

# Chez nous

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MCH EMPLOYEE NEWSLETTER

June 3, 2010

*News*

## The Gilman Pavilion gets a facelift

By Teresa Di Bartolo

While walking to the parking lot or driving down Atwater Ave., many of you may have noticed the exterior of our Gilman Pavilion has received a makeover. This much-needed facelift was made possible thanks to the hard work and generosity of **Scholars at your service** (Étudiants à votre service). This organization is a painting service and renovation company made up of highly trained and motivated students with strong community ties. Their customers span across eastern Canada including Montreal, Ottawa, Toronto and Quebec City. Every year they kick off their season with two days of volunteer work carried out by all their employees. In the past, various organizations such as United Way and Centraide have benefitted from their generosity, but this year the Children's was chosen for their donation. Scholars at your service provided all the labour for the job while all paint and material were donated by **ICI Paints**.

On May 3 and 4, over 40 students showed up with paint, tools, ladders and harnesses, ready to take on the challenge of scraping, sanding, caulking, priming and finally painting the 100-plus windows of the three-storey building. In addition, a team worked inside to paint four exam rooms, an office, a stairwell and a corridor.

Despite the intermittent periods of pouring rain, nothing could dampen the spirits of these young men

## Pedestrians: play it safe

The Service de Police de la Ville de Montreal (SPVM) have launched their pedestrian safety campaign, Zero Accidents. They are actively handing out warning tickets to

anyone caught crossing in the middle of the street on a red light. To avoid a ticket and better still to avoid a potential fatal accident please cross at the cross walk.

For more information about the police campaign go to: [http://www.spvm.qc.ca/fr/documentation/3\\_1\\_2\\_communiqués.asp?noComm=695](http://www.spvm.qc.ca/fr/documentation/3_1_2_communiqués.asp?noComm=695)



Photo: Daniel Héon

and women. Under the attentive eye of the company's general manager, Brett Patrontasch and the senior project manager, Mark Kostove, these dedicated individuals put in many long hours over the two days, working tirelessly to ensure that the entire project was completed.

Scholars at your service delivered top quality work in a professional, courteous manner, and service was definitely provided with a smile!

## Thanks to our nurses!

The week of May 10 to 14 was Nurses' Week at the MUHC. The SPSICR and the Nursing Administration at the MCH chose May 12 to thank their nurses for their excellence at work and the care they provide to children and families. The gift this year was a sling bag which has received positive feedback.

We want to take the opportunity to thank the many people who made this day a success. Mrs. Patsy Gabrielli, whose daughter was hospitalized at the MCH, graciously provided the funding for the massage therapists Tracy Burge, Nancy Laforge, and Julie Langlois, who offered many hours of relaxation throughout the day.

Different organizations and businesses at the MCH and in Montreal sent donations for a draw, amongst those the MCH Council of Physicians, Dentists and Pharmacists, the MCH Foundation, and the McGill Ancillary Services. Businesses that also contributed prizes included The 3 Amigos, Bâton Rouge, Carlos & Pépé, Le Caveau, Chez Cora, Chez la Mère Michel, Gibbys, Le Mas des Oliviers, Le Muscadet, Le Muscadin, and Le Saint-Gabriel restaurants; the Château Vaudreuil, Groupe Dufour, Intercontinental Montréal, The Montreal Marriott Château Champlain, Ruby Foo's, Sofitel, La Tour Belvédère, and Wyndham Montréal Aéroport hotels; Q92.5, Virgin 96, and CJAD radio stations; Club de Golf Boucherville and Club de



Photo: Daniel Héon

Golf Mascouche; and last but not least HMV, Festival de Jazz Montréal, Pinkerton Flowers, Énergie Cardio, Pétro-Canada, Zoo de Granby, the Montreal Canadians, and Musée des Beaux-Arts de Montréal.

Food Services in the Cafeteria did a wonderful job of preparing the food for breakfast and lunch, which was paid for by the nurses union and nursing administration. Special thanks to those who spent many hours preparing for this day: Carole Cayer, France Fortin and Dale Dell'Elce in the nursing office, Charlene Matis from the union, and the nursing leadership. We recognize and commend our nurses for their superb contribution to health care at the MCH.

