



80 Jewish General Hospital

JGH News

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**IT'S AN (IMPROVED)
EMERGENCY!**
QUIETER, QUICKER – AND MUCH, MUCH BUSIER

Also:

**ONE PATIENT'S EXCEPTIONAL EXPERIENCE
KEEPING HOSPITALIZED SENIORS MOBILE
STREAMLINING THYROID SURGERY**



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A novel interpretation of ten years at the JGH

Think of me as an interpreter—not of languages, but of people and their experiences.

At one time, that description would have struck me as odd. During my 26 years at *The Toronto Star*, my job titles included reporter and arts critic. Then, after moving to Montreal, I became a website writer for a dot-com start-up, as well as a marketing copywriter for an international aviation organization. Since 2004, I've been the editor and chief writer of *JGH News*. All of those descriptions are correct, but none captures the essence of the role that I now realize I've really been playing: interpreter.

This thought occurred to me this past March, as I celebrated my 10th anniversary at the Jewish General Hospital and the completion of my 30th issue of *JGH News*. What startled me was not just the passage of time, but the notion that I had devoted a decade to observing and writing about an environment that, despite its many intervals of joy, is primarily one of injury, illness, pain and sometimes, tragically, death. For someone like me, who had once spent his days interviewing TV stars, film directors and best-selling authors, this was a remarkable change of direction, to say the least.

As I thought further about my years at the hospital, it became clear that the JGH has been tapping into a skill that has turned out to be my strongest: gathering the facts about a highly complex subject and then demystifying them in a manner that fascinates, informs and entertains—in other words, interpreting. To a degree, it's an approach that I sometimes took at *The Star*—for example, in a four-part series about how AIDS had devastated the next-generation leadership of some of Toronto's leading dance and theatre companies in the early 1990s.

Now, by contrast, my objective is to “interpret” an entire hospital. In my first year or two, this was a snap, since every aspect of the JGH was new to me and I was eager to explore and explain. But, I wondered, what would happen when the novelty wore off? Surprise—it still hasn't. Through personal experience, I confirmed what I'd heard from many veteran members of staff: something new and exciting—from the introduction of a pace-setting healthcare service to the launch of a mega-million-dollar pavilion—is always in the pipeline.

That's why, for this issue's cover story, I was so keen on “interpreting” the new Emergency Department in Pavilion K with an in-depth, yet panoramic look at the innovations that make it so special. Over the years, this sort of access has given me a privileged peek at unique and dramatic events that I could never otherwise have witnessed—for instance,



Henry Mietkiewicz interviews members of staff during the Emergency Department's move to Pavilion K on February 16.

a premature infant being rescued from suffocation by the Chief of Pediatrics; the pinpoint precision of minimally invasive gynecological surgery; and a bruised and bloodied brawler crowing to an Emergency physician about the bar fight he was so proud of having won.

But perhaps most amazing of all has been the generosity of the countless patients who have shared with me the most intimate and heartbreaking details of their illnesses and treatments. Why were they so open? Because they wanted to show their respect for the Jewish General Hospital and express their gratitude for the JGH's expertise, compassion and concern for them as individuals. Speaking with me was their way of saying thank-you, while reassuring other patients (through my articles) that placing their trust in the JGH was the right move.

For all of these reasons, I've chosen to dedicate the latter portion of my career to the JGH. I've met the employees who believe in this hospital and the patients who treat it as their very own. I've seen technological marvels as impressive as any movie's, and healthcare staff with more creativity than in any artist I've ever interviewed. I've chatted with donors whose pleasure is opening their wallets, and volunteers whose delight is opening their hearts. I may only be an observer of what others accomplish at the JGH, but I'm proud to count myself among them.

At least, that's how I interpret it.

Henry Mietkiewicz
Senior Communications Specialist
and Editor of *JGH News*
Department of Public Affairs and Communications

First Canadian Master's degree in couple and family therapy

A Master's degree in couple and family therapy—the first of its kind in Canada—will be introduced at McGill University's School of Social Work this fall, as a result of a partnership between McGill and the Jewish General Hospital. The two-year interdisciplinary program combines academic training with practical experience on treating complex problems within couples and families.

The program will blend the clinical expertise of the JGH's Institute of Community and Family Psychiatry—a widely recognized centre for clinical training in marriage and family therapy—with McGill's academic excellence.

Drawing from such disciplines as social work, transcultural psychology and counselling psychology, the program will feature courses on life-long human development, contemporary issues and diversity in couple and family therapy, and more. It will also provide an overview of some of the biological and neurological foundations of behaviour.

"Increasingly, couple and family therapy skills are needed for the practice of physical health and community mental health," says Dr. Sharon Bond, Director of the Master's program and of couple and family therapy in the JGH Department of Psychiatry. "This program aims to prepare students to deal with the often complicated interplay of physical, psychological, cultural, economic and social factors faced by families and couples."

Graduates will earn not only a Master's degree from McGill, but two professional permits: one as a couple and family therapist (approved by the Quebec Order of Social Workers and Couple and Family Therapists) and another as a psychotherapist (approved by the Quebec Order of Psychologists).

"This program will benefit society, because it enables many more qualified couple and family therapists to be trained than would have been possible if everyone had to have a Ph.D.," says Dr. Michael Bond, JGH Chief of Psychiatry. "Given the permit requirements for psychotherapists and couple and family therapists, this program fills a true need."

Dental team fills urgent need in the Philippines

Young and old, they arrived in droves at a basketball court in a Philippines town this past February to see a team skilled not in dribbling, but in drilling.

The sports site had been transformed into a makeshift dental clinic staffed by dentists, dental assistants, nurses and technical and administrative support staff from Canada, who volunteered to help residents of two provinces devastated by typhoon Haiyan last November. Among the leaders of the delegation was Dr. Emilia Espiritu, a JGH staff clinician who heads the residency program in the Department of Dentistry.

"The team treated all ages, but I focused on the children in the hope of saving their teeth," says Dr. Espiritu, describing the free care for those who were impoverished by the catastrophe in her native country. "Tooth decay is rooted in the typical Filipino diet, which is very sugary. Also, many of the villagers were farmers and fishermen with little money or education. They aren't familiar with oral hygiene and can't afford a dentist. Many of the children's teeth are rotten before they've fully grown in."

During the week-long tour, the 28-person team saw 3,000 patients in seven municipalities. Having heard about the clinic by word of mouth, the villagers streamed in on a first-come-first-served basis for extractions, fillings, cleaning and other care. Portable chairs, dental units and other equipment were provided by the University of British Columbia, while local pharmacies donated vitamins and medical supplies.



In the Philippines, Dr. Emilia Espiritu treats a young patient whose dental care and other essential services were severely disrupted by last November's typhoon Haiyan.

"Unfortunately, we didn't have X-rays," says Dr. Espiritu, "and we removed so many teeth that we ran out of gauze. To stop the bleeding, we had to use donated sanitary pads that were cut into small pieces." She says she returned home exhausted, but "fulfilled and uplifted. It really reminds you how fortunate we are and how important it is to give."

JGHTV

Now there's another way for the JGH to come alive! Tune in to JGHTV for informative and entertaining video news on such topics as healthy eating, the Teenage Health Unit and robot-assisted surgery. It's yours to enjoy at jgh.ca/jghtv.

Hospitalized seniors motivated to move

For many, bed rest may be a welcome break from a busy schedule, but for elderly hospitalized patients, inactivity can lead to a decline in energy, vitality and autonomy.

For this reason, the JGH has launched a Mobility Plan under the Specialized Approach to Senior Care, which is geared to patients 75 years and older who often have complex medical needs. The mobility initiative is intended to help patients stay involved in their own recovery and care, including dressing themselves, eating and bathing, in order to maintain the level of autonomy they enjoyed before entering the hospital.

Dedicated multidisciplinary teams, composed of clinicians and allied health professionals, educate patients on the importance of being active as safely as possible. Depending on the patient's ability to move safely, various activities are encouraged, such as walking in the hall with or without the help of a walker, pushing oneself in a wheelchair, getting out of bed to wash up or use the bathroom, sitting in a chair to eat and, for those who are unable to get up safely, exercising in bed.

"It is essential to keep patients active, because the alternative can have serious effects on the elderly," says Yujie Hu, Interim Head Nurse on 8 Northwest, one of the first nursing units to implement the Mobility Plan. "Patients who develop immobilization syndrome may not be able to return home after they are discharged. By staying active, the risk of functional decline diminishes, and they can maintain their physical endurance, muscular strength, independence and



On 8 Northwest, Physiotherapist Maya Lallouz monitors a patient's progress while using a walker in the unit's hallway.

mental health."

In addition to increasing the likelihood of maintaining functional autonomy, the Mobility Plan produces psychological benefits for hospitalized seniors. Staying active can have a positive impact on a patient's self-esteem, dignity and overall sense of compe-

tence and autonomy. Prolonged immobilization, on the other hand, leads to various physical problems, as well as negative psychological effects, such as disorientation, confusion, delirium and depression.

Leaders of the Mobility Plan are continuing to foster a culture of partnership by working closely with healthcare teams across the hospital to develop a customized plan and methods of measuring success that are particular to the patients in their care.

The Plan is just one aspect of the Specialized Approach to Senior Care, which also addresses nutrition, mental health, sleep patterns, skin integrity and elimination. Its goal is to provide an exceptional experience that enables elderly patients to heal and thrive by making the recovery process more effective.

Donor generosity will be the key to making the Specialized Approach to Senior Care a reality, since this program is not funded by the government. Funds are required to establish a structured volunteer-based program, consisting of at least 20 specially trained individuals, and to hire a Program Coordinator.

Assessment tools, best-practices standards and protocols, training resources, and educational and promotional materials must also be developed and translated for staff, patients and their families. In addition, specialized equipment must be acquired to help seniors maintain autonomy in mobility, perception, feeding and stimulation. For more information or to make a donation, please call the JGH Foundation at 514-340-8251.

Better care sought for caregivers

Though the advantages of exercise for cancer patients have been clearly demonstrated, little has been documented about the benefits to the sometimes stressed and fatigued relatives and friends who serve as at-home caregivers for those patients. That's why Jamie Penner, a JGH-based Ph.D. candidate in Nursing at McGill University, figures it's time for solid research in order to help those who help others.

"There are many rewarding aspects to caring for a loved one at home," says Ms. Penner, a nurse with experience in clinical practice. "Unfortunately, fatigue and anxiety are also very common, especially among caregivers for patients who need palliative care. To help caregivers cope, I want to show how physical activity affects them."

Ms. Penner plans to develop a custom-made program for each caregiver who participates in the study that she's about to conduct. The emphasis, she says, will not necessarily be on an intense, pre-structured exercise regimen, but on achieving a level of regular physical activity. The at-home program will also take into account the caregiver's schedule, abilities and interests.

For the moment, Ms. Penner is focusing on caregivers of patients with advanced cancer, given her own background in oncology and palliative care. However, if she succeeds in demonstrating the value of physical activity for these caregivers, she hopes the same principles can be applied to those caring for other patients with serious illnesses, such as Alzheimer's disease.

Better care through "Compassion by Design"

In pursuit of the exceptional patient experience, the Jewish General Hospital is building on its legacy of compassionate care by doing whatever it can, in all circumstances, on behalf of patients and their families.

A video has been produced on this theme, *Compassion by Design*, which can be viewed at:

jgh.ca/compassion-by-design



Image from the JGH's *Compassion by Design* video.

The importance of *Compassion by Design* is emphasized in the following message, which all employees have received from Dr. Lawrence Rosenberg, JGH Executive Director.

People come to the hospital trusting us with their lives. Yet, once they enter through our doors, these individuals may feel vulnerable, anxious and perhaps even fearful.

We can help patients and their families deal with physical and psychological ailments, but if our actions lack a human touch, then what are we contributing to the patient experience?

At every moment—whether during a phone call, a clinic visit, a blood test, a surgical procedure or an admission—we are duty-bound to care for patients with compassion.

As you move through the hospital each day, imagine how you can draw upon the power of compassion to restore a patient's sense of dignity and well-being. As you head to your office, watch for anyone who seems lost. Before you let voicemail pick up, bear in mind that each and every caller may be desperate for you to answer. When reviewing a medical chart with a patient, take a moment to ask how they are feeling, and do so with warmth and a smile.

A kind gesture. A thoughtful word. An act of reassurance. They're not much, when you think about it. But to each person, they can make all the difference between routine treatment and an exceptional patient experience.

Lawrence Rosenberg, M.D., Ph.D.
Executive Director

JGH News is paperless!

L'intérêt du sans-papier à l'Hôpital
The value of a paperless JGH



JGH News is changing!

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It's everything you love about *JGH News*—but faster, easier and more convenient than ever.

Note: Your e-mail address will be used for *JGH News* only. It will not be given to any other company, organization or individual.

Consider Alternatives



Where is one to invest? Equity markets have rallied tremendously since the 2009 lows and investors are increasingly wondering if valuations are getting expensive for the deployment of new money. With bond yields still extremely low, and equity markets trading at historically high PE ratios, alternatives may be a solution.

