

Chez nous

MCH STAFF NEWSLETTER | Published by Communications | montrealchildrenshospital.ca

SUMMER 2024



Working with migrant teens transitioning to adult care

— page 3

ALSO IN THIS ISSUE:

A Quebec first allows a baby with a heart tumour to come safely into the world — page 6

A day in the life of a pediatric nurse practitioner — page 9

A bright summer at the MCH — page 11

Hôpital de Montréal
pour enfants
Centre universitaire
de santé McGill



Montreal Children's
Hospital
McGill University
Health Centre

A year of continuity

For 2022-2023, the management of the Montreal Children's Hospital (MCH) adopted a strategic framework to determine its orientations and priorities. Encouraged by the results achieved, the administration is renewing its commitment for 2024-2025.

Stability, retention and development of human resources

Our hiring and retention rates have improved in recent months and we are continuing our recruitment efforts, including our job fairs. In addition, we are expanding our ambassador program with the appointment of Michela Martiniello, who will represent the MCH's allied health sector. We will also be launching the iMatter project in October 2024 to measure the level of commitment within the organization. Through this program, you will be able to share your opinion on your work environment, so that we can work together to improve quality of life at work and continue to build a culture of excellence at the MCH.

Quality and safety of care

For 2024-2025, we are committed to participating in new programs aimed at improving the quality and safety of care. We are pleased to join Solutions for Patient Safety and the National Surgical Quality Improvement Program. In addition, we intend to roll out an electronic format for incident and accident reporting forms to facilitate the reporting process. Finally, we will be preparing for Accreditation Canada's visit in November.

Patient engagement and satisfaction

This year, we aim to improve our drop-in daycare services for siblings of patients, increase the presence of Child Life Services, notably through the creation of a dedicated position in the Emergency Department, increase the services offered by our volunteers, support clinical teams in the development of care plans focused on neurodiversity and continue the expansion of our transition program to adult care, in particular by improving the transition to services in the community.

Access to services

A series of projects will be put forward to facilitate access to healthcare services. For 2024-2025, we are committed to reviewing trauma service corridors, securing funds to build a heliport, reviewing workflows in several sectors including emergency, creating a virtual care unit, digitizing ambulatory services and relocating certain clinics to 5100 and 5252 de Maisonneuve Blvd. W. Last but not least, we are breaking new ground by launching a Colorectal Centre of Excellence.

We are confident that the realization of all these projects will enable the development of our organization and will allow us to continue to offer services of exemplary quality. We thank you for the excellence of your work and for the extraordinary care you provide to sick children and their families!

Cindy McCartney

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

Frédéric De Civita

Associate Director of Multidisciplinary
Services and Support Programs
Montreal Children's Hospital and
Women's Health Mission of the MUHC

Dr. Tanya Di Genova

Associate Director of
Professional Services
Montreal Children's Hospital



Helping migrant teens transition to adult care

By Maureen McCarthy

The teenage years are definitely not the easiest time of life so imagine how much more challenging it can be for a teen who is new to Canada, has specific healthcare needs, and along with their parents are learning a new language and trying to understand the healthcare system.

[continued >](#)

► Above, from l. to r.: Meriem Ferkli, community organizer, Interpreters and Cultural Diversities, Dr. Helena Evangeliou, pediatrician, Jennifer Polisca, administrative agent, Dr. Elisa Ruano Cea, pediatrician, Dr. Louise Auger, pediatrician, and Dr. Patricia Li, pediatrician.



► The new Migrant Teen Navigator Program will work with teens to develop optimal interventions and tools, and empower them with knowledge to not only understand the healthcare system but also fully participate when it comes to their transition to an adult centre.

The Multicultural Clinic at the Montreal Children's Hospital (MCH), which welcomes newcomer families to Quebec, along with the Compass Clinic at St. Michael's Hospital in Toronto, has developed a two-year pilot project, the Migrant Teen Navigator Program, to answer the specific healthcare needs of migrant teenagers.

Dr. Patricia Li is a pediatrician in the Multicultural Clinic. For Dr. Li and her colleagues, the impetus for developing the Migrant Teen Navigator Program came from the work they started in 2019 with an earlier model developed for patients of any age. "We received support from McGill University's Department of Pediatrics Innovation Fund Awards to pilot a navigator program for families

coming to our clinic, essentially to address gaps in care for any child," says Dr. Li. "Over time, families told us how important it was to have this type of support to address a lot of their needs."