## To all members of the Department of Pediatrics

### Topic: CAPS workbook evaluations

I would like to share some thoughts regarding various reactions to the CAPS workbook evaluations. At the onset, I wish to inform you that I have communicated directly with Dr. Meagher regarding the nature of the reaction to the workbook evaluation sheet by some members of our Department. Two main themes have been iterated:

1. The terminology used was perceived to be too cryptic and extremely harsh in some instances. i.e., a perception that one's life work at the MCH-MUHC has had no value.
2. An erroneous interpretation that an assessment as a **Low Performer** means that this activity would no longer be included within the mandate of the MCH-MUHC; i.e., a feeling of disenfranchisement.

Dr. Meagher and I acknowledge that these were unintended messages and that some of the statements could have been expressed differently. I have been directly involved in the CAPS process as a member of the Steering Committee, and participated in the many meetings and

retreats that have taken place. The commitment in time of the committee members was extraordinary. We all wished this process to be both significant and useful in addressing the original objectives, which were to:

- ▶ Determine priorities to shape the future direction of the MUHC.
- ▶ Align decision making processes at all levels of the organization such as: clinical development; budget allocations; human resource planning; equipment selection; and space allocation.
- ▶ Better position the MUHC within the network of healthcare institutions.

From the beginning, planning for the Glen site, which was later endorsed by government, dictated that such a facility should be built for the high technology needs of tertiary care medicine for all ages and that it should be adaptable for future and, at present, unforeseen needs. The MUHC has recognized from the beginning that the current approved clinical project (Glen plus Mountain site)

(Continued on page 3)

*(Continued from page 2, To all members...)*

cannot provide all services that the MUHC currently has.

While the CAPS process has analyzed our current clinical and academic programs, with a focus on what would be located at the Glen site, additional work is required through the coordinated efforts of the Transition Office and MUHC Planning Groups to address the issue of where services that the MUHC provides and will continue to provide will be located. There are of course other specialized services that the MCH-MUHC offers to the population that no one else offers to the same degree, but which could be provided in spaces that do not have the same high cost per square foot to build and to maintain as the buildings contemplated for the Glen.

There are different kinds of tertiary care that patients may require. There is the kind that is rare on a population basis but that requires complex, ever changing and expensive technology, largely located in laboratories, imaging, ORs and ICUs. These require a very particular building infrastructure, such as will be built on the Glen.

Then there is a different form of tertiary care related to the specificity of the professional skills required, but that by its nature does not depend on an array of complex and expensive technology. These services are best located (not

only due to cost, but also for the greater benefit of patients) outside the technology intensive facility, and closer to the community. However, they remain part of the University Centre, with all that this means: high quality and expert level of care and consultation, teaching and research.

All need the attention of sensitive, caring and expert people. All need an environment that accomplishes this in the manner most appropriate to their healing needs. This is what the MUHC is trying to accomplish: the provision of optimal care to those that come to us for help.

Change is certainly difficult to plan, communicate, carry out and adjust to. Change remains a challenge for all who try to find a better and more appropriate future—and this is true in medicine as it is in any other human activity. Things can always be improved—but then this is true for everything and everyone.

**Harvey Guyda**  
Chairman

*I am indebted to Dr. Nicolas Steinmetz for his major contribution to this commentary.*

## Ready to take-off for surgery: New protocol ensures safety

By Christine Zeindler

Anesthesia concerns? Check. Surgeon's concerns? Check. Nursing concerns? Check. "Okay, we all agree, we're ready for surgery."

Sound familiar? This checkpoint surgical procedure, part of the new Surgical Patient Safety Protocol at The Montreal Children's Hospital, is based on the safety processes developed by the aviation industry, consisting of checklists and guidelines. Pilots never begin a flight until all safety measures have been tested, and now surgeons won't begin a procedure until the safeguard measures of the new Surgical Safety Protocol are verified.