The asset class “Alternative Investments” is a broad term for non traditional investments such as real estate, hedge funds and private equity. Alternatives have a purpose of adding diversity to ones portfolio while generating returns that are largely uncorrelated to the traditional markets. A main advantage of alternatives is to limit drawdown. A drawdown is the amount of money lost from a markets highest point to its lowest point. For example, during the financial meltdown, if an

investor would have invested 100\$ in the US market on October 31 2007, it would have been worth 49\$ in March of 2009.

Some alternatives to consider are market neutral and long/short hedge funds. Market neutral funds have zero market risk. This is achieved by buying companies the managers like, while selling short by the exact proportion, companies they do not. Long/Short funds employ similar strategies except that they are slightly market directional. The key is finding well established hedge funds with long track records. These have proven to shelter from drawdowns substantially.

With deployment of new capital in current markets being an increasingly difficult decision to make, adding Alternatives to ones portfolio could be a good risk adjusted decision.

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To promote better health care,
patients are urged to...

SpeakUp!

As a patient, it's your right and responsibility to speak up if you have questions or concerns about your medical treatment or care. To help make your healthcare experience the best it can be, the Jewish General Hospital has launched a **Speak Up!** campaign.

Why and how should you Speak Up? Find out more at a free presentation by Bernie Weinstein, a JGH community representative.

If you would like Mr. Weinstein to bring his **Speak Up!** presentation to your organization or community group, please contact him at bweinstein@jgh.mcgill.ca.

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New Emergency Department hits the ground running hard

Dr. Marc Afilalo and Clinical Nurse Specialist Melanie Sheridan review a patient's case in the green pod of the new Emergency Department. The three pods—colour-coded according to the seriousness of the patients' conditions—all have the same configuration: a central, staff-only administrative area surrounded by patients' rooms.

Calmer atmosphere despite dramatic spike in volume of patients in upgraded facility

The crisis had passed, and now Michael and Suzanne Hunter could finally breathe easy and pause for a closer look at their surroundings in the new JGH Emergency Department in Pavilion K. What they saw—and felt—startled them: though this was known to be one of the busiest emergency facilities anywhere in Quebec, the atmosphere was eerily calm.

At first, the Hunters figured they had been lucky to arrive on what they assumed was a fairly slow Tuesday in early April. Mr. Hunter had come in with chest pains around 11:30 a.m. and, after a prompt assessment by a nurse, was given an electrocardiogram. Since the results indicated he was in no immediate danger, he was directed to an examining room where, at 1:30 p.m., he had an ultrasound test.

Now, at 1:45, as he waited for a blood test to be administered in the Rapid Assessment Zone (RAZ), Mr. Hunter eased back in his padded reclining chair and marveled at the unexpected mood of tranquility.

Yet, appearances to the contrary, this was actually one of the Emergency Department's most hectic days since moving into Pavilion K in mid-February. The apparent lack of frenetic activity was—and remains—a byproduct of a unique, decentralized design, in which patients are categorized by the seriousness of their condition and are directed to one of several self-contained areas for treatment.

In each of those areas, the design (along with reorganized staffing) promotes efficiency, privacy and an absence of crowding—all of which are blended together in an effort to create an exceptional patient experience.

That's not to say every obstacle has been overcome in the new facility. Waiting times, though improved, are still significant. The number of patients is also up sharply since the February launch—27 per cent more stretcher patients, with an overall increase in volume of 18 per cent. "Staff are coping, but with difficulty, because they feel the pressure of the magnitude of the added burden," says Dr. Lawrence Rosenberg, JGH Executive Director. "It's as if we're walking on a tightrope across Niagara Falls. One strong gust and who knows where we'll be."

The spike in volume is believed to be the result of a combination of factors: the newness and modernity of the Emergency Department, the strongly positive word-of-mouth, the ER's reputation for efficiency (even at the busiest of times), and the high quality of care throughout the hospital.

“We expected a certain amount of extra volume, but nothing like this,” says Dr. Rosenberg. “It’s very hard to shoulder this kind of increase, which hasn’t occurred anywhere else in the city or the province. It means we’ll have to make substantial changes to other parts of the hospital to accommodate ourselves to the additional Emergency patients. It will also create substantial challenges for the healthcare network.”

In addition, a number of other kinks are still being ironed out during the months-long shakedown period. Many patients are not accustomed to heading for the Emergency Department’s main doors at 5777 Légaré Street, near the corner of Bourret Avenue. Which is why, when Pauline Willett needed treatment for shingles this past spring, her husband inadvertently dropped her off at the old entrance. “Now I have to call him and tell him not to pick me up there,” she sighed.

In the yellow pod, where Joyce Vineberg was being treated in April for a heart attack and infection, her relatives praised the calmness and spaciousness of her private Emergency room. However, her daughter, Sharyn Hoppenheim, said her family needed a better explanation about which parts of the pod are reserved for staff, and how to attract the attention of staff when information is needed.

“The Emergency Department is always in a continuous process of refinement,” says its Interim Head Nurse, Valerie Schneidman. “We’re not static; our patients and families share their opinions with us and we listen. It’s an unpredictable environment, but we try to stay ahead of the curve.”

Fortunately, the clogged and crowded waiting rooms and corridors of the old Emergency Department have disappeared, as patients and their families are now more evenly distributed throughout the new facility. The result is a generally quieter and more placid atmosphere that eases psychological pressures on patients and staff alike, and makes waiting more bearable.

“The way it’s set up for the patients seems much less stressful,” said Mrs. Hunter, noting that even though the members of staff seem calm, “I’m sure they’re running and they’re busy, busy, busy. They look like they appreciate their surroundings.”

“I also find that this hospital communicates really well,” added Mr. Hunter. “Whatever they’re doing differently here seems to be working. They’re less bogged down, I think. Things just don’t feel confused or chaotic.”

This impression is confirmed by many Emergency personnel, who say they’re under great pressure from the heavier volume of patients, but they’ve also benefited from JGH-wide improvements to the movement of patients through the hospital. This inter-disciplinary effort results in hospitalized patients being discharged more quickly, so that new patients can be admitted more promptly via the Emergency Department. Thus, on an average day, many more patient visits are being accommodated in the new premises than could be handled in the old one.

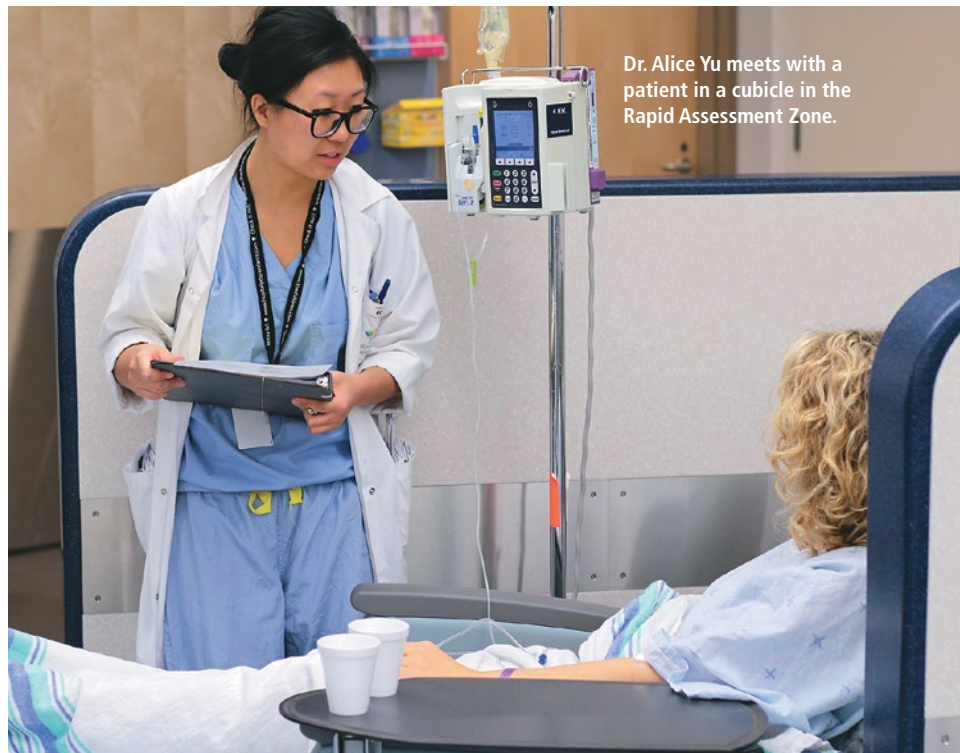
The Emergency Department continues to attract more than half of its patients (about 57 per cent) from beyond the hospital’s catchment area. Dr. Marc Afilalo, Chief of Emergency Services, says a study by his department found that 80 per cent of JGH emergency patients choose the hospital because of its trusted reputation, while 20 per cent are attracted by its nearby location. The reverse is generally the case among emergency patients elsewhere:

80 per cent make a bee-line for the nearest hospital, while 20 per cent opt for an institution with a good reputation.

Of significant help to employees in bearing the strain is the design of the new treatment areas, each of which includes a section that’s off limits to patients and their families. In the new configuration, personnel can give their undivided attention to urgent matters, without being side-tracked by repetitious, unnecessary or irrelevant questions from patients.

Linda Ciavarella, Coordinator of the department’s Blue Unit, recalls that in the old Emergency Department, staff were frequently detained for insufficient reasons, and this significantly slowed the process of assessing, treating and discharging patients.

Dr. Will Grad, an Emergency physician, hastens to note that, as always, members of JGH staff place a high priority on communicating with patients about their diagnoses, tests and waiting times. But, he says, this is now done at appropriate moments and not randomly, such as when patients or relatives happen to spot



Dr. Alice Yu meets with a patient in a cubicle in the Rapid Assessment Zone.

and then approach a doctor or nurse who is passing by.

“I accept that I’m going to be bombarded with many things at the same time in the Emergency Department,” says Dr. Grad. “But there are certain things that we should be able—and now *are* able—to control, and that includes choosing the moment when information is provided. I may now still be fatigued at the end of the day, but I don’t feel drained from being constantly distracted and having to explain, over and over, about things that aren’t necessarily relevant to the patient’s problem.”

Even when the pace is intense (as it usually is), “you really feel that it’s overwhelming you,” adds Nurse Astrid Gabriel. “When you’re in one of the pods, what you focus on is happening within that pod. Staff are in the central administrative area, and your patients are all around you in their individual rooms. So you don’t have constant chaos. And the noise level isn’t there any more, which is amazing, because that decreases stress levels tremendously.”

Another big advantage is the RAZ, says Dr. Alex Guttman, an

Emergency physician. The presence of reclining chairs, rather than stretchers, conveys the distinct message to patients that their stay will be relatively short. This contributes to quicker turnover.

“The literature has shown that people who are placed in a stretcher stay longer for the exact same problem,” explains Dr. Guttman. “Once they’re lying on a stretcher and are comfortable, it’s tough to get them to go back out to the waiting room to wait for the results of their tests. By contrast, the mindset in our Emergency Department is that anybody who you think is going to go home within the next 12 hours doesn’t need a stretcher. Let’s get them into the RAZ.”

“Even as chaotic as it sometimes is, I would never do anything else,” says Ms. Gabriel. “I’ve worked in ERs in Ontario and the U.S., and I came back here. Regardless of how tired and crabby you get sometimes, this is still a home away from home.”

Public support is critical for critical-care services in Pavilion K

The new Emergency Department is part of the first phase of Pavilion K, a \$393 million acute-care wing that has benefited significantly from a substantial contribution by the government, as well as the government’s ongoing partnership with the JGH. The Emergency Department will also continue to rely on the generosity of donors to the JGH Foundation’s current Capital Campaign.

