

# Chez nous

MCH EMPLOYEE NEWSLETTER

Published by Public Relations and Communications | [www.thechildren.com](http://www.thechildren.com)

NOVEMBER 17, 2016



## Hand hygiene at the MCH

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Hôpital de Montréal  
pour enfants  
Centre universitaire  
de santé McGill



Montreal Children's  
Hospital  
McGill University  
Health Centre

# Dear Readers,



This issue of *Chez Nous* is in large part dedicated to the topic of hand hygiene. It is imperative that we take extra precautions to protect patients and ourselves now that the viral season is upon us. For every nosocomial infection contracted, there are actually two patients affected: the one who gets the infection and must, as a result, stay longer in hospital, and the patient who cannot be admitted to receive care because that bed is still being used by the patient recovering from infection. On the cover of this issue is 16-year-old patient Nichole who endorses our efforts to increase hand hygiene compliance. In addition to ensuring your vaccines are up-to-date and that equipment is properly sanitized, hand hygiene is essential!

The feature article in this issue is about how the Pediatric Intensive Care Unit and the Hematology-Oncology Unit changed their approach to hand hygiene and significantly increased their compliance rates. Their successes reinforce that hand hygiene really is everyone's business and that we need to talk about it! Healthcare professionals, support staff, families and visitors are all responsible for helping to reduce infection rates and increase compliance. And in keeping with the Montreal Children's Hospital values, speaking up about hand hygiene is important and effective.

At the MCH, efforts are underway, such as the weekly huddles on B9 South, to improve hand hygiene rates. Our goal is to increase and maintain compliance at a level above the Ministère de la Santé et des Services sociaux standard of 80%. On page 4, you'll find the World Health Organization (WHO) guidelines on the Five Moments for hand hygiene, and on page 6, you'll find WHO guidelines on how to effectively hand rub and hand wash. We encourage you to cut these pages out of the magazine and share them with colleagues and visitors by posting them in your work areas and clinic rooms. The documents are also available on the MUHC portal, under Departments & Services: Infection Control: Pediatric Infection Control.

At all times, proven measures of infection control are expected as part of the high-quality and safe care we deliver to patients. The centre layout in this issue (page 12) features some of our patients who enthusiastically agreed to be the faces of the MCH hand hygiene campaign.

We thank you for your ongoing devotion to patient care and safety and remind you that everyone, from healthcare workers to support staff, from families to visitors, plays a vital role in the health of our patients.

## Happy reading!



▶ Chantal Souligny



▶ Dr. Robert Barnes

Chantal Souligny, RN, B. Sc (N), M.Mgmt  
*Interim Administrative Director*  
*Montreal Children's Hospital and Women's Health Mission*  
*McGill University Health Centre*

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# Hand hygiene:

## PICU and Hematology-Oncology make the grade

By Maureen McCarthy

Fact: hand hygiene is the single most effective way to prevent the spread of communicable diseases and infections. Putting it into practice, however, is not always easy. Last fall, the Children's Pediatric Intensive Care Unit (PICU) learned that since moving to the Glen, their hand hygiene rates had decreased significantly, so they decided to take a "hands on" approach to addressing the issue. Dr. Patricia Fontela, a pediatric intensivist in the PICU, and Maggie Ruddy, Nurse Manager of the PICU, say there was no one single factor that explained the decline in their hand hygiene rates at the Glen. "We don't know if it was the different configuration of the unit, the change from an open area to single-patient rooms, or just a combination of these and other factors. Whatever the case, we had to improve our rates," says Dr. Fontela. "We figured the single-patient rooms would be a good starting point for awareness and education, so we began to promote the "threshold" idea: that is, if you cross the threshold, either entering or leaving the room, you wash your hands. In other words, keep the outside from the inside and vice versa."

### Towards a common goal

The PICU took a team approach from day one. Maggie explains, "We brought everyone from nurses to social workers to housekeeping staff together to discuss the problem, and made sure we talked about it regularly and constantly over the span of a month or so. It was a topic at every meeting we held, including our daily morning



► Everyone on the PICU team took an active interest in increasing the unit's hand hygiene rates. (l. to r.) Maggie Ruddy, Nurse Manager, Janique Collin, Nurse Clinician, Michael Zeeman, Respiratory Therapist, Dr. Patricia Fontela, Pediatric Intensivist, and Julie Gauvin, Physiotherapist, show how it's done.

