

Chez nous

MCH EMPLOYEE NEWSLETTER

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www.thechildrens.com



June 16, 2011

News

Intensive Design Phase has started for both MCH towers

By Lisa Dutton

They are pouring over blue prints, checking and rechecking layouts, examining adjacencies, scrutinizing functionality, reviewing placement of equipment, storage, work stations and even light switches. A few hundred MCH employees including doctors, nurses, allied health professionals and support staff are diligently working side by side with the engineers, architects, infection control specialists and members of the MUHC Planning group and construction consortium. The goal is to put the finishing touches on the design of the new MCH hospital.

"We are looking at everything right down to the nitty-gritty in these intensive design-development meetings," says Dr. Micheline Ste-Marie, Associate Director of Professional Services. "We are now working on both MCH towers simultaneously and looking at adjacencies with our adult hospital partners and The Shriners Hospital."

The new MCH will be housed in two buildings. Tower A is a five-floor structure devoted to ambulatory care including clinics, sleep lab, genetics, brain development and behaviour unit and the Family Resource Library. Tower B, eight

floors high, is designed for high-tech procedures and for inpatient care; it includes the Emergency Department, expanded NICU, PICU and the interventional platform. The latter will house the Surgical Day Centre, the Day Surgery, the recovery room, the

Our hospital, our future

ORs as well as procedure rooms, the catheterization lab and the intra-operative MRI.

While the structure of the buildings and the basic footprint allotted to each department cannot be altered, members of the User Groups can affect the design of the spaces. For example, they can request a playroom be made bigger while an adjacent storage room may be a bit smaller; they can make sure patients travel from the waiting room to the exam room with ease and that exam rooms are clustered appropriately so staff do not lose time moving back and forth. Members of the user groups also comment on room design, equipment placement, overall flow and a number of other design issues.

"Members of each user group are working extremely hard and are to be commended for their efforts. To make sure we get appropriate feedback from all MCH doctors and employees, members are responsible for bringing the architectural plans back to their colleagues to get their input and views," says Dr. Ste-Marie. "At every turn, every decision, we need to think of our patients and their needs, we need to think of efficiency and how to create the best hospital work environment possible in order to offer the best care for our patients and their families."



MCH staff use pedal power for their daily commute (see page 6-7).

Nominate a patient for the Youth Advisory Forum

As a means of extending the MUHC's focus on family-centered care, the Montreal Children's Hospital is creating a Youth Advisory Forum (YAF). The forum's mission is to lend a voice to the ultimate users of the hospital in order to increase our responsiveness to the youth's needs and priorities. Through ongoing communication and collaboration, this forum will help healthcare staff, administration and other groups to better see and understand the healthcare experience through the eyes of today's youth. The group will be supported by the Family Advisory Forum as well as the Child Life Department. The collaborative efforts of these people will result in a youth forum that will be a formal, ongoing, long-term means of improving a youth-friendly environment.

Potential candidates must be:

- ▶ between 14 and 20 years of age,
- ▶ a current patient, past patient or sibling,
- ▶ able to attend one meeting every 4 to 6 weeks.

Please help us start the YAF by nominating a teen that fulfills the above criteria, and who you think may be interested in participating.

▶ Information and nomination forms are available at: thechildren.com/documents/child-life-services-nomination-form.pdf

▶ Or contact Wendy Reis, Child Life Services, ext. 22385 wendy.reis@muhc.mcgill.ca

ABC Awards of Excellence Ball: An unforgettable night!

Special thanks to this year's Patrons of Honour, Saputo inc. and the Mirella and Lino Saputo Foundation, and to Co-chairs, dynamic mother and daughter duo Mirella and Nadia Saputo.

The 12th edition of the ABC Awards Ball for The Children's was a shining success, raising a record \$900,000 for our young patients. Held at Windsor Station on June 2, the gala was hosted by Chantal Lamarre, Mosé Persico and Marianna Simeone, seen here with Nikki Yanofsky, official ambassador of The Children's and guest performer at the event.



Dr. Pramod Puligandla presented the Administrative and Clinical Support Staff Award of Excellence to Gisèle Goguen. Thanks to all who contributed to making this event so memorable!

The generosity of ten corporate sponsors made it possible to highlight the work and devotion of ten remarkable members of The Children's family. Seen here with Dr. Harvey Guyda is Dr. Thérèse Perreault, recipient of the Medical Award of Excellence.



CN Miracle Match

The Montreal Children's Hospital Foundation has exciting news! **From May 12 to August 28**, CN will match gifts made to The Montreal Children's Hospital Foundation as part of the CN Miracle Match, a national charitable initiative designed to encourage communities across Canada to donate to pediatric care. Gifts to The MCH Foundation will be **matched and therefore doubled**.