According to Dr. Li, many of the children and youth they see in the clinic have special healthcare needs whether medical, behavioural, psychological or developmental. "These families are so hard-working and resilient," she says, "and on top of finding jobs, schools for their children and learning a new language, they also have the challenge of navigating a new healthcare system for their child.

"So our goal with the navigator program has been to uplift and empower families with knowledge and tools to deal

with the medical and social needs of their children. This can involve services at school, a rehabilitation centre or CLSC, and also dealing with multiple specialists at the hospital. Ultimately, we want to ensure that nobody falls through the cracks."

Dr. Li explains that they built the program holistically, working with the families themselves. "Accessibility was very important, and eventually we gathered great qualitative data on the value of the program. It reinforced that it was an important safety net." There was also valuable quantitative data showing that since launching the program there were fewer dropped and no-show appointments, and fewer trips to emergency.

[continued >](#)

ADAPTING THE FOCUS TO YOUTH AND TRANSITION

Among the newcomer families coming to the Multicultural Clinic are those who are asylum seekers, government-sponsored refugees or people immigrating to Canada. Some have been displaced by major forces such as climate change, or geopolitical tensions and war. A common thread among all families is wanting an opportunity to create better lives for their children.

Dr. Li explains that as these children get older, they face special challenges in transitioning to adult care and it's an area that is still not fully addressed. The new Teen Navigator program will work with teens to develop optimal interventions and tools, and empower them with knowledge to not only understand the healthcare system but also fully participate when it comes to their transition to an adult centre.

CO-DESIGN A KEY FACTOR

With the program, Dr. Li and her colleagues are undertaking a community participatory research approach, and

central to that is the co-design of the project with patients. Dr. Li explains this as "working together with patients and families to really explore and talk about their experiences, and develop the ideal navigator interventions."

She also adds that the co-design of the research will give the teen patients opportunities to participate in a scholarly project and help them develop teamwork and leadership skills.

"A lot of our teens are actually super interested in healthcare and in science, so I think this will give them opportunities to work in a setting that helps develop their ideas," she says. The teens will be involved in all steps of the process including evaluating the program's impact, what works and what needs to be improved.

"It's a model we want to aspire to and share with others," says Dr. Li.

To that end, along with the research collaboration with St. Michael's, Dr. Li and her colleagues hope to share their

findings with other professionals working with newcomer families across Canada. Eventually, they would like to develop continuing medical education for community general practitioners and family medicine practitioners.

ENTHUSIASM TO GET INVOLVED

While the Teen Navigator program has only just got off the ground, Dr. Li has already contacted a few families and found that there's a lot of enthusiasm from patients to be part of the project co-design. "Those who have experienced the barriers to accessing and understanding the system want to get involved to help other families," she says.

She is also enthusiastic about what's to come. "At the end of the day, this whole journey is about creating connections, networks and linkages with providers in the community and learning from each other," she says. "I think it will be rewarding for all of us."

*Thanks to the Montreal Children's Hospital Foundation for supporting this project. **

Chez nous is published by the MCH Communications office.

Editor: Christine Bouthillier
Contributors: Caroline Fabre, Maureen McCarthy
Design: Vincenzo Comm Design inc.
Photography: Christine Bouthillier, Thibault Carron, Caroline Fabre

To submit story ideas or texts to *Chez nous*, contact the 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: Members of the Migrant Teen Navigator Program

Cover photo: Thibault Carron

Follow us on facebook.com/hme.mch x.com/hme_mch instagram.com/hme.mch linkedin.com/company/hme-mch



A Quebec first

Saved before he was even born

By Christine Bouthillier

A treatment that had never been used on a fetus in Quebec enabled baby Oliver* to safely come into the world, when the prognosis was bleak. Although the ordeal is not entirely behind them, the baby's parents are extremely grateful to the team at the Montreal Children's Hospital (MCH) for pushing the boundaries of medicine, allowing their child to live.

It was during a routine ultrasound at another hospital that Nathalie*, 20 weeks pregnant, learned that her child had a heart mass. She was quickly referred to the Fetal Cardiology Service at the MCH.

Further examinations revealed that the baby had a rhabdomyoma, a cardiac tumour.