*continued >>>*



**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 an email to [info@thechildren.com](mailto:info@thechildren.com).

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

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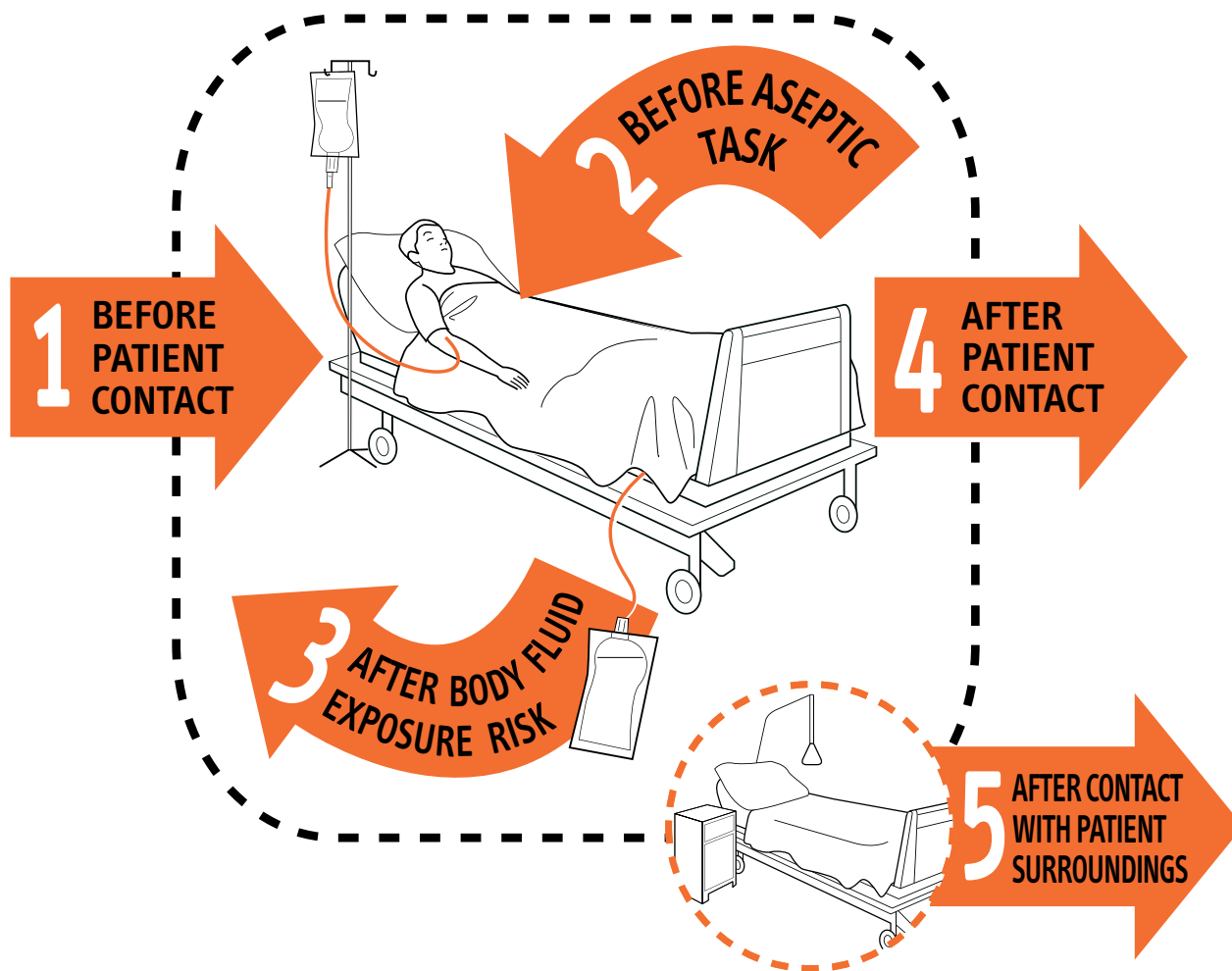
### Did you know you're reading an award-winning magazine?

