

Chez nous

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

SPRING 2021



Pushing the limits: Hannah's story — page 4

Hôpital de Montréal
pour enfants
Centre universitaire
de santé McGill



Montreal Children's
Hospital
McGill University
Health Centre

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A year of challenge and innovation

A Message from Senior Management



► Left to right: Margaret Ruddy, Associate Director of Nursing, MCH and the Women's Health Mission of the MUHC; Frédéric De Civita, Associate Director of Multidisciplinary Services and Support Programs, MCH and the Women's Health Mission of the MUHC; Dr. Robert Barnes, Associate Director of Professional Services.

Last March when COVID-19 began to dominate the headlines and take over our day-to-day lives, none of us probably had any idea where we'd be one year down the road. But here we are, and it's been a challenging year to say the least. The challenges have come in many forms and on many fronts as we've all had to learn new skills, adapt our working environments and even radically change how we work to always ensure everyone's safety, from our patients and families to our valued colleagues as well.

During the first wave last spring, we had to undergo a major shutdown of our patient care services in most areas. We eventually ramped up our services again, and as the second wave of the pandemic came into view, we were well prepared to support our pediatric activity.

It would be enough to say you've all met these challenges with success. Yet there are so many incredible stories and examples of staff who have also found ways to go above and beyond to solve new problems with creative and resourceful solutions.

Some of these initiatives have meant helping our colleagues on the adult side. Early in the pandemic, when patient admissions at the Royal Victoria Hospital (RVH) were getting close to capacity, the Children's B8, B9, and PICU admitted adult patients to their units for the first time. The initiative was a great success. More recently, the Children's was able to offer its CT technologists and equipment to help reduce the wait times in adult radiology services. As well, many of our allied health professionals worked in the COVID-19 testing centre onsite at the Glen.

It wasn't only at the MUHC that our staff stepped up. During wave 1 and 2 of the pandemic, a number of nurses and respiratory therapists went to other hospitals to provide support. At various points, nurses, allied health professionals and physicians from the Children's transferred temporarily to other hospitals and CHSLDs in the Montreal region. And in December, a group of nurses from the Children's answered the call to work in several hospitals and CHSLDs in the Saguenay.

Many Children's staff who had the opportunity to work with their adult counterparts this past year say there has been a lot of mutual learning, and an increased appreciation and respect for everyone's role. What's more, people are getting to know their counterparts better. If there's a silver lining in all of this, it's that the challenges we've faced have encouraged innovation and opened the doors for more collaborations in the future.

From the time we resumed our normal activities after wave 1, the Children's has managed to work at full capacity which is a testament to your ability to deal with tremendous change and always put our patients first.

With the vaccination program in the works, the finish line is coming into sight. We are truly proud of everyone on the Children's team and extend our sincere thanks to all of you. ❁

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

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Graphic design: Vincenzo Comm Design inc.
Photography: Stephanie Tsirgiotis, Maude Samson, Alexandra Black
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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 mchpr@muhc.mcgill.ca.

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

On the cover: Hannah with Dr. Sam Daniel (l.) and Dr. Michelle Ryan (r.)

Cover photo: Stephanie Tsirgiotis

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Pushing the limits: Hannah's story

Baby undergoes a Canadian surgery first to avoid tracheostomy

By Stephanie Tsirgiotis

There are some patients who mark the lives of the people on their healthcare team forever, and that is exactly what 20-month-old Hannah did to neonatologist Dr. Michelle Ryan. “She was my first primary,” Dr. Ryan says with a smile. “And I will never forget her or the journey she went through.”

A ROUGH START

Hannah was transferred to the Neonatal Intensive Care Unit (NICU) at the Montreal Children's Hospital (MCH) immediately after being born when a nurse noticed

she wasn't breathing properly. “I only saw her for a couple of seconds before they rushed her off to the Children's,” says her mother, Chanez. “I didn't know if I'd ever see her again.”

The newborn had to be intubated in order to stabilize her as she had already lost a lot of oxygen. Once at the Children's, Dr. Ryan became her primary neonatologist and her family's main point-person. “Right away we knew this was going to be a complicated case, because every time we tried to extubate her, she

became very distressed,” says Dr. Ryan. “Many of the hospital's sub-specialists began following her.” Over the next month, Hannah underwent a number of tests, including genetic testing, to figure out what was behind her airway issues.

