



MOUNT SINAI HOSPITAL MONTREAL 2005-2006 ANNUAL REPORT

It's not just a hospital, it's what a hospital is

Mission Statement

Mount Sinai Hospital Montreal's mission statement defines the credo by which we govern our actions in the care of those who require our services.

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

- We will abide by the tradition developed since the turn of the century when the leaders of the Jewish community sought to establish the first respiratory care institution to serve its population.
- In caring for all in a nonsectarian manner, we will seek to provide the best possible care in our area of specialty, respiratory medicine, as well as in palliative care medicine and specialized long-term care medicine.
- We will diligently take part in research projects with the aim of identifying medical and technological advances and seek to develop cost-effective and comprehensive health care approaches with particular emphasis in our areas of expertise.
- Through dynamic and focused outreach programs, we will promote health awareness and education as well as disease prevention among our patients, their families and the general community.

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

- Each patient will be recognized as an individual with personal attention to all needs including those of family members.
- We will recruit the best available staff members and ensure their on-going training. We will work to foster within Mount Sinai a climate of personal growth and integrity, equity and fairness. We will also provide a healthy and efficient working environment for our entire medical team, staff and volunteers.
- The Auxiliary will help to enhance the quality of life of patients and their families through a growing feeling of sharing and caring.

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

- Our staff will dedicate itself to excellence by delivering humane and effective care in a warm and home-like atmosphere.
- At all times we will focus our care to maximize our patients' quality of life. Whenever possible, we will endeavor to ensure their early return to the community and to an active life with their families.
- In our desire to continuously improve our services and enhance our patients' care, we will be respectful of human needs and suffering and remain centered on the values we share among ourselves.

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

- Our leaders and staff will endeavor to constantly offer state-of-the-art medical equipment, treatment and rehabilitation facilities to all those seeking care.
- We will strive to maintain and widen our status as a recognized teaching hospital affiliated with McGill University. We will continue to work with other institutions in the continuing education of health care professionals.
- We will constantly strive to meet the standards of the Canadian Council on Health Services Accreditation, which accredits Canadian health care institutions.





HÔPITAL MONT-SINAÏ - MONTRÉAL
MOUNT SINAI HOSPITAL MONTREAL

meant to be.

With each passing year, Mount Sinai Hospital Montreal's commitment to providing excellent patient care grows stronger and stronger.

In 1909, members of the Jewish community established Mount Sinai Hospital Montreal as a tuberculosis sanatorium. The hospital got its humble start as a 12-bed facility in Préfontaine near Sainte-Agathe-des-Monts, Quebec. Today, Mount Sinai Hospital Montreal is a modern, non-sectarian, 107-bed institution located in the heart of the island of Montreal.

Since its founding, Mount Sinai Hospital Montreal has been dedicated to caring for patients with respiratory diseases. Initially, Mount Sinai was a forerunner in the treatment of tuberculosis and gained a reputation for excellence in this field. It is known not only for its advanced treatment techniques and innovative research, but also for its dedication and comprehensive approach to total patient care. This is provided through prevention, education, early detection, diagnosis, treatment, follow-up care and research. The hospital's highly skilled and caring professionals and support staff make sure that patients receive state-of-the-art care.

As the threat of tuberculosis began to diminish in the 1950's, Mount Sinai shifted its focus from a tuberculosis sanatorium to an intermediate care facility specializing in respiratory diseases such as emphysema, bronchitis, asthma and other chronic obstructive pulmonary diseases (COPD). The hospital recognized that these diseases were particularly insidious because they commonly struck people in the prime of their lives. Statistics reveal that the incidence of respiratory disease is on the rise as the population ages. COPD is currently the fifth leading cause of death in North America and the only one that persists in growing. This means that COPD not only affects the lives of patients and their families, but also has a significant economic impact on health care services.

To be closer to the community it serves, Mount Sinai moved to Montreal in 1990. Services have been constantly adapted to meet the changing needs of the community it serves. The hospital is also continually upgrading its facilities and equipment to guarantee the highest level of patient care.

Today, Mount Sinai Hospital Montreal has three areas of specialization: respiratory care, palliative care and long-term care. Furthermore, the hospital continues to offer an increasing number of services on an outpatient basis. The goal of Mount Sinai's Respiratory Care Services is to diagnose, treat and stabilize patients and to teach them how to cope with their disease once they return home.

The hospital's Palliative Care Services include pre-admission, in-hospital services, home care and bereavement support. The interdisciplinary staff provides a calm and caring environment to help terminally ill patients and their families. The hospital's Long-Term Care Services benefit from the hospital's expertise in respiratory disorders and in other medically unstable conditions.

The hospital's outpatient diagnostic and treatment facilities provide ambulatory care to the community and support to discharged patients. The outpatient services include an Asthma Management Centre, Sleep Disorder Centre, ENT Clinic, Pulmonary Clinic, Outpatient Pulmonary Rehabilitation Program and an Allergy and Immunology Clinic.

The goal of Mount Sinai's outreach programs is to educate the public about various respiratory diseases in an effort to prevent future medical problems. These programs are an example of preventive medicine and are another avenue used by Mount Sinai Hospital Montreal to help keep people healthy. Constant attention to the needs of the community is one of Mount Sinai Hospital Montreal's hallmarks.