*Chez nous* received second prize for best internal health care newsletter in Canada! The award was given by the Health Care Public Relations Association of Canada.

On the cover: Nichole Yanez  
Cover photo: Owen Egan

# Your 5 moments for HAND HYGIENE

Design: mandragala network



<b>1</b> BEFORE PATIENT CONTACT	<p><b>WHEN?</b> Clean your hands before touching a patient when approaching him or her</p> <p><b>WHY?</b> To protect the patient against harmful germs carried on your hands</p>
<b>2</b> BEFORE AN ASEPTIC TASK	<p><b>WHEN?</b> Clean your hands immediately before any aseptic task</p> <p><b>WHY?</b> To protect the patient against harmful germs, including the patient's own germs, entering his or her body</p>
<b>3</b> AFTER BODY FLUID EXPOSURE RISK	<p><b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal)</p> <p><b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs</p>
<b>4</b> AFTER PATIENT CONTACT	<p><b>WHEN?</b> Clean your hands after touching a patient and his or her immediate surroundings when leaving</p> <p><b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs</p>
<b>5</b> AFTER CONTACT WITH PATIENT SURROUNDINGS	<p><b>WHEN?</b> Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even without touching the patient</p> <p><b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs</p>



WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.



October 2006, version 1.





▶ Allison Steeves, Assistant Nurse Manager, Hematology-Oncology Unit, and François Lalande, Massage Therapist who volunteers at the Children's through Leucan, take the required steps to clean their hands before entering a patient's room on the unit.

rounds." They started from the point of view that everyone wants to ensure patients don't get infections, and fundamentally, everyone *wants* to wash their hands. "We didn't want to police anyone," says Dr. Fontela, "and nobody wants to have to tell a colleague 'you didn't wash your hands...' so we created a cultural shift to ensure that the solutions came *from* the group, to give everyone the capacity to make their own difference."

Other key elements of the PICU's success in increasing hand hygiene rates was to help staff understand the barriers to making it happen, and clarifying the rules associated with proper hand hygiene. Since the initiative began, staff receive regular feedback, and charts posted in meeting rooms show the hand hygiene compliance rates over time. The PICU now consistently has over 80% hand hygiene success, a marked improvement from one year ago. Maggie points out that infection rates on the unit are more stable now, a clear indication that their efforts are paying off.

Dr. Fontela praises the entire PICU team for making it happen. "Nobody does it alone," she says. "We number about 125 staff on the unit, and the entire group is responsible for our success. They took ownership of the issue to ensure the best possible conditions for all our patients." The next phase for the PICU team

will be to start working with families to educate them about the importance of hand hygiene.

## Similar success in Hematology-Oncology

The Hematology-Oncology inpatient unit has also had success in improving their hand hygiene stats. About a year ago, the unit's two assistant nurse managers Allison Steeves and Stephanie Mann learned their unit's compliance rate was just under 60%. "Our leadership team met with the Infection Control department staff who provided us with educational materials, tools, and graphs of our statistics, which we posted at our nursing station," says Allison. "After that initial meeting, we talked about hand hygiene constantly at our team meetings, and had many discussions with our staff nurses." From there, they also presented at their staff division meetings, which include professionals from other departments such as Social Services and Child Life, as well as physicians from different specialties who see children in Hematology-Oncology.

"We did and continue to do a lot of hand hygiene promotion on the unit," says Allison. "Our approach has obviously been effective, because our compliance has improved dramatically, and is consistently above 90% now."

Allison and Stephanie say that having sinks or hand sanitizer dispensers both inside and outside the patient rooms makes it easier to comply. The unit receives periodic reports from Infection Control, and there have been several periods of zero hospital-acquired infections corresponding to improved hand hygiene.

