



The many healing benefits of Art Therapy

Art therapy at Mount Sinai Hospital has become an integral part of our health care services for the past 14 years. Art therapist **Lenka Lustman** brings her specialized form of care to respiratory patients on the second floor, encouraging them to use various forms of art to express their thoughts and emotions.

“Art therapy is a psychotherapeutic approach that uses art as a catalyst to help patients deal with the same kinds of issues they would deal with in conventional talk therapies,” said Ms. Lustman, who joined the hospital five years ago. “The patient can choose from a variety of art forms, such as painting, drawing, collage or sculpture. The art they produce may reflect a wide range of emotions, such as sadness, anger, fear or loneliness, and our verbal interaction may begin before, during or after the art session, or sometimes not at all – because art in itself is a form of communication.”

The proportion of art making to conversation, and the precise way in which the two forms of communication are blended together for therapeutic effect, will vary according to the needs of the patient and the current situation.

No special art skills are required in order to benefit fully from art therapy. The creative process and artwork are considered in terms of their therapeutic significance rather than their artistic merit. Ms. Lustman serves as a guide and facilitator, helping the patient to express their unique creativity and then “translate” that creativity into meaningful avenues of self-exploration and personal insight.

The main goals of art therapy in respiratory care are: to reduce stress and anxiety; to address personal issues; to overcome fears; to provide a different perspective on their personal situation; to gain insight; to be more receptive to information. Through these benefits, art therapy has become an important part of the hospital’s rehabilitation program, allowing patients to respond better to physiotherapy and other treatments.

“Most of the art therapy sessions are provided on an individual basis,” said Ms. Lustman. “We have also introduced group sessions where the patients still work individually, while having an opportunity to interact with other participants. There is a social aspect that often develops, and the patients really look forward to these group sessions.”



Art therapy offers many important benefits:

- It strengthens creativity, helping the patient attain positive change, including personal growth, healing, insight and problem resolution;
- Art can be a gateway to the unconscious, often revealing underlying issues, conflicts and concerns which can then be addressed in therapy;
- The art serves as a powerful record of the patient’s therapeutic progress and may be useful for review at pivotal points throughout treatment;
- Art therapy helps to foster self-expression through verbal and visual communication;
- Patients engage in an experience which can be absorbing and enjoyable;
- Creative activity can lower stress and negative thoughts, as well as increase confidence, concentration and positive feelings. This can transfer readily to other aspects of life.

Art therapists are trained to combine the principles and practices of the visual arts and psychology into a single, coherent, interdisciplinary approach. They have a deep understanding of the rich interplay between art and psychotherapy.

Art therapy training is offered at the postgraduate level; until this year, Concordia University’s MA in Creative Arts Therapies was the only full master’s level professional training program in Canada. Prerequisites include a bachelor’s degree and extensive university level credits in psychology and the visual arts. This year, l’Université du Québec en Abitibi-Témiscamingue (UQAT) introduced the first masters program in art therapy offered in French in North America.

Accreditation update

Our next visit from **Accreditation Canada** surveyors is scheduled for December 2 to 6, 2012.

Accreditation is “a process that health services organizations use to evaluate and improve the quality of their services;” it provides recognition that an organization’s services meet national standards of quality. By law in Quebec every institution must have the health and social services it provides accredited by a recognized accreditation body.

The accreditation process is required every four years and consists of the following steps:

- A three part **self assessment**, based on standards, tools and quality of care indicators.
- The results of the self assessment, submitted in a format called a **Quality Performance Roadmap**.
- Development and implementation of an **action plan** including submission to Accreditation Canada of evidence of action taken.
- **An on-site survey** which includes meetings with leadership and partners, assessment of priority processes and compliance with standards which is done through document review, meetings with individuals and groups and tours or visits of units and services. Throughout the visit surveyors use a method called *tracing* to follow either the path of a patient from admission to discharge or a selected process from start to finish.
- An **accreditation report** which presents the results of the on-site survey, including recommendations for improvement.
- Determination of the **accreditation award**.
- Identification and implementation of **follow up actions** to address recommendations in the report including evidence of action taken.