As part of the 2011 CN Canadian Women's Open, CN has selected Montreal's two children's hospitals as the beneficiaries of this program. To double the impact of your donation or for additional information, please visit childrenfoundation.com, cnmiraclematch.ca or call the MCH Foundation office at 514-934-4846.

Canadian golf pro Lorie Kane offers some tips to promising young golfer and Children's spokesperson, Émilie Hébert, during the launch of the CN Miracle Match at Hillsdale Golf Club on May 25.



Summer has arrived ... finally

As we approach the season when you are able to (and I stress that you need to) take time to rest and relax with your friends and families, I wish to thank each of you for your unwavering commitment to our patients and their families. You provide excellent services of varying complexity and duration, requiring understanding, patience and your expertise. I am proud to be the captain of this dedicated team.

Now the bad news...

Unfortunately the MUHC is facing a significant financial crunch. I do not wish to dampen your vacation plans, but you will hear more in the coming weeks about our deficit and the budget reduction planning that has been ongoing for the past year under the auspices of the MUHC Budget Oversight Committee. Further details will be forthcoming once we have final data for period 13 and the final budget submitted for 2011-2012.

I take this opportunity to confirm to you that we have experienced significant theft of OR equipment at the MCH in the past six months. This is under police investigation and a number of preventative initiatives have been implemented.

As a health care provider, you have a responsibility not only to your defined job, but also to the collectivity of the institution that you work in. We all work here because we wish to improve the quality of life for the children we serve and their families. This requires expensive equipment and supplies that cannot support our mission if they are missing. Further, these losses seriously contribute to our budget deficit – we cannot just keep replacing missing items.

This is a strong plea for everyone to exercise extreme vigilance when using or putting away equipment or supplies. We ask that you pay particular attention to maintaining the

availability of items that you have in your clinical units and to immediately report their disappearance.

To address this issue, a systematic approach will be defined to deal with some of our major equipment items for which access to or loss is an ongoing problem. We ask for your cooperation in improving these crucial elements of our daily operation and functionality and in making this an institution that we can all be proud of. These improvements will result not only in better quality of care but also in better quality of work environment. It's a win-win for everyone!

Have a great summer everyone!

Dr. Harvey J. Guyda
Associate Executive Director

The MCH's Dr. Hema Patel has co-authored a Position Statement on universal newborn hearing screening which appeared in the May 2011 issue of Canadian Journal of Paediatrics - Volume 16 Issue 5: 301-310.

Universal newborn hearing screening

H. Patel, M. Feldman, Canadian Paediatric Society, Community Paediatrics Committee

The present statement reviews the evidence for universal newborn hearing screening (UNHS). A systematic review of the literature was conducted using Medline and using search dates from 1996 to the third week of August 2009. The following search terms were used: neonatal screening AND hearing loss AND hearing disorders. The key phrase "universal newborn hearing screening" was also searched. The Cochrane Central Register of Controlled Trials and systematic reviews was searched. Three systematic reviews, one controlled nonrandomized trial and multiple

cohort studies were found. It was determined that there was satisfactory evidence to support UNHS. The results of the available literature are consistent and indicate clear evidence that without UNHS, delayed diagnosis leads to significant harm for children and their families; with UNHS, diagnosis and intervention occur earlier; earlier intervention translates to improved language outcomes; and in well-run programs, there is negligible harm from screening.

► To read the complete position statement, visit <http://www.pulsus.com/journals>.

Reduced Rate Parking Pass for families

Reduced rates for long-term parking are available for families of chronic patients or long-term hospitalized patients. Please inform any families who may benefit from this, and direct them to the MCH website (see below) for more details.

Who is eligible for a Reduced Rate Parking Pass? The policy stipulates the following:

► Out-patients

For out-patients, the Reduced Rate Parking Pass may be purchased at any time during your child's treatment if the appointment frequency is greater than once a week, otherwise it will not be advantageous to you. You will need to obtain and bring a Reduced Rate Parking Pass Request form signed by the clinic involved. These forms are available at the clinic or the MCH parking office C-101.

► In-patients

For in-patients, the Reduced Rate Parking Pass for family members may be purchased when the patient is admitted for a period greater than 14 days. You must first obtain and bring a Reduced Rate Parking Pass Request Form signed by the head nurse of the unit where the patient is admitted. These forms are available on the ward or at the MCH parking office C-101. Exception: family and visitors may obtain a pass from the first day of hospitalization for a patient admitted long-term, or to the Pediatric Intensive Care Unit (PICU) or Neonatal Intensive Care Unit (NICU).

