

Chez nous

MCH EMPLOYEE NEWSLETTER | Published by Public Relations and Communications | www.thechildren.com

JANUARY 2019



Family builds strong relationship with surgical team — page 2

Hôpital de Montréal
pour enfants
Centre universitaire
de santé McGill



Montreal Children's
Hospital
McGill University
Health Centre

ALSO IN THIS ISSUE:

Maggie Ruddy, MCH's new Associate Director of Nursing — Page 6

A day in the life of...two lactation consultants — Page 8

A successful Code Orange response — Page 10



Stepping stones

Family recounts how trusting their child's surgical team helped them live through many ups and downs

By Stephanie Tsirgiotis

Seven-year-old Stone Rosenberg loves sushi, especially when he gets to share it with the entire surgery department at the Montreal Children's Hospital. Once a year, the little boy and his family serve lunch to the team who saved his life. Stone's journey wasn't an easy one, yet through all the ups and downs, there

was always one constant: trust. Trust between his family and his surgical team.

A painful beginning

Stone was a small baby. Born premature at 33 weeks, he spent the first month of his life at the Jewish General Hospital. Even though

[continued >](#)

► Top: (Standing) Jonathan Rosenberg. (Sitting l. to r.) Hunter, mom Tara, and Stone.

he was growing normally, his medical team was concerned by the fact that he was very constipated. “The hospital ran a lot of tests, but everything came back negative. They thought maybe his intestines weren’t fully developed and eventually he’d outgrow it,” says Stone’s father, Jonathan. But after spending two days at home, watching their son’s discomfort every time he had to pass stool, they decided to bring him back to the hospital.

He was quickly transferred to the Montreal Children’s Hospital where Jonathan and his wife, Tara Sklar, were told that their son was showing all the signs of Hirschsprung’s disease, a congenital disorder of the colon where nerve cells, known as ganglion cells, are not present, thus causing chronic constipation. But the biopsy came back negative. “We then went back to thinking that he was just a very constipated baby and his intestines needed more time to grow,” says Tara.

Over the next four years, Tara and Jonathan were hopeful that things were going to get better for Stone. They tried different techniques to help alleviate his pain, from stool softeners to



► Stone’s surgeon, Dr. Dan Poenaru, examines him during a recent visit to the hospital.

rectal irrigation, but he remained very bloated and his cramps were getting worse. His pediatrician suggested they visit the functional constipation clinic at the Children’s, a new multidisciplinary clinic led by pediatric surgeon Dr. Dan Poenaru. “Everything changed after that,” recalls Jonathan.

Building a strong relationship

Dr. Poenaru had spent the last 12 years working in Africa and had treated over 100 children with Hirschsprung’s disease. Stone was showing all the same signs. He suggested they redo the rectal

biopsy; this time it came back positive. “We relooked at the original test and it was in fact negative. The sample must have been taken from a healthy part of his intestine, one that had ganglion cells present,” explains Dr. Poenaru.

After confirming the diagnosis, Jonathan and Tara sat down with a team of surgeons to discuss next steps. “They suggested a colostomy bag, but we wanted to try something else,” says Tara. “That’s when we all decided on surgery. Every decision we made was centered on what’s best for Stone and

continued >

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

Editor: Stephanie Tsirgiotis
 Contributors: Maureen McCarthy, Sandra Sciangula
 Graphic design: Vincenzo Comm Design inc.
 Photography: Owen Egan, Stephanie Tsirgiotis
 French translation: Joanne Lavallée

To submit story ideas or texts to *Chez nous*, contact the Public Relations and Communications office at ext. 24307 or send an email to mchpr@muhc.mcgill.ca.

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

On the cover:
 Dr. Dan Poenaru and Stone Rosenberg.

Cover photo: Owen Egan

Follow us on [facebook.com/lechildren](https://www.facebook.com/lechildren) twitter.com/HopitalChildren [instagram.com/lechildren](https://www.instagram.com/lechildren)



►Jonathan and Tara developed a strong relationship with Dr. Poenaru and his surgical team.

what's best for us. They made it very clear that we knew our son best. There was an open, honest dialogue from the very beginning, which led to us developing a very strong relationship. We felt comfortable asking questions and the team was always available to answer them."

In May 2016, Stone underwent a complex five-hour surgery. Dr. Poenaru and the surgical team removed 15 centimetres of diseased intestine from Stone's body and then reattached his colon to his rectum. Sadly, the procedure didn't work. "Even though we removed the diseased portion, because his bowel had been dilated for so long, the rest of it couldn't work well," explains Dr. Poenaru. The Rosenbergs were

fully briefed and understood what led to the current outcome. "By this point we had learned to take things one day at a time. It was disappointing, but we knew the team did everything they could," says Tara.

