

Martine Alfonso: new leader at the Montreal Children's Hospital

artine Alfonso, who was selected with the support of both the Council for Services to Children and Adolescents and the Board of Directors of the McGill University Health Centre (MUHC), will take on the role of Associate Executive Director of the Montreal Children's Hospital (MCH), effective January 7, 2013.

"I am confident that Martine will ensure the MCH enhances its leadership position within the Quebec healthcare network and she will be a strong advocate for The Children's within the MUHC," said Normand Rinfret, director general and chief executive officer of the MUHC. "Martine personifies our commitment to ensuring that children have timely access to care in a compassionate environment while remaining at the forefront of advances in teaching and research."

In her new position, Alfonso will work with her MCH colleagues on preparing for the move to the Glen in 2015 and deploying the associated services for patients and their families.

"It is with much enthusiasm that I have accepted The Children's AED position," says Alfonso. "It will be a privilege to contribute to the ongoing success of this important institution.



I very much look forward to joining their team in the New Year."

For 14 years, Alfonso worked as a physiotherapist before becoming part of the management leadership at the Institut de Réadaptation Gingras-Lindsay de Montréal in 2003. In 2009, she joined the MUHC team and became Administrative Director of the Neuroscience Mission. In this role she was responsible for the administration of clinical activities at The Neuro, neuroscience activities at the Montreal General Hospital and related ambulatory services. Two years later, with the passing of Dr. David Colman, Alfonso was named Interim Director of the Montreal Neurological Hospital

(MNH). In this capacity, she has provided steady and effective leadership during a challenging period and she has played a key role in developing the transition plan for the period leading up to the anticipated move of The Neuro to the Glen in 2019.

"The decision to leave The Neuro was a difficult one," says Alfonso. "For the last four years, I have worked with clinicians, Montreal Neurological Hospital and Institute leaders and the whole Neuro community in support of integrating cutting-edge research and outstanding clinical care. With interest, I will continue to follow the successes of their many projects under the capable and dynamic leadership of Guy Rouleau."



Proposal to transform MCH into revolutionary health village gains traction

By Suzanne Shugar

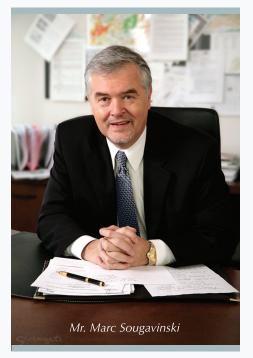
A proposal spearheaded by the CSSS de la Montagne to transform the grounds of the current Montreal Children's Hospital of the MUHC into a health village is drawing support from the medical community, politicians and government agencies.

"The Ville-Marie borough has agreed to become a partner in the venture and the Agence de la santé et des services sociaux de Montréal will finance the feasibility analysis, " says Marc Sougavinski, Executive Director of the CSSS de la Montagne.

The proposed *Village santé des Grands-Jardins* is a multipurpose complex that would specialize in first-line health and preventative care for area residents. Access to secondary care services such as medical specialists, diagnostic facilities and day surgery would also be provided. Tertiary health and acute pediatric cases would be referred to the new MCH at the MUHC Glen Campus, which is slated for completion in 2015.

The idea that the MCH should be transformed into a health village originated with Dr. Nicolas Steinmetz, Chairman of the Montreal Children's Hospital Foundation, and Dr. Micheline Ste-Marie, Associate Director, Professional Services at the MCH.

"The concept we brought forward to Marc Sougavinski and his team at the CSSS de la Montagne was a health village that would encompass all necessary support for the development and maintenance of health in the community. Mr. Sougavinski has exploded the concept and moved it to a very high level so I think this is going to be a huge success," says



Dr. Ste-Marie, who remains active in the project along with Dr. Steinmetz.

Dr. Ste-Marie wants to ensure that the pediatric component remains an important thrust in the health village and she hopes it can serve as a model for other communities. She also recognizes the invaluable educational and training possibilities.

"It was becoming clear that the best environment to train medical students, residents in family medicine and to provide high volume for the pediatric residents before they go into practice was such a structure."

