

Chez nous

MCH EMPLOYEE NEWSLETTER

October 17, 2013



MCH ED visits the Glen

— Page 2

Also in this publication:

Celebrating Canadian Intensive Care Week
— Page 4

Raising awareness through healing: Émile's story
— Page 5

Hôpital de Montréal
pour enfants
Centre universitaire
de santé McGill



Montreal Children's
Hospital
McGill University
Health Centre

Published by Public Relations and Communications
www.thechildren.com

Photo: Owen Egan



Trading scrubs for hard hats — By Stephanie Tsirgiotis

MCH Emergency Department visits new home at the Glen site

In August, almost a dozen MCH Emergency Department (ED) staff members visited the Glen to get a better idea of their new space. The inter-professional team was made up of clerks, nurses, and physicians. “It was important for us to have representation across the board on our first group visit,” says Lyne St-Martin, the department’s nurse manager. “Every member of our team brings a different perspective and it’s essential for us to work together.”

From day one, Dr. Harley Eisman, director of the ED, has been instrumental in the planning process and was very happy that members of his team finally had the opportunity to visit the site. “Everyone was very impressed by the progress,” he says. “Now we can start coordinating our work flow and figuring out how best to use our new space.” In terms of physical space, the new ED is larger and a great deal of thought has gone into improving the overall experience for patients. For example, the ED’s Fast-Track rooms are directly across from the Waiting Area, allowing non-urgent patients to be treated quickly without having to go through a full triage.

With over 200 employees, the Emergency Department is currently rethinking their processes and restructuring the way

they work. In fact, a few critical changes have already taken place to improve their efficiency. In April, Drs. Eisman, Sasha Dubrovsky and Jessica Stewart introduced the pod system for physicians, in which a physician is designated to a specific area in the ED. The goal was to maximize time spent with each patient by reducing the time spent running from one end of the department to the other. “Eventually we’d like to use the pod system for the entire team,” says Dr. Dubrovsky. “This is definitely something we’ll be implementing at the Glen.”

MORE EXCITING FEATURES OF THE NEW MCH ED

- More trauma and treatment rooms and specialized examination rooms;
- Greater number of hand washing stations for staff members;
- Separate entrances for ambulance bay and the public;
- Mobile stock carts with key equipment outside every patient room.





Their thoughts on the new ED...

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Production of *Chez nous* is made possible thanks to funding from the Montreal Children's Hospital Foundation.



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“ The new ED has a more logical flow, which allows us to manage our patients in a safer way. We now have everything we need to make the patient experience even better. I know this is a historical moment and I will never experience this twice in my career. ”

—*Lyne St-Martin, nurse manager*



“ I'm looking forward to the extra space and separate rooms. Right now six of our observation stretchers are divided by curtains. At the Glen, each room will be separate, which will help reduce cross-contamination. It will also allow me to better focus on each individual family. ”

—*Danielle Deslauriers, nurse*



“ When it comes to change, it's easy to focus only on the challenges, but I'm excited about this whole process. Without a doubt the new ED will be a better environment for our patients and staff. It's easy to talk about things we can't do, but it's important to dream about our best case scenario and see how we can make it come true! ”

—*Dr. Sasha Dubrovsky, physician*



“ As an ED clerk, I'm either coordinating our patients, stocking rooms, or answering phone calls — so I'm excited about working in a new space and figuring out how best to do my job. ”

—*Scott Dobby, clerk*





CANADIAN INTENSIVE CARE WEEK OCT. 27 - NOV. 2

A big thank you to all our intensive care workers

WHAT'S THE BEST PART OF YOUR JOB?



Cassandre Marthone,
nurse clinician, NICU

TWO WORDS THAT DESCRIBE YOUR COLLEAGUES?



Lyne Martinelli,
housekeeping attendant, NICU

WHY DID YOU CHOOSE TO WORK IN INTENSIVE CARE?



Nick Manias,
patient care attendant, NICU

WHAT'S YOUR FIRST THOUGHT WHEN YOU WALK INTO YOUR DEPARTMENT?



Claudia Emami,
pediatric surgical fellow, PICU

WHY DID YOU CHOOSE TO WORK IN INTENSIVE CARE?



Danny Amaral,
respiratory therapist, PICU

WHAT'S THE BEST PART OF YOUR JOB?



