# **MOUNT SINAI HOSPITAL MONTREAL**



**ANNUAL REPORT 2009-2010** 





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

### 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 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 healthcare 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 Hospital Center 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.
- Mount Sinai will assure the safety of all staff, volunteers, and patients/residents by aiming towards best practices and by developing a culture of safety throughout the establishment.

# 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 endeavour to constantly offer state-of-the-art treatment, medical equipment and rehabilitation facilities to all those seeking care.
- We will strive to maintain and widen our status as a recognized 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 Accreditation Canada, which accredits Canadian healthcare institutions.



## 2009-2010

# Report of the President of the Center Board and Executive Director

The 2009-2010 year has been a milestone for the Mount Sinai Hospital Montreal as it celebrated its centennial. We took advantage of this opportunity to reminisce about our past accomplishments and to look towards the future as we are embarking on the next century.

The launch of the official celebrations of our centennial was held in collaboration with the Quebec Lung Association on March 24, 2009 – World Tuberculosis Day – followed by other main events: ■ An exposition at the Montreal Science Centre. During three months, our "Inspiration" exhibit raised public awareness about the functioning of the human respiratory system, attracting more than 100,000 visitors. ■ A Centennial Gala at the Casino de Montreal, organized by the hospital's Auxiliary. ■ A symposium on sleep apnea at the Windsor Hotel, for health care professionals and the general public. ■ Pink Lungs Days at Place Ville-Marie, where the public discussed lung disease with nurses and respiratory therapists and had their pulmonary function tested. ■ A commemorative book portraying the 100 years of the Hospital in pictures was distributed to more than 17,000 people. ■ A commemorative centennial medallion was given to several individuals, including Anthony Housefather, Côte-Saint-Luc Mayor, Lawrence Bergman, MNA for d'Arcy-McGee and Irwin Kotler, MP for Mount-Royal.

In June 2009, following a recruitment competition for a new Executive Director, the Board of Directors approved the appointment of Mr. Michel Amar who had been fulfilling the responsibilities on an interim basis.

We are particularly proud of the agreement signed with the Cavendish Health and Social Services Centre and the Jewish General Hospital relating to the care of people suffering from severe chronic obstructive lung disease (COPD). This will enable us to better care for the largest number of patients suffering from COPD, providing all of the services and treatments they need at home and in-hospital and reducing the duration of hospitalization.

In collaboration with the Agence, we have organized and implemented all measures associated with the preparation and the prevention of the type A (H1N1) influenza pandemic.

In December 2009 we were visited by the representatives of Accreditation Canada. We are proud to have been awarded full accreditation for a period of three years (2009-2012).

In 2009-2010, we have renewed our palliative care affiliation agreement with McGill University for a period of six years, allowing students to benefit from medical observation training in our palliative care centre. We also have agreements with other teaching establishments (high schools, CEGEPs, universities) for training in nursing, dietetics, social services, physiotherapy, occupational therapy, pharmacy and leisure sciences.

We have conducted a satisfaction survey with our employees, based on five factors: organizational culture, employee recognition, management style, quality of internal communications and organizational performance. Following evaluation of the results, we have added several initiatives to the ones already in place.

During the course of the year, we have updated many of our internal policies including: harassment policy, code of ethics for Board Members, pre-employment process and job descriptions. We have also established a communications process for patients who speak neither French nor English, drawing on the 27 different languages spoken by our staff.

We have replaced some of our equipment and engaged in important renovations, including: new up-to-date technology equipment for our sleep apnea laboratory; new computers for external clinic doctors, giving them access to medical imaging; new non-slip flooring in the kitchen; painting of all patient rooms and all hospital passageways.

We have spent more than \$185,000 on staff training, continuing to offer our staff different inhouse and outside training sessions to maintain and develop their professional expertise in many areas of patient and resident care.

We continued the preparation of our plans for major building renovations, with the goal of converting all of our current patient rooms into private rooms and to have a greater number of common areas adapted to the needs of our clients. We must now continue our discussions with the Agence and the Ministry in order for this project to move forward.

Many results of the work done by our Research Department have been published or presented at international conferences. The research covered topics such as obstructive sleep apnea syndrome, amiodarone pulmonary toxicity, pulmonary rehabilitation, and many others.

