Chez nous

MCH STAFF NEWSLETTER | Published by Communications | montrealchildrenshospital.ca

SUMMER 2026

Five Months of Hope

Arnaud's remarkable recovery, made possible by an extraordinary team

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A new chapter in the MCH story

The Montreal Children's Hospital has always been defined by its people—our dedicated staff, physicians, researchers, learners, volunteers and partners who come together every day with a shared commitment to women, children and families.

We are currently marking an important milestone for our institution. With the appointment of a dedicated Director for the Montreal Children's Hospital, we have an opportunity to further strengthen our identity, expertise and leadership in maternal and child health. This dedicated leadership gives the MCH a stronger voice at decision-making tables, greater influence in shaping provincial priorities and an enhanced ability to advocate for the children, families and teams we serve. It also reflects the growing recognition of the unique role an academic children's hospital plays within Quebec's evolving healthcare system.

As we look ahead, we see an extraordinary opportunity. We have the talent, momentum and partnerships to build on our achievements and strengthen our position as one of North America's leading children's hospitals. Together, we will align our efforts with the McGill University Health Centre (MUHC) strategic vision and Santé Québec's priorities, while continuing to deliver exceptional care for generations to come.

Healthcare in Quebec is undergoing significant transformation, and the MUHC has established an ambitious vision for the future. At the same time, the MCH continues to distinguish itself through groundbreaking therapies, world-class research, innovative models of care and an unwavering commitment to children and families. Our responsibility is not only to maintain this level of excellence, but to strengthen it, expand its impact and ensure maternal and child health remains a provincial priority.

Dr. Tanya Di Genova

Associate Director of
Professional Services
Montreal Children's Hospital

OUR STRATEGIC PRIORITIES

Clinical excellence and innovation

We will continue to advance leading-edge maternal and pediatric care—from emerging therapies such as CAR-T and gene therapy to innovative models of care that improve outcomes in fertility, pregnancy and childhood across Quebec. By strengthening partnerships throughout the province, we will reinforce the MCH's role as a leading academic maternal and child hospital and ensure patients receive the right care, in the right place, at the right time.

Mobilized teams and a healthy culture

We are committed to fostering an environment where every member of our team feels supported, valued and empowered to do their best work. By investing in leadership, well-being, collaboration and professional growth, we create the conditions for outstanding patient care.

Sustainable performance and access

Delivering exceptional care also means ensuring it is accessible and sustainable. Through continuous improvement, responsible stewardship of our resources and a relentless focus on patient flow and timely access to care, we will continue to build a healthcare system that is resilient today and prepared for the future.

These priorities align closely with the MUHC's strategic direction, while reflecting the unique role of the Montreal Children's Hospital within Quebec's health network.

To our staff, physicians, researchers, volunteers, learners, partners, donors and the families who place their trust in us every day—thank you. Your dedication, compassion and commitment make the Montreal Children's Hospital the extraordinary place it is.

We are excited about what this new chapter represents and we are honoured to lead alongside you as we write the next chapter of the Montreal Children's Hospital story.

Cindy McCartney

Director of the
Montreal Children's Hospital

Arnaud: five months of courage, care… and hope

By Caroline Fabre

When Arnaud Laganière arrived at the Montreal Children's Hospital (MCH) on January 6, his prognosis was extremely uncertain. After a fire devastated his family's home in Champlain during the night of January 5 to 6, the 12-year-old suffered burns covering nearly 90 per cent of his body.

His father Laurent, his mother Geneviève and his two brothers Eli and Théo were also injured. While the parents were treated at the Centre hospitalier de l'Université de Montréal, Arnaud and his younger brother Eli were transferred to the MCH.

"In the first weeks, our goal wasn't only to treat his burns. Our priority was for him to survive," explains Shannon Burns, Nurse Practitioner specialized in burn care within the MCH's Pediatric Intensive Care Unit (PICU). "A burn of this magnitude is an extremely serious injury. For the first

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▶ Above: Arnaud Laganière (l.) and PICU Nurse Manager Fred Nazaire (r.) on Arnaud's last day at the MCH.