Mount Sinai Hospital Montreal is proud to have a devoted and active Foundation and Auxiliary. These organizations have always been staffed by a dedicated team of volunteers who are committed to enhancing the lives of the patients Mount Sinai serves. Mount Sinai is proud to be recognized as a McGill University affiliated teaching hospital and is fully accredited by the Canadian Council on Health Services Accreditation.

From the hospital's inception at the start of the 20th century, the founders of Mount Sinai Hospital Montreal were committed to providing exceptional care to their patients. It's this commitment to excellence that hospital staff and volunteers proudly continue today, which makes Mount Sinai not just a hospital but what a hospital is meant to be.

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A McGill University
Affiliated Teaching Hospital

Report of the President and the Executive Director



Elliot L. Bier
President
Mount Sinai Hospital Centre



Joseph Rothbart
Executive Director
Mount Sinai Hospital Centre

2005-2006 brought many positive challenges to the hospital. As always we met these challenges with high energy and commitment.

While Bill 83 was passed in the National Assembly in November 2005, we continue to work in cooperation with the Jewish Public Establishments Committee (JPEC) seeking clarifications and assurances on the various issues at hand. Recommendations on the issues have again been re-submitted to the Montreal Health Agency.

Following new regulation under Bill 83, a short term User's Committee and long term resident User's Committee has been re-organized and is meeting on a regular basis.

The influenza outbreak of early last year continued to affect our expenses and income as a result of restricted admissions and preferred accommodation beds being used for isolation. We are still meeting the challenges of staff shortages especially in nursing and some clinical areas. Monitoring patient waiting lists and the distribution of the satisfaction of service questionnaires to patients and their families is ongoing in order to assess and manage the level of our care.

Our clinical collaboration with hospitals, CSSS's, clinics and private physicians throughout the Montreal area continues. This approach in both respiratory and palliative care continues to allow us to work actively with tertiary hospitals by directly admitting patients from their emergency rooms. Our outpatient department continues its steady growth.

The Palliative Home Care program financed by the Foundation continues to grow while meeting the needs and setting the precedent for other health care providers. The Art Therapy and Music Therapy programs continue to flourish.

In conjunction with the Quality of Life of Long Term Service Program and the Ministry, we are reviewing our on-going effort to maintain and improve the quality of life environment; we recently developed the Respect for Life program. In keeping with the ongoing quality improvement program, a interdisciplinary team established and implemented a series of recommendations surrounding living environment, coping strategies-including the assignment of Primary Care Professionals (PCP) and their role in an individualized patient care plan. Our proposed action plan was left with the Montreal Health Agency.

We continue to play a major role in the national and international medical research community. This is particularly true of our advances in out-patient pulmonary rehabilitation and sleep disorders, as illustrated by the publication of an article in the prestigious medical journal "Sleep", to name but a few. Other studies include

predicting Parkinson's disease in patients with idiopathic REM sleep behavior disorder and examining the effects of home-based versus hospital based outpatient pulmonary rehabilitation in patients with COPD. Three of our research studies were presented during the conference organized by the American College of Chest Physicians last fall. Presentations were also made by our staff from the Asthma Education Program in Calgary last fall; future presentations of the program include a national conference in Saskatoon in the month of June. The Recreation Department will make a presentation about their approach to patient care in Halifax this spring.

In a continuing effort to maintain a healthy and secure environment for patients, staff, volunteers and visitors, we continue to hold public awareness campaigns, medical rounds and in-service hospital programs. The Respect Campaign 2005 was launched in November under the heading: The Way to Communicate. Other professional and public awareness campaigns included infection control, influenza, lung cancer, the effects of second hand smoke, World Asthma Day, World COPD Day, cardiac aspects of rehabilitation, pain issues and a salute to nursing.

We continue our strong affiliation with McGill University and other leading educational institutions in Quebec and Canada. Students studying in various medical and clinical programs including nursing, occupational therapy, physiotherapy, dietetics and inhalation therapy have furthered their education with placements at the hospital while contributing to our dynamic atmosphere.

Our number of Speaker's Bureaus is expanding, thus increasing our contribution in the health care community through a number of events such as a palliative care evening for professionals and a public session dealing with sleep and respiratory issues in transportation. The hospital hosted the McGill Palliative Volunteer Training program in cooperation with affiliated McGill teaching hospitals. We also held another successful smoking awareness campaign in-hospital early this year and brought the campaign to Montreal cegeps.

A new phase of computerization has begun. The DSIE (Inter-Establishment Request for Services) software implementation of SIM-10 and the requisite staff training has been successfully completed in Medical Records. Implementation of new software in the Finance department is also underway; the Human Resources Department can expect new software implementation to take place this fall. All other areas of hospital computerization are being reviewed and evaluated.

Our strategic plan for the future was recently approved by the Board of Directors. In collaboration with our professionals and partners, we have established solid guidelines and priorities that will respond to the

evolution of health care needs over the coming years. A committee is being established to implement the plan.

The Canadian Council on Health Services Accreditation (CCHSA) will visit Mount Sinai in December 2006. All levels of the interdisciplinary team of each hospital department are actively participating.

We have re-submitted our hospital expansion proposal to the Montreal Health Agency. With their approval the expansion will be made possible through the Foundation's Special Campaign for the hospital's expansion/renovation, current and future programs and services and an extensive endowment and planned giving program.

The implementation of Bill 30 – The Act Respecting Bargaining Units, has successfully moved forward reducing our hospital bargaining units from 11 to 4.

