



# INSPIRATION

Mount Sinai Hospital Montreal

Staff Newsletter / Fall 2010

## New Hi-Lo Beds impress patients and staff

Mount Sinai is fast approaching its target of acquiring highly advanced electric beds for all palliative care patients and long term care residents. Thanks to the generosity of the Auxiliary, we recently purchased 20 state-of-the-art **VersaCare Beds**



which are extremely popular among patients, families and staff. This was in addition to 37 upgraded electric beds sponsored by the Auxiliary three years ago.

"Safety, comfort and convenience are only a few of the marvelous features of these high technology beds," said head nurses **Carole Dupuis** and **Emmeline Eugène**, both of whom were instrumental in the selection of the beds. "We greatly appreciate the Auxiliary's efforts to improve the quality of life of our patients, while at the same time improving the quality of care."

Sensors sound an alarm if a patient attempts to leave the bed, alerting staff and greatly reducing the risk of falls. Audible alarms ensure that the foot-controlled brakes are always on.

The bed lowers to as little as ten inches off the floor, also improving safety and ease of patient transfers. A unique "low chair position" allows the bed to stay at the low point when moving from bed to chair position, and a firm mattress perimeter allows for a good grip when getting out of bed.

The beds are electrically adjustable to the length of the patient, minimizing patient movement to the foot of the bed, and allowing patients to better support themselves in the chair position. The beds will also extend up to 86 inches, to accommodate taller patients.

"One other feature that we really like is the built-in weight scale," said Ms. Dupuis. "And we also have a built-in CPR board, avoiding the need to move the patient."

All controls are easily accessible on the side rails at the point-of-care, with inner-rail controls allowing the patient to adjust the sitting position without the need to wait for assistance. Additional foot controls allow bed position adjustments while keeping both hands on the patient for re-positioning or stand-assist. The side rails tuck under the bed, resulting in zero gap when transferring patients from the bed to another surface.



"New pressure-reducing mattresses are a splendid improvement," said Ms. Eugène. "They are designed to prevent pressure sores up to stage 4, especially in highly vulnerable areas such as elbows, lower back, coccyx and heels."

## Holiday Party for employees!



**Thursday, Dec. 9  
5-7pm**

**Entertainment, surprises  
and good food.**

**Rooms C-101/103/105**

## Staff Health: It's worth thinking about!

Health Nurse **Chudney Pierre-Louis** has had a busy year, seeing staff with personal health issues, organizing five **Health Information Kiosks** and planning new kiosks for the future. The information desks are set up just outside the gift shop, and are available for all shifts. From 11:30am-1pm on the day of the event, Ms. Pierre-Louis is available to answer questions on the day's topic. The main objective is to provide employees with personal health information.

"We try to match our programs to specific national health days," said Ms. Pierre-Louis, who is also the coordinator of the out-patient clinic and the asthma clinic. "And we also welcome suggestions from staff for future kiosks."

Following the initial blood pressure kiosk last March, nutrition was the focus in April. At the June event, advice about a healthy summer was provided, with tips on avoiding and treating sunburn, preventing insect bites, recommended vaccines for travel abroad and other travel concerns.

In September, Ms. Pierre-Louis offered advice on the prevention and treatment of diabetes, with the added feature of a drawing for one of three glucometers. All of the shifts were invited to enter the contest, and the winners were: clinic volunteer **Lilliane Efros**, evening P.A.B. **Caterina Siggia** and night shift assistant nurse **Geneviève Tonge**.

Flu season took centre stage at the October kiosk, with information on the benefits of having the seasonal flu shot. This was followed by PowerPoint presentations in the second-floor dining room for all shifts, and the flu shot vaccination program started in November. The November kiosk covered prevention and diagnosis of colon cancer.



Be sure to check the Intranet, e-mail and bulletin boards for upcoming Health Information Kiosks. For further information or to suggest a topic for a future kiosk, please contact Chudney Pierre-Louis, ext. 1500.

**Photo: Neil Beauchamp gathers flu shot information from Chudney Pierre-Louis.**

## Risk management is everyone's business

All of our staff strive for a high level of quality of care, but accidents, errors and other incidents do happen occasionally. It is only through a review of each event that improvements to our procedures can be made.

The **Incident/Accident Report** is an essential tool in facilitating that review, according to **Nicole Fournier**, the hospital's interim risk management and quality assurance coordinator. "Completion of this form is required by law," said Ms. Fournier. "We have in place a **Risk Management Committee** that analyzes the results of our risk management program and makes recommendations for corrective action."