▶ Arnaud is surrounded by his mother, father and more than two dozen members of the multidisciplinary team who cared for him over the five months he spent at the MCH.

month, everything was centred on survival, supporting his organs and stabilizing his condition."

AN EXTRAORDINARY TEAM EFFORT

Over the weeks that followed, an impressive multidisciplinary team rallied around Arnaud. Over five months, he underwent no fewer than thirteen surgeries. After several procedures to remove damaged tissue, the team used various types of skin grafts, including lab-grown skin created from biopsies taken from Arnaud himself. Throughout his hospitalization, infection control remained a constant priority, as the risks are particularly high in patients with severe burns.

Nutritionists, pharmacists, physiotherapists, occupational therapists, psychologists, rehabilitation specialists, Child Life specialists and many other professionals worked in concert, meeting regularly to adjust the care plan.

"My role was to ensure continuity, to develop and adjust treatment plans, to coordinate all the team members and to be a point of reference for both Arnaud and his family," explains Shannon. Despite the severity of his injuries, Arnaud defied expectations: no major infection compromised his recovery and all of his skin grafts were successful.

"I THOUGHT I WAS GOING TO LOSE HIM TWICE"

For his father Laurent, memories of that period remain hazy. "I was living day to day, sometimes even hour to hour. I thought I was going to lose Arnaud twice in the space of one week. January was a very difficult month. And yet, I barely realized how critical the situation was. It was only when we left the PICU that I understood how close Arnaud had come to dying."

While the teenager was fighting for his life in the PICU, the rest of the family was also recovering from serious injuries. His mother Geneviève had suffered

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a cervical fracture and a thrombosis, and had undergone jaw surgery.

Throughout this ordeal, the care team became far more than a group of professionals. "They loved my child as if he were their own," says Laurent. "I could make the drive back to Champlain knowing he was in the best possible hands."

Laurent remembers one gesture in particular, made by a nurse. "One day, when Arnaud was feeling sad, Nubia went out on her break to buy him his favourite chocolate bar. There were many small moments like that and they made all the difference."

RESILIENCE THAT TOUCHED AN ENTIRE TEAM

For Shannon, it isn't only the severity of the injuries that will stay with her; it's above all Arnaud's attitude. "Everyone was struck by his resilience. Even when he had to do things that many adults would have found insurmountable, he stayed motivated."

She still remembers the day the teenager was convinced he would never manage to move from his bed to a chair. And yet, with a little encouragement, he did it. "Later, when he started walking again, I reminded him: 'Do you remember when you used to tell me you would never be able to do it?' His little smile said everything."

Despite weeks during which he could barely move, Arnaud remained patient, polite and determined. On harder days, humour sometimes found its way in. "We acknowledged that it was difficult, and that was okay. We still laughed. Humour was also part of the healing process," shares the nurse practitioner.

RELEARNING, ONE STEP AT A TIME

After several months in the PICU followed by two weeks in the inpatient unit, Arnaud's journey now continues in rehabilitation. Relearning to walk, climb stairs, fetch a glass of water on his own; every milestone becomes a new victory.

A music lover before his accident, he is now learning guitar at his rehabilitation centre near Champlain. "Just a few weeks ago, he was unable to move. Today, his independence is progressing at an impressive pace. I'm proud," says Laurent.

A CELEBRATION FILLED WITH EMOTION

After more than five months of hospitalization, Arnaud's departure gave rise to a very special celebration. For the PICU team, it was important to mark how far the young man had come. "At the beginning, we didn't even know if he would survive. Seeing how far he has come, after all the obstacles he overcame, is incredibly gratifying," recalls Shannon.

His father holds an immense gratitude toward everyone who accompanied his son. "I would have preferred never to have had to meet the MCH staff, but I am so glad you were there. I am convinced there was no better place in the world to care for my son. The teams' expertise is extraordinary, but beyond the care itself, I felt supported every single day. Even when they were overwhelmed, they always found time to reassure us and answer our questions."

