



# MOUNT SINAI HOSPITAL MONTREAL

## ANNUAL REPORT 2011-2012



**ACCREDITATION CANADA**  
**AGRÉMENT CANADA**

*Driving Quality Health Services*  
*Force motrice de la qualité des services de santé*



HOPITAL AFFILIÉ À L'UNIVERSITÉ MCGILL

A MCGILL UNIVERSITY AFFILIATED HOSPITAL



HÔPITAL MONT-SINAI - MONTRÉAL  
MOUNT SINAI HOSPITAL MONTREAL

## OUR MISSION

Our mission is to treat people with chronic obstructive pulmonary diseases with a global approach including education, prevention, diagnostic, treatment and follow-up; to offer palliative care services to people at the end of their life to alleviate their suffering; to offer a homelike environment to people with serious chronic conditions.

## OUR VISION

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

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

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

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

This credo still governs every aspect of our institution in 2011. In terms of our vision for the coming years, it translates into the following imperatives:

*The MSH intends to respond to the changing and complex needs of its patients:*

- ✦ *by making its pulmonary care and palliative care services, centers of excellence in terms of quality of services, patient safety and risk management, all supported by strong research and teaching activities in collaboration with McGill University;*
- ✦ *by organizing, jointly with its regional partners and with McGill University, a genuine continuum of health services based on the concept of "Transitional Care \*" for pulmonary care and palliative care, for the greatest clinical and human benefit of patients and their families.*

\* Care given in a comprehensive way with a responsibility for continuity throughout the patient journey.

## REPORT OF THE PRESIDENT AND EXECUTIVE DIRECTOR FOR 2011-2012

2011-2012 has been a very important year for Mount Sinai Hospital with the adoption by the Board of Directors of our 5 year strategic plan with the objective of becoming a center of excellence in respiratory care and palliative care. We are now in discussion with our network partners for the implementation of this plan which we will pursue over the course of the next year.

As part of our tripartite agreement, we continued to work with the Jewish General Hospital and the CSSS Cavendish to increase accessibility and develop a continuum of care for people with chronic obstructive pulmonary disease (COPD) in our territory. As part of this agreement, together with our partners, we are able to provide the right care, at the right time and at the right place.

We continued our discussions with the Jewish General Hospital to develop partnership agreements with an objective to better coordinate palliative care beds and services to patients on chronic ventilators. We also finalized an agreement to develop a colonoscopy service at Mount Sinai Hospital which will help reduce the wait list at the Jewish General Hospital for this type of testing. These agreements must now be submitted to the Agency for approval and funding.

As with all health facilities in Quebec, we renewed our board of directors. The new board took office on February 1, 2012 and new officers were elected.

No breach to the Code of Conduct for Board of Directors was recorded during the year.

In terms of human resources, we have continued to offer our staff various training sessions both internally and externally to maintain and develop their skills. In fact, we spent more than \$ 125,000 in staff training, or nearly 1.6% of our payroll.

In terms of our projected human resources plan for 2009-2012, we continued our efforts to increase satisfaction and motivation at work and the attraction and retention of our staff. In the area of the attraction, we have reduced our list of vacancies by 80% in nursing and 50% in physiotherapy. In the area of retention, our turnover rate has decreased by 25% and the use of agencies for nurses decreased by 34%. The ratio of overtime worked by the nursing staff has also decreased by 31% and for the overall staff, has decreased by 46%.

Like many institutions, we continue to have difficulty recruiting certain professionals: nurses, physiotherapists, occupational therapists, respiratory therapists. We continue our efforts to attract those categories of personnel.

Our palliative care unit, affiliated with McGill University, has continued to receive medical students for medical internships. Our other teaching contracts with schools, CEGEPs and universities have also continued, including nursing, physical therapy, respiratory therapy, pharmacy and dietetics. We also received a research intern from McGill University for the first time.

During the year, we added a clinical ethicist to our team of professionals whose role is to advise the staff, patients and their families in special situations requiring expertise, as well as support the multidisciplinary team with their approach to patients and their families, and to provide training on ethical issues.

At the medical level, we obtained an additional PEM in general practice, who will help meet needs in palliative care. In addition, we are finalizing an agreement with the Jewish General Hospital for a first joint PEM in pulmonary care.

With regards to equipment, we continued to upgrade or replace some of our equipment for technological purposes and to provide better services to our patients. This includes equipment for testing pulmonary physiology, bedside tables, a therapeutic bath, overhead patient lifts, warming cabinets for blankets and several other items.

We have also made improvements to our building and our systems, with the installation of intercoms in our elevators, the relocation of our server room to meet security requirements, the creation of a new ultrasound room, the replacement of our electrical panels and several other minor renovations.