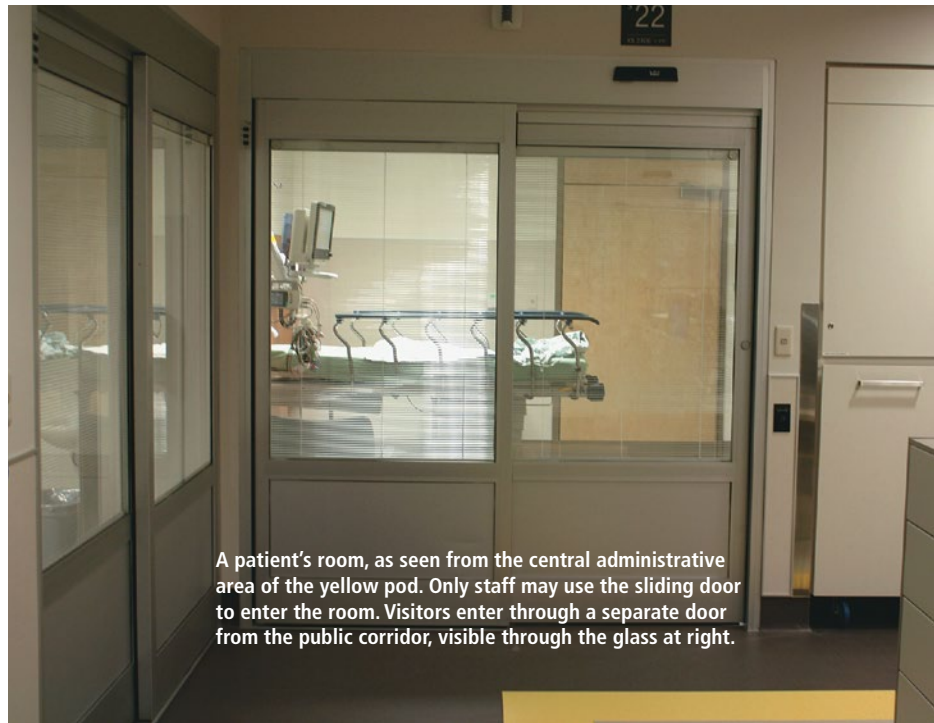
Private support plays a vital role in enabling staff of the Emergency Department to provide the best patient experience possible. A number of individuals from the public have generously contributed to establishing a special fund that supports the department’s research and training. They have also provided funding to acquire basic equipment (e.g., stretchers, monitors and TVs) that is essential to patients’ comfort and well-being.

Continued community support will be critical in outfitting the triage and registration areas, the RAZ and the pods, as well as Pavilion K’s new surgical suites and intensive care units. These areas require equipment—both medical (e.g., CT scanner, X-ray machine) and non-medical (stretchers, furniture, treatment chairs, etc.)—that is not covered by government funding.

As emergency and critical-care services relocate to Pavilion K, additional funds will be required to renovate and equip the vacated areas, so that existing services can be expanded or new services added. For more information or to donate, please visit:

jghfoundation.org/sections/vpavk.html
or call the JGH Foundation at 514-340-8251

Areas of specialized Emergency treatment



A patient’s room, as seen from the central administrative area of the yellow pod. Only staff may use the sliding door to enter the room. Visitors enter through a separate door from the public corridor, visible through the glass at right.

Resuscitation: Stretcher patients in severe condition receive immediate treatment in one of five resuscitation rooms or in the procedural room—all located near the triage area, the ambulance bay and the three pods.

Pods: Each pod is a large treatment unit, consisting of a central administrative area where staff confer and review patients’ electronic records. The central hub is surrounded by private rooms, each containing a stretcher patient.

- The **green pod** has 19 rooms for the sickest patients.
- The **yellow pod**, with 16 rooms, treats patients in serious condition.
- The **orange pod** has 17 rooms for stretcher patients in the least serious condition.

Rapid Assessment Zone (RAZ): Treatment is provided to patients who require prompt attention but are in no immediate danger. In the old Emergency Department, these patients probably would have been assigned to a stretcher; in the RAZ they are treated in one of 20 padded reclining chairs, each in its own cubicle.

Blue Unit: Patients with relatively light problems—e.g., a mild asthma attack or nosebleed—are seen in an examination room and then are treated or discharged.

Adding it all up

Just how busy has the new Emergency Department been since moving to Pavilion K? “Mega-busy, it’s huge, more than anyone expected, including me” says Dr. Marc Afilalo, Chief of Emergency Services.

Between mid-February and early April, the total number of Emergency patients jumped 18 per cent, including a 27-per cent spike in stretcher patients.

Typical was April 3, when 237 people were seen at the JGH, says Judy Bianco, Associate Director of Nursing for Medicine, Geriatrics and Emergency. On that same day, at two local hospitals whose stretcher capacity is comparable to the JGH’s, one logged 198 visits, while the other had just 144. On some days, the total at the JGH has shot up as high as 280 visits.

This situation is unexpected and untenable, says Dr. Lawrence Rosenberg, JGH Executive Director. “It places an enormous strain on our staff, unlike anything that is being experienced in any other hospital in Montreal or Quebec.”



Members of staff examine the equipment in one of the Emergency Department’s resuscitation rooms.

Based on figures compiled by the JGH Emergency Department (the latest available at press time), here’s how things stood at the end of March.

Average number of daily visits

In the old JGH Emergency Department, mid-January to early February 2014: **208**

In the new JGH Emergency Department, March 2014: **241**

In Montreal’s university teaching hospitals (excluding the JGH), March 2014: **123**

In all Montreal hospitals (excluding the JGH), March 2014: **106**

Average time that an Emergency patient spent on a stretcher

In the old JGH Emergency Department, mid-January to early February 2014: **15 hours**

In the new JGH Emergency Department, mid-February to late March 2014: about **10.5 hours**

In Montreal’s university teaching hospitals (excluding the JGH), mid-January to early February 2014: **24 hours**

In all Montreal hospitals (excluding the JGH), mid-January to early February 2014: **22.9 hours**

Proportion of Emergency patients who spent more than 48 hours on a stretcher

In the old JGH Emergency Department, mid-January to early February 2014: **10 per cent**

In the new JGH Emergency Department, March 2014: **2 per cent**

In Montreal’s university teaching hospitals (excluding the JGH), March 2014: **12 per cent**

In all Montreal hospitals (excluding the JGH), March 2014: **9 per cent**

Average rate of occupied stretchers

(A figure higher than 100 means that stretchers have overflowed from the Emergency Department into the corridors.)

In the old JGH Emergency Department, mid-January to early February 2014: **116 per cent**

In the new JGH Emergency Department, March 2014: **95 per cent**

In Montreal’s university teaching hospitals (excluding the JGH), March 2014: **133 per cent**

In all Montreal hospitals (excluding the JGH), March 2014: **128 per cent**

Hey, where did everybody go?

Then: If you were ever a patient in the old JGH Emergency Department, you probably remember how you used to sit...and sit...and sit in the main reception area, where you rubbed elbows with 30 or 40 other cramped, nervous, irritable patients and their relatives.

Now: Walk through the Légaré Street doors into the spacious lobby of the new Emergency Department in Pavilion K, and chances are you'll see...hardly anyone at all.

Where is everyone? Has demand dried up? No—in fact, the Emergency Department is seeing significantly more people than ever. You won't find them crammed into the reception area, because they've been split into sub-groups and sent to different areas in the department. Appearances to the contrary, the Emergency Department is actually bursting at the seams.

As soon as you arrive, you speak with a nurse who's known as a Quick Look Greeter. She or he promptly assesses your situation and then directs you to triage or to one of the Emergency Department's specialized sections, such as the Rapid Assessment Zone or the Blue Unit (for patients with relatively minor problems).

So, with patients and their families streamed into the various sections, the main reception area never gets jammed.

Mistaken first impressions are common, says Dr. Marc Afilalo, Chief of Emergency Services. He recalls a tour of the new department that he hosted on a Sunday in early March for Tim Uppal, the federal Minister of State for Multiculturalism. "I'll never forget it: within two minutes, he said, 'You're so lucky not to be busy.' So I said, 'You know what? Before the tour, I checked the data and it's our busiest Sunday so far.' He couldn't believe it, so we explained what was happening."

Nurse Margaret Quinsey, a Quick Look Greeter, says that at even peak times on weekdays, only six to ten patients are usually waiting to be seen in the main reception area. "When someone new walks in, the first thing they say is, 'Oh, you're not busy!' But we're busy, all right! It's just that the previous patients have already been sent elsewhere.

"And once those patients have gone in, they usually make a few pit stops along the way—from registration to being seen by a nurse and then by a doctor. So even if the total wait is still long, they feel like they're getting more attention and they feel happier."



Nurse Margaret Quinsey, a Quick Look Greeter in the main reception area of the Emergency Department, records basic information about an incoming patient.

Welcome to the RAZ-z-z-z-z

They're soft, they're padded and they're perfect for snoozing—though they're not really intended for sleeping.

They're also among the most unusual features of the new Emergency Department: the comfy reclining chairs in the Rapid Assessment Zone (RAZ).

Note the word "rapid". The RAZ is where patients are seen and discharged promptly—hence the use of recliners rather than stretchers. On occasion, though, when the pods (the Emergency Department's more elaborate treatment units) are full, patients in serious but relatively low-risk condition are shifted to the RAZ.

It's not an ideal solution, but it means that these patients don't have to spend the night on a stretcher in an uncomfortably bright and noisy corridor.

Gabrielle Dubois, for example, came to the RAZ with jaundice on a Tuesday evening in early April, where she spent the night in a recliner while awaiting gall bladder surgery. "It felt fine, but it would have been even more comfortable if I didn't have back problems," she said. "The RAZ was quiet, the lights were dim and I got a few hours of sleep, which is more than I expected."

Is the recliner at all similar to a seat on a long-haul flight? "Maybe," said Ms. Dubois, "if you travel first-class."



Comfy reclining chairs ready for the next group of patients in the Rapid Assessment Zone.

Recalling the Emergency Department's good old days



On Feb. 16, after the last patients were transferred to the new Emergency Department, Maria Menna accompanied Dr. Marc Afilalo on a final tour of the old facility.

When personnel in the new Emergency Department chat about the outdated facility that they recently vacated, the words that usually come up are “cramped”, “noisy”, “hectic” and “stressful”. Maria Menna doesn’t necessarily disagree, but she thinks a few other words are worth adding: “teamwork”, “trust”, “cooperation” and “transformation”.

As Executive Assistant to Dr. Marc Afilalo, the Chief of Emergency Services, Ms. Menna says she welcomes the improvements to patient care that are already evident in the department’s new home in Pavilion K. But, she says, she fondly remembers the old premises as the place where the staff evolved into a modern, cohesive team that combines professionalism with camaraderie.

Ms. Menna recalls that when she joined the department in 1990 (four years after Dr. Afilalo became Chief), traditional roles were largely the norm: doctors topped the hierarchy, followed by nurses, allied health experts and administrative staff. But, as the '90s progressed, “I watched as Dr. Afilalo transformed them into a true multi-disciplinary team—doctors working closely with nurses, alongside the clerical staff and social services. Everybody began pulling together as a group to take care of the patient.”

Early on, says Ms. Menna, only doctors participated in the morbidity-and-mortality

rounds. “Then the nurses began not just to attend, but to be an integral part of the team. They were working towards, ‘This is what happened with the patient. How do we do better next time to avoid this or improve that?’

“Even the clerical staff, who just used to answer phones, have grown in their roles. Now they coordinate the flow of patients, so they’re really partners with the nurses and doctors.”

That inclusiveness extends to Ms. Menna herself. Far from being desk-bound, she regularly accompanies Dr. Afilalo as he tours the department to speak with patients and staff. “I come into contact with patients all the time and I get to know the family and spend time with them. By making notes for Dr. Afilalo about follow-ups, I’m doing what I can on their behalf.”

With a laugh, Ms. Menna remembers Dr. Afilalo’s instructions during her first day on the job. “He said, ‘My hours are your hours.’ I didn’t know what I was getting into! But I never looked back and wouldn’t change a thing, because the work is so gratifying. You put in a lot, but you get back so much. There’s a real sense of respect here, and that makes it easier to give it your all.”

Butt out!



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Human touch makes all the difference in cancer treatment



In the Division of Radiation Oncology, Howard Krosnick chats with Radiation Technologist Michelle Baggio about his experiences as a patient.

From diagnosis to recovery, an exceptional patient experience

When illness strikes, it always comes at a bad moment. But for Howard Krosnick, the timing couldn't have been worse. In 2012, just as he was looking forward to a happy and fulfilling retirement, he received a heart-stopping diagnosis that came without warning: prostate cancer.

Today, at 67, with his cancer successfully treated at the Jewish General Hospital, Mr. Krosnick is finally enjoying the retirement he'd anticipated for so long. But even as he recalls the confusion, the frayed nerves and the naked fear that haunted him for months, what also comes to mind is his positive experience at the JGH. Especially important, he says, is the support of staff who guided him through one of the most harrowing periods of his life.

Although society's focus is usually on the weaknesses of the public healthcare system, Mr. Krosnick, the former Director of Marketing and Communications at Federation CJA, says he's eager to tell his story so that it can serve as a reassuring example of the numerous instances when everything goes right.

It also demonstrates some of the ways in which the JGH is pursuing the exceptional patient experience—not just delivering medical treatment with professionalism and efficiency, but satisfying the emotional, psychological and other personal needs of those in the hospital's care.

If a single element predominates in Mr. Krosnick's story, it's the vital importance of clear communication in terms that the average person can understand. At every step, from diagnosis to consultation to treatment, he says he placed an enormous value on getting the information with which to make informed

decisions. Not only were the necessary details forthcoming, they were patiently provided with regard for the emotional turmoil that he was undergoing.

The first indication that something was amiss was a phone call that Mr. Krosnick received in January 2012. For 10 years, his PSA (prostate-specific antigen) level had been checked to screen for cancer. But after a routine physical, he was informed by his family doctor that there was something disturbing in the latest results. So Mr. Krosnick was referred to Dr. Samuel Aronson, a JGH urologist, who made the diagnosis of prostate cancer, based on a prostate MRI and a follow-up biopsy. What impressed him was that Dr. Aronson was "a great listener and communicator. That was important to me, because I'd been scared out of my wits before I saw him. He made sure I understood what was going on and he encouraged me to ask questions."