Performing another major surgery was not possible—Stone needed time to heal. The only other alternative was a temporary colostomy bag. "Stone's colostomy bag gave him instant relief. He no longer had cramps or pain in his belly," says Jonathan. "He even nicknamed it 'Stomy'. Funnily enough, it sort of became part of the family." Even though Stone's bag was temporary, Jonathan was determined to make sure he could live as normal a life as possible. He spent hours researching dif-

**“
Stone has been
in and out of
the Children’s
over 60 times,
but never once
did he say he
didn’t want to
come back.
”**

ferent waterproof stoma bags so Stone could continue swimming, and tested dozens of creams to keep his skin clean and healthy around the stoma.

The best possible outcome

Yet even though Stone's colostomy bag gave him relief, it also came with its challenges. "We were in the emergency department on a weekly basis, because his stoma kept prolapsing," says Tara. "I also had to go to his school every three hours to empty his bag." Then in June 2017, Dr. Poenaru felt it was the right time to try the surgery again, but he needed some advice from colleagues at Sick Kids in Toronto and from the world-renowned Colorectal Centre at Cincinnati Children's Hospital. "We appreciated how honest he was with us. He didn't have all the answers and needed some help. It was so real, and only reaffirmed our trust in him and the team," adds Tara.

Stone then underwent a second, seven-hour surgery; another 17 centimetres was removed from his large intestine.

continued >

“Dr. Poenaru and the surgical team spent hours stitching him up because they said every single stitch is important. There’s no room for error,” says Jonathan. And thankfully, the surgery was a huge success. Their son was supposed to be hospitalized for 10 days, but he left after five. By July 2, he was out riding his bicycle with his younger brother, Hunter. “Stone is still on the road to recovery, but he’s now a normal kid,” says his mother.

Besides sushi parties, the Rosenbergs also speak to first-year medical students on a yearly basis about their experience and how important it is for doctors to build relationships with parents. “Medicine isn’t perfect; things don’t always work out the way you want them to, but at the end of the day, the



► Stone and his younger brother, Hunter, were able to ride their bikes together less than one month after his surgery.

trust and the relationship we built with Stone’s surgical team helped us through all of this,” says Jonathan.

“Between admissions and visits to the emergency department, Stone has

been in and out of the Children’s over 60 times, but never once did he say he didn’t want to come back or that he was scared. That says a lot about how special this hospital is.” ●



The Children’s celebrates 115 years

Today’s Montreal Children’s Hospital would be unrecognizable to the pioneering medical professionals who opened the Children’s Memorial Hospital on January 30, 1904. At the time, the hospital, which was located on Guy Street, was the first in Montreal with the sole mandate of caring for sick children.

During this era, many children suffered from infectious diseases such as typhoid fever, tuberculosis and polio, and caring for a growing number of patients required a move to a new location on Cedar Avenue in 1909. The hospital remained at this location until 1956 when it moved to the buildings on Tupper Street.

In 1920, the Children’s became a teaching hospital affiliated with McGill University, beginning a relationship that has resulted in a dynamic and successful teaching and research environment over the years.

The RBC Art and Heritage Centre of the MUHC’s archivist, François Dansereau, has sourced many photos from the hospital’s 115-year history. To see more photos from decades past, visit the Children’s Facebook page the week of January 28. ●

► Patient ward, Children’s Memorial Hospital, circa 1930.
Photographer: Associated Screen News. 2014-0015.04.32.



From scrubs to suits (...sort of!)

Maggie Ruddy becomes the MCH's
new associate director of nursing

By Stephanie Tsirgiotis

Margaret (Maggie) Ruddy always knew she wanted to work with children, and as the new Associate Director of Nursing for the Montreal Children's Hospital and the Women's Health Mission of the McGill University Health Centre, she is able to have an impact on children's health in a whole new way.

Maggie began her career as a nurse in Birmingham, England, and was there until she jumped at the opportunity to work in Vancouver in 1991. After a brief stint at St. Paul's Hospital, she moved on to pursue her dream of working

as a pediatric nurse at BC Children's Hospital. For the next 12 years, she worked on the surgical unit, in critical care and as a nursing educator. Then in 2004, her daughter was accepted to McGill University and Maggie decided to move the whole family to Montreal.

