The future of The Montreal Children’s Hospital

CAPS process establishes clear goals

By Lisa Dutton

I sat down with Dr. Harvey Guyda, the Associate Executive Director of The Montreal Children’s Hospital this summer to ask him a few questions about the MUHC CAPS process and the impact it will have on our hospital and our staff and particularly on our patients and their families.

Q: What is CAPS?
A: CAPS stands for Clinical Activities Priority Setting.

Q: What is the goal of CAPS?
A: The goal of CAPS is to establish the clinical priorities for the MUHC, including The Montreal Children’s Hospital. With health care dollars and human resources being squeezed, the entire MUHC needs to decide where to focus its energies. We need to determine which services we can continue to offer to our patients and which services would be better served by moving to a different health care setting such as a partner hospital, CLSC or primary care clinic. By setting clear clinical priorities, the hospital will be better able to use its limited human and financial resources and to focus on areas of advanced expertise that will be able to be developed and/or expanded. In keeping with our mandate as an academic health centre, the MCH has a mission to provide highly specialized care; our vision and values were respected throughout the CAPS process.

(To learn more about the MCH’s Vision, Mission and Values go to our website thechildren.com).

Q: How was the CAPS process conducted?
A: The Strategic Directions Committee (SDC) developed the process, with external consultation. The SDC was chaired by Dr. Tim Meagher and the representatives from the MCH were Dr. Nada Jabado and myself. Each MCH clinical division, department or designated clinical activity was asked to fill out a workbook in which they evaluated their clinical activities and reflected upon their future direction. This included identifying: a) priority programs, b) activities to reduce and/or pursue in partnership, and c) those to transfer into the community or discontinue entirely. A total of 86 workbooks were completed and reviewed by the SDC; 32 of these were completed from the MCH community. A preliminary list of priority activities was proposed and communicated across the MUHC. Following a comprehensive review and revision process, the priority assessment was finalized. The SDC’s recommendations were presented and endorsed by the MUHC Board in June. I will present the outcome for the MCH to the Council for Services to Children and Adolescents (CSCA) in September.

Q: What are the results of this process for the MCH?
A: Thanks to previous priority setting and the CAPS process, the MCH has a more complete strategic plan which will help to focus our energies and resources and shape the future of the hospital. A number of key recommendations have been made. For example, it was recommended that Pediatric Oncology expand its services and that the General Surgery program focus on the following areas: complex congenital diseases, oncology, minimally invasive surgery (MIS) and renal transplantation. The Orthopedics Division is to focus on...
spine, trauma, oncology and scoliosis, and Plastic Surgery will focus on patients requiring tertiary care.

There are also recommendations to move some activities from the MCH to another healthcare setting such as a partner hospital, CLSC or clinic. It was recommended that Adolescent Medicine continue to provide teaching and support to Emergency, but in a location adjacent to the new Children’s Hospital. As well, it has been suggested that the Allergy and Immunology Division move some of its follow-up activities outside the new hospital. Child Psychiatry has been asked to move primary care to the CLSC de la Montagne and the CLSC l’Ouest-de-l’île. The Dentistry Department will continue to provide tertiary level activities within the hospital, but patients requiring only general dentistry are to be seen outside the new hospital. Otolaryngology is to focus on tertiary care. It was suggested that Respiratory Medicine continue its tertiary programs and focus on complex asthma. The Northern Health Program has been asked to maintain its current level of activities but to move the administration of the program outside of the hospital and into the community.

To view the all of the final recommendations please go to: http://www.intranet.muhc.mcgill.ca/caps/evaluation_revision.html

Q: What is the next step?

A: The next step is to do a feasibility and impact analysis to decide on how to implement the CAPS recommendations. As I said, some recommendations will be easier to implement, while others will be more challenging. The MUHC Transition Office will help clinical services with the implementation process. They are already actively engaged in several projects.

Q: What about the staff who work in the departments that will reduce services or move to a new location. What impact will this have on their jobs?