Appropriate measures have been taken in order to respect the amendment to the Tobacco Act pertaining to health care institutions. In response to an increased interest in quitting, we are expanding our smoking cessation programs to include the general public.

In cooperation with the City of Montreal Fire Department and as a result of the amalgamation of Municipal Services, we reviewed and amended our Emergency Fire Procedure.

Plans are well underway for the refurbishment of the 3rd floor, congratulations to the Auxiliary for their hard work in raising the funds for this project.

A proposal was brought forward this spring with the Montreal Health Agency with respect to the modification and development of long term beds to long term palliative and long term respiratory beds.

In our on-going effort to develop new partnerships with other health care establishments, Mount Sinai and CSSS Cavendish will open a walk-in test centre in order to meet the health care demands of the community at large.

We will sponsor a full day symposium this September at the 16th International Congress on Care of the Terminally Ill at Palais des Congrès. The symposium, entitled "Respiratory Palliative Care – Key Issues, New Initiatives" is being developed by Dr. Rubin Becker, Director of Professional Services, Dr. Golda Tradounsky, Head of Palliative Care and Dr. Norman Wolkove, Head of Pneumology. This is a positive opportunity for Mount Sinai to bring forth our knowledge and expertise in the field before a worldwide audience.

During the fiscal year 2005-2006, 8 complaints were lodged by 8 different people. After investigation, each complaint was resolved to the satisfaction

of all parties concerned. An independent local complaints officer has been appointed by the hospital.

This year we bid farewell to Bertrand Mongodin, Director of Hospital Services, and welcomed John David Couturier. We also bid farewell to Elaine McAlister, Director of Nursing, and welcomed Vicky Ouimette.

In closing, we wish to thank all members of the Board of Directors, the staff and volunteers, the members of various committees, as well as all of our colleagues on the Boards of the Hospital Corporation, the Foundation and the Auxiliary. Their dedication and professionalism contribute to the outstanding quality of care that we offer to our patients, their families and the community.

Elliot L. Bier
President

Joseph Rothbart
Executive Director

The ethical guidelines for the members of the Board of Directors of Mount Sinai Hospital specify the duties and obligations of fulfilling their responsibilities. These principles state that Board members are expected to:

- Show constant concern for the respect of human life and for the right to health and social services
- Actively participate with a team spirit in the development and realization of the general goals of the establishment
- Attend the Board's meetings and vote when required
- Conduct oneself in a manner that promotes the good faith, confidence and consideration required by the position
- Carry oneself with integrity and fairness
- Be honest, loyal and not breach trust
- Respect confidentiality with respect to debates, exchanges and discussions

During the 2005-2006 year, no transgression of the present principles of ethics was registered.

MEMBERS OF THE BOARD AND ADMINISTRATIVE STAFF

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Debbie Giser
Michael Goldwax
Sandra Gomierato
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Ruth Kovac, *Secretary*
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Elizabeth Markakis
Lionel Mincoff
~Avrum P. Orenstein, *Treasurer*
Joseph Rothbart, *Executive Director*
Norman Wolkove

Elena Gervais
Head Nurse – 3rd Floor
Guy Guindon
Director of Finance (Interim)
Carol Hyland
Head Nurse – 4th Floor
Karen Kennedy
Executive Secretary, Medical
Fannie Levine
Executive Secretary, Administration
Daniel Malca
Head of Development and Communications
Ronald Marcotte
Head of Dietary Services
Elizabeth Markakis
Coordinator, Health, Safety & Ambulatory Care
Elaine McAlister
Director of Nursing
*Bertrand Mongodin
*Director of Hospital Services,
Human Resources and Information Technologies*
Carol Steadman
*Coordinator of Community Relations
and Volunteer Services*
Danielle B. Rose
Head of Medical Records
Joseph Rothbart
Executive Director
Martin Sills
*Coordinator of Physical Rehabilitation,
Head Nurse – 2nd Floor*
Golda Tradounsky, M.D.
Head of Palliative Care Services
Norman Wolkove, M.D.
Head of Pneumology Services

Executive Committee

Elliot L. Bier
Howard Blatt, *Chairman*
Ruth Kovac
~Avrum P. Orenstein, *Treasurer*
Joseph Rothbart, *Executive Director*

Auditor

Bessner Gally Kreisman

Administrative Staff

Manny Batshaw
*Senior Consultant to the Development and
Communications Department*
Rubin Becker, M.D.
*Director of Professional Services; Head of
Long Term Care Services*
Nathalie Bendavid
Executive Secretary, Medical
Mario Cellitti
Financial Counsellor
**John David Couturier
*Director of Hospital Services, Human
Resources and Information Technologies*
Donald Dussault
Head of Technical Services

~ Deceased
* Retired, resigned or left service
** As of February, 2006

Report of the Director of Professional Services

Once again, this year was highly successful for our clinical programs, our research activities and our role in the community.

We continue to offer exemplary services in respiratory care, palliative care and long-term care. Our outpatient programs have continued to grow to better respond to the community needs. Palliative home care also adds a valuable service to patients and families who wish to spend more time at home with loved ones. We continue to emphasize our needs for an expansion of our inpatient units to allow for more private rooms and more common space to maintain the home-like atmosphere in which Mount Sinai excels.