Mary Savu,
administrative officer, PICU

Raising awareness through healing

Little Émile's story reaffirms the importance of burn and fire prevention — By Pamela Toman

It was an ordinary day for three-and-a-half year old Émile and his family. The curious toddler was enjoying a nice day outdoors with his parents and two siblings while a small backyard fire burned in the distance. Cathy Lapierre and her husband, Patrice Couillard, were both supervising their three children when for a split second, their youngest son slipped from their view. But when Cathy and her husband turned around, it was too late. Émile had already fallen hands and face-first into the fire.

What happened next seemed like a blur for Cathy and the rest of the family. Émile was rushed to a local hospital, where he was stabilized and then transferred to the Montreal Children's Hospital's Trauma Centre for specialized treatment. The toddler had sustained severe burns to his hands, forearms, face and neck, which required extensive pain management, skin grafts, and other wound care procedures.

"We were in the hospital for a total of three weeks," says Cathy, "and Émile was suffering a great deal: he was unable to walk, unable to move as freely as he normally would." During his hospitalization, Émile's doctors performed a skin graft to help in the healing process of his more severe burns. Doctors took a very thin piece of skin from his thighs, which were unaffected by his burns, to cover the affected area to facilitate the healing process.

The road to full rehabilitation, however, was a long one. "We spent two years in rehabilitation to help Émile fully heal from his wounds," says Cathy. "Even though the experience was a lengthy one, we were so thankful to have the Trauma team to turn to for exceptional support. Whenever we had questions, concerns or wanted more information, they helped us tremendously. We really missed the team when we left the hospital."



The Couillards on a recent family vacation. Little Émile can be seen in his mother's arms.

Reflecting on the incident, Cathy says she has learned that one can never be too prudent when it comes to injury prevention. "We never think that things like this can happen to us," she says of her family's experience, "but it really only takes a split second."

Today, Émile is a happy and healthy six-and-a-half year old boy who started school for the first time this September, joining his brother Mathis, 10, and his sister Léa, 12. His mother, Cathy, says he is a resilient, kind and compassionate child who still remembers quite a bit from his experience, but has recovered extremely well.

This summer, the six year old was thrilled to be able to attend a summer camp for kids who have sustained burn injuries like his through *L'Association des grands brûlés F.L.A.M.* Both he and his brother Mathis spent a week of fun together on Lake Massawippi. •

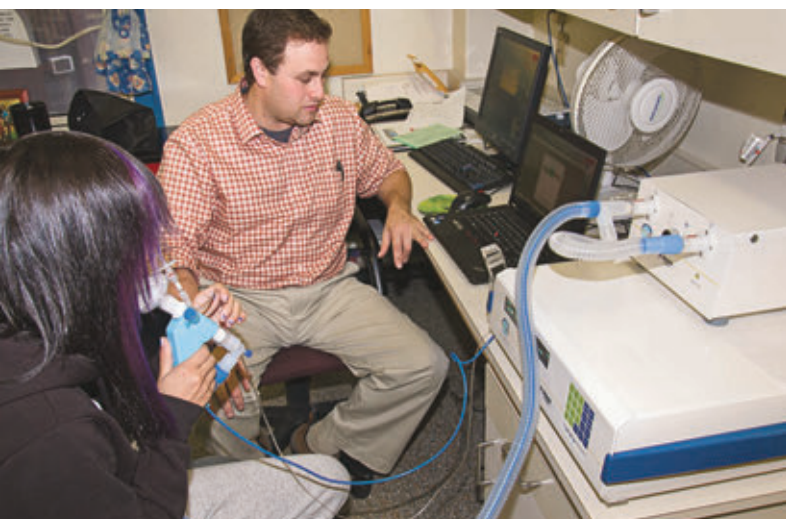


New machine will test for elusive lung disease

MCH will be second centre in North America to offer clinical screening for Primary Ciliary Dyskinesia — By Christine Zeindler

Primary Ciliary Dyskinesia (PCD) is an inherited disorder of the cilia, the little microscopic hairs that line the lungs, nose and ears. Patients who are born with this disease suffer from chronic lung, sinus and ear infections. If not treated early, the disease can cause progressive lung damage or even death. Until now, diagnosis of this disease has been difficult. Fortunately, the Montreal Children's Hospital (MCH) now has a new diagnostic tool, a nasal nitric oxide machine, to screen for PCD. The MCH will be the second centre in North America to provide clinical screening for this chronic disorder.