A: These changes will have an impact on some of our staff, but it really should be minimal. If you look at the Child Psychiatry Program, some of our staff are now working for the CLSC de la Montagne. They are caring for the same patients, receiving the same salary and benefits, but they are in a new location. There will probably be some similar movement in other areas as well, but we don’t expect a significant number of our staff will be affected. Keep in mind, we are in the very early stages of implementation so it is too early to say how exactly these changes will impact our staff and physicians.
On July 15, 2010, Shriners Hospitals for Children® leadership along with key partners assembled to give a progress report on the construction plans for a new hospital facility in Montreal. During the press conference held at the current Montreal hospital, Douglas Maxwell, Chairman of the Board of Trustees of Shriners Hospitals for Children® confirmed the construction of a new hospital on the Glen Campus adjacent to the Montreal Children’s Hospital (MCH) of the McGill University Health Centre (MUHC). Preliminary renderings of the new Hospital were revealed to media and assembled supporters of the Montreal institution in the presence of Health Minister Yves Bolduc, Normand Rinfret, Associate Director General of the MUHC, and Richard Deschamps, Member of the Executive Committee, Responsible for Economic Development, Infrastructure and Roads - City of Montreal.

Robert Drummond, M.D., Chairman of the Board of Governors at Shriners Hospitals for Children®-Canada announced that “the new hospital will have 22 single patient rooms, four operating rooms as well as 25,000 square feet dedicated to research.” The new space will allow the hospital to continue to improve care for patients and their parents by providing a new environment that will enhance family focused care. Close proximity to the MCH with whom there is and always has been extensive collaboration will facilitate shared services. Increased space will allow for state-of-the-art rehabilitation facilities which will include a gait laboratory. “We foresee that this new location will allow us to continue to recruit and retain some of the best pediatric orthopedic surgeons, researchers and allied health care professionals so that we may continue to offer the best possible care to children from Quebec, Canada and around the world.”

“Our government fought hard, led by our Premier, to ensure that the hospital stayed at home, here in Quebec, when other proposals were made. Our government has met its commitments to Shriners Hospitals for Children®-Canada by offering the land to build the new hospital. The construction project of the Shriners Hospital is part of the investment we have made to upgrade our infrastructure in the health care system, to provide the best care to Quebecers, and doing so in a quality environment,” concluded Health and Social Services Minister, Dr. Yves Bolduc.

Dr. Sherif Emil gives commencement address at University of California Irvine School of Medicine

Dr. Sherif Emil, Director of Pediatric Surgery at the Montreal Children’s Hospital, was invited to deliver the commencement address at the University of California Irvine (UCI) School of Medicine commencement ceremonies on June 5. Dr. Emil spoke to the 104 graduates delivering a moving and inspirational speech on “The Quest for Significance”. Prior to joining the MCH, Dr. Emil was the Chief of Pediatric Surgery at UCI. He says it was a great honour to be invited back to address this year’s graduating class.

To view Dr. Emil’s commencement speech, visit youtube.com (enter ‘Sherif Emil’ in the search function).
The Montreal Children’s Hospital of the MUHC Reorganizes its Pediatric Emergency Services

The MCH has merged its pediatric medical and pediatric surgical services. On July 1, these two services were unified creating one Pediatric Emergency Department.

What does this mean for patients?
Patients with bumps, bruises, cuts and fractures will be followed by a designated ER team from noon to 10:00 p.m., seven days a week. In addition, a pediatric general surgeon will be on call to consult on any urgent case 24 hours a day, 365 days a year.

Trauma team unaffected by changes
“The reorganization of our emergency services will not impact on the ER team’s ability to manage major traumas,” says Dr. Harley Eisman, Director of the Pediatric Emergency Department. “Nor will it have any impact on our skilled, multidisciplinary trauma team’s response time.”

As a result of this reorganization, the hospital has asked its community partners to refrain from referring children with the list of symptoms outlined at right to the Emergency Room. These children are now being seen in the daily Pediatric General Surgery Clinic, which offers consultation within 48 hours.

Children with the following symptoms should now be referred directly to the daily Pediatric General Surgery Clinic:

- Head and neck masses
- Soft tissue abscesses in patients < 12 years old
- Groin masses (hernia, hydroceles, etc.)
- Testicular masses and problems (e.g. undescended testes)
- Soft tissue masses (lumps and bumps), excluding ganglion cysts of the joints
- Ingrown toenails (if community care not available)
- Penile problems (phimosis, etc.)

Chez nous survey generates great ideas!

The MCH Public Relations and Communications office wants to thank everyone who took the time to complete our survey in June. Altogether, more than 150 people completed the survey giving us some very helpful feedback and many great suggestions for content and story ideas.

In response to your requests, we plan to include regular features on the new Montreal Children’s Hospital (see the CAPS Q&A in this issue), more in-depth profiles of MCH departments and our clinical and research achievements, and even a few fun features such as contests (try your luck at guessing who the “mystery babies” are in this issue) and puzzles.

Remember, you don’t have to wait for the next survey to send us your ideas and comments for Chez nous. You can email us any time at info@thechildren.com or call the office at ext. 24307.

Congratulations to Carole Cambridge from Medical Records who was the lucky winner of our Survey draw for an Alexis Nihon gift certificate.
With over 400 million active users, it seems like everyone, even your Great Aunt Gertrude, now has a Facebook profile page. The social utility website is one of the most trafficked in the world, recently unseating Google as the most popular website across the globe.

And while the site is blocked throughout all MUHC offices and clinics, confidentiality and security breaches are still a great concern. With more and more employees ‘friending’ each other on social networks, the potential for exposing sensitive information in everyday postings and status updates is dramatically increased. On a forum as vast and open as Facebook, it is therefore important not to confuse the freedom to speak your mind with freedom from workplace consequences.

Take the example of Ashley Johnson, a waitress from Charlotte, NC, who was recently fired after she posted a fiery online rant about having to stay after hours to serve a couple who left a mediocre tip. It was only a matter of time before her managers got word of her very public outburst, and she was later dismissed from her job.

Johnson’s experience proves that as people grow increasingly comfortable sharing their most candid pictures and thoughts – whether they are improper, scathing or otherwise – it may be very easy to forget their impact.

Sylvie Beausoleil, Director of Security Governance at the MUHC, advises employees to be aware of their surroundings. “Whether they are talking on a bus, outside in a park, or on Facebook,” she says, “employees have a legal responsibility to protect their employer’s reputation.”

Given that websites like Facebook and Twitter provide a greater platform for personal expression, Beausoleil adds that employees should avoid posting comments that denigrate their place of work, and that contain sensitive information. “Employees sign a confidentiality and security agreement upon entering the workplace, and should respect it,” she says, “it is in their interest to be cautious”.

So, while it may be tempting to release some frustration about a bad day at work on your favourite social network, complete with multiple exclamation marks and choice words, it may be wiser to give it some thought before acting. Whatever you post online may be considered in the same vein as if you actually made your comments verbally in public, and what’s worse, web entries can easily be traced back to the source, only to come back to haunt you in the future.

To avoid being caught in any such situation, be responsible. Keep personal social networking profiles personal; that means being selective in regards to whom you allow access to your private information and what kind of details you make public. Try to avoid discussion about your workplace that includes sensitive patient information or news that should remain confidential. Remember that you are responsible for your on-duty, as well as your off-duty behaviour. If you are hesitant to post something online, then it probably doesn’t belong there! Being cautious is always advisable.

Leave the workplace discussion to us – follow the MCH on Facebook today by clicking on the icon on our homepage!

The MUHC Director General’s Awards 2010
This is your opportunity to move your colleagues from behind the curtain to centre stage!

Nomination deadline: September 10, 2010
The Director General’s Awards offer you an opportunity to honour your colleague(s) for making an outstanding contribution to the MUHC. You can nominate until 4:00 p.m., Friday, September 10, 2010.

Nomination forms are available on the Intranet and at the following locations:
- Union Offices
- Nursing Resource Centres
- HR Satellite Offices
- Lachine Campus (HR, Union Offices and Employees’ Room)

www.intranet.muhc.mcgill.ca/Human_Resources/employee_recognition/director_generals_award.html
Meditation helps staff manage stress, stay focused

By Leila Nathaniel

The concept of meditation often evokes images of Buddhist monks, but you won’t meet any monks in the Montreal Children’s Hospital meditation program. You will, however, meet fellow staff members. Some people think that meditation is an exotic practice, but it’s actually a tool that everyone can use to help themselves. Jocelyne Albert, a clinical nurse specialist at the MCH, who has been meditating for many years, is the instructor and holds guided sessions for staff once a week at 11:00 a.m., usually on Tuesdays, in room C-1112. The sessions last about 15 to 20 minutes. She’s introduced meditation walks, too.

When asked why she started this program, Jocelyne said she wanted “to give the staff a break, while helping them de-stress and regain focus.” According to those who have given her feedback, it works. Most people in the group return to work feeling calm and refreshed. Jocelyne is pleased, since this is a healthy way to deal with the pressure of a stressful environment. She says that meditation keeps you focused without having to carry the emotions from an exchange. This means that people who meditate can work more efficiently without the frustrations from a bad encounter.

Jocelyne finds the best aspect of the meditation sessions is the ability to create a sense of community. Although most of the communication is nonverbal, she said that you really feel as though you know someone through their actions.

For more information, contact Jocelyne at ext. 22908, or e-mail her at jocelyne.albert@muhc.mcgill.ca for dates and times of meditation sessions. You can also look on the bulletin boards for her advertisements.

CONTEST

We asked a few of our fellow MCH staff members to send us their baby photos. If you think you know who these three beautiful babies are, email us at info@thechildren.com or fax your answers to ext. 24343. The winner will receive a $25 Chapters gift certificate. Contest deadline is Tuesday, September 14 at 4:30 p.m. The winner – and the three mystery babies – will be announced in the next issue of Chez nous.

Identify these mystery babies!

There’s no mistaking her bright eyes and big smile – just ask the nursing staff!

As a kid, it was cake, but these days, you’re more likely to find her in front of a microscope.

He traded in his toys for a computer – and in an emergency, he has all the stats.
Say Cheese for the Children’s returns for a second edition!

Place Alexis Nihon has decided to show their support of our hospital once again this year by hosting Say Cheese for The Children’s, to be held from November 19 to December 12, in collaboration with Espace Urbain Studio. This unique fundraiser offers families, friends, and colleagues the chance to have a professional in-studio photo session for as little as $40. Thanks to a team of professional and creative photographers, you’re guaranteed a fun-filled session with truly memorable results! And 100% of the funds collected are donated to the MCH Foundation. Last year’s event raised over $30,000 to go towards the construction of the new Children’s.

The number of photo sessions will be limited. Reserve your spot as of September 1 by calling 514 797-DONS (3667). For more information, visit SOURIEZDON.COM

Reopening of Short Stay Unit

Please note that due to the nursing shortage, the SSU will not reopen before September 20, 2010.

@ Work

Source: CTV.ca

Stand up for your health!

Sitting all day may significantly boost the risk of disease even for those who exercise regularly, say scientists who suggest that our bodies were simply not designed to sit all day.

While we’ve long been told that sedentary lifestyles are not healthy, many have assumed that maintaining a healthy weight and exercising a few times a week is enough to offset the time spent on our rear ends.

But in an editorial published in the British Journal of Sports Medicine, Swedish scientists say that may not be true. They say the evidence is mounting that people who sit still for prolonged periods of time – such as desk workers – have a higher risk of disease than those who move around during the day, even if both groups still exercise.

Elin Ekblom-Bak of the Swedish School of Sport and Health Sciences in Stockholm suggests that people need to rethink how they define physical activity to highlight the dangers of sitting. “Sedentary time should be defined as muscular inactivity rather than the absence of exercise,” she and her team write.

Although the relationship between prolonged sitting and poor health and premature death needs to be more clearly understood, researchers say it appears that muscle movement may be crucial because it plays a role in controlling blood fats. The Swedish researchers say that even small bouts of activity through the day can help ward off bad health, even if the activity doesn’t raise the heart rate.