Today, Arnaud continues his rehabilitation with the same determination that impressed everyone around him. When asked what he hopes to do in the future, his answer rarely surprises those who were by his side for those five months: he wants to work in healthcare, perhaps as a physiotherapist.

It will be his own way of one day giving back what he himself received: quality care, but above all, extraordinary compassion. ❄

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On the cover:
Arnaud Laganière on his "graduation day" after a five-month stay at the MCH.

Cover photo: Caroline Fabre

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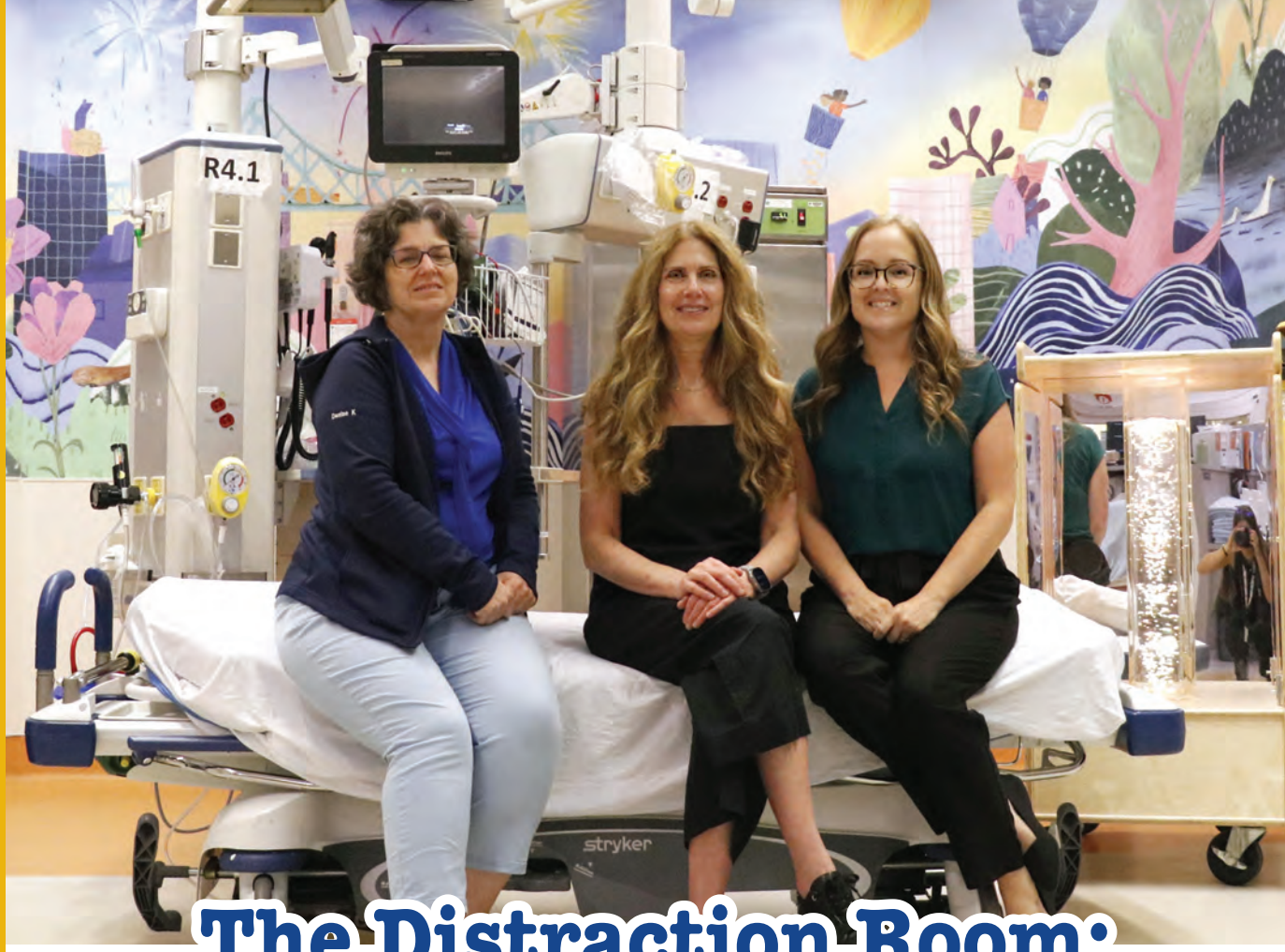