The wide array of services provided by the state-of-the-art health village would include a birthing centre, a day care, nutrition education, management of chronic diseases, a community centre, housing and intermediate care for seniors, a palliative care unit and specialized services for aboriginal people, the homeless and the mentally ill. The CLSC Métro, which currently provides services to residents in the neighbourhood, would move to the village.

Green spaces, low-cost housing, a fitness centre and retail businesses are also on the drawing board.

Mr. Sougavinski is passionate about the Village santé des Grands-Jardins but it might not be the complex he first envisioned. During an interview at the CSSS de la Montagne headquarters, he pointed to a miniature model of the Montreal Children's Hospital and bemoaned the fact that the heritage building it emulates is in disrepair. "At first we thought they (MCH) are going to move out and we are going to paint and move in. But preliminary studies show the buildings are old and very costly to maintain. We will preserve certain parts for heritage reasons, but unless a resourceful and creative architect tells us otherwise, we might have to demolish many of the structures".

Mr. Sougavinski concludes by saying, "Now that we have funding we can hire the professionals I need: an architectural firm, accountants, lawyers and a full-time senior project manager. I need a topnotch person who has managed big projects and can deliver the feasibility study on time. The Children's is moving in 2015. The study has to be ready by June 2013."

Strategic Visioning Process moving forward Phase II and III drawing to a close

The Stratégie en route vers l'excellence (SERVE) committee and its six ad hoc committees are about to wrap up phase II and III of the MCH's strategic visioning process. In January, the SERVE committee will be ready to outline a detailed list of the various initiatives and projects to be launched to enable the hospital to achieve its six strategic goals namely:

- 1. Increase access and performance of the tertiary health care delivery;
- 2. Deliver integrated, culturallysensitive patient-and family-centred care 24/7;

- 3. Ensure a culture of continuous quality improvement and safety;
- 4. Alignment of human resources;
- 5. Capitalize on innovation and technology and research;
- 6. Optimize partnerships.

What is the goal of this strategic planning process?

The MCH's strategic planning process was launched to help the hospital define long and short-term goals and identify the best approach for achieving those goals. If you or your department would like more information about the MCH strategic planning process please contact Frédéric De Civita, Assistant to the AED at ext.23148.







Preparing for the real deal *How the Montreal Children's Hospital handled October's Code Orange Simulation*

By Stephanie Tsirgiotis



Hearing a 'Code Orange' called overhead is enough o get anybody's blood pumping. Then again, you rever know when a disaster will hit; which is why raining exercises are crucial in making sure all nedical teams are prepared for the real deal.

At 8:35 a.m. on Wednesday, October 24, Montreal declared a 'simulated emergency incident' and approximately 100 people (actors and simulated patients) were transported to the Level-1 trauma centres at the Montreal Children's Hospital and

Montreal General Hospital. After months of preparation, both hospitals took part in a three-hour simulation exercise to help hospital employees better respond to an external disaster. In fact, most of the staff involved were not told ahead of time when it would actually take place. The simulation was ordered by the *Agence de la santé et des services sociaux de Montréal* and everyone from the Montreal police (SPVM) and the Canadian army to the Société de Transport de Montréal (STM) and Urgences-santé were involved. A lot of the action took place in our

ER, but "collectively those present; doctors, nurses, technical and administrative staff responded with the highest degree of professionalism and competency," says Dr. Michael Shevell, Pediatrician-in-Chief and Chair of Pediatrics at the MCH. Even our volunteers jumped into the action, and played an essential role in making sure our real patients and their families were not confused by all the commotion.

The first group of complex simulated patients made their way to the ER around 9:00 a.m. They arrived by ambulance and were immediately triaged by Dr. Tamara Gafoor and her team. In total, our ER department handled over 40 'patients' by effectively triaging and responding to the challenge. The entire ER department was completely reconfigured to reduce any confusion between real and fake patients. An orange tarp separated the main entryway and real patients were redirected to the fast track corridor immediately to the right of the ER doors. All children who required urgent care were seen and treated as per our usual standards, but because of the simulation exercise our non-urgent patients were informed of the possibility of longer wait times. Overall, our ER team cared for over 12 real patients per hour during the near three hours the simulation was running.

