



100 ANS
YEARS

MOUNT SINAI HOSPITAL MONTREAL | 2008-2009 ANNUAL REPORT

MISSION STATEMENT

The following mission statement spells out the credo by which we, at Mount Sinai, govern our actions in the care of those who need 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 non-sectarian 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 to identify medical and technological advances and seek to develop cost-effective and comprehensive healthcare approaches with particular emphasis on 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 Hospital Center 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.
- Mount-Sinai will assure the safety of all staff, volunteers, and patients/residents by aiming towards best practices and by developing a culture of safety throughout the establishment.

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 endeavour to constantly offer state-of-the-art treatment, medical equipment 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 healthcare professionals.
- We will constantly strive to meet the standards of the Canadian Council on Health Services Accreditation, which accredits Canadian healthcare institutions.

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





HÔPITAL MONT-SINAI - MONTRÉAL
MOUNT SINAI HOSPITAL MONTREAL

hospital is meant to be.

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

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

Since its founding, Mount Sinai Hospital Center has been dedicated to caring for patients with respiratory diseases. Initially, Mount Sinai was a forerunner in the treatment of tuberculosis. The Hospital 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 care that is state-of-the-art.

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 gets older. COPD is currently among the most common causes 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 healthcare services.

In order 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 Center has three areas of specialization: respiratory care, palliative care and long term care. Furthermore, the Hospital continues to offer more and more services on an outpatient basis. The goal of Mount Sinai's Respiratory Care Services is to diagnose, treat, stabilize and follow up 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, homecare and bereavement support. The multidisciplinary 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 Center, Sleep Disorder Center, ENT Clinic, Pulmonary Clinic, Outpatient Pulmonary Rehabilitation Program, Allergy and Immunology Clinic.

The aim 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 Montreal to help keep people healthy. Constant attention to the needs of the community is one of Mount Sinai Hospital Center's hallmarks.

Mount Sinai Hospital Center 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 Montreal were committed to providing exceptional care to its patients. It's this commitment to excellence that the 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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AFFILIATED HOSPITAL

Mount Sinai Hospital – A Brief History

At the beginning of the 1900's, many Jewish Montrealers seeking relief from the ravages of tuberculosis were accommodated in private homes in and around Ste-Agathe-des Monts. This makeshift arrangement was in clear need of improvement. In 1909 a cabin situated on a 160 acre farm belonging to the Paris-based Jewish Colonization Association was equipped to accept a capacity of 12 patients. Such were the humble beginning of Mount Sinai Hospital Montreal.

The demand for tuberculosis treatment continued to increase. Consequently, in 1911, a group of influential Jewish community leaders joined forces and together raised the necessary funds to ensure that a new building (then under construction) would be completed, furnished and properly maintained in the years to come. In August of 1912, the new 40 bed building received its first patients.

In contrast to many other sanatoria, Mount Sinai's admissions policy was unique; it was purposely designed to provide free treatment to indigent sufferers of tuberculosis.

Treatment at this time consisted largely of fresh air, plenty of rest, sunlight and an abundance of food, especially milk and eggs. A farm was started to supply the latter and it was maintained until the mid 1960's.

In 1917, the Sanatorium became a constituent member of the Federation of Jewish Philanthropies of Montreal – the original name given to today's Allied Jewish Community Services.

During the 1920's, the major concern of the Board of Directors of Mount Sinai was the increasingly felt need for a greater bed capacity. This need had become evident towards the end of the previous decade, and it was felt even more acutely when, in 1919, a fire destroyed the staff quarters, necessitating the lodging of the female personnel in the sanatorium itself. Though this was meant as a temporary measure, the new staff quarters were not completed until 1926.

A variety of new treatments, begun in the 1910's and continued into the 1920's. Graduated exercises and heliotherapy were the main ones but the most significant development by far, and the one that was to

grow in importance in the years to come, was the artificial pneumothorax technique. In much the same way as a broken ankle is rested by placing it in a cast, the artificial pneumothorax put the diseased lung to rest by inserting air between the chest and the lung itself, thus collapsing it.