At the operational level, the number of admissions has remained relatively stable with a slight decrease of 2.9% partly due to an outbreak of VRE (Vancomycin Resistant Enterococci) which we encountered earlier this year and which required a suspension of our admissions. Applications for admissions which we received in 2011-2012 came from 30 hospitals, 18 CLSC / CSSS and 18 clinics.

Since January 2012, we offer ultrasound services to the entire community, includes abdominal, pelvic, surface and venous testing. We have an agreement with the CSSS Cavendish to make this service available to their doctors and

medical clinics in the area.

In addition to our sleep apnea tests offered 363 days a year in our lab, we also introduced the ability to perform these tests at home, which increases accessibility to this service in great demand.

In April 2011, we organized our first symposium on pulmonary rehabilitation. The keynote speaker was an internationally known pneumologist, Dr. Roger Goldstein, from West Park Hospital in Toronto. This educational day was a great success and will now become an annual event.

Several articles on our research in pulmonary rehabilitation have been published in international journals and/or have been presented at conferences.

With regards to budget, our institution was obliged to cut more than \$148,000 in 2011-2012 with the application of the Act to implement certain provisions of the Budget Speech of March 30, 2010 (2010, chapter 20). The impact of these cuts on our budget of \$13,480,951 resulted in a reduction of training costs, the non-replacement of an administrative secretary and optimization measures. Added to these cuts was a significant increase in salary insurance costs. Despite the budgetary constraints we faced, we managed to end the 2011-2012 year in equilibrium.

The executive committees of the Council of Physicians, Dentists and Pharmacists (CPDP), Council of Nurses (CN), the Multidisciplinary Council (CM), the Medical Evaluation committee, Dental and Pharmaceutical committee, the Pharmacy committee, the Users committee, the Risk Management committee and the Vigilance and Quality committees met regularly during the year.

The Risk Management Committee has continued to monitor the indicators for patient falls, medication errors, the user restraint measures, pressure ulcers, nosocomial infections and employee accidents. The total number of incidents and accidents remained stable in 2011-2012 with 418 reported compared to 416 reported last year. Annual results for 2011-2012 show a decrease of 42% of patient falls. 75% of them resulted in no consequences for patients. Medication errors increased by 25%, however 99% of the errors had no effect on patients. The increase was mainly due to better identification of medication errors particularly with regard to missing medications. For restraint of patients, on average, 20% of our patients have restraint measures (19% last year). In most cases the restraint is associated with bedrails.

Approximately 8.5% of our patients developed pressure ulcers (versus 15% last year). 25% of these patients were admitted with bedsores developed at other institutions.

We had an increase of 2.9% of nosocomial infections. The majority of nosocomial infections were urinary tract infections and pneumonia. We continue our action to prevent and control these types of infections.

At the employee level, the data shows a decrease of 58% of incidents. These are primarily associated with needlestick injuries and stretching when moving patients. 74% of incidents resulted in no loss of time (vs. 62% last year).

We continue to monitor all of these indicators and to take steps to provide services in a safe environment for our patients and our employees.

The following main improvements have been introduced in risk management: Implementation of an improved procedure for the assessment of falls risk and for the monitoring of pressure ulcers, better monitoring of the use of bed alarms, training on the risks associated with drug administration, development of a new form for tracking missing medications, pharmacy-nursing committee for monitoring medication errors, regular monitoring of bedsores by a specialized nurse, continuing education for prevention and control of nosocomial infections, handwashing audits, and PDSB.

The Local Complaints and Service Quality report for 2011-2012 shows that seven complaints were filed during the year representing a decrease of 46% compared to last year. A record of the previous year was still open for a total of 8 complaints handled during the year. All complaints were analyzed within the prescribed time and no complaints of a medical nature were reviewed by the review committee. Objects of complaints were related to the following aspects: accessibility (2), special rights (3), organization of the environment and material resources (1), interpersonal relationships (1), care and services (3). From the 8 complaints handled, 3 were related to the outpatient clinic, 2 to respiratory care, 1 to palliative care and 2 to long-term care.

The Complaint officer made 8 recommendations compared to 9 in 2010-2011. They were related to the following issues: confidentiality, refund policy for loss of patient personal effects, the temperature of the hot water, identification of patient records in outpatient clinics. They have all been implemented.

In addition to tracking complaints, the Quality and Vigilance committee analyzed the results of questionnaires sent to patients. 409 satisfaction questionnaires were sent to patients in respiratory and long-term care services with a response rate of 28%. 93% of respondents felt that the Center met or almost met all their expectations. 97% of respondents would recommend Mount Sinai Hospital to a relative or a friend. 131 questionnaires were sent to palliative care patients with a response rate of 34%. Their satisfaction rate with the services offered by the center was 99%.

