

Chez nous

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Hangin' on to hope

Neurosurgery helps young girl return to a normal life

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Hanging on to hope

Neurosurgery helps young girl return to a normal life

By Stephanie Tsirgiotis

Catherine Nantel still gets emotional every time she thinks back to May 28, 2015. It was the day her daughter's life completely changed. Zoé Sankowski was a normal eight-year-old girl before she started having seizures. Her first one was so serious she ended up in the hospital, but it was by no means her last.

A complete nightmare

Zoé was transferred from her local hospital to the Montreal Children's Hospital Pediatric Intensive Care Unit (PICU) after she began having seizures every 15 minutes. She was placed in an artificial coma for over two weeks while

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► (l. to r.) Dr. Guillaume Sébire, Zoé Sankowski, Dr. Roy Dudley, Catherine Nantel, Eva Sankowski, and Norbert Sankowski.

specialists from different departments tried to figure out what was wrong.

Pediatric neurologist, Dr. Guillaume Sébire, Director of the Division of Pediatric Neurology at the Children's, diagnosed Zoé with autoimmune encephalitis, a condition that occurs when the body's immune system begins attacking healthy brain cells, thus causing the brain to become inflamed.

The inflammation led to the sudden onset of aggressive seizures which significantly impacted Zoé's life. She stopped being able to talk, walk or feed herself. Her parents, Catherine and Norbert, barely recognized their little girl. "It was a complete nightmare," recalls Catherine. "She didn't even know who we were anymore."

Hitting rock bottom

Zoé tried treatment after treatment until finally one anti-inflammatory medication seemed to help reduce her seizures. She was discharged from the hospital and started therapy at the Marie-Enfant rehabilitation centre. "She had to re-learn how to walk, talk and eat," says Catherine. "The seizures had left her in a



► Zoé was initially diagnosed with autoimmune encephalitis, a condition which led to the sudden onset of aggressive seizures which significantly impacted her life.

poor developmental and physical state. She was non-verbal for three months, so hearing her start to speak again was unbelievable."

Over the next six months, Zoé seemed to stabilize, but then she and her parents got more bad news. Zoé's encephalitis had traveled to her cerebellum, a part of the brain that's located behind the top part of the brain stem. Then a few months later, she was diagnosed with

a second serious (likely autoimmune) condition, called aplastic anemia, a disorder that causes the bone marrow to cut down its production of red and white blood cells, as well as platelets. But the bad news didn't stop there; her seizures started up again. "Not only did her seizures get worse, but they were now more frequent," says her mother. "She started falling down every time she had one."

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On the cover: Zoé Sankowski

Cover photo: Thibault Carron

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Dr. Sébire began to think that Zoé was suffering from an underlying issue. “We started to believe that her immune system dysfunction was due to a default in antibody production,” he says, and suggested a new immunoglobulin treatment which targeted the antibodies in her blood in the hopes that they might prevent her body’s immune system from attacking her brain altogether. In combination with the other previously administered anti-inflammatory treatments, the progression of Zoé’s encephalitis stopped, but sadly, it did not decrease her abundant seizures. “At this point, we didn’t know what else to do,”

admits Catherine. “We were completely discouraged.”

One last hope

Pediatric neurosurgeon, Dr. Roy Dudley, was then brought in to look into the possibility of resective surgery, where part of the brain is removed to stop the seizures. “At first Zoé didn’t seem like a good candidate for surgery, because her epilepsy was coming from both sides of her brain and we obviously can’t remove both temporal lobes,” explains Dr. Dudley. “But over time, her electroencephalograms (EEGs) began to show a non-active left side and an overactive

► Zoé had to relearn how to walk, talk and eat.



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”

right side. We decided to run more tests to see if surgery was now an option.”

Zoé underwent an extensive pre-surgical evaluation to determine whether or not she was eligible for surgery and if so, what part of the brain could be removed to stop her seizures. “These tests help us develop a hypothesis about the seizure onset zone, and the borders around it, known together as the epileptogenic zone. We also want to make sure we don’t run the risk of removing part of the brain that could negatively affect speech or memory, or any other important function,” he continues.