"I learned from him that cancer is different for every person, that there's no such thing as 'one diagnosis fits all.' He was also great in communicating with my wife, because he knows how crucial it is to have another set of ears at a time when the patient can be distracted so easily."

Fortunately, a bone scan confirmed that the cancer had not spread beyond the prostate. By March 2012, when Dr. Aronson



referred him to Dr. Franck Bladou, the JGH Chief of Urology, “I was clear on what was happening, educated and more comfortable than I could have expected, though I was still unsure which treatment to choose.”

It was Dr. Bladou who outlined the options for treatment and their potential benefits and risks. Mr. Krosnick had been leaning toward surgery, but Dr. Bladou took a full hour to be certain he considered all of the choices. Despite his initial misgivings, he took the Chief’s advice and agreed to meet Dr. Tamim Niazi in the JGH Division of Radiation Oncology for a detailed explanation of what radiotherapy would entail.

Here, too, clear communication was key. Initially, the thought of radiation bothered Mr. Krosnick—“I grew up during the Cold War, with thoughts of Hiroshima”—but his fears were soon put to rest. “Nobody pushed or forced me, every question was answered, and I gained confidence that radiotherapy was the right choice.”

The next step was a group information session, where the practical details of scheduling and undergoing the radiation treatments were outlined for several patients. In particular, Mr. Krosnick remembers how the staff member who led the discussion calmed a woman who feared the treatments would trigger her claustrophobia. “It was all about respect for the patients and an unspoken message: ‘We understand that you’re going through something new and we’re here to explain it to you.’”

That same approach was evident in Line Bourgeois, the Clinical Nurse Specialist who had been assigned to administer Mr. Krosnick’s hormone injections and to follow him through his 39 radiotherapy sessions from August to October 2012. “Once again,” he says, “there was a personal element to it, the feeling that she was taking her time with you and getting to know you as a person. She made sure the series of treatments was as physically and psychologically painless as possible.”

Similarly, the four or five members of the Radiation Oncology team (as well as the student trainees), with whom Mr. Krosnick came into contact daily for eight weeks, “made me feel supported and helped—not like a car going into a repair shop.”

To his relief and joy, post-treatment tests have revealed that the radiation treatments had done their job and that the outlook is good. Even afterwards, Mr. Krosnick was somewhat surprised by the open-mindedness of JGH staff, who not only counselled him about proper diet and exercise, but supported his wish to incorporate yoga, acupuncture and massage therapy into his regimen.

“I know that one of the most common things that human beings do is complain,” he says, “and I realize that there are problems in life. But that doesn’t mean you ignore the things that work the way they’re supposed to. In this hospital, over an intense period of a year when my health was at stake, I received compassionate, expert, personalized and integrated care when it mattered most. That’s something you don’t overlook and will never forget.”

Treating the whole person in Palliative Care

Staff attentiveness praised in Patient Satisfaction Survey



The level of patient satisfaction has been on the rise in Palliative Care, with major increases noted between surveys that were conducted in 2007 and 2013.

In last year’s Patient Satisfaction Survey, patients registered a satisfaction level of 93 per cent—up from 80 per cent in 2007—when asked about having their whole person, as well as any immediate problems, taken care of by staff. A satisfaction rate over 80 per cent is considered acceptable.

Patients also said they found the nursing staff to be more attentive about relieving their discomfort or pain (92 per cent in 2013 versus 85 per cent in 2007). And they were happier with the cleanliness of their rooms (81 per cent in 2013, 70 per cent in 2007). In general, they were most satisfied about being listened to carefully by all members of staff (97 per cent), having their religious beliefs respected by staff (97 per cent), and being given proper explanations about reducing discomfort or pain (96 per cent).

The bilingual survey, conducted between November 2012 and May 2013, had a response rate of more than 41 per cent, which is considered statistically valid.

With guidance from the findings of the survey, measures are being taken in Palliative Care to reduce noise by re-examining the time of day when deliveries of food and other items are made. Certain patients also said that nurses sometimes took too long to bring them pain medication; however, it is unclear whether there were actual delays in delivery or whether patients simply perceived that it took too long. For this reason, a pilot project will study how long it now takes to deliver pain medication to patients.

Paula Caestagne, Coordinator of the Patient Satisfaction Program, explains that the questionnaires enable patients not only to identify their likes and dislikes, but to state how much each issue matters to them. Thus, even if relatively few people say that something causes them distress, finding a solution becomes a greater priority.

In another Patient Satisfaction Survey which was conducted in June 2013 in the short-stay surgery unit, surgery patients expressed a satisfaction level of 95 per cent with the doctor’s pre-surgical explanation of what the operation would entail.

This was the first time a survey had been conducted in that unit, where patients are hospitalized for an average of one to two days. The bilingual survey had a response rate of 55 per cent.

In the responses to the questionnaire, there were also high satisfaction levels for the surgeon’s explanation of why the surgery required only a short stay in the hospital (94 per cent), and the way nurses regularly monitored the patients’ condition after the operation (93 per cent).

Based on the survey’s results, improvements will be made in helping patients to sleep or rest whenever the need arises, reducing the noise levels in and around the patients’ rooms, and providing a clearer explanation of what patients should do if symptoms appear after they have been discharged from the hospital.



Dr. Richard Payne (in the maple leaf cap) and the thyroid surgery team.

Transforming the quality of surgery one thyroid operation at a time

A plan conceived by a pair of JGH experts in thyroid surgery has made it possible to substantially increase—and sometimes to double—the daily number of surgical cases. To a significant degree, this was achieved by cutting about half an hour from the total time devoted to each case.

These measures were implemented to shorten the wait for patients who need thyroid surgery and often struggle for months with unanswered questions or a difficult diagnosis. The psychological or emotional toll can be especially heavy, since the results of tests and biopsies can sometimes be suspicious or inconclusive. Thus, the longer an individual waits for surgery, the longer he or she also spends wondering whether they have cancer or knowing that they do.

Dr. Richard Payne, a surgeon in the Department of Otolaryngology, and Dr. Simcha Kleiman, Chief of Anaesthesia, introduced logistical improvements before, during and after surgery, without affecting the procedure itself. Aligned with the goals of Transformational Change (the hospital-wide program to improve efficiency and trim expenses), they took a close look at streamlining the process to accomplish more for their patients, while using the same resources.

“We collectively designed a change that has brought us from four surgical cases per day to as many as eight, and without rushing tasks or taking on extra work,” adds Dr. Kleiman.

An experienced surgical team, consisting of respiratory therapists, nurses and orderlies, was assembled with the support of Anna Pevreal, Head Nurse in the Operating Room (OR). “With

the right expertise on the team, each person knows what needs to be done and does it well,” says Dr. Payne. “The key is that we all respect and trust one another’s abilities. It’s truly a team effort.”

The team cut approximately 30 minutes from each case by eliminating unnecessary delays in turnover time for the OR and in patient transfers. “A select group of nurses and orderlies have done a remarkable job washing and preparing the OR between cases, and accelerating the patient’s trajectory from the OR to the recovery area, and then to the nursing unit,” says Valerie Vandal, Associate Nursing Director for Surgical Services.

The Short Stay surgery nursing unit (3 Northwest) is small, so to increase the number of cases per day, some patients don’t stay in the hospital overnight. Instead, two to three are selected as suitable candidates to return home the day of their surgery.

“Safety and the quality of the care that we offer to patients continue to be top priorities,” says Sonia Boccardi, who was Interim Head Nurse on 3 Northwest when the project was launched. “As a result, we take our time with patients to provide teaching, information and reassurance. We also remain available if they have questions or concerns once they return home. We also meet as a team at the beginning and end of each of these days to perfect the process.”

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Celebrating 15 years of music that heals

Once again this year, the JGH Jazz festival is entertaining and invigorating patients and staff with a series of free concerts in collaboration with Suoni Per Il Popolo, Montreal's celebration of avant-garde, electronic and contemporary classical music.

This partnership promises to widen the scope of both organizations by presenting socially conscious musicians who search for new sounds and new means of expression.

Making their first appearance at the 15th annual festival are the great Dave Turner, Itchkaklezmer, the Gypsy Cumbia Orchestra, the Rachel Therrien Quintet, Etienne Lebel, Ari Swan, Jean Sebastien Truchy, Nouveau Zodiac (Xarah Dion), and Ninja Simone.

Returning musicians include WDJ, Madou Diarra, Magilla, Ian Ferrier with Body and Light, All of Oyl, and NJLQ. Also featured will be concerts by members of hospital staff.

**Weekdays at noon in the picnic area
at the Côte-des-Neiges entrance**

For more information, please consult
the online schedule at

jgh.ca/jazz



Cancer targeted by major investment in personalized medicine

Research into personalized medicine—a promising direction in cancer treatment—is getting a \$32 million boost, thanks to an investment in the Quebec-Clinical Research Organization in Cancer, of which the Segal Cancer Centre is co-founder. The funds are provided by the governments of Canada and Quebec, partners in the pharmaceutical and biotechnology industries, the Cancer Research Society and the Terry Fox Research Institute.

In personalized medicine, the mutation responsible for a patient's cancer is precisely identified, thereby greatly increasing the odds of successfully treating the disease. A key aspect of this process is research to discover the molecular structure (biomarkers) of tumours. At the JGH, the Segal Cancer Centre and Lady Davis Institute are advancing this revolution by helping to redefine different cancers as groups of rare sub-diseases. This new approach is then translated into clinical care by identifying treatments that directly target the cause of a patient's illness.

“This investment will allow us to expand and reinforce our world-class clinical and translational research network,” said Dr. Gerald Batist, Director of the Segal Cancer Centre and Chief of the JGH Department of Oncology. “It will bring into standard clinical practice the current use of biomarkers and targeted treatment strategies for cancer patients.”

The hub for an extensive biobank of tumour biopsies will be developed at the Dubrovsky Molecular Pathology Centre, which opened at the JGH last year. In addition to profiling the molecular composition of different cancers from different patients, these samples will track changes within a single patient over an extended timeframe in order to explain the progression of the disease and its capacity to become drug-resistant.

“Our private- and public-sector partners are proud to be key players in the effort to establish the necessary technological and human infrastructures to achieve personalized medicine in cancer,” says Dr. Batist.

“This subsidy will provide resources that are crucial to the start-up and efficient conduct of clinical trials in several healthcare establishments around Quebec. It will also equip physicians with significant clinical decision-making tools by implementing state-of-the-art information-technology platforms that integrate biomarker usage and targeted cancer treatments in their practice.”

Connecting family doctors with relevant research



The Information Technology Primary Care Research Group (clockwise from left front): Dr. Soumya Sridhar, clinician-researcher at the Goldman Herzl Family Practice Centre; Dr. Pierre Pluye; Dr. David Tang, post-doctoral fellow; Hani Badran, M.Sc. candidate; Dr. Roland Grad; Vinita de Souza, research coordinator at Herzl; and Mike Shulha, research coordinator at Herzl and Ph.D. candidate in Information Studies at McGill.

Unlike specialists who concentrate on highly specific fields of medicine, family physicians treat patients with a daunting variety of symptoms and concerns. As a result, doctors can be overwhelmed by the scope of the research with which they need to be familiar.

“Either we can spend time reading medical journals or we can see patients, but we can't do both,” quips Dr. Roland Grad, who maintains a busy practice at the Goldman Herzl Family Practice Centre, while pursuing cutting-edge research on how physicians learn and share knowledge with patients. “What we need is research-based clinical information accessible in a format that encourages and facilitates its use.”

This has led to the development of the Information Assessment Method, a tool to understand how doctors use information. It was created by Dr. Grad and Dr. Pierre Pluye, a McGill University professor and researcher at the Lady Davis Institute at the JGH, with support from the College of Family Physicians of Canada and the Canadian Medical Association.

“We recognized the need for better information management and room for improvement in how primary-care physicians respond to patient inquiries,” says Dr. Pluye.

Short, practical synopses of research papers, known as POEMs (Patient-Oriented Evidence that Matters), are made available by the Canadian Medical Association to doctors to raise awareness of the latest medical information that is relevant to their practice. About 250 POEMs are delivered every year.

“One outcome is that after looking up information themselves, family physicians can decide whether a patient needs further tests or a consultation with a specialist,” says Dr. Grad. “Interestingly, according to Canadian physicians, the most frequent benefit of reading POEMs is avoiding unnecessary tests, treatments or referrals.”

Prominent examples that have recently come to light are changing attitudes toward screening for prostate and breast cancers, where testing people without symptoms can do more harm than good.

More than 10,000 medical professionals across the country are using the IAM, and Drs. Grad and Pluye have received almost 2 million responses to their questionnaire. This indicates that doctors crave new information and seriously consider how it contributes to improving their practice.