The above treatments were largely nascent and their development and growth required the availability of larger facilities and more specialized staff. Radiologists, bacteriologists and laboratory technicians were added to the staff. By the late 1920's, sanatoria bore more resemblance to hospitals than to custodial nursing homes. For Mount Sinai this meant that the acquisition of a new building coincided with the growing sophistication in the campaign against tuberculosis.

The new facility was opened on October 5, 1930. A three-storey, fireproof structure with 92 beds, it had the most modern conveniences for both patients and personnel. The old building was easily converted into residential quarters for the staff.

As elsewhere, the economic effects of the Depression were felt at Mount Sinai. Limited funds postponed the acquisition of a new X-ray machine for several years and precluded the possibility of developing a follow-up program for better patient care. However, through the auspices of the Ladies' Auxiliary, a group of benevolent supporters of Mount Sinai, formed by Mrs. H.M. Ripstein in the fall of 1933, a much needed Occupational Therapy Department was begun. This proved to be of great benefit to the patients' morale.

By the end of the first half of the decade, the facilities at the Sanatorium had become sophisticated enough to allow for the first tentative steps at original research. The result was the publication of a paper on a new method of growing tubercle bacilli. This effort received the recognition of the American College of Surgeons.

Another venture on the road to wider recognition of Mount Sinai as a center of excellence in tuberculosis treatment was the inauguration of one-week postgraduate courses, modeled along the lines of the famous Trudeau seminars given at Saranac, New York - the site of North America's first sanatorium. These

summer courses, held in 1938, 1939 and 1940, attracted about fifty of the leading professionals in the field of tuberculosis treatment from across Canada and the United States.

In terms of treatment, there were few new developments during the decade. Prolonged rest was still the basic cure but the use of collapse therapy continued to increase. The increasingly common use of x-rays, new surgical instruments and techniques, anesthetic gases and blood transfusions made surgery more reliable and successful. Surgery not only made more patients better, but it did so faster thus shortening the average length of stay and allowing a greater number of patients to be treated.

The big news of the 1940's was the development and commercial introduction of streptomycin in 1947. Despite its initial high cost, it was immediately made available free of charge to the indigent patients of Mount Sinai. Its effect was to increase the number of patients eligible for surgery, to save or prolong the lives of many cases previously considered hopeless and to more quickly return patients to the community. The subsequent development of para-amino-salicylic acid (PAS) and isonicotinic hydrazide (INH) completed the array of miracle drugs that produced one of the great triumphs of modern medicine.

Other developments at Mount Sinai were of benefit to the sufferers of tuberculosis. In 1944, the Ladies' Auxiliary started a correspondence course in accounting for eleven patients, some of whom later secured positions in this field. This success prompted the development of classes in English, stenography, book-keeping and photography. By 1950, the Ladies' Auxiliary and the Jewish Vocational Services were cooperating in planning the vocational futures of many patients leaving the sanatorium. These initiatives were particularly important to those patients who were unable to return to previous occupations for fear of relapse.

Finally, after many years of discussions, a patient follow-up service was established. Developed in cooperation with the Family Welfare Department of the Baron de Hirsch Institute, the new program was primarily intended to lighten the hardships of patients readjusting to community life.





With the decline of the incidence of tuberculosis in the early part of the 1950's, an entirely new phase in Mount Sinai's existence began to take shape: the search for its new vocation and identity. On the one hand, doubts about the long-term effectiveness of the new miracle drugs were present. Even though the death rate from tuberculosis was cut by approximately two-thirds between 1947 and 1953, the incidence of this dreaded disease declined only slightly. On the other hand, treatment rapidly lowered the average length of stay.

