

Chez nous

MCH EMPLOYEE NEWSLETTER

March 3, 2011

News

This is the second part of our series on MCH Global Child Health Initiatives

Dr. Martin Bitzan on a mission

MCH nephrologist spends six weeks working in India

By Lisa Dutton

The little boy was in acute kidney failure. By Canadian standards, he would be treated with dialysis and supportive medication, and if needed, he would receive a kidney transplant. But the child was not seeking care at The Montreal Children's Hospital; he was at St. John's Medical College Hospital in Bangalore, India. There would be no dialysis, no kidney transplant; in fact, there would be no further care for him because treatment is expensive. "For the good of the family, his parents stopped treatment and returned home with their child," says Dr. Martin Bitzan, Director of the Nephrology Division at the MCH. "Continuing treatment would have bankrupted the family, jeopardizing the future of the other siblings," says Dr. Bitzan who estimated the boy would live for only another three to four weeks.

These are the heartbreaking decisions that Dr. Bitzan witnessed daily during his six-week fellowship at the Medical College. The college, a highly regarded, not-for-profit institution, was created to train physicians and nurses to serve the underprivileged and those living in rural and remote communities. Access to health care as we take for granted is a luxury reserved for the rich in India. "Imagine patients having to buy each dose of medication to be administered in hospital. The cost of some meds can be 10 times the daily minimum wage of an unskilled labourer and is therefore rarely provided," says Dr. Bitzan. "Patients are not given dialysis three or four times a week as in Canada, rather they receive it sporadically, whenever the family can scrape together some money."

The collaboration between the MCH Division of Nephrology and the Bangalore hospital started about eight years ago with a research project between Dr. Paul Goodyer and Dr. Kishore Phadke. The partnership was expanded thanks to a 'Renal Sister Program' which pairs 'emerging' and 'supporting' renal centres. This program encourages faculty exchange and transfer of clinical expertise, including regional conferences for continuing medical education.



Dr. Martin Bitzan (2nd from right) attends the Southern India Pediatric Conference in Hasan in Karnataka with (from l. to r.) Dr. Nagamani Agarwal, faculty member at the Medical College in Davangere, Dr. Arpana Iyengar, Pediatric Nephrologist, St. John's Medical College Hospital, and Dr. Kishore Phadke, Head of Pediatrics and the Children's Kidney Care Center (Division of Nephrology), St. John's Medical College Hospital in Bangalore.

During Dr. Bitzan's stay, two nephrology fellows were glued to his side taking the opportunity to quiz him on pediatric and nephrological problems and acting as his local guide. Dr. Bitzan also participated in daily hospital rounds and clinics, including what he says was a well-functioning, weekly, interdisciplinary nephro-urology clinic.

"There is a huge disparity compared to the types of patients I normally treat," says Dr. Bitzan explaining that in India, the patients often seek medical care once their ailment is very advanced. "I am not used to seeing patients being admitted (and dying from) severe nephrotic syndrome (severely damaged kidneys), often complicated by pneumonia or peritonitis. What particularly impressed me," remarks Dr. Bitzan, "was the medical team's ability to work, and make do, with space limitations, overcrowding and limited resources. This, for me, is only the beginning of an ongoing learning process."

MCH nurse clinician takes part in inter-professional seminar in Benin

By **Claire Crépeau**

Respiratory Medicine, Tuberculosis Clinic - MCH

It all started when a colleague sent me an email with the title “How about Africa?” The International Council of Nurses (ICN) was searching for a Francophone nurse with expertise in tuberculosis to assist in facilitating a seminar in Benin. I sent my application and was selected to be the nurse representative. Three short weeks later, I was on my way to the conference!

It was the first-ever inter-professional seminar in Francophone West Africa to focus on “health care worker safety in the context of multidrug-resistant tuberculosis (MDR-TB) in low- and middle-income countries.” The seminar attracted sixty or so hospital managers, nurses, physicians and laboratory staff, from six different countries: Benin, Ivory Coast, Burkina Faso, Guinea (Conakry), Mali and Senegal.

The objectives included identifying good practices, formulating recommendations, and establishing a working group and a plan of action to communicate the identified practices and recommendations. The guiding principle was the application of standards from the “WHO policy on TB infection control in health-care facilities, congregate settings and households.”