Significant genetic breakthrough in rare form of ovarian cancer

Mutations in a single gene have been successfully identified in multiple cases of small-cell carcinoma of the ovary, hypercalcaemic type (SCCOHT), the most common undifferentiated ovarian cancer to strike women under 40. This finding was made by a research team led by Dr. William Foulkes at the Lady Davis Institute (LDI) at the JGH.

“Though rare, SCCOHT is important because the average age of victims is 25, with some as young as 2,” explains Dr. Foulkes, head of the Cancer Genetics Laboratory at the LDI and of the Program in Cancer Genetics at McGill University. “The oldest known patient was a woman of 48, but the prognosis is dismal unless there’s an early diagnosis.

“By identifying a specific genetic factor, we finally have the prospect of early genetic counselling for women with a family history of the disease. This will help to

determine the presence of the mutation before the disease emerges, and it opens opportunities for new approaches to treatment.”

“Developing a drug that targets SMARCA4 could have widespread benefits, as this gene has been implicated in various primary cancers, including kidney and pediatric brain tumours.”

Using a technique known as whole exome sequencing (a revolutionary method of diagnosis and taxonomy developed only during the past five years), researchers identified a mutation in the chromatin-remodelling gene SMARCA4 that was common to three families, at least two of whose members were afflicted with SCCOHT. Further testing of a total of 40 cases revealed that this was the only important genetic alteration in any of the tumours.

“Treatment options remain limited to poisoning this cancer with DNA-damaging agents,” says Dr. Foulkes. “However, these are unlikely to be as effective as using novel therapies that function by modulating the expression of the mutant gene. Developing a drug that targets SMARCA4 could have widespread benefits, as this gene has been implicated in various primary cancers, including kidney and pediatric brain tumours.”

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Exploring the links between mental illness and brain disease



When mental illness is categorized as brain disease, the diagnosis and treatment of mental health problems can be affected, attendees were informed at the 9th Annual JGH Department of Psychiatry Research Day. Featured as speakers were researchers from the Department of Psychiatry and the Lady Davis Institute (LDI), as well as Dr. Ian Gold (rear, right), the Canada Research Chair in Philosophy and Psychiatry at McGill University. Among those at the event were (rear, from left) Dr. Laurence Kirmayer, an expert on cultural psychiatry; and Dr. Amir Raz, who is conducting novel research on the effect of placebos; and (front, from left) Dr. Suparna Choudhury, a leader in critical neuroscience; Dr. Michael Bond, JGH Chief of Psychiatry; Dr. Phyllis Zelkowitz, LDI head of research into the Psychosocial Aspects of Disease; and event organizer Dr. David Dunkley of the Department of Psychiatry and the LDI.

Investing in a healthy future for all

Private support is vital to the LDI and its leading-edge research into the causes and potential treatments for the most common illnesses. Donations supplement the funding that public granting agencies provide. This enables the LDI to ensure the continued excellence and growth of existing research programs; recruit first-rank researchers and support their research in priority areas; pursue key areas of research that would not otherwise be funded; and provide critical support to foster new ideas and speed the development and access to novel treatments and therapeutics.

A new feature of the JGH Foundation’s Capital Campaign enables donors to target a particular area of LDI research—such as aging, cancer or HIV/AIDS—to support specific researchers and their infrastructure for a specified period. For more information or to make a donation, please visit jghfoundation.org and click on the Campaign tab, or call 514-340-8251.

NEWSMAKERS

APPOINTMENTS

Dr. Hans Knecht, a leading expert on hematology, has been appointed Chief of the JGH Division of Hematology. With his strong interest in Hodgkin's disease and lymphoma, Dr. Knecht will also be closely involved in research and training at the JGH. Dr. Knecht received his medical degree from the University of Zurich, with training and residency at the Lymphoma Institute in Kiel, Germany, the University of Bern and the University of Paris (with Professor Maxime Seligmann). After two years at the Swiss Institute for Experimental Cancer Research, he served as an Assistant Professor at the University of Lausanne, an Associate Professor at the University of Massachusetts, Professor at the University of Basel, and director of one of Europe's largest private hematology laboratories. From 2005 to early 2014, Dr. Knecht was a Professor at the University of Sherbrooke. Dr. Stephen Caplan, who had served as Chief since 1997, remains a most appreciated member of the Division of Hematology.



Dr. Carmen G. Loiselle has been appointed Co-Director for Strategic Orientation/Academic of the Segal Cancer Centre at the JGH. In this capacity, she will provide strategic leadership in innovations in patient experience, in research and in the recruitment and mentoring of the Centre's new clinical and research staff. Dr. Loiselle is Director of Oncology Nursing at McGill University, as well as Associate Professor at the McGill Ingram School of Nursing, where she is the Christine and Herschel Victor/Hope & Cope - McGill Chair in Psychosocial Oncology. She completed doctoral training in Nursing and Psychology at the University of Wisconsin-Madison.



RESEARCH ROUNDUP

Dr. William Foulkes, head of the Cancer Genetics Laboratory in the Lady Davis Institute at the JGH, and Director of the Program in Cancer Genetics in the Departments of Oncology and Human Genetics at McGill University, is the 2013 winner of the O. Harold Warwick Prize, awarded by the Canadian Cancer Society to a scientist whose research

has had a major impact on cancer control in Canada. Dr. Foulkes is a James McGill Professor of Medicine, Human Genetics and Oncology at McGill University, and has received a National Researcher award from the Quebec Research Fund for Health Care. His lab explores several aspects of inherited susceptibility to cancer, often generating data from individuals and families at his clinic. He is best known for his work on the clinico-pathological features of hereditary breast cancer, and for his discovery of founder mutations in cancer susceptibility genes. Most recently, he identified the cause of small-cell carcinoma of the ovary, hypercalcemic type.



Dr. Mark Wainberg, head of HIV/AIDS research in the Lady Davis Institute at the JGH, and Director of the McGill AIDS Centre, is the recipient of the 2014 John G. FitzGerald - CACMID Award, presented by the Canadian Association for Clinical Microbiology and Infectious Diseases. This major award recognizes a Canadian microbiologist who has significantly advanced the field of medical microbiology. Dr. Wainberg is world renowned for his contributions to the development of antiretroviral therapies to treat HIV/AIDS, for his work on drug resistance, his advocacy on behalf of AIDS patients, and his ongoing efforts to help discover a cure.



Dr. Brett Thombs, Senior Investigator in the Lady Davis Institute at the JGH, has been awarded the inaugural McGill Principal's Prize for Outstanding Emerging Researchers. The prize honours faculty members who have received a doctoral degree within the previous 10 years and have distinguished themselves through exceptional contributions to research in their fields. Dr. Thombs, a William Dawson Scholar and Associate Professor of Psychiatry at McGill University, arrived at McGill in 2006 after earning his Ph.D. at Fordham University in New York and a postdoctoral fellowship at Johns Hopkins University. He is known internationally for his efforts to improve the psychological well-being of those living with



chronic diseases, his evidence-based critiques of how depression screening is employed in medical settings, and his work on how research methodology can influence the validity of results.

Doctoral candidate **Michael Lifshitz** has won the 2013 André Hamer Postgraduate Prize, which is worth \$10,000, from the Natural Sciences and Engineering Research Council of Canada. He works with Dr. Amir Raz, head of the Clinical Neuroscience and Applied Cognition Laboratory at the JGH Institute of Community and Family Psychiatry. In his research, Mr. Lifshitz uses non-invasive imaging to show how mental training strengthens brain networks, resulting in improved cognitive, emotional and social aptitude.

Individuals, corporations and foundations are invited to support the essential research of the Lady Davis Institute's many investigators, including Dr. William Foulkes' pursuit of a better understanding of the biological make-up of cancer; Dr. Mark Wainberg's international efforts to advance the search for novel therapeutics in HIV/AIDS; and Dr. Brett Thombs' work on psychosocial aspects of disease. For more information or to donate, please call the JGH Foundation at 514-340-8251.

OF SPECIAL NOTE



For a while this past spring, the Emergency Department had more than its share of Guttmans. **Dr. Alex Guttman** (centre), a veteran Emergency physician at the JGH, shared several shifts with his children who were rotating through the department. **Dr. Joshua Guttman** is in his fifth and final residency year in the Royal College Emergency Program, while **Dr. Dahlia Guttman** is in her third residency year in the Family Medicine Emergency Program.

CONGRATULATIONS!



From left: Henry Mietkiewicz, Jane Adams (National Coordinator of the HCPRA), Glenn J. Nashen and Judy Brown (President of the HCPRA) at the national conference in Ottawa.

For the fifth year in a row, *JGH News* and *Pulse*, produced by the Department of Public Affairs and Communications, have been named among the top hospital publications in Canada by the Health Care Public Relations Association (HCPRA). At the organization's annual conference in Ottawa this past spring, *JGH News*, the quarterly general-interest magazine edited by Senior Communications Specialist **Henry Mietkiewicz**, scored a second-place HCPRA Award, its second win in three years. *Pulse*, the bi-monthly staff publication written by **Laure-Elise Singer**, picked up a third-place prize, its fifth in a row (including first place in 2010, 2011 and 2013). Thanks, as well, to former *Pulse* editor, **Megan Martin**. Altogether, Public Affairs and Communications has received 17 awards over the past 12 years from national and provincial healthcare-related organizations.

"These honours symbolize the dedication and creativity of our entire team in spreading the word about the JGH's outstanding achievements," says **Glenn J. Nashen**, Director of Public Affairs and Communications. "They demonstrate that this hospital continually strives to provide an exceptional patient experience through excellence not just in health care, but in a great many fields."

Also in the winners' circle at the Ottawa conference was Hope & Cope, recipient of an HCPRA Award for a souvenir program booklet that was produced by Communications Coordinator **Hena Kon** to mark the retirement of Hope & Cope founder Sheila Kussner at the 2013 Soirée Fantastique.



Regaining life through organ transplantation

Although the Jewish General Hospital is not a transplant centre, it plays an active role in identifying and referring potential deceased donors of organs and tissues, as well as providing care before and after an organ transplant.

To ensure that members of staff are aware of the hospital's responsibility in the donation and transplant process, Shelley Cogland, a Liaison Nurse in Organ and Tissue Donation, regularly schedules education sessions and other promotional activities with various healthcare professionals. They are also informed about the organ and tissue donation process, and how to identify and refer potential donors.

Ms. Cogland notes that since a Liaison Nurse has been assigned to the JGH, the hospital has come a long way in organ and tissue donation, having performed its first-ever donation after cardiac death this past January. She explains that donation after cardiac death is now possible for patients who have suffered a severe neurological or functional injury that is irreversible and offers no hope of recovery; these patients also require life-sustaining treatment and do not meet the strict criteria for neurological death, but wish to donate. This allows the patient to donate while dying comfortably and with dignity.

"A significant portion of the patient population at the JGH is waiting for an organ transplant," says Ms. Cogland. "The ongoing need is reflected in various areas of the hospital. For example, many patients who are undergoing dialysis are on waiting lists for a kidney transplant." She adds that waiting for an organ transplant is often a long and emotional process that can be a matter of life or death.

Ms. Cogland explains that an individual can save up to eight lives by donating organs after death; that person can also improve the quality of life of 15 others through tissue donation. "It's very important to discuss and share your decision with your family and loved ones," she says. "By discussing it with them, it allows them to speak on your behalf and ensure that your wishes are honored."

You can make your wishes known by:

- having your decision recorded in the Quebec Health Insurance Agency's Registry for Consent to Organ and Tissue Donation
- signing the sticker and placing it on the back of your health insurance card
- having your decision recorded in the organ donor registry of the Chamber of Quebec Notaries

Additional information is available at
www.signezdon.gouv.qc.ca

"It's very important to discuss and share your decision with your family and loved ones. By discussing it with them, it allows them to speak on your behalf and ensure that your wishes are honoured."

LE CYCLO-DÉFI
ENBRIDGE
CONTRE LE
CANCER
au bénéfice de
L'HÔPITAL GÉNÉRAL JUIF



ENBRIDGE
RIDE TO
CONQUER
CANCER
benefiting the
JEWISH GENERAL HOSPITAL

It's all Greek to them—which is great for morale

Participants in the Enbridge Ride to Conquer Cancer often like to think of themselves as warriors—and that goes double for Intense Defense 300, whose 15 members have adopted alter egos inspired by Greek mythology and ancient history.

As they hit the road in July for the sixth annual cycling event from Montreal to Quebec City, the team hopes to emerge victorious from the tough but rewarding two-day Ride by tapping into the strength of Athena, the determination of Menelaus, the speed of Hermes and the prowess of Artemis.

Inspired by the 300 Spartan warriors who stood their ground against an overwhelming attack at the Battle of Thermopylae, Intense Defense 300 uses the Greek motif to build morale and unity among the diverse members of the group.

It all began in 2009 when Jimmy Kalavritinos, one of the team's leaders, saw an advertisement for the first Ride at the same time that his sister was being treated for cancer at the JGH. "The ad really struck me. When someone you know is sick, you tend to feel helpless. But I figured that as long as I had my health and could do something, then I would."

After completing that Ride and its sequel in 2010, Mr. Kalavritinos convinced a friend, Sevy Goulielmos, to join him the next year. This prompted Ms. Goulielmos to reach out to Tobias Koikaran and several other friends for the 2012 event. And that's when Intense Defense 300 was born. "We decided it was time to evolve and add a little more depth and dimension to the team," she says.

"It's really been a wonderful experience, and we're like a big family now," says Mr. Koikaran. "I can train and talk about riding with other people, and we even help one another raise funds to reach our goals. A big part of why I joined was to challenge myself and see if I could ride the 200 kilometres. But there's a second aspect, which is that all of this hard work is going for a good cause. It isn't just about how much money you raise, but where it's going and the good that it will do."

"We're a small bunch, we know that, but it is our duty to make a difference," adds Ms. Goulielmos. "It's quite the physical effort to go through those two days, but when you see the positive results of the fundraising and you see how it can help others, it feels like you're making a real difference. And that makes it all worthwhile."



Members of Intense Defense 300. On the ground: Christina Koikaran, the team's "Hug Ambassador" (cheerleader). Kneeling, from left: Manny "Menelaus" Simantirakis, Aki "Apollo" Sofroniou, Nathan "Xerxes" Fabro and Philip "Prometheus" Mundiymkal. Standing, front row, from left: Sevy "Athena" Goulielmos, Jonah Koikaran, Jimmy "Leonidas" Kalavritinos, Tobias "Spiras" Koikaran, Eric "Hermes" Serre, Charmaine "Hestia" Carvalho, Mike "Phidippides" Chako and Diana "Artemis" Mundiymkal. Standing, rear: Alex "Odysseus" Sirros (left) and Joe "Spartacus" Romano.

Nuts and bolts

The 2014 Enbridge Ride to Conquer Cancer hits the road on July 5 and 6 to help fund cancer research and care at the Segal Cancer Centre at the JGH. To take part, each rider pays a \$75 registration fee and raises at least \$2,500.

After the uplifting opening ceremonies on Saturday morning, riders spend Saturday and Sunday pedalling between Montreal and Quebec City, rain or shine. At the half way point in Trois Rivières, they gather at camp to eat, relax, enjoy entertainment and sleep overnight in tents set up by volunteers. Then on Sunday, the ride resumes. Throughout the trip, all meals,

drinks, tents, medical aid and mechanical assistance for bikes are available.

Individuals who are unable to ride can get involved as crew members who serve meals, assist riders or perform other necessary tasks. Crew members pay a \$25 registration fee, and are encouraged but not required to raise \$500.

For more information about the Enbridge Ride to Conquer Cancer—including registration, joining or forming a team, fundraising, training or any aspect of the event—please visit the website at www.conquercancer.ca or phone 1-866-996-8356.

www.conquercancer.ca 1-866-996-8356



PHARMAPRIX 

Le Week-end pour vaincre les cancers féminins  Weekend to End Women's Cancers™

au bénéfice de | benefiting the
l'Hôpital général juif | Jewish General Hospital
Centre du cancer Segal Cancer Centre

Present and accounted for at every single Weekend

In speaking with relatives or friends who have been touched by cancer, Micheline Chayer is heartened to hear them say that her participation in the Pharmaprix Weekend to End Women's Cancers reassures them that they haven't been abandoned. By the same token, Ms. Chayer feels she could never abandon the Weekend. That's why she'll be pounding the pavement again this August—her 10th walk in a row—as she looks forward to the Weekend's milestone 10th anniversary.

"I started walking in honour of my sister-in-law," she says, "but now it's also for my cousins, my coworker, my sister. Unfortunately, there's always someone I know who has been affected by cancer, but they've told me they don't feel abandoned. This is what keeps me going and why I have such a hard time even imagining stopping." Not even sore feet and iffy weather can stop her from completing the 60-kilometre walk each year, she adds.

When Ms. Chayer first heard a commercial for the Weekend in 2005, she had only just learned that her sister-in-law had been diagnosed with cancer. "I didn't know what I could do for her, so my daughter and I decided to train to participate in the walk in its very first year."

Now, a decade later, she's still at it, sometimes training up to three to six hours a day to prepare for the two-day trek. And even though she has walked the route alone for the last four years, she says she never feels alone during the Weekend. "It's a challenging and emotional experience, and it would be very difficult for me to complete the walk if I were completely by myself," she explains. "But there's no fear of that happening. I have an incredible support system in my family and friends, and there's also such team spirit with the walkers that you never feel alone."

As she prepared for the upcoming event, Ms. Chayer again found herself thinking about how the walk "engages so many people each year. This time, in particular, it really makes the point that even though



Micheline Chayer (left) and her daughter, Catherine.

we've come so far and achieved so much over the past 10 years, there's still so much to accomplish. As long as I can walk or help in any other way, I'll be here each and every year. There's always room for improvements and I really do have hope for a better future."

The essentials

The 2014 Pharmaprix Weekend to End Women's Cancers, Aug. 23 and 24, will raise funds for treatment, prevention and research into all types of women's cancers at the Segal Cancer Centre at the JGH. Participants have the option of walking one day or both, with everyone paying a nominal registration fee. Those who sign up for the full weekend make a commitment to raise at least \$2,000, while one-day walkers must raise at least \$1,250.

Participants will walk a total of 60 kilometres over the two days through the streets of Montreal, rain or shine, starting at Villa Maria school in NDG. The school will also host the Saturday evening entertainment and dinner, and the camp will be set up there for two-day walkers. The walk resumes Sunday morning.

All meals, drinks, tents and washroom facilities are provided throughout the entire weekend.

Anyone who is unable to walk the route but wants to get involved can be a crew member who serves meals, assists walkers or performs other necessary jobs. Crew members also pay the registration fee, and are encouraged but not required to raise \$500. Opportunities are also available for volunteers.

For more information about the Pharmaprix Weekend to End Women's Cancers—including registration, joining or forming a team, fund raising and training—please visit the website at www.endcancer.ca or phone 514-393-WALK (9255).

www.endcancer.ca 514-393-WALK (9255)



AUXILIARY NEWS

Building today for tomorrow



Linny Blauer



Phyllis Karper

It's hard to believe how quickly the first year has passed in our term of office. Without question, the greatest milestone for the hospital during this period was the launch of the new Emergency Department in Pavilion K. It's a wonderful symbol of the future of the JGH, with modern facilities that are astonishing in their concept and rewarding in the enhanced services that they provide to patients. This is what motivates The Auxiliary to keep doing more on behalf of the hospital.

In fulfilling The Auxiliary's mission of helping to fund innovative programs and services and to purchase equipment, we are always striving to develop innovative fundraising projects, while building on our past successes. Whether through movie screenings, fitness events, collecting cash from donation boxes, bridge and mahjonnig tournaments, jewelry and fashion sales, selling previously enjoyed books, or inviting on-site vendors to rent space at the JGH, we make every effort to generate essential and much-needed revenue.

The health of future generations depends on what we accomplish today!

— Linny Blauer and Phyllis Karper, Co-Presidents

Aces high at bridge tournament



Success was in the cards at The Auxiliary's annual Bridge and Mahjonnig Tournament and Luncheon, which drew a record number of players and benefited the new Emergency Department in Pavilion K. Co-Chairs for the event were Ellen Amdursky, Debbie Schouela and Bonnie Rothstein.

ON THE HORIZON

November 2 and 3, 2014
— Fall Fair and Raffle

7:30 a.m. - 4:00 p.m.

Samuel S. Cohen Auditorium, Pavilion A

May 24, 2015
— Fitness Event

Details to come

Saving preemies one miracle at a time



Since launching the Tiny Miracle Fund, The Auxiliary has raised \$25,000 toward its commitment of purchasing 20 incubators (at \$65,000 each) for the Neonatal Intensive Care Unit. This project, which makes an enormous difference in the lives of the JGH's tiniest patients, was developed by Hela Boro, Robyn Brojde, Roz Rinzler and Lucy Wolkove.



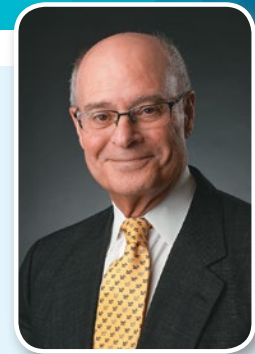
Donors in the hospital's main lobby happily support the Tiny Miracle Fund.



The Tiny Miracle Fund benefited from the proceeds of a movie night organized by The Auxiliary's Next Generation Group, as well as a generous donation from Sam and Saul Stermer (left) and Sima Blitzer (centre). The event featured a screening of *No Place on Earth*, the Stermer family's astonishing story of strength and survival, as they hid in caves to escape the Nazis.



Jewish General Hospital
Foundation



A proud tradition of medical excellence

Excitement continues to build here at the Jewish General Hospital with a myriad of new projects and medical initiatives. In celebration of the Hospital's 80th anniversary, a beautiful "Tree of Life" will be erected in the entrance of the magnificent, new atrium, which features soaring ceilings and skylights that will connect the modern Critical Care Wing (Pavilion K) with the Hospital's existing buildings.

The entire Hospital community is invited to join the gala inauguration of the "Tree of Life" by purchasing a leaf on the "Tree", which will remain a beacon for future generations. Just as the entrepreneurial and dedicated visionaries of the past 80 years built an institution that serves all Quebecers with the finest medical care, so, too, will the future generation of leaders, medical staff and donors continue this proud tradition of medical excellence. (For more information, please contact Annette Goldman at 514-340-8222, ext. 4602.)

Current examples of the Hospital's creative initiatives can be found in the recently opened Eileen & Louis Dubrovsky Molecular Pathology Centre (DMPC) in late 2013 and the opening of the new Emergency Department (ER) this past February.

The DMPC, which is ushering in a new era of personalized medicine and will save and extend thousands of lives by matching therapy to each patient, was entirely funded by private donations. It is already revolutionizing treatment for cancer patients and will also impact neurological and cardiovascular diseases in the near future.

The new, expanded ER is the first phase in the construction of Pavilion K, a new, acute-care wing which is the cornerstone of a concerted effort by the government, the JGH and Quebecers to improve access to life-saving treatment, reduce wait times and continue to provide the highest level of patient care. Donor support fuelled the acquisition of the dedicated medical technology and basic equipment needed to outfit the new ER, which is already yielding impressive results in quality and accessibility to emergency care.

With your renewed support, our capital campaign will continue to gain momentum and fuel many more advances that will result in enhanced healthcare outcomes for all the communities we serve. Vital initiatives, currently under way

that rely on your support to be brought to fruition, include:

- Relocation and expansion of the Division of Nephrology's hemodialysis facilities, including the addition of 11 dialysis stations, to ensure the provision of life-saving treatments for the growing number of patients suffering from kidney failure
- A major upgrade of the Hospital's IT infrastructure and systems in order to apply medical information technology, which will lead to substantive improvements in access, coordination, delivery, efficiency, safety and quality of care throughout the JGH
- Expansion of the Shirley & Max Konigsberg Clinical Research Unit of the Segal Cancer Centre, which will enable more patients to access new, cutting-edge treatments and drugs and will provide more support for other JGH clinical trials
- Critical research funds for the Lady Davis Institute at the JGH and its leading-edge investigations of the causes and potential treatments for the most common illnesses affecting us today
- Expansion and renovation of the Microbiology and Surgical Pathology laboratories, including the installation of high-tech robotics. This will increase the capacity and speed with which the laboratories conduct their vital diagnostic evaluations.

Your support will also provide the latest medical technology available for Pavilion K.

I continue to take great pride in our productive partnership. Together we do have the Power to Heal and to achieve great results in access and quality of care, not only for JGH patients, but for the healthcare system as a whole. Please visit jghfoundation.org, where many of these life-affirming projects are presented in detail under the Campaign tab. Join us in achieving our common goal of better health and better healthcare for all, now and in the future.

— Myer Bick
President and CEO



Governors' Circle

Supporting cutting-edge research and world-class patient care

The Governors' Circle is our unique way of recognizing and thanking you for your support, as well as encouraging others to join in our efforts to ensure continued excellence in research and patient care at the Jewish General Hospital for the benefit of the people of Montreal, Quebec and beyond.

When you make one or more donations totalling \$250 or more in support of world-class patient care and/or cutting-edge research care at the JGH within a single calendar year (January 1 to December 31), you automatically become a member of the **JGH Foundation Governors' Circle** for the *following* calendar year.

Gifts can be directed to any area, program or service of the Hospital. However, please note that gifts to our *You Have the Power to Heal* capital campaign, as well as gifts in support of events and/or sponsorships, are not eligible, as they are recognized in other ways.