The first step of the Protocol, called "Sign-In", enables communication between the family and the healthcare team. A checklist, identifying the surgical site and addressing any family questions, must be completed and

signed by the surgeon on the day of surgery.

"Time-Out" is the final verification process before the surgery begins. During this time the healthcare team has the opportunity to voice concerns or review things that are not clear.

"Sign-out" is the final phase of the Protocol, where the entire surgical team debriefs and expresses any concerns. Once again, a checklist is completed and issues such as instrument count, specimen labeling, and the recovery procedure are addressed.

The Surgical Patient Safety Protocol was launched in December 2009 and according to nurse manager Linda Sand, is now implemented in 99 percent of surgeries. Although similar safety procedures have been previously used, the new safety

protocol is the first to be formally implemented throughout the MCH.

"The goal of the new protocol is to improve communication between the nursing, anesthesia and surgery teams," says Ms. Sand. "We are aiming to increase the consistency in surgical care communication thereby reducing the risk of preventable complications and provide better and safer care for our patients."

### Did you know?

- The MCH performs about 6500 surgeries/year.
- MCH surgeries range from routine procedures such as hernia repair to complex neurosurgical interventions.
- On average, 10 healthcare professionals are present during a surgery. They include the surgeon, an anesthesiologist, a respiratory therapist, a scrub and circulating nurse.

## Making Headlines

### Dr. Richard Haber on CJAD

#### Makes regular appearance on Kim Fraser Show

Every other Friday starting May 28 you can tune in to CJAD Radio 800 AM to listen to Dr. Richard Haber as he dispenses health information to parents. Dr. Haber will be a regular guest on The Kim Fraser Show.

Also, Dr. Haber is a regular contributor to the MCH e-newsletter *Where Kids Come First*. He answers the myriad of questions readers email in. You can subscribe to *Where Kids Come First* at [www.thechildren.com](http://www.thechildren.com).

**Dr. Robert Baird** from the MCH was recently interviewed on Radio Canada International to talk about his recent trip to Kenya as part of his surgical residency. To hear the interview, visit the MCH web site ([thechildren.com](http://thechildren.com)) and select News (May 10, 2010).

## Events

### MCH teams get ready to Pedal for Kids

The Pedal for Kids fundraising event is right around the corner. The 30-seat bicycle will be stationed outside the MCH all day on Monday, June 14, and your colleagues have put together three teams to participate. Show your support by cheering them on, or by making a donation at [pedalez.com](http://pedalez.com). For more information, contact Stephanie Normandin at [snor@mchf.com](mailto:snor@mchf.com).

### MCH Annual BBQ & Garage Sale

Come join in the fun as we celebrate the beginning of summer with a BBQ, garage sale and live entertainment! Tickets for lunch (cost: \$3), which include two hot dogs, a snack, drink and frozen treat, are available at the Cafeteria, Boutique, Tiny Tim Boutique and Security.

Date: **Tuesday, June 22** (rain date Wednesday, June 23)

Time: **11:00 a.m. to 2:00 p.m.**

Where: **outside, near the MCH Emergency**

## Awards and Nominations

Members of the Montreal Children's Hospital Council of Physicians, Dentists and Pharmacists (MCH CPDP) recently elected **Dr. Pramod Puligandla** as Chairman of the MCH CPDP for the two-year period from June 1, 2010 to May 31, 2012.

**Dr. Richard Hamilton** has been honoured by the Hospital for Sick Children with an annual fellowship in his name. The Dick Hamilton Award is given to a fellow in recognition of excellence in clinical care, education and research in the tradition established by Dr. Hamilton, a founder of the Sick Kids GI Division.

## CONTINUING EDUCATION

Visit *Chez nous* online for a complete list of this month's Continuing Education events:  
[www.thechildren.com/en/news](http://www.thechildren.com/en/news)

## MCH Staff @ work



**Nicole Hébert**

Technical Services  
29 years at the MCH

I like reading, listening to music, and taking a good long walk. At the MCH, I like the contact with people and also that we never know how our day will unfold – that’s what motivates me most.