"The location, type and size of the tumour will influence the outcome," explains Dr. Tiscar Cavallé-Garrido,

continued >

► Above: Dr. Tiscar Cavallé-Garrido is a pediatric and fetal cardiologist with the Fetal Diagnosis and Treatment Group, which includes the MCH, the Royal Victoria Hospital and several other institutions.

a pediatric cardiologist at the MCH who cared for the baby. "Beyond a certain size, a heart tumour can interfere with blood flow, so surgery is sometimes required as soon as the baby is born. It can also cause fetal death during pregnancy."

In general, heart tumours are very rare. Rhabdomyomas are the most common and they are often associated with a genetic disease called tuberous sclerosis, which can cause tumours not only in the heart, but also in the brain and kidneys. Genetic tests performed at the hospital where Nathalie had her ultrasound confirmed that Oliver had the condition.

After seeing Dr. Cavallé-Garrido, Nathalie was then referred to the Fetal Diagnosis and Treatment Group. This group brings together numerous experts from the McGill University health network, including the MCH and the Royal Victoria Hospital of the McGill University Health Centre (MUHC), the Jewish General Hospital and St. Mary's Hospital, as well as from the Centre hospitalier universitaire de Sherbrooke, in fields such as maternal-fetal medicine, medical genetics, neonatology, pediatric cardiology, pediatric neurology and pediatric surgery.

UNDER SURVEILLANCE

Although large, the tumour did not at first obstruct the baby's blood circulation. The team kept a close eye on its evolution, as this type of mass grows rapidly. Unfortunately, the mass increased over time, eventually affecting a valve that began to leak, and putting the baby's life at risk. Unable to wait

until Nathalie gave birth, the team had to find a way to shrink the tumour.

After reviewing the scientific literature, Dr. Cavallé-Garrido found that a drug called sirolimus had been given to fetuses in a similar situation. At the MCH, this medication, usually administered to transplant patients, had already been used to reduce tumours in newborns, but never in fetuses. Only a Toronto hospital had ever done so in Canada. Dr. Cavallé-Garrido contacted her colleagues in Ontario, who helped her develop the protocol.

"I pushed to have the medication, something had to be done to prevent the tumour from squashing the heart valve. But it was scary because it had never been done in Quebec," explains Nathalie.

She put her own health at risk, since sirolimus can have numerous side effects for the mother, such as high blood sugar and lipids, and low blood white cells, making her more vulnerable to infection. In fact, Nathalie experienced a lot of fatigue, vomiting and difficulty fighting off viruses. A minor cold that should have lasted two days instead took three weeks to recover from. She also made several visits to the emergency room.

"We needed to monitor Nathalie carefully. The pharmacist of the adult transplant team, Chloé Beauchamp-Payment, the maternal-fetal medicine specialist, Dr. Anne-Maude Morency, and I followed her closely. It's rare to be able to treat a mother and her baby at the same place; that's the advantage

of the Glen site of the MUHC," explains Dr. Cavallé-Garrido.

They also had to convince the family's insurance company to reimburse the medication, which was no easy feat given that the treatment had never been offered in this context in Quebec. The MCH team went above and beyond and, together with the parents, succeeded in establishing that the treatment was necessary.

A SIGH OF RELIEF

Their efforts were not in vain: the mass began to shrink and the valve stopped leaking.

"With weekly blood tests and the many side effects on my partner, it was exhausting, but we're very glad we did it," says Mark*, Oliver's dad.

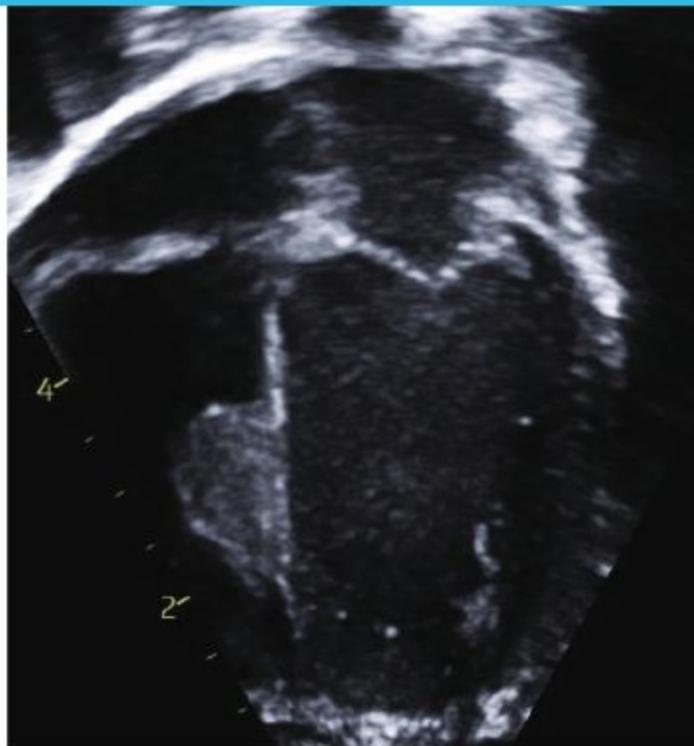
"Two weeks after treatment, we could already see that the tumour had shrunk a lot. We were relieved. The team was amazing and I can't thank Dr. Cavallé-Garrido enough for everything she's done. Sirolimus saved my child's life and avoided a surgery after he was born," adds Nathalie.