All sanatoria were faced with the same dilemma. Many simply withered away as the decade progressed, ultimately closing their doors. An alternative consisted of carving out a new role in the treatment of the then-rising rate of non-tubercular pulmonary diseases. Mount Sinai took its first major step in this direction when, in 1957, the provincial government gave permission to the sanatorium to reserve 30 beds for the care of chronic obstructive chest diseases (COCD).

In the field of research, a new beginning was made in both tubercular and non-tubercular diseases. Several publications resulted from the testing of the effect of various tranquilizers on patients. In 1959, a full-time research worker was placed on staff. In the following year, three additional research papers were published.

The period of transition described above continued into the 1960's and accelerated as members of the staff and Board of Directors of Mount Sinai Hospital (the name was changed from sanatorium in 1965) became more fully conscious of the emerging direction of the Hospital's future.

However, this new pursuit also required a major transformation. Becoming an active treatment institution required a larger staff more knowledgeable in the area of internal medicine, enhanced diagnostic facilities and more varied services, all of which, in turn, required an increased operating budget.

All these challenges were met. In June of 1964, the new Dr. Louis S. Eiding Diagnostic and Treatment Wing was opened in time for the increase of the number of non-tubercular beds from 30 to 55, half of the Hospital's total bed capacity. In the years that followed, existing services were expanded and new

ones such as Social Service, Inhalation Therapy, Physiology and the Oxygen Department were created and competently staffed.

Even though the 1960's were a period of transition for Mount Sinai, a steady pace was maintained in research. A new method of studying bronchial tubes was exhibited and well received at the International Congress of Radiology in Montreal in 1962. Several more research papers were published and, for the first time, Mount Sinai was honoured with a grant from the prestigious National Research Council of Canada.

Although much had been achieved by the early 1970's in terms of personnel, facilities, equipment and programs, a major new initiative was about to be undertaken which would serve to reinforce the Hospital's purpose and identity. Realizing that, like tuberculosis, the early diagnosis of chest diseases is more promising of successful treatment, the Board of Directors and the Hospital's medical staff initiated the much acclaimed Respiratory Awareness Program (RAP) in 1972.

In essence, RAP was a form of preventive medicine. By means of a large-scale survey, lung performance was tested for early signs of chest diseases before they developed into possibly irreversible chronic conditions. But more than merely detection was involved in RAP, the other components of the program included; follow-up of potential sufferers; treatment for those whose condition could be reversed or at least arrested, and education to the dangers of pulmonary diseases.

With the development of RAP and other programs, research became a major concern at Mount Sinai, even more so than before. In 1973, the University of Montreal sought to cooperate with the Hospital on a prevalence study of chest diseases in the Montreal area. The study of the role of exercise as a form of treatment was in full swing. Research into pulmonary protective factors (i.e., the naturally inherent protection from or susceptibility to respiratory diseases) was undertaken in the second half of the decade.

In the mid 1980's the hospital once again began to move forward to better serve the community. This step consisted of the hospital's relocation to Montreal, a move that had been contemplated since the mid

1960's, when it became evident that the reasons for keeping the Hospital in Ste-Agathe-des-Monts no longer prevailed and the demand for services closer to the patients' normal surroundings became increasingly compelling. In 1984 the Quebec Government issued a long-awaited order-in-council which confirmed the relocation of Mount Sinai to Montreal.

After many years of hard-work and preparation the official groundbreaking ceremonies of the Montreal facility took place in September 1988 and the hospital officially relocated in November 1990. There was a risk that the change of location would give rise to a change in vocation as well. Negotiations with the provincial government were not easy. Finally however, the hospital's special skills in respiratory care were recognized.

With the move to Montreal Mount Sinai developed a Palliative Care Unit, offering a special human and multi-disciplinary approach to terminally ill patients. Because of this unit McGill University recognized Mount Sinai as one of its affiliated hospitals in 1992.