Her team discovered that Hannah was suffering from a very rare condition that caused her vocal cords to slam shut every time she tried to breathe. Normally, a person's vocal cords open when inhaling in order to allow air to flow into the lungs; but this was not the case for Hannah.

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► Top: 20-month-old Hannah

THE WAITING GAME

Dr. Sam Daniel, pediatric otolaryngologist, ENT surgeon, and Division Director of Otolaryngology-Head and Neck Surgery at the MCH, was contacted to take a closer look at Hannah's case. "The nerve inside the muscles that opened and closed Hannah's vocal cords was not working properly. In many children, the nerve recovers over time, so my role was to perform a number of surgical interventions in order to buy enough time for the nerve to recover naturally," he explains.

Hannah underwent different surgical airway interventions, including having Botox injected into the muscles around her vocal cords. The drug temporarily paralyzed the muscles that were still active and were causing the cords to close. This allowed enough airway opening to permit adequate oxygenation. A chal-

lenge with botox injections is that the effect only lasts a few months.

Her mother, Chanez, remained by her side, day in and day out, as the team waited for her condition to improve. During this period, Hannah also began making great developmental strides. "We could see she was making progress and developing fairly normally," Dr. Ryan explains. "We could also tell that she was growing into a very bright little girl. But with Hannah, you always had to be ready for the next surprise, because every time we thought we were making headway, she'd throw something else at us. She kept our NICU very busy."

PUSHING THE LIMITS

After a few months, Dr. Daniel decided to perform an electromyogram (EMG) test to see if the nerve was starting to repair

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itself. "In Hannah's case it became clear that her nerve damage was permanent," he says. "We began discussing what to do next, as our goal was to get Hannah home with her loved ones."

Typically, in these cases, a tracheostomy is performed, but Chanez and her husband were hesitant about the idea and asked the team to look into other options. "We didn't want her to be limited in any way, and we felt very strongly about exploring other solutions," says Hannah's mother. "Dr. Ryan and Dr. Daniel immediately got on board; they really were a 'Dream Team' for our daughter."

Dr. Daniel knew about selective reinnervation of vocal cord muscles, but nobody in Canada had ever performed one on a child so young. He approached Hannah's parents with a new plan: to transfer a working nerve and muscle unit from Hannah's neck and implant it inside the muscle that controls her vocal cords.

A CANADIAN FIRST

After the family agreed to the surgery, Dr. Daniel continued to administer Botox injections until he felt Hannah was old enough to undergo a nerve/muscle unit implantation. Once she was ready, he

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▶ Hannah spent 13 months in the Children's NICU.

put together a team of MUHC surgeons to perform the surgery. “We knew the new nerve wouldn’t start working right away, but that by placing an innervated muscular graft on the paralyzed muscle, we would selectively activate the paralyzed muscle, helping Hannah regain the proper functioning of her vocal cords,” he explains. “Over time the neuromuscular junctions sprout from the donor graft to the paralyzed muscular fibers like the roots of a plant. It’s really quite remarkable.”

Two weeks after the surgery, Hannah was stable enough to go home after spending the first 13 months of her life in hospital; but her doctors were still not sure if the implantation was a success. Over the next six months, Dr. Daniel planned to monitor her closely to see if there was any improvement. After her first endoscope a month later, Hannah’s parents received some very promising news. There was movement in her muscle; the nerve had already anchored itself. She wouldn’t be needing a tracheostomy. “Hannah’s parents refused to settle for



► Two weeks after her surgery, Hannah was stable enough to go home.

the norm. Together we pushed the limits of traditional options, and I am so grateful we did,” says Dr. Daniel.

Since going home, Hannah has been thriving. She recently learned to walk and is starting to sing and talk. She still visits the hospital regularly, mostly for follow-up appointments with Complex Care Service, but her mother is thrilled by the progress she’s made in such a short period of time.

