



MOUNT SINAI HOSPITAL MONTREAL | 2003-2004 ANNUAL REPORT



MISSION STATEMENT

The following mission statement spells out the credo by which we, at Mount Sinai, govern our actions in the care of those who need our services.

It's not just a Hospital, it's what a Hospital is meant to be.

It's not just about care,
it's about caring.

- We will abide by the tradition developed since the turn of the century when the leaders of the Jewish community sought to establish the first respiratory care institution to serve its population.
- In caring for all in a non-sectarian manner, we will seek to provide the best possible care in our area of specialty, respiratory medicine, as well as in palliative care medicine and specialized long-term care medicine.
- We will diligently take part in research projects with the aim to identify medical and technological advances and seek to develop cost-effective and comprehensive health care approaches with particular emphasis on our areas of expertise.
- Through dynamic and focused outreach programs, we will promote health awareness and education as well as disease prevention among our patients, their families and the general community.

It's not just about patients,
it's about people.

- Each patient will be recognized as an individual with personal attention to all needs including those of family members.
- We will recruit the best available staff members and ensure their on-going training. We will work to foster within Mount Sinai a climate of personal growth and integrity, equity and fairness. We will also provide a healthy and efficient working environment for our entire medical team, staff and volunteers.

It's not just about human beings,
it's about being human.

- Our staff will dedicate itself to excellence by delivering humane and effective care in a warm and home-like atmosphere.
- At all times we will focus our care to maximize our patients' quality of life. Whenever possible, we will endeavor to ensure their early return to the community and to an active life with their families.
- In our desire to continuously improve our services and enhance our patients' care, we will be respectful of human needs and suffering and remain centered on the values we share among ourselves.

It's not just about meeting standards,
it's about raising standards.

- Our leaders and staff will endeavor to constantly offer state-of-the-art medical equipment, treatment and rehabilitation facilities to all those seeking care.
- We will strive to maintain and widen our status as a recognized teaching Hospital affiliated with McGill University. We will continue to work with other institutions in the continuing education of healthcare professionals.
- We will constantly strive to meet the standards of the Canadian Council on Health Services Accreditation, which accredits Canadian healthcare institutions.

With each passing year, Mount Sinai Hospital's Montreal commitment to providing excellent patient care grows stronger and stronger.

In 1909, members of the Jewish community established Mount Sinai Hospital Montreal as a tuberculosis sanatorium. The Hospital started humbly as a 12-bed facility in Prefontaine near Sainte-Agathe-des-Monts, Quebec. Today, Mount Sinai Hospital Center is a modern non-sectarian 107-bed institution located in the heart of the Montreal island.

Since its founding, Mount Sinai has been dedicated to caring for patients with respiratory diseases. Initially, Mount Sinai was a forerunner in the treatment of tuberculosis. The Hospital gained a reputation for excellence in this field. It was known, not only for its advanced treatment techniques and innovative research, but also for its dedication and comprehensive approach to total patient care. This was provided through prevention, education, early detection, diagnosis, treatment, follow-up care and research. The Hospital's highly skilled and caring professionals and support staff made sure that patients received care that was state of the art.

As the threat of tuberculosis began to diminish in the 1950's, Mount Sinai shifted its focus from a tuberculosis sanatorium to an intermediate care facility specializing in respiratory diseases such as emphysema, bronchitis, asthma and other chronic obstructive pulmonary diseases (COPD). We recognized that these diseases were particularly insidious because they commonly struck people in the prime of their lives. Statistics reveal that the incidence of respiratory disease is on the rise and is presently the number two cause of death in Canada.

In order to be closer to the community it serves, Mount Sinai moved to Montreal in 1990. Services have been constantly adapted to meet the changing needs of the community it serves. The Hospital is also continually upgrading its facilities and equipment to guarantee the highest level of patient care.

Today, Mount Sinai Hospital Center has three areas of specialization: respiratory care, palliative care and long-term care. Furthermore, the Hospital continues to offer more and more services on an outpatient basis. The goal of Mount Sinai's Respiratory Care Services is to diagnose, treat and stabilize patients and to teach them how to cope with their disease once they return home.

The Hospital's Palliative Care Services include pre-admission, in-Hospital services, homecare and bereavement support. The multidisciplinary staff provides a calm and caring environment to help terminally ill patients and their families. The Hospital's Long-Term Care Services benefit from the Hospital's expertise in respiratory disorders and in other medically unstable conditions.

The Hospital's outpatient diagnostic and treatment facilities provide ambulatory care to the community and support to discharged patients. The outpatient services include an Asthma Management Center, Sleep Disorder Center, Pulmonary Clinic, Outpatient Pulmonary Rehabilitation Program, Allergy and Immunology Clinic.

The aim of our outreach programs is to educate the public about various respiratory diseases in an effort to prevent future medical problems. These programs are an example of preventive medicine and are another avenue used by Mount Sinai Montreal to help keep people healthy. Constant attention to the needs of the community is one of Mount Sinai Hospital Center's hallmarks.

We are proud to have a devoted and active Foundation and Auxiliary. These organizations have always been staffed by a dedicated team of volunteers who are committed to enhancing the lives of the patients Mount Sinai serves. Mount Sinai is proud to be recognized as McGill University affiliated teaching Hospital and is fully accredited by the Canadian Council on Health Services Accreditation.

From its inception at the start of the 20th century, the founders of Mount Sinai Montreal were committed to providing exceptional care to its patients. It's this commitment to excellence that the staff and volunteers proudly continue today and that makes Mount Sinai not just a Hospital but what a Hospital is meant to be.

Report of the President and the Executive Director



Elliot L. Bier
President
Mount Sinai Hospital Center



Joseph Rothbart
Executive Director
Mount Sinai Hospital Center

2003-2004 was an intense year, as much for the challenges we faced as for what we accomplished.

A lot of our efforts were directed toward the Provincial Government's Bill 25, The Health Reform, to reorganize the Health and Social Services network. The Bill is far reaching – and as of the day this report is being written – its implementation and effects are still being discussed at the community and health network levels.

Our four entities which form the Mount Sinai family jointly carried out the reshaping of our corporate image. We have adopted a new logo, the three points of which represent our three specializations: respiratory, palliative and long term care, as well as the triple prevention-diagnosis-treatment approach of the Hospital. The upward direction of the logo is representative of the highest standards of excellence and our commitment to always aim higher in everything we do.

We also adopted a new theme. On the eve of a widespread reorganization movement of health network institutions, the theme 'It's not just a Hospital. It's what a Hospital was meant to be' has taken on special meaning. For over 95 years, administrative reforms have come and gone without Mount Sinai Hospital's having lost the essence of its mission: to heal with compassion, to pursue research and to teach future generations.

We are revisiting our strategic plan by reviewing and clarifying the future needs and developments.

In our continued effort to maintain good communication and harmonious relations, we revised our Incident/Accident Reporting policy, Users' Complaint Policy, Code of Ethics Policy, Visiting Hours Policy, and website to provide additional and updated information.

The Canadian Council on Health Services Accreditation (CCHSA) has once again awarded us full accreditation for the next three years. In its report, the Canadian Council emphasized the excellent quality of the care provided to the patients and its interdisciplinary

approach. The Council also highlighted the degree of satisfaction of the users and their families, as well as the vitality of our research and education sectors.

This year also saw the visit of the Order of Nurses of Quebec, that of the Inhalation Therapists, as well as the College of Physicians. All their reports underlined the excellence of the quality of care and the continuous improvements brought to the clinical/administrative processes.

In matters of public health, we faced the Severe Acute Respiratory Syndrome (SARS) menace, as well as the danger of a scabies epidemic. These two events demonstrated our capability to prevent contaminations involving sometimes tragic consequences by rapidly mobilizing our resources and all the required measures at our disposal.

In another respect, we acquired state of the art diagnostic equipment and continued to adjust services to the needs of the community.

We also continued to invest significantly in the integration of prevention, diagnosis and treatment activities within the framework of our various programs, in-Hospital and ambulatory services: out-patient pulmonary rehabilitation, the sleep disorder laboratory, Asthma Management Center and smoking cessation. In the case of our Asthma Management Center, we have strengthened our partnership links with the GSK pharmaceutical company's PRIISME Program in order to better promote asthma education in the professional and general community.

We have intensified our clinical collaboration with more than thirty Hospitals in the Greater Montreal area, approximately twenty CLSC's and numerous private clinics. This concerted approach, both in respiratory and palliative care, has once again allowed us to participate actively with tertiary Hospitals by directly admitting patients from their emergency rooms.