There are four categories of members, based on the cumulative donations made during the year, each with its own specific benefits:

Category	Total donations in single calendar year	Benefits
Bronze	\$250 - \$499	<ul style="list-style-type: none"> • Invitation to fall and spring lectures by leading JGH doctors and researchers • Lady Davis Institute Research newsletter • Recognition in the Foundation's annual report
Silver	\$500 - \$999	<ul style="list-style-type: none"> • All of the above benefits PLUS • Invitation to annual breakfast with Foundation and Hospital leadership
Gold	\$1,000 - \$1,499	<ul style="list-style-type: none"> • All of the above benefits PLUS • Invitation to a private tour of new Hospital facilities • Quarterly update from the office of the Executive Director of the Hospital and Foundation
Platinum	\$1,500 and above	<ul style="list-style-type: none"> • All of the above benefits PLUS • Invitation to the Hospital CEO's Annual Luncheon • Invitation to the Hospital and Foundation Annual General Meeting

Cumulative giving levels and membership categories are determined each spring. Eligible donors are advised of their membership status by email or letter in early spring, when invitations to the first annual lecture and other exclusive spring events are sent out.

Become a member!

Members of the JGH Foundation Governors' Circle provide exemplary support and play an important role in advancing research and patient care at the JGH, with the promise that these endeavours hold for all patients and their loved ones. You, too, can make a difference by joining us today!

For more information about becoming a member, membership status and the **Governors' Circle** Program in general, please contact Larry Sidel at 514-340-8222, ext. 1922, or at lsidel@jgh.mcgill.ca. For more information on upcoming **Governors' Circle** events or registering for an event, please contact Tiffany England at 514-340-8222, ext. 5467, or at tengland@jgh.mcgill.ca. For information about recognition in the Foundation's annual report (getting listed, removing one's listing and other related questions), please contact Adrianna Di Pardo at 514-340-8222, ext. 2549, or at adipardo@jgh.mcgill.ca.

A gift to restore dignity

Vanda di Cesare Treiser first came into contact with the JGH in 2005 when her beloved husband, Benjamin (Bela), was admitted initially for a serious cardiovascular condition and then for a brain tumour, from which he would succumb a few months later. To this day, she remains very grateful to the JGH for the exemplary treatment that she and her husband received. "This hospital went beyond the call of duty in its care of Bela and me," she said. "We didn't expect such care. It was as if the doctors and nurses were suffering along with us. They attended to every physical and spiritual need we had. I owe thanks to many, many people." Among those she singled out for praise were Dr. David Langleben, Chief of Cardiology at the time, Dr. Gerald Batist, Chief of Oncology and Director of the Segal Cancer Centre at the JGH, and Dr. Morris Schweitzer, an endocrinologist who is also the Director of the JGH Cardiovascular Prevention Centre.

Mrs. Treiser explained that through the pain of his illness, her husband fought valiantly to retain his independence and dignity. "The compassionate way the doctors, nurses and staff at the JGH cared for him as a person, first and foremost, and managed to make us feel as if we were part of a big family made a world of difference." This inspired her to create, in 2008, the Benjamin (Bela) Treiser Endowment for Cardiology and Oncology. "Through this endowment, I hope to be able to help restore the loss of independence and dignity that so many sick people suffer from," she said at the reception held to honour her gift. "It is a tribute to Bela and what he believed in." To date, funds generated by the endowment have allowed for the acquisition of state-of-the-art equipment for the Heart Function Clinic, the Non-Invasive Laboratory and Echocardiography, enabling the Division of Cardiology to enhance its status as a Centre of Excellence, and to continue to provide the best and most advanced care for the growing number of patients who suffer from cardiac conditions. In addition, an equal portion of the funds supported leading-edge research at the Segal Cancer Centre, and served to enhance existing programs that focus on decreasing pain and increasing comfort for those who suffer from various forms of cancer.

This year, Mrs. Treiser took one more step towards empowering the JGH and its staff to continue providing a superior level of care to as many people as possible, by making another major gift in memory

Transforming surgery and patient care



of her beloved husband, as part of the You Have the Power to Heal capital campaign. Her generous contribution provides much-needed support for many medical areas and initiatives, including the establishment of the first Insulin Pump & Diabetes Education Centre in Quebec, which provides the growing number of patients suffering from diabetes with the comprehensive care and support they need to achieve and maintain optimum control of their disease; the Dr. Morris Schweitzer Research Fund in Endocrinology; the Goldman Herzl Family Practice Centre's Continual Improvement Fund, which helps to improve the quality of care through new healthcare programs, staff training and organizational enhancements; the Division of Cardiology; the Segal Cancer Centre; and the Department of Obstetrics and Gynecology.

"Bela Treiser not only lives on in the memory of his loved ones," emphasized JGH Foundation President and CEO Myer Bick. "His name will forever be associated with the work of all the doctors and nurses who are being empowered by Vanda's generous gifts to make the journey of others—patients and families—more bearable. The JGH is truly honoured and grateful to be the recipient of such a life-enhancing and enduring legacy." "This is a very special moment for me, because I feel I am doing what Bela would want me to do," says Mrs. Treiser. "He would be proud to know that the fruits of his hard work are being used to help people—people who are sick and suffering and who need care; people who, like you and me, deserve to receive sensitive, compassionate care and respectful treatment when and where they need it the most."

Michal Hornstein, O.C., G.O.Q., a prominent Montreal businessman, art collector and philanthropist, was born in Kraków, Poland, in 1920. Captured by the German army during World War II, he was arrested and deported to the Auschwitz concentration camp, but managed to leap from the train. He spent the rest of the war hiding in the forests of Czechoslovakia and living in Budapest. He then escaped to Bratislava, Slovakia, where he met his future wife, Polish-born Renata Witelson, who was also fleeing from the Nazis. At the end of the war, in 1946, the couple settled in Rome, where they married. They then immigrated to Montreal in 1951. One year later, Mr. Hornstein founded Federal Construction Ltd., a real estate company for apartments and shopping centres, where he made his fortune.

Throughout the years, the Hornsteins have proven to be a close-knit couple with a steadfast desire to share their good fortune and contribute to the advancement and well-being of the city and country which welcomed them. They became outstanding philanthropists, making major contributions to the arts, health care and education. "My wife and I don't need as much money," says Michal. "We can afford to give it away in support of important causes that help our less fortunate fellow citizens and we want to do it while we are still alive so we can see the results of our contributions."

In health care, the Hornsteins are major benefactors to many hospitals and institutions, including the Montreal Heart Institute, the Montreal General Hospital, Hôpital Notre-Dame, the Royal Victoria Hospital and the Jewish General Hospital. In 2000, they made a generous gift to the JGH Division of Colorectal Surgery in appreciation for the care Michal received from Dr. Philip Gordon and his team. Their substantial contribution was vital to the Division—allowing for the acquisition of much-needed equipment, such as colonoscopes, sigmoidoscopes and important examination instruments for the early detection of colorectal cancer—and has been known as the Hornstein Family Division of Colorectal Surgery. This was followed by an even more generous contribution in 2013, when the Hornsteins decided to provide the lead gift for the acquisition of a second da Vinci Surgical Robot as part of the You Have the Power to Heal Campaign. "My wife had her



cancer removed successfully by Dr. Walter Gottlieb, Director of Gynecologic Oncology and Colposcopy, using the single da Vinci robot available at the JGH at the time," recalls Michal. "She was back home the day after, sharing her enthusiasm and amazement with me about this minimally invasive technology and its tremendous benefits for patients. When we learned that the single da Vinci robot could not keep up with the demand, creating long wait lists for patients in need of life-saving surgery, we saw this as a great opportunity for us to help out and make the benefits of robotic surgery available to more people in Montreal and Quebec." The Hornsteins have also made a provision for the JGH and other vital Montreal institutions in their will.

"On behalf of the JGH family, we wish to thank the Hornstein family for playing such a vital role in the advancement of surgery and patient care at the JGH and the promise it holds for all of us," gratefully acknowledges Myer Bick, President and CEO of the JGH Foundation. "The generosity of Renata and Michal has made and will continue to make a transformational difference for our patients well into the future."

In recognition of his great generosity and unbridled support for art, health and education, Michal Hornstein was made a Member of the Order of Canada in 1984 and promoted to Officer in 2013. In 1993 he was made a Knight of the National Order of Quebec, promoted to Officer in 2002 and Grand Officer in 2013. Both Renata and Michal will be the honourees at the Israel Cancer Research Fund's 37th Annual Gala to be held on June 9 at Place des Arts.

The power of tribute funds

Tribute funds bring in over \$1 million in support of the JGH every year. These funds help support patient programs, clinical research, the continuing education and professional development of medical and research staff, nursing education, as well as the establishment and maintenance of vital tools and resources, such as cancer tissue banks and enhanced information technology infrastructure and systems, in almost every clinical department and service at the JGH, with the exception of laboratories.

Setting up a tribute fund is a meaningful and valuable way to celebrate a milestone in your or a loved one's life (Honour Fund) or to keep the memory of a loved one alive (Memorial Fund) by inviting contributions in their name to ensure that the JGH continues to offer the very best in patient care to all.

Anyone can establish a fund in honour or appreciation of someone for care received, or in memory of a family member or a friend. When establishing a fund, you may designate the proceeds to a specific department, to purchase a piece of equipment, or for the hospital's greatest needs or priorities. Once established, the fund can receive donations on an ongoing basis. Seeing the fund grow is a positive and wonderfully tangible way to honour the life of someone special, while providing a dependable source of income that will benefit countless patients and families for years to come. Furthermore, when the fund's balance reaches \$2,500, your loved one will be honoured by being recognized in the JGH's Hall of Honour.

The easiest way to donate to a Tribute Fund and make it grow is for you, your family and friends to arrange an ongoing monthly gift, whereby a specific amount is automatically deducted each month from a bank account or credit card for as long as desired. In fact, establishing a tribute fund with monthly gifts allows you, together with friends and family, to permanently honour someone special and make a lasting difference in the lives of others.

Your gift, whether small or large, has the Power to Heal! Consider setting up a tribute fund today! For more information about our Monthly Giving Program, please contact Jacqueline Pope at 514-340-8222 ext. 2678. For information on tribute funds, please contact Helen Arvaniti at 514-340-8222 ext. 5838.

Golf tournament in memory of Benoit Saint-Pierre raises \$30,000 for Palliative Care

On August 5, 2013, the late Benoit Saint-Pierre's many friends including Luc Flynn and Réjean Pothel, along with his son, Marc Saint-Pierre, and his spouse, Lynn Hébert—organized a golf tournament in his memory at the St-Raphael Golf Club in Île-Bizard. The event was a huge success, raising \$30,000 for the JGH Division of Palliative Care. These funds will be used to acquire hospital-grade furniture to make the environment more welcoming and comfortable for patients and their families. "Through this tribute, the friends and family of Benoit Saint-Pierre have established a wonderful and tangible way to honour his life, while making a life-affirming difference for the many patients and families who are cared for in Palliative Care. On their behalf



Lynn Hébert with her son, Marc Saint-Pierre (far left), and friends Luc Flynn and Réjean Pothel.

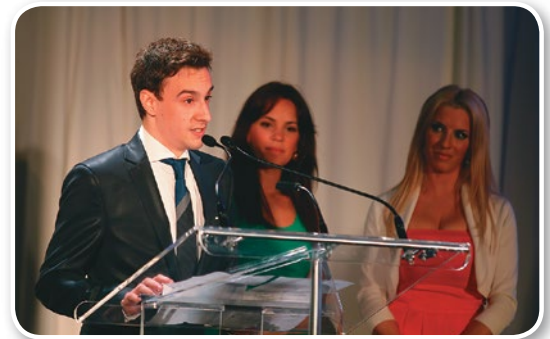
and that of the entire JGH family, we are truly grateful for such a thoughtful and empowering gift," said Myer Bick, President and CEO of the JGH Foundation.

Auto Moda Fashion Show delivers Giraffe Warmer for Neonatal Intensive Care Unit

The first annual Auto Moda Fashion Show took place on May 29, 2013, at BMW Canbec. Co-chaired by Selwyn House School alum Angelo Rizzolo and Miss Teen Canada 2013, Megha Sandhu, and hosted by TV and Radio personality Orla Johannes and former first dancer of the Grands Ballets Canadiens, Geneviève Guérard, the glamorous event raised close to \$75,000 for the Vivo Fund. This fund was established by the Rizzolo family in 1999 in appreciation of and to provide support for the JGH Neonatal Intensive Care Unit, which provides superior care to approximately 700 premature infants each year, while consistently maintaining the highest survival rate for premature babies in Quebec.

The funds collected by the Auto Moda Fashion Show, together with \$25,000 which was generously donated from the proceeds of Selwyn House School's 2013 Gryphon Gala, were used to purchase a Giraffe Warmer. This is the most advanced incubator available, which uses state-of-the-art technology to create an unsurpassed healing environment for premature infants.