During the recent years, Mount Sinai also developed a unique pulmonary rehabilitation program which permits respiratory patients to better manage their disease and to return home with an increased level of autonomy.

To better answer the needs of the community, Mount Sinai also added a sleep apnea center to its services.

Today, 100 years old, Mount Sinai Hospital remains a growing, caring and integral part of the community. Mount Sinai is a now 107 bed facility offering services in short-term Respiratory Care, Palliative Care, and Long-Term Care. Mount Sinai continues to be a McGill University affiliated hospital and is accredited by Accreditation Canada. Our next challenge, the future expansion of the hospital, in view of providing all patients with improved facilities and allowing us to respond more efficiently to patient needs.

This constant attention to the needs of the patients, amply demonstrated in its history, has been the hallmark of Mount Sinai. It is a tradition which Mount Sinai proudly carries into the future.



Elliot L. Bier
President
Mount Sinai Hospital Center



Michel Amar
Interim Executive Director
Mount Sinai Hospital Center

Report of the President of the Center Board and Interim Executive Director

The year 2008-2009 came with many changes and challenges, including the passing of our longstanding Executive Director, Mr. Joseph Rothbart. We continue to honor his memory with our commitment and determination to fulfill his vision in maintaining the hospital's high standards of providing quality care and complementary services.

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To ensure the continuity of the care and services, our Board of Directors approved the appointment of Mr. Michel Amar as Interim Executive Director, effective September 8th 2008. Mr. Amar has a Masters Degree in Health Administration from the Université de Montréal and is a seasoned administrator with over 24 years experience in the health care system, 16 of which were spent at Mount Sinai Hospital: first as Director of Hospital Services and later as Assistant Executive Director from 1990 to 2001. We would like to welcome back Mr. Amar and wish him much success in his new position.

In December 2008, the Ministry of Health and Social Services approved the opening of the official recruitment process to fill the position of Executive Director of Mount Sinai Hospital. As of March 31st 2009, the deadline for the period covered by this report, this process was underway.

Discussions with the Agence de Montréal surrounding the authorization to recruit a new Executive Director confirmed that Mount Sinai Hospital will remain an independent health care facility and will not merge with Maimonides Geriatric Center and the Jewish Eldercare Center. We thank both the Ministry and the Agence for the outcome of this issue.

The fiscal year 2008-2009 also marked the coming of a new Director of Nursing - Ms. Elizabeth Markakis. Ms. Markakis holds a Bachelor's Degree in Nursing, a Diploma in Health Services Management and has more than 28 years experience as a both a nurse and a manager. Prior to her appointment in July 2008 as

Director of Nursing, Ms. Markakis was the Coordinator of Ambulatory Services at Mount Sinai Hospital since October 2000. We wish Ms. Markakis the best of luck in her new role.

The year 2009 marks the 100th anniversary of our hospital and our Centennial Committee continued to move forward with planning the centennial celebrations. The main activities include:

- An exhibit on the respiratory system, entitled "Inspiration" at the Montreal Science Center from May 28th to September 7th 2009. The main objective of this exhibit is to educate the public and raise awareness about how a healthy respiratory system functions, the diseases that can affect it, the treatment associated with these diseases and the preventive measures that can be taken in order to maintain good pulmonary health.
- A Centennial Gala organized by the Mount Sinai Hospital Auxiliary at the Casino de Montréal on June 4th 2009
- Pink Lungs day which will be held in the fall.
- A Medical Symposium on Sleep Apnea to be held on November 12th and 13th at the Windsor Hotel in Downtown Montreal

The launch of our centennial celebrations took place on March 24th 2009, World Tuberculosis Day, in commemoration of the foundation of the hospital as a Sanatorium for Tuberculosis patients.

During this past year, our Board of Directors reviewed the mandate and composition of its committees, and three (3) new members were appointed to the board:

Mr. Jacques Duchesneau, representing users, the Honorable Gerry Weiner, representing users and Mrs. Adéla Lazar, representing the Council of Nurses. We welcome our new members and we thank those who have resigned for their participation and commitment to Mount Sinai Hospital.