The following aspects related to the quality of services have been improved during the year:

- Addition of a patient-education class to promote self-management activities in daily living for patients in pulmonary rehabilitation;
- Addition of a patient-education class suitable for respiratory patients requiring a less intensive rehabilitation program;
- New classroom training for respiratory patients on oxygen therapy and the use of their pump;
- Introduction of a new specialized training for palliative care staff (LEAP-essential approaches in palliative care);
- Provision of a second bath per week for residents in long-term care;
- Introduction of monthly theme dinners for patients;
- Purchase of new furniture for patient rooms (bedside and over bed tables).

The 2012-2013 year comes with several important challenges: the continued implementation of budgetary constraint measures imposed by Chapter 20 and additional optimization measures, making it more difficult to achieve a balanced budget; at the strategic level, the implementation of our research center, the completion of our renovation plans to offer only private rooms, and initiation of discussions with the Agency and the Ministry for approval of such plans and associated funding; increasing the visibility of the Centre; finalizing agreements with the Jewish General Hospital; the continued efforts for the recruitment and retention of staff; the monitoring of the accountability and motivation of personnel; the monitoring of continuous quality improvement activities for care and services; and continuing our preparation for the accreditation visit in December 2012.

We thank all members of the Board of Directors of the Hospital Centre as well as the Board of Trustees of the Corporation, the Auxiliary and the Foundation for

their support and collaboration. We also thank the members of all committees for their hard work and commitment to the hospital. We would also like to thank our staff, physicians and volunteers for the professionalism and cooperation they have demonstrated throughout the year. It is the concerted efforts of all these people that make Mount Sinai not just a hospital, but what a hospital is meant to be.

**Robert Zittler, MBA, FCPA, FCA, M.Sc.**  
President

**Michel Amar, M.Sc.**  
Executive Director



## **MEMBERS OF THE BOARD AND MANAGEMENT TEAM MOUNT SINAI HOSPITAL CENTRE (at March 31, 2012)**

### **MEMBERS OF THE BOARD OF DIRECTORS**

**Michel Amar, Executive Director**  
**Stuart Aronovitch**  
**Michèle Desjardins**  
**Peter Erenyi**  
**Beth Fineberg**  
**Alice Goldbloom**  
**Michael Goldwax**  
**Jonathan Kalles**  
**Sandor Klein, Treasurer**  
**Leon Krolik**  
**Arnold Ludwick, Vice-President**  
**Kathy MacDonald-Allen**  
**Miriam Mamane**  
**Melissa Margles, Secretary**  
**Lise Ouellet**  
**Karen Bengualid Payne**  
**Dr. Norman Wolkove**  
**Robert Zitrer, President**

### **AUDITORS**

**Bessner Gallay Kreisman**

### **MANAGEMENT TEAM**

**Michel Amar**  
Executive Director  
**Neil W. Beauchamp**  
Human Resources Management Counsellor  
**Dr. Rubin Becker**  
Director of Professional Services  
**Donald Dussault**  
Head of Technical Services  
**Jacques Gillmore**  
Head of Dietary Services  
**Karen Honegger**  
Director of Nursing  
**Judith Marchessault**  
Head Nurse, Palliative Care and Longterm Care  
**Chudney Pierre-Louis**  
Coordinator of Staff Health & Ambulatory  
Services  
**Daniel St-Amour**  
Complaint and Quality of Services Local  
Commissioner  
**Maria Stathatos**  
Program Manager of Respiratory Care  
**Carol Steadman**  
Coordinator of Community Relations and  
Volunteer Services  
**Dr. Golda Tradounsky**  
Head of Palliative Care  
**Jean Villeneuve**  
Director of Finance, Technical Services and  
Information Technology  
**Dr. Norman Wolkove**  
Head of Pneumology  
**Vacant**  
Head Nurse, Long Term Care

# COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS

## ACTIVE MEMBERS

Dr. Frederica Abcarian, Family Medicine  
Dr. Marcel Baltzan, Pneumology  
Dr. Rubin Becker, Geriatrics/Internal Medicine  
Dr. Daniel Bena'im, Family Medicine  
Dr. Richard Dabrusin, Pneumology  
Mrs. Iris Dayan, Chief Pharmacist  
Dr. Anna Demanine-Towers, Palliative Care  
Dr. Joel Fox, Pneumology  
Dr. Jack Glay, Radiology  
Dr. Thomas Jagoe  
D.Dr. Linda Klein, Family Medicine  
Dr. Suzanne Levitz, Family Medicine  
Dr. Marvin Nathans, 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. Roger Fenster, Surgery  
Dr. Allan Finesilver, Oto-Rhino-Laryngology  
Dr. Saul Frenkel, Oto-Rhino-Laryngology  
Dr. Isaac Fried, Oto-Rhino-Laryngology  
Dr. Phil Gold, Immunology  
Dr. Andrew Hirsch, Pneumology  
Dr. Stephen Jacobson, Urology