Meanwhile, on the other side of the orange tarp, actors painted in fake blood and wrapped in red blankets pretended to be afflicted with minor and critical injuries. They were all rushed to different colour-coded rooms in the ER depending on the seriousness of their case. The Green area was designated for stable patients with minor injuries, the Yellow area was set aside for patients who could wait a short time before receiving treatment, and the Red area was the crash room. All unconscious, unresponsive or heavily injured patients were treated here. Personnel even had to deal with traumatized 'parents' and 'friends' (also actors) who were frantically searching for their loved ones. The third floor cafeteria was set up as an information centre to deal with such cases.

"I am proud to say this exercise went so well and all the months of hard work have really paid off. We were on time for everything. We started on time. We ended on time. We were able to restore the ER to its normal functioning very quickly. This exercise will allow us to learn a lot about how we respond to such disasters and to improve our code orange plans," says Dr. Elene Khalil, one of the key medical organizers of the simulation. Dr. Khalil has been working on improving our disaster readiness for over ten years and worked closely with Dr. Ilana Bank and Margaret Ruddy, Nurse Manager of the Pediatric Intensive Care Unit.

Overall, our emergency front line gained valuable experience, and "the MCH Senior team [took] pride in the whole process of this exercise which [was] both constructive and educational," says Dr. Micheline Ste-Marie, Acting Associate Executive Director at the MCH. The exercise highlighted areas for improvement, particularly when it comes to communication between the different teams and departments, but for the most part our hospital has a lot to be proud of. The simulation showcased how the MCH community comes together and rises to a challenge under difficult conditions. The Montreal Children's Hospital was able to deal with over 40 complex simulated patients, all while maintaining our professionalism and care for our real patients as well.

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To submit story ideas or texts to *Chez nous,* contact the Public Relations and Communications office at ext. 24307 or send your email to info@thechildren.com.



Protect yourself, your family and our patients *Don't let the flu crash your party—get vaccinated!*

Fall is here and so is the seasonal influenza vaccination campaign! Influenza is a serious disease that you, as healthcare workers, are more exposed to than the general population.

WHEN? The influenza vaccine is offered to you for free and will protect you all year round from the major strains of influenza that we expect this winter. Circulating influenza strains vary from season to season, so remember to get vaccinated on a yearly basis.

WHY? It is important to get vaccinated to avoid infecting those who are most vulnerable in your surroundings, both at home and at work. Please keep in mind that a

large proportion of our patient population at the Montreal Children's Hospital are immunosuppressed and either cannot be vaccinated or do not respond well to vaccines, because of their age, illness or prescribed medications and treatments. It is therefore crucial to protect them from the flu...It is our professional responsibility.

HOW? The Vaccination Campaign will begin October 29, 2012. To schedule your appointment, please call 44- FLU (44-358). For more information, contact your manager.

Get your flu shot, to protect yourself and others.

Imma Gidaro, MCH Coordinator

Practicing Patient and Family Centred Care Families have plenty to say

As workers in the healthcare sector we should always look to our patients and families for feedback on new or existing projects and invite them to be members on committees throughout the hospital. Collaboration and participation are two of the key principles of patient and family-centered care. Patients and families have a unique perspective and may sometimes shed a new light.

For help on recruiting patients and families, don't hesitate to call or send me a quick e-mail.

Do we really understand Patient and Family-Centered Care (**PFCC**)? **We often use the term loosely but what does it actually mean**?

Patient and family-centered care is an innovative approach to the planning, delivery, and evaluation of health care that is grounded in **mutually beneficial partnerships** among health care providers, patients, and families. PFCC advocates for working **with** patients and families, rather than **to** or **for** them. PFCC applies to patients of all ages and it may be practiced in any health care setting.