Mount Sinai Hospital has signed a management agreement for 2009-2010 with the Agence. All of our goals were met or surpassed, except for the ratio of agency nurses. However, we have made progress towards our goal in this area. In addition, out of 29 administrative goals, 26 were met. We are presently taking action to meet the other three, which relate to: the publication of our cultural diversity policy; the relocation of our server room; the percentage of our employees vaccinated against influenza.

Our financial performance shows that once again we have ended the year with a balanced budget and that the volume of activities has remained relatively stable with the exception of: physiotherapy and respiratory therapy, where we experienced hiring difficulties; radiology, where activities were affected by several weeks of renovations and the installation of digital equipment; the pharmacy, due to a change in distribution frequency of some medications.

The Executive Committees of the Council of Physicians, Dentists and Pharmacists, the Council of Nurses, the Multidisciplinary Council, the Medical Review Committee, the Pharmacy Committee, the Users Committee, the Watchdog Committee and the Risk Management Committee met regularly during the course of the year.

The 2009-2010 Local Commissioners' report on complaints and quality of service indicates that 16 complaints have been filed throughout the year, which corresponds to the same number reported last year. Three complaints were linked to accessibility, one to financials, five to organisation and material resources, four to interpersonal relations, three to delivered services and care. One complaint was reviewed by the Medical Review Committee. Eighty percent of the complaints were analyzed within the prescribed time frame. The Commissioner has made 14 recommendations (compared to 33 in 2008-2009) that have all been implemented.

The Watchdog Committee also analyzed the results of satisfaction surveys sent out to patients. Ninety-five percent of respondents declared that they were satisfied with the services offered by the Centre and that all or most of their expectations were met. From the analysis of the questionnaires received, there are two aspects that can be improved: the signal quality of 9" television sets in rooms with four beds and the taste of some foods. We are working on improvements in those areas.

Several aspects associated to quality have been improved during the year: creation of a coordinator position for Quality and Risk Management; internal certification project for nurses and nursing assistants for sterilization techniques, intramuscular injections and the insertion of urine catheters; continuing education of staff with the organisation of a new education room; redefinition of the nurses' and nursing assistants' roles; once a week distribution of medication to palliative patients as opposed to once every two weeks.

The Risk Management Committee has followed up on users' falls, errors in medication, infection control, control measures for users, bed sores, lawsuits and employee health. Annual results show a 26% drop in patient falls, 38% drop in medication errors, and 24% drop in nosocomial infections (mainly urinary tract infections and pneumonia). We have a limited number of patients on control measures and patients with pressure ulcers.

There are several major challenges facing us in 2010-2011: implementing budget constraints in accordance with Bill 100; following up on the implementation of the tripartite project on the continuum of care for COPD; moving ahead on preparing for hospital renovations; staff recruitment and retention plan; following up on staff accountability and motivation.

We wish to thank all members of the Hospital Center Board as well as the Corporation Board, the Auxiliary and the Foundation, for their support and cooperation. We also wish to thank members of all committees for their work and dedication to the hospital. We must also thank all of our staff, doctors, and volunteers for their professionalism and the cooperation they showed throughout the year. This concerted effort from all players makes Mount Sinai Hospital more than just an institution – it is what a hospital is meant to be.

## Elliot L. Bier

President Mount Sinai Hospital Center

## **Michel Amar**

Executive Director Mount Sinai Hospital Center

### MEMBERS OF THE BOARD AND ADMINISTRATIVE STAFF

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Dr. Norman Wolkove

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Dr. Rubin Becker

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Head Nurse,

Palliative Care and Long-Term Care

Judith Koller
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Financial Counsellor

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and Volunteer Services
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**Head of Palliative Care Services** 

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**Head of Pneumology Services** 