Dr. Pamela Jones, Orthopedics  
Dr. Morton Kapusta, Rheumatology  
Dr. Thomas Kohn, Dermatology  
Dr. Donald Laporta, Pneumology  
Dr. Joseph Portnoy, Microbiology  
Dr. Marilyn Segal, Psychiatry  
Dr. Nathan M. Sheiner, Cardio-Thoracic Surgery  
Dr. Joseph Shuster, Immunology  
Dr. Peter Small, Immunology/Allergy  
Dr. Emile Svarc, Ophthalmology

## ASSOCIATE MEMBERS

Dr. Manny Borod, General Medicine  
Dr. Parissa Charghi, Family Medicine  
Dr. Michael Dworkind, Family Medicine  
Dr. Michael J. Kalin, Family Medicine  
Dr. Hany Kamel, Family Medicine  
Dr. Jacqueline Kivana, Family Medicine  
Dr. Virginia Myles, Family Medicine  
Dr. H.T. Nguyen, General Medicine  
Dr. George Polson, General Medicine  
Dr. David Prupas, Family Medicine  
Dr. Norman Sabin, Family Medicine

## HONORARY MEMBERS

Dr. Martin Eidinger, Dentist  
Dr. Stanley Eidinger, Internal Medicine/Chest Diseases  
Dr. Harold Frank, Pneumology  
Dr. Andrew Gonda, Internal Medicine/Nephrology  
Dr. Adalbert Jegyud, General Medicine  
Dr. Harvey Kreisman, Pneumology  
Dr. Arthur Rosenberg, Hematology

## PHARMACISTS

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

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

**Michel Amar, Executive Director / Karen Rose Honegger, Director of Nursing / Shelley Lloyd, Nurse / Kathy MacDonald, President, Council of Nurses / Kerry Peskett, Secretary / Marie Odette Pillay, President of Nursing Assistants Committee / vacant, Vice President**

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

**Michel Amar, Executive Director / Karen Rose Honegger, Director of Nursing / Danielle Lynch, Physical Rehabilitation Therapist / Haguit Marciano, Occupational Therapist, Secretary of the MC / Line Ouellet, Assistant Chief Technician, Diagnostic Imaging, President of the MC.**

# Report of the President of the Corporation

## 2011-2012

During the 2011-2012 fiscal year the Corporation has completed the implementation and realization of many improvements to the building and systems of the Hospital

- Construction and installation of a new office in the 2nd corridor (room DSEI)
- New grill in the ambulance entrance.
- New identification at the entrance to the outpatient clinic and new logo on the wall at the main entrance.
- Protective corners in the corridor next to the PHYSIOTHERAPY
- Repair of sidewalk along the building to the rear of the hospital.
- Development of a new ultrasound room
- Replacement of ten electrical panels on all floors
- Installation of intercoms and new lighting in the elevators
- Installation of a new therapeutic bath on the 3<sup>rd</sup> floor
- Installation of a new control panel for the medical gas
- New server room on second floor
- Installation of 15 new patient ceiling lifts
- Addition of 8 new security cameras

Other improvement projects are planned for the next year, including: roof replacement, replacement of windows, re-decoration of the fourth floor, a new signaling system in the hospital.

We continued our discussions with the Municipality of Ste-Agathe for the creation of a memorial park in honor of Mount Sinai Hospital, which was located in the city from 1909 to 1990.

Our Healing Garden was once again awarded the Maison Fleurie award by the City of Cote St-Luc for the 8th consecutive year and the fourth year in the Elite category for its beauty and uniqueness.

We thank all the members of the Corporation Board of Trustees, the Hospital Center Board of Directors and management, the Foundation and the Auxiliary along with the staff and volunteers who have always at heart, the realization of the mission of our hospital. Upon entering our 103rd year of service to the community, we hope to contribute to the continued success of an outstanding healthcare facility.

**Howard Blatt**

President of the Mount Sinai Hospital Corporation

# **MOUNT SINAI HOSPITAL CORPORATION**

## **BOARD OF TRUSTEES**

Michel Amar, *Executive Director*

Dr. Rubin Becker, *Director of Professional Services*

Elliot Bier

Colin Bier

Howard Blatt, *President*

Dr. Ernest Burman

Max Druker, *Vice-President*

Michael Flinker

Faigie Friedman, *Secretary/Treasurer*

Mitch Kendall

Ruth Kovac

Joseph Levitt

Jeffrey Orenstein

Katrina Rothbart

Hyman Waxman

Cynthia Zarr

Sheila Zemel

## Report of the Co-Presidents of the Auxiliary

The Auxiliary is pleased to report on a very successful 2011-2012 year filled with many profitable fundraising events and rewarding activities held for the residents and patients.