“I am so grateful for the Children’s and everybody in this hospital, especially the NICU. They did so much for Hannah during her first year of life. Everyone was always so human. In my heart, I just knew that everything was going to work out for Hannah. Life throws you things, but it’s up to you to accept them and continue to move forward.” ❁



► Hannah and Dr. Michelle Ryan



Leonard Johnston:

After 30 years at the Montreal Children's Hospital, beloved housekeeping manager retires

By Stephanie Tsirgiotis

For the last 30 years, Leonard Johnston has gone out of his way, time and time again, for the Children's and its patients. He was a hands-on housekeeping manager; never afraid to grab a mop and bucket, speak his mind or fight for what he believed in. Spectra-link in hand, Leonard could always be found on the units making sure every square inch of the Children's was cleaned to the hospital's standards. For more than three decades, Leonard felt like the MCH belonged to him. He would joke that as long as he stood in this building, he owned it, and he definitely did. And then on December 11, 2020, he walked out of "his doors" for the last time.

JUMPING RIGHT IN

Before working at the Children's, Leonard was a truck driver. He delivered meat to restaurants around town and particularly enjoyed the free-

dom and manual labour that came with the job. Growing up in Pointe-St-Charles to a father who worked on the docks, he was surrounded by men who spent their lives working with their hands. After his delivery job came to an end, he became a mover with North American Van Lines, and spent his weekdays working in Belleville, Ontario.

With his young family still in Montreal, the long distance began to take its toll, and he started searching for more steady work closer to home. So, when a friend of his suggested he replace someone in laundry at the Children's for a four-week stint he jumped at the opportunity. "After the first two weeks were up, I headed over to pick up my pay cheque, but they didn't have me in the system. They asked who hired me, and I said George did. 'Oh that George,' they said. 'He's always hiring people and not telling us.' And

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► Top: Leonard Johnston



► (l. to r.) Paula Sandiford, a housekeeping attendant, and Leonard Johnston. He loved mentoring his team.

that's how my career at the Children's started," he laughs.

Thankfully, that lapse in communication led to more job opportunities for the young father. In September 1989, after finishing up four weeks in general stores, Leonard headed over to the OR to deliver a package to the head nurse. "She asked me what I was doing next and I said nothing, so she offered me a job as a ward aid. I had no idea what a ward aid was," he says. "She told me I'd be changing babies, helping nurses lift patients, spending time with psychiatry patients. I decided to go for it and started that Sunday. Staff were definitely surprised to see me, because all the ward aids were women at the time."

For the next four years, Leonard took care of the MCH's chronic patients on 5C1; bathing them, moving them from their hospital bed to their wheelchair, and getting them ready for school. "Most of these patients had orthopedic problems. They actually lived in the hospital for years, and went to school every

day. I still remember all of their names." Leonard loved helping the nurses and spending time with the patients, and eventually the position evolved into today's patient care attendant (PCA).

SWITCHING CAREERS

On Leonard's first day being trained as a PCA in the Pediatric Intensive Care Unit (PICU), the team got a call about an unconscious newborn baby. "We all rushed down to the Emergency Room and there, lying right in front of me, was my niece," recalls Leonard. The tragic event shook Leonard deeply and it was the moment he decided to switch careers. "Dealing with life and death on a regular basis was too much for me. I needed to pursue something else." A position in Housekeeping opened up and Leonard began working two full-time jobs until he was offered a full-time day shift in Housekeeping. "I liked the switch. It was more manual labour, which I liked and was comfortable with," he says.

He also enjoyed the freedom that came with working on the floors. His first day

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shift was a replacement shift in oncology on 8D. "It was hard seeing these young patients battling cancer. It really took a lot out of me," he remembers. "Even when I was working as a PCA, up on 7C1 and 7C2, I'd see these kids come in with horrible head injuries. At the time, my eldest son Cory had just started riding his bike. I remember running out and giving him a hockey helmet so he could ride his bike safely. He was the only kid on the block with a helmet, but I didn't care. He thought I was crazy, but working at the hospital definitely changed the way I parented my kids."