**Chudney Pierre-Louis** 

Coordinator of Staff Health & Ambulatory Services

Vacant

Head Nurse, Long-Term Care

# COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS

#### **ACTIVE MEMBERS**

Dr. Frederica Abcarius, Family Medicine

Dr. Marcel Baltzan, Pneumology

Dr. Rubin Becker, Geriatrics/Internal Medicine

Dr. Daniel Benaïm, Family Medicine

Dr. Kateri Champagne, Pneumology

Dr. Richard Dabrusin, Pneumology

Mrs. Iris Dayan, Head Pharmacist

Dr Anna Demanins-Towers, Palliative Care

Dr. Joel Fox, Pneumology

Dr. Jack Glay, Radiology

Dr. Andrew Hirsch, Pneumology

Dr. Linda Klein, Family Medicine

Dr. Suzanne Levitz, Family Medicine

Dr. Marvin Nathens, Radiology

Dr. Mark Palayew, Pneumology

Dr. Marilisa Romano, Family Medicine

Dr. Michael Rotaple, Pneumology

Dr. David Small, Pneumology

Dr. Golda Tradounsky, Family Medicine

Dr. Michael Wiseman, Dentist

Dr. Norman Wolkove, Pneumology

Dr. Edouard Yeghiayan, Radiology

#### **CONSULTANT MEMBERS**

Dr. Seymour Blum, Gastro-Enterology

Dr. Joseph Carlton, Neurology

Dr. Jaime Caro, Pneumology

Dr. Roger Fenster, Surgery

Dr. Allan Finesilver, Oto-Rhino-Laryngology

Dr. Saul Frenkiel, Oto-Rhino-Laryngology

Dr. Isaac Fried, Oto-Rhino-Laryngology

Dr. Phil Gold, Immunology

Dr. Stephen Jacobson, Urology

Dr. Pamela Jones, Orthopedics

Dr. Morton Kapusta, Rheumatology

Dr. Thomas Kohn, Dermatology

Dr. Donald Laporta, Pneumology

Dr. Balfour Mount, Palliative Care

Dr. Joseph Portnoy, Microbiology

Dr. Morris Schweitzer, Endocrinology

Dr. Marilyn Segal, Psychiatry

Dr. Nathan M. Sheiner, Cardio-Thoracic Surgery

Dr. Joseph Shuster, Immunology

Dr. Peter Small, Immunology/Allergy

Dr. Emile Svarc, Opthamology

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Dr. Manon Côté, Family Medicine

Dr. Michael Dworkind, Family Medicine

Dr. Parissa Gharghi, Family Medicine

Dr. Michael Kalin, Family Medicine

Dr. Hany Kamel, Family Medicine

Dr. Jacqueline Klavana, Family Medicine

Dr. Max Myara, General Medicine

Dr. Virginia Myles, Family Medicine

Dr. Anatole Nguegno, Family Medicine

Dr. H.T. Nguyen, General Medicine

Dr. David Prupas, Family Medicine

Dr. Norman Sabin, Family Medicine

Dr. Eli Segal, Family Medicine

#### **HONORARY MEMBERS**

Dr. Martin Eidinger, Dentist

Dr. Stanley Eidinger, Int. Medicine/Chest Diseases

Dr. Harold Frank, Pneumology

Dr. Andrew Gonda, Internal Medicine/Nephrology

Dr. Adalbert Jegyud, médecine générale

Dr. Harvey Kreisman, Pneumology

Dr. Arthur Rosenberg, Hematology

Dr. Sydney Segall, Cardiology (deceased).

#### **PHARMACISTS**

Mrs. Joelle Amselem, Pharmacist Mr. Claude Bouhadana, Pharmacist

# **EXECUTIVE COMMITTEE OF THE COUNCIL OF NURSES**

Michel Amar, Executive Director / Jordana Bensemana, Interim Coordinator of Risk Management and Quality Assurance, Interim President of CII / Tania Fanelli, Nursing Assistant / Adèla Lazar, Nurse, President of CII (maternity leave) / Belle Maclan, Nurse / Elizabeth Markakis, Director of Nursing / Linda Paquin, President of Nursing Assistants Committee / Tara Steinberg, Nurse.

## **EXECUTIVE COMMITTEE OF THE MULTIDISCIPLINARY COUNCIL**

Michel Amar, Executive Director / Danielle Lynch, Physical Rehabilitation Therapist / Haguid Marciano, Occupational Therapist / Elizabeth Markakis Director of Nursing / Line Ouellet, Asst. Chief Technician, Diagnostic Imaging, President of MC



# Report of the President of the Corporation

During the year 2009-2010, the Corporation oversaw the implementation and completion of many improvements to the hospital building:

- A complete renovation of the radiology department and new high tech equipment installed.
- New made to measure office furniture for three doctors' offices in the clinic and one on the second floor to accommodate the new medical imaging systems.
- A new walk in morgue that can accommodate six bodies.
- Air conditioning in the head nurses' offices.
- For additional safety and security, 14 additional cameras, a recorder and monitors with a split screen.
- Staff cafeteria redecorated.
- New drains and a state of the art anti skid floor in the kitchen.
- New stainless steel diamond plate floors in the 4 elevators.
- A new hardwood floor in the board room.
- Paint touch up program and wall repairs.