The Mount Sinai Literary Breakfast Club is now recognized throughout greater Montreal as a leading Book Club. Five books were reviewed last year, and the new lineup of books and reviewers for this coming year has been compiled by a very talented and committed group of Auxiliary members.

Our fundraising event of 2011 was held on May 19<sup>th</sup> at the Segal Center. Almost 200 men and women were treated to a Cocktail-Dinatoire, followed by the musical "Lies My Father Told Me". The evening was a tremendous success and the profit was earmarked for the purchase of Hi-Lo beds for the hospital.

Our second fall Annual General Meeting and Installation was held at Mount Sinai on September 12<sup>th</sup>. Visitors from other hospital Auxiliaries and Mount Sinai Hospital administrators, doctors, volunteers and Auxiliary members, were treated to a wonderful buffet lunch by our own talented chef.

Our 26<sup>th</sup> Annual Bridge and Mah Jongg Luncheon took place on September 21<sup>st</sup> at Hillside Golf and Country Club. Thanks to an amazing committee, our luncheon has become one of the most anticipated in the community, with the sale of 400 tickets, many wonderful raffle prizes and auction items.

The Auxiliary held their yearly Chanukah party on December 8<sup>th</sup> where we thanked our members, hospital volunteers, staff and administration for their great support throughout the year and presented a cheque of \$72,000 to the Hospital as the final installment of our commitment to the purchase of Hi-Lo beds.

Our many on-going projects continue to be a source of pride and profit for the Auxiliary. Our "Common Cents" project and collection of can tabs which have increased tremendously with the involvement of many new schools throughout Montreal. Our colorful bulletin is published twice a year and reaches over 4000 households, keeping our community informed about Auxiliary events and important Hospital activities.

Welcome Packages, filled with toiletries and stationery, are distributed weekly to new patients and residents. The Friday afternoon Oneg Shabbat ceremony with challah and gefilte fish is often accompanied by a guitarist and is eagerly awaited by the patients, residents and families. Through our Patient Welfare program, three times a year, at Holiday times, all residents and patients receive a gift from the Auxiliary and are serenaded with music by a talented guitarist and the lovely voices of many Auxiliary members. In addition, the Foot Care Service available

to the residents, the beautiful Garden, and some holiday events held by the Recreation department all receive funding by the Auxiliary.

Our coffee shop provides an important service to the residents and visitors, as well as Hospital staff and volunteers. We are continuing to focus on the eco-friendly atmosphere and heart-healthy food and snacks. The gift shop chairperson is doing an outstanding job with a wonderful and varied selection of merchandise for all occasions and at all prices.

For the year 2011-2012, the Auxiliary has disbursed a total of \$113,500 for equipment purchases including 20 Hi-Lo beds, 3 Patient Lifts, various medical and non-medical equipment, services for the residents and a chair for the Garden.

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. The Volunteer Department continues to be invaluable in their help, and we are indebted to our general membership and the community at large for their patronage.

Special thanks go to our office staff, Aline Bank and Barbara Schneider, for their diligence and hard work, and to all the Auxiliary members who are so committed to ensuring success in everything that is undertaken.

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

**Lorraine Caplan & Debbie Giser**  
Co-Presidents of the Auxiliary

**MOUNT SINAI HOSPITAL AUXILIARY**

**EXECUTIVE MEMBERS OF THE AUXILIARY**

**COMITÉ EXÉCUTIF**

**ADVISORY COUNCIL**

----- Lorraine Caplan -----  
Karen Fried  
Judy Garber  
Debbie Giser  
Marlene Goldberg  
Marcia Guralnick  
Sarah Kauffman  
Frances Kessner  
Ruth Kovac  
Vivian Kujavsky  
Sheila Lackman  
Henia Lifshitz  
Joan Morris  
Rita Posel  
Patsy Rudner  
Carol Seltzer  
Lois Shubert  
Riva Toeman  
Donna Weitzman  
Cynthia Zarr  
Sheila Zemel