The group work that followed focused on what has worked well, what is especially challenging and what solutions are available with respect to each country’s health structures and facilities. The results showed that, in all the countries represented, there was a very real and high risk of nosocomial infections, including tuberculosis, in health institutions and hospitals. It was unanimously agreed that a multidisciplinary Nosocomial Infection Control Committee (NICC) needed to be established.

Given the high risk of workplace contamination, the safety of health providers who are routinely exposed to multidrug-resistant tuberculosis must be made a priority. A consistent policy and adapted procedures must be developed to improve the infection control process. Communication will be the key to mobilizing all stakeholders. The establishment of an action plan and a working group to oversee the dissemination of identified practices and recommendations is in line with this focus on safety.



Claire Crépeau talks to Ibrahim Diagne from Senegal.

The seminar was a positive step forward, and it helped identify past errors and/or shortcomings; it will also enable the rapid implementation of corrective measures, particularly in terms of the layout of health care facilities (to reduce the transmission of tuberculosis), triage, creation of an NICC and training of staff, in order to better identify contagious cases.

It is very important to consolidate the experience and knowledge of all parties to achieve the common goal of protecting health providers against tuberculosis and, as a result, improving the delivery of care to patients and families!

The next step is to follow up on the corrective measures, and to secure the necessary human and financial resources in order to implement the solutions identified with respect to organization, management, information sharing, public awareness raising, staff training, and the use of existing resources.

Streamlined ER care to improve services

By **Monique Muise**, The Montreal Gazette

A trip to the emergency room is almost always an unpleasant experience.

When a patient arrives, they're likely already in pain and the prospect of waiting for hours in a room crammed with sniffling adults and screeching babies only adds to the discomfort. The doctors, nurses and planners at the McGill University Health Centre were very much aware of this when they began mapping out the emergency facilities in Montreal's new superhospital; and while they aren't promising that the ER will become the city's new destination of choice, they are hoping to make it a far less gruelling experience.

"The absolute number of treatment spaces is not changing, but the configuration of the whole unit will be much different," explained **Harley Eisman**, director of Medical Emergency at the Montreal Children's Hospital. "Even as you arrive, it will be sheltered when you get out of your car ... which is different than what we have today."

The new ERs will offer a much more streamlined system for dealing with patients, Eisman explained. When a patient enters either an adult or pediatric ER—which will remain separate—they will be seen by a triage nurse and registered in the same room at the same time. They will then be assigned a treatment space based on their condition and the care they may need. Ideally, they won't leave that space until they leave the hospital, which the MUHC hopes will cut down on patient-shuffling and, therefore, reduce the spread of infections.

At night, when patient volumes drop dramatically, the emergency rooms will be able to physically "contract" along with them, Eisman explained, allowing the remaining staff to work more efficiently in closer quarters while maintaining good sight lines across the ER.

According to **Micheline Ste-Marie**, the associate director of Professional Services at the Children's, the ability to plan this new layout from scratch with the help of the doctors and nurses who will be using the facility has been a huge advantage.

"The initial functional plan was tabled in 2002," she said. "Then it sort of evolved. It certainly doesn't look like it

did in 2002, because medical treatment is constantly evolving."

One thing a solid design won't address, however, is the perennial problem of overcrowding. Montreal's ERs have been bursting at the seams over the past few weeks, and Eisman said that while the physical size of the pediatric ER will double in the new building, the capacity will remain at 180 to 240 patients per day. The same goes for the adult facility.

"The overcrowding problems will not disappear," Eisman acknowledged. "But the quality of care will improve significantly."

According to Ste-Marie, the best way to address overcrowding is still to focus on improving care in clinical settings outside the ER.

Our hospital, our future

"Forty per cent of our ER patients really shouldn't be there," she said. "Instead of forcing them to wait for hours on end, they would be much better served at CLSCs ... or in other care settings. The push has to be outside, and then we can take care of those who really need it."

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GLEN FACTS

- ▶ Foundations will require 18,500 m³ of concrete to be poured – enough to fill eight Olympic-sized pools
- ▶ The Glen Campus is so big, it will contain 20,000 doors
- ▶ The Glen will have close to 200 bike racks for employees

Managing surgical wait lists

MCH employee Sébastien Dubé looks at best practices

By Christine Zeindler

It has been said that for every minute spent organizing an hour is earned. According to Montreal Children's Hospital Senior Advisor Sébastien Dubé this may be particularly true when booking surgeries. Mr. Dubé has been working at the MCH for the last six years overlooking the operating room wait lists. He suggests that pre-booking surgeries is key to ensuring the OR's efficiency.