Other improvement projects are scheduled for completion during the coming year, including: renovation of the garden with a new waterfall in the basin; a second non-kosher staff dining room; a wall protection program behind patients' beds to prevent damage; installation of hot/cold water mixing valves at all toilet sinks; a new fire detection system; a new state of the art computer server room.

As always, our healing garden continues to mature in beauty and stature, and it was again recognized by the City of Côte St. Luc by receiving our 6<sup>th</sup> consecutive Maison Fleurie Award and the third year in the Elite division for its beauty and uniqueness – as per the Mayor's words, "an asset of pride for the city."

We wish to thank all of the members of the Corporation Board of Trustees, the Hospital Center Board and management, the Foundation and the Auxiliary along with the staff, physicians and volunteers who remain dedicated to uphold the mission statement of our hospital. As we have now moved into our second 100 years of service to the community, we look forward to contributing to the continued success of an outstanding healthcare facility.

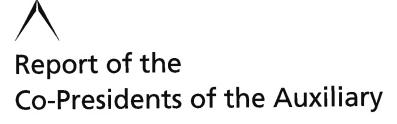
## **Howard Blatt**

President Mount Sinai Hospital Corporation

# BOARD OF TRUSTEES MOUNT SINAI HOSPITAL CORPORATION

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Howard Blatt, President
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Albert Coronel\*
Max Druker, Vice-President
Michael Flinker
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Katrina Rothbart
Carol Seltzer
Hyman Waxman
Sheila Zemel

<sup>\*</sup>deceased



The Auxiliary is very proud to report on its many accomplishments which took place over the past year. Our first major endeavour was to refurbish the Coffee Shop, one of the many services to the Hospital that is provided by the Auxiliary. The goal, to move towards an eco-friendly and warm environment with new chairs and tables, an inviting décor and more heart-healthy snacks and food choices, was met with much success.

Our annual Closing Luncheon took place at the Hospital on June 1<sup>st</sup> with the installation of our new Executive and Board. They quickly took up the reins of the many events and projects which the Auxiliary undertakes in order to provide the much needed services to the patients and residents of the hospital. The success of these many projects is greatly due to the tireless efforts and much dedication of the members of the Auxiliary Executive and Board.

In commemoration of Mount Sinai Hospital's Centennial Anniversary, the Auxiliary proudly hosted a Gala Evening at the Cabaret du Casino de Montréal on June 4<sup>th</sup>, 2009. The Past Presidents of the Auxiliary were honoured, and attendees from Hospital staff, administration and volunteers, as well as many members of the community, were on hand to celebrate the auspicious occasion.

The annual Open Board and Breakfast meeting was held at Mount Sinai on September 14<sup>th</sup>. Our guest speaker was author and columnist Albert Nerenberg who literally had us laughing in the aisles with his discussion on laughter as an important social and therapeutic tool.

September 23<sup>th</sup> was the date for our 24<sup>th</sup> Annual Bridge Tournament and Luncheon at Hillsdale Golf and Country Club. A sold out crowd of 400 men and women, over 150 sponsors and many beautiful donated raffle and door prizes, contributed to this being the most successful tournament yet, with profits of over \$50,000.

Mount Sinai's 25<sup>th</sup> annual Blood Donor Clinic was held at Cavendish Mall in conjunction with Hema Quebec on October 22. Over 99 pints of blood were collected from donors who gave the Gift of Life. Our volunteers did an exceptional job and helped make this truly a community event.

The Auxiliary jumped onto the "gold party" bandwagon with 2 events in July and October. Not only did the participants walk away with cash in exchange for gold jewellery items, but we received a donation of 10% of the value of all the gold exchanged which amounted to over \$5,000.

The final event of 2009 was our annual Chanukah/Christmas party held on December 5<sup>th</sup>. Many Hospital staff and volunteers joined with the Auxiliary to celebrate a very successful year.

Our fourth season of book reviews, now referred to as the Mount Sinai Literary Breakfast Club, was a tremendous success with about 150 participants enjoying a mini breakfast and five different novels and reviewers during the spring and fall months.

Of the many on-going projects that the Auxiliary undertakes, one of the most rewarding is our collection of can tabs which has seen the participation of schools, restaurants, clubs and individuals from all over North America. Almost \$1,000 has been collected this year alone, and we have now engaged a Summit School student to help with the project.