During 2008-2009 we updated many of our policies: measures to control users, on infection control, on influenza vaccination, on communicating with families changes in health conditions of patients, medication reconciliation, on personal refrigerators in patient rooms, on non-kosher food for palliative care patients, the hiring and pre-employment examination policy, the purchasing policy, the policy on incidents/accidents, and the one on sentinel events.

To remain at the cutting edge of technology, some of our hospital equipment was replaced: new digital medical imaging equipment, a water softener system, volumetric pumps, an arterial blood gas analyzer, Hi-Lo beds, oxygen concentrators, and blood pressure machines.

Our affiliations and contracts with teaching institutions have increased during the year with the signing of a new contract with the University of Ottawa for training nurses and Rosemont College for training respiratory therapists. Our palliative care unit also continued to receive various students from Quebec, France and Romania for internships medical observation.

During this past year we continued to provide our staff with both internal and external training session to help them maintain and develop their skills. These included: identifying risk of falls, prevention of bed sores, cardio-pulmonary resuscitation breathing, sleep apnea, nutrition for COPD patients, hydration and end of life, asthma: treatment and rehabilitation, the concept of home-life environment for residents in long-term care, respect for patients, fire drills for emergencies, training on the reporting of incidents / accidents and many others.

Like many institutions we continue to experience difficulties in recruiting professionals: Nurses, Physiotherapists, Occupational Therapists, Medical Imaging Technicians and Respiratory Therapists.

We continue our efforts, individually and in partnership, to attract and retain personnel in these areas. In the meantime, we are compelled to use placement agencies to fill some of these needs, which impact negatively on the continuity and quality of care.

After various consultations with our staff, doctors, and committees, our Board of Directors approved the preliminary plans for major renovations to our facilities. The objective of these renovations is to provide all of our patients with private rooms and common areas better adapted to their needs. This will also allow us to improve the organization of our rehabilitation services. We must now continue our discussions with the Agence and the Ministry to move forward with this project.

Discussions with respect to developing a better continuum and greater accessibility of care for COPD patients in our territory have been initiated with the CSSS Cavendish and the Jewish General Hospital. Our discussions must now continue with the Agence de Montréal and we hope to begin to develop this innovative approach this fall.

The first phase of the milieu de vie project has been implemented on our Long-Term care unit. This phase entails adapting the organization of work to better meet the preferences of the residents for times for meals, bathing, sleeping and awaking. Both our residents and their families have welcomed these positive changes.

A visit from Accreditation Canada for the renewal of our accreditation is planned for late 2009. Our various teams and committees have been preparing for this recently modified accreditation process. All of the recommendations from the inspection report of 2006 were fully implemented.

From the 25 administrative targets included in the management agreement we signed with the Agence, 23 have been implemented and the remaining 3: how to serve patients who speak neither French nor English, continuous review of patients intervention plans, and 80% of our Long-Term Care residents to be vaccinated against pneumococcus, are being implemented.

This year we hired a new Complaints and Quality of Services Commissioner, Daniel St-Amour. His report for 2008-2009 showed that 16 complaints were lodged during the year. 94% of the complaints were resolved to the satisfaction of their author.

The executive committees of the Council of Physicians, Dentists and Pharmacists; the Council of Nurses; the Multidisciplinary Council; the Medical, Dental and Pharmaceutical Evaluation Committee; the Pharmacy Committee; the Users Committee; the Vigilance and Quality Committee; and the Risk Management Committee, met regularly during the year.