"The problem with PCD is that so many diseases in respiratory look like it," says Dr. Adam Shapiro, a pediatric respirologist at the Children's. "If you miss a PCD diagnosis in children and find it when they are older, they have significant lung damage and even increased mortality. On the other hand, if we catch the disease early, we can treat it and the children have the potential of living normal lives."



Dr. Adam Shapiro guides his patient through a test using the new nasal nitric oxide machine.

WHAT CILIA DO

Cilia are found throughout the entire respiratory tract, including the nose, lungs and ears. Normally, they constantly beat back and forth to propel mucous and other inhaled elements (dust and pollution) up to the top of the airway where they can be easily cleared. "Cilia are the street sweepers of the lung," says Dr. Shapiro.

When cilia stop working, in diseases such as PCD, mucous collects and provides an ideal breeding ground for bacteria. Chronic infections commonly result, leading to lung damage and progressive respiratory failure.

NITRIC OXIDE THE KEY

The nasal nitric oxide machine will simplify screening and diagnosis of PCD. It measures nitric oxide, which is exhaled through the nose. For reasons unknown, the exhaled nitric oxide levels are very low in PCD. "If a patient has high levels of nitric oxide, we know it's not PCD, but if they are low, we are quite suspicious of PCD, and we will perform further investigations for it. This non-invasive screening test takes only five minutes to complete and will really impact PCD patients' lives. It can be easily performed in children aged one year and up."

PCD IS TREATABLE

There are two mainstays of treatment for PCD; airway clearance and antibiotics. Children who have a PCD diagnosis usually visit the PCD clinic every three months to learn exercise and breathing skills that help them clear their airways. "These techniques are particularly important to learn, they are really life-saving," says Dr. Shapiro.

>> Continued...

Daughters continue their mother's legacy

— By *Stephanie Tsirgiotis*

Laura Cornett meant many different things to many different people. She was a teacher, a writer, a painter and a pediatric chaplain at the Montreal Children's Hospital, but first and foremost a devoted wife and mother. For years, Laura spent her time at the MCH comforting and supporting patients and families during their most difficult moments. She worked primarily in the Emergency Department and her children remember how she would often jump into a cab in the middle of the night to rush to the hospital. "Working at the Children's was far more than just a job for my mom - it was her calling," says her daughter, Anne Marie.

...New machine (cont'd)

These patients are also monitored for infections and treated with antibiotics as necessary. "Having this diagnostic capability will really put us on the map," says Dr. Shapiro. The machine will be housed in the MCH's pulmonary function lab. •

SYMPTOMS OF PCD

- Year-round, daily wet cough, starting in infancy
- Year-round, daily nasal congestion, starting in infancy
- Recurrent ear infections, starting in infancy
- Recurrent bronchitis or pneumonia
- 85% of PCD patients have respiratory distress at birth
- 50% of PCD patients will have their organs flipped in mirror image (eg. their heart is on right side instead of the left), and at least 6% will have other rare organ defects associated with congenital heart defects

Sadly, Laura was diagnosed with breast cancer in 2002, and unable to continue working at the MCH, she turned to art to deal with her pain. She soon discovered a hidden talent for sculpture and painting. After a courageous eight-year battle with cancer, Laura passed away peacefully on July 5, 2010.

Laura's daughters have worked hard to preserve their mother's legacy, one of service, love and compassion. "We felt that more people could benefit from our mother's art so we decided to create cards from her paintings, starting with the two works that she herself had made into sympathy cards," says Anne Marie. Recently, the Cornett daughters contacted the MCH Palliative Care department. Dr. Stephen Liben, director of the department, was deeply moved by two cards in particular. "To me the cards speak of transition, death, beauty, loss and life," he says. His team now sends the cards to families who have lost a child. "The MCH meant so much to our mother and we hope these cards will offer some measure of comfort and peace to families during such a difficult time," says Anne Marie. "She would have wanted that." •



Laura Cornett's paintings have been turned into sympathy cards which are now being used by the MCH Palliative Care department.



An eye for detail, a passion for perfection

— By Maureen McCarthy

Maria Bonfitto works as Team Leader in Medical Records and Scanning, and while her job entails a thorough understanding of the myriad procedures required to maintain files for tens of thousands of patients every year, she shares something in common with nurses, doctors and so many other caregivers at the Children's. "We're here for the patients," she says. And our patients couldn't be in better hands.

Maria first came to the MCH 12 years ago on availability and within two years had moved to Medical Records where she was eventually hired in a permanent position. She now leads a team of 22 people—13 in Medical Records and nine in Scanning.