After gathering all the data, the results were still not conclusive. Dr. Dudley then suggested implanting stereotaxic depth electrodes into Zoé’s brain, a procedure he plans and performs with world-renowned epileptologist, Dr. François
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► Dr. Sébire and Dr. Dudley study an MRI image of Zoé’s brain after her neurosurgery. The white oval area on the left of the screen indicates where her right temporal lobe was removed.

Dubeau, and a team of experts at the Montreal Neurological Institute. “All the pre-surgical tests we ran helped us create a good hypothesis about Zoé’s problem. It suggested that the majority, if not all, of her seizures were coming from the right temporal lobe, but the electrodes would help us confirm this hypothesis,” says Dr. Dudley.

Tiny holes were drilled into Zoé’s skull. Fifteen electrodes were implanted into the right side of her brain, and two on her left. Over the next nine days, Zoé was monitored closely. The electrodes were connected to a video-monitoring machine that fed all her results directly to the EEG lab where technicians reviewed them every 12 hours.

Over the next week, Zoé suffered approximately seven seizures, all from her right side. “It became evident that all her seizures started in the right hippocampus, which is located in the medial temporal lobe of the brain,” affirms Dr. Dudley. At the end of the session, Dr. Dudley was confident that a complete right temporal lobe resection could greatly improve Zoé’s quality of life. Now it was time for her parents to make a big decision.

Going in for surgery

On April 30, 2018, Zoé was wheeled into the Children’s operating room. Over the next five hours, Dr. Dudley and his team removed her entire right temporal lobe. “The left temporal lobe is involved in language and verbal memory processing, whereas the right temporal lobe is responsible for non-verbal skills, like visual and spatial memory,” explains Dr. Dudley. “Amazingly, the brain is able to rewire itself and the left side can compensate for the right side.”

After surgery, Dr. Dudley showed Catherine and Norbert an MRI image of the right side of Zoé’s brain. A big, white empty hole filled with fluid now stared back at them. “We couldn’t believe that our daughter could function with so much of her brain missing,” says Catherine. “But Dr. Dudley explained that Zoé’s right side was so abnormal, it wasn’t functioning properly to begin with.”

Her family quickly noticed a few important changes. Her voice and the speed of her speech had improved, she was more alert, and she seemed physically stronger. Also, most important, her seizures had stopped – for a little while

at least. “After a couple of weeks, her seizures started up again, but this time they were coming from the left side,” says Catherine.

Dr. Dudley explained that after resective surgery three things can happen: the patient is cured, the patient is not cured, or the patient experiences a ‘running down’ phenomenon, where the seizures decrease slowly over time. “We believe this is what’s happening to Zoé and hopefully over time, her seizures will stop completely on their own,” says Dr. Dudley.

Today, Zoé is doing extremely well. She has a mild seizure every two to three months, but her parents are amazed by how she’s progressing developmentally and physically. Her language has improved immensely, and she can now read, write and do simple math. She’s also started school again, and recently played in a hockey league for children with special needs. She’s even decided to take up soccer this summer. “Even though Zoé still has the occasional seizure, they are now manageable. She can finally have a life again,” says her mother. “And, we finally feel like we have our daughter back.” ●



A day in the life of a... social counselor

By Paul Logothetis

Cory Binning's own upbringing ultimately played an important role in his desire to make a difference in the lives of at-risk kids. Today, he works within a multi-disciplinary team as a social counselor in child psychiatry at the Montreal Children's Hospital, focused on helping children and teenagers dealing with issues related to mental health.

"Working with kids in crisis is something that spoke to me even though I was never exposed to it growing up. I guess I was sheltered," says

Cory. "I thought I'd end up working with kids with special needs, but I was ultimately drawn to this group."