The ethical guidelines for the members of the Board of Directors of Mount Sinai Hospital Center specify their duties and obligations in fulfilling of 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 which promotes the good faith, confidence as well as the consideration required by the position
- Carry oneself with integrity and fairness
- Be honest, loyal and not breach trust
- Respect the confidentiality with respect to debates, exchanges and discussions

During the 2008-2009 year, no transgression of the present principles of ethics was registered

MEMBERS OF THE BOARD AND ADMINISTRATIVE STAFF (as of March 31, 2009)

MOUNT SINAI HOSPITAL CENTER BOARD OF DIRECTORS

Michel Amar, *Interim Executive Director*
Colin Bier, PhD
Elliot L. Bier, *President*
Howard Blatt, *Vice-President*
Jacques Duchesneau, CM
Peter Erenyi
Miguel Escobar
Marlene Goldberg
Philip Greenberg
Sandor Klein
Ruth Kovac, *Secretary-Treasurer*
Adèle Lazar
Eric Maldoff
Lionel Mincoff
Jeffrey Orenstein
Line Ouellet
The Honourable Gerry Weiner
Dr. Norman Wolkove

EXECUTIVE COMMITTEE

Michel Amar
Elliot L. Bier
Howard Blatt
Ruth Kovac

AUDITORS

Bessner Gally Kreisman

ADMINISTRATIVE STAFF

Michel Amar
Interim Executive Director
Neil Beauchamp
Human Resources Management Counsellor
Dr. Rubin Becker
Director of Professional Services
Donald Dussault
Head of Technical Services
Beverley-Tracey John
Head Nurse, Respiratory Care
Judith Koller
Executive Secretary
Denis Legault
Financial Counsellor
Ronald Marcotte
Head of Dietary Services
Elizabeth Markakis
Director of Nursing
Janette Morlese
Head Nurse, Long-Term Care
Daniel St-Amour
Complaint Commissioner
Maria Stathatos
Coordinator of Physical Rehabilitation Services
Carol Steadman
Coordinator of Community Relations and Volunteer Services
Dr. Golda Tradounsky
Head of Palliative Care Services
Maryse Tomaras
Head of Medical Records and Admissions
Jean Villeneuve
Director of Finance and Information Technology
Dr. Norman Wolkove
Head of Pneumology Services
Vacant
Coordinator of Staff Health and Ambulatory Services
Vacant
Head Nurse, Palliative Care

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President of the Center Board and Interim Executive Director

The Risk Management committee followed-up on the indicators related to falls, errors in medication, infection control, and the qualitative aspects of our restraints use policy. All falls are monitored by our safety, falls reduction and Injury Prevention Committee. This year 183 patient falls were reported compared to 170 last year. 80% of the falls resulted in no injury to the patients. The increase is merely due to a better reporting system. With respect to infection control, despite the fact that nosocomial infection rates were relatively low (6.7 per 1000 patient days) special monitoring was still done for urinary tract infections, pneumonia, and for cases of C-Difficile and MRSA. In December 2008 we had 3 cases of C-Difficile and the episodes were contained at this level. The main improvements in risk management were the use of bed alarms, beds with adjustable heights for those at a higher risk of falling, the introduction of a pharmacological exam for newly hired nurses and

nursing assistants, the double checking for the administration of heparin and insulin, the use of new signs that identify the isolation rooms more visibly and clearly, repeated training for hand-washing, improved measures in collaboration with housekeeping for cleaning and disinfecting.

In 2008-2009, the number of incidents related to medication errors went from 260 in 2007-2008 to 248, a decrease of 4.6%.

The year 2009-2010 comes with a number of challenges. The implementation of the project on the continuum of care for COPD patients, the work related to the renovation of the hospital, an accreditation visit, the improvement of the governing process, the reorganization of both the structure and work organization in nursing care, the recruitment and retention of professionals, and staff accountability and motivation.

In closing, we wish to thank all the members of the Hospital Center Board as well as the Board of Trustees of the Corporation, the Auxiliary and the Foundation, for their continued support and collaboration. We also thank the members of all our committees for their work and commitment to the hospital. We must also thank all our staff, our physicians and our volunