



INSPIRATION

Mount Sinai Hospital Montreal ■ Summer Newsletter 2011

The non-medicinal magic of music therapy *"Where Words Fail, Music Speaks" ~ Hans Christian Andersen*

Neurological research has illustrated the unique non-medicinal influence that music has on the development of the brain and how music affects different centres/circuits in the brain, some of which are related to emotional regulation, memory and motor function.

Music therapy is used in a judicious fashion by **Pierrette La Roche**, our accredited music therapist. There are only about 100 music therapists in Quebec who are accredited by the Canadian Association for Music Therapy; Concordia University in Montreal and Wilfrid Laurier University in Waterloo are currently the only two universities in Canada offering specialized training in this field. Ms. La Roche trained in classical singing and piano as well as choir directing. She also performed as a pop and jazz singer in a variety of settings and does vocal coaching. Ms. La Roche takes a humanistic-existential approach to her clinical work but also takes into consideration the psychodynamic framework.

"For some of our LTC residents who suffer from Alzheimer's and other forms of dementia, music therapy provides psychosocial support as well as motor and cognitive stimulation," said Ms. La Roche. "Music therapy is a goal oriented medium designed to meet the individual at his or her present level of expression and capacity and to maintain and/or enhance these levels."

For the users and families, the objectives are to:

- support emotional and existential expression;
- enhance quality of life;
- provide a non-verbal form of communication when verbal communication is difficult or no longer possible;
- decrease anxiety and related behaviours;
- increase alertness and relatedness to others;
- encourage empowerment, choices and a locus of control;
- stimulate cognition and memory.

Ms. La Roche uses a variety of techniques, depending on the clinical profile and needs of the user. Instrumental improvisation, structured melody and



rhythm exercises with voice and/or instruments, singing, playing and singing solo within the musical group context are some of the techniques possible. The instruments used include keyboard, a variety of drums and small percussion instruments.

The users are given the incentive to choose musical material such as songs. The choice of song is important, to match the background and emotional state of the user. In some cases, the user will participate on the keyboard, improvising melody while Ms. La Roche provides the harmonic accompaniment.

The duration of sessions is adjusted to the potential for user response: individual sessions are 20-40 minutes, group sessions are 30-45 minutes.

For palliative care patients and families, the objectives are to: ■ support communication between patient and family members; ■ support identity retrieval; ■ encourage empowerment, choices and a locus of control; ■ support reminiscence and/or life review; ■ promote relaxation to reduce anxiety.

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The spotlight is on patient-centered care

Nearly ten years ago, Mount Sinai Hospital began using an **Interdisciplinary (ID) approach to health care**. Today, this approach, which is based on **“patient-centered care,”** continues to be an invaluable method of providing the best care possible to our patients.

The ID approach applies teamwork to take a “global view” of each patient’s medical, psychological, social and spiritual needs.

The ID team’s primary function is to coordinate the various aspects of the patient’s evaluation and care plan. In each department, several health care professionals participate in weekly ID rounds, where the status of each patient is reviewed and action is taken to improve their condition.

In Respiratory Care, the team includes the attending physician, program manager, nurse, clinical nurse specialist, inhalation therapist, physiotherapist, occupational therapist, social worker and dietitian. Whenever necessary, a psychologist, art therapist, recreologist or pastoral care worker is consulted.

“The contribution of each team member is considered to be of equal importance,” said **Maria Stathatos**, Program Manager of Respiratory Care. “In this way, the patient benefits from the expertise of each health care specialty and the vast experience of our staff.



“The varied perspectives taken by each specialist produces a high level of synergy among the ID team members, and this clearly has a positive impact on patient outcomes.”

The ID approach concentrates on common goals for the benefit of the patient. “It generates better communication and information exchange within the team, greatly facilitating patient related problem-solving,” said Ms. Stathatos. “This inter-professional collaboration also allows ID staff to gain a diverse knowledge of other practitioners on the team, which ultimately translates into better patient care decisions.”

Palliative Care (PC) patients also benefit greatly from the ID approach, with the important addition of volunteers, the music therapist, and a recreologist to the team.

“Our music therapist develops an intimate knowledge of the psycho-social condition of PC patients, and her contribution to meetings is invaluable,” said **Judith Marchessault**, Head Nurse, Palliative Care, who is also a member of the ID team.

“Similarly, volunteers spend many hours with our PC patients, and acquire a great deal of information about the patients’ current situation. Their input during rounds is extremely helpful.”

