

Chez nous

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Year of the Nurse:

The story of one patient and nurse's special bond

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Hôpital de Montréal
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Montreal Children's
Hospital
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A lasting impact

By Paul Logotheitis

The impact of a nurse's role in patient care, especially with sick children and their families, can last a lifetime. Charlize Aragona-Turgeon, 12, is a testament to this. Charlize underwent life-saving, open-heart surgery two months after she was born, sending her parents Chantale Turgeon and Mike Aragona on a weeks-long, emotional roller coaster inside the Montreal

Children's Hospital. Uncertainty and fear mostly surround those early memories. But the trepidation they felt quickly evaporated thanks to the efforts of nurse Elissa Remmer, whose tenderness and reassurance comforted the family and contributed to building a long-standing friendship that continues to this day.

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► Top: Elissa (left) and Charlize during one of their typical get-togethers at the Children's.

“Nurses are everything in the relationship you have with the hospital. Knowing a nurse will look after your child when you have to leave the hospital, watching and caring for them when you are not there is so comforting,” Chantale said. “It’s a calling to be a nurse – they go above and beyond, and matter so much to families.”

A special privilege

The World Health Organization (WHO) is celebrating the work and impact of nurses in 2020 through its ‘International Year of the Nurse’ campaign. The impact of nursing at the Children’s has been felt since 1905 when the hospital opened its own training school. When training moved to CEGEPS and universities in 1970, nurses were able to focus on direct care as the professional role of nurses at the MCH expanded, with a family-oriented approach always being the focus.

For Charlize’s family, there is no doubt this philosophy has had an effect on their lives.

Their odyssey started nine days after Charlize’s birth on June 24, 2007, with



► Mike comforts his daughter Charlize following her open-heart surgery.

her first visit to the Children’s for tests that determined she suffered from coronary heart disease. Charlize was hospitalized in intensive care less than two months later because of cyanotic

episodes. On August 30 – the same day as Chantale and Mike’s wedding anniversary – Charlize underwent open-heart surgery to correct a double outlet right ventricle that mimicked

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On the cover:
 Charlize Aragona-Turgeon

Cover photo: Thibault Carron



► Elissa was part of Charlize’s critical life moments from the time she arrived at the Children’s.

Tetralogy of Fallot (a type of heart condition that requires corrective pediatric cardiac surgery). Charlize’s parents were told she would need a pacemaker and that there would likely be complications, including multiple surgeries and even future heart blockages. But heart surgeon Dr. Christo Tchervenkov’s expertise meant Charlize avoided the pacemaker and never suffered any serious complications.

“When Charlize was discharged from surgery to the intensive care unit it was the first time it all sank in for me as a mother. I broke down in front of the nurse’s station and Elissa came to me and pulled me into a room to talk – she basically caught me,” Chantale remembers. “She then kept checking in on Charlize regularly, she would come by and care for her, and when we were first able to hold her again she was the

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one who brought her to us. She was part of all these critical life moments. As a parent, you think your child is dying and she was like, ‘this is not a problem, we’ll take care of her.’”

“Charlize was such a tough, cute little baby - I remember her smiling so easily even though she had just had her surgery. She wanted to get moving again!” Elissa says. “Getting to know families when they are at their most vulnerable is a privilege that we hold, and one of our great responsibilities.”

A friendship is born

Charlize is aware of Elissa’s impact on her family from the stories her parents have recounted.

“I find it lucky to have a friendship with Elissa because it’s rare to have a friendship with someone who took care of you. It’s not every day that nurses

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2020: Year of the Nurse

Chez nous is celebrating the WHO's initiative highlighting the pivotal role nurses play in our health care system, which includes providing a broad range of essential health services that touch the lives of patients, families and the MCH community. If there is a particular nurse story you believe deserves highlighting, please contact us at mchpr@muhc.mcgill.ca

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become friends with their patients,” Charlize says.

Elissa is about to celebrate 15 years at the MCH, where she has worked in a variety of positions, including on the



surgical unit, as a bedside nurse in the Neonatal Intensive Care Unit (NICU), a wound care nurse, and with the Acute Pain Service. She is currently a Nurse Practice Development Educator in the NICU. Wherever Elissa found herself working inside the hospital, Charlize and family made a point to visit and catch up whenever an annual or biannual appointment was scheduled; Mike even got on the phone once from San Francisco when away for work to ensure

Elissa knew exactly where Charlize's appointment was so the visit would not be missed!

Elissa cherishes the long-standing relationship she's developed with the family since Charlize's surgery and, besides the hospital visits, feels lucky to be able to follow Charlize's life in person and see her personal feats through social media.

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“Guidance and support are key aspects of what nurses do. But, more important, I think, is simply being present and there for families for whatever they are going through. Kids are some of the toughest creatures on earth - parents are often the ones who suffer most as they watch their kids go through surgeries and treatments,” says Elissa. “At its core, nursing is about seeing the humanity in all situations. The Year of the Nurse is a wonderful way to highlight the importance of what we do.” ●



► Charlize with her parents, Chantale and Mike.

► Below: Charlize’s family (from left to right): Chantale, Charlize, Kyle, Mike, Grace, Melyssa and Cleo, the family dog.





A day in the life of a... Nursing Resource Manager

By Maureen McCarthy

Susan McIlvinney is one of a small team of nursing resource managers (NRM) at the Montreal Children's Hospital. She and her colleagues Carmela Jumeras, Atif Abbas, Michelle Bayard and Barbara Cooke—all nurses with bedside experience—play a key role in ensuring that nurses have the tools and support to do their work. "We don't manage any individual nursing team—that's the role of the nurse manager on each unit," says Susan. "But off hours, we take care of any hospital issues, any bedside nursing issues, and coordinate hospital bed flow. On the units, we're the resource and back-up for any issues or problems that cannot

be managed or solved by the nurses in charge. We offer the support they need to provide the best, safest patient care possible."

A key factor that distinguishes this team is that they are rarely seen at the Children's during the day from Monday to Friday; they work evenings, nights, weekends and stat holidays.

Susan has spent her career at the Children's and has worked in her current role for 10 years. She says it's a job that is constantly evolving. "It's the unknown, the problem solving that

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► Top: Susan McIlvinney and Atif Abbas are part of the Children's Nursing Resource Managers team. At the end of every shift, the managers do a handover where they review the key issues of that day.



► Kelly Goudreau, Assistant Nurse Manager, B8, and Susan consult the *Tableau de lit* to review the latest information on patient admissions to the unit.

I really like.” As anyone working on the units knows, patient needs don’t follow a strict schedule, and many hospital services are only available during regular hours. Susan and her colleagues work to remedy those situations. “It can be as simple as finding a necessary medication after the pharmacy is closed,” she says. “We keep inventory data from every unit so we can arrange to transfer meds if needed.”

From bed huddle to unit rounds

From Monday to Friday, the nursing resource manager starts work at 3:15 in the afternoon. Susan describes how the evening shift rolls out. “I touch base with Cindy McCartney, who’s the Nurse Manager for Patient Flow, to find out the key issues for that day, and do the handover. Then I’m off to the afternoon bed huddle meeting in the Emergency Department conference room,” she says. “The assistant head nurse from each inpatient unit also attends the meeting, and they bring valuable unit-specific info such as bed counts,

possible discharges, and any essential info the NRM needs to make bed flow decisions.”

At 5:00 p.m., Susan starts rounds on all the units. “The face-to-face meetings with staff are really valuable because it gives us a chance to take the pulse of what’s happening and see first-hand what’s needed.” At the end of her shift at 11:15 p.m., Susan meets with whichever of her colleagues is scheduled for overnight. “We give really detailed handovers to each other, and go over all important details they need to know to take things through to the next morning.”

On weekends and stat holidays, the NRMs work 12-hour shifts, so they are in charge of the morning bed flow meeting and do morning rounds on the units as well as afternoons.

Responding to codes

One of the key responsibilities for the NRM is to respond to all codes called

at the Children’s. “No matter where we are or what we’re doing, when a code is called, we head straight there,” says Susan. “During a code, we make sure that the team involved has everything they need, which could be anything from extra people to an IV pump.” Regardless of the type of code, by being on the scene, they can evaluate the situation as it’s happening. “We’re the eyes and ears on the ground, so we also act as an information resource for anyone in the hospital who needs to be kept up to date.”

Within the past two years, the nursing resource managers have been involved in three Code Orange events: one a simulation exercise, and the other two the real thing. “Every unit in the hospital has a Code Orange staff fan-out list. One of our jobs is to coordinate and sign in all extra staff coming in to respond to the code. The simulation exercise was a really valuable planning experience for when the real thing happened,” she says.

Little things make a big difference

Susan has many examples big and small of how the nursing resource manager supports staff in providing care. She recounts the story of a young boy who was given the green light to go home on a Saturday but was missing an essential piece of equipment that would allow him and his family to leave. “I tracked it down for the nursing team and as a result, the family headed home right after that,” she says. “It might seem like a small thing, but without it, they would have had to wait until Monday. It was really nice to help make that happen.” ●

PICU Green Team!

By Paul Logotheitis

“Through history, the most important changes in society have come from the bottom up, from grassroots,” Greta Thunberg told half a million people at Montreal’s climate march in September. The Swedish teenager’s call aligns with the beliefs of Vanessa D’Aquila, a Registered Nurse Clinician at the Montreal Children’s Hospital, who is leading a green initiative in the Pediatric Intensive Care Unit (PICU).

Inspired by Greta’s call to action – “I was blown away by the amount of people coming together for such a common purpose,” says Vanessa – and with the support of PICU Nurse Manager Maryse Dagenais, Vanessa formed the PICU Green Team. The aim is to promote more environmentally friendly practices within the PICU by encouraging improved recycling practices, lowering paper consumption, promoting reusable habits and encouraging new green initiatives. Vanessa has been buoyed by *L’Ordre des infirmières et infirmiers du Québec (OIIQ)* which has called to nurses across the province to have a positive impact on climate change.



Inspired to act

“We all have the opportunity to make greener decisions in our work and personal lives, and to promote change for the wellbeing of the planet,” says Vanessa. “I am doing my best to promote recycling initiatives on my own unit and to share

this information with my colleagues for sustainable purposes. Simply educating colleagues on the recycling measures already put in place by the MUHC is a big step ... it’ll encourage them to make greener decisions moving forward!”

Vanessa’s ‘Green Guidelines’ can be found throughout the PICU in small, bilingual signs



► Vanessa (right) collaborates with Rebecca to promote and execute greener practices in the PICU.

pointing out where to recycle batteries, reminders to use reusable cups and refillable water bottles (to limit plastic and Styrofoam use) and to ensure materials brought into patient’s rooms are not wasted, including during prep. PICU’s printers have also been programmed to no longer emit fax receipts unless a document has been unsuccessfully sent. Recyclable materials (such as thin cardboard boxes and certain plastics) are gathered and manually taken to the recycling bay, although in the coming months each unit’s Transit-Material room will be equipped with blue recycling bins to make it easier to do.

An engaged institution

Vanessa’s short-term goals are causing a cultural shift inside the PICU, and there is a long-term plan of building towards promoting sustainable green initiatives. The MUHC recently began a Sustainable Development Committee, a multidisciplinary body with representation from numerous departments with the authority to influence and recommend green initiatives across all of our sites. Every step is positive because of the complexities of the health-care environment, where strict practices to protect patient populations often require the use of single-use, disposable supplies.

“Waste reduction on a patient unit like Vanessa’s takes a lot of forethought, discipline and innovation,” says Rebecca Burns from Planning, programming and research, Environment Services and Technical Services. “Vanessa’s energy and determination is inspiring and is shared by an overwhelming number of staff across the MCH. I look forward to working with them to expand these initiatives across the hospital.” ●

MCH Operating Room (OR) team awarded prestigious Excellence in care prize from the FMSQ's annual Interdisciplinary Educational Day (IED)

Congratulations to the Operating Room (OR) team at the Montreal Children's Hospital, who were recently awarded the Excellence in care prize from the *Fédération des médecins spécialistes (FMSQ)* during its 12th annual Interdisciplinary Educational Day (IED) in November. The prize honors innovative and interdisciplinary projects that have contributed to improving access, efficiency and quality and safety of care.



The prize highlights an interdisciplinary training program the OR team put in place in 2014 to better deal with the management of resources during critical situations. The 90-minute monthly program is based on simulation and is conducted in the operating and recovery rooms with anesthesiologists, surgeons, nurses, respiratory therapists and patient care attendants. The main goal is to improve patient safety during a crisis. This program has been inter-professional since its inception. To date, more than 200 participants have participated in more than 35 sessions.

As a result of these training sessions, participants have not only improved their knowledge but have noted better communication, sharing of tasks and flagging of potential safety issues. These have led to better productivity, standardization of processes and helped improve patient safety in everyday clinical work as well.

Join us in congratulating them for this exceptional honour. ●



When and how pediatric anaphylaxis cases reach emergency

Dr. Moshe Ben-Shoshan is leading an effort to improve the management of anaphylaxis in hospital and pre-hospital settings.

The pediatric allergist and immunologist from the Montreal Children's Hospital has published a study in *The Journal of Allergy and Clinical Immunology: In Practice* related to findings from the Cross-Canada Anaphylaxis Registry (C-CARE) and assess gaps in treatment of anaphylaxis. The focus is to provide data on arrival modes and timing of arrival to the Emergency Department (ED) and what steps have been taken to stave off a severe allergic reaction.

"It doesn't matter how you arrive – arrive as soon as possible to the hospital because the critical period to treat

an anaphylaxis reaction is the first hour," says Dr. Ben-Shoshan, whose study came from the Research Institute of the McGill University Health Centre (RI-MUHC). "Currently there are no clear guidelines regarding the best mode of transfer to the ED and it is not established if most arrive within the first hour, a critical time interval regarding anaphylaxis management."

Almost 600,000 Canadians will experience anaphylaxis in their lifetime and recent studies have shown an increase in ED visits for food-induced anaphylaxis in pediatric patients. With death due to anaphylaxis occurring as rapidly as 30 minutes after exposure to food, 15 minutes for insect stings, and 5 minutes for drugs, method and timing of transportation to the ED is crucial.

Dr. Ben-Shoshan concluded that education programs targeting older children with anaphylaxis and promoting early arrival to the ED are required. ●