The Distraction Room:
Where art plays a part in caring for patients

By Maureen McCarthy

There's a treatment room in the Emergency Department (ED) of the Montreal Children's Hospital (MCH) that was transformed last year into a space with colourful murals of birds and flowers set against the Montreal skyline. Known as the Distraction Room among the ED team, the space is a beautiful oasis in the ED. But it also serves an important role in patient care, and the finished work is the result of bringing science and art together.

Dr. Laurie Plotnick, an emergency physician in the MCH ED and director of the department from 2019 to 2024, was one of the key people responsible for getting the project off the ground. In 2017, Dr. Plotnick and Dr. Jessica Stewart attended a conference in the United States on pain and sedation, where one of the lectures focused on creating safe spaces for children receiving procedures in emergency. They began to review the published literature on the benefits of distraction in reducing pain perception, and from there, the idea to create a distraction room at the MCH was born.

In 2019, Drs. Plotnick and Stewart submitted a proposal to the MCH Foundation and eventually secured funding from an interested donor. "We were so appreciative to have the support of the MCH Foundation," says Dr. Plotnick.

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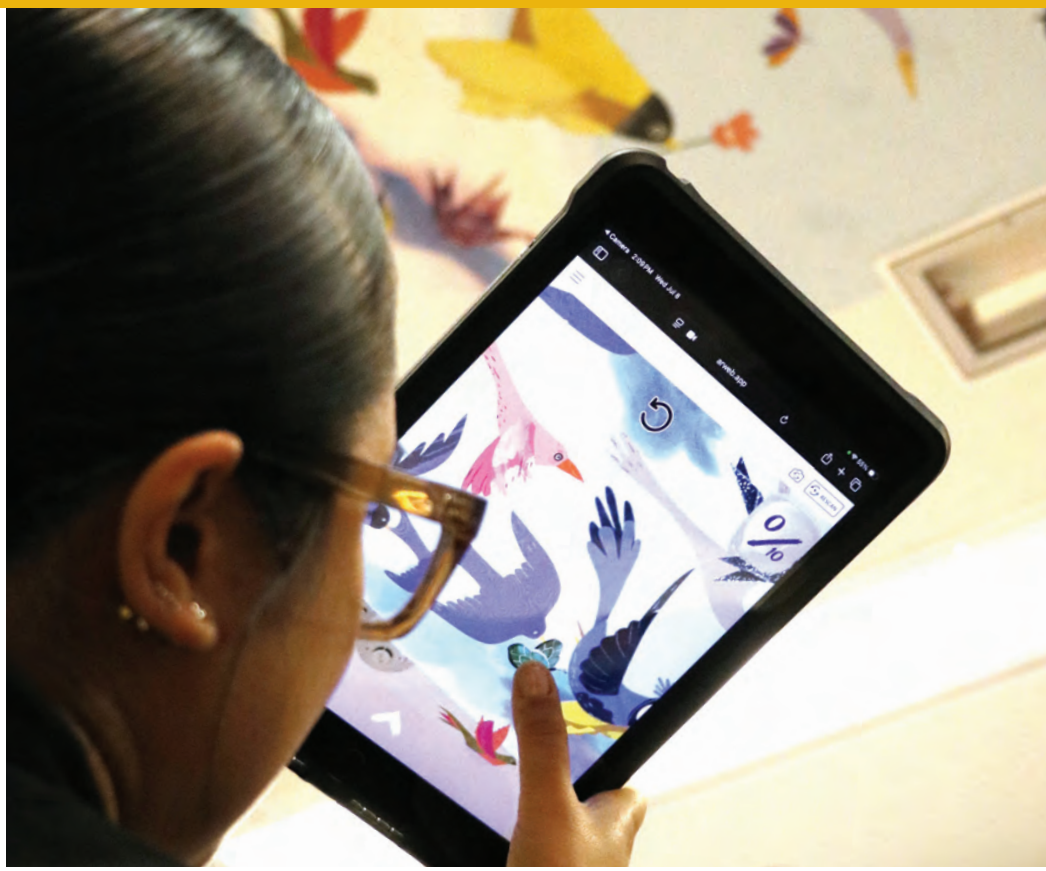
▶ Above: (l. to r.) Denise Kudirka, Dr. Laurie Plotnick and Kelly Cummins were part of the committee to develop the Distraction Room in the ED for patients and families.