Every day is different

No one day is the same for a social counselor, whose job is to provide stability and focus to a group of young people who could pose a risk to themselves or to others. That's why a daily organized schedule is important — beginning with breakfast. The morning hours provide quiet moments of reflection and give social

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► Top: Cory Binning

“
What makes us unique is that we have flexibility to respond to a crisis on or off the unit.
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counselors the opportunity to engage with patients, all while setting the mood for the day whether it be in a conversation over Cheerios or while booting up the department’s Mac to listen to music or watch sports highlights.

After the patients return to their rooms to get cleaned up and have their vital signs checked by nurses, it’s time for the first therapeutic activity of the day, which can include self-awareness activities, relaxation techniques, or creative group sessions. Some days it also means getting outside to shoot some hoops but, on Tuesdays, it means taking part in a collaborative cooking class with the team’s occupational therapist.

“Not only do we give kids the opportunity to work on skills they can use in their lives, such as coping strategies, but we also want to see how well they can

► Cory discusses a case with one of his colleagues.

accomplish tasks,” says Cory. “So, following a basic eight-to-10 step cookie recipe is a very helpful exercise.”

The patients then pop into school before lunch, offering Cory the opportunity to discuss a patient with colleagues or to begin rounds. This collective time allows the social counselors to come together to share treatment strategies and discuss particularly complicated cases.

Jumping into action

But these moments can quickly be interrupted as social counselors are involved in Code White calls and Cory, as a Code White team leader, leads these interventions. He also trains other hospital staff on how to respond to them.

“Spontaneous activities are a big part of the job. What makes us unique is that we have flexibility to respond to a crisis on or off the unit,” says Cory. “We lead these interventions, so I respond to

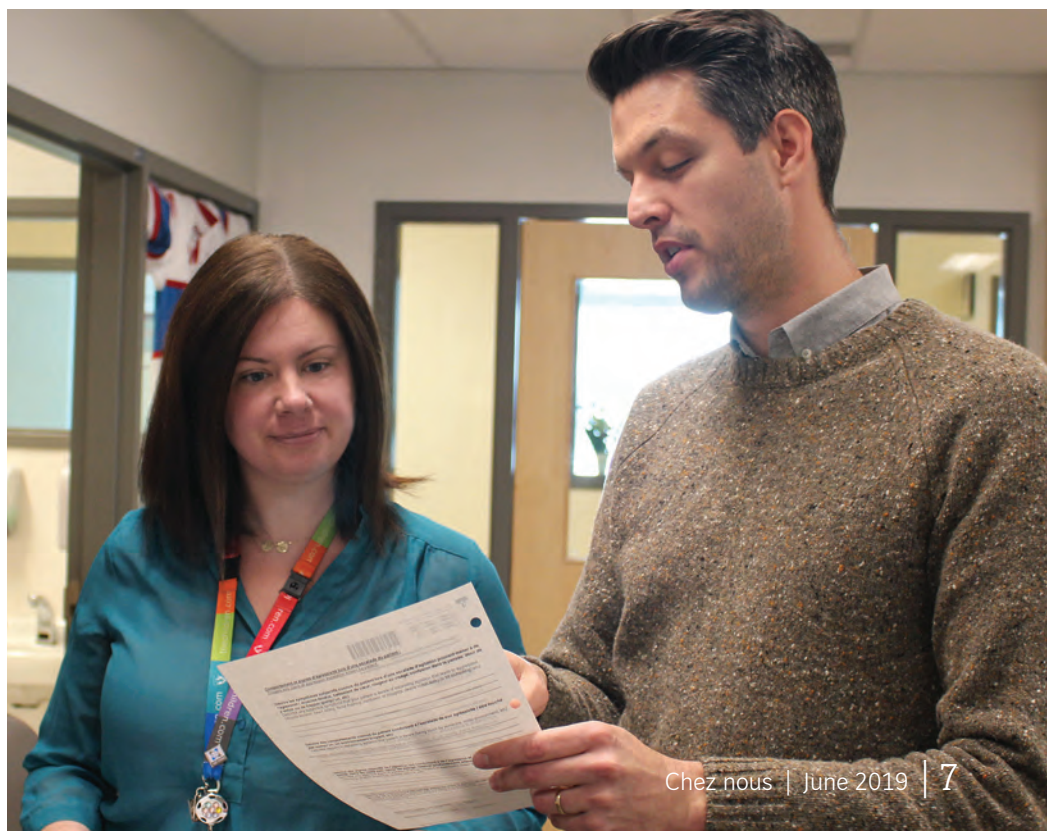
all Code Whites as a team leader. It’s a unique role that myself, and my four colleagues have.”