In fact, the tumour has decreased so much that surgery to bypass it is no longer necessary. Now three months old, Oliver still has a mass inside his heart, but it continues to shrink and should eventually disappear on its own.

OTHER PITFALLS

Unfortunately, a magnetic resonance imaging (MRI) carried out during the

continued >



► The treatment Nathalie received was a first in Quebec and resulted in the tumour blocking baby Oliver's heart shrinking significantly.

pregnancy also revealed that Oliver had brain tumours. These are benign, but if they grow, they can interfere with certain brain functions.

"We were hoping that the sirolimus would also help reduce these tumours, but it didn't," says Nathalie.

Together, Dr. Cavallé-Garrido, Dr. Myriam Srouf, MCH pediatric neurologist, and Dr. Elizabeth Hailu, MCH neonatologist, developed a postnatal treatment plan.

"To make a difference in the life of a single fetus, it sometimes takes the expertise of several teams, which requires a lot of coordination. These meetings often take place in the context of the Fetal Diagnosis and Treatment Group. We are fortunate at the MUHC to have such a forum to discuss these cases," says Dr. Cavallé-Garrido.

Oliver was taken off sirolimus at birth and put on everolimus, a new medication from the same category of drugs that is supposed to be more effective at reducing brain tumours.

As soon as Oliver was born, the team noticed that he was having a seizure, which meant he probably had others during the pregnancy. So he was given a seizure-control medication, which he is still taking.

Today, Oliver is seizure-free. His brain tumours haven't grown any larger, but they haven't shrunk either. Another MRI scan will be carried out in a few months to monitor their progression.

"The situation is less stressful now, but my baby's disease affects me a lot. I'm concerned about him, about his future," says Nathalie.

Indeed, the consequences of brain tumours on his development are uncertain, since Oliver is too young for an assessment.

For now, the little family is adjusting to the arrival of their new baby, preparing for their move to Ontario to live closer to loved ones and, above all, taking it one day at a time.

Thanks to the Montreal Children's Hospital Foundation for its support of the Fetal Diagnosis and Treatment Group. *

"Names have been changed at the request of family members to preserve their anonymity."



A day in the life of a nurse practitioner

By Caroline Fabre

Listening, caring and guiding — these are the cornerstones of the daily life of Sophie Vallée-Smejda, a pediatric nurse practitioner in the Respiratory Medicine and Pulmonology Division at the Montreal Children’s Hospital (MCH). Beyond providing nursing care, Sophie’s role extends into areas typically reserved for physicians, as she is authorized to diagnose, prescribe medications and tests, and conduct comprehensive patient evaluations.

This level of autonomy allows for high-quality care while alleviating the workload of doctors with whom she closely collaborates.

CLINICAL CONSULTATIONS: THE HEART OF CARE

Every day, Sophie meets with patients referred to the MCH for asthma issues to conduct comprehensive assessments, make diagnoses and
continued >

► Above: Sophie Vallée-Smejda is a pediatric nurse practitioner in the Respiratory Medicine and Pulmonology Division at the MCH.

adjust treatments. She also teaches families inhalation techniques and how to correctly use medications.

"I can spend up to 45 minutes with a family to ensure they understand their asthma action plan and feel supported," Sophie explains. "I don't hesitate to offer them a follow-up consultation if I feel it's necessary. The important thing is to really take the time."

The primary goal of these consultations is to provide holistic care, ensuring every aspect of the child's health is addressed.