The Foundation and the Auxiliary have worked diligently

to promote Mount Sinai's commitment to quality in an effort to overcome deficiencies created by a lack of adequate government funding. The hospital could never achieve such high quality care if it were not for the successful partnership between our staff, management, the Board and the philanthropic lay leadership. Mount Sinai Hospital is the oldest Jewish community hospital in Montreal and has maintained its strong identity and commitment in spite of a changing health care landscape. Hopefully we continue in this wonderful tradition and provide outstanding care to our community for many future generations.



Rubin Becker, MDCM FRCP (C) CSPQ
Director of Professional Services

Rubin Becker, M.D.
Director of Professional Services

COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS

ACTIVE MEMBERS

Dr. Frederica Abcarius, *Family Medicine*
 Dr. Marcel Baltzan, *Pneumology*
 Dr. Rubin Becker, *Geriatrics/Int. Med.*
 Dr. Manny Borod, *General Practice*
 Dr. Richard Dabrusin, *Pneumology*
 Dr. Martin Eidinger, *Dentist*
 Dr. Harold Frank, *Pneumology*
 Dr. Joel Fox, *Pneumology*
 Dr. Jack Glay, *Radiology*
 Dr. Andrew Gonda, *Int.Med./Nephrology*
 Dr. Andrew Hirsch, *Pneumology*
 Dr. Adalbert Jegyud, *General Practice*
 Dr. Steven Kerner, *Dentist*
 Dr. Linda Klein, *Family Medicine*
 Dr. Harvey Kreisman, *Pneumology*
 Dr. Suzanne Levitz, *General Practice*
 Dr. Max Myara, *General Practice*
 Dr. Marvin Nathens, *Radiology*
 Dr. Mark Palayew, *Pneumology*
 Dr. David Prupas, *Family Medicine*
 Dr. Marilisa Romano, *Family Medicine*
 Dr. Michael Rotaple, *Pneumology*
 Dr. Sydney Segall, *Cardiology*
 Dr. David Small, *Pneumology*
 Dr. Golda Tradounsky, *Family Medicine*
 Dr. Rafael H. Vallejo, *General Practice*
 Dr. Michael Wiseman, *Dentist*
 Dr. Norman Wolkove, *Pneumology*
 Dr. Edouard Yeghiayan, *Radiology*

CONSULTANT MEMBERS

Dr. Seymour Blum, *Gastro-Enterology*
 Dr. Joseph Carlton, *Neurology*
 Dr. Jaime Caro, *Pneumology*
 Dr. Roger Fenster, *Surgery*
 Dr. Allan Finesilver, *Oto-Rhino-Laryngology*
 Dr. Saul Frenkiel, *Oto-Rhino-Laryngology*
 Dr. Isaac Fried, *Oto-Rhino-Laryngology*
 Dr. Abraham Fuks, *Immunology/Allergy*
 Dr. Phil Gold, *Immunology*
 Dr. Stephen Jacobson, *Urology*
 Dr. Pamela Jones, *Orthopedics*
 Dr. Morton Kapusta, *Rheumatology*
 Dr. Thomas Kohn, *Dermatology*
 Dr. Donald Laporta, *Pneumology*
 Dr. Balfour Mount, *Palliative Care*
 Dr. Joseph Portnoy, *Microbiology*
 Dr. Arthur Rosenberg, *Haematology*
 Dr. Morris Sabin, *Obstetrics/Gynecology*
 Dr. Morris Schweitzer, *Endocrinology*
 Dr. Marilyn Segal, *Psychiatry*
 Dr. Nathan M. Sheiner, *Cardio-Thor. Surgery*
 Dr. Joseph Shuster, *Immunology*
 Dr. Peter Small, *Immunology/Allergy*
 Dr. Emile Svarc, *Ophthalmology*

ASSOCIATE MEMBERS

Dr. Daniel Benaïm, *Family Medicine*
 Dr. Linda Boretsky, *Family Medicine*
 Dr. Manon Côté, *Family Medicine*
 Dr. Benoit Deschamps, *Family Medicine*
 Dr. Michael Dworkind, *Family Medicine*
 Dr. Jeannette Janzen, *Family Medicine*
 Dr. Jacqueline Klvana, *Family Medicine*
 Dr. Virginia Myles, *Family Medicine*
 Dr. H.T. Nguyen, *General Practice*
 Dr. Norman Sabin, *Family Medicine*
 Dr. Eli Segal, *Family Medicine*
 Dr. Lorne Wiesenfeld, *Family Medicine*

HONORARY MEMBERS

Dr. David Halperin, *Oto-Rhino-Laryngology*
 Dr. Stanley Eidinger, *Int. Med./Chest Diseases*

PHARMACISTS

Mrs. Joelle Amselem, *Pharmacist*
 Mr. Claude Bouhadana, *Pharmacist*
 Mrs. Iris Dayan, *Pharmacist*
 Mrs. Lise Lafoley, *Pharmacist*

Council of Nurses 2005-2006

Belle Maclan	Chairperson-Nurse, Pre-Admission
Tania Fanelli	Nursing assistant
Sandra Gomierato	Nursing assistant
Vicky Ouimette	Director of Nursing and Patient Services
Elizabeth Markakis	Nurse, Coordinator health-safety and OPD
Marie-Odette Pillay	Nursing assistant
Joseph Rothbart	Executive director

Executive Committee of the Interdisciplinary Council 2005-2006

Line Ouellet	Technician, Diagnostic imaging
Risa Segal	Dietitian
Maria Stathatos	Physiotherapist
John David Couturier	Director of hospital services, human resources and information systems
Joseph Rothbart	Executive director

Report of the President of the Mount Sinai Hospital Corporation



Howard Blatt
President of the
Mount Sinai
Hospital Corporation

2005-2006 continued to bring many challenges for the Corporation with respect to the on-going discussions pertaining to Bill 83. We continue to work in collaboration with Maimonides and Jewish Eldercare to secure assets and develop a combined resolution for voluntary unification. Another proposal in this regard has been re-submitted to the Montreal Health Agency.