**Dr. Margaret Berry**

Northern and Native Health Program  
20 years at the MCH

Dr. Berry is one of several people in the MCH community who commutes to work by bicycle. One of the things she enjoys most about the MCH is the personal approach to the patients and parents.



**Sylvie Aucoin**

Telehealth  
Just over one year at the MCH

I paint, write, do theatre and play the accordion. I love all things related to the arts. I’m environmentally conscious and enjoy creating things from recycled materials (such as chairs from books, etc.) I also like to volunteer for various causes and events.

There’s something very valuable about working in a children’s hospital. I feel like I do my little share at giving back to the community. The smiles of children and parents who have been well taken care of make the hard work worthwhile.



**Margaret Hayami**

Quality and Risk Management  
22 years at the MCH

I left Mauritius in 1972 to go to London, England, to study and work. In 1975, I immigrated to Canada. I started at the MCH in 1987 after my two children had grown up. Working in Psychiatry, Pastoral Services, Administration and Quality and Risk Management has provided me with a variety of experience, and I still enjoy working at the Children’s.

My interests include travelling and hiking. Having driven from coast to coast in Canada, to Tofino on Vancouver Island and the Cabot Trail on Cape Breton Island, I would like to do more traveling abroad.

## Dr. Brenda Moroz

Recipient of the 2010 CPDP Lifetime Achievement Award

By Lisa Dutton

Dr. Brenda Moroz was busy the day we met. I hastily explained I wanted to write an article about her, highlighting the fact the MCH Council of Physicians, Dentists and Pharmacists (CPDP) was to present her with a Lifetime Achievement Award. She mumbled: "As I told a friend the award is for old foagies who have worked in one place for a long time, have managed to keep their nose above water and to help keep a division afloat."

Dr. Moroz has worked at the MCH Division of Dermatology for 40 years, since 1970. She has been Acting Director, then Director of Dermatology for the past 30 years. She grew up in Toronto and moved to Montreal during Expo '67. "It was an exciting time to be in Montreal, the troubles of the 1970's were still a ways off," she remembers.

Since she was a little girl, Dr. Moroz wanted to be a health care professional. Like most little girls at that time, she wanted to be a nurse like her mom and her aunt. However, her mother encouraged her to become a physician.

Perhaps borrowing from the biblical passage "Physician, heal thyself," Dr. Moroz decided to become a dermatologist because she suffered from plantar warts as a kid. She recalls being treated for the warts every Friday afternoon and then racing to the skating club to get her figure skates on, for her lesson, before her foot swelled.

She notes the field of dermatology has changed dramatically in the last

four decades. "Our understanding of diseases and of the genetics of skin disorders has changed tremendously," she says. "When I started, we didn't know what genes were involved in many of the pediatric disorders, as we do today. There has been a vast increase in therapeutic options, our understanding of pathogenesis of disease has evolved tremendously therefore we are better able to treat our patients."



Photo: Daniel Héon

It's obvious Dr. Moroz still loves her chosen profession. Getting to know her patients, many of whom she has treated from birth to age 18, is one of the best parts of her work. She notes that growing up with a skin disorder is never easy and many of her patients are bullied. Dr. Moroz recalls one patient who had a large hemangioma (a benign reddish tumour) on his neck. "The child was being teased at school. When one of his classmates came up and taunted: 'What's that on your face?' my patient turned around and said 'my problem

is a hemangioma, your problem is your big mouth.' This turned the tables on the bully who ended up feeling awkward and uncomfortable and walked away," she says. She now makes a point of teaching even her very young patients how to pronounce the word hemangioma (but not necessarily the part about having a big mouth) so that they too have something to counteract the taunts.

Probing a bit, I asked Dr. Moroz what she does in her free time. "What free time? I come to work early, see patients all day, leave the office late, go home, have dinner and go to bed," she responded. When I continued to prod her, she confessed, "I do a lot of things but nothing especially well. I am not an avid anything. I'm a golfer but I just play at golf, I guess I am a jack of all trades and master of none!" she said.

Obviously, Dr. Moroz is not very effusive. On the evening she received the lifetime achievement award, she was a little self-effacing because she doesn't like a lot of, in her words, "hullabaloo". Nonetheless, she proudly accepted the award with her family: her husband and three children were all present.