The four key principles of Patient and Family Centered Care as

defined by the Institute for Patient and Family-Centered Care are:

- 1) Dignity and Respect: Health care professionals listen and honour the patient and family's perspectives and choices. The knowledge, values, beliefs and cultural backgrounds of patients and families are incorporated into the planning and delivery of care.
- 2) Information Sharing: Health care professionals communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families

receive timely, complete, and accurate information in order to effectively participate in

- **3) Participation:** Patients and families are encouraged and supported in participating in care and decision-making at the level they chose.
- 4) **Collaboration:** Patients, families, health care professionals, and hospital leaders collaborate in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in how care is delivered.



The Launch of Accreditation 2013

Phase one: self-assessment

Accreditation Canada is on their way back to the MUHC in September 2013. Under the theme "Working Together", Accreditation Canada's **QMENTUM** program will aim for a wide participation from our MUHC teams as we strive for continuous quality and safety improvement.

In anticipation of the visit, the MUHC will undergo a series of preparatory phases, the first of which is called "self-assessment". This phase will take place from November 19 to December 14, 2012. It will rely on the participation of staff and doctors by inviting them to complete surveys that assess our conformity to Canadian standards that relate to the quality and safety of patients.

Your contribution is at the heart of the Accreditation process success. We thank you in advance for your participation.

1. What is QMENTUM?

Qmentum is a program from Accreditation Canada that ensures quality and safety improvement activities are part of the day-to-day activities of the MUHC.

2. What does QMENTUM consist of?

The four phases of the Qmentum process are Selfassessment, Roadmaps (results), Preparation for Tracers (mock tracer activities), and the Accreditation Visit.

3. What are Required Organizational Practices (ROPs)?

ROPs are essential practices that minimize risk and improve patient safety. Examples of ROPs include medication reconciliation, reporting and disclosure of incidents/accidents, and staff education on hand hygiene or the prevention of falls.

4. How do staff and doctors participate in QMENTUM?

In the first phase, Self-assessment, many of you will be asked to complete one questionnaire. Staff will be given the questionnaire that best suits their work responsibilities.

5. How much time does completing a QMENTUM questionnaire take?

Depending on the questionnaire, it will take between 15 minutes to an hour.

6. If I work in more than one service, how should I respond?

You should answer based on the service in which you spend most of your time.



7. What happens to the QMENTUM questionnaires once completed?

Each MUHC team will quickly receive results of the questionnaires in the form of a Roadmap, highlighted with red, yellow or green flags. The red and yellow flags identify areas that need improvement. Each team will decide where to focus its improvement efforts, create an action plan, and begin to make changes as necessary. We will have six months to work on these improvement plans.

8. What happens during the Accreditation Visit?

During the Visit, the surveyors will use the Tracer method to gather information. This means they will tour all over the MUHC hospitals, talking to many different staff, reviewing documents, and observing a variety of activities to evaluate quality and security of care.

Our goal is to make quality improvement a part of the MUHC's day-to-day operations and culture. The Qmentum **Self-assessments, Roadmaps, Tracers** and **Visit** will help us do just that, by asking all of you to participate. Share your ideas, help put your ideas into practice, and contribute to better patient care!

Eastern method for streamlining workflow

Kaizen approach being used to improve MCH (and MUHC) clinics

By Christine Zeindler

Imagine a clinic that has six physicians, two medical fellows, five nurses, an administrator, a dietician and a social worker and which sees many patients throughout the year. This describes the nephrology clinic at The Montreal Children's Hospital (MCH) of the McGill University Health Centre. This clinic, which deals with kidney disorders, is busy and can use all the help it can get in streamlining activities and improving workflow.

Enter the Kaizen approach to workflow management. Kaizen is derived from two Japanese words meaning "change for the better". This approach was recently applied to the nephrology and cardiology clinics at the MCH as pilot projects. After many months of implementation, the Kaizen process of improved systems management for the nephrology clinic is near completion.

"All employees were implicated in this process," says Sarah Boublenza, leader of the project and a member of the Transition Support Office, the department who brought Kaizen to the MUHC. "They all worked together to see where improvements could be made to make the clinic more efficient."

Blood testing reorganized

The nephrology evaluation team included two nurses, the clinic administrator and two physicians. Their goal was to determine where the delays in the clinic occurred and what they were.

"It was interesting that some patients waited longer than others," says Angela Burns, a nephrology clinic nurse who was on the pilot project team. "We identified where the inefficiencies were and how we could improve these both for the patients and the staff."

