Dr. Harvey Guyda steps down as Chair/Chief of the Department of Pediatrics to devote full time to AED position

As of December 31, 2010, Dr. Harvey Guyda will step down as Chair/Chief of Pediatrics at McGill University and the MUHC in order to focus on his duties as Associate Executive Director of The Montreal Children’s Hospital. For the past three years, Dr. Guyda has been doing both jobs, which he says has kept him extremely busy. “This is an important time in the history of The Montreal Children’s Hospital with the redevelopment project and the Clinical Priority Setting (CAPS) exercise; I have decided it is best to devote all of my attention to running The Children’s,” says Dr. Guyda. “I have asked the Dean of Medicine at McGill, Dr. Richard Levin, and the CEO of the MUHC, Dr. Arthur Porter, to appoint an interim Chair/Chief who will take office on January 1, 2011. I feel this decision is in the best interest of the hospital as it will allow me to concentrate on the hospital’s global needs and will permit the interim-chair, and ultimately his or her successor, to maintain a focus on the needs of the Department of Pediatrics.”

An announcement regarding the interim Chair/Chief is expected shortly. A search committee will be reconstituted to identify a candidate to assume these two positions full time.

Dr. Guyda has been chair/chief of Pediatrics since September 1996. During his mandate, he focused on retention and recruitment of faculty members to support the tripartite mission of the Department: patient care, teaching and research, and in so doing fostered young staff to develop their careers in a supportive academic environment. He also forged closer links with the three other Chairs of Pediatrics in Quebec, and nationally he has been a strong advocate of the renewed mandate of both the Pediatric Chairs of Canada and the Canadian Association of Pediatric Health Centres.

Town Hall meeting available online

If you missed the last MCH Town Hall meeting on October 28, you can watch the video online at: www.intranet.muhc.mcgill.ca/headline_news/news_video.html

Upcoming Town Hall meetings have been scheduled for the following dates. Make sure to mark your calendar!

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<td>Friday, December 3</td>
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The MUHC Director General’s Awards

The MUHC Director General’s Awards were launched in 2009. It is the crowning element in the MUHC Recognition Program. It involves a peer-to-peer nomination process and is open to all job categories. Its aims are to recognize excellence while promoting MUHC values and employee engagement.

In 2010, a new category for the Research Institute was added bringing the total to 11 awards:

- Paratechnical, Auxiliary Services & Trades Personnel
- Clerical Personnel
- Nursing
- Physicians
- Residents
- Volunteers
- Technologists & Technicians
- Professional Personnel
- Management
- Research Institute
- Team

The MCH was well represented among the award recipients and included:

**Physicians:**

Dr. Aurore Côté  
Respiratory Medicine

**Professional Personnel:**

Christos Calaritis  
Perfusionist  
Cardiovascular and Thoracic Pediatric Surgery

**Research Institute:**

Brian Meehan  
Research Assistant  
Cancer and Angiogenesis  
Pediatrics Research

The gala took place on Saturday, November 6, where staff celebrated the exceptional contribution of this year’s award winners as well as saluted all nominees. The success of last year’s gala prompted a venue change to the Fairmont Queen Elizabeth which accommodates over 1,000 guests.

Seasonal Influenza Vaccination Campaign 2010-2011

Yearly influenza vaccination is recommended for all Health care workers to protect you, your family, your staff, your patients.

The MUHC influenza vaccination campaign was launched on November 1, 2010. The MUHC objective is to vaccinate 70% of all health care workers, so we can prevent the transmission of influenza within the MUHC. Occupational Health and Safety nurses will be vaccinating at every site from November 1 to 19, no appointment needed.

Please refer to the following calendar:
www.intranet.muhc.mcgill.ca/Human_Resources/ohs/ohs_flu_info.html

The Occupational Health & Safety department will also provide vaccinations through their offices. Please call 44-FLU (44358) to make an appointment at the office closest to you.

Chez nous is published by the MCH Public Relations and Communications office.

