundation.

Upon hearing the news, Dr. Guyda turned his back on his standing ovation in order to regain his composure.

Another highlight of the evening was a rousing and somewhat raunchy performance by comedy duo Bowser and Blue. The performance had the audience of mainly physicians in “stitches” as they told one doctor joke after the other including the oldie but goody:

Receptionist: “Doctor, doctor there is a patient in the waiting room who thinks he’s invisible.”

Doctor: “Tell him I can’t see him now.”
Mexican Consul visits MCH

The Consul General of Mexico, Mr. Edgardo Flores Rivas visited The Montreal Children’s Hospital of the McGill University Health Centre on June 4 to donate books written in Spanish. Jan Lariviere, who has spearheaded a number of literacy programs at The Children’s, graciously accepted the gift. A small delegation of MCH employees greeted Mr. Rivas and his assistant Maria de los Angeles Schacht Chávez to thank them on behalf of our patients.

Summer should be fun—for everyone!

Specialized camps for kids with health problems help make summer, summer

By Julia Asselstine

“joy” isn’t a term they would necessarily use. Being a bit different can make for a long week, or more. Not fitting in, let’s face it, is plain hard.

So, enter the camps designed specifically for children and teens with health challenges. One such camp is “Camp Kids on the Move.” The brainchild of Dr. Sarah Campillo, a Montreal Children’s Hospital pediatric rheumatologist, Camp Kids on the Move started in 2004 for kids and teenagers with juvenile arthritis and rheumatological diseases. As a child Dr. Campillo went to a similar camp in the United States. She too had juvenile arthritis and she credits the camp for giving her the courage to pursue whatever she wanted to. Including being a doctor.

“I felt less isolated being with a bunch of other people like me,” says Dr. Campillo. “We did everything a regular camp would do but I fit in and I felt comfortable and I made lasting, close relationships. And this camp taught me that when you have a goal there are many ways to reach that goal.”

MCH affiliated summer camps for kids who just want to have fun, fit in, and maybe take with them a lifelong lesson:

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Camp Carowanis
Health challenge: diabetes
Location: St-Agathe on the lake
Activities include: outdoor camping activities such as boating, tennis, canoeing, and basketball. Older kids (14-15) go on a 2 night, 3-day canoe trip, all while taking their insulin and checking their blood sugar levels. A nurse accompanies each trip.
Sessions: three sessions of 2 weeks overnight
Required age: at least 8 and not yet 17 by July 1
Medical supervision: doctors, residents, nurses, nursing students
What kids gain from this camp: If they have never given their own insulin dose before they learn how to; kids establish lasting relationships; and they relearn diabetic techniques, including nutrition.

Camp Kids on the Move
Health challenge: juvenile arthritis, lupus, dermatomyositis and scleroderma
Location: Saint-Alphonse-Rodriguez in Lanaudière
Activities include: regular summer camp activities such as cooking, canoeing, basketball, bonfires, arts and crafts
Sessions: 1 session, 6-day overnight
Required age: 8-16 years
Medical supervision: nurses, rheumatologists, residents, physio- and occupational therapists, social workers
What kids gain from this camp: These young people have the chance to develop special ties with other youth living with the same difficulties and they get to explore camp life in a very comfortable and accepting environment.

CHIP for Teens
Health challenge: weight / type 2 diabetes
Location: Montreal
Activities include: Specialized fitness programs geared for teens, a variety of non-competitive sports at the McGill University Sports Complex, field trips around Montreal, weekly sessions with a psychologist and dietician. Hands-on cooking classes focus on nutritious meals and snacks.
Session: 7 weeks, 3 days/week from 9 a.m. to 3 p.m.
Required age: 11 to 17
Medical supervision: physicians, dieticians, psychologists and exercise physiologists
What kids gain from this camp: CHIP for Teens is designed to address the needs of overweight teenagers through a specific combination of health and lifestyle activities. Once the individual needs of each teenager are determined, a customized summer program is designed. Each teenager’s progress is monitored and they are equipped with the knowledge and skills they need to lose weight, eat healthier and improve their health.

Le Bel Agneau Therapeutic Farm Camp
Health challenge: autism
Location: West Bolton
Activities include: care for animals, learn how to shepherd sheep, hiking, arts and crafts and bonfires. Behaviour and social skills and how to be independent are worked on.
Sessions: 1 session, 5-day overnight
Required age: 14 to 16
Medical supervision: 2 therapists, zoo therapist, teacher and a shadow teacher
What kids gain from this camp: Often this is a child’s first time away from home so they learn some independence, they learn about nature, and they learn how to be with other youth.
MCH Quality of Life at Work (QLW) Committee
Coffee Break Survey Results (February 2009)

A total of 56 surveys were completed.

Q1. Do you know what the Quality of Life at Work Committee does for you?
Response: Yes (75%), No (25%).
The QLW Committee will continue to work on improving communication.

Q2. Are the Committee’s activities useful?
Response: Yes (77%), No (23%).
The QLW Committee understands that we can’t meet everyone’s preferences, but we will do our best!