Montreal, a new beginning

That same year, Maggie started her career at the Montreal Children's Hospital in the surgical unit, before moving to the critical care float team and taking on a position as a nursing resource manager. Her experience in both

[continued >](#)

► Top: Maggie Ruddy was head nurse of the MCH's Pediatric Intensive Care Unit for eight years.

“
I see great opportunities in this new role, and I’m very excited about making a difference.
”

areas eventually caught the attention of the Pediatric Intensive Care Unit (PICU) who approached her in 2009 with an intriguing job opportunity: they were looking for a new head nurse.

What had initially attracted her to critical care was being able to focus all of her time and energy on one patient. And what immediately attracted her to the PICU was the team’s multidisciplinary approach to healthcare. “I immediately loved working in the PICU,” she says. “I had never worked in such an environment. It was very humbling working with such professional, yet compassionate people. I definitely found my new home.” During this time, she also completed the International Masters of Health Leadership program at McGill University.

Leading up to the MCH’s move to the Glen site, Maggie was instrumental in preparing the entire PICU team. She was involved in everything from planning the physical space to training staff. “I think we were very successful in how

we planned our move because we got everyone involved in the process,” she says. She asked her team to micro-analyze everything they did on a daily basis to make sure they were well prepared and well equipped at the Glen. “I really tried to get us as much information and exposure to the new site as possible and it really paid off,” she adds.

Settling into her new role

On December 12 last year, Maggie officially began her new role as the hospital’s associate director of nursing. “I see great opportunities in this new role, and I’m very excited about making a difference,” she says.

Maggie now has over 500 MCH nurses under her leadership and 100 more in Women’s Health, which encompasses the Royal Victoria Hospital’s birthing centre, as well as ante-partum, post-partum, and ambulatory care. “My goal in this position is to mobilize change and bring people together,” she says. “When you start learning together, you

start working together, and I really want to promote that atmosphere at the MCH and in Women’s Health.”

Without a doubt, Maggie is passionate about pediatrics, caring for kids, families, caregivers, as well as academic excellence and research. During her mandate, she hopes to move patient safety into a more central place within the hospital and would like to see the MCH become a pioneer for its approach to patient and family-centered, multi-disciplinary healthcare.

She also wants nurses to feel comfortable approaching her with questions or concerns. “As a leader, people might not agree with you, but they need to trust you,” she says. Even with her extremely busy schedule, Maggie is planning on opening up her office one day a week so that people can drop by to ask her questions, or discuss new ideas, concerns or rumours. “If you don’t understand something, please come by and ask!” ●

► Maggie discusses a new quality improvement project with her colleague, Frédéric De Civita.





A day in the life of... two lactation consultants

By Stephanie Tsirgiotis

Lactation consultants (and nurse clinicians) Mireille Béchard and Cathy Deacon spend a lot of time getting to know each mom in the Neonatal Intensive Care Unit (NICU) at the Montreal Children's Hospital (MCH). Over the last 16 years, their team at the Children's has grown from one to five, including nurse clinicians Amanda Camacho, Karine Huppé, and Magdalena Arciszewska, who are all currently preparing for certification as lactation consultants.

Initiating and encouraging breastfeeding

The team not only covers the NICU, but also supports mothers throughout the MCH, including

the Pediatric Intensive Care Unit (PICU), inpatient units, Emergency department, and clinic areas. "Our main role is to promote and preserve lactation," says Cathy. "And then we help mom and baby come together while breastfeeding. Skin to skin contact with baby plays a big part in helping moms produce milk; it also helps both of them get ready for breastfeeding."

Breastfeeding can be difficult for a lot of mothers, especially for those who give birth to premature babies. Some babies, including premature or sick ones, are not yet able to suck effectively. The team teaches mothers how to initiate, support and preserve their milk

[continued >](#)

► Top: Lactation consultants Mireille Béchard and Cathy Deacon review a list of new mothers in the MCH's Neonatal Intensive Care Unit (NICU). The NICU breast milk program is funded by the Rossy Foundation.

supply, usually through the use of a breast pump, until their child is ready to breastfeed.

Every room in the NICU has its own breast pump so that mothers can pump alongside their babies, but they also have to pump at home around the clock to ensure optimal production. Some babies are eligible for pasteurized donor breastmilk from Héma-Québec's milk bank, while their moms try establishing their own production. This process can be especially grueling for a mother of twins, who needs to double their production. "Last year, we had 60 sets of twins in the NICU," says Mireille.