"By planning ahead and scheduling patients, OR time, surgeons and support staff well in advance, the flow will be more smooth," says Mr. Dubé, who has been evaluating the surgical wait times for the entire

province of Quebec for the last seven months. "Those institutions who book surgeries at least six months in advance have less trouble with their wait lists and have fewer last-minute changes."

Mr. Dubé, who is on a one-year loan-of-service from the MCH to the Ministère de la Santé et des Services sociaux (MSSS), is trying to determine best practices associated with the management of surgical wait lists. Although individual patient information is not included in his reports, he does have access to which surgical procedures have the longest wait times and which

institutions are more successful in managing the high volume of patients.

Mr. Dubé is also looking at how institutions are using information systems to manage access to surgical booking times, as well as schedule medical imaging and endoscopic procedures.

This employee on-loan initiative will benefit the province, and the MCH. "I am hopeful that I can bring back some of the most successful strategies to the MCH, to optimize management of our wait lists as well."

Follow us on Twitter

Did you know that The Children's is on Twitter? We now have over 1,000 followers! Join the online conversation.

Follow us @HopitalChildren today!

Did you know?

MCH employee **Marika Anthony-Shaw** is a touring member of Montreal band Arcade Fire, who won big at this year's Grammy Awards held in Los Angeles on February 13. The Montreal band took home 'Album of the Year' for their latest release "The Suburbs". Just two days later at the BRIT Awards in London, England, the group won Best International Album, and the award for Best International Group. Watch for our feature interview with Marika in the next *Chez nous!*

ARCADE FIRE

Auxiliary Christmas Card Contest

Calling all budding artists!



Start your day on the right foot!

Sixty per cent of Canadians aged 18 or older eat breakfast every morning, which means that 40 per cent do not! And yet, many experts agree that one step to keeping healthy is to eat a well-balanced meal at the beginning of the day.

The ideal breakfast should include the following foods:

- ▶ 2 servings of grain products, mostly whole grain (bread, bagel, oatmeal, cereal);

- ▶ 1 serving of fruit or juice;
- ▶ 1 serving of milk or alternatives (yogurt, cheese) or 1 serving of meat or alternatives (egg, peanut butter).

For a breakfast on the go, try one of the following:

- ▶ 1 fruit juice + 1 cheese sandwich; or
- ▶ 1 muffin + 1 fruit + 1 yogurt.



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

Apple Muffins

Preparation: 25 min; Cooking: 25 min;

Total: 50 min

320 calories/serving; yield: 12 muffins

- 1 cup (100 g) rolled oats, for topping
- 1/4 cup (30 g) white flour (all purpose), for topping
- 1/3 cup (65 g) brown sugar, for topping
- 1 cup (220 g) non-hydrogenated margarine
- 3 Cortland apples (500 g), peeled then diced
- 1 1/2 cup (190 g) pastry flour
- 2 tsp (5 g) baking powder
- 1 tsp (3 g) ground cinnamon
- 1/2 cup (110 g) sugar
- 2 large eggs
- 1/2 tsp (2.5 ml) vanilla extract
- 1/2 cup (125 ml) 2% milk



- ✓ Preheat the oven to 350°F/175°C. Line a 12-cup muffin tin with muffin cups.
- ✓ Prepare the oatmeal topping: in a bowl, combine the rolled oats with the flour, brown sugar and half of the margarine (melted). Set aside.

- ✓ Peel the apples, then dice them into small pieces. Set a few pieces aside for garnishing each muffin at the end of preparation. Heat one teaspoon of margarine in a pan, then sauté the remaining pieces until somewhat softened, about 4 min. Set aside.

- ✓ In a second bowl, whisk together the pastry flour, baking powder, and cinnamon. Set aside.

- ✓ In a third bowl, cream the remaining margarine with the sugar using a mixer, until the mixture is lighter in colour, about 3 min. Add the eggs one at a time, beating well after each addition. Stir in the vanilla. Using a wooden spoon add the flour mixture in small portions, alternating with the milk. Mix well then fold in the sautéed apples using a spatula.