Family members may visit thechildren.com/documents/family-reduced-rates-parking.pdf for more information.

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

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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.



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Facebook**

A healthy barbecue

Do you enjoy grilling but are afraid of the risks associated with the fats that flow from the meat and catch fire, leading to the creation of certain carcinogenic compounds? Here are some tips to help you almost totally eliminate this.

Select lean pieces of meat and remove as much of the visible fat as possible. Next, marinate the meat for at least 40 minutes before cooking, as this will neutralize the oxidative damage of cooking at high temperature.

Another alternative is to partially precook the meat in the microwave oven in order to eliminate its juices and then to finish cooking it on the barbecue. You should also avoid overcooking meat. This can be easily done by using a cooking thermometer. When the temperature reaches 63°C (145°F) for steaks, 71°C (160°F) for ground beef and 74°C (165°F) for chicken, this means that they are sufficiently cooked.

You can also occasionally try out a vegetarian barbecue, since it is less fatty than meat. Remember

however that the charred portions of vegetarian dishes are no less poisonous. And finally, don't forget dessert: For example, skewers of fruit brushed with a bit of honey and grilled!



*Visit www.soscuisine.com to find the right measurements for the number of servings you need.

Tofu and Sweet Pepper Skewers with Peanut Sauce

Preparation: 20 min; Cooking: 5 min;

Total: 25 min

240 calories/serving; yield: 4 servings

- 3 cloves garlic
- 1/3 cup (85 ml) low-sodium soy sauce
- 2 tsp (10 ml) sesame seed oil
- 1 2/3 cup (320 g) firm tofu, cut into bite-size pieces
- 2 green onions, finely chopped
- 1 tbsp (15 ml) white vinegar
- 2 tsp (10 g) sugar
- 2 1/2 tbsp (40 g) peanut butter
- 1/4 tsp cayenne pepper
- 1 yellow or red sweet pepper (200 g), cut into squares
- 1 green pepper (150 g), cut into squares
- 2 tsp (10 ml) canola oil



✓ Crush one garlic clove, then put it into a bowl. Add 2 tbsp. soy sauce and the sesame oil. Add the tofu cubes. Mix well, cover and let marinate on the countertop for about 20 minutes.

✓ Meanwhile, prepare the peanut sauce: Put the remaining garlic cloves and the green onions in a small bowl. Pour in the white vinegar and remaining soy sauce. Add the sugar, peanut butter, and cayenne pepper. Mix well.

✓ Drain the tofu then thread the cubes onto bamboo or wooden skewers, alternating with the peppers. Brush the skewers with a little canola oil and place them on a hot grill or under the broiler. Cook 4 to 5 minutes, turning them occasionally, until the tofu and peppers are browned and crisp. Serve immediately with the peanut sauce.



Employees @ work... on their bikes!

Chez nous chose a beautiful sunny day earlier this month to meet up with several MCH staff members as they came to and from work on their trusty bicycles. What do they all have in common? It's their preferred mode

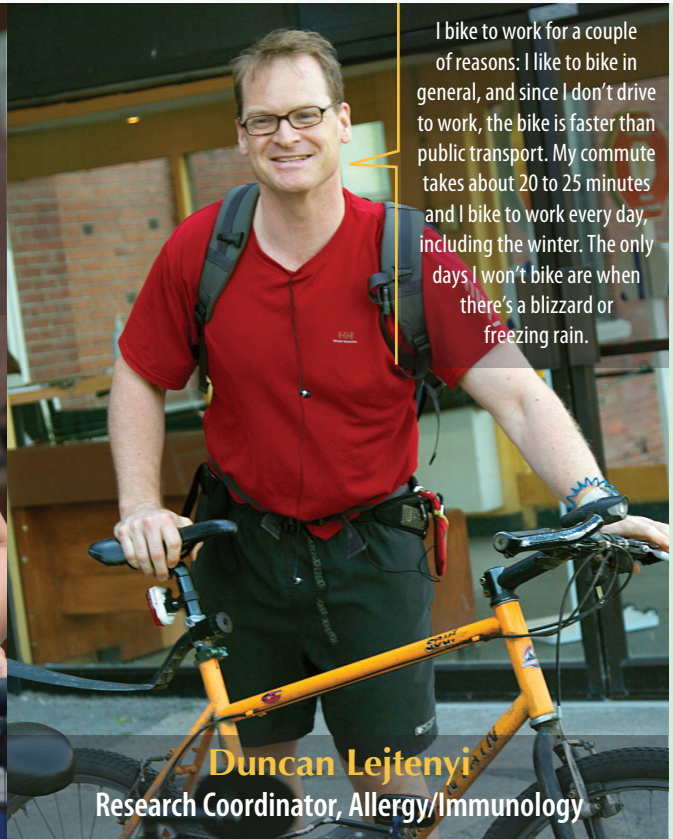
of transportation and almost everyone says that it's faster than driving or taking public transit. Food for thought with summer almost here!