The report is normally completed by an RN or RNA who forwards the form to the head nurse and files a copy in the patient's chart. After indicating on the form the corrective and preventive measures

taken or planned by the head nurse and her staff to avoid a repeat of the incident,



the information is tabulated and the form then arrives at Ms. Fournier's desk.

Information on falls, medication errors, pressure sores, restraints and nosocomial infections are regularly reported and discussed at the risk management committee, which includes representatives from the Board of Directors, management, users and staff. The committee reports its conclusions and findings to the Board of Directors.

"We cannot control every event that may occur, but we must try to limit the risks through analysis and revisions to procedures," said Ms. Fournier, who is also mandated to provide staff education, as well as advice on infection control and wound care.

Other types of events that require reporting include treatment or diagnostic errors, abuse or harassment, missing person, pressure sores, refusal of treatment or self-injury. "There are many other categories on the form, and we encourage our staff to remain aware of the events that need reporting, and to file the report promptly while the event is fresh in their minds.

"The intention is not to blame anyone for the incident or accident. It's an opportunity for learning and improvement in our quality of care."

## Staff training fosters professional development

More than 1,500 hours of training in 35 different courses provided a broad spectrum of training for Mount Sinai Hospital staff during the year ending March 31, 2010.

Courses held at the hospital included:

- Emergency fire procedures
- Anti-harassment program
- H1N1 (swine flu) pandemic procedures and prevention
- Working with seniors
- A variety of in-service continuing education programs

Off-site courses included, among many others:

- How to complete the therapeutic nursing plan
- Geriatrics for pharmacists
- How to prevent & treat different pressure sores
- Palliative and end of life care
- Communicating and working with persons with cognitive deficits
- Ethics in Healthcare
- Sleep disorders in clinical practice
- Strategies for success in Alzheimer care
- Clinical excellence in Social Work

## Welcome to our new staff! Joining us between Apr. 1 – Nov. 15, 2010

**NURSING** ♦ Sandra Barker, RN ♦ Rosemarie Brown, PAB ♦ Benoit Boucher, RN ♦ Judith F. Camat, RN  
 ♦ Brenda Castillo, PAB ♦ Carole Dupuis, Head Nurse, Long-term Care ♦ Sheila Element, RNA ♦ Nicole Fournier, Interim Risk Management and Quality Assurance Coordinator ♦ Karen Rose Honneger, Director of Nursing  
 ♦ Marie-C. Lafontant-Douyon, Nursing Coordinator ♦ Teresita Martin Tupaz, Nursing Coordinator ♦ Betty Onwurah, RN ♦ Marvilla A. Samson, Administrative Officer ♦ Vernalyn Santiago, Assistant Head Nurse ♦ James Schembre, Administrative Officer ♦ Vera Théodore, PAB ♦ Byrne Timmins, RN

**PHYSICAL REHABILITATION** ♦ Myriame Pelletier, Physical Rehabilitation Therapist ♦ Stephanie Speirs, Recreologist

**OUT-PATIENT DEPT.** ♦ Roslyn Elman, Administrative Officer ♦ Farah Pierre, Administrative Officer

**FOOD SERVICES** ♦ Mathieu Favreau, Food Service Attendant ♦ Jacques Gilmore, Head of Dietetics ♦ Iltchan Kaipova, Food Service Attendant ♦ Catherine Kalfantis, Dietitian ♦ Marylène Roy, Dietetics Technician  
 ♦ Julie Samson-Laflamme, Dietetics Technician

## Best wishes to our recent retirees! Apr. 1 – Nov. 15, 2010

♦ Warlina Basbacio, PAB ♦ Demetrio Matic, PAB ♦ Anita Salamanca, RN

## Renovations Update

Various improvements to the hospital have been completed since last year:

- A second non-kosher staff dining room, with all new appliances and two new microwaves.

- Renovations of our healing garden, with a new waterfall in the basin.

- A new state-of-the-art computer server room on the second floor, for added safety and security of data and equipment.

- Twenty new Hi-Lo beds, with ultra-modern features for ease-of-use, safety and patient comfort.

- New ultrasound equipment.

- New equipment in the sleep lab, featuring a new server that allows our technicians to analyze patient data off-site.

- New fire detection system.

- Paint touch up program and wall repairs.

Other projects are scheduled for completion during the coming year, including:

- New PFT (pulmonary function test) equipment.

- A wall protection program behind patients' beds to prevent damage.

- Installation of hot/cold water mixing valves at all toilet sinks.