In June 2003 Mount Sinai Hospital Center and the CLSC René-Cassin jointly decided to proceed with the closure of the Heywood Medical walk-in Clinic. The Clinic was located on the premises of Mount Sinai Hospital Center and provided to the population medical consultations without appointment on weekdays since April 2000.

We have launched the implementation phase of a long term palliative care pilot project developed conceptually during the course of 2002-2003. Based on the concept that patients suffering from COPD and slow evolving cancer have particular needs involving both palliative and long term care, we have decided to strengthen the continuum between the two services in order to intervene at an earlier stage, reduce inter-establishment transfers and improve the quality of life of the patients.

Our outpatient activities have also continued to grow steadily. We have improved the processing of the sleep lab appointments and reports in order to reduce the waiting period. The issue of space having become problematic, we are exploring the feasibility of sleep studies being carried out at home.

In order to optimize data processing and ultimately to improve service to patients and the community, we have proceeded with the implementation of a computer upgrade plan. The plan consists of upgrading our system and computers, thereby adopting more recent standards of speed and data processing. We are also establishing a nursing management plan for the care units, computerized outpatient appointments and other clinical/administrative activities. We also implemented a computer system in the Dietary Department for menu selection, special diets, purchasing, inventory control, etc.

Affiliation agreements with various universities and colleges in Quebec and the rest of Canada, together with other teaching activities have been sustained as they were last year. Concerned with contributing to the

training of a solid new generation of professionals, we continue to welcome students from all levels of learning and in all disciplines. We are happy to report our affiliation agreement with the University of Ottawa.

The research sector has also been particularly busy this year with participation in pharmacological research as well as pneumology and palliative care. The results were presented through various conferences given by, among others, the American Thoracic Society, the Association des pneumologues du Québec, and published in the American Journal of Respiratory Critical Care. Three important outpatient pulmonary rehabilitation research projects were also launched.

Furthermore, we are carrying on with the planning of our 2,275 m² expansion project (24,000 ft²) on three floors with the purpose of rectifying certain functional building deficiencies and to raise building standards to current expectations.

In the framework of our quality of life improvement policy, and thanks to a designated gift, we have carried out Phase I of our Healing Garden project. Patients, their families and visitors may enjoy a smoke-free garden of an area of 1,275 m² (13,720 ft²), an ornamental lake of 145 m² (1,560 ft²) and more than 1,200 perennials of 15 different species.

During fiscal year 2003-2004, 13 complaints were lodged by 13 separate persons and resolved after investigation to the satisfaction on all parties concerned.

Finally, we wish to thank all the members of the board of directors, the staff and volunteers, the members of various committees, as well as all of our colleagues on the Boards of the Corporation, the Foundation and the Auxiliary. Their dedication and professionalism day after day have contributed to make Mount Sinai Hospital Montreal what a Hospital was meant to be.

Elliot L. Bier
President

Joseph Rothbart
Executive Director

The ethical guidelines for the members of the Board of Directors of Mount Sinai Hospital Center specify their duties and obligations in fulfilling of their responsibilities. These principles state that Board members are expected to:

- Show constant concern for the respect of human life and for the right to health and social services
- Actively participate with a team spirit in the development and realization of the general goals of the establishment
- Attend the Board's meetings and vote when required
- Conduct oneself in a manner which promotes good faith, confidence as well as consideration required by the position
- Carry oneself with integrity and fairness
- Be honest, loyal and not breach trust
- Respect the confidentiality with respect to debates, exchanges and discussions

During the 2003-2004 year, no transgression of the present principles of ethics was registered.

MEMBERS OF THE BOARD AND ADMINISTRATIVE STAFF

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Head Nurse – 4th Floor
Norman Wolkove, M.D.
Head of Pneumology Services

~ Retired, resigned or left service



Rubin Becker
Director of
Professional Services

Report of the Director of Professional Services

This year, the Administration, Hospital Board and Foundation joined forces with our clinical staff to launch a comprehensive campaign to raise awareness of the Hospital and its special services.

Our growth in inpatient, outpatient and homecare services continues at a surprising pace considering the significant budgetary restrictions. Mount Sinai continues its long tradition of placing the priorities of patients and families at the top of our list.

The respiratory program continues to expand and meet the increasing demand. The sleep lab is now operating at 100% capacity seven nights per week, performing over 1,000 sleep studies per year.