Congratulations to the organizers of the first ever Sinai Exotic Car Rally. All participants had a wonderful experience and the event brought in an outstanding amount of funds. Plans are well underway for the 2nd Annual Sinai Rally taking place this August 2006.

Many thanks as well to the organizers of the 17th Annual Golf tournament, in memory of the late Tommy Zemel. All in attendance were treated to a great day of golf, dinner and prizes. Plans are underway for the 18th Tournament to be held in July 2006.

Once again this has been a busy year of planning, organization and implementation of the various building projects and future projects. The Montreal Health Agency approved the following projects for the Hospital Centre:

- ❖ replacement of the central humidifier system
- ❖ replacement of the water tower cooling system for the kitchen refrigerator compressors
- ❖ replacement of the heating/ventilation & refrigeration systems for the kitchen
- ❖ the replacement of thermal food carts to distribute patient meals

The Corporation extends its gratitude and congratulations to the Mount Sinai Hospital Auxiliary for their full commitment to the refurbishment of the palliative and long-term floors. Initial designs are receiving positive feedback from the Building Committee, management and staff.

The proposal for the hospital expansion and physical re-arrangement of our facilities has been re-submitted to the Montreal Health Agency. The best of success is extended to the Foundation and their fund raising campaign which will include: the Capital Campaign for the hospital's expansion/renovation, current and future programs and services and an extensive endowment and planned giving program. Mount Sinai Hospital Healing Garden was officially dedicated last October 2005. All donors and their families were present. The garden saw the addition of 2 glider swings which were installed during the summer. Patients, residents and their families enjoy the soothing and relaxing atmosphere that encompasses the garden. On another positive note, once again this past year we

received, the 1st prize, under the public Building category for the healing garden by the Borough of Cote St. Luc.

Lastly, I wish to thank all the members of the Board of Directors of the Corporation, the Centre Board of Directors, administration and staff, the volunteers, our colleagues on the various committees, the Foundation and the Auxiliary. Their dedication and professionalism on a daily basis have contributed to making Mount Sinai such an outstanding hospital.

Howard Blatt
President

Board of Trustees Mount Sinai Hospital Corporation

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Marjorie Bronfman

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Joseph Rothbart, *Executive Director*

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Hyman Waxman

Sheila Zemel





Arnold M. Ludwick
President of the
Mount Sinai Hospital Foundation

Report of the President of the Mount Sinai Hospital Foundation

Together, we assumed the responsibility of supporting Mount Sinai in optimizing the human care aspects of each of its specialties: pulmonary, palliative and long term care. The Foundation had an impact in each of these services, including the outpatient pulmonary rehabilitation program, the asthma management centre, the palliative home care program and the art therapy program.

I am pleased to report that as of December 31, 2005, the Foundation's ongoing campaign has raised \$10.5 million in pledges and has collected \$9 million of this amount in accordance with the terms of the pledges. We are proud of this achievement but the past is only a prelude to the future. We have undertaken this task and are determined to raise the necessary funds. The campaign will allow the hospital to expand and renovate the building and continue to maintain and implement new services as needed. It is so rewarding to see how money translates into caring and skilled service, which is so greatly appreciated by both patients and their families. The 17th Annual Golf tournament took place on July 7, 2005 in the beautiful Club Link Fontainebleau golf course. The funds raised will benefit the

Asthma Management Centre. Plans are underway for the 18th Annual Golf tournament this July.

An innovation this year was the introduction of a car rally. The 2005 Sinai Exotic Car Rally, under the leadership of our own Larry Plotnick, took place October 2, 2005. This unprecedented event, which raised \$350,000, featured Montreal's most distinguished professionals and luxury performance vehicle owners with classic cars like Aston Martin, Bentley, BMW, Ferrari, Lamborghini, Maserati, Mercedes Benz and Porsche. To participate, one committed to raise a minimum of \$5,000 by canvassing others for their support. The fundraising efforts were monitored online at www.sinairally.org. Each driver was assigned a virtual vehicle and a spec card listing special features. As each driver enlisted a new sponsor they shifted forward along the virtual course and accumulated points that counted towards their overall Rally performance. All funds raised from the 2005 Sinai Rally will benefit the \$25 million Quality Care Campaign.

It is always exciting to be part of a team that is continuously improving its programs, services and facilities. On behalf

of the Foundation, I wish to assure you of our appreciation for your continued support in making Mount Sinai more than just a hospital. I also wish to pay tribute to all those who have made Mount Sinai the impressive institution it is, particularly our Board and the generosity of our donors.

May we all continue to grow from strength to strength and meet again next year in good health and a continued glow of accomplishment.

Arnold M. Ludwick
President

FOUNDATION BOARD OF DIRECTORS

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Herschel Segal
Monica Shapiro
Harvey Wolfe
Rhonda Wolfe
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Annual Report of the President of the Auxiliary



Debbie Giser
President

The Auxiliary's bustling 2005-2006 season kicked off with our 72nd Annual Meeting and Closing Luncheon. The elegant affair was attended by old and new auxiliary members alike, some of whom have been with us for over 50 years!