Since 1999, Angelo Rizzolo, along with his parents, friends and fellow Selwyn House School students, have raised close



to \$500,000 for the NICU. "The dedication and commitment shown by Angelo and everyone associated with the Vivo Fund initiative in the past 15 years is nothing short of remarkable," said JGH Foundation President and CEO, Myer Bick. "The Vivo Fund has contributed to enhancing the status of the NICU as a centre of excellence and a provincial centre for high-risk neonatal care. On behalf of Dr. Apostolos Papageorgiou, the Chief of Pediatrics, and his team at the NICU, the JGH family is truly grateful to the Rizzolo family and Selwyn House School for empowering us to continue to save the lives of fragile and innocent infants and give them the chance of a lifetime to live a long and productive life."

Vital support for research into hereditary breast cancer



Dr. William Foulkes accepts a cheque for his research program from Ian Scharf, President of Shaare Zion Congregation (rear, at left), and Co-Chair Ron Robins (second from left).

The 13th annual Shaare Zion Celebrity Golf Tournament took place on August 5, 2013, at Elm Ridge Club. The event, organized by the Shaare Zion Congregation, was co-chaired by businessmen Ron Robins of Hughron Sales & Consulting, and Miles Leutner of CIBC World Markets. The tournament raised \$25,000 in support of hereditary breast cancer at the Cancer Genetics Laboratory at the Lady Davis Institute (LDI) of the JGH, headed by Dr. William Foulkes. These funds will help Dr. Foulkes and his team pilot a study that will simultaneously test the susceptibility of about 15 moderate- to high-risk breast cancer genes. This test will be offered to 50 women, who were recently diagnosed with breast cancer. Dr. Foulkes and his team will analyze the blood samples to look for new breast cancer genes. This research initiative will pave the way for the development and deployment of a universal breast cancer genetic screening test across the province. The 14th annual Shaare Zion Celebrity Golf Tournament will be held at Elm Ridge Country Club on August 14, 2014, and a portion of the proceeds will benefit hereditary breast cancer research at the LDI.

WILL POWER

In your will, you can bequeath a specific amount, a percentage, the remainder of your estate or any other asset. It's a simple and effective way to support your hospital and ensure that you, your loved ones and fellow citizens benefit from the same superior level of care today and for generations to come. For more information, please contact Danyael Cantor at 514-340-8222, extension 4057, or at dcantor@jgh.mcgill.ca.

Transmitting a family tradition of philanthropy

As they passed through the JGH's main entrance on Côte-Sainte-Catherine Road, Caterina Monticciolo Cianci and her 15-year old daughter, Rosemarie, were attracted by the sight of an incubator that had been transformed into a collection box. It was part of The JGH Auxiliary's campaign to raise funds to acquire Giraffe Warmers for the Neonatal Intensive Care Unit (NICU). These Warmers are the most advanced incubators available, which use state-of-the-art technology to create an unsurpassed healing environment for premature infants. Seeing how fascinated and delighted her daughter was by the display, Mrs. Cianci decided right there to buy a Giraffe Warmer in appreciation of her children as a way of encouraging her to uphold the philanthropic tradition of her family. This tradition was embodied by her late grandmother, Maria Saputo Monticciolo, who was admired for her kindness, caring and determination to make the lives of others better.

4th Doctors' Gala wins Star Award

We are pleased to announce that Sensix Communications & Events won the Star Award for Best Event Produced for a High-Profile Charity for its creative design and production of the JGH Foundation's 4th Doctors' Gala, at the 16th Annual Canadian Event Industry STAR Awards Gala held in Toronto on March 27, 2014. The CEIA Awards are considered the "Oscars" of the Canadian event planning industry; award recipients are selected from hundreds of producers around the country.



Michael Caplan, President of Sensix Communications & Events, was on hand to collect the trophy.

The 4th Doctors' Gala was held on November 19, 2013, at ARSENAL in Montreal in honour of Michèle Dionne and the Honourable Jean Charest and raised \$1.1 million in support of the Lady Davis Institute at the JGH and its research into the causes and treatments for the most common illnesses affecting us today. The spectacular soirée, which drew a sell-out crowd of 600 guests, was creatively designed and produced by the incomparable Michael Caplan and his team at Sensix Communications & Events.

In addition, the Gala's "World of Possibilities" video, which was produced by Neil Oakshott and his team at Eclipse Productions and tells the story of the Lady Davis Institute in an exciting, high-impact way, also won three major international awards, including a prestigious REMI Award at the 2014 WorldFest-Houston International Film Festival.

On behalf of the JGH and its patients, the Lady Davis Institute, the Doctors' Gala co-chairs Sonny Gordon, Tony Loffreda and Joan Prevost, and all of us at the JGH Foundation, we extend our congratulations to Michael and his team for being recognized, once again, among the top event producers in Canada. Our many thanks to Lead Sponsor, Desjardins Group, as well as to the many individuals, companies and groups whose generosity and commitment have contributed to making the Gala one of the most memorable and successful fundraising events of the year.

Community action

Throughout the year, the JGH Foundation hosts or benefits from a wide variety of events that call upon all of us to support initiatives that empower the Jewish General Hospital. This enables the JGH to save lives, improve patients' quality of life and provide the most vulnerable members of society with the care they need.

Past events

15th Annual AHEPA Saint Valentine's Ball in honour of Dr. Apostolos Papageorgiou
February 15, 2014 – Le Château Royal Convention & Reception Halls
Organized by the American Hellenic Educational Progressive Association (AHEPA)
Raised \$50,000 for the Neonatal Intensive Care Unit

3rd Annual Bowl-O-Thon for Translational Research
February 16, 2014 – Laurentian Lanes
Organized by Sharon Wolfe
Raised \$4,600 for translational research at the Segal Cancer Centre at the JGH
More information: jgh.ca/en/translationalresearch

2nd Annual Antony Proteau Winter Classic
March 1, 2014 – Plaza Volare
Organized by Matthew Chaussée, James Lavinskas, Tim Schiavi, Keif Orsini, Rich Ribaya, Matthew Picciuto and Dan Laplante
Raised \$29,000 for the Antony Proteau Fund, which supports Hope & Cope's innovative programming for cancer patients between the ages of 18 and 39
More information: www.facebook.com/ap12fund

2nd LUNGevery Masquerade Party
April 3, 2014 – WAVE Complexe Dompark
Organized by Fraida Saxe, Jodi and Martin Fellner and the LUNGevery Committee
Raised \$132,000 for lung cancer research

JGH CIBC Athletic Day and Party
Athletic Day: May 1 – McGill Athletic Facilities
Party Night: May 3 – 5350 Ferrier Street
Co-Chairs: Carl Belanger, George Granata, George Itzkovitz, Demo Trifonopoulos and Gary Wechsler
Raised \$550,000 for the Department of Urology and the Starlight Foundation

1st Annual Luxury Avenue
May 26 – Circuit iCar
Co-Chairs: Stéphane Bismuth, Danielle Bitton, Bernard Poulin and Natalie Volland
Raised over \$500,000 for the acquisition of a second MRI, the Rapid Assessment Zone of the new Pavilion K Emergency Department, and the Neonatology Intensive Care Unit
More information: luxuryavenue.org

22nd Annual Silver Star Mercedes-Benz JGH Golf Classic, honouring CGI
June 2 – Elm Ridge Golf & Country Club
Co-Chairs: Lorne Gorber and George Sakkas
Benefiting the integration of a new Perioperative Information Management System upgrade in the operating rooms
Amount raised unavailable at press time

Upcoming events

JULY 5-6

6th Enbridge Ride to Conquer Cancer
Co-Chairs: Gerald Issenman, Eric Ouaknine and Sam Scalia
Benefiting cancer research, prevention, treatment and care at the Segal Cancer Centre at the JGH
Special thanks to our National Title Sponsor, Enbridge
Contact: 1-866-996-VELO (8356) or Siobhan O'Brien, 514-340-8222, ext. 3069
For more information: conquercancer.ca

AUGUST 23-24

10th Annual Pharmaprix Weekend to End Women's Cancers
Honourary Chair: Sheila Kussner, O.C., O.Q.
Co-Chairs: Anne Mezei and Fiona Murray
Benefiting breast and gynecologic cancer research, prevention and care at the Segal Cancer Centre at the JGH
Special thanks to our National Title Sponsor, Pharmaprix
Contact: 514-393-WALK (9255) or Siobhan O'Brien, 514-340-8222, ext. 3069
More information: endcancer.ca

SEPTEMBER 6

10th Annual Lila Sigal Hockey Marathon
Samuel Moscovitch Arena
Co-Chairs: Farrel Miller and David Sigal
Benefiting the JGH Cancer Nutrition and Rehabilitation Program
Contact: Tiffany England, 514-340-8222, ext. 5467
More information: jgh.ca/en/cancernutritionrehabilitation-program or marathonhockey.com

SEPTEMBER 17

2nd Annual Auto Moda Cocktail and Fashion Show
Les Ruelles (Intercontinental Hotel)
Co-Chairs: Angelo Rizzolo and Julia Taddeo
Benefiting the VIVO Fund for the Neonatal Intensive Care Unit
Contact: Mary Etzitian, 514-340-8222, ext. 3986
More information: vivofund.com

OCTOBER 19

10th Anniversary Gloria's Girls/ It's a Girl Thing Event
Rialto Theatre
Benefiting the Gloria Shapiro Endowment Fund for Ovarian Cancer Research
Contact: Mary Etzitian, 514-340-8222, ext. 3986

NOVEMBER 13

80th Anniversary Special Celebration
Co-Chairs: Alice Raby and Heleena and Eddy Wiltzer
Benefiting the construction of passerelles between Pavilion K and the main JGH building
Contact: Annette Goldman, 514-340-8222, ext. 4602

It is immensely gratifying to know that together we can accomplish great things to help people throughout Montreal and Quebec for many years to come. To support any of the events and/or initiatives described in these pages, please contact the JGH Foundation at 514-340-8251. Donations can also be made at jghfoundation.org. If you are interested in organizing a fundraising event, please contact Mary Etzitian, Coordinator, Third Party Events, at 514-340-8222, ext. 3986.

Thank you for making a difference!

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Beware the “benefits” of a gluten-free diet

For the past several years, going gluten-free has been the going thing. For some people, the reason is medical—for instance, they have Celiac disease or an intolerance to gluten, a protein composite in foods that are processed from wheat and related grain species, such as rye spelt and barley.

But that’s just a small part of the story. Gluten-free diets have really taken off, largely because of best-selling books—such as *The Wheat Belly* by Dr. William Davis and *Grain Brain* by Dr. David Perlmutter—that tout the alleged perils of gluten.

As a result, products modified to be gluten-free, unheard of just a few years ago, earn an estimated \$6.2 million annually, and are regularly consumed by more than 15 per cent of North American households.

So are these foods right for you? Probably not. There’s still a fair amount of disagreement about voluntarily adopting a gluten-free lifestyle, but health experts generally believe that it’s best to avoid most products that are modified to be gluten-free.

To a large extent, they say, food companies are simply exploiting the trend by creating gluten-free versions of products that usually contain wheat, such as pizza crusts, breads and pastas. But that doesn’t necessarily mean these foods are healthier.

Angela Dease, a JGH dietitian, explains that



companies swap wheat for tapioca flour, potato flour, rice flour, salt and sugar in order to stamp their products “gluten-free” and still make them taste good. What’s often overlooked is that these products also have more calories, sugar and fat than their gluten equivalents.

What Ms. Dease favours is naturally gluten-free foods, such as fruits, vegetables, low-fat dairy products, lean meats, beans, nuts, healthy fats and grains. She urges consumers to carefully read the list of ingredients before purchasing a product and, instead of worrying about gluten, focus on a healthy, balanced diet.

Your best bet, she says, is to stay away from processed foods as much as possible, and to go back to the basics that existed before our food became a marketing game.

For more about Celiac disease, visit:

www.celiac.ca

Decisions, decisions ... and how to make them

Though medical tests and treatments are essential elements of proper health care, there are times when some of them may simply be unnecessary. The challenge is figuring out which is which.

That’s why the JGH Patient & Family Resource Centre suggests that you prepare yourself with help from Choosing Wisely Canada (www.choosingwiselycanada.org), which aims to improve patient-physician communication about unnecessary procedures. This campaign is supported by many Canadian medical associations.

Launched in April, and inspired by a similar initiative in the United States, Choosing Wisely alerts visitors to its website that extra tests and procedures do not always improve care. In some cases, they may even expose patients to needless harm and put more pressure on the overburdened public healthcare system.



In general, making an informed decision may mean having to make difficult choices. That’s where decision tools come in. They’re online resources that can help make you more aware of the decisions that affect you, and see your options and preferences more clearly. A reliable selection of decision tools can be

viewed at jgh.ca/en/pfrcdecisions.

As you use these tools, the Patient & Family Resource Centre reminds you to base your decisions not only on your own judgment, but on the recommendations of the members of your healthcare team.

For more information on good health, or to make an appointment with a JGH librarian for help in finding reliable, up-to-date information on even hard-to-research subjects, visit the Patient and Family Resource Centre at:

jgh.ca/PFRC

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