## MCH opens its doors for '24 H de science'

The fifth edition of the popular Quebec-wide scientific event, '24 H de science', focused this year on the theme "biodiversity". Up-and-coming scientists pierced the mysteries of infectious diseases and medical with Dr. Caroline Quach, Pediatric Infectious Diseases and Medical Microbiologist at the MCH, and colleagues who led a workshop and an exhibition.

It was a great opportunity for the students from Villa Maria who came on May 7 to learn more about how infections occur and how to prevent them. The public was invited to the event on May 8 to see bacteria and fungi that are the source of many common infectious diseases and understand the mysteries of vaccination.

It was a great initiative to welcome the francophone community to our hospital! Do not miss '24 H de science' next year!



*Dr. Quach shows a culture of bacteria and explains the principle of resistance to antibiotics.*

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### PATIENT AND FAMILY CENTRED CARE DRAWING CONTEST

#### Vote for the drawing that best symbolizes Patient and Family Centred Care!

**Definition:** Patient and Family Centred Care is the approach to the planning, delivery and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients and families. Patient and family centred care applies to patients of all ages, and it may be practiced in any health care setting.

Drop off or send via internal mail your completed ballot (see next page) to **F-372** or **fax it to 514-412-4343**. Voting closes at 4:30 p.m. on June 16. The winning logo will be featured in the June 24 edition of *Chez nous*. The winner of the Patient and Family Centred Care drawing contest will be awarded \$200.

Thank you for voting! Thank YOU for practicing Patient and Family Centred Care.

Please turn the page to vote for the new Patient and Family Centred logo



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# CONCOURS DE DESSINS – SOINS CENTRÉS SUR LE PATIENT ET LA FAMILLE • PATIENT AND FAMILY CENTERED CARE DRAWING CONTEST

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1



**1. Un cœur à deux têtes et un bébé au centre  
Two-headed heart with baby in the middle**

Ce logo symbolise les soins centrés sur le patient et la famille parce que le cœur incarne la santé et l'amour. L'esquisse des parents qui portent leur enfant illustre comment les soins centrés sur le patient et la famille s'occupent de la famille.

This symbol represents Patient and Family Centred Care because the heart symbolizes health and love. The parents can be seen holding their child which shows how Patient and Family Centred Care takes care of the family.

2



**2. Le logo du CUSM entouré de cercles  
MUHC logo surrounded by circles**

Ce logo symbolise les soins centrés sur le patient et la famille parce qu'il place la famille au centre de tout. On peut aussi le voir de l'intérieur, où tout émane de la famille. Sa forme ovale nous rappelle le monde, pour indiquer que les soins centrés sur le patient et la famille vont au-delà de toute limite.

This symbol represents Patient and Family Centred Care because it shows the family at the centre of everything. It can also be seen as everything radiates from the family. The oval shape reminds us of the world, so Patient and Family Centred Care is without limits.

3

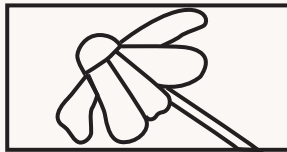


**3. Un cercle de gens entourant une personne  
Circle of people with person in the centre**

Ce logo symbolise les soins centrés sur le patient et la famille parce qu'il place le patient au centre de sa famille et des membres du personnel qui travaillent de concert pour le bien-être du patient.

This symbol represents Patient and Family Centred Care because the patient in the centre is surrounded by family and hospital staff who are all working together to benefit the patient.

4



**4. Une marguerite jaune  
Black-eyed susan**

Ce logo symbolise les soins centrés sur le patient et la famille en incarnant par le cœur de la fleur l'enfant et la famille et par chaque pétale, les différents membres du personnel qui comblent les besoins du patient et de sa famille. La fleur est un symbole de santé et d'épanouissement.

This symbol represents Patient and Family Centred Care because the centre of the Black-Eyed Susan represents the child and family and each petal of the flower represents the different members of the hospital staff who are meeting the patient's and family's needs. A flower represents health and well-being.