"We immediately began work on the project and enlisted the input of various stakeholders."

This included Valerie Frost from the MCH Foundation, nursing leadership members Violaine Vastel, Denise Kudirka and Kelly Cummins, Annette Ridenour from Aesthetics, a company that worked on the ED waiting room project, and illustrator Josée Bisaillon.

"There are six rooms in the ED resuscitation area, and we chose one room as a type of pilot project," says Kelly. "We can do a resuscitation in that room, but we also do a lot of procedures. We met with Josée a few times during the planning process. We wanted something that could be appealing to all ages, be interactive and representative of Montreal."



▶ Child Life specialist Danae Lim-Cesario shows how interactive elements on a tablet bring images on the wall to life.

LONG-TERM BENEFITS

On a typical day in the ED, there may be 40 to 50 patients who require either a painful or anxiety-producing procedure such as a blood draw, lumbar puncture, laceration repair, an intravenous insertion or even needing a mask for asthma. The goal of the room's design was to have a very broad appeal and be calming but also engaging. The committee set out to create a space that spoke to patients from different backgrounds, ages, developmental abilities and experiences.

They also wanted the space to appeal to adults who are in the room with their children. "The procedures we do can cause anxiety for parents and caregivers too," says Dr. Plotnick. "They're worried as they see their children undergoing something painful or that causes fear. And we know from published literature that different types of artwork and distraction tools absolutely reduce people's perception of pain and anxiety, whether it's the patient or their caregivers."

MORE THAN MEETS THE EYE

Inside the Distraction Room, no matter which way you're facing, there's something to see. The colourful murals, which were created on infection-control approved material that is easy to clean, fill the walls and part of the ceiling, and the ways to make use of the space are many. For example, nurses and physicians can ask a patient, "How many birds do you see?" or "Can you find the pink balloon?" while these ED team members focus their attention on the procedure itself. They can also invite parents to do the same with their child.

There is also an interactive component at work: the department's two Child Life specialists, Danae Lim-Cesario and Veronica Chan, use iPads which animate the walls and bring to life some of the mural images. Users can make the birds fly or call up black and white images of the illustrations on the wall, then colour these in on the tablet. Danae and Veronica love working with the murals and add that the room's resources and tools allow them to support both patients and parents by helping to minimize stress and maximize coping.