I cycle to work because I like to get the exercise. The commute is 20 minutes, which is less time than it takes by car. On the way to work, I enjoy the downhill ride, but going back home, it's mostly uphill!

Tina Primiani

Clinical Nurse Specialist, Neurosurgery, Neuro-oncology



I bike to work for a couple of reasons: I like to bike in general, and since I don't drive to work, the bike is faster than public transport. My commute takes about 20 to 25 minutes and I bike to work every day, including the winter. The only days I won't bike are when there's a blizzard or freezing rain.

Duncan Lejtenyi

Research Coordinator, Allergy/Immunology



I live in Boucherville, and I take my car as far as Longueuil, where the parking is cheaper, then I take my bike to the hospital. It takes the same amount of time by bike as by car, but I prefer taking my bike to save on gas and to try to protect the environment.

I have a lot of accessories for my bike—in fact, I bought my panier and bell in Amsterdam!

Annie Giasson
Molecular Genetics



I've been working at the MCH for 36 years, and I've been cycling to work since 1983. I ride a hybrid bicycle. My commute takes about 40 minutes, and I cycle regardless of the weather. I mostly cycle as a means to get to work, because I enjoy it—occasionally I'll cycle on weekends.

Glendon Gray

Technologist, Medical Imaging (Ultrasound)

Photo: Michelle Corbeil

(Continued on page 7)

I have been occasionally cycling to work for the past month. It takes me 25 minutes to get from my house to the hospital, which is the same amount of time that it takes to drive. I prefer to cycle because it's healthier and I save a lot of money!



Vanessa Blagrove
Home Care (IACS), Physiotherapy

I like to bike to work because it's fun. It takes me 30 minutes to get from home to the hospital. I do it mostly for the exercise. My rule is that if it's raining before I leave the house, then I don't take my bike!



Annik Otis
Nurse, Acute Pain Service

Right now, it takes me about 25 minutes to cycle to work, but by the end of the summer, it will be 22 minutes, because I'll be in better shape! I like to cycle because it's faster than taking the bus, and it's better for my health. Cycling is part of my down time after work, and I'm a happier person when I get home as a result. I won't, however, ride in the rain.



Evelyne Pytka
Nutritionist, Insulin Pump Centre

Making Headlines

Dr. Richard Haber on CJAD

Every Friday you can tune in to CJAD Radio 800 AM to listen to Dr. Richard Haber as he dispenses health information to parents. Dr. Haber is a regular guest on The Kim Fraser Show from 1:30 to 2:00 p.m.

Dr. Haber is also a regular contributor to the MCH e-newsletter *Where Kids Come First*, answering questions readers email in. You can subscribe to *Where Kids Come First* at www.thechildren.com.

Awards and Nominations

Dr. Sam Daniel, head of Otorhinolaryngology – Head and Neck Surgery at the MCH, was named to the McGill Faculty of Medicine Faculty Honour List for Educational Excellence in recognition of his contribution to teaching in the Faculty of Medicine.

Dr. Kathleen Glass has been awarded a Lifetime Achievement Award from the Canadian Bioethics Society.

Dr. Dorothy Moore has just been honoured as this year's recipient of the Canadian Paediatric Society Member Recognition Award. The CPS gives the award annually to recognize outstanding contributions of its members as spokespeople, peer reviewers, liaisons with other organizations or for participation on the Board of Directors and other committees.



L'Hôpital de Montréal pour enfants
The Montreal Children's Hospital
Centre universitaire de santé McGill
McGill University Health Centre

Mini-Med School at The Children's

Starting October 4th, 2011

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► Open to Everyone

Mini-Med School at The Children's is open to anyone interested in science and medicine: parents and grandparents wanting first hand medical knowledge, young people considering medical careers, budding science journalists, as well as teachers and daycare workers.

Lectures will be given by distinguished physicians, professors and researchers from The Montreal Children's Hospital and the McGill Faculty of Medicine. Graduation certificates will be presented at the last lecture. No medical or science background is required and there is no homework or exams.