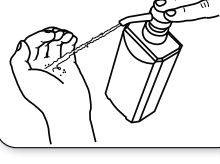
## Empowering families

Now that the unit's nursing staff have significantly improved their compliance rates, they're helping families learn the importance of hand hygiene too, and in turn, encouraging them to educate their visitors. "The MCH Welcome Guide includes a hand hygiene insert which we review with families," says Stephanie. "We stress that patients are immune-compromised so it's a question of their safety, health and well-being. Families easily understand that message, and they usually feel empowered to teach their child's visitors about the importance of hand hygiene. You can never stress it enough." ■

# How to handrub?

WITH ALCOHOL-BASED FORMULATION

1a

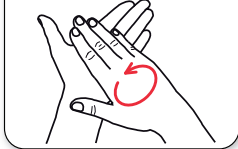


1b



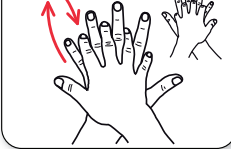
Apply a palmful of the product in a cupped hand and cover all surfaces.

2



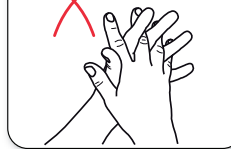
Rub hands palm to palm

3



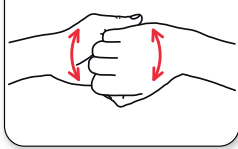
right palm over left dorsum with interlaced fingers and vice versa

4



palm to palm with fingers interlaced

5



backs of fingers to opposing palms with fingers interlocked

6



rotational rubbing of left thumb clasped in right palm and vice versa

7



rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

8



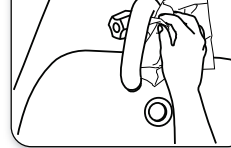
rinse hands with water

9



dry thoroughly with a single use towel

10

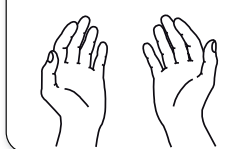


use towel to turn off faucet



20-30 sec

8

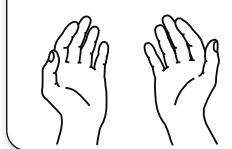


...once dry, your hands are safe.



40-60 sec

11



...and your hands are safe.

Design: monofragilis network



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October 2006, version 1.

# Shorter waits for asthma treatment in the ED

## A Lean Black Belt project improves quality of asthma care at the Children's

By Sandra Sciangula

Asthma accounts for a significant number of emergency department (ED) visits with more than 250 children requiring admission per year. When ED staff saw the need to improve the care these patients receive, they looked to LEAN principles to make it happen. Prior to starting this project, more than half of asthmatic patients with laboured breathing presenting to the ED waited more than 69 minutes before being given a steroid. This delay contributed to the prolonged time of breathlessness the patients endured, as well as increased the ED length of stay and rates of admission. Dr. Sasha Dubrovsky, who co-led this LEAN project with Dr. Raphaël Paquin, explains, "We noticed that only 40 percent of children presenting to the ED with moderate asthma exacerbations were receiving steroids within the first 60 minutes of being there. Our goal was to increase that number to 90% by September 1, 2016."

The successful completion of a quality improvement project using LEAN principles requires team work and the participation of key people. Dr. Dubrovsky says, "When it came time to putting together the team, we performed a stakeholder analysis and invited people interested in the project to take part. A key factor was ensuring we had frontline nurses and doctors, a coordinator, and a family advisor."

Sze Ting Chan has been an ED nurse for two years. "When things get chaotic, it's a sign that something needs to change," she says. "Communication between nurses and doctors can become difficult when volumes are high but we can never forget about the patient." Sze gladly volunteered for the asthma project. "The LEAN approach allowed us to analyze how things currently work, break down the process and identify areas that can be improved." What the team learned is that the patient would greatly benefit from receiving steroids earlier in the triage process.

Amanda Fitzgerald, who works in the trauma department at the MCH, joined the team as the family partner and, as the parent of an asthmatic patient, was able to give insight on the patient and family experience. She explains, "It was important for everyone on the team to reflect on the patient and family experience throughout the entire process of asthma treatment in the ED." Amanda says the project is a testament to the Children's continuous efforts to improve quality of care.

The LEAN methodology brought to light the fact that a project aiming to revise asthma protocol was underway at the same time. Through multidisciplinary collaboration, the project team integrated the revised asthma protocol into the solution. As a result, asthmatic children receive timely steroids 93% of the time and on average they receive them within 20 minutes, which represents a significant improvement.