**CO-PRESIDENTS**

Lorraine Caplan  
Debbie Giser

**RECORDING SECRETARIES**

Dorothy Lackstone  
Rita Vosberg

**FINANCIAL CHAIRPERSON**

Debbie Giser

**FINANCIAL ADVISOR**

Frances Kessner

**FINANCIAL SECRETARY/TREASURERS**

Celia Myerson  
Jack Posel

**MEMBERSHIP**

Helen Diamond  
Bea Schachter  
Naomi Sharpe





HÔPITAL MONT-SINAI - MONTRÉAL  
MOUNT SINAI HOSPITAL MONTREAL

## OPERATIONAL STATISTICS

	<u>2011-2012</u>		<u>2010-2011</u>	
<b>Diagnosis on Admission</b>				
Obstructive Chest diseases		59%		54%
Other respiratory Diseases		8%		7%
Malignant tumors		31%		29%
Others		2%		10%
<b>Number of Admissions</b>				
Respiratory Short Term care	607	100%	625	100%
Palliative care	400	66%	412	66%
Long Term care	183	30%	185	30%
	24	4%	28	4%
<b>Outpatient clinics</b>				
Chest (visits)		9981		9 132
Speciality clinics other than chest (visits)		1 389		1 247
<b>Rehabilitation Services</b>				
Physiotherapy (days-treatments)		6 594		7 836
Occupational Therapy (day-treatments)		1 482		1 436
Recreology, Music and Art Therapy (attendance)		15 463		16 640
<b>Diagnostic Services</b>				
Cardiology (units)		8 080		7 722
Radiology (units)		21 299		22 343
Ultrasound (units) *		1 240		
Laboratories (units)		133 182		201 478
Pulmonary physiology (units)		37 991		35 913
Sleep apnea tests		1 198		1 185
<b>Procedure room</b>				
Special diagnostic procedures		1 509		1486
<b>Social Services</b>				
Interventions		652		650
<b>Medical Records</b>				
Admission units		28 268		30 860
<b>Dietary</b>				
Number of meals		152 313		158 442
<b>Laundry</b>				
Number of kilos (soiled linen)		136 059		127 474

- New service offered since January 2012



HÔPITAL MONT-SINAI - MONTRÉAL  
MOUNT SINAI HOSPITAL MONTREAL

	<u>2011-2012</u>	<u>2010-2011</u>
<b>ADMISSIONS</b>		
Respiratory Care (short term)	400	412
Palliative Care	183	185
Long Term Care	24	28
<b>Total admissions</b>	<b>607</b>	<b>625</b>
<b>DISCHARGES</b>		
Respiratory Care (short term)	401	407
Palliative Care	186	187
Long Term Care	23	29
<b>Total discharges</b>	<b>610</b>	<b>623</b>
Regular	416	429
Against medical advice	3	4
Deaths in palliative care	171	183
Other deaths	20	27
<b>Autopsies</b>	<b>0</b>	<b>0</b>
<b>Patient days</b>	<b>36 054</b>	<b>35 581</b>
<b>Average length of stay (days)</b>	<b>67.48</b>	<b>51.91</b>
<b>Patients treated</b>	<b>710</b>	<b>725</b>
<b><u>Regions served</u></b>		
01 Bas St-Laurent		
02 Saguenay Lac St-Jean		
04 Mauricie-Bois-Francis		
06 Montréal-Centre		
07 Outaouais		
08 Abitibi - Témiscamingue		
13 Laval		
14 Lanaudière		
15 Laurentides		
16 Montérégie		
99 Outside Quebec		

**Centre hospitalier Mont-Sinaï - Fonds d'exploitation**  
**État des revenus et dépenses pour l'exercice terminé le 31 mars 2012**  
**Mont-Sinai Hospital Centre - General Fund**  
**Statement of revenues and expenditures for the year ended March 31, 2012**

	2011-2012 6	2010-2011 6
<b>REVENUS/REVENUES</b>		
Ministère de la Santé et des Services sociaux	11 110 356	10 482 364
Autres/Other	2 251 845	2 202 727
	<b>13 462 201</b>	<b>12 685 091</b>
<b>DEPENSES/EXPENDITURES</b>		
Salaires et avantages sociaux/Salaries and social benefits	10 474 706	10 030 824
expenses	2 907 496	2 654 124
	<b>13 462 201</b>	<b>12 685 048</b>
(EXCEDENT DES DEPENSES DE L'EXERCICE) (EXCESS OF EXPENDITURES FOR THE YEAR)		33
EXCEDENT DES REVENUS – au début de l'exercice SURPLUS - beginning of year	(158 664 )	37 841
Redressements affectés aux exercices antérieurs Prior period adjustments		(196 538 )
EXCEDENT DES REVENUS – à la fin de l'exercice SURPLUS - end of year	(158 664 )	(158 664 )

Les rapports financiers sont des extraits des états financiers, vérifiés pour l'exercice terminé le 31 mars 2012 et sont sujets à modification par le M.S.S.S.