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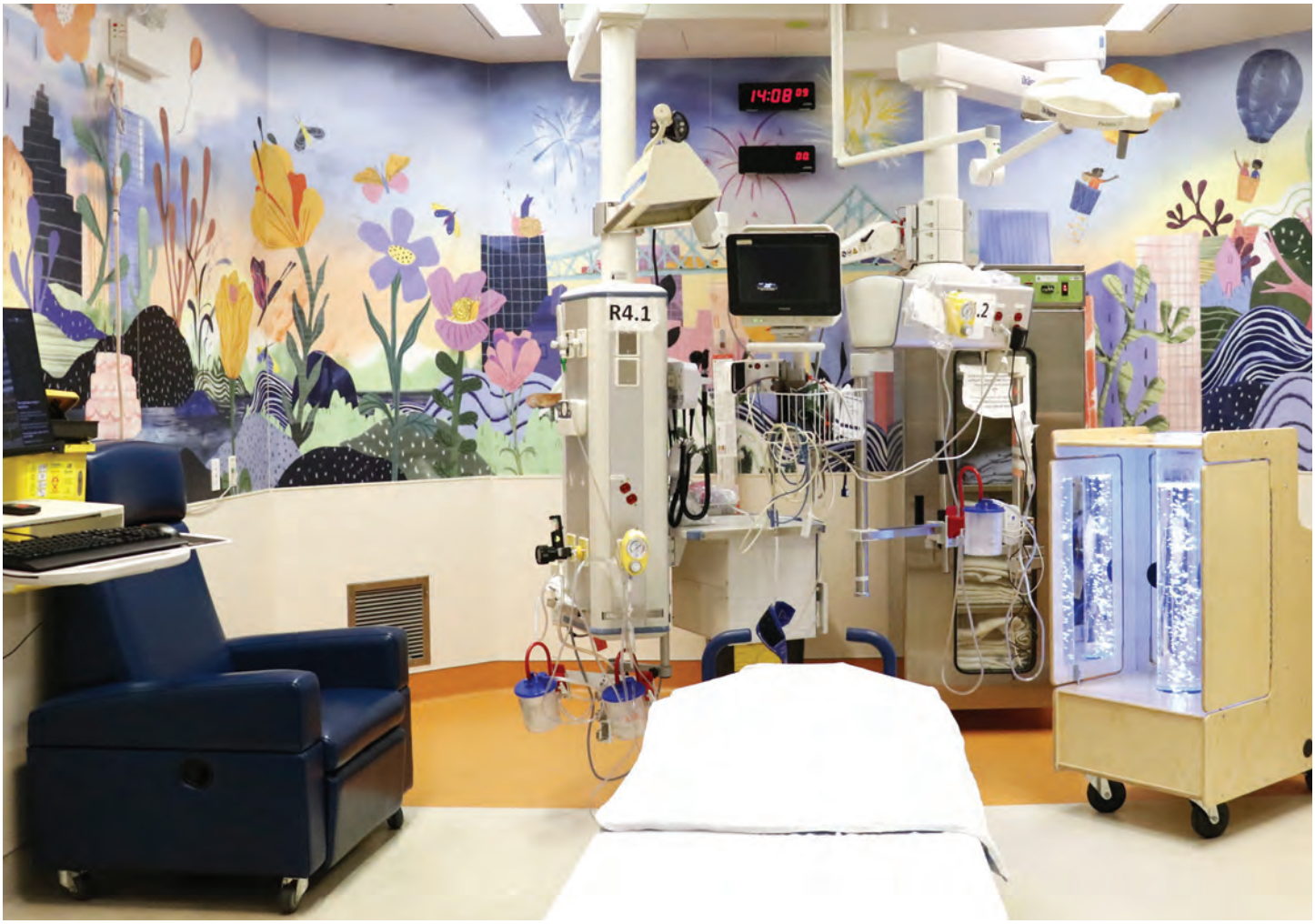
The Distraction Room also has a Snoezelen cart, a mobile multi-sensory unit which includes a bubble tube, fiber-optic strands which change colour and ambient lights. "The cart is especially useful for children with different sensory needs, such as children with autism or developmental delays," says Dr. Plotnick.

Dr. Plotnick points out that the experience in the Distraction Room may also have lifelong benefits for a child or teen. "If it's the child's first time in the emergency department and their experience is not stressful, there's a better chance that the next time they have a procedure they'll be less anxious or fearful." She adds that this can have far-reaching benefits well into adulthood. "By reducing a child's fear and pain we're reducing the chance of a negative experience. We're helping to set children and their families up for success with healthcare visits throughout their lifetime."

The Distraction Room has been in use for nearly a year, and the staff who have used it are very positive about its benefits. Many of them say it's easy to make use of the space and they don't have to think about finding other distraction materials to bring into the room.