Dr. Dubrovsky has advice for anyone interested in doing a quality improvement project. "Be curious! Team up with your peers, set goals and have your project approved by a sponsor." To sign up for a LEAN training workshop or develop a quality improvement project, reach out to the *Bureau de Qualité et Amélioration Continue* (BQAC) via [gabrielle.cunningham@muhc.mcgill.ca](mailto:gabrielle.cunningham@muhc.mcgill.ca). ■



► Team members in the Rapid Assessment Zone (RAZ). From l. to r.: Amanda Fitzgerald, Karine Larouche, Denise Kudirka, Scott Dobby, Sze Ting Chan, Sasha Dubrovsky, Samantha Dankoff, Robert Rodrigues.

# Nursing-led PICU Journal Club focuses on continuous learning

By Pamela Toman

*Nursing-led initiative focuses on evidence-based best practices and guidelines to encourage continuous education and more informed changes in practice.*

Elaine Grant possesses a wealth of experience in critical care nursing, having worked as a nurse in the Montreal Children's Hospital for 25 years, 16 of which have been in the Pediatric Intensive Care Unit (PICU). But two years ago, after taking a course offered by the Canadian Association of Critical Care Nurses, she was inspired to re-examine her practice. "I got back to my daily routine and wondered, 'Am I doing this because I've always done it this way, or is there a better way to go about this?'" she says.

Elaine was especially curious about how her nursing practice might be enriched by meeting regularly with her peers to discuss evidence-based best practices and guidelines that could inform the way care was delivered on the unit. Maybe, she thought, there was a different way to approach frequent practices that the team had not considered and wouldn't it be enriching to learn about them as a team?

## Building on a simple idea

"I knew that our residents regularly met to discuss these kinds of topics, and I wanted to create something similar that was nursing-driven, but could also involve different disciplines depending on the topic. With the support of our nurse manager, Maggie Ruddy, I picked a date, put a sign up on the unit and asked anyone willing and interested to show up," she explains.

The group's first meeting was held on November 5, 2015 and membership quickly grew in size. "We were five people in the beginning, and now we're upwards of 10!" says Elaine. "We agreed on a mission statement and developed the basic tenets of our group, which really focused on uncovering best practices and guidelines for the care of children needing advanced critical care."



► (l. to r.) Dimitra Doanis, Linda Massé, Elaine Grant, Amanda Cervantes, Amélie Gauthier, Anna Kabal

Recent meetings have focused on topics such as clinical ethics, pediatric cardiology, and the treatment and management of delirium in patients. "There are a lot of nurses who work throughout the hospital with special skills and knowledge, but in working in the intensive care, we just don't have access to them regularly. This creates a forum where we can learn from them and share this knowledge with our colleagues."

## Learning to advance patient care

The benefits of the Journal Club come not only from a continuous focus on learning, says Elaine, but in knowing that since it has been introduced, care is constantly being evaluated to ensure it is in line with the most recent evidence-based practices. "It's a new way of unifying the plan of care by ensuring we're all approaching our patients with the same background," she explains. "And if we think of it in terms of concrete impacts on patients and families, this new practice also has the ultimate benefit of decreasing the length of each patient's stay. It's made bedside rounds more enriching, and been positive for everyone involved. If nothing else, it has been a consciousness-raising experience to have been exposed to this new way of thinking and learning." ■



# PFCC Star of the Month: Lina Di Re, Nurse Clinician

By Maureen McCarthy



► October's PFCC Star Dr. June Ortenberg nominated Lina Di Re, her colleague in the Spina Bifida program, for this month's award. "What really makes Lina stand out is that she works with families to follow a problem until everyone is comfortable with the outcome. That's really important," says Dr. Ortenberg. "Sometimes it takes a lot of phone calls and advocating on their behalf, as well as meeting with the family and working through everything. She just has the commitment to see it through and it's really wonderful."

Lina is one of three nurse clinicians in the Children's Urology department, and she works closely with the four urologists in the department to care for patients with a variety of medical issues. Much of her work involves urodynamic testing for patients with bladder problems, and twice a month, she sees patients in the Spina Bifida clinic.