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Photography: Daniel Héon

To submit story ideas or texts to Chez nous (next deadline: Nov. 19), contact the Public Relations and Communications office at ext. 24307 or send your email to info@thechildren.com.
Imagination and creativity are never in short supply when it comes to Halloween at the Children’s! Offices and staff are transformed into places and people we hardly recognize – and our young patients are thrilled, and some times even a little frightened to see what’s around the next corner! Congratulations to everyone who spent their time, energy and creativity to make it a very special day for young and old alike.

The lunch-time employee party held in the Cafeteria on Friday, October 29, was an occasion to award prizes for best individual and best group costumes. Take a look at who took home top honours!

See more photos from the MCH Halloween party on our Facebook page at www.facebook.com/hopitaldemontrealpourenfants

Halloween Office Decoration Contest 2010

By Angela Formica

We want to thank ALL the departments who participated and congratulate them for their efforts. We were quite impressed! A panel of judges which included one patient from Child Life, a member of the Family Advisory Committee and three members of the Quality of Life at Work Committee visited the 10 participating departments.

There are two ex-aequo winners this year. The physiotherapy department was quite ingenious, using some of their equipment as tools for their decoration. We had the pleasure of meeting their new staff member, Dr. Light Gait. The Medical Records Archivists in C-106 created a spooky castle-like setting complete with jars containing fingers, eyes, worms and other Halloween delicacies.

Congrats to the two departments – very well done!
Halloween made its way to The Children’s Hematology and Oncology Clinic on 3B a few days early this year! On Friday, October 29, patients all dressed up in their best trick-or-treating attire received a spooky visit from the mobile Haunted House. Those brave enough to approach the creepy quarters received a special treat for their daring journey. The house then made its way up to 8D, where many more patients were treated to some scrumptious sweets.

Mini-Med - still going strong

**Sixth season draws to a close**

By Lisa Dutton

Amazingly, after six years, Mini-Med School is more popular than ever. The five-part lecture series offered in English on Tuesday evenings and in French on Wednesdays was completely sold out this year. The French session had a record 171 students registered. Most notably, it is young adults who are most interested in the lecture series. Over 55 percent of registrants are students attending high school or CEGEP. They are all very interested in pursuing careers in health care. The hope is they will consider a career at the MCH!

Thank you to this year’s speakers: Dr. Roderick McInnes, genetics (JGH), Dr. Sylviane Forget, Gastroenterology, Dr. Joe Schwarz, Ph.D., Chemistry, Dr. Mirko Gilardino, plastic surgery, Dr. Chandra Magill, psychiatry, Dr. Laurent Legault, endocrinology (presenting at his third Mini-Med), Dr. Serge Melançon, genetics (for his second Mini-Med), Dr. Dominic Chalut, Emergency Medicine (also his second Mini-Med), Dr. Lila Amirali, psychiatry, and Dr. Jean Tchervenkov, transplantation.

A big thank-you goes to the moderators of this year’s French session: Drs. Adrian Dancea and Tamara Gafoor. Mini-Med continues to thrive thanks to its two co-founders and moderators of the English sessions Drs. Hy Goldman and Melvin Schloss. Many thanks to the students of The Study; each year, six young ladies from the Westmount-based private school volunteer during Mini-Med to help with registration and the question-and-answer period. They also greet and direct the students to the Amphitheatre. Also, a big thank-you to Terry Seguin, who plays a major role in the organization of the entire event.

If you would like to be a member of next year’s Mini-Med Faculty and give one of the presentations, please let Public Relations and Communications know by emailing Lisa.dutton@muhc.mcgill.ca.

**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. Presentations by Dr. Laurent Legault and Dr. Dominic Chalut in French, as well as Dr. Sylviane Forget’s presentation in English are currently available.
During the recent Canadian Association of Paediatric Health Centres (CAPHC) Annual Conference held in my old hometown of Winnipeg a few weeks ago, the freestyle skiing champion Gold Medalist Alexandre Bilodeau, the first man to win Olympic Gold on Canadian soil, announced a novel partnership between CAPHC and the Bilodeau family.