They encourage health care practitioners to emphasize the importance of simple, non-exercise activities – in addition to regular exercise – such as climbing the stairs, rather than using elevators and escalators, taking a five-minute break during sedentary work, or walking to the store rather than taking the car.
A Day of Celebration

Next **Tuesday, September 7** at 10:30 a.m., as Patron of the event, the spouse of the Premier of Quebec, Ms. Michèle Dionne, will welcome 106 children to the Glen Campus (representing the 106 years the Hospital has existed), to take part in the groundbreaking ceremony “Children Breaking Ground for Children”. They will be accompanied by the “Founders” (donors to the Best Care for Children Campaign) of the new Children’s who will also participate in this historic moment, marking the official start of construction of our new MCH!

For all staff unable to attend this celebration, a special presentation will take place in the Forbes-Cushing Amphitheatre (D-182) at 2:00 p.m. on the same day. Images from the morning’s ceremony will be shown. The world premiere of “Small Victories”, a new video production featuring staff and patients of the MCH will also be screened. Come and congratulate your colleagues who took part in this video on their stunning Oscar-deserving performances!

**We hope to see you there!**

Glen Campus Information Session and Open House

**Date:** September 9, 10 11, and 14  
**Place:** Kosa Centre, 5325 Ave. Crowley (corner Decarie), NDG

Mark **September 9, 10 and 11** on your calendar because you won’t want to miss this! For the past two months, the team of the new MUHC has been preparing a spectacular two-tiered event for the Glen Campus. The activities will take place at the KoSA Arts Centre adjacent to the Glen Campus.

The centre can be easily reached:
- by public transit via the Vendôme metro station;
- by bicycle via the de Maisonneuve bike path; or
- by car via highway 720 E (Saint-Jacques exit) and 15 N / S (Sherbrooke exit).

**Open House**
In parallel, a celebration to present the Glen Campus in all its facets will be held Thursday, Friday and Saturday, September 9, 10 and 11, for the community, our employees, their families and the general public. This open house event will include activities for visitors of all ages, the presence of clinical staff members, the participation of our partners (McGill University, the Shriners Hospital for Children, the City of Montréal, etc.), souvenirs, and lots of surprises.

**Thursday, September 9** - 6:00 to 10:00 p.m.  
**Friday, September 10** - 11:00 a.m. to 5:00 p.m.  
**Saturday, September 11** - 11:00 a.m. to 5:00 p.m.  
**Tuesday, September 14** - 6:00 to 10:00 p.m.  

A shuttle service for employees only will be available on Friday, September 10, from all of the MUHC hospitals to the KoSA Art Centre. Hop on during your lunch hour or before or after your shift to attend the event and learn all about the Glen Campus. You’ll also have a chance to speak with our leaders at the Centre.

**Public information session**  
**Tuesday, September 14**, 7:00 to 9:00 p.m.

An information sessions will be held on Tuesday, September 14, for the various groups affected by the construction work. Special invitations will be sent to equipment suppliers, contractors, merchants and residents so they can learn about the project’s technical and functional elements, as well as its impacts.

MCH Auxiliary events for September

- **Wednesday, September 8:** Miscellaneous  
- **Wednesday, September 15:** Used Books  
- **Wednesday, September 22:** Pre-Viewed Videos  
- **Wednesday, September 29:** Knits

All sales take place on 2B
A new session of Pilates at the MCH begins the week of September 13. Do something good for yourself and enroll today!

Sign up for one or both of the following classes:

**Mondays** starting **September 13, 2010**, or **Wednesdays**
starting **September 15, 2010**
5:00-5:55 p.m.
D-292

10 weeks

- Men and women are welcome
- $100 for 1x per week (10 classes total); $180 for 2x per week (20 classes total)
- Registration: Contact Karen @ 514 489-7717 before September 13
  or email karenkunigis@hotmail.com

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**Blast from the MCH’s past – Did you know?**

**Life before the ICU**

Until the 1970s, physicians made their living in private offices and volunteered their time at the Children’s, treating poorer children in exchange for the privilege of admitting their patients to the hospital. The hours they spent there were long: in the 1930s and 1940s, it was not uncommon for a surgeon to operate all day on emergency cases, then work well into the night on elective surgeries. As there was no intensive care unit, the surgeon would sometimes even sleep next to a child in case post-operative complications should arise.