Throughout the process emphasis will be placed on the following key areas:

- Quality Improvement
- Risk Management
- Safety
- Ethics

At Mount Sinai, we have several **accreditation teams** which are listed as follows:

- **Governance** (Board of Directors)
- **Leadership** (managers)
- **Managing Medications** (pharmacists, physicians, nurses and nursing assistants)

- **Infection Prevention and Control** (Infection Control Committee members);
- **Long Term Care** (multidisciplinary team representing 3rd and 4th floor LTC);
- **Rehabilitation** (multidisciplinary team providing respiratory care on 2nd floor);
- **Hospice, Palliative, End-of-Life Care** (Palliative Care team);
- **Ambulatory** (Outpatient Clinic team).

All teams have been meeting since the last accreditation in December 2009 to implement follow up actions and identify and work on areas for improvement. Team Leaders have been submitting our indicator data which includes medication reconciliation and infections for all service teams and a number of additional indicators for the palliative care team. In June and July, team members completed the self assessment questionnaires.

Also in June and July, board members completed the Governance Functioning tool, and staff completed the Worklife PULSE Survey and the Patient Safety Culture Survey. Accreditation Canada established minimum numbers of staff required to complete both these tools, and we are happy to report that these numbers were met. Thank you to all team members and staff who answered the questionnaires and tools as well as to the Team Leaders who diligently submit indicator data. Congratulations to **Jeffrey Cessford** and **Philippe Deschenes**, the staff members who won the two cash prizes offered as incentives for completing the tools.

The results of the questionnaires, tools and indicators were compiled by Accreditation Canada and submitted to us via the Quality Performance Roadmap in July. Results in all areas were greatly improved from last survey, in terms of number of flags and/or color of flag. However, each team still has from one to several areas to work on prior to the visit in December 2012. As a result, all teams are meeting regularly and actively working on developing and implementing improvement plans.

In the year leading up to the December 2012 visit, information on accreditation activities will be provided verbally and in writing.

All staff are asked to attend information sessions and meetings as well as to read the information that is circulated.

All staff are also encouraged to participate in quality, safety, risk and accreditation activities.

Health care professionals visit Mount Sinai

Eighteen professionals from six Montreal-area hospitals visited Mount Sinai on December 1, 2011 for a tour and presentation of our services.

The hospitals represented included **Notre-Dame, Hôtel-Dieu de Montréal, St-Luc, Maisonneuve-Rosemont** (including **Soins à domicile**), **Anna Laberge** and **Le Gardeur**.

The visit by social workers, inhalation therapists, physiotherapists and nurses was organized by Admissions Secretary **Annie Erenyi**, who has frequent contact with the professionals when arranging the admission of patients to Mount Sinai.



Other staff participating in the visit were **Maria Stathatos**, Program Manager of Respiratory Care; Social Worker **Alana Myerson**; **Laurent Cohen**, Assistant Head, Medical Records and Admissions; **Colette Henry**, Assistant Head Nurse, 2nd floor; **Dr. Suzanne Levitz**, **Dr. Michael Rotaple** and **Dr. Norman Wolkove**.

The professionals offered many positive comments about their visit, saying they were highly impressed by our facilities and staff, and were very pleased to see the hospital to which many of their patients are referred.

Christiane Bazinet, a patient follow-up nurse at Centre Hospitalier Anna Laberge in Chateauguay, commented that “by visiting your facilities, by understanding how the patients are cared for, and by answering our questions, we are now better-equipped to inform our patients about your hospital. It was fantastic to finally meet face-to-face, and thank you for the wonderful welcome that was extended to us.”

Seasonal flu shots: myths and reality

Seasonal flu is a serious disease – it could even be fatal for some people. Fortunately, you can avoid catching it by having your seasonal flu shot.

There are many rumours about seasonal flu and flu shots. Let’s debunk some of the most common myths.

“The flu is just a bad cold.”

In Quebec each year, 50,000 people are hospitalized due to complications from the flu, such as pneumonia. Flu kills more Quebecers than breast cancer and just as many as diabetes, and is the sixth leading cause of death in the U.S.

If you have fever, a headache, sore, aching muscles, and are extremely fatigued, you may have the flu. These symptoms are rare with the common cold, which typically can be identified by a stuffy or runny nose, sneezing and a sore throat – symptoms that rarely appear with the seasonal flu .

“I’m healthy, I have a strong immune system, and I’ve never caught the flu. The flu shot is only for older, sick people.”