The outpatient respiratory services include an expanded Out-patient Pulmonary rehabilitation program, an Asthma Management Center and daily respiratory consultations.

Our Palliative Care Program continues to provide pre-admission services, 15 inpatient beds, a bereavement program and a growing home care program.

Our Long Term Care Service provides a warm home-like atmosphere to 57 patients who require the specialized setting that Mount Sinai provides.

We are in the midst of reviewing our strategic plan and look forward to future additions to our limited space. We are indebted to the Board of Directors,

Hospital Corporation, Foundation, Auxiliary and all devoted benefactors who continue to support our efforts to serve the community and allow us to extend our capacity to deliver the highest quality of care.

Rubin Becker, MDCM FRCP (C) CSPQ
Director of Professional Services

Howard Blatt
President of the Mount Sinai
Hospital Corporation



Report of the President of the Mount Sinai Hospital Corporation

It is with great pleasure that I thank the organizers of the 15th Mount Sinai Hospital Annual Golf Tournament, as well as all the participants, for their support. The money raised in the framework of this major event has once again allowed us to support the Asthma Management Center.

As many others owning corporations, the Mount Sinai Hospital Corporation kept a close watch on developments of the Provincial Government's Bill 25 pertaining to the reorganization of the Health and Social Services Network and on its potential impacts on the community asset. As of the day this report is written, discussions aimed to arouse the decision makers' awareness of the importance to protect the community asset against unilateral expropriation movement are still in progress.

Thanks to a major contribution made by a generous donor, The Healing Garden project has become a reality. The first of the three phases has been completed successfully. This large scale infrastructure works result in an ornamental lake 145 m² (1 560 ft²), alley planning, fencing and flowerbed preparation.

This year we proceeded with cabling the Outpatient Department examining rooms and three nursing stations as to prepare their computerization. Moreover, and again thanks to a generous contribution of a donor, a project of converting two rooms into medical offices for physicians working on the 2nd floor, has been approved. This was done to render the space much more functional. The office spaces on the 2nd floor had, in fact, become insufficient to accommodate professionals. We also followed up on developments of the proposed extension project submitted by Mount Sinai Hospital Center's administration.

Further to a partnership agreement with McGill University School of Architecture we decided to go ahead with a museum gallery project. We had planned in the early 90's to integrate this historical gallery into the space on the right of the Gift Shop, thus recounting near 100 years of history of care.

We actively pursued discussions pertaining to the transfer of the property: buildings and a part of the land in Ste-Agathe-des-Monts. These negotiations were at the mutual satisfaction of interested parties and, at the moment this report is written, the deed of sale is being finalized by the notary.

Finally, we are proud that in its evaluation report the Canadian Council on Health Services Accreditation (CCHSA) emphasized the excellent quality of environment, installations and efforts made to minimize adverse events.

In conclusion, I wish to thank all the members of the Board of Directors of the Corporation, the Mount Sinai Hospital Center Board of Directors, Administration and staff, the volunteers, our colleagues on the various committees, the Foundation and the Auxiliary. Their dedication and professionalism on a daily basis have contributed to making Mount Sinai what a Hospital is meant to be.

Howard Blatt
President

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Pharmacist
Mrs. Iris Dayan
Pharmacist
Mrs. Lise Lafoley
Pharmacist





Arnold M. Ludwick
President of the Mount
Sinai Hospital Foundation

Report of the President of the Mount Sinai Hospital Foundation

The Foundation has had another stellar year. These results are due to the devotion and dedication of our donors, officers and staff. We have been extremely fortunate in enjoying the support of generous individuals, corporations and foundations. Our donors are the backbone of the foundation and all our efforts are in support of the Hospital. We are deeply grateful for their contribution to the growth and development of our institution.

As of December 2003, the Foundation's ongoing Capital Campaign has raised \$8.4 million in pledges and has collected \$6.4 million of this amount in accordance with the terms of the pledges.

The Foundation is totally committed to supporting all of the exciting initiatives of the Hospital Centre. We are raising funds to develop and support new programs for our patients and their families and to upgrade the facilities to enhance patient quality of life. Building on the success of previous campaigns, the board has resolved to increase the fundraising drive from \$7 million to \$25 million, in order to meet the most important priorities of the Hospital.