Our much publicized Theatre Gala took place on July 12, 2005. Over 900 guests were treated to an amazing production of "Mamma Mia!" followed by a beautiful reception where 15 doctors were honoured for their 15 years of service and dedication to Mount Sinai Hospital Montreal. The Auxiliary raised over \$100,000 to put towards the refurbishment of the palliative and long term care floor.

A sold out crowd of 400 men and women enjoyed our 20th Annual Bridge Tournament and Luncheon at Hillsdale Golf and Country Club on September 28. The event boasted over 150 sponsors as well as many beautiful donated raffle and door prizes which contributed to the tournament's greatest success with profits over \$30,000.

Mount Sinai Hospital's "Nettys and Henry Greenberg Healing Garden" was officially inaugurated on October 14th after almost two years of planning and construction. The dedication ceremony was held in the beautiful and serene garden and all of the families who contributed funds were officially thanked by the Auxiliary. CTV News was on hand for the unveiling of the plaque by the Greenberg Family.

Our second in-house book review was given on November 15th by children's book author and Gazette contributor Monique Polak. The event was well attended and served as an excellent preview for the newly formed "Mount Sinai Literary Club". The Club was officially launched on March 9th at Ogilvy's distinguished Tudor Room featuring reviewers Joel Yanofsky and Elaine Kalman Naves. The season will continue through to June with three more reviews that are each expected to draw 200 people. The success of this year's literary club helped fund the third floor refurbishment and we look forward to an even more successful book review series for the 2006/07 season.

The "Art Event Happening", which will be held on May 8, will be the major fund raiser for 2006. We can expect a fun evening filled with stunning works of art, excited bidders, spectacular martinis and hors d'oeuvres and the always entertaining auctioneer, Ross Paperman.

After two years of dedicated planning and fund raising, the refurbishment of the palliative and the long term care units is becoming a reality. The joint initiative between the Auxiliary and the hospital building committee is being funded solely by the Auxiliary in the amount of \$300,000. A contract with Atmosphere Design, who will plan the renovations and direct the project, will be signed in April, with work expected to begin in July.

The 4th floor TV room will also be refurbished by the Auxiliary in May 2006. The amazing transformation from a sterile hospital atmosphere to an inviting living room environment will be achieved with a minimal budget thanks to generous donations from the business community and dedicated Auxiliary members.

Our numerous on-going projects continue, including the collection of can tabs, the distribution of agendas, our common cents project and the sale of cookbooks and Entertainment@ Books. In addition, our bulletin, which informs over 4000 readers about Auxiliary events and hospital activities, is published three times a year.

The Auxiliary also provides welcome packages to every new patient and conducts the eagerly awaited Oneg Shabbat ceremony every Friday afternoon. Our patient welfare program allows us to offer entertainment and gifts to the hospital's residents at Passover/ Easter, Rosh Hashanah and Chanukah/Christmas, in addition to sponsoring many holiday events through the Recreology department. The hospital's residents are also treated to the V.O.N. Podiatry Service on a monthly basis which is also sponsored by the Auxiliary.

Our coffee shop continues to provide an important service to the hospital's residents, visitors, staff and volunteers and our gift shop has beautiful merchandise for all occasions and for every budget.

The Auxiliary is extremely proud to work with the Community Relations and Volunteer Services department and we would like to extend our gratitude to the department's Coordinator Carol Steadman, as well as to Ellen Wallingford and all of the volunteers who help the Auxiliary make a difference. Special thanks go to our office staff, Aline Bank and Joyce Mihaly, for their diligence and hard work, and to all the Auxiliary members who work hard to turn this hospital "into what a hospital is meant to be".

Debbie Giser
President

EXECUTIVE AUXILIARY MEMBERS 2004-2006

Advisory Council

Judy Garber
Marcia Guralnick
Sarah Guttman
Nettys Heft
Sarah Kauffman
Frances Kessner
Ruth Kovac
Lillian Linder
Zelda Morantz
Rita Posel
Frema Routtenberg
Patsy Rudner
Carol Seltzer
Lois Shubert
Riva Toeman
Donna Weitzman
Sheila Zemel
Marlene Dick
Karen Fried
Vickie Swidler
Hannah Abramovitch
Vivian Kujavsky
Joan Morris

Immediate Past Presidents

Lorraine Caplan
Sheila Lackman
Henia Lifshitz

President

Debbie Giser

Vice Presidents

Marlene Goldberg
Cynthia Zarr

Recording & Corresponding Secretary

Myrna Blaichman

Financial Advisors

Florence Flinker
Jack Posel

Financial Secretary

Bunny Russman

Treasurer

Celia Myerson

Membership

Bella Backler
Ina Williams

Life Membership

Marlene King

Statistics

	2005-2006		2004-2005	
Diagnosis on Discharge				
Obstructive chest diseases		55%		52%
Other respiratory diseases		10%		11%
Malignant tumors of respiratory system		8%		9%
Malignant tumors other than respiratory system		21%		22%
Others		6%		6%
Number of admissions	602	100%	600	100%
Respiratory short term service	392	65%	391	65%
Palliative service	177	29%	180	30%
Long term service	33	6%	27	5%
Outpatient Clinics				
Emergency (visits)		-		31
Specialty clinics (visits)		3,135		2,270
Chest (visits)		6,247		6,098
Physical medicine				
Physiotherapy (visits)		8,382		8,307
Occupational, recreology, music, art therapy (visits)		16,460		13,126
Diagnostic services				
Cardiology (units)		18,460		18,200
Radiology (units)		96,628		95,237
Laboratory (units)		242,349		274,278
Procedure room				
Minor surgical and special diagnostic procedures		1,417		1,005
Respiratory therapy				
(treatments)		38,693		34,547
Pharmacy				
Medications prepared per year		361,460		361,290
Medications prepared per day		990		989
Social Services				
Inpatient cases (new cases)		589		587
Outpatient cases (new cases)		46		38
Medical Records				
(admission units)		4,297		4,094
Dietary				
(number of meals)		146,843		198,818
Laundry				
(number of kilos)		132,534		132,931
Volunteer				
(number of hours)		37,725		33,890