Seasonal flu is a highly contagious disease. If you’re healthy, you may be able to fight it off, however you may carry the virus to your patients, your elderly parents and relatives or young children, all of whom are at higher risk of developing complications. One sick person could easily contaminate two or three vulnerable persons.

“I don’t work with patients directly, so I don’t need the flu shot.”

The flu is spread by droplets, direct contact and indirect contact. Since the virus is contagious up to two days before symptoms appear, it is easy to contaminate surfaces that will spread the disease to our patients.

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Taking the leap towards Leap Training

“The care of the patient must be for the entire person”

Staff working in palliative care (PC) and other departments at Mount Sinai Hospital will receive additional training with a special course being offered over the next few months.

During **LEAP** Training (**L**earning **E**ssential **A**pproaches to **P**alliative and **E**nd of Life Care), our staff will discover new and proven approaches to palliative care that will benefit our patients.

The comprehensive course has been developed, tested and refined over the past nine years by a cross-Canada network of academic health leaders and practitioners with enhanced skills in palliative care services.

While the course is compulsory for all third-floor staff, it will also be available for staff working on other floors. A fall session has been completed, and winter and spring sessions are now planned.

“It’s a team-building activity,” said **Judith Marchessault**, Unit Manager on the third floor. “We find that staff open up and discuss subjects and issues that serve as a catalyst for

further discussion and topic development.”

Ms. Marchessault and **Dr. Golda Tradounsky**, Head of Palliative Care, lead the sessions, covering a wide range of topics supported by an excellent series of visual aids. “Our long-term goal is to open this training program to professionals from our community partners, such as the CSSS Cavendish and other health-care organizations,” said Dr. Tradounsky.

“In the meantime, we would like everyone who comes into contact with our palliative patients to benefit from this marvelous course. This includes dietary services staff as well housekeeping and other support staff.”

Course topics revolve around the patient’s “Total Suffering,” encompassing physical symptoms, pain, psychological distress, social anguish, financial distress, as well as spiritual and cultural suffering.

Some of the specific topics covered during LEAP Training include: the various phases of palliative care;

what PC patients want; gastro-intestinal problems and managing poor appetite; pain assessment and management; respiratory problems; depression, anxiety and suffering; supportive counseling; conserving dignity; grief and bereavement; delirium; sedation; last days and hours; benefits of working as a team in palliative care.

Participants are invited to share their stories about caring for terminally-ill patients, and the feelings they had when a patient dies.

Valuable lessons can be learned from famous author Leo Tolstoy, who wrote, “It was true, as the doctor said, that [the patient’s] sufferings were terrible, but worse than the physical sufferings, were his mental sufferings, which were his chief torture.”

And physician Francis Peabody told the Harvard Medical School, during a memorable presentation to students in 1926, that “The care of the patient must be [for] the entire person.”

Seasonal flu shots: myths and reality (continued from page 3)

“I know someone who got sick after having a flu shot.”

The vaccine has not contained live flu virus since 1998, so you can’t catch the flu from the flu shot. There are many other viruses that produce flu-like symptoms.

“I’m afraid of the potential side effects.”

The flu vaccine is safe and effective, however you may experience **minor side effects** for a day or two after receiving the shot: some pain at the injection site (one person in three); fever, generalized discomfort and sore muscles (one person in four).

All public sector health care workers are entitled to a free seasonal flu shot each year. If you receive the shot at Mount Sinai, at a CSSS or at your doctor’s office (with proof of vaccination), you will qualify for a drawing of one of three great prizes at the end of the flu season.

The flu spreads easily! Please contact **Chudney Pierre Louis**, ext. 1500, for additional information or to arrange for your flu shot.

Social Work at Mount Sinai

Social Workers at Mount Sinai touch the lives of patients and families in every unit of the hospital. They are a vital part of the interdisciplinary team, providing patients with information, support and assistance, resolving issues, and creating a discharge plan that meets the needs of the patient.

“We offer a pre-admission visit for our patients,” said **Alana Myerson**, a social worker with 22 years of service at MSH. “Providing information, as well as a hospital tour if desired, helps lessen any anxiety that the patient/resident or family may have about the patient’s/resident’s impending arrival.”

Social Services prepares a comprehensive assessment and evaluation of all patients admitted to the hospital. For respiratory patients, a treatment and discharge plan is also developed in conjunction with the Interdisciplinary Team.

Social workers at MSH provide assistance for a wide range of issues, including: crisis intervention; short term counseling; supportive casework; marital counseling; family counseling; counseling for palliative care patients and their families; bereavement counseling; arrangements for placement; arrangements for homecare services; homologation of mandates; arranging for the disposition of unclaimed bodies; assistance with legal matters.

“Some of our patients require help with financial matters, such as their old age security or disability pensions and social welfare,” said Ms. Myerson. “We also provide help in acquiring eyeglasses, dentures and hearing aids.”

On completion of the course of treatment, plans are made to return short-term patients to their family or community, or placement at a foster home or long-term care facility, and arrangements are made so that his needs can be met. These needs

may include: home oxygen; CLSC or other home care services; private homemaker or companion services; financial assistance; referral to the appropriate social service centre, e.g. Jewish Family Services (now known as Ometz) or Meals on Wheels.

“Some of our patients need our advice on completing or changing wills,” said social worker **Amanda Singer**, who devotes most of her time to our palliative care patients and their families.

Ms. Singer also coordinates the “Magic Moments” Program, offering to fulfill a special wish for palliative care patients and their families. This is the first adult program of its kind in Quebec.

MSH Social Services also verifies that suitable follow-up for the patient has been arranged, either in our outpatient clinic or by the referring hospital or doctor. Once a patient leaves MSH they always have the opportunity to contact the Social Service Department in the event there is a problem with the services



that have been arranged, and the social worker will contact the appropriate resource to advocate on behalf of the patient.

There are family members who maintain contact with the social worker after a long term care resident has passed away, sometimes to simply say hello or to ask for advice; this is another unique aspect of the service provided by the MSH Social Service Department. “Warm relationships are developed after residents have been at MSH for several years” said Ms. Myerson. “This is one of many reasons that we often call ourselves ‘The Mount Sinai Family’.

“We’re here to provide any assistance we can, and to help resolve any issues the patients or their families may have.”

Photo: MSH Social Workers Amanda Singer (left) and Alana Myerson.

Congratulations to the Confidentiality Week prize winners!

Participation prizes were awarded to:

- ◆ **Marjorie Paranada**, Administrative Officer, Ambulatory Services
- ◆ **Lucie Schembre**, Administrative Officer to the Director of Nursing
- ◆ **Reynaldo Vito**, Administrative Officer, Medical Records

Thank you to all of the staff who completed the Confidentiality Quiz.

Staff health corner

Stress management: how to reduce, prevent, and cope with stress

Sometimes, it may seem that there's nothing you can do about your stress level. The bills aren't going to stop coming, there will never be more hours in the day for all your errands, and your career or family responsibilities will always be demanding. But you have a lot more control than you might think. In fact, the simple realization that **you're in control of your life** is the foundation of stress management.

Managing stress is all about taking charge: **taking charge of your thoughts, your emotions, your schedule, your environment, and the way you deal with problems.** The ultimate goal is a **balanced life**, with time for work, relationships, relaxation, and fun – plus the resilience to hold up under pressure and meet challenges head on.

Stress management starts with **identifying the sources of stress** in your life, by looking closely at your habits, attitude, and excuses. Do you explain away stress as temporary? Do you define stress as an integral part of your work or home life or as a part of your personality? Do you blame your stress on other people or outside events, or view it as entirely normal and unexceptional?

Unhealthy ways of coping with stress:

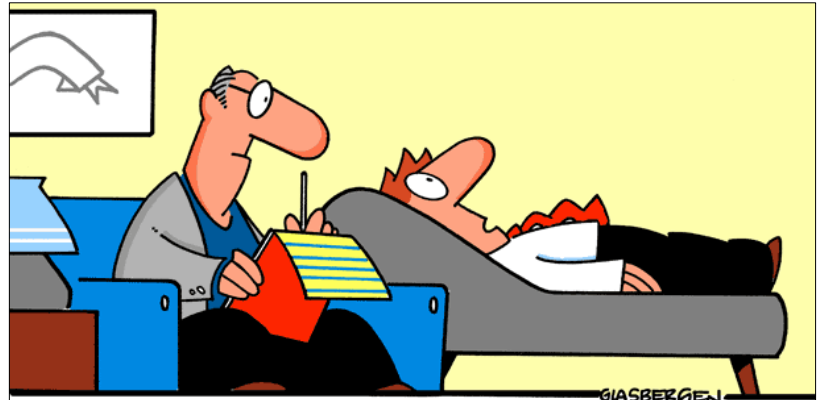
Unfortunately, many people cope with stress in ways that compound the problem. These coping strategies may reduce stress temporarily, but they cause more damage in the long run: smoking; excessive alcohol consumption; overeating or under-eating; zoning out for hours in front of the TV or computer; withdrawing from friends, family, co-workers and activities; using pills or drugs to relax; sleeping too much; procrastinating; filling up every minute of the day to avoid facing problems; taking out your stress on others.

Learning healthier ways to manage stress:

There are many healthy ways to manage and cope with stress, but **they all require change.** You can either **change the situation** or **change your reaction.** When deciding which option to choose, it's helpful to think of **the four As: Avoid** the stressor, **Alter** the stressor, **Adapt** to the stressor or **Accept** the stressor. No single method works for everyone or in every situation, so experiment with different techniques and strategies.

Stress management strategy #1 – Avoid unnecessary stress:

Not all stress can be avoided, and it's not healthy to avoid a situation that needs to be addressed. You may be



**"I'm finally learning how to relax.
Unfortunately, relaxation makes me tense."**

surprised, however, by the number of stressors in your life that you can eliminate.

Learn how to say "no" (taking on more than you can handle is a surefire recipe for stress); **avoid people who stress you out; take control of your environment** (e.g. if traffic's got you tense, take a longer but less-traveled route); **avoid hot-button topics** (e.g. if you get upset over religion or politics); **pare down your to-do list** (distinguish between "should do" and "must do.")

Strategy #2 – Alter the situation:

This often involves changing the way you communicate and operate in your daily life: **express your feelings instead of bottling them up; be willing to compromise; be more assertive; manage your time better.**

Strategy #3 – Adapt to the stressor:

If you can't change the stressor, change yourself. You can regain your sense of control by changing your expectations and attitude: **re-define problems** from a more positive perspective (e.g. a traffic jam can be an opportunity to listen to your favorite radio station or call someone you love); **look at the big picture** (is this worth getting upset over?); **adjust your standards** (stop setting yourself up for failure by demanding perfection); **focus on the positive** (reflect on all the things you appreciate in your life, including your own positive qualities and gifts); **adjust your attitude** (if you think negative thoughts about yourself, your body reacts as if it were in the throes of a tension-filled situation; if you see good things about yourself, you are more likely to feel good).

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Palliative Care training program for volunteers

Did you know that all volunteers in Mount Sinai's Palliative Care (PC) unit must hold a certificate attesting to the successful completion of an 18-hour, six-week training course coordinated and conducted by four McGill University affiliated hospitals: Mount Sinai, Jewish General, Montreal General and St. Mary's.

The **McGill Palliative Care Volunteer Training Program** was developed over a decade ago to train and educate PC volunteers. The course location is rotated around the four hospitals each spring and fall. The tools offered by this course, while directed to palliative, are in many cases life skills that provide long time value to the participants.

The course is comprised of different modules such as: Ethics, Confidentiality and the Challenges for the Volunteer; Cultural and Spiritual Considerations; Grief and Loss and Limits and Boundaries, to name a few.

Each topic is presented by a physician, nurse, psychologist, ethicist or spiritual coordinator from the participating hospitals.

Mount Sinai is proud to be represented by **Dr. Golda Tradounsky** who for the past five years has presented the Module entitled "**The Many Faces of Palliative Care.**"

Noteworthy is the generosity of all the presenters, who volunteer their time to ensure that PC volunteers are effective and well-prepared for the challenges that they may encounter.

One of the highlights of the course is a module entitled Volunteer Reflection. One volunteer from each of the four hospitals gives a testimonial to the participants offering a glimpse into their experiences working in the Palliative Care unit of their respective hospitals.

Over the past several years, long-time MSH palliative volunteer **Lisl Zadek** has given testimonials, and for the past two years, PC volunteer **Cheryl Nashen** has offered her views on being a palliative volunteer at Mount Sinai Hospital. Cheryl is always willing to share with potential palliative care volunteers and finds the testimonial experience rewarding and educational.



Being a Palliative Care volunteer represents a significant commitment in terms of time and emotions, however the rewards are everlasting.

Photo: MSH volunteer Cheryl Nashen presenting a testimonial of her experiences in Palliative Care, during the McGill Palliative Care Volunteer Training Program.

Stress management

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Strategy #4 – Accept the things you can't change:

Some sources of stress are unavoidable – death of a loved one, serious illness, or a recession. In such cases, the best way to cope with stress is to accept things as they are: **don't try to control the uncontrollable** (e.g. the behavior of other people); **look for the upside** (try to look at major challenges as opportunities for personal growth); **share your feelings** (talk to a trusted friend or a therapist); **learn to forgive** (we live in an imperfect world and people make mistakes; let go of anger and resentment to free yourself from negative energy).

Strategy #5 – Make time for fun and relaxation:

If you regularly make time for fun and relaxation, you'll be better able to handle life's stressors. Take a walk, call a friend, exercise to relieve tension, take a long bath, watch a comedy, etc. Don't get so caught up in the hustle and bustle of life that you forget to take care of your own needs. Nurturing yourself is a necessity, not a luxury.

Do something you enjoy every day. Spend time with positive people who enhance your life. **Keep your sense of humour**, including the ability to laugh at yourself. The act of laughing helps your body fight stress in a number of ways.

You can also control your stress levels with relaxation techniques that evoke the body's relaxation response, a state of restfulness that is the opposite of the stress response. These techniques include meditation, yoga, deep breathing or guided imagery, among many others.

Strategy #6 – Adopt a healthy lifestyle:

You can increase your resistance to stress by strengthening your physical health: **exercise regularly**; **eat a healthy diet**; **reduce caffeine and sugar** (the temporary "high" often ends in with a crash in mood and energy); **avoid alcohol, cigarettes, and drugs** (the relief is only temporary); **get enough sleep** (fatigue increases stress levels).

Less stress = a happier life!

Volunteers honoured at recognition luncheon

More than 80 volunteers attended the Volunteer Recognition Luncheon this past October. To thank them for their invaluable services, our dedicated volunteers enjoyed a delicious full course meal prepared and elegantly served by the hospital's dietary services staff. The room was beautifully decorated and the soothing sounds of harpist **Olga Gross** and flutist **Josée Poirier** filled the air. (As a side note, Ms. Gross brought her harp to the Palliative Care wing later that day, to entertain the patients.)

Volunteers received warm wishes from Executive Director **Michel Amar**, as well as their Annual Volunteer Pins which are worn proudly on most volunteer lanyards – take a look at how many pins some volunteers have from years past!

Mount Sinai Hospital volunteers are recognized for their years of active service. The first form of recognition is a certificate for one year of active volunteering. Twenty-two certificates were awarded.

Long-service milestones are acknowledged with a plaque for 5, 10, 15 and 20 years of service. A total of 36 long-service awards were presented during the luncheon, representing volunteer service in all areas of the hospital. Twenty-year recipients this year included **Edith Blackman** and **Minnie Samis**, and fifteen-year awards were presented to **Lorraine Caplan**, **Mort Dubinsky** and **Ann Lutwak**.

Many thanks to all of our volunteers, and congratulations to this year's long-service award recipients!



From l to r : Seated, **Earl Devine**, 7 yrs. of volunteer service; **Bernie Pont**, 8 yrs.; **Brian Echenberg**, 5 yrs.; **Seymour Greenspoon**, 4 yrs.; **Sharon Kates**, 1 yr.; Standing, **Ruby Frankel**, 10 yrs.; **Arthur Stroll**, 9 yrs.



Mount Sinai Hospital Dietary Services staff wore their new and elegant special event uniforms for the first time at this year's volunteer recognition luncheon. From l to r: **Pascaline Maffo Tchinda**, **Maureen McNeil**, **Nathalie Leroux**, **Philippe Deschènes**.



"You caught a virus from your computer and we had to erase your brain. I hope you've got a back-up copy!"



"This morning I almost didn't get a doughnut, later somebody put me on hold for three minutes, and then I got a paper cut! My job is unbearable!"