When Leonard first started working evening shifts in Housekeeping, his boss was Irvin Morrison, a rough-around-the-edges-heart-of-gold type of boss. "He taught me so much and we're still close today," says Leonard. "He really believed in me." Over the next few years, Leonard gained the respect of his teammates and superiors and became interim manager for years before officially moving into a management position in
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September 2008. "I always loved training people and being a mentor to them. I really loved my team. And I especially loved the Children's."

For Leonard, the entire atmosphere of the Children's was special, from its people to its patients, to the old building itself. "Everybody was always so nice, easy to talk to, and respectful. I know sometimes housekeepers are not respected, but I made it clear to my team that we are on the same level as everyone else. We all have an important job to do in this hospital."

PHOTOS, MEMENTOS AND LOTS OF MEMORIES

Leonard's last day of work was an emotional one. For several weeks, he made his way around the hospital to say goodbye to all his friends and colleagues. It was difficult saying goodbye without being able to hug anyone. Before he left, he was gifted a book with farewell notes from everyone at the Children's. "It really hit me when I got home and opened up the book. I took a full day to read through all of them."



► Leonard sits in the P.K. Subban Atrium with his son, Eric Johnston, interim housekeeping manager at the Montreal Children's Hospital.

He also began going through old photos and mementos; and began reminiscing about MCH Halloween parties, The MCH Gong Show, and the time he played in hockey tournaments with Drs. Robert Barnes, Kenneth Shaw, Roman Jednak, and Emmett Francoeur. "We also had a hockey house league at one point. It was made up of all the Technical Services guys and a bunch of housekeepers and PCAs. We played at the Verdun auditorium every Friday night," he recalls.

He even found a thank you note from security for helping a crew of firefighters look for 40 lbs of dynamite right outside the Children's in February 1995. "At that time, we'd call a 'Mr. Cricket' over the intercom for a bomb scare. I went with the firefighters outside the ER to check it out. There was this wired fence out back and the firefighters told me to climb under the fence and look for a package, so I did it," he laughs. "I guess they thought

► Leonard worked as a patient care attendant for many years before moving into housekeeping.

I was a sniffer dog! Thankfully, it ended up being a prank call."

Leonard's I-can-do-it attitude will forever be remembered and missed at the Children's and the reason why he won not one, but two Awards of Excellence. "Winning those awards was a real shocker to me," he says. "I feel like an Academy Award winner in my heart." And it was that big heart of his and his love for the Children's that inspired all three of his children, Cory, Eric, and Angela, and his wife Susan, to work at the hospital. "It was awesome seeing my kids at work every day. I only heard good things about them, which made me so proud of them and the jobs they had. It makes you feel like you did something really good in your life."

"Becoming part of the Children's family was one of the best things to happen to me. It truly changed my life. There's so much caring and fun that happens in this place at the exact same time. Everyone puts 110% into everything they do. We always help each other, look out for one another and care so much for our patients. A lot of my older colleagues have retired, and a lot of new people have come in, but the same compassion is still there. The Children's just keeps breeding good people." ❄️



Agir tôt:

Brain, Development and Behaviour clinics at the Children's expand services with new funding boost

By Maureen McCarthy

MSSS province-wide funding aims to improve screening and services for children with developmental delays.

For children aged 0 to 5 years with suspected developmental delays, the importance of timely diagnosis is critical.

Unfortunately, wait times in Quebec for services and interventions have not always allowed for that so in an effort to address the issue, the Ministère de la Santé et des Services sociaux (MSSS) recently launched a new program, *Agir tôt*. Through funding and support to the health network, the program aims

to reduce wait times for identifying and referring children with developmental delays for stimulation and support screening, as well as increasing intervention and diagnostic services for those who need it.

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► Speech Language Pathologist Vanessa Cervini works with a young patient. New funding has allowed BDB to expand and reorganize its clinics and reduce wait times for many children.

The program includes tools for CLSCs and community physicians, support for CIUSSS and CISSS organizations to build up their frontline services related to neurodevelopment, and funding for pediatric CHUs like the Montreal Children's Hospital (MCH) to increase services to children with more complex needs who are referred to the hospital.