Formerly a nurse in Complex Care, Lina's first introduction to the Urology team was in 2001 when she started in the Spina Bifida program. In 2013, she became a full-time staff member in Urology and now sees a cross-section of patients treated in the department.

Helen, whose nine-year-old son Amine is followed in the Spina Bifida program, has known Lina since Amine was a baby. "Lina has been there for us since day one," says Helen. "She is so knowledgeable, and always such a calming presence. She's very supportive of parents as they find ways to help their kids." Helen also says that Lina has been an excellent teacher, helping her and her husband learn how to

manage Amine's care at home. "Lina is a great person and I'm really happy that she's being acknowledged with this award. She totally, completely deserves it."

Patient and family-centered care is something that Lina values greatly. "Over the years, I've seen the success that comes from working in partnership with families and getting them involved," she says. "In pediatrics, you need the parents, and sometimes even the siblings to achieve the best outcome. I love working with families because I find the motivation is there. Everyone—both the family and our team—is looking out for the benefit of the child."

Lina says there's also another key element to providing successful patient and family-centered care. "Having a great team helps. We try to trouble shoot together, and we support each other when a case is difficult. Everyone values each other on our team, and you really feel it when you're working." ■

# New Procedure Room now open to provide better care

The Procedure Room was officially opened at the Montreal Children's Hospital on October 31. Cindy McCartney, Nurse Resource Manager, is the project manager for the new facility. "This project has been in the works since 2009," she says. "There's been a real need for it and we are happy and proud that with the help of the MCH Foundation it is now in operation."

Located on B.03, the Procedure Room will be used to perform procedures that require anesthesia but do not necessarily require the sterile environment of an operating room. As well, procedures that were once done at the bedside, like burn

dressings, can now be done in the Procedure Room. Nadia Eldaoud, Manager of Ambulatory Services and Surgical Day Centre, explains, "These procedures will be done under anesthesia, so it will help provide better pain management. In addition, the procedure room will facilitate access and avoid having to wait for an OR to become available."

The goal, says Cindy, is to eventually ramp up services to five days per week. "We want to provide the best quality of care, and the Procedure Room will help us do that." ■



► Several members of the work group responsible for the successful opening of the Procedure Room.



## Get your Flu Shot!

The Montreal Children's Hospital flu vaccine clinic is located on RC across from the A elevators. Flu shots are free and available to healthcare staff as well as to the public. **The clinic is open Monday to Friday from 9 am–12 pm and 1–3:30 pm until December 9.**



## Awards

The MCH OR/PACU Simulation team, made up of **Drs. Nguyen, Paquet, Fisher and Collard** were awarded the *2016 Prix d'innovation pédagogique* from the *Conseil Québécois de développement professionnel continu des médecins* (CQDPCM) for the OR and PACU simulation programs they initiated.

**Dr. Samara Zavalkoff**, Pediatric Intensivist, has been appointed to the Knowledge Translation and Implementation Sciences Expert Faculty of the Canadian Patient Safety Institute (CPSI).

# MCH Halloween Party



The second-ever MCH Halloween Party at the new Children's was a total success! Our patients kicked off the festivities by dressing up and trick-or-treating in the BS1 corridor, followed by a live concert and a costume competition in the P.K. Subban Atrium. Fun was had by all!

► Little Mathilde is very excited to trick-or-treat!

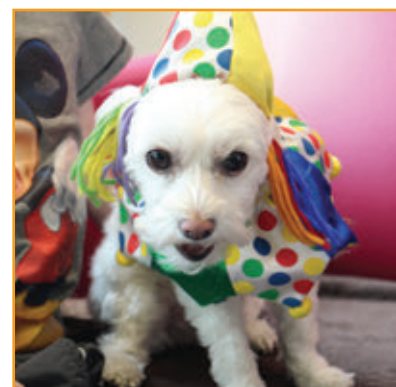


► The winners of the group costume were the scary two headed monsters.



► This impressive costume won first place.

► Maya from the Pet Therapy program dressed up as a clown.



► Pumpkins beautifully decorated by patients on B7 South.

*Merci*  
de vous laver les mains!



*Thank you*  
for washing your hands!



*Nichole*



*Mathilde*



*Loïc*



*Sebastian*



*Benjamin*