*Excerpted from Building on a Century of Caring: the Montreal Children’s Hospital.*

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**Awards and Nominations**

Following his two years of specialty training (2008-2010), **Dr. Robert Baird** has been successfully recruited to the Montreal Children’s Hospital Division of Pediatric General Surgery. Dr. Baird joined the Division on August 1, 2010, on a part-time basis and will gradually increase his practice to full time over approximately one-and-a-half years. During this period, he will be completing the prestigious Masters in Evidence-Based Healthcare at Oxford University. Dr. Baird is planning to pursue a strong academic career with a commitment to establishing an evidence-based clinical research program at the MCH, and exerting a major leadership role in this area across Canada.

On June 30, Her Excellency the Right Honourable Michaëlle Jean, Governor General of Canada, announced 74 new appointments to the Order of Canada. Among those honoured as a Member (C.M.) of the Order of Canada is **Dr. Alice Chan-Yip** of the MCH, who is being recognized “for her contribution to the provision of health care in Montreal as a pediatrician, medical educator, and volunteer, and notably for her innovations in treating immigrants.”
MCH Audiologist Anne-Marie Hurteau was recently honoured with the Prix Germaine Huot 2010 from the Ordre des orthophonistes et audiologistes du Québec given to an individual for their achievements in the field of speech language pathology and audiology. Ms. Hurteau will receive her award at a ceremony on September 17 in Montreal.

Dr. Sam Daniel has been selected as a CPD Educator of the Royal College of Physicians and Surgeons of Canada, an important new role that will enable the Royal College to create an educational strategy for Fellows and CPD participants. The position is for a two-year period commencing July 1, 2010.

Our People

The family business

By Leila Nathaniel

Usually “Take your daughter to work” day only happens once a year, but for Kim Showers, it occurs every day. She works at The Montreal Children’s Hospital along with her daughter, Lindsay Nixon. Kim works during the day as an administrative officer in the Magnetic Resonance Imaging (MRI) department, while Lindsay works afternoons and evenings throughout the hospital as part of the housekeeping staff. Normally, most people avoid working with their parents, but according to Lindsay, she “always knew” that she would end up working at the MCH in one capacity or another. Many other family members work here too, including Kim’s other daughter Jesse Nixon who works in the OR, as well as cousins, aunts, and uncles. To these women, the hospital is “sort of like the family business.” At least when they talk about work at family gatherings, no one feels left out!

Even though they work in the same building, the two women rarely run in to each other. “Sometimes I’ll visit if I’m passing by,” says Lindsay. However, they appreciate being able to catch up over the weekend, or whenever they both have free time.

Even though their jobs are completely different, both mother and daughter agree they are very caring people. They even had the same childhood ambition: to become veterinarians. Now, they’re taking care of children by doing their part to help the hospital run smoothly.

If you work alongside a member of your immediate family, let us know and we’d be pleased to include your story in Chez Nous. Contact Lisa Dutton, Public Relations and Communications at ext. 24307 or lisa.dutton@muhc.mcgill.ca.

Pediatric Trauma Rounds

Monday, September 27, 2010
8:00 – 9:00 a.m.
Amphitheatre (D-182)

MCH ER trauma response system: A four-year review
Debbie Friedman, Director, MCH Trauma
Anna Pizzi
MUHC Central Laboratory Manager

By Maureen McCarthy

Anna Pizzi’s career, you could say, has come full circle. When she was studying at Dawson College to become a lab technologist, she completed a stage at the Royal Victoria Hospital. But after graduation, she headed straight to the private sector and never looked back. In her time at MDS, a large private lab, she managed the laboratory, and 12 clinics and patient centres. Along the way, she received management degrees and certificates from McGill and Concordia. Then in 2007, Anna found herself back at the MUHC as Manager of the MCH Central Laboratory responsible for Biochemistry, Hematology, Immunology, Endocrinology, the Pediatric Test Centre and the MUHC Genetics Laboratories. In 2009, she was promoted to MUHC Central Laboratories Manager for the RVH, MGH and MCH sites while retaining the genetics role as well.