NOTE : En date du 1er janvier 1972 toutes les immobilisations du Centre hospitalier appartenaient à la corporation de l'Hôpital Mont-Sinaï. À partir du 1er janvier 1972, en accord avec la loi sur les services de santé et les services sociaux du Québec (R.S.Q. 1971, Chapitre 48), le Centre hospitalier avait le pouvoir d'utiliser ces actifs pour mettre en fonction un centre hospitalier.

Bien que les actifs ainsi que les additions et améliorations qui s'y rapportent ont été continuellement insérés dans le bilan du centre hospitalier, la Corporation de l'Hôpital Mont-Sinaï se considère comme étant propriétaire de toutes les immobilisations indiquées dans le bilan du Centre hospitalier.

The financial reports are extracted from the audited financial statements for the fiscal year ended March 31, 2012 and are subject to adjustments by M.S.S.S.

NOTE : As of January 1, 1972, the Corporation of Mount Sinai Hospital owned all fixed assets of the Hospital Centre. Effective January 1, 1972 in accordance with the Act respecting Health Services and Social Services in the Province of Quebec (R.S.Q. 1971, Chapter 48), the Hospital centre was empowered to use these assets for operating a hospital facility.

While the assets, together with additions and improvements thereto, have continually been shown on the balance sheet of the Hospital Centre, the Corporation of Mount Sinai Hospital considers itself to be the owner of all fixed assets reflected on the balance sheet of the Hospital Centre.

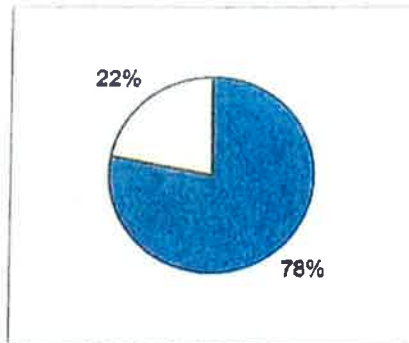
**CENTRE HOSPITALIER MONT-SINAÏ**  
**BILAN au 31 mars 2012**

**MOUNT SINAI HOSPITAL CENTRE**  
**BALANCE SHEET as of March 31, 2012**

	2011-2012	2010-2011
	\$	\$
<b>ACTIF - ASSETS</b>		
<b>Fonds d'exploitation - court terms / General Fund - Current</b>		
Encaisse - Cash	8 929	
Comptes à recevoir - Accounts receivable	1 346 445	810 216
Inventaires - Stocks	195 475	136 721
Frais payées d'avance - Prepaid expenses	112 514	23 971
Dû par fonds immobilisations - Due from plant fund		29 676
	<b>1 663 363</b>	<b>1 000 584</b>
<b>SUBVENTION À RECEVOIR - RÉFORMES COMPTABLE</b>		
<b>GRANT RECEIVABLE - ACCOUNTING CHANGES</b>	661 534	661 534
	<b>2 324 897</b>	<b>1 662 118</b>
<b>FONDS D'IMMOBILISATIONS - PLANT FUND</b>		
<b>COURT TERME - CURRENT</b>		
Encaisse et dépôts à terme - Cash and term deposits	1 681 286	1 457 356
Comptes à recevoir - M.S.S.S./A.S.S.S. - Accounts receivable - M.S.S.S./A.S.S.S.	2 029 159	480 000
Dû par fonds d'exploitation/Due from general fund	424 218	
Dû par Corporation de l'Hôpital Mont-Sinaï/ Due from Corporation of Mount Sinai Hospital		270 303
	<b>4 134 663</b>	<b>2 207 659</b>
<b>COMPTES A RECEVOIR - M.S.S.S. - ACCOUNTS RECEIVABLE - M.S.S.S.</b>	<b>8 084 522</b>	<b>8 159 547</b>
<b>DU PAR CORPORATION DE L'HOPITAL MONT SINAI -</b>		
<b>DUE FROM CORPORATION OF MOUNT SINAI HOSPITAL</b>		5 420
<b>TERRAIN, IMMEUBLE ET OUTILS - LAND, BUILDING AND EQUIPMENT</b>	12 583 334	12 813 292
	24 802 519	23 185 918
<b>Actif total / Total Assets</b>	<b>27 127 416</b>	<b>24 848 036</b>
<b>PASSIF - LIABILITIES</b>		
<b>FONDS D'EXPLOITATION - GENERAL FUND</b>		
<b>COURT TERM - CURRENT</b>		
Découvert de banque - Bank indebtedness		19 920
Comptes à payer - Accounts payable	2 069 343	1 800 862
Dû au fonds immobilisations - Due to plant fund	424 218	
	<b>2 493 561</b>	<b>1 820 782</b>
<b>EXCEDENTS DES REVENUS - SURPLUS</b>	(158 664 )	(158 664 )
	<b>2 324 897</b>	<b>1 662 118</b>
<b>FONDS D'IMMOBILISATION - PLANT FUND</b>		
<b>COURT TERME - CURRENT</b>		
Partie à court terme - emprunt de banque - Current portion of bank loan		270 303
Partie à court terme des obligations payables - Current portion of bonds payable	1 575 847	480 000
Dû au fonds d'exploitation - Due to general fund		29 676
Revenus reportés - Deferred revenue	1 081 930	1 044 777
Financement temporaire - Temporary financing	1 463 564	2 015 668
	<b>4 121 441</b>	<b>3 840 421</b>
<b>SUBVENTION PERÇUE A L'AVANCE - REFORME COMPTABLE/</b>	<b>11 593 306</b>	<b>10 177 280</b>
<b>GRANT RECEIVED IN ADVANCE - ACCOUNTING CHANGES</b>		
<b>EMPRUNT DE BANQUE - BANK LOAN</b>		5 420
<b>OBLIGATIONS PAYABLES - BONDS PAYABLE</b>	<b>8 084 522</b>	<b>8 159 547</b>
	<b>23 799 269</b>	<b>22 182 668</b>
<b>AVOIR - CAPITAL</b>	<b>1 003 280</b>	<b>1 003 280</b>
	<b>24 802 519</b>	<b>23 185 918</b>
<b>Passif Total / Total Liabilities</b>	<b>27 127 416</b>	<b>24 848 036</b>