Other additional key members of the ID team in PC are the pre-admission nurse and the hospital’s home care nurse, both of whom bring the patient’s home situation to the attention of the team. They are joined by the attending physician, nurse, physiotherapist, occupational therapist and social worker. Also attending rounds are medical residents or fellows in PC from McGill University.

“Our main objective in ID rounds is to provide the best possible quality of care and quality of life to our PC patients,” said Ms. Marchessault.

“In Long Term Care, the music therapist and recreologist also attend ID rounds,” said **Fraida Weiskop**, Interim Head Nurse, Long Term Care.

Students and stagiaires in fields such as dietetics and social work also join the ID teams in long term care, respiratory care and palliative care.

The non-medicinal magic of music therapy

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Some PC patients and their families have commented that the music therapy sessions change the atmosphere in the hospital room, that it allows them to focus on something other than their medical condition, and that it brings back many fond family memories,” said Ms. La Roche.

Song writing is one of the ways to communicate to other family members thoughts and feelings that are sometimes hard to verbalize but might be facilitated by lyric writing and singing. When family members are involved in the music therapy, the program can also help alleviate the stress of conflictual relationships.

Music and songs shared or created within the context of the sessions, as well as special messages, can be part of legacy recordings left to family members as per the patient’s wish. “It is most touching when a patient can sing their song composition along with the messages they choose to communicate on the recording,” said Ms. La Roche.

“Patients say it is comforting for them to know that future generations will be able to hear about their life experiences and wishes for the future.”

Mount Sinai Hospital Educational Day on Pulmonary Rehabilitation

More than 55 health care professionals attended an Educational Day on Pulmonary Rehabilitation, hosted by Mount Sinai Hospital on April 1, 2011 at the Gelber Conference Centre. The participants included pulmonary specialists, nurse specialists and researchers from a broad spectrum of Montreal's health care institutions.

Dr. Norman Wolkove, Chief of Respiratory Medicine at Mount Sinai, gave the opening remarks, emphasizing that Pulmonary Rehabilitation (PR) is an important service offered to our in-patients and out-patients, and that Mount Sinai is one of only a few hospitals in Canada to make this service available.

The keynote speaker was

Dr. Roger Goldstein, Director of the Divisional Program in Respiratory Rehabilitation and Physical Therapy, West Park Hospital, Toronto and Professor of medicine, University of Toronto. Dr. Goldstein is recognized internationally as an expert in the field of PR.

Dr. Goldstein's talk emphasized that PR must be a multifaceted approach including patient education, medical therapy and a structured exercise program. The overall objective of this approach is reduce symptoms and disability and to improve the overall quality of life for a patient.

In a study that Dr. Goldstein co-authored in 2005, it was found that more than 750,000 Canadians had been diagnosed with Chronic Obstructive Pulmonary Disease (COPD), and it was estimated that only about 9,000 patients, or 1.2% of the COPD population, had access to Pulmonary Rehabilitation.

Dr. Jean Bourbeau, Director of the COPD clinic and Pulmonary Rehabilitation program at the Montreal Chest Institute and Associate Professor of Medicine at McGill University, reinforced the importance of PR. In his presentation, Dr. Bourbeau stressed the need for patient education about their disease and its management. He pointed out that self-management strategies are becoming used more often and usually involve the ability of patients to implement an "action plan" at times of exacerbation or worsening of symptoms. Often the timely initiation of an action plan can shorten the duration of symptoms and disability when patients become acutely ill.



Dr. Joel Fox, Director of the outpatient Pulmonary Rehabilitation program at Mount Sinai, discussed the exercise components of a rehabilitation program. He noted that PR has clearly been shown to reduce shortness of breath, increase exercise tolerance and improve quality of life. Combined strength and endurance training appears to be the optimal training strategy.

Esther Dajczman, a clinical nurse specialist at Mount Sinai, spoke on improving compliance in pulmonary rehabilitation. She pointed out that some patients have difficulty completing a PR program, with studies showing overall compliance rates ranging between 56-88%, and completion rates of 21-69%. Some risk factors for

non-compliance in these programs have been identified, including living alone, being divorced or widowed, having underlying depression or anxiety or living a significant distance from the rehab center.

At Mount Sinai, several initiatives have been undertaken to encourage patients to remain active and fully functional after completing rehab. An ongoing "maintenance" program is available in the physiotherapy department, and a new and innovative program has recently been initiated by which patients can be referred for an ongoing therapeutic fitness program at the YM-YMHA.