(L to R): PABs Monine Étienne, Marjorie Papillon, Yvette Njoukwe and Pierre-Antoine Sarazin enjoying lunch in the new non-kosher dining room.

# Respiratory Research Department focuses on chronic obstructive pulmonary disease

The recent presentation of two research studies at the American College of Chest Physicians conference in Vancouver was the culmination of a very active year for the hospital's research department.

The respiratory research team of **Dr. Norman Wolkove**, **Dr. Marc Baltzan** and coordinator **Adrienne Scott** had already presented three studies in April and May:

■ **Success in pulmonary rehabilitation in patients with chronic obstructive pulmonary disease (COPD).** Pulmonary rehabilitation (PR) is beneficial for some but not all patients with COPD. The aim of this study was to determine the success rate of a comprehensive PR program for patients with COPD and to characterize differences between patients responding to treatment and those not responding. The patients studied had all participated in the multidisciplinary out-patient PR program at Mount Sinai Hospital, which included education and exercise.

The study found a pulmonary rehabilitation success rate of 62%. Those most impaired had the greatest relative improvement. This study further supports the importance of PR as a therapeutic intervention for patients with COPD.

■ **Desaturation on a 6-minute walk test may predict nocturnal hypoxemia in COPD: a validation study.** Patients with COPD may experience significantly low levels of oxygen in their blood when at rest, doing exercise or during sleep. The aim of the study was to validate a previous study that oxygen saturation of 88% or less during or after a 6-minute walk test can predict similarly low levels of oxygen when a patient with COPD is sleeping.

The study provided more evidence that monitoring changes in oxygen saturation to levels of 88% or less during a 6-minute walk test is useful in helping to identify COPD patients who may have low levels of oxygen in their blood when sleeping.

■ **Patient perception of fatigue and response to pulmonary rehabilitation.** Most patients with COPD complain of shortness of breath as well as fatigue. The objectives of this study were to group a COPD population receiving PR by perceived level of fatigue, and determine whether those individuals with high fatigue had distinctive differences in physiological and quality of life measures as well as a different response to pulmonary rehabilitation.

Individuals were divided into low fatigue and high fatigue groups. Group comparisons were made from data collected



**Mount Sinai Hospital's respiratory research team (left to right): Dr. Norman Wolkove, Adrienne Scott, Dr. Marc Baltzan.**

on spirometry (a pulmonary function test), the 6-minute walk test, endurance, maximal exercise, and results from questionnaires on symptoms and quality of life. The response to pulmonary rehabilitation was evaluated using changes in these measures at 3 months and 12 months after entry.

This study found that patients with COPD who report high levels of fatigue have lower exercise capacity, higher depression scores and a lower quality of life compared to patients with COPD who report low fatigue. However these deficits do not prevent the high fatigue patients from benefitting from pulmonary rehabilitation, resulting in improved exercise performance and quality of life as well as reduced fatigue.

The following papers were presented in Vancouver in late October:

■ **Patient knowledge and information needs in COPD: Back to basics.** Patient education is important in COPD. The aim of this study was to assess information needs and knowledge in the areas of pulmonary function, disease outcome, medication use and disease management in patients with COPD. Two self-administered questionnaires were completed by patients; the first provided data on what areas of information they had or had not been provided; the second questionnaire included questions on lung anatomy and function, pathophysiology, and treatment of COPD.

Based on the results, patients are receiving a satisfactory level of information on their COPD, with respect to education on medication and exercise. However a need has been identified for health care workers to provide more information on diet and self-management.

■ **Quantification of pulse oximetry tracings to detect obstructive sleep apnea in patients with moderate to severe COPD.** Obstructive sleep apnea (OSA) is common in patients with COPD. The objective of this study was to develop a strategy to interpret nocturnal (night-time) pulse oximetry readings (a non-invasive procedure that measures the amount of oxygen in the blood) and assess its capacity for detection of OSA in COPD patients, including those on long-term oxygen therapy.

A comprehensive review of patient charts showed that nocturnal pulse oximetry is useful in identifying OSA in patients with moderate to severe COPD, including those on long-term oxygen therapy.

### The Canadian Nocturnal Oxygen (CANOX) Study

Mount Sinai Hospital is one of many health care centers from across Canada participating in the federally-sponsored CANOX Trial, a major five-year study on the use of nocturnal oxygen therapy for COPD.