The first major component of this new campaign involves honouring two prominent families, the Bronfmans and the Landes, who have demonstrated extraordinary leadership in transforming Mount Sinai into a modern and vibrant institution, almost since the inception of the Hospital nearly 100 years ago. The tribute campaign in honour of Marjorie Bronfman and Milly Lande, who are carrying on the family tradition, will culminate in a Gala celebration at Place des Arts in June 2004.

The Foundation is excited to be part of the team, which is continuously planning the expansion and the improvement of the programs, services and the facility; we look forward to the next 100 years with your continued support for Mount Sinai.

Arnold M. Ludwick
President

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Presidium



Report of the Presidium of the Auxiliary of Mount Sinai Hospital

The 70th Annual Closing Luncheon honored all of our dedicated past presidents who took part in a candle lighting ceremony. This was the start of a year of special festivities.

A major project at Place des Arts took place at the end of August 2003. The Auxiliary hosted the acclaimed musical "Miss Saigon" followed by an elegant reception in honor of Ruth Kovac. Our honoree has been an active and valued member of the Auxiliary, the Hospital and the Community. Ruth spoke eloquently of the Auxiliary's history to all in attendance. The proceeds of this event assist the operation of the Sleep Disorder Clinic at Mount Sinai Hospital Center, a recognized leader in this field of medicine in Canada.

A Hospital & Auxiliary dream has been realized as we celebrated our 70th year. Due to the efforts of a dedicated auxiliary member, a generous donation allowed the Hospital Garden Project to proceed. Patients and their families will benefit from the new facilities. The Auxiliary will proudly and perpetually maintain this garden.

Our eighteenth (Chai) annual Bridge Tournament and Luncheon was held at Hillsdale Golf and Country Club, September 17 2003, continuing in the tradition of our successful endeavors.

An Open Board and Breakfast meeting September 22, 2003 honoured three very devoted people for their many hours volunteered to the Auxiliary: Jack Posel, Bunny Russman and Morrie Russman. Our guest speaker Ariella Cotler MSW, was most informative and impassioned.

October 23, 2003 the 20th Annual Blood Donor Clinic in conjunction with Hema Quebec collected 118 units, a 20% increase over the previous year.

Annual Raffle Draw and Open Board meeting was held on October 28, 2003. The musical entertainment provided by Ilan Kunin and Lisa Rubin was thoroughly enjoyed by all, including many patients.

A festive 3rd annual Chanukah Party in the lovely home of one of our own members brought Auxiliary chairpersons together as a gesture of thanks.

The 5th annual Bingo Bash took place May 12, 2004. The proceeds of this successful event purchased five specialized hi-low beds for the patients.

The Auxiliary also has direct involvement with the patients and their families providing an intimate, friendly atmosphere to make them feel at home. We welcome all newly admitted

patients on a weekly basis with the personal distribution of a toiletry kit. Three times a year, prior to special holidays, members of the Auxiliary together with a professional guitarist/singer visit all the patients. For many of them, the memory of a song can bring a smile, a tear, a movement of a toe, a hand clapping, twitching of an eyelid or boisterous singing to show their appreciation. Sponsored by individual donors or the Auxiliary, our weekly Oneg Shabbat brightens the lives of our patients and their families.

The Coffee Shop continues to serve the needs of the patients, families, visitors and Hospital staff. This is a not-for-profit business run by the Auxiliary.

The Gift Shop, a very profitable business, is making a name for itself in the community due to the diligent work of its chairperson.

Many ongoing projects help contribute to enhance the quality of life for the patients and their families. Can-Tabs proceeds provided four geriatric chairs. Common Cents proceeds purchased an oxygen saturator.

The outstanding bulletin has had another successful year informing the community of our activities and accomplishments. Special featured articles written by Hospital staff covered music therapy and sleep lab.

We express our sincere thanks and appreciation to Mr. Elliot Bier, President of Mount Sinai Hospital Center; Mr. Howard Blatt, President of the Mount Sinai Hospital Corporation; Mr. Joseph Rothbart, Executive Director of Mount Sinai; Mr. Bertrand Mongodin, Director of Hospital Services, Human Resources and Informational Systems; Daniel Malca, Head of Development and Communications and Rhonda Butler, Coordinator of Community Relations and Volunteer Services for their continued support. We extend our deepest gratitude to the dedication and diligence of our chairpersons, their committees, volunteers, Aline Bank and Ellen Wallingford.