When: Tuesday evenings

October 4, 11, 18, 25 and November 1

Time: 7:00 pm – Registration, Course Handouts, Refreshments

7:30 to 8:30 pm – Lecture

8:30 to 9:00 pm – Questions and Answers

Where: The Montreal Children's Hospital of the MUHC, Forbes-Cushing

Amphitheatre • 2300 Tupper Street corner Atwater

► Enrollment Information

- Advance enrollment and payment are required.
- Cost for series: Adults \$65.00
Seniors/Full-Time Students \$45.00
- The lectures are a series, enrollment in individual lectures is not possible. No refunds after September 5, 2011.

E-mail: info@MCHminimed.com

Telephone: (514) 412-4400 extension 23996

Space is limited! → Enroll online today! → www.thechildren.com



OCTOBER 4 | SURGEON

Organ donation: a special gift

Jean Tchervenkov, MD



OCTOBER 11 | ENDOCRINOLOGIST

Sex Hormones: from precocious to delayed puberty

Preetha Krishnamoorthy, MD



OCTOBER 18 | PATHOLOGIST

Pathology is for life!

Chantal Bernard, MD



OCTOBER 25 | NEUROLOGIST

Cerebral Palsy: It's Not What You Think!

Michael Shevell, MD



NOVEMBER 1 | JGH - SURGEON

Curing diabetes one cell at a time.

Lawrence Rosenberg, MD

Tuesday lectures will be in English

Mini-Med School Lectures will also be offered in French
on Wednesdays – see reverse for details.

This lecture series is possible thanks
to generous sponsorship from:

Ministry of Health and Social Services
Government of Québec





Our Heroes

When Plastics and Orthopedics unite: A surgical challenge that changed a life

By Maurice Crossfield

When four-year-old Thanh Hien was run over by a large truck in Vietnam, it seemed that she would never walk properly again. Thanks to the orthopaedics and plastic surgery team at Shriners Hospitals for Children®–Canada, she is now walking the road to recovery.

In August 2010, now nine year-old Thanh Hien was brought to Montreal, helped by a sponsor family. At her arrival, she was unable to wear shoes and had to grasp a baby slipper between her toes and drag it to protect the side of her foot weight bearing to the ground.

Despite the serious deformity of her foot due to the crushing effect of the accident and the extensive burn-like scarring, enough blood vessels had survived to make a microsurgical reconstruction possible.

The Surgery

In early September, Thanh Hien was transferred to The Montreal Children's Hospital to undergo the delicate surgery in a setting that provides intensive care services. The carefully planned 12-hour surgery required the unique combination of skills and expertise of Lucie Lessard, M.D., Chief of Plastic Surgery at the McGill University Health Centre and

at Shriners Hospitals for Children-Canada and orthopaedic surgeon Reggie Hamdy, M.D, Surgeon in Chief at Shriners Hospitals for Children–Canada. This innovative collaborative reconstruction technique, which combines microsurgery and the Ilizarov technique adapted to soft tissue, had been developed and perfected by Dr. Lessard and François Fassier, M.D., orthopaedic surgeon at Shriners Hospitals for Children-Canada who together had previously performed seven surgeries of this kind.

For the first four hours, Dr. Lessard and Dr. Hamdy carefully removed the scar tissue while preserving the arteries and veins. Dr. Hamdy patiently manipulated the affected area in order to progressively realign the ankle and the foot to install an external Ilizarov fixator while Dr. Lessard removed a microsurgical flap of skin, fat, fascia, tendon, and an artery and vein from Thanh Hien's forearm. With microsurgery, Dr. Lessard connected the forearm flap and the radial artery and vein to the ankle artery and vein. The connection was successful. The newly connected flesh was then tailored to replace the traumatized skin and to allow more extension. The microsurgical flap maneuver brought new and fresh blood to the scarred and traumatized ankle.

After the surgery Thanh Hien was transferred back to Shriners Hospitals for Children-Canada for recovery and rehabilitation. Thanh Hien's lower leg and foot remained in the Ilizarov fixator for many weeks. In order to gradually ensure the repositioning of her foot and all of the soft issues surrounding it, Dr. Hamdy prescribed specific adjustments of the Ilizarov device. On a daily basis, a nurse from the inpatient unit team performed the adjustments and with Thanh Hien's help cared for the entry sites of the Ilizarov. This allowed for the slow and controlled stretching of the microsurgical flap to revitalize function and position. By mid-December the Ilizarov fixator was removed and replaced with a cast to ensure the final repositioning of her foot.

In January 2011, Thanh Hien underwent rehabilitation therapy, finally walking on the sole of her foot and proudly wearing her first pair of sneakers.

A few weeks later, Thanh Hien returned home to Vietnam, this time with both feet firmly on the ground.

Photo: During the time her foot is in the Ilizarov fixator, Thanh Hien shows off her Halloween Costume

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Autism

Nutrition

Surgery



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