After evaluation, two areas were identified where improvements could be made – blood testing and computer accessibility.

Previous to Kaizen, patients would arrive at the clinic, see a physician and then go for blood testing. This led to delays in patient follow-up, and the families would have to return for another physician consult. Post Kaizen, patients are asked to come to the clinic with their blood work already completed.



"Now when patients arrive, all the information is there and an appropriate care plan can be developed and informed decisions, made during this one visit," says Ms. Burns.

Computer access improved

Access to computers was also an issue at the clinic. "We needed more liberal access to the Internet and automatic logging out," says Ms. Burns. "For example, when physicians wanted to share resources with patients, they couldn't access the proper resources (due to institutional internet restrictions). Also, if individuals didn't logout of a computer another user couldn't log on. This has all been corrected and is working well."

Other issues have been identified, such as staffing, but according to Ms. Boublenza, the Kaizen approach is a work-in-progress.

"We are taking little steps towards a global improvement. Change takes time and the Kaizen approach encourages continuous evaluation and adjustment," she says.

Other MUHC departments, where the Kaizen approach has been implemented includes the Montreal General Hospital's Emergency, Purchasing and Medicine.

FAF holds Halloween fundraiser

Batman was there, so was Cat Woman. Also in attendance were Austin Powers, the Ginger Bread Man and even the Mad Hatter. This bizarre cast of characters congregated on Friday, October 26 at the Sheraton Four Points Hotel, Plaza Volare to dance the night away during the Family Advisory Forum's (FAF) first annual Halloween Dance. Host Joe Caprera (Zorro) organized the evening, which was attended by 130 costumed party-goers. FAF members Wendy Longlade (Minnie Mouse), Linda Jurick (Marie Antoinette), Claudette Woodgate (The Patient) and Patient and Family Centred Care coordinator Imma Gidaro (Baby Girl) helped to make the event a success and burned up the dance floor while they were at it. All proceeds raised go towards the FAF's patient and family-centered care initiatives including a patient satisfaction survey. Special thanks to The Beat 92.5, The Sheraton Four Points Hotel, Chez Cora, Spa Station 5,



Marco Ferri, and Imprimerie Pub cité. Start thinking about your costumes for next year's event. We'll see you then!

The Family Advisory Forum is looking for family members to join the Family Advisory Forum and/or the Family Faculty. Share your stories, take part in a committee, support other families, or help out with a project. For more information please contact Imma Gidaro, Patient and Family Centered-Care Coordinator at 514-246-0087, or imma.gidaro@muhc.mcgill.ca, igidaro@sympatico.ca.

Reminder about holiday donations

In an effort to streamline the donation process, the Montreal Children's Hospital Foundation is no longer accepting gifts of toys or books – please contact our Child Life Department at 22570 if you would like to donate toys and/or services.



Pilates at the MCH

For employees When: Mondays, and/or Wednesdays, 5:00 to 5:55 p.m., starting Dec.3 and 5, for 10 weeks. Where: Rm D-292, MCH Cost: \$100 one class per week, \$180 two classes per week Registration: Contact Karen at (514) 489-7717 or karenkunigis@gmail.com before November 27. Please note there will be no classes during the weeks of Christmas and New Years.



Le Phare Enfants et Familles, founded by former MCH staff member Michèle Viau-Chagnon, was the recipient of the 'Coup de Coeur du ministre' awarded annually as part of Les Prix d'excellence du réseau de la santé et des services sociaux. Le Phare / The Lighthouse, Children and Families, contributes to the well being of children whose lives are threatened by illnesses that require complex treatment, in order to support and guide their families.

Bernard Lamarre, member of Le Phare's Board of Directors, was also recently honoured with a TELUS Community Excellence Award.

Eren Alexander, Nursing Practice Consultant at the MCH, was recently named a member of the Comité de révision de l'Ordre des infirmières du Québec.



Please post this in your area of the hospital as a reminder to employees.

