

# Chez nous

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WINTER 2024



## Canadiens and the MCH: a perfect match

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Hôpital de Montréal  
pour enfants  
Centre universitaire  
de santé McGill



Montreal Children's  
Hospital  
McGill University  
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# Looking back on 2023

The past year was transformative for the Montreal Children's Hospital (MCH). We identified five major priorities across the organization and continue to use these as our guiding principles as we enter 2024.

**Human resource stability** was a main priority, focusing on recruitment and retention within our organization. We hosted two successful job fairs, created an MCH ambassador position to promote and attract new talent to our hospital, optimized our onboarding processes and embarked on conversations with Occupational Health and Safety to enhance workforce safety for our teams.

The year 2023 was also when we reinstated all educational activities, promoting **professional growth and development** by creating new services, workshops and programs that can now be found in the calendar on the MCH Community intranet page.

Thanks to generous donations to the MCH Foundation, the Centre for Pediatric Simulation opened its doors with the mission to innovate, disseminate knowledge, improve the safety of children, their families and staff, and strengthen the simulation culture at the MCH. Much time was also spent preparing to get the iMatter staff engagement survey underway, which we will launch in 2024.

**Culture, leadership and governance** also drove our actions in 2023. We established our new Mission: Safety program as an organizational priority to ensure patient safety is the foundation of our daily decisions and culture at the MCH. We improved our communication strategy by hosting quarterly MCH town hall meetings and written messages in *Chez nous*.

We also launched our MCH onboarding day, where we share the mission, vision, culture and values to all new employees and staff. Building back a sense of belonging for the entire MCH community was another important priority. The MCH Quality of Life at Work committee successfully hosted 17 events for our MCH teams in 2023.

As we planned the enhancement of **patient engagement**, new patient satisfaction surveys were deployed. Equity, diversity, inclusion and multiculturalism continue to be integrated into the services we provide. The MCH also launched a bereavement follow-up program to support parents and families grieving the loss of a child.

**Access to care** was enhanced in 2023 with the creation of two major projects. The pediatric ground transport team for critically ill children was created in collaboration with CHU Sainte-Justine as well as our pediatric Access Care Coordination Centre. These projects allow us to continue to provide quality care to patients even before they are inside our walls.

It is an honour for us to lead such competent teams at the MCH. Your dedication, creativity and hard work have been the driving forces behind our success — congratulations. Let's continue to work hard as we provide the best care for our patients across Quebec as pediatric experts. Our aspiration is that we continue to face all challenges with courage and see even better results. Wishing everyone a new year filled with health, happiness, prosperity and success.

*Cindy McCartney*

Associate Director of Nursing  
Montreal Children's Hospital and  
Women's Health Mission of the MUHC

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## MCH visit: Canadiens continue the tradition

By Caroline Fabre

**T**he Montreal Canadiens players took time out from their busy schedules to pay a visit to the Montreal Children's Hospital (MCH) on December 5, much to the delight of young and old.

Between signing autographs, handing out gifts and, most importantly, smiles, the athletes visited MCH clinics and wards to meet patients and pass on a little holiday magic to families going through a difficult time.

"It's always a pleasure to spend some quality time with the kids, especially at this time of year," says forward Christian Dvorak.

Accompanied by coach Martin St-Louis, mascot Youppi! and a few members of the hockey club's

administration, the Tricolore continued the tradition, which was established in the 1960s, for the 58th time. St-Louis emphasizes how important it is for him and the players to help patients and their families as they go through their ordeal. "We don't just give our time," he says, "we also get a lot in return from meeting and talking with the people here."

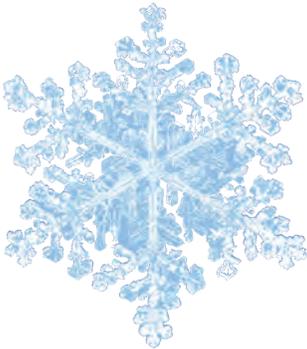
Thank you to the players and the Bleu-Blanc-Rouge organization for this amazing visit!

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► A patient opens gifts from the Tricolore under the watchful eye of several players.

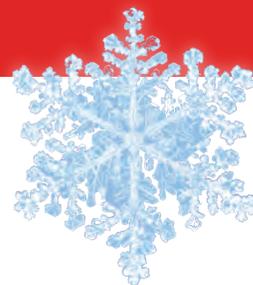


► Four of the players pose with a mother and her baby in the Neonatal Intensive Care Unit.



► Three players, mascot Youppi! and patients take part in a cookie-decorating activity organized by videoconference with the Child Life Department.