Long-term oxygen therapy (LTOT) is the only component in the management of COPD that improves survival in patients with severe daytime hypoxemia (decreased partial pressure of oxygen in blood, or a saturation of less than 90%). In Canada, LTOT is usually provided by a stationary oxygen concentrator and is recommended to be used for at least 15-18 hours a day.

The primary objective of the study is to determine, in patients with COPD not qualifying for LTOT but who present significant nocturnal arterial oxygen desaturation, whether nocturnal oxygen therapy (N-O<sub>2</sub>) provided for a period of 3 years decreases mortality or delays the requirement for LTOT.

A secondary objective is to determine if nocturnal oxygen therapy is cost-effective and its impact on quality of life.

Approximately 630 patients will be recruited for this multi-center research study.

### Collaboration with McGill's School of PT/OT

Ms. Adrienne Scott will be working in co-supervision with **Dr. Patricia McKinley** from the Faculty of Medicine, School of Physical and Occupational therapy at McGill University on research projects for a group of 5 students from the school's 2010-2011 graduate program.

The students will be studying different aspects of a standardized exercise test called the **six-minute walk test** which is used to assess the physical functioning of patients at

Mount Sinai Hospital. This test is used internationally and has provided valuable information on the impact of a disease such as COPD on patient functioning. Students will have the opportunity to present their research to all those interested at Mount Sinai Hospital.

### The diaphragm paralysis study

The diaphragm is a muscle separating the abdomen from the chest cavity. It is an important muscle for respiration, making normal breathing possible.

Some patients have a unilateral paralysis of the diaphragm. Generally this is felt to have only minor consequences for breathing since other respiratory muscles can compensate for this disorder.

However, in a Mount Sinai Hospital study it was found that unilateral diaphragm paralysis may have important consequences during sleep. Such patients may have significant declines in the concentration of oxygen in blood during sleep, in some cases requiring supplemental oxygen at night. A manuscript describing these findings has been prepared and has been submitted to a journal for review and possible publication.

## Mount Sinai in Quebec City



Mount Sinai Hospital presented its Centennial Medallion to **Dr. Yves Bolduc**, Quebec Minister of Health and Social Services, during a ceremony held at the National Assembly in Quebec City recently. Minister Bolduc delivered a short speech to highlight the 100<sup>th</sup> anniversary of Mount Sinai Hospital just prior to the question period of parliamentary proceedings. From L to R: **Elliot L. Bier**, President, Mount Sinai Hospital Center, **Dr. Yves Bolduc**, **Michel Amar**, Executive Director, Mount Sinai Hospital Center.

# Sleepless in St. Leonard?

*Mount Sinai's high-tech Sleep Lab sees patients from far and wide*

Operating at 100% capacity for some time now, Mount Sinai's Sleep Lab is seeing more than 1,200 patients a year, from as far away as Kahnawake, the South Shore, Laval and beyond.

The lab – created in 1995 – is now open 360 days a year.

The three-bed lab operates under the medical supervision of **Dr. Marc Baltzan** and administrative supervision of **Dr. Norman Wolkove**. Brand new state-of-the-art equipment has been installed recently, which has greatly improved the efficiency of the department.

"Although the equipment is very technical, it's easier to work with and it provides highly accurate recording of data," said Dr. Wolkove. "The most exciting improvement is the new server that allows our technicians to analyze patient data off-premises. Being able to check the data from home has allowed us to expand the number of hours available for testing patients, without the need to increase the number of technicians on staff. There is only one other clinic in Montreal that has our type of advanced equipment."

The lab currently operates with four technicians rotating on the night shift, and two on Wednesdays during the day. Technicians must be certified by the Board of Registered Polysomnographic Technologists.

"Patients are initially evaluated in our out-patient clinic by a pulmonary physician specialized in the diagnosis and treatment of sleep disorders," said **Dr. Baltzan**. "When required, patients are diagnosed overnight in the lab with



a sleep pattern assessment, monitoring sleep level, brain waves, eye movement, heart rhythms, breathing and oxygen levels, as well as any apneas." In some cases, patients must undergo a second set of different tests during the day. Patients are provided a thorough report of their condition, and if treatment is necessary, they return to the out-patient clinic.

"Sixty to seventy percent of our patients are diagnosed to be suffering from sleep apnea," said **Ruby Bedi**, coordinator of the sleep lab. "Other conditions that are detected include insomnia, PLMS (periodic leg movement syndrome) and narcolepsy. We have tested patients in all age categories, from 16 to 85 years old."