Our People

Director General Award winner

Dr. Elisa Ruano-Cea

r. Elisa Ruano-Cea has been interested in advocacy and global health since her high school years. "I have always liked to learn about other cultures, locally and globally, and see how I could make a difference or contribute in some way," says the fourth-year Resident in Pediatrics. "This was one of the major drives that brought me to medicine."

One of Dr. Ruano-Cea's most recent contributions on the global health front started in April 2012, when federal Minister of Immigration and Citizenship Jason Kenney decreed that as of June 30, 2012 over 120,000 refugees would receive reduced healthcare coverage from the Interim Federal Health Program. She quickly took on the task of leading the fight against these unfair measures at The Montreal Children's Hospital. The result of her efforts led to a keen awareness of the issues that were previously not well understood at the MCH or its clientele and the temporary continuation of coverage for refugees in Quebec.

"I think there is always room for improvement in anything you approach," says Dr. Ruano-Cea, who is also co-leading another big project that advocates and provides tools for promoting a healthy lifestyle in the pediatric population, which is seeing increased obesity trends. "But it's not just about identifying what can be improved—it's about concentrating your energies in bringing people together and finding solutions. I truly believe that when you are passionate about what you are doing and actively involved, common goals and visions can be achieved, and positively impact patient care."



The Auxiliary of the Montreal Children's Hospital





A father's letter of thanks

ow do you thank someone for saving your child's life? I could write a thousand letters and never come close to expressing how much my wife and I are grateful to the Children's for giving us a life with Tristan.

When Tristan was first admitted on 9C, I couldn't imagine being there for more than a few days. It's impossible for a parent to comprehend a hospital stay with their child measured in months. Those first few days were a blur peppered with new diagnoses and bad news every day: Down Syndrome, a heart defect, chemotherapy, Hirschsprung's disease. We felt hopeless and lost. It's hard to explain to friends and family what that period of our lives was like. Weeks went by for them unnoticed, while every hour for us was a huge emotional and physical struggle. Driving to the hospital each day, trying to give our two-year old daughter a normal life, trying to bond with Tristan through a maze of wires and tubes. We had to educate ourselves on his conditions and care all the while trying to maintain our sanity. It was exhausting and overwhelming. But through it all, you were a supportive family.

It's amazing but true that some of the worst days came not from the big things, but from the little things. They piled up and seemed insurmountable. Yet to counter this, there were small acts of kindness that will never make the six o'clock news, but that nonetheless touched our hearts.

Your team of nurses were our saviours. In the four months he was on 9C, Tristan was probably cared for by almost all of the day and night nurses. The level of skill and compassion demonstrated by this team was remarkable. I wish I could name every single one of these professionals, but I would be remiss if I did not thank four individuals in particular who were among the many who graciously accepted to be Tristan's primary nurses. Geraldine, Genevieve B., Josée T. and Jocelyne all knew Tristan so well that they were able to make concrete, proactive suggestions for his care. Their efforts went above simple care and demonstrated a compassion for my child that I can never repay.

There were so many others: Mireille believed in my wife's breastfeeding; Rose never took no for an answer and was like a dog with a bone, bless her; Dr. Gosselin got us through a terrible week post-gut surgery by the innovative use of a cooling blanket; Dr. Boisjoli rescued me when Tristan was at his worse and I was in no shape to help; Marie-Ève owned his problems and always made time to see us; Nancy and Kevin were very supportive; all of the nurse practitioners somehow knew his entire file constantly; Caroline balanced his caloric intake like a juggler. I could go on and on.

After Tristan's heart surgery, we only spent two weeks on 9D, but we experienced the same degree of dedication and skill. Dr. Puligandla and all the nurses were calming figures. What an incredible group of individuals.

When we were about to be discharged, I couldn't bring myself to believe it. To see everyone so happy for Tristan and us, to know that we had made it to the place that we had dreamed of every night. There are no words to adequately describe that feeling. When we got home we finally united Tristan with our daughter, Olivia. That was the single best moment of my life.

I'm sure you all receive thanks from parents often. But if there is anything I hope you take from this note is that you changed our lives. Thank you.

With the most sincerest of gratitude,

Jonathan, Sophia, Olivia and Tristan