5



**5. Trois personnages sous un toit  
Three figures under roof**

Ce logo symbolise les soins centrés sur le patient et la famille qu'on peut trouver sous un même toit, partout dans l'hôpital.

This symbol represents Patient and Family Centred Care since it can be found under one roof and throughout the hospital.

6



**6. Une main et des oiseaux  
Hand with birds**

Ce logo symbolise les soins centrés sur le patient et la famille parce que le personnel et les médecins de L'HME donnent des ailes aux enfants.

This symbol represents Patient and Family Centred Care because the staff and physicians at the MCH give children wings.

7



**7. Feuille, cercles, étoiles  
Leaf, circle, stars**

Ce logo symbolise les soins centrés sur le patient et la famille parce que la petite plante est à l'image des patients qui ont besoin d'être aidés, protégés et soignés pour grandir. Les étoiles incarnent le personnel soignant qui soutient le patient et la famille. Et le cercle évoque la famille du patient qui entoure l'enfant pour le réconforter et le soutenir.

This symbol represents Patient and Family Centred Care because the little plant represents patients that need to be helped, protected and treated while they grow. The stars represent health care providers who support the patient and family. The curve represents the patient's family which surrounds the child giving help and support.

8



**8. Trois fleurs avec des x  
Three flowers with x's**

Ce logo symbolise les soins centrés sur le patient et la famille parce que les fleurs incarnent la vie et la joie, le bonheur et la tristesse. La plus petite fleur personnifie le patient qui est enlacé et protégé par la seconde fleur, la famille. Pour sa part, la fleur extérieure enveloppe le patient et la famille. Ensemble, ces trois fleurs sont unies, ce qui constitue l'essence même des soins centrés sur le patient et la famille.

This symbol represents Patient and Family Centred Care because the flowers symbolize life, joy, happiness and sorrow. The smallest flower represents the patient who is embraced and protected by the second flower, the family. The outer flower surrounds the patient and his family. Together all three flowers are united which is the essence of patient and family centred care.

9



**9. Des personnages entourant un symbole au milieu d'une croix  
Figures surrounding symbol in the middle with cross**

Ce logo symbolise les soins centrés sur le patient et la famille parce que l'image centrale montre un enfant heureux (les bras dans les airs) enchâssé dans le symbole des premiers soins ou de l'hôpital, tandis que la famille et le personnel de l'hôpital se tiennent par la main, montrant qu'ils travaillent tous ensemble.

This symbol represents Patient and Family Centred Care because the image in the middle is that of a happy child (arms upraised). The image of the happy child sits within the symbol for first aid or hospital. The family and hospital staff are holding hands which demonstrates how they work together.

10



**10. Un cœur entouré d'un cercle et du soleil  
Heart surrounded by circle and sun**

Ce logo symbolise les soins centrés sur le patient et la famille parce que le personnel et les médecins de L'HME illuminent la vie des patients et des familles.

This symbol represents Patient and Family Centred Care because the staff and physicians at the MCH brighten the lives of patients and their families.

11

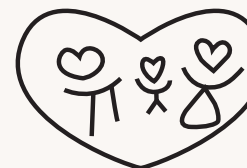


**11. Luciole  
Firefly**

Ce logo symbolise les soins centrés sur le patient et la famille parce que le personnel et les médecins de L'HME aident les patients et les familles à prendre leur envol grâce à tous les soins et le soutien qu'ils reçoivent.

This symbol represents Patient and Family Centred Care because the staff and physicians at the MCH help patients and families take flight thanks to all the help and support they receive.

12



**12. Un cœur englobant des bonshommes stylisés à l'intérieur  
Heart with stick figures inside**

Ce logo symbolise les soins centrés sur le patient et la famille parce qu'il place la famille dans le cœur, au centre de l'amour et de la compassion. La famille est aussi porteuse d'amour, ce qui explique que les visages aient la forme d'un cœur.

This symbol represents Patient and Family Centred Care because it shows a family at the heart, the centre of love and caring. The family is also conveying love which is why their faces are hearts.

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