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► The joy on everyone’s faces – from patients, staff and players alike – was evident all around during the players’ visit in December.

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*On the cover:*  
A player from the Montreal Canadiens greets a young patient in isolation.  
Cover photo:  
Thibault Carron

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## **Pediatric Transport Team provides critical care support to regional hospitals**

By Maureen McCarthy

**D**r. Anne-Marie Gosselin and Dr. Anab Lehr are medical co-leads of the newly developed Pediatric Transport Team at the Montreal Children’s Hospital (MCH), which launched as part of a provincial pilot project in June 2023. As specialists in emergency and intensive care respectively, they provide the team and the program with important, complementary perspectives for providing critical care ground transport to hospitals in the regions.

Discussions around the project had been in development for a number of years and the planning phase began two years ago. The four centres hospitaliers universitaires (CHU) in the province are participants, and the MCH and CHU Sainte-Justine play a unique role in the program. Each

hospital has its team and together they are known as “Équipe Montréal”. They alternate the transport service on a two-week-on, two-week-off basis covering the two RUISSS territories which the hospitals are associated with.

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► Above: Marie-Catherine Bessette, Transport and PICU nurse (2nd from left), Vickie Fortin, Pediatric and Neonatal Transport RT (middle), Dr. Suzanne Vaillancourt, Pediatric Emergency Medicine staff and Transport physician (2nd from right), with two paramedics from Urgences-santé.

“We have very close cooperation with Sainte-Justine and we transport patients to either centre depending on the child’s hospital affiliation and availability of intensive care unit beds,” explains Dr. Gosselin.

### READY TO LEAVE AT A MOMENT’S NOTICE

The team transports children from newborns up to 18 years of age who need the type of critical care offered at a CHU. The service is currently available to referring hospitals Monday to Friday, from 7:30 a.m. to 7:00 p.m., with a goal of becoming a permanent service, operating 24 hours a day, seven days a week.

At the MCH, there is always a designated trio of physician, nurse (RN) and respiratory therapist (RT) ready to respond to calls. When they’re on duty for pediatric transport, they are not assigned patients in the unit since they must be ready to mobilize quickly for dispatch and meet the Urgences-santé ambulance within 30 minutes. It’s not a lot of time to prepare but they are fully trained to respond rapidly.

Dr. Gosselin explains the steps they must take. “Once the call comes in, we have a huddle before leaving the MCH to review what we know so far about the patient, ensure we have all necessary equipment, etc.,” she says. “We do the same when arriving at the referring hospital, and again when we leave, all while communicating with the receiving centre whether it’s the MCH or Sainte-Justine.”

She also adds that there are many adjustments they can and must do while in



► Team members in the transport room. Standing (l. to r.): Dr. Anab Lehr, PICU staff and Pediatric Transport Team Co-lead, Dr. Anne-Marie Gosselin, Pediatric Emergency Medicine staff and Pediatric Transport Team Co-lead, Catherine Bouchard, Manager of Clinical Operations and Access to Care. Seated (l. to r.): Erica Gutsche, Assistant Manager, Respiratory Therapy, and Sze Chan, Assistant Nurse Manager, ACC and Pediatric Transport Team.

transit, but if the child needs intubation or compression, they have to stop the ambulance to complete the procedures.

Dr. Lehr explains that the Access Care Coordination (ACC) Centre at the MCH is a key member of the transport service. “The ACC coordinators take the initial calls for us and are involved throughout the process,” says Dr. Lehr. “They notify Urgences-santé, prepare paperwork and when needed, connect us with different specialists at the MCH.” She adds that when the team returns from a call, they restock materials and notify the ACC coordinator that they’re back and available for the next call.

The MCH team is currently made up of 16 RTs, 16 RNs, nine pediatric intensivists and eight pediatric emergency physicians. In addition to Drs. Gosselin and Lehr, the core group also includes

Catherine Bouchard, Manager of Clinical Operations and Access to Care; Sze Chan, Assistant Nurse Manager, ACC and Pediatric Transport Team; Jean-François Trudel, Pediatric Respiratory Therapist and Technical Coordinator (Pediatrics), and Neonatal and Pediatric Transport and Resuscitation Team Leader; Erica Gutsche, Assistant Manager, Respiratory Therapy; and Jeniene Birks, Pediatric Transport Team and ACC Project Manager.

The team members are all trained in critical care and work in either the Emergency Department or on the Pediatric Intensive Care Unit (PICU). They completed dedicated transport training, participate in continuing medical education activities and are learning from each other thanks to the co-operative care they provide.