A BRIGHT SPOT DURING THE PANDEMIC

Maia Aziz, Clinico-administrative Head, Allied Health Services, MCH, is a member of the Core Committee for Brain, Development and Behaviour (BDB) at the Children's. "We applied for the *Agir tôt* funding in late 2019 but when the pandemic hit, we just assumed nothing would be happening for a while," she says. "Then this past November, we learned that the funding was coming through and we could start hiring new clinicians. It was such a bright spot after so many months dealing with the pandemic. Our team was so uplifted by the news."

The *Agir tôt* funding has already made a huge difference in how BDB provides services. "Part of the mandate was adding 9.5 full-time (FTE) multidisciplinary clinical positions and we were fortunate to fill most of them in just a few months," says Maia. "It allowed us to expand and reorganize the BDB clinics and start seeing children in a more timely way."

Maia credits the BDB Clinics Leadership Group, made up of Allied Health professional and clinic coordinators and their physician partners, for their work in organizing the clinic expansion and changing the assessment model. They've also been working closely with their community partners to improve how children and their parents move freely between the Children's, community partners, schools, and other organizations depending on their needs.

INCREASED TELEHEALTH SERVICES

Expanding BDB services happened around the same time that new tools and protocols such as the green screen developed by the hospital's speech language pathology service were created to adapt to the pandemic. "We still see a fair number of patients in person, and some of our tests really have to be done in person," says Maia. "But whatever we can do by telehealth, we're doing it. Beyond providing ways to help us adhere to pandemic protocols, telehealth can also ease the burden of traveling back and forth to the hospital for some families who are already dealing with so much. Our plan is to continue with a hybrid model in the future."

SHORTER WAIT TIMES, BETTER LONG-TERM OUTCOMES

One of the next steps of *Agir tôt* will be the introduction of an electronic screening platform rolled out across the province later this year that will allow clinicians to conduct standardized screening questionnaires with families.

In the few months since receiving *Agir tôt* funding, BDB is already seeing reductions in their waiting list. Maia says it has really brought new energy to the team. "We've been able to increase our capacity to assess and diagnose, and any move in that direction is always good news. There's so much research showing the impact of early intervention on long-term outcomes, and seeing children as early in the process as possible is incredibly important. With these new resources and support, we're getting much closer to that goal." ✨

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A year of doing things differently



By Maude Samson and Stephanie Tsirgiotis

A year ago, no one could have expected what the next twelve months had in store. The pandemic has pushed our teams to come up with innovative ways to treat our patients, help our adult counterparts, and support the community at large; and we managed to do all of this while still delivering the same quality of care. Here are some examples of how we've adapted over the last year...

PICU, B8, B9 welcomed adult patients

Since the first wave, our B8, B9 and PICU teams have cared for adult patients who were moved to our units in order to free up beds across the MUHC. Our healthcare teams, including everyone from our respiratory therapists to child life specialists, had to adapt to this new age group and the challenges that came along with it. From delivering babies to helping adults with their post-operative care, they did it all. In total, the Children's has cared for a total of 91 adult patients since the beginning of the pandemic.



► Our PICU team received two adult patients in the first wave, and 11 patients in the second.



► B8 cared for a total of 71 post-op surgical adult patients during the second wave alone.

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Nurses offered a helping hand in Saguenay

When help was needed in several healthcare facilities in the Saguenay Lac-St-Jean region, the Children’s answered! Many nurses from our hospital lent a hand, including Virginie Labia, Jade Boucher, Alexandra Lachance and Jasmine Canse, who spent 15 days working at the Chicoutimi Hospital.



► MCH nurse Taylor Greenstein also spent two weeks in the Chicoutimi Hospital.



Ambulatory clinics rise to the challenge

Our ambulatory sector went above and beyond during this pandemic by supporting the hospital at large and adapting to ever-changing needs. A large number of their nurses and allied health professionals volunteered to help out our inpatient units, and the community at large. On the patient front, they saw over 18,000 patients virtually, and they adapted their educational training sessions to an online learning format, which was a huge undertaking for their Diabetes clinic. They also created a hot zone and converted three additional rooms with negative pressure ventilation in the Pediatric Day Centre in order to allow any suspected or COVID positive patients with care needs to be assessed and treated on an outpatient basis, avoiding ED visits and hospitalizations.