- ✓ Using an ice cream scoop, divide the batter among the muffin cups. Cover each muffin with the oatmeal topping and the uncooked apple pieces.

- ✓ Bake in the middle of the oven for about 25 min., until a toothpick inserted into the centre of a muffin comes out clean. Take the pan out of the oven, then put each of the paper-lined muffins on a rack to cool. Serve.

Calling all bookworms!

Tuesday, March 22, 2011

12:00 to 1:00 p.m.

T-110

Are you a self-professed bibliophile? Or better yet, are you a casual reader who'd like to start reading more regularly? Why not join the MCH Book Club?

- ▶ Join us on **Tuesday, March 22**, from noon to 1:00 p.m. in T-110 for the chance to discuss books, discover new authors and meet some new friends. All employees are welcome. Our first encounter will serve as a meet and greet opportunity and will give us a chance to discuss our Book Club format.
- ▶ Whether you are more comfortable reading in English or French, the goal is to pick authors and novels that are translated into both languages.
- ▶ Not sure if you have time? The group will meet only once a month so you'll have plenty of time to do your reading.

If interested, please take note of the dates of our upcoming get-togethers:

March 22 in T-110

April 19 in D-162

May 24 in D-162

June 21 in D-162

All meetings are at noon.

Please contact Pamela Toman (ext. 22742) or Angela Formica (ext. 24466) to confirm your participation. An email reminder will be sent to you a few days before each session.

Hope to see you soon!

Pamela and Angela,

MCH Quality of Life at Work Committee

Next Townhall Meeting – March 29

Plan to attend the next Townhall Meeting where Dr. Sharon Abish will talk about her fundraising hike up Kilimanjaro and Lisa Dutton will present a new MCH health video series from Watchmojo. We conducted a quick survey at the most recent Townhall to help make sure that upcoming meetings address your needs. Plan to be there!

March 29

12:00 p.m.

MCH Amphitheatre

Pilates for employees

Sign up for one or both of the following classes:
Mondays, starting **March 7**, or Wednesdays,
starting **March 16**

Both sessions take place from:

5:00-5:55 pm in

D-292

Men and women are welcome

\$110 for 1 x per week (11 classes),

or

\$200 for 2 x per week (22 classes total)

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

Note: you can join the session after
the starting dates (fees will be prorated)

MCH Auxiliary: upcoming events

- ▶ **Wednesday, March 9:** Books
- ▶ **Wednesday, March 16:** Videos
- ▶ **Thursday, March 17:** St. Patrick's Bake Sale
- ▶ **Wednesday, March 23:** Miscellaneous
- ▶ **Wednesday, March 30:** Knits

All sales take place on 2B

MCH Staff @ work



Denis Francoeur
Anesthesia
5 years at the MCH

When not at work, I enjoy life with my family and close friends. Participating in regular exercise is very important to me. I also enjoy travelling in my spare time: I have visited many different countries such as the Caribbean islands and will be exploring the Mediterranean countries this year.



Roula Cacolyris
Anesthesia
21 years at the MCH

I love my job and the people I work with. When not at work I enjoy spending time with family and friends over good food and wine.



Marie-Eve Besner
Clinical Nutrition
9 years at the MCH

What I always say is : just because we're nutritionists doesn't mean we're extreme. We eat chocolate just like everyone else – and we love it!



Lison Robert
Transfusion Services
28 years at the MCH

I'm someone who loves going out with friends, travel and good wines. I'm always in a good mood. If you meet me in the hallways, say 'hello'!

Denise Kudirka: Clinical Nurse Specialist Extraordinaire

By Christine Zeindler

From the daunting exhilaration of riding rapids to running the gamut of calls in The Montreal Children's Hospital's Emergency Department (ED), clinical nurse specialist Denise Kudirka is up for the challenge. For more than 20 years the kayak enthusiast has helped pilot the Department through changes and transitions to reach calmer waters.

"I enjoy having an impact on the system to improve patient care," says Denise.

Case in point is the two-tier triage system she helped implement. This protocol involves having a nurse at the ED entry registration desk who quickly assesses the incoming patient's condition. Five categories of priority, from "requires immediate attention" to "non-urgent case", are assigned to the patient.