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"It has elevated our skill sets and, in a sense, served to break down some silos and contribute to more understanding of our work at the MCH," says Dr. Gosselin.

### EXPANDING KNOWLEDGE FOR EVERYONE

The team adheres to three "reasons d'être" in their work: patient care, regional support and education. In terms of patient care, their goal is to provide optimal stability and accompaniment to patients who need specialized support and who need or will need to be admitted to critical care.

Second, but no less important, is supporting regional hospitals. Prior to the pilot program, the only option for a care team at a regional hospital was to stabilize the patient and accompany them to a major centre themselves. Dr. Lehr points out that from an intensive care perspective, "There is value added to bringing pediatric critical care expertise and pediatric-specific equipment to the patient's bedside since it allows for better stabilization and less complications in transport."

The support offered also extends to the third part of the team's mandate, which is education, and includes creating teaching opportunities for staff at the referring hospital. "We have real opportunities to provide information and training, as well as coach them on how to work with what they have, which can also provide a template for the next time they see a child with a similar issue," says Dr. Gosselin.



► Dr. Anne-Marie Gosselin, Catherine Bouchard, Erica Gutsche, Dr. Anab Lehr, and Sze Chan.

She adds that these opportunities are not one-sided. "We have a lot of critical care expertise to share, but we're also learning quite a bit, especially about the challenges that staff in the regions are facing. Hopefully this will make us better partners on multiple levels."

A real point of pride for the program is that they ensured the mandate to secure parental accompaniment to the receiving centre, that is, once a child is stable enough to transfer, the parent can travel with the team in the ambulance.

### ONE TO TWO CALLS A DAY

As awareness of the service increases, the number of requests for transport team accompaniment is also growing. The service currently completes, on average, one to two transports per day. "At the moment, we're not able to respond to all requests to transport a patient. We prioritize based on urgency, but we still provide phone support to the requests we can't directly respond to, giving them the opportunity to wait for our availability or if not feasible, sup-

port them as they transport the patient themselves to the pediatric centre, just like in the past," says Dr. Gosselin.

Decisions about priority sometimes happen at the referring centre as well. "A couple of weeks ago, our team responded to a call at a hospital north of Montreal and while there, another patient arrived requiring active resuscitation, which they immediately responded to, knowing their expertise could be helpful," says Dr. Lehr. "They went above and beyond to treat the more urgent case, continuing to provide support to the hospital staff caring for the first patient they had seen."

As the program expands to round-the-clock service, the team will continue to grow as well. They aim to provide transport training and exposure to senior PICU and Pediatric Emergency Medicine fellows, a process which has already begun.

Thanks to the MCH Foundation for its generous contribution to this project. ❁



## New breastfeeding clinic in tertiary care opens

By Christine Bouthillier

**B**reastfeeding can be fraught with difficulties: insufficient milk production, poor latch, pain and so on. Imagine if you also have a health problem, a difficult birth or a sick baby. To meet the specific needs of people experiencing these problems, a new breastfeeding clinic was launched in mid-September at the Royal Victoria Hospital (RVH) of the McGill University Health Centre (MUHC).

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► Above: After a difficult start, Lucía Justo is now feeding her daughter Sofía without any problems thanks to support from the breastfeeding clinic.



► Standing (l. to r.): Malisa Khongkham, Amanda Camacho, Dr. Laura Haiek and Jennifer Pepin. Seated (l. to r.): Dr. Gillian Kumka, Magdalena Arciszewska and Melyssa De Simone.

This pilot project establishes one of the few breastfeeding clinics in tertiary care in Quebec. It is exclusively for MUHC patients, that is, patients in the Postpartum Unit, those who come to the outpatient clinic for postpartum follow-up or mothers of Montreal Children’s Hospital (MCH) patients.

“For example, it could be for a woman who has had breast surgery, a multiple pregnancy or who is having difficulties with her milk production. We also help mothers of premature babies or of babies who have lost a lot of weight,” explains Jennifer Pepin, interim coordinator of the MUHC Women’s Health Mission.

The clinic is conveniently located on the sixth floor of the RVH, near the Postpartum Unit as well as the Neonatal Intensive Care Unit (NICU) of the MCH.

#### EXPERTISE CLOSE AT HAND

“Two breastfeeding experts, Dr. Laura N. Haiek and Dr. Gillian Kumka, are onsite every Tuesday to meet with mothers and babies, along with our International Board Certified Lactation Consultants,” says Jennifer.