**Division des dépenses  
pour chaque dollar de l'hôpital  
Cost breakdown  
per hospital dollar**

**2011-2012**

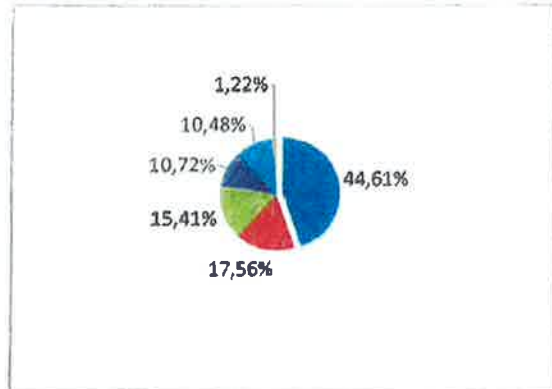


Salaires incluant avantages sociaux 78%  
Salaries including social benefits  
Autres Fournitures et dépenses 22%  
Other supplies and expenses

**Répartition des dépenses  
selon les différents services**

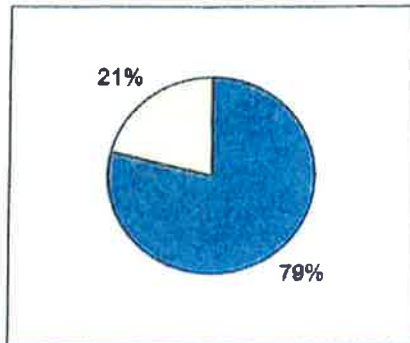
**Breakdown of expenses  
among the various departments**

**2011-2012**



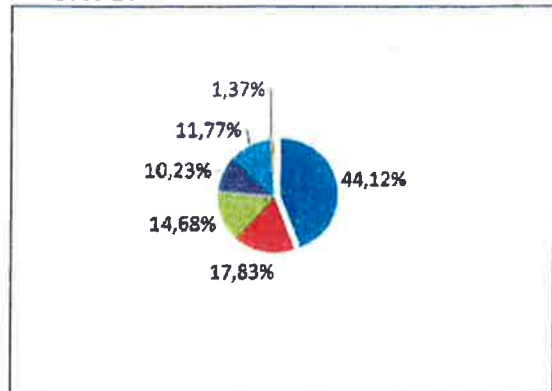
Soins infirmiers / Nursing care 44,61%  
Serv. Diagnos./Thérap. - Diagnos./Therap. Serv 17,56%  
Services techniques / Technical Services 15,41%  
Service alimentaire / Dietary 10,72%  
Administration 10,48%  
Recherche formation / Research-Education 1,22%

**2010-2011**



Salaires incluant avantages sociaux 79%  
Salaries including social benefits  
Autres Fournitures et dépenses 21%  
Other supplies and expenses

**2010-2011**



Soins infirmiers / Nursing care 44,12%  
Serv. Diagnos./Thérap. - Dianos./Therap. Serv 17,83%  
Services techniques / Technical Services 14,68%  
Service alimentaire / Dietary 10,23%  
Administration 11,77%  
Recherche formation / Research-Education 1,37%