A NEW ERA FOR MEDICAL RECORDS

Since May of last year, Maria has been working with the Scanning team as they implement the step-by-step phase-in of the scanning project. When completed, all medical records will be maintained in electronic format for access on OACIS.

Considering the number of patient visits in clinics and Emergency at the MCH, as well as children who are admitted, it's easy to see why the project was rolled out in stages. "Many of our staff have acquired new skills to work in scanning," says Maria, "and we've taken the time to master each stage of the process as we go." The team has just started the final phase this month, which will involve scanning records for admitted patients.

A typical day in Medical Records sees thousands of sheets coming through their doors. Most of these arrive through internal mail, but patient files from Emergency are picked up three times a day—even on weekends. The clinical staff assign bar codes to each sheet to identify the patient, clinic and type of form being used. After a thorough process of checking and verifying their work, the documents are prepared for the scanner, which can handle several hundred pages at a time. The last step is quality assessment.

>> *Continued...*



Maria Bonfitto, team leader in Medical Records and Scanning.



Montreal Alouettes at the Children's



The Montreal Alouettes surprised patients with an afternoon visit on September 24. MCH patient Steven Liu gives thumbs up with a few players, a cheerleader and head coach, Jim Popp.

...An eye for detail (cont'd)

IT'S ALL IN THE DETAILS

Maria is keen to point out that there is much more behind the scenes than meets the eye. Questions come up regularly about any number of details to do with a child's file. She credits her wonderful team for finding ways to improve their service and always going the extra mile to ensure that records are perfect. "They do their research, and ask each other questions until they're satisfied with the result," she says. When physicians need to access charts from before October 2012, the Correspondence group in the Medical Records department handles their requests.

Maria is very positive about what the Scanning project will mean for patient care. "There's a form or chart for every visit for every child. Even though it can seem like there's an increase in the amount of information we record, it is actually making the process of accessing a child's file more efficient," she says. With the Admissions project now under way, it's going to be a busy fall for the department. "A child who is admitted to the hospital usually has many more documents than a child seen in clinic. Admissions is our final push. It's a lot of volume. But we're ready for it," she says with a smile. •



MCH Foundation golf tournament funds new educational chair



Dr. Wendy MacDonald

The 17th edition of the Montreal Children’s Hospital Foundation Golf Tournament raised over \$900,000 and the organizing committee was thrilled to announce that proceeds will create the Wendy MacDonald Chair in Pediatric Medical Education. This academic chair, named in Dr. MacDonald’s honour, will allow others to continue her work, training young doctors and fostering new and exciting ways of engaging students.

The Tournament has become a major player in pediatric research, responsible for creating and endowing two other academic chairs in pediatric surgery, the Dorothy Williams Chair and the Tony Dobell Chair, as well as funding a visiting lectureship series and a fellowship. Attended by many of the city’s most prominent business leaders, the tournament was supported by lead partner RBC Foundation, platinum partner Stella-Jones, and gold partners CIBC Wood Gundy and Pipe & Piling Supplies Ltd., among many others. ●

TEAM INDIGO responds to NICU call

The MCH has introduced a new procedure for responding to patients with difficult airway problems in the hospital’s neonatal intensive care unit (NICU). If anyone on the neonatology team needs help with a difficult airway, they can call 5555 and request TEAM INDIGO for 9C. A group call is launched as well as an overhead call to alert Otolaryngology residents and airway staff, Anesthesia, all respiratory therapists and the nurse supervisor. One of the RTs brings the difficult airway cart to the patient’s bedside. It’s important to note that TEAM INDIGO does not replace the PINK team but acts as a complement to the resuscitation team on 9C.

TEAM INDIGO successfully responded to a request from the NICU last winter, and the most recent TEAM INDIGO response occurred on Friday, September 13 at night. Dr. Thérèse Perreault, head of the NICU, says that the process was very successful thanks to the efforts of everyone involved. ●

Invitation to the MCH Community

Is your costume ready to celebrate Halloween with us?

**Thursday
October 31, 2013,
from 12 p.m. to 1:30 p.m.
in the Hospital Cafeteria**

*Costume Contest
at 12:45 p.m.*

Please join us!

Dancing, music (Pierre Goupil Sonorisation), refreshments, prizes for the best costume and lots of fun.

LA FONDATION DE L'HÔPITAL
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Quality of Life at Work Committee 