Dr. Haiek is a family physician working for Québec’s Ministère de la Santé et des Services sociaux; she is also an assistant professor at the McGill University Department of Family Medicine. For the

past 14 years, she led the Breastfeeding Clinic of the Queen Elizabeth Family Medicine Group.

Dr. Kumka has been working at the Queen Elizabeth Breastfeeding Clinic and the Herzl-Goldfarb Breastfeeding Clinic for almost two years. She completed her training in breastfeeding medicine at the Jewish General Hospital. She previously worked as an emergency physician at the MUHC for 12 years, and has been a La Leche League leader for the past eight years.

#### COMPLEMENTARY SERVICES

The MUHC already offers prenatal breastfeeding classes, so the new clinic focuses primarily on post-partum support. The professionals working there have also received additional training in breastfeeding follow-up several months after delivery, since this service is usually offered in the community and not in tertiary care hospitals.

“We help moms with the different breastfeeding positions, insufficient milk production, proper latch, etc.” says Melyssa De Simone, nurse in charge of the clinic and a breastfeeding consultant. “When they give birth, women generally only stay a few days in hospital, so they don’t have much time to learn about breastfeeding.”

Around a dozen mother-child pairs are seen every clinic day. The majority come from the RVH’s antepartum and postpartum units, and a small proportion from the MCH NICU. The NICU also

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has its own consultants who support mothers in their journey with breastfeeding.

“We have many success stories. We often see mothers and their babies who need our help, and then two months later, breastfeeding is going perfectly well,” Melyssa says with a smile. ❁

### Two new lactation rooms at the MCH

Parents now have access to new quiet spaces to feed their babies at the Montreal Children’s Hospital. Two lactation rooms have been added to the waiting rooms on floors A2 and A3. Make sure to let families who can benefit know about it!

## “The staff saved my breastfeeding”



Lucía Justo gave birth to her little Sofía at the RVH last September. It wasn’t all smooth sailing: labour dragged on for 50 hours, with the baby’s heart rate rising alarmingly at the time of delivery. Sofía spent her first two nights in the MCH NICU as a preventive measure, to make sure she was doing well.

Sofía was bottle-fed during this period. “I didn’t know if I had any milk, nothing was coming out,” says Lucía.

The NICU lactation consultant showed her how to express her milk. Back home, Lucía began pumping six times a day, until she was producing enough.

“I was determined to breastfeed,” she says.

Her breasts were very sore, however, so she consulted with a nurse at her CLSC, who told her about the MUHC breastfeeding clinic. Sofía was three weeks old at the time

and was drinking a little at the breast, but mostly breast milk from a bottle.

“Dr. Kumka, Dr. Haiek, nurses Melyssa and Magda saved my breastfeeding. Before, the idea of breastfeeding alone was painful. Today, I feel it as a bonding moment with my daughter,” shares Lucía.

### A GAME CHANGER

The young mother says she “learned everything” at the clinic, especially about latching.

“I didn’t know what to do. I had taken prenatal classes, but it’s not the same as when a nurse teaches you with your baby. I literally felt the difference,” explains Lucía. “The clinic is a safe and open space where you can ask every question. It takes a village to care for a child, so don’t be shy to look out for support.”

She says the staff also helped her avoid mastitis, giving her tools to relieve engorgement she was having with overproduction of milk.

“They also gave me confidence. Women shouldn’t lose faith in themselves. They really have what their baby needs,” she adds.

After almost two months at the clinic, Sofía doesn’t even want a bottle or pacifier now. She latches perfectly, with no pain for her mother.

“I don’t think I’d still be breastfeeding if I hadn’t come to the clinic. It’s extraordinary,” she concludes.



# Holiday spirit at the MCH

By Caroline Fabre

Since the holiday season is a time for festivities and generosity, the teams at the Montreal Children’s Hospital (MCH) made sure that all the children had an opportunity to celebrate, even from the comfort of their rooms. One thing is sure, the children who had to stay at the hospital in December as well as the staff didn’t have time to be bored!

Thanks to the generosity of numerous donors and the Child Life team, hospitalized children were able to experience the magic of the holiday season by receiving gifts distributed by the staff of our clinics and units.



A quartet from the Orchestre métropolitain performed holiday classics on December 22 on the various units and in the P.K. Subban Atrium, enchanting young patients, their families and MCH staff.



Between a gift of new pajamas, a visit from the life-size gingerbread house on wheels full of presents and a chance to meet Santa Claus in various clinics and units, December 21 was a busy day at the MCH!

The holiday season magic spreads to young and old alike! MCH staff were able to celebrate Peppermint Day, dress up in their ugliest holiday sweaters and unleash their creativity in a gingerbread house contest.