Dr. Plotnick would like to see other rooms in the ED and throughout the hospital developed in this way. "I hope that the success of our Distraction Room will serve as a springboard for other departments in the hospital to do the same, because it has proven to be a very effective part of our care." ❇



▶ The Distraction Room also has a Snoezelen cart (right side of photo), a mobile multi-sensory unit which can benefit children with different sensory needs.

Building collaborative care in northern communities

By Maureen McCarthy

Dr. Lucie Nadeau is a child psychiatrist at the Montreal Children's Hospital (MCH) specializing in transcultural work and northern health.

At the beginning of her career, Dr. Nadeau worked in the transcultural clinic at the MCH legacy site, which eventually led to doing work in CLSCs in some of Montreal's multi-ethnic neighbourhoods along with two of her psychiatry colleagues. "For immigrant families and refugees, it's not always easy to come to the hospital for their child's care so we moved towards working in proximity to better support them," she says.

In 2001, Dr. Nadeau began working with Indigenous communities and one of the first projects she was involved in centred on suicide prevention in the Atikamekw community of Wemotaci, which eventually was incorporated into a school project. In 2008, Dr. Nadeau started working in Nunavik as a child psychiatry consultant doing clinical work with families, children and youth in the seven communities of the Hudson Coast.

▶ Above: Dr. Lucie Nadeau in Salluit, Nunavik.

A COMMUNITY OF PRACTICE IN YOUTH MENTAL HEALTH CARE

"Collaborative care is an important aspect of my career," says Dr. Nadeau. "I did research on this in Montreal and more recently almost all my research is in Nunavik, with the main project being a community of practice called Atautsikut, an inuktitut word for togetherness."

The Atautsikut project is a participatory research project whose advisory committee is made up of collaborators and researchers representing the diverse fields and institutions involved in youth and mental health wellness in Nunavik.

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▶ Dr. Lucie Nadeau

The project, launched in 2019, was developed for first-line workers, both Inuit and non-Inuit. "People were asking for more support, but also wanted to know more about mental health and feel more prepared to deal with these issues," says Dr. Nadeau.

"The idea of our community of practice is to meet to discuss different topics around youth mental health and learn together. As much as possible we go with what the participants want to talk about." Recent examples include issues around being a mother in Nunavik, travelling south for hospitalization, art and healing, being a young man in Nunavik, anger issues, crisis intervention with youth, trauma and grief.

The distances in Nunavik are great, which means most meetings are virtual. "At any time, our community of practice can include social workers, community workers, school counsellors, nurses, physicians, early childhood workers and other professionals directly involved in clinical practice." Representatives from Inuit-led, community-based Family Houses in the region also take part.

Artist Mary Paningajak is a committee member who illustrates topics discussed during meetings. "Both images and stories are important as tools within the community of practice," says Dr. Nadeau. Ms. Paningajak also designed the Atautsikut logo which symbolizes many flowers growing together.

Dr. Nadeau's research focuses on evaluating the implementation of the community of practice by conducting group and individual interviews with participants and through participatory observation.

GOING NORTH FOR RURAL ROTATION

Dr. Nadeau is also responsible for part of the rural rotation that all residents in psychiatry must complete. For 15 years she has coordinated the Northern Track which offers residents the opportunity to do rural rotation in communities in Eeyou Istchee and Nunavik, as well as in Abitibi, either going in person or working via telehealth.

They also hold three half-day sessions a year for residents and their supervisors to discuss a topic on Indigenous mental health and well-being, often inviting Indigenous professionals to speak. "We also open some of these sessions to all psychiatry residents so that residents who haven't done the Northern Track can learn more about clinical work with Indigenous people."

BRINGING LIGHT TO INDIGENOUS ISSUES

Last year, Dr. Nadeau was invited to speak to a group of judges on the Commission d'examen des troubles mentaux (CETM) of the Tribunal administratif du Québec to help them gain more knowledge on cultural aspects of the people they see. "Unfortunately, there is an over-representation of Indigenous people in the courts system," says Dr. Nadeau. The professionals serving on the CETM are mainly lawyers and psychiatrists, and they must evaluate individuals charged with a criminal offence who have been deemed unfit to stand trial or not criminally responsible on account of mental disorder.