Q3. What activities or improvements have made your quality of life at work better in the past year?
Response: (the most popular answers were) Coffee Breaks, Christmas Party, Halloween Party, All social events, Don’t know.
The QLW Committee is thankful to see that many of the Social events organized are indeed appreciated.

Q4. What other activities or improvements would you like to see?
Response: Comfortable staff lounges, birthdays “off”, contests/prizes, more food variety, more activities (monthly), massages, sports teams/group activities, MUHC events, administration week, promotion of a healthy work environment, free gym membership, air conditioning during the summer. The QLW Committee will take these suggestions under consideration.

Q5. General Comments.
Response: “Merci beaucoup pour tout le travail que vous faites. J’aime ça qu’on me voit comme une ‘personne’ au travail plutôt que seulement un travailleur”. “Thank you for continuing to bring positive feedback/activities to a busy, stressful work environment. Unaware of the Quality of Life Committee - Where do I get more info?”
The QLW Committee thanks you for taking the time to complete the survey. Let us know what more we can do for you. You can forward your comments to Ginette Manseau (F-389).

Events

Call for Papers
Second Transcultural Health Conference – May 2010

Alberta Health Services and its partners invite clinicians, researchers, educators, advocates, parents, students, volunteers and members of community organizations to participate in the Second National Transcultural Health Conference. They are calling for submissions related to the conference themes:

- Overcoming racism/systemic discrimination, globalization, policy change and policy issues in transcultural health
- Fostering collaborative practice
- Constructing diverse forms of knowledge and practice
- Practicing advocacy
- Integrating/advancing cultural safety and cultural competency in practice
- Showcasing innovative practices

For details on the requirements for submission, visit www.sacyhn.ca.

MCH Annual BBQ & Garage Sale

Come join in the fun as we celebrate the beginning of summer with a BBQ, garage sale and music! Tickets for lunch cost $3 and are available at the Cafeteria, Boutique and Security.

Date: Thursday, June 18
(rain date June 19 or 22)
Time: 11:00 a.m. to 2:00 p.m.
Where: outside, near the MCH Emergency Memorial Service

A memorial service is being organized to remember the children who have died recently at the MCH. We shall also be commemorating children who have died of SIDS. All staff members are warmly invited to attend this service, which will be held on Tuesday June 16th at 2 p.m. in the Amphitheatre (D-182).
Turning a dream into reality
Michèle Viau-Chagnon retires having accomplished her life’s mission

By Lisa Dutton

It is a rare person who when reflecting on their life can say contentedly: I have realized my dream. Michèle Viau-Chagnon, founder and Executive Director of Le Phare, happens to be one of those rare people.

Michèle’s dream was born in 1982. While lunching with colleagues, the talk turned to the desperate need in Quebec for a home for children needing palliative care. As quickly as she verbalized her dream she talked herself out of it. What did she know about opening such a home? She was only 34 years old. She didn’t have a clue where to start. It would be complicated, difficult, impossible.

Time passed as Michèle continued to work as a Child Life Educator at the MCH and then as Coordinator of the MCH Palliative Care Program. Her dream would resurface now and again but each time it did, she pushed it away.

In the late 1990s her dream started to metamorphose into something concrete. It was a matter of getting the right group of people such as the MCH’s Dr. Stephen Liben, Director of Palliative Care, a representative from Ste-Justine’s and a prominent Montreal businessman, around the same table.

Eventually, Le Phare Foundation was established in 1999 with Michèle as its first chair of the Board of Directors. There still wasn’t an actual building; there wasn’t even a plot of land. But at least there was momentum.

The Quebec Ministry of Municipal Affairs gave Le Phare $2.5 million to build the home on the condition that Le Phare raise an equivalent sum. The idea of raising $2.5 million was daunting, but Michèle was ready to pull out all the stops.

They launched a one-year capital campaign in 2005. The board of Le Phare recruited Paul Desmarais of Power Corporation to chair the campaign. He opened every door possible and before long, the money started to flow in.

Michèle’s dream became reality in 2007, 25 years after she first voiced it. Le Phare opened a 12-bed home which features a music room, art room, pool, theatre and much more. It offers three programs: at-home respite care, in-hospital respite care and end-of-life care.

The team of caring professionals includes nurses, a doctor, child life educators, social workers, a psychologist, spiritual advisors and volunteers. There are regular visits by art therapists, music therapists, Dr. Clown! and pet therapists.

After all the hard work, after overcoming all the obstacles, Michèle is ready to say “au revoir”. She’s retiring in June and looking forward to a quieter life.

Michèle is leaving with a real sense of “mission accomplished”. Her achievement is an inspiration to everyone that dreams really can come true.

Our People

Lifetime achievement award crowns career
Michèle Viau-Chagnon recognized by peers

Michèle Viau-Chagnon recently received a Lifetime Achievement Award from the Réseau des soins palliatifs du Québec. This prestigious award recognizes the exceptional work of an individual working in palliative care. The award is an exceptional honour for Michèle because her colleagues nominated her—people who know the challenges she has faced and the obstacles she has overcome. Coming at the end of her career, the award acknowledges her lifelong dedication and compassion towards terminally ill children and their families.