Special recognition must be given to all donors, sponsors and participants of our events and projects. The Community supports the work of the Auxiliary so that in turn we can enhance the quality of life of the patients and their families, which is our "raison d'être".

Lorraine Caplan
Henia Lifshitz
Sheila Lackman
Presidium

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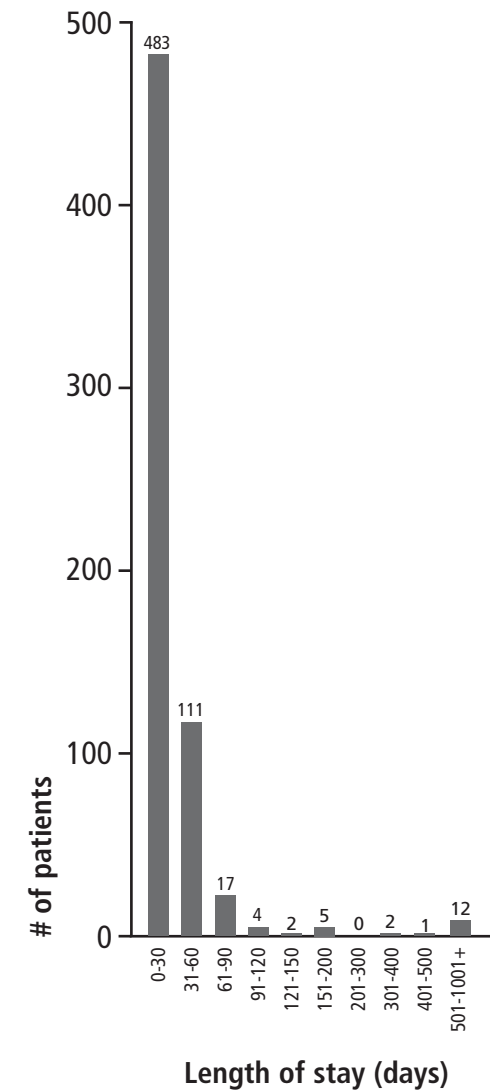
	2003-2004		2002-2003	
Diagnosis on Discharge				
Obstructive Chest Diseases	53%		53%	
Other Respiratory Diseases	8%		10%	
Malignant Tumors of Respiratory System	7%		8%	
Malignant Tumors other than Respiratory System	24%		21%	
Others	7%		8%	
Number of Admissions	638	100%	550	100%
Respiratory Short Term Service	413	65%	380	69%
Palliative Service	197	31%	150	28%
Long Term Service	28	4%	20	3%
Outpatient Clinics				
Emergency (visits)	37		7	
Heywood Clinic (CLSC evenings)*	204		1,020	
Specialty Clinics (visits)	2,425		2,696	
Chest (visits)	5,613		5 484	
Physical Medicine				
Physiotherapy (visits)	8,185		8,383	
Occupational, Recreology, Music and Art Therapy (visits)	13,083		13,580	
Diagnostic Services				
Cardiology (units)	19,526		17,186	
Radiology (units)	100,143		90,993	
Laboratories (units)	290,334		256,392	
Procedure Room				
Minor Surgical and Special Diagnostic Procedures	1,039		1,303	
Respiratory Therapy				
(treatments)	33,479		29,668	
Pharmacy				
Medications prepared per year	357,780		362,150	
Medications prepared per day	978		992	
Social Services				
Inpatient Cases	742		952	
Outpatient Cases	44		47	
Medical Records				
(Admission units)	3,781		3,980	
Dietary				
(number of meals)	216,384		216,175	
Laundry				
(number of kilos)	137,699		135,089	
Volunteer				
(number of hours)	34,790		33,486	

*Closed during the year.

	2003-2004	2002-2003
Admissions	638	550
Discharges		
Regular	436	383
Against Medical Advice	6	0
Palliative Care Services	172	146
Others	23	20
Total Discharges	637	549
Autopsies	0	0
Patient Days	35,778	36,215
Average Length of Stay (days)	58.86	62.34
Patients Treated	738	649

REGIONS AND AREAS SERVED

- 06 Montreal
- 13 Laval
- 14 Lanaudiere
- 15 Laurentides
- 16 Monteregie
- Ontario



Statistics of admissions, discharges and patients treated