Her career move was the result of a few perfectly timed coincidences. “I realized one day that it was time for a new challenge,” she says. Two weeks later, the MCH Central Lab Manager position was advertised in the Gazette. She applied right away, was offered an interview the following Monday, and was hired soon after.

Bringing a fresh perspective

Anna admits that her first year had its share of struggles. She wanted to address the department’s needs and the delivery of service. “How we provide service to our patients is so important,” she says. Anna worked closely with Stephane Timothee (then MCH Associate Director of Hospital Services) and Kalyani Desai, MUHC Coordinator of Laboratories, to improve procedures, including having a stagiaire analyze the process in the Pediatric Test Centre (PTC).

The MCH team gets high praise from Anna. “They’re very conscientious,” she says. The shortage of lab techs has been challenging but she has drawn on her experience to find solutions. “In the private sector, there are often more opportunities to do things ‘out of the box’. For example, I had hired nursing assistants to draw blood in the private clinics. Stephane thought this was a great idea and worth a try, so we tried it at the MCH with much success.”

Anna says she was fortunate to have good mentors in her career. “I feel that I’ve been given great advice and great opportunities so I want to do the same here.”

Best of all worlds

Managing by group decision is one of Anna’s strong points. With responsibility for approximately 300 employees at three sites (RVH, MGH and MCH), she takes best practices from each to improve services throughout the MUHC. “We’re looking at what works well at each site,” she says. The three site supervisors, including Johanne Lapierre at the MCH, report directly to Anna. “I work closely with and mentor each of them so they can take on what needs to be done locally,” she says. “I am fortunate to have a very good team.”

Anna is fully aware that most new recruits are in their 20s and says there are always challenges to attracting and retaining people. “We try to keep the lines of communication open so we know what could make a difference in getting staff to stay longer. The ‘Gen Y’ group is comfortable with technology and gadgets, so we stand a good chance of attracting new people if our equipment is cutting-edge.”

Cooking up results of a different sort

“I love to cook, and I love to have people over,” says Anna, who thinks nothing of prepping all day for a dinner party. “I have a lot of regulars!” She credits her father with teaching her a lot about cooking. Baking, on the other hand, is not high on her list. “It’s too technical… reminds me of work!”

Anna also loves to travel whether it’s a well-earned vacation or a weekend trip. She really enjoys discovering new places and part of the fun comes from trying new foods as she goes. And the beauty of that: there’s no kitchen to clean up!
In December 2009 Laura, an active 10-year-old girl was enjoying a Christmas ski holiday with her family. While skiing with her dad she lost control and struck a tree head on. Fortunately Laura was wearing a ski helmet which probably saved her life. Her father found her unconscious at the scene. Following rapid transport down the hill she was taken to Ste. Agathe Hospital. A CT scan revealed a serious brain and significant abdominal trauma. Following an emergency surgery and stabilization she was transferred to The Montreal Children’s Trauma Centre. Upon her arrival trauma experts were waiting for her in the crash room. As her needs were multifaceted and complex, many specialties were included in the initial trauma response and throughout her hospitalization. As a Trauma Centre we are committed to ensuring rapid, urgent, expert care to our patients but also feel that it is essential to support and guide the families through an often traumatic, scary, and uncertain future.

Laura and her family were closely followed by The MCH Trauma medical, surgical, nursing, rehabilitation, and psychosocial teams of experts from the time of arrival in ER, through her multiple surgical interventions, her stay in intensive care, transfer to the surgical/trauma unit, early stages of rehabilitation and eventual transfer to a Rehabilitation Centre.

Laura continues to be seen at the MCH for her medical follow-up. The MCH Trauma specialists always look forward to seeing Laura and her dedicated family. She has worked hard and is doing well.

To find out more about Laura’s amazing story, and her important message to teens, visit thechildren.com/trauma to watch her video.