Most of you are familiar with the incredible relationship that Alexandre has with his 28-year old brother Frédéric, who has cerebral palsy. You’ll remember during the Olympics in February, after his winning run, Alexandre rushed over to Frédéric, who was ecstatically smiling behind the security rope, and gave him a big bear hug. Alexandre went on to dedicate his Gold Medal to his brother saying “he is my inspiration”, and his voice caught when asked by reporters what it meant to have Frédéric in the stands when he became the first Canadian to ever win Olympic gold at home. “It’s really getting to me right now,” he said. “My brother has been an inspiration for me. Growing up with a brother that’s handicapped, you learn so much.”

Because Alexandre and his sister Béatrice are currently training for the World Cup in Zermatt, Switzerland, they recorded an inspiring message of greeting for his family and all of the CAPHC delegates. His father Serge, mother Sylvie and his brother Frédéric attended the conference and, as featured speakers, they brought the delegates to tears describing their family’s inspirational message of dedication, hope and love.

During their presentations, Serge and Frédéric explained that they decided to partner with CAPHC (on a recommendation from our very own Dr Jean-Pierre Farmer) in order to raise funds to be able to help children with cerebral palsy from coast to coast. With the financial support, CAPHC will be creating a program to both support families and national initiatives for cerebral palsy.

I, like the Bilodeau family, strongly support CAPHC and encourage you to look at their website www.caphc.org. Over 43 organizations, including tertiary, quaternary, community and regional hospitals, rehabilitation centres and home care provider agencies, are members of CAPHC. The organization provides strong linkages to clinical care, education and research. Through CAPHC we are able to tap into a national network of Pediatric institutions. This allows us both to transfer and to gain knowledge.

We are all struggling with the same or similar issues. By working together we can more efficiently and effectively find shared solutions. CAPHC is a valuable partner; I encourage you to take advantage of all of the resources that it offers.

One million kilometers, one million dollars hits YouTube!

In the last issue of Chez nous, we told you about the Children’s Foundation September 25 launch event for One million kilometers, one million dollars, a year-long project to promote health and fitness. Alexandre Bilodeau joined us for the event and he’s one of the famous faces you’ll see on a YouTube clip that’s going viral in a big way! Take a look at the short but inspiring video (www.youtube.com/watch?v=emWjTdaPTOk) that’s guaranteed to get you moving!

Nominations

Elections for ten positions on the Board of Directors of the Quebec College of Physicians were held in October. Congratulations to MCH physicians Dr. Aurore Côté and Dr. Pierre Fiset who were elected by their peers for a four-year term.
Preventing infections at the new Children’s
By Leila Nathaniel

Although hospitals see plenty of diseases, there’s no reason you have to get sick inside one. The MUHC, like every other hospital, has rules regarding infection control, but sometimes the facilities make it difficult to fully implement them. Infection control with young children is difficult, since they touch everything, have poorer hygiene, and need lots of hands-on care. These rules are especially important since they are not yet immune. But at the new Glen Campus, conditions will improve significantly for our patients, their families and our staff.

At the new MUHC, all rooms will be private, to minimize chance of transmission and allow for a child requiring isolation precautions to be cared for with ease. These rooms will also be more spacious, which will allow family members to spend the night and help with care.

Dr. Dorothy Moore, an Associate Infection Control Physician for Child & Adolescent Services at the MCH, mentions that the Glen Campus will have a more sophisticated ventilation system than our existing facilities. “Highly filtered air will be distributed to areas where high-risk patients who are vulnerable to airborne infections will be cared for” she explains. This reduces the risk of contaminants from outside.

For special needs, two types of rooms will be available to help prevent transmission of airborne infections, At the Glen, there will be more of these rooms in every department. “At the Children’s, we’re often in a crunch to find enough rooms, and sometimes the airflow is unreliable, so we have to move the child to another room,” Moore says. At the new campus, these rooms will be built from scratch instead of modifying older ones. Also, special attention is given to materials to ensure they don’t attract dust and are very durable, since they are washed often.