Dr. Nadeau always prefers, as much as possible, that Indigenous people lead training on Indigenous issues so she asked Alexandre Bacon, an Innu who is president and founder of the Ashukan Institute, to speak to the group as well.

"We discussed the context of the person's life, including the colonial context, and how it influences their realities and their feeling of trust," she says. "And also what we need to know about the individual's history, and how that may have framed their mental health." She adds that Mr. Bacon also spoke about unconscious bias and how realizing it can be an important first step towards a better outcome for an individual.

Despite a very busy schedule, Dr. Nadeau is also learning Inuktitut. "It's quite complex to learn. I will never really be able to converse but it helps me understand more," she says, adding that it also helps with understanding the way people think. "I use a few words here and there, and I can often guess a little bit what people are talking about. I think it's appreciated that I make that effort." ❇

Highlights of the summer at the MCH

By Caroline Fabre

Whether through inspiring visits, live musical performances or engaging activities, the summer was filled with memorable moments at the MCH. Here is a look at some of the season's highlights.

Patients, families and staff from the Hematology-Oncology Day Centre and the Hematology-Oncology and Transplant Unit at the MCH welcomed the summer with a festive celebration organized by Child Life Services in collaboration with Leucan, featuring a beach-themed photo booth, music, smoothies served in pineapples and a tropical atmosphere.

To mark National Indigenous Peoples Day, the MCH had the privilege of welcoming Inuk singer-songwriter Elisapie for a celebration of Indigenous identity, traditions and culture.

International figure skaters met with MCH patients and their families, sharing stories from their careers, showing off their hard-earned medals and talking about their passion for the sport.

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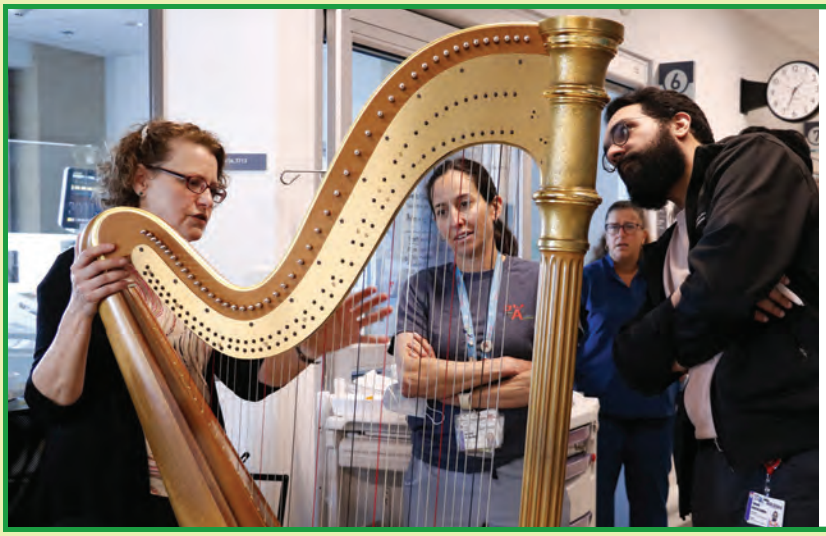

In mid-May, families in the Neonatal Intensive Care Unit and Pediatric Intensive Care Unit of the MCH enjoyed a peaceful and soothing musical interlude thanks to a visit from harpist Olga Gross.

Youppi!, the Montreal Canadiens mascot, visited some of the team's biggest young fans, bringing gifts, hugs and personalized video messages from Canadiens players to thank them for cheering on the team throughout the playoffs.

During a well-deserved break, MCH staff enjoyed delicious pastries, shared their favourite reads and took part in a book exchange organized by our Quality of Work Life Committee.