Ms. Bedi explained that sleep problems are common in the population, with 4% of men and 2% of women suffering from sleep apnea alone. Obstructive Sleep Apnea is a disorder in which one repeatedly stops breathing during sleep, most often caused by an obstruction to the airway. This obstruction disrupts sleep, preventing the patient from ever achieving a deep rest. Many problems arise, including extreme fatigue.

Treatment for sleep apnea usually requires the use of a CPAP (continuous positive airway pressure) machine, creating positive air pressure through a mask to prevent airway obstruction.

The hospital's building expansion plans includes the addition of three more sleep lab beds, along with high-tech equipment for each bed, effectively doubling the capacity.

"We are also currently assessing equipment for home testing of sleep apnea," said Dr. Wolkove. "This will allow us to diagnose an even greater number of patients each year."

**Photo: Sleep Lab coordinator Ruby Bedi (right), with lab technician Neressa Noel.**

## Composition and role of the Multidisciplinary Council

Mount Sinai Hospital's Multidisciplinary Council (MC) is composed of all those persons who hold a college or university diploma and who perform work for the hospital which is related to that diploma and directly connected to health and social services, research or education.

The MC represents about 15% of the staff working at the hospital in different disciplines and work titles such as: Art Therapist, Dietitian-Nutritionist, Occupational Therapist, Respiratory Therapist, Music Therapist, Physiotherapist,

(continued on page 7)

# COPD patients benefit from integrated care

*Unique program with Jewish General Hospital and CSSS Cavendish*

An exceptional agreement between the Jewish General Hospital (JGH), Mount Sinai Hospital and CSSS Cavendish offers hope for an improved quality of life for patients with chronic obstructive pulmonary disease (COPD). Through a new approach aimed at better integration of services and seamless transition of patients through the various points of care – along with education focused on the importance of self management of their disease – COPD patients will realize significant benefits.

“Our continuity of care program is unique in Quebec,” said **Maria Stathatos**, Mount Sinai’s Program Manager of Respiratory Care. “Our primary objective is to improve the overall health and lifestyle of the COPD patient through improved integration and access to various types of care and innovative programming. Another is to arrange rapid transfer of the patient, when appropriate, from the emergency or acute care wards of the JGH, to sub-acute or rehabilitation care available at Mount Sinai, and then finally to primary homecare provided by CSSS Cavendish.”

After returning home, the patient has access to a full roster of services from CSSS Cavendish, including nurses, social workers and physiotherapists according to the patient’s needs. Should the patient’s condition worsen, they and their homecare team will have access to Mount Sinai to support their needs or see the patient rapidly in our out-patient department, to try to avoid a visit to the emergency department or re-admission to hospital.

CSSS Cavendish has started to use screening methods for an early diagnosis of COPD and is then offering specialized care early on. Diagnostic and expertise support from Mount Sinai



**Esther Dajczman, clinical nurse specialist and coordinator of the new integrated care program for COPD patients.**

and the JGH is being given to this new case finding program, which is expected to help patients take control of their chronic illness and prevent further worsening of the disease.

Some of the components of the rehabilitation programs offered at Mount Sinai include physiotherapy, education, self-management and coping strategies, respiratory training, nutrition and smoking cessation counselling. “We have also partnered with the YM-YWHA, initiating an innovative therapeutic exercise program for patients with COPD, to encourage lifelong exercise as a vital part of maintaining quality of life and avoiding the worsening of disease,” said **Esther Dajczman**, the clinical nurse specialist who functions as a primary contact point for both patients and staff, and coordinates the integrated program.

Another unique part of our program, using the Nintendo Wii interactive gaming system, will allow our occupational therapists to encourage physical activity and recreation. The various games such as “virtual sports,” which include tennis, golf, bowling and



**Maria Stathatos, Program Manager, Respiratory Care at Mount Sinai Hospital.**

others are tools to achieve rehabilitation – a “means to an end” – that patients can continue to use at home and with friends and family, to promote lifelong fitness and activity.

“The Quebec Ministry of Health and Social Services considers this integrated form of care to be essential for improved prevention and management of chronic illness,” said Ms. Dajczman.

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## **(Multidisciplinary Council, continued from page 6)**

Psychologist, Recreationist, Dietetics Technician, Medical Technologist, Medical Imaging Technologist, Physical Rehabilitation Therapist, Social Worker.

The MC is mandated by the Board of Directors: ■ to form committees, when required, to assess and improve the quality of professional services performed by its members; ■ to make recommendations on the proper allocation of care and services provided by its members; ■ to undertake all other functions requested by the Board of Directors.

**Line Ouellet**, from the Medical Imaging Department, is President of the MC.