Other on-going initiatives that the Auxiliary supports is the distribution of agenda books, collection of loose change – our "Common Cents" project, funding of the maintenance of our "Healing Garden" and the publication of our Bulletin twice a year to inform over 4,000 readers about Auxiliary events and important Hospital activities. Our Gift shop continues to offer wonderful merchandise and show a handsome profit.

Welcome Packages are distributed to each new patient and resident, and an Oneg Shabbat ceremony each Friday afternoon is eagerly awaited. Through our Patient Welfare program, we offer gifts to each patient and resident, and entertain them with singing and musical accompaniment at Passover/Easter, Rosh Hashanah and Chanukah/Christmas. We also sponsor the Podiatry Service which is available to the patients and residents each month, and fund many holiday events through the Recreology department.

The Auxiliary has disbursed over \$150,000 during the 2009-2010 period for equipment purchases, including 20 more Hi-Lo Beds for the Hospital for a total of 50 beds, and has committed to the funding of the remaining beds needed.

To support the Hospital in its need for certain services and specialized equipment not covered by the government is our raison d'être. We are indebted to our ever-growing general membership, new Life Members and the community at large which help us attain our fund-raising goals through donations and patronage in our many events.

As always, we are very grateful for the guidance and support of the members of the Board of Directors of the Hospital Center, the Corporation and the Foundation, as well as the Hospital Administration and staff. Special thanks go to the Volunteer department and all the volunteers of Mount Sinai who help the Auxiliary to make a difference.

We will strive to always make a difference and be the best that an Auxiliary is meant to be.

# Debbie Giser Marlene Goldberg Cynthia Zarr

Co-Presidents, Mount Sinai Hospital Auxiliary

## THE EXECUTIVE MEMBERS OF THE AUXILIARY

#### **ADVISORY COUNCIL**

Hannah Abramovitch

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Karen Fried

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Cynthia Zarr

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**Rita Vosberg** 

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**Jack Posel** 

**MEMBERSHIP** 

**Helen Diamond** 

Bea Schachter

**Naomi Sharpe** 

**Sheila Silverberg** 

# **STATISTICS**

	2009-2010	2008-2009
Diagnosis on Admission	49%	58%
Obstructive Chest Diseases	13%	6%
Other Respiratory Diseases	7%	7%
Malignant Tumors of Respiratory System	22%	25%
Malignant Tumors other than Respiratory System	9%	4%
Others	370	470
Number of Admissions	646 100%	661 100%
Respiratory Short Term Service	431 67%	418 63%
Palliative Service	194 30%	207 31%
Long Term Service	21 3%	36 6%
Outpatient Clinics		
Specialty Clinics other than Chest (visits)	1,320	1,423
Chest (visits)	9,930	9,057
Physical Medicine		
Physiotherapy (days-treatments)	8,453	7,678
Occupational Therapy (days-treatments)	810	819
Recreology, Music and Art Therapy (attendance)	16,084	16,232
Diagnostic Services		
Cardiology (units)	7,320	8,475
Radiology (units)	20,858	25,266
Laboratories (units)	197,866	198,086
Procedure Room		. ===
Minor Surgical and Special Diagnostic Procedures	1,485	1,573
Respiratory Therapy		
(treatments)	38,902	42,965
Pharmacy		
Medications prepared per year	30,206	32,636
Medications prepared per day	116	126
Social Services		643
Inpatient Cases	630	643
Outpatient Cases	44	39
Medical Records		22.640
(Admission units)	32,344	32,648
Dietary	444 848	450 733
(number of meals)	161,527	159,732
Laundry		430.000
(number of kilos - soiled linen)	125,748	130,968
Volunteers		
(number of hours)	45,259	44,610

# **STATISTICS**

## 2009-2010 2008-2009

Admissions			REG	IONS AND AREAS SERVED
Respiratory Short Term Service	431	418		
Palliative Service	194	207	04	Mauricie- Bois-Francs
Long Term Service	21	36	06	Montréal
Total Admissions	646	661	13	Laval
	-		14	Lanaudière
Discharges			15	Laurentides
Respiratory Short Term Service	436	414	16	Montérégie
Palliative Service	193	204		
Long Term Service	21	36		
Total Discharges	650	654		
Regular	457	433		
Against medical advice	3	1		
Palliative Care Services (deaths)	173	184		
Other deaths	17	36		
α				
Autopsies	1	0		
Patient Days	35,796	35,670		
Average Length of Stay (days)	41.08	54.54		
Patients Treated	750	758		