Length of stay (days)

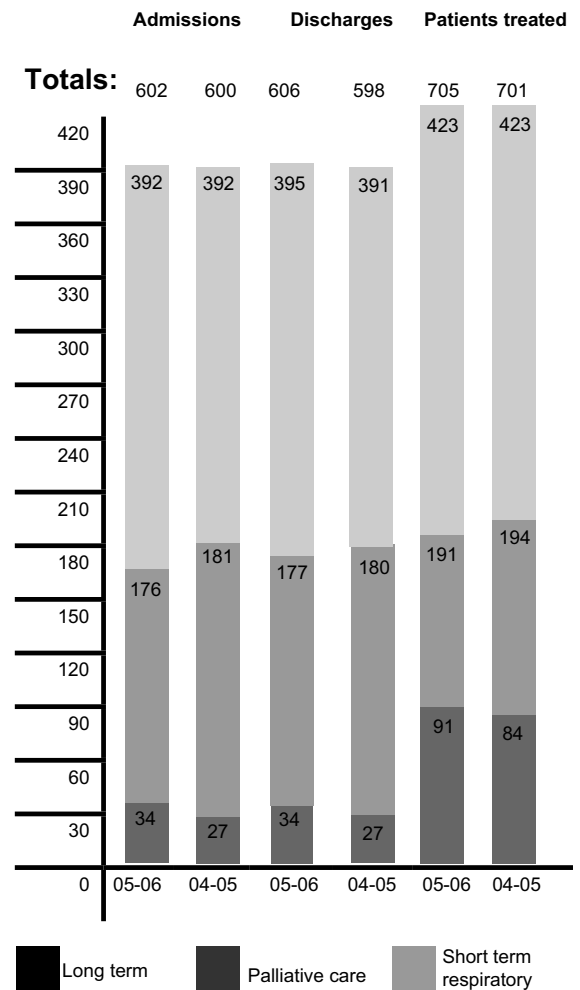
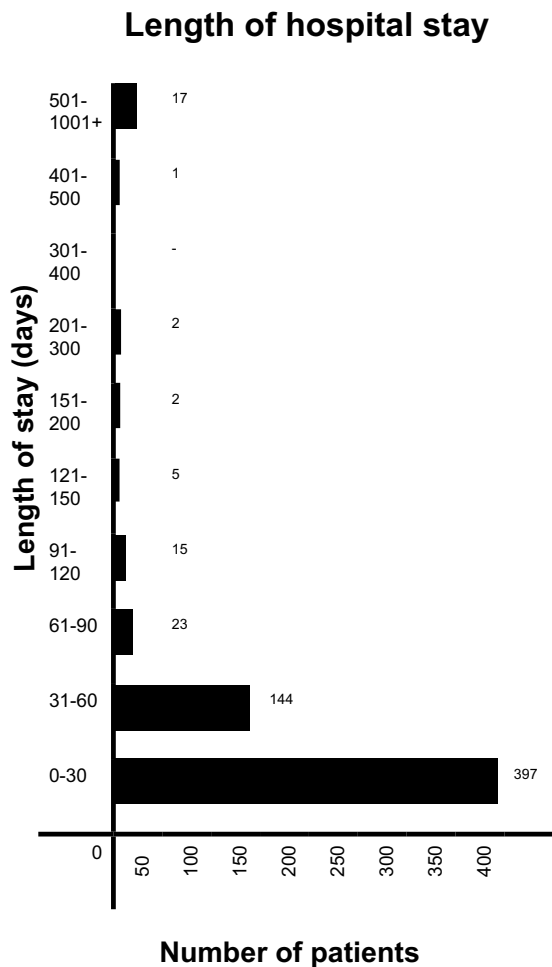
Statistics

	2005-2006	2004-2005
Admissions	602	600
Discharges		
Regular	413	417
Against medical advice	4	2
Palliative care services	160	154
Others	29	25
Total discharges	606	598
Autopsies	0	0
Patient days	36,136	36,129
Average length of stay (days)	67.77	48.96
Patients treated	705	701

Regions and areas served

- 06 Montreal
- 08 Abitibi-Témiscamingue
- 13 Laval
- 14 Lanaudière
- 15 Laurentides
- 16 Montérégie
- 17 Kativik