David Préfontaine, a research associate at Mount Sinai, presented information on the effects of exercise and PR on inflammation in COPD. High levels of systemic inflammation are associated with an accelerated decline in lung function, and are also associated with the various comorbidities now increasingly recognized in these patients.

Associated pulmonary rehabilitation may be an important intervention to reduce inflammation in COPD. The role of inflammation in COPD is currently a "hot" area of research in many centers, and at Mount Sinai, studies will begin in the near future to assess the effects of rehab exercise on the inflammatory and oxidative profiles of patients with COPD.

Dr. Marc Baltzan, a staff physician at Mount Sinai, gave the closing remarks, expressing gratitude to **Rochelle and Joseph Levitt** for sponsoring this event, and warmly thanking the speakers for their very informative presentations.

We care for our staff's health!

MSH Staff Health & Wellness Program is multi-faceted

Mount Sinai Hospital's **Staff Health and Wellness Program** offers many features to help our staff



maintain their physical and mental health, learn about healthy life-style choices and remain as safe as possible while on the job.

Current programs include:

- The promotion of healthy eating habits and nutrition education by the hospital's Clinical Nutrition Department. "**Nutrition Corner**" is an up-to-date fact sheet that is being issued monthly by the department, and Dietitian **Barbara Panayotidis** has already developed and posted 5 issues; the most recent issues can be found just outside the cafeteria entrance. Topics featured have included: factors that influence appetite; types of fats and how these affect our health; caloric needs in relation to body weight; the health benefits of eating berries; the pros and cons of caffeine consumption.

These nutrition fact sheets can also be accessed on the Intranet by clicking on "Library" and then choosing "Healthy Nutrition."

Upcoming issues will include information on: functional foods, the DASH diet (Dietary Approach to Stop Hypertension), flavour enhancers, probiotics and food labels.

In addition, a nutrition section is planned for the professional library, to include recipe books, nutrition journals, Canada's Food Guide and general nutrition information.

Ms. Panayotidis will also continue to host Lunch and Learn programs on nutrition, following the popular session last March on "Foods to help prevent cancer."

- **New Healthy Menu Choices** are currently being introduced in the



cafeteria, following guidelines issued by the Ministry of Health and based on the principles of Canada's Food Guide. "Our goal is to raise awareness about healthy food choices and to encourage healthy lifestyles among our staff and their families," said Ms. Panayotidis.

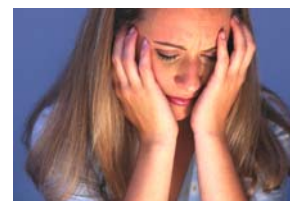
The new menu will offer reduced total fat (including saturated fat), reduced sodium content, high fiber options, more fresh fruit, vegetables and pure juices, frequent fish options and healthier desserts.

- **Chudney Pierre-Louis**, Coordinator of Staff Health and Ambulatory Services, continues to offer monthly **Health Kiosks**, most recently on topics such as bed bugs and tips for a healthier summer.

- Ms. Pierre-Louis also offers an annual **Flu Vaccination Program**, which saw our best year ever during the past winter, with **56% of our staff** being vaccinated compared to 44% last year. Winner of the Ipod Nano was physical rehabilitation therapist **Danielle Lynch**, evening nurse **Sandra Barker** won the day off and kitchen helper **Oomawtee Poonit** won the massage at Avanti Spa.

- Are you addicted to tobacco? We can help you quit! The hospital's **FREE Smoking Cessation Program** offers information, counselling and follow-up in small evening groups. Using a behaviour modification method, the goal is to improve your management of stress and the motivation to quit. The program has seen a high success rate among its participants, and is also open to family and friends.

- Mount Sinai Hospital offers a **FREE Employee Assistance Program** to help employees when they are facing personal problems or problems related to family or work.



The Employee Assistance Program is accessible free of charge to all employees without exception, in a fully confidential manner.

Employees may contact the off-site Psychologist directly: **Dr. Claude Jean, 514-272-2547.**

■ Mount Sinai Hospital rigorously enforces its **Harassment Control Policy**, which was expanded in 2009 to include **all abusive and violent behaviours** in the workplace. Harassment and abusive or violent behaviours can take different forms. They are defined by words, gestures or acts that may be repeated and are not desired. These behaviours are harmful, threatening, intimidating, disrespectful and aggressive towards a person or a group of people.