"This triage system streamlines and improves the care and efficiency of the Department," says Denise. "It is much more effective to have a nurse be the first point of contact, rather than a security guard who reviews and relays the information."

Interestingly, Denise witnessed this protocol in action while in Miami "on vacation." "I like to visit other Emergencies to see how they work."



Eventually, the Miami protocol was up and running at the Children's.

Denise's passion for efficiency in no way compromises her sympathy or compassion for her young patients. She was drawn to pediatrics while she was a nursing student because of the children's unique approach to illness. "Kids don't really complain when they are sick and they aren't manipulative," she explains. "The best thing is that they usually get better quickly." She remembers one of her first attempts at giving antibiotics to a five-year old girl with a kidney infection. Only after pretending to give them to Dad did the girl agree to take them. "Children inspire you, they make you be creative."

Seeking out work in the ED was an easy decision for Denise. "The ED has a distinct population, but the priorities are always the same; stabilize and then move the patient either to a ward or home. I enjoy the dynamic environment and the autonomy."

As a clinical nurse specialist (CNS), Denise has a huge mandate. The CNS title is conferred by the American Nurses Credentialing Center and requires that the individual has graduate training and is an expert in their field, provides education, focuses on multidisciplinary team building, acts as a consultant, is involved in research, and provides leadership and ethical decision-making. A tall order, but one that fuels Denise's enthusiasm and dedication for implementing change and seeing the positive outcome.

"I am definitely happy I chose this vocation. I enjoy my work, the people and my role in improving the structure of care."

Whether she is in a kayak or the ED floor, it is clear that Denise is never without a paddle.

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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.

**Logo
FSC**



Our Heroes

A 12-year-old girl launches a charity initiative for The Children's

By Pamela Toman

She may only be 12 years old, but Sara Sabbah has already experienced at least one “ah-ha” moment in her lifetime. During a recent Mini-Med School lecture at the MCH, Sara was sitting in the audience, eager to learn about complex surgeries and conditions. As she studied countless pictures of patients who had undergone lengthy operations and numerous follow-up visits, she was troubled to see so many children, roughly her own age, enduring countless days in the hospital.

A grade 7 IBO student at St-Thomas High School and a former MCH patient herself, Sara says she was fortunate to have been able to return home shortly after having had her tonsils and adenoids removed at age seven. But what about the children who needed to be hospitalized for several months?

“I just thought to myself, kids should be outside playing and having fun, not tied to hospital beds,” says Sara. Determined to try and make a difference in the lives of patients who didn’t have the luxury of returning to their routines, either due to major surgery or serious illness, Sara decided something had to be done. Within a few weeks, she started her own fundraising initiative for The Montreal Children’s Hospital Foundation, called Sara’s Wish. The goal would be simple: to raise money for a cause that was both near and dear to Sara’s heart, and to help convince others to do the same.

Having already participated in two previous charity events for the hospital at her former elementary school, Sara admittedly had some experience under her belt. For this project, however, she decided to approach things differently. Instead of involving her classmates and teachers at school, Sara began reaching out to her closest friends and family via email and word of mouth, encouraging them to donate and spread the word about

her initiative. “I started out by sending a few emails to my contacts, and my mom did the same and so did my stepfather,” she says, “and we ended up reaching a huge number of people.”

While only a month has passed since she first took on the initiative, Sara is well on her way to becoming a very accomplished fundraiser, having raised over \$1,100 for The Montreal Children’s Hospital Foundation thus far – money which will go towards funding renovations to patient-rooms and facilities to make patient stays more enjoyable, the purchase of new equipment, and will finance teaching and research programs.

Reflecting on the success of her project, Sara says she has no intention of slowing down. “Sara’s Wish will continue to raise money for The Children’s as long as donations keep coming in,” she says, adding that many of her family members intend to donate money in the near future.

When asked about her fundraising goals, Sara is both mature and sensible, despite her young age. “It’s not really about how much money I raise, it’s the fact that people will donate that matters most,” she says.

In her spare time, Sara enjoys dancing, playing the piano, singing and reading, acknowledging that she is also very dedicated to her studies. Her commitment and perseverance will no doubt pay off in the future: this budding philanthropist has dreams of one day becoming a pediatrician.