Statistics of admissions, discharges and patients treated 2005-06 and 2004-05



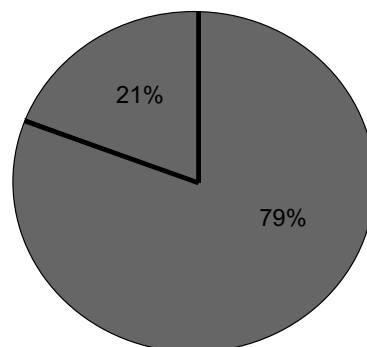
Mount Sinai Hospital Centre

Balance sheet as at March 31, 2006

	2005-2006	2004-2005
ASSETS		
General Fund-Current		
Cash and term deposits	449,603	598,701
Stocks	111,177	103,040
Prepaid expenses	90,700	30,066
Accounts receivable	405,400	283,832
Due from plant fund	-	12,795
	1,056,880	1,028,434
RESTRICTED FUNDS' ASSETS		
	1,142,103	1,262,920
Plant Fund-Current		
Cash and term deposits	352,316	460,751
Accounts receivable - M.S.S.S./R.R.S.S.S.	1,828,533	378,605
Due from Mount Sinai Hospital Corporation	270,303	270,303
	2,451,152	1,109,659
Accounts receivable - M.S.S.S.	5,879,040	7,540,992
Due from Mount Sinai Hospital Corporation	1,363,060	1,636,800
Land, buildings and equipment (at appraised values) (note)	19,607,744	19,341,519
	29,300,996	29,628,970
Total assets	31,499,979	31,920,324
LIABILITIES		
General Fund-Current		
Accounts payable	1,021,259	926,198
Surplus	35,621	102,236
	1,056,880	1,028,434
RESTRICTED FUNDS		
Liabilities	30,804	23,560
Capital	1,111,299	1,239,360
	1,142,103	1,262,920
Plant Fund-Current		
Accounts payable	75,601	-
Current portion of bank loan	270,303	270,303
Current portion of bonds payable	1,661,952	362,352
Due to general fund	-	12,795
	2,007,856	645,450
BANK LOAN	1,363,060	1,636,800
BONDS PAYABLE	5,879,040	7,540,992
	9,249,956	9,823,242
Capital	19,772,578	19,527,266
Appraisal increment	278,462	278,462
	20,051,040	19,805,728
	29,300,996	29,628,970
Total liabilities	31,499,979	31,920,324

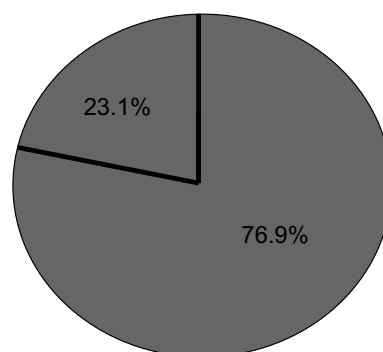
Cost breakdown per hospital dollar

2005-2006



Salaries including social benefits 79%
Other supplies and expenses 21%

2004-2005



Salaries including social benefits 76.9%
Other supplies and expenses 23.1%

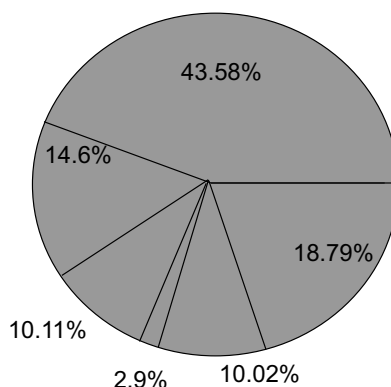
Mount Sinai Hospital Centre - General Fund

Statement of revenues and expenditures for the year ended March 31, 2006

	2005-2006 \$	2004-2005 \$
REVENUES		
Ministère de la Santé et des Services Sociaux	8,988,493	8,794,769
Other	2,229,673	2,428,758
	11,218,166	11,223,527
EXPENDITURES		
Salaries and social benefits	8,877,433	8,729,105
Other supplies and expenses	2,365,965	2,616,766
	11,243,398	11,345,871
(EXCESS OF EXPENDITURES FOR THE YEAR)	(25,232)	(122,344)
SURPLUS - Beginning of year	102,236	207,788
	77,004	85,444
Prior period adjustments	(41,383)	16,792
SURPLUS - End of year	35,621	102,236

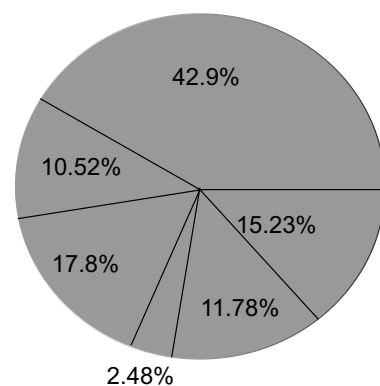
Cost breakdown per hospital dollar

2005-2006



Nursing care	43.58%
Diagnostic and therapeutic services	18.79%
Technical services	14.60%
Dietary	10.11%
Administration	10.02%
Research-Education	2.90%

2004-2005



Nursing care	42.19%
Diagnostic and therapeutic services	17.8%
Technical services	15.23%
Dietary	11.78%
Administration	10.52%
Research-Education	2.48%

To highlight the financial position and operating results of the hospital, the financial reports are extracted from the audited financial statements for the fiscal year ended March 31, 2006 and are subject to adjustments by the M.S.S.S.

NOTE:

As of January 1, 1972, all fixed assets of the Hospital Centre were owned by the Corporation of Mount Sinai Hospital.

Effective January 1, 1972, in accordance with the Act respecting Health Services and Social Services in the Province of Quebec (R.S.Q. 1971, Chapter 48), the Hospital Centre was empowered to use these assets for the purpose of operating a hospital facility.

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