Social counselors take all debriefs following a Code White very seriously, seeing them as critical for the team’s ability to function successfully. The unit’s Code White team is presently younger than in past years, yet they have still managed to grow stronger together as a team and rally behind one another.

“This could have been a tumultuous period for this group, being as young as we are, but our team has been tremendous,” says Cory. “To see everyone on the same page, everybody healthy and happy, that has been very encouraging for everyone.”

Improving patients’ health

In the afternoon, Cory and the patients spend time reviewing recommendations made by the medical team for
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improving their overall health and well-being. The first assessment looks at the patient's history of conflicting behaviour towards themselves or others. Cory will determine if the patient is improving and, if they are, will decide on how to reward them with some time outside the unit.

The second assessment is a substance abuse checklist, known as a Dep-ado, and is used to gauge how serious the problem is. Cory uses this checklist to decide if additional services are necessary and what recommendations can be made.

At the end of his workday, Cory spends time reflecting on his interactions with patients. Being a father of two has changed his outlook, especially when dealing with frustrated parents who – as



► Cory trains hospital staff on how to respond to Code White calls.

he would be – are looking for answers. “I always have the patient’s best interest in mind and I’m very empathetic to their situation,” he says. “Now that I’m

a parent, I try to treat these kids the same way I would like others to treat my own.” ●

Appointment of new managers

By Maureen McCarthy

This spring, many leadership changes are taking place across the Montreal Children’s Hospital as nearly a dozen managers and senior administrative staff take their retirement and their roles transfer to new people. Randy Robins, who is retiring from her position as Associate Director of Hospital Services and Program Support at the Montreal Children’s Hospital, says the newly appointed managers are all well positioned to take on their responsibilities. “Whether they are current Children’s employees, or new to our hospital, these managers bring a depth of knowledge and experience to their departments, and an understanding of the key issues for the MCH.”

Randy will be replaced by **Frédéric De Civita**, who previously held the position of Assistant — Associate President and Executive Director. Frédéric’s new title is Associate Director of Multidisciplinary Services and Support Programs at the Montreal Children’s Hospital (MCH) and the Women’s Health Mission.



► Frédéric De Civita



► Nathalie Fréchette and Rosanna Barrafato

In the area of Ambulatory Services, **Lynn Lebel** is retiring from her position as Administrative Head, Ambulatory Services & Peri-Op Activities-MCH. Replacing Lynn is **Nathalie Fréchette** who will assume the role of Manager, Pediatric Ambulatory Services. Nathalie was previously the manager of the Centralized Appointment and Referral Centre. **Louise Martin** is retiring from her role as Supervisor — Pediatric Out-patient Clinics, and will be replaced by **Rosanna Barrafato**, who has previously worked in the hospital's Medical Day Centre, Complex Care Service, and Pediatric Surgical Day Centre.

Alexandra Black has been appointed to a newly created position in Quality Improvement. She will start in her new role of Management Consultant, Continuous Process Improvement on July 1.



► Cindy McCartney and Alexandra Black

Sara-Andrea Bazinet recently retired from her position as Manager, Division of Pediatric Dentistry, and **Lynda McNicoll** was hired to assume her duties within the Dentistry service. **Lola Cartier** retired from her role as Clinical Manager, Medical Genetics, and has been replaced by **Mélanie Langelier**.