Helping mothers outside the NICU

Their colleague Magdalena is primarily based at the Royal Victoria Hospital (RVH), but the rest of the team can be called upon to offer support to mothers or newborn patients in the RVH's birthing centre, postpartum unit or adult ICU. "We support mothers in all different types of situations," says Cathy. "And at times, we even help moms to better balance or stop their breastmilk production when needed."

The team is also called to the MCH Emergency department to consult mothers who arrive with breastfeeding babies who are ill. "In these circumstances, we need to assess how the baby is breastfeeding and how this relates to their illness. We may need to help these moms produce more milk and/or help baby to become more efficient at the breast. It's important to know that just because a baby is at the breast doesn't mean they're actually eating," says Mireille.



► Mireille helps a new mom of twins breastfeed her son. Last year, the NICU had 60 sets of twins on the unit.

However, if a child is born with a number of complications, they might take longer to learn to breastfeed or they might never completely develop that ability. "In these instances, the child can receive breastmilk through a variety of means," says Cathy. "We meet mothers wherever they're at and help them reach their goals by providing support and information as well as liaise with other health professionals regarding the feeding of these babies."

Working with moms seven days a week

There are over 1,700 lactation consultants in Canada, and 30,000 worldwide, and the field is continuing to grow. Consultants are officially certified and internationally recognized by the International Board of Lactation Consultant Examiners and the certification must be renewed every five years by exam and continuing education.

"Mothers are encouraged to breastfeed exclusively until their child is six months old, so if a baby is hospitalized for a long period of time, there's a good chance we see their mom over 40 times during their stay. We end up developing very special bonds," says Mireille. ●

The MCH's lactation

consultants work

seven days a week

from 7:00 a.m. to

7:00 p.m. Need to

reach one? You can

contact them at 25080.



The Children's carries out successful Code Orange response

By Sandra Sciangula

On Monday, January 14, at 12:06 p.m. a Code Orange was called at the Montreal Children's Hospital. This code is called when numerous people need urgent medical attention. A gas leak at a LaSalle elementary school caused over 40 children to feel ill. Exposure to carbon monoxide can cause cardiac issues and long-term neurological damage, and in severe cases can cause coma and even death.

By 1:15 p.m., Dr. Robert Barnes, Associate Director of Professional Services at the Montreal Children's Hospital, was able to confirm in a press briefing that 12 patients were in stable condition and remained under observation in the Emergency department. Ten patients were transferred to Hôpital du Sacré-Coeur for treatment in hyperbaric chambers. At 4:00 p.m., once patients were no longer being brought to the Children's Emergency department by ambulance, the code was lifted.

The hospital's response to the Code Orange was successful thanks to the many teams involved: everyone in the control centre and Emergency department, the Children's partners at the Royal Victoria Hospital, Hôpital du Sacré-Coeur, CHU Ste-Justine, and Urgences-Santé, as well as the MCH Code Orange working group. They ensure that frequent Code Orange simulations keep everyone ready for real-life situations.

For the most up-to-date and accurate information during a Code Orange, follow the Children's on Twitter [@hopitalChildren](#) and at [Facebook.com/lechildren](#).

Here are a few comments that were posted to the Children's social media platforms:



Chantal Lamontagne

«Un petit mot pour vous dire que Sarah et Noémie vont bien. Sarah a été transporté en ambulance au Children pour être transféré par après a Sacré-Coeur pour passer dans la chambre hyperbare. Noémie a été admis au Children a l'heure du souper. Nous sommes rentrées hier soir tard à la maison. Maintenant on se remet de nos émotions. Un énorme merci à toute l'équipe du Hôpital de Montréal pour enfants — Montréal Children's Hospital; vous avez été d'une humanité et d'une efficacité incroyable. Merci aussi à l'équipe de l'hôpital du Sacré-Coeur de Montréal. Un merci spécial aussi à Catherine Béland qui a été le seul visage de l'école des Découvreurs au Children, a rassuré les enfants qui entendaient leur parents. »



Diana Nidelli

“My son was part of the code orange that took place on Monday January 14. The entire code orange team is to be commended for their professional and empathetic intervention. They are an elite team. Their ability to take charge of a serious situation all the while comforting confused and frightened parents merits thunderous applause.”



Canadian Paediatric Society

“We're relieved that all affected children are in stable condition. Well done to all involved in the Code Orange response!” ●

► Top: Dr. Robert Barnes speaks to a group of journalists during a press briefing about the Code Orange on January 14.