"What is particularly rewarding in my role is that my knowledge of general pediatrics allows me to consider the child or adolescent as a whole," she says. "If other health issues arise, I feel comfortable addressing them if I have the necessary skills, or referring them to a qualified professional. For many families, this first contact for an asthma issue opens the door to talking about other health concerns regarding their child. For example, during one evaluation for poorly controlled asthma, I diagnosed and treated a urinary tract infection in a young girl, which prevented complications for her and an additional medical visit."

COORDINATION AND FOLLOW-UP: ESSENTIAL TEAMWORK

After clinical consultations, a significant portion of the day is dedicated to documentation and care coordination. The nurse practitioner writes detailed reports on each consultation, organizes follow-up appointments and collaborates with other healthcare professionals to ensure a continuum of care. This documentation is crucial for maintaining smooth communication among all parties involved in the child's treatment.

Sophie works closely with respirologists, allergists and pediatricians to ensure comprehensive care for children with asthma.

This multidisciplinary approach guarantees that each patient receives the most appropriate and personalized care, and

each family is satisfied with that care. Sophie fondly recalls a patient who came in for poorly controlled asthma and, with the nurse practitioner's help, was diagnosed with subglottic stenosis (narrowing of the windpipe) and operated on within the same week.

"That teenager wrote me a beautiful letter saying, 'you were the first to really listen to what my symptoms were and to check everything that was going on with me'," she confides.

EDUCATION AND RESEARCH: ALWAYS AT THE FOREFRONT OF CARE

Sophie dedicates one day a week to research and continuing education. She uses this time to stay up to date on the latest medical advances, prepare presentations and work on research projects. Sophie firmly believes that continuing education is essential to providing the best possible care to her patients.

In addition to her clinical responsibilities, Sophie participates in research projects aimed at improving medical practices and developing new care programs. For instance, in September 2022, she helped establish the ED Bridge Clinic, a specialized clinic for managing children with asthma who frequently visit the Emergency Department at the MCH, with the goal of reducing emergency visits.

"My role is to intervene with a more rapid and comprehensive care approach," she explains. "The presence of the nurse practitioner allows for certain elements to be taken care of sooner and reduces the wait to see a pediatric respiratory medicine specialist." Since then, she has been able to meet with approximately 450 patients and their families.

The daily life of a nurse practitioner like Sophie is a balance of medical expertise and empathy. Through her consultations, rigorous documentation and commitment to continuing education, she improves the lives of many children and their families, ensuring comprehensive and humane care for those with pediatric respiratory diseases. ✨

Summer is in full swing at the MCH

By Caroline Fabre

From creative workshops to fun outdoor events and surprise visits from special guests, summer has settled into its rhythm at the Montreal Children's Hospital (MCH).

For Earth Day, on April 22, the MCH Child Life Services organized a fun and interactive reusable bag decorating activity to promote ecological awareness!



In May, the Quality of Life at Work Committee distributed flowers to the staff at the MCH. Thanks to the Montreal Children's Hospital Foundation, which funds the committee's activities.



To promote well-being and reduce stress, the McGill University Health Centre (MUHC) organized a painting activity for staff in May, allowing them to relax and unleash their creativity as part of Mental Health Week.



The MCH held a party for all its volunteers on May 29 to thank them for their support, their generosity and the comfort they bring to our patients and their families.



continued >

To celebrate the summer, the MCH Quality of Life at Work Committee organized a party in June for our extraordinary staff! Everyone enjoyed sipping lemonade and tasting BeaverTails, participating in fun games and taking silly photos. The festive atmosphere was further enhanced by summery outfits, flower necklaces and Hawaiian shirts.



For the very first International Day of Play on June 11, our Child life Specialists and the MCH celebrated the importance of play, which is recognized as helpful in the development of communication skills and the improvement of mental health and emotional resilience.



The CF Montréal players, along with their beloved mascot Tac-Tik, spent time with our young patients for "Christmas in July". The team brought presents for the kids and they shared some unforgettable moments together.



In celebration of Recognition Week, held in June to promote recognition of MUHC personnel, a food truck came to distribute ice cream to the MCH and MUHC's staff at the Glen site.



Our amazing Child Life Specialists organized an incredible meeting with Spiderman as part of Superhero Week in July. Spidey brought fun and gifts, and generated a lot of excitement at the hospital.