► Lynda McNicoll

In Respiratory Services, **Pina Diana** is retiring as Manager, and will be replaced by **Lori Seller**, who until recently was the Ethics Counsellor at the Children's.



► Lori Seller and Mélanie Langelier

Dale MacDonald is retiring from her position as Manager, Network and Partnership Programs.

The Department of Nursing has also announced several staff retirements and appointments. **Donna Murray** is retiring from her role as Nurse Manager of Surgical Inpatient Units-B8. She will be replaced by **Amelia Joucdar**, who most recently was at Lachine Hospital. In



► Amelia Joucdar

addition to B8, Amelia will also be responsible for PACU, Pre-op, and Surgical Day Hospital.



► Maryse Dagenais

The Nursing office also announced that **Maryse Dagenais**, who until recently was the acting nurse manager of the Pediatric Intensive Care Unit (PICU), has been officially appointed to the position.

Cindy McCartney has been named Patient Flow, Float Team, and Resource Centre Manager, a newly created position within the hospital.

Margaret Ruddy, Associate Director of Nursing for the Montreal Children's Hospital and the Women's Health Mission of the MUHC, says the department is very pleased to announce the appointments. "These are three very important roles within our department, and we're fortunate to have such experienced and skilled people taking on the positions," she says. ●

Dr. Laurie Plotnick

to head Pediatric Emergency Department

By Maureen McCarthy



Dr. Laurie Plotnick was recently named the new Medical Director of the Pediatric Emergency Department at the MCH. Dr. Plotnick will begin her new responsibilities on July 1, taking over from outgoing Medical Director, Dr. Harley Eisman, who held the position for the past 12 years.

Dr. Plotnick has spent her career in pediatric emergency medicine, a decision she made in her fifth year of residency after serving as chief resident in her fourth year. "During that year, my time was divided equally between Adolescent Medicine and Emergency Medicine, and I soon realized how much I loved emergency medicine, where I could provide care to children of all ages including adolescents," she says. "Then, as now, I loved the acuity of the care, and really being able to help patients and families. I saw it as a perfect blend of what working in medicine means: using our expertise to be there for families when they're at their most vulnerable."

An educational leader

Along with her clinical work in the Emergency Department (ED), Dr. Plotnick has held important educational leadership roles in both the Department of Pediatrics and at the level of McGill's Undergraduate Medical Education. "My focus has been on medical education, mainly in the area of health professions' educational excellence and innovation at all learner levels, in particular innovative learning methods and optimizing education-related collaborations," she says. "When we develop new ways for people

to learn, advance, and flourish, we're ensuring that the patient care experience advances and flourishes too."

Dr. Plotnick also recently led the Women in Medical Leadership Task Force for the Department of Pediatrics, which established 12 Women in Leadership bursaries.

Building on the ED's strengths

Dr. Plotnick, in collaboration with Lyne St-Martin, ED Nurse Manager, will co-lead a team of approximately 115 staff which includes physicians, nurses, clerks and patient care attendants. Her vision for the department ties in seamlessly with her twin passions for people and education, and builds on the team's proven strengths. "Our ED is positioned to be an international leader in pediatric emergency medicine for patients and health care professionals," she says. "There are very talented people at all levels and we want to capitalize on our clinical environment. I'd also like to see us advance our research capacity to enhance patient care." She adds that by strengthening their interdisciplinary and multi-disciplinary collaborations within the hospital, they'll further enhance relationships with their outside communities.

Patients and families at the centre

Dr. Plotnick will maintain her clinical practice and continue to directly care for children and their families in the ED. "Patients and families are so important, they're at the centre of everything we do," she says. "I care deeply about them as well as our staff. We have an amazing group and I want to support them in every way. Much of our work is the first step on a family's journey with us, so what we do has an important ripple effect in the hospital and the community." ●



Tracking down the school bus artist

By Stephanie Tsirgiotis

One of the first things you see when you enter the Montreal Children's Hospital is a little yellow school bus made of clay. For the last 25 years, it has caught the attention of patients and families who visit the hospital, causing them to stop, smile and stare at all the whimsical characters and animals on the bus.

Yet even though the sculpture has been studied by thousands of eyes over thousands of hours, one important detail has always remained a mystery. Who sculpted it? The question had been raised and left unanswered for many years, until Valerie Frost from the MCH Foundation finally figured it out. "I think the

artist might be Patrick Amiot," she wrote to me a couple of months ago. After a quick Google search, I found out that the Montreal-born artist now lives in Sebastopol, California, so I emailed him. "I'm on a mission to track down the artist behind our hospital's beloved school bus sculpture. Is that you?" I asked.

"Yes, Brigitte (my wife) and I made the sculpture many years ago. It was commissioned by Charles and Andy Bronfman after the bust of Lord Dorchester was stolen from the lobby of the old hospital. Charles just asked me to make something fun for the kids. It looks like it still makes

a lot of people smile," he wrote. But our conversation didn't stop there. I wanted to learn more about the couple behind the bus.

Patrick and Brigitte Laurent, both native Montrealers, have been making art together since 1982. "I sculpt and she paints," he says. The couple and their two daughters, Ursule and Mathilde, bought a motorhome and moved to California in 1997 where they've set up a couple of workshops in their local town 45 minutes north of San Francisco.

They've also moved away from working with clay and

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now focus on recycled metal art. Over the years, their urban folk art has spread across their town and one street in particular, called Florence Avenue, is now home to 40 of their sculptures. "It's become quite the tourist destination," he says. "It's kind of like a drive-through gallery." Their daughter, Mathilde, also helps Patrick with welding, while Ursule is more interested in the management side of their business.



► Brigitte Laurent and Patrick Amiot

Both Patrick and Brigitte are self-taught artists and love the energy that comes from being spontaneous with their art. "I think of myself as a storyteller," says Patrick. "People stop by my workshop all the time with items they think I could use for my art. I let each piece talk to me. Everything has a story to tell." Most of his work focuses on his childhood in Canada and life on the east coast. "I do

a lot of hockey stuff," he laughs. In fact, he recently designed a 50-foot carousel for the city of Markham, Ontario, called 'The Pride of Canada Carousel,' where he sculpted 44 rideable sculptures, including a massive moose, beaver, and Canadian Mountie.

With his thoughts never too far from home, Patrick often thinks about his yellow school bus. And so does his

84-year-old mother who still lives in Montreal. "She sends me photos of the bus whenever she comes across it on Facebook," he laughs. "It's amazing how many people take selfies with it! Even after all these years, it keeps on giving. That bus definitely stands out in my mind. I remember visiting the hospital two to three times a week during that first month to make sure it was okay. It's a piece I will never forget." ●

The Caring for Kids Radiothon raises \$1,358,000 for the Children's

On May 29, the Montreal Children's Hospital Foundation and radio stations **CJAD 800**, **95.9 Virgin Radio**, **CHOM 97.7** and **TSN Radio 690**, helped raise \$1,358,000 for the Montreal Children's Hospital.

Twenty patients and their families shared their stories live in the P.K. Subban Atrium and close to a dozen hospital staff members also took part. In 16 years, more than \$24 million has been raised for the Children's thanks to these radio stations.



All funds raised go to the Healthy Kids Fund to meet the most urgent needs of the hospital, which include medical and surgical equipment and funding for innovative projects.



The Montreal Children's Hospital Foundation thanks the **Bell Media** radio stations as well as their Official Partner **Dormez-vous?** and **Miracle Hour** sponsors, **Air Canada Foundation**, **A Bunch of Moms**, **Larente Baksh & Associates-TD Group**, **Otsuka**, **Revolution Textiles & Home Decor**, **SNC-Lavalin** and the **Tenaquip Foundation**.

Thank you also to the dozens of volunteers who answered phones helping to ensure the event's success. ●