The policy applies to all people working at the hospital, as well as to patients, visitors, suppliers and sub-contractors who are alleged to have harassed, abused or acted violently towards an employee.

The Harassment Control Policy and complaint form are available on the Intranet.

■ A revitalized **Workplace Health and Safety Parity Committee** has been established recently.

Chaired by **Chudney Pierre-Louis**, the committee also includes two managers – **Donald Dussault** and **Neil Beauchamp** – and three union representatives: **Nicole Desjardins** (FIIQ), **Danielle Lynch** (APTS) and **Charlie Jalbert** (FTQ).

The committee is mandated to sensitize and train our staff about health and safety issues and accident prevention. More specifically, the committee will identify potential work-related risk factors in the hospital. It will then make recommendations for short-term and medium-term actions that will reduce or eliminate identified risks to our staff.

The Workplace Health and Safety Program seeks to harmonize our staff's working conditions with the need to offer quality services to our patients.

The MSH Health and Wellness Program will be offering more benefits in the near future. Please stay tuned!

Michel Amar hosts Staff Town Hall Meetings

Mount Sinai Hospital becoming a Center of Excellence was one of the many topics discussed with staff at two town hall meetings on March 16, 2011.

Staff were also presented with an update on actions taken since the previous town hall meeting, to improve the work environment and staff recognition, largely based on the feedback received from staff.

These actions included: ■ The creation of a staff newsletter, "Inspiration," to be published three times a year; ■ Social activities for staff are being organized, beginning with Sugar Parties in March and a new format for the Staff Holiday Party in December; ■ An electronic display panel was installed next to the gift shop to recognize long-service staff and welcome new staff (see article on page 6); ■ Monthly health information kiosks have been introduced to provide employees with personal health information; ■ A second non-kosher staff dining room and additional locker space have been created.

Other actions were also taken since the last meeting: ■ More support in risk management; ■ Staff BBQs being held twice each summer; ■ Celebration of special days such as Nurses Day, PAB Day and others; ■ New equipment acquired at a cost of \$1,640,000 in 2010-2011; ■ Continuing education for staff at a cost of \$139,000 during the year ended March 31, 2011 (approximately 2% of our total salary budget).

Other initiatives being planned to recognize staff in the near future include:

■ Employee of the Quarter; ■ Recognition events for long service employees; ■ An "Award of Excellence," to be awarded to an employee who presents an idea that is implemented to improve care and services.

To give staff more feedback on the quality of care they are providing, new "Dashboards for Quality" will be posted on each nursing unit, indicating the results obtained by the unit relative to important quality indicators.



"You're in perfect health, which, I'm afraid, is an early sign of something eventually going wrong."

Staff recognition goes digital!

The hospital's new **electronic staff recognition display** was launched last March in the alcove next to the gift shop. The display recognizes our many long-service staff for their dedication – 47 staff with more than 20 years service, and 74 staff with 10-19 years service, as of March 31, 2011.

In addition, the display welcomes all of our new staff joining us during the past year, and extends best wishes to our recent retirees.



Maria Thomson wins Nursing Award



Maria Thomson, a palliative care and long-term care nurse, has won the 2011 **Luba and Joseph Fishman Nursing Award**. The award recognizes and encourages exemplary performance and professionalism in nursing care. Ms. Thomson joined the hospital in 1997.

The award was presented during **Nursing Week** on behalf of the Fishman family, who established the award at the **Mount Sinai Hospital Foundation** to show their gratitude for the exceptional care their mother received at our hospital.

Previous winners of the award include **Colette Henry** (2010), **Josée Lanthier** (2009), **Judith Marchessault** (2008), **Jeffrey Cessford** (2007).

(l to r): Michel Amar, Executive Director, Mount Sinai Hospital; Wendy Corn, CEO of the Foundation; award winner Maria Thomson.

"SUGAR PARTY!"

A very sweet "Sugar Party" for Mount Sinai staff and their families was held on Sunday, March 27, 2011 at Érablière au Sous-Bois in Mont-St-Gregoire. More than 90 people attended, and the bus leaving the hospital's parking lot for the sugar shack was filled to capacity.

The trip featured lots of food and maple syrup treats, a park with farm animals, an amusement park for children, and some people braved the un-seasonal cool weather to take a ride on the horse-drawn wagon. It was a great time together for everyone there.