Infections are prevented mainly by hygiene, since most diseases are acquired through contact. There will be hand-washing stations or alcohol-based hand rubs at all points where staff and visitors come into contact with patients. Also, if patients are infectious, they are not allowed to play or to share with others. Moore explains: “Now they play in their rooms, and toys, videos and whatever else they want are brought to their rooms. It will be even easier to keep them apart because every child will be in a single room.”

To ensure everyone’s safety, Lyne St-Martin, manager of Infection Prevention & Control at the MCH explains, “At the Glen Campus, we will educate the public by having posters, videos and interactive material in strategic areas. We will continue to provide masks, tissues, and alcohol-based hand rubs in waiting rooms and public areas.” Advanced ventilation, plenty of hand hygiene facilities, 100% single-patient rooms and the right choice of materials will make a major impact on infection control at the new Children’s. But there’s nothing like common courtesy and vigilant hygiene on the part of all staff, patients and visitors to ensure a safe hospital environment.

So who has the ugliest mug?

Thanks to everyone for submitting their ugliest mugs... the winner is Linh-Chi Nguyen from Biochemistry. Here’s what she had to say about her mug: “My cup is so ugly that when I left it at the Café on 2B, the employees recognized it as mine and gave it back to me. It’s impossible to get rid of it!” Linh-Chi won a $25 coffee gift card to use in the Cafeteria as well as a brand new mug!

Watch out for our next contest which will appear in the December 2 issue of Chez nous.
Welcome aboard!

A warm welcome to the nurses who have recently joined the Montreal Children’s Hospital of the McGill University Health Centre. The following staff started at the MCH between March and August 2010:

**March 2010**
- Erica Pierre-Louis, RNA
- Lynda Johnson-Hyacinthe

**May 2010**
- Sze Ting Chan
- Stephanie Dupont
- Laura Grant
- Julie Lague
- Bianka Courcell
- Paule Jubinville

**June 2010**
- Elvira Popescu
- Jing Xin Sun
- Philip Van
- Lianne Bragg

**July 2010**
- Lindsay Hamel
- Lyudmila Kerusenko
- Amanda McElligott
- Suzanne Smith
- Julia Thompson
- Joyce Danquah
- Brigitte Hanley
- Stephanie Lebel-Rispa

**August 2010**
- Lauren Curtis
- Jessica Dinardo
- Noemie Doucet Genereux
- Paula Jofre
- Cristina Lodico
- Andrea Martel-Bucci
- Krista Walsh

**Events**

Pilates for employees – winter session

A new session of Pilates at the MCH begins the week of Nov. 29. Do something good for yourself and enroll today! Sign up for one or both of the following classes:

- **Mondays**, starting Nov. 29, 2010 or **Wednesdays**, starting Dec. 1, 2010
- 5:00-5:55 pm
- D-292

Men and Women are welcome

- $100 for 1 x per week (10 classes), or
- $180 for 2 x per week (20 classes total)

Registration: contact Karen at 514 489-7717 or email karenkunigis@hotmail.com before Nov. 26.

PLEASE NOTE that there will be no classes during the holiday weeks of Dec. 20 to Jan. 5 inclusively.

MCH Auxiliary: upcoming events

- **Wednesday**, November 17: Miscellaneous
- **Tuesday**, November 23: Knits
- **Wednesday**, November 24: Arstravaganza
- **Thursday**, November 25: Holiday Bazaar
- **Monday** and **Tuesday**, November 29 and 30: Novelties

All sales take place on 2B

Blast from the MCH’s past — Did you know?

**A Change in Standards**

Anesthetics have been used at the Children’s since its inception, but in the early days, doctors or nurses with no anesthesia training often administered them. Also, very little was known about the specific requirements of young patients. This changed in 1940, when Dr. Morton Digby Leigh became Anesthetist-in-Chief, as he established a training program.

Today, a career in anesthesiology requires a medical degree plus five years of specialized training, including a minimum of three months in a pediatric setting. As children behave differently during anesthesia and recovery than adults, physicians specializing in pediatric anesthesiology require further training.

Excerpted from Building on a Century of Caring: the Montreal Children’s Hospital
Leading by example: Infection Control Delegates target infection rates at the MCH

By Pamela Toman

They meet once a month to discuss the latest infection control rates and are responsible for disseminating information about safe Infection Control practices as well as protocol changes to their colleagues -- but would you know an Infection Control Delegate if you spotted one?

From Housekeeping to Nursing, Medical Imaging to PCAs, over twenty MCH employees are part of a multi-departmental group dedicated to improving patient safety by lowering hospital acquired infections across the hospital. Led by Lyne St-Martin, Infection Control Nurse, this group of dedicated employees goes the extra mile by taking time out of their busy schedules to attend regular meetings and to educate their peers by acting as role models and resource persons, on a daily basis.

When the group was first created 18 years ago, it was quite passive and membership carried very few expectations, says St-Martin, who has worked diligently over the past seven years to clarify responsibilities and create a more concrete vision. “As the needs of the hospital have changed, we too have changed as a group,” she says. “We have expanded over time to involve a wider range of workers to better ‘contaminate’ the hospital with proper infection control practices.”

The group evaluates exposures and outbreaks of various kinds throughout the hospital and develops plans to help reduce the transmission of viruses and bacteria. This involves careful recording of patient infection rates, as well as a continuous effort to standardize practices.

Jessica Girard-Landry is a new addition to the Infection Control Delegate team, but as a nurse educator on 9C, she routinely charts her ward’s infection rates to see how her team is doing. “By plotting a graph of our progress, we are able to see if we are improving, or if there is a specific problem we need to address,” she says, adding that her team has had a very positive response to the initiative.

St-Martin has made it her mission over the past few years to encourage as many services and departments to get involved. At their latest meeting in September, the group welcomed nine new members, including Girard-Landry, in an effort to broaden the initiative and open lines of communication between departments and services.

Whether they are discussing standardizing laundry hampers across the hospital or the proper use of N95 masks, the delegate team takes note of the most recent recommendations from Infection Control, based on the latest guidelines, and diffuses the information to peers and supervisors with the aim of reducing contamination.

“These people hold a great deal of influence and should be recognized for their efforts within the hospital community,” says Lyne of the 22 members that make up the group. “It’s not always easy to take on new challenges, especially during times of staff shortages,” she says, “but they go beyond their assigned duties for the sake of patient safety – that’s what makes their contribution so unique.”
Thirty-four years and counting

By Pamela Toman

M aria Coirazza, Coordinator of the Craniomaxillo-Facial Program opens up about her work at the Children's and her impending retirement.

When Maria Coirazza started working at the MCH at the ripe and tender age of 17, all she could think of was buying her first car: a 1977 Chevy Nova that she purchased a year later, with only eight hours of driving experience under her belt. It was 34 years ago when the British-born, first generation Italian immigrant started working as a receptionist in the Audiology department in order to save up for her coveted ride. From then on, Coirazza worked in a number of departments, but says that her current position, as Coordinator of the Craniomaxillo-Facial Program (CMF) could not have suited her better.

“I felt at home,” recalls the bright-eyed mother of one about her transition in 1983 from the department of Genetics to her current role. She remembers sitting in a classroom at Concordia University, where she studied during evenings and summers for six years to earn her degree in Applied Social Sciences, and describing her job to her classmates. “I said I have the best job in the world!” she beams, “and they were speechless – people just don’t say that!”

But Coirazza insists she’s been fortunate. When she first began her work of providing support and education to parents of young children and babies born with oral-facial clefts, the technology wasn’t nearly as sophisticated as it is today.

“New mothers, who had looked forward to giving birth to a perfectly health baby were often shocked and upset when seeing their child for the first time with a facial deformity,” says Coirazza. “The face is the first thing we look at when we see a person… when seeing your baby for the first time, as a parent, you worry about the unknown”. In the earlier days, hospital nurseries would call the Cleft Palate Unit and summon Coirazza to visit with new parents, and provide them with detailed information and reassurance.

Today, ultrasound detection at 20 weeks gestation means that expectant parents are able to receive support and education well before their baby is born. Pregnant mothers are referred to the Cleft Palate Program through the department of Genetics, and are then briefed on a range of topics from feeding techniques and how to deal with social situations to future surgical and orthodontic procedures that can successfully address specific appearance-related concerns. “When given an idea of what to expect, parents are usually much more prepared, and when their baby is born, they experience much less of a shock,” she explains.

On any given day, Coirazza responds to an abundance of phone calls from mothers and fathers who look to her for reassurance and wisdom. “A lot of pregnant mothers are very concerned with why this has happened,” she says, but through constant dialogue and numerous educational tools and materials, parents are encouraged by the information they receive.

“The most fulfilling part of my job is seeing the outcome,” says Coirazza, adding that the emotional link she develops with parents and their children from early childhood to adolescence is what makes her work deeply gratifying.

Her motto is simple: to treat others as she would like to be treated. And from the stash of teddy bears, stickers and stuffed animals that adorn her desk and fill her drawers on the 11th floor, it couldn’t be more evident that she takes this slogan to heart.

When Coirazza retires next year after 35 years of service, she says she isn’t worried about keeping busy. This avid traveller and mother to 16-year-old Patrick, says she’s looking forward to spending time with son and her husband of 21 years, Yann, who is also an employee at the MCH.

While it will be difficult to leave the hospital after a long and successful career, Coirazza says it’s time to move on. “I have made lifetime friends here and have really enjoyed my experience - now it’s time to give some of the younger people a chance.”
It was a heartbreaking moment. Patricia and Edouard Marin remember being told just two weeks after their daughter Lianne's birth that her little heart was failing. During a cardiology consult at The Montreal Children's Hospital, Dr. Marie Béland could not detect a pulse in Lianne's lower extremities. An investigative echocardiogram was immediately conducted and Lianne was diagnosed with a hypoplastic aortic arch, a large ventricular septal defect and a coarctation of the aorta: her heart was no longer able to pump blood to the lower half of her body. Dr. Béland took Lianne's parents aside to inform them that Lianne would be admitted to the intensive care unit to prepare for open heart surgery. The news was devastating. What they optimistically thought would be a routine medical visit had become their worst nightmare.

Doctors quickly placed baby Lianne on medication that they hoped would reopen the arterial canal, which closes after birth. This would relieve the strain on her heart to improve her chances for a successful surgery. The following days were agonizing as Patricia and Edouard waited for the treatment to take effect. After five days and only a slight improvement in her heart function, the medical team decided it was time to proceed with the operation.

Dr. Christo Tchervenkov performed the seven-hour surgery in which Lianne’s congenital heart defects were repaired allowing for normal circulation throughout her body. Medical staff kept Lianne’s parents updated throughout the operation and following the surgery, Dr. Tchervenkov informed them that the surgery was a success but that the next 72 hours would be critical.

During the four days that followed, the tiny newborn lay heavily sedated in the pediatric intensive care unit with an open thorax, as doctors waited for the swelling to subside. This proved to be another agonizing wait for her parents and extended family. Lianne showed steady progress following a second surgery to close up her chest, but was kept in the ICU for further monitoring.

During the following days and weeks, Lianne’s parents continued to visit the hospital around the clock. Encouraged by their newborn’s recovery, they were eventually able to bring her home on July 2, 2008—over one month after she was admitted.

“It was an amazing feeling to finally be able to take Lianne home. It felt like a huge weight had been lifted and we could finally get back to our normal life,” says Edouard of the return home.

Patricia attributes her daughter’s smooth transition and steady recovery at home to the help from nursing staff who encouraged Patricia to continue pumping her breast milk for Liane during her hospitalization. “Mireille, the head of the breastfeeding program on 9C, came to see me shortly after Lianne was hospitalized and really encouraged me to continue with it,” she says. “I am so thankful that I did, because I am convinced it made a tremendous difference in Lianne’s recovery and weight gain after she left the hospital.”

As her parents will attest, Lianne has definitely shown her family that life’s everyday struggles are nothing compared to what she has overcome. “It helps to keep things in perspective,” says Edouard. “We won’t stop her from doing anything that she wants to do; she is determined and full of life!”