CT scan team learned new protocols and practices

The CT scan team at the Children’s also helped our adult counterparts by doing simple scans for some of their cancer patients. This helped lighten their load, as they became increasingly overwhelmed with Covid cases. The team learned to adapt to adult protocols and practices, like putting in IVs and doing chest scans. In total, they helped 61 patients.



► (l. to r.) Anna Maria Mormina, Patrick Tan, Rasha Eldimery, Audrey-Ann Soucy, Vanessa Théberge, and Carole Proulx.

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MUHC vaccination clinic led by MCH nurses



Cindy McCartney, Nurse Manager of Patient Flow, Nursing Resource Centre, Blood Procurement Team & Float Teams, has been working tirelessly behind the scenes as the clinical project lead of the MUHC vaccination clinic, along with her colleagues, Annie Castro, Valerie-Ann Laforest and Samia Saouaf, all nurses from our PICU. In the middle of vaccinating our healthcare professionals, they also managed to start vaccinating the general public. To date, over 10,000 MUHC employees have been vaccinated.

► Cindy McCartney, Nurse Manager of Patient Flow, Nursing Resource Centre, Blood Procurement Team & Float Teams, and, more recently, clinical project lead of the MUHC vaccination clinic.



► (l. to r.) Valerie-Ann Laforest, Samia Saouaf, and Annie Castro.





► Dr. Jade Séguin

Riding the WAVE:

ED pilot project tests safety and feasibility of virtual emergency consultations

By Maureen McCarthy

If you brought your child to Emergency and found out you could both head back home and have your consultation with the doctor by videoconference the next day you might ask yourself how will it work, is it feasible, and most important, is it safe? These were questions at the heart of a pilot project recently carried out in the Children’s Emergency Department (ED) and the answers turned out to be very encouraging.

Dr. Jade Séguin, a pediatric emergency physician and the Point-of-Care Ultrasound Lead in the ED, and Dr. Jennifer Turnbull, a pediatric emergency physician who is also involved in global health initiatives, are the lead physicians in charge of the ED telehealth pathway. Together they head the Waiting Room Assessment to Virtual Emergency care (WAVE) project. It’s just one way the Children’s ED team is seeking to innovate. The idea is to offer a virtual pathway for low-acuity patients allowing them to return home after triage and have a virtual appointment with a physician the next day. To test the idea, Drs. Séguin and Turnbull led a pilot project with five ED physicians and one telehealth nurse over a seven-week period from late October to mid-December last year. The pilot project’s goal was to study the feasibility, safety and acceptability of virtual visits for families and physicians.

“We wanted to offer this service as a way to improve patient care,” says Dr. Séguin. “Decreasing wait times and easing crowding in our ED, helping patients avoid potential nosocomial COVID-19 and other viral infections, and using technologies that allow us to provide safe and excellent care were all factors in piloting the project.”

MEASURING SUCCESS

Not every child coming to the ED was eligible for the pilot but approximately 12 per cent of children whose families agreed to participate met the inclusion criteria for a virtual appointment. The WAVE team compiled detailed statistics and also surveyed families once their virtual appointments were complete.

As a clinician who’s interested in telehealth, Dr. Séguin has seen how COVID-19 has greatly accelerated opportunities to adapt and expand telehealth use. “The WAVE project is very innovative,” she says, “and with COVID-19 a major concern, it addresses key issues around wait times and infection control.”

Dr. Séguin says leading up to the launch of the pilot, the team studied examples from other hospitals. “Through a national pediatric emergency medicine telehealth task force we were made aware of similar projects underway at CHEO [Children’s Hospital of Eastern Ontario] and in London, Ontario, so we consulted with them to assess what we could do in our own setting,” she says. The Children’s ED approach was very streamlined and they completed the pilot project without significant expense. “We partnered with the MUHC Telehealth team, the Quality and Continuous Care Office (Bureau de la qualité et de l’amélioration continue – BQAC) and the Montreal Children’s Hospital Pediatric Emergency team to create the WAVE pathway.”

Dr. Séguin says they have now developed a plan for Phase 1 of WAVE, and will be ready to implement it in the future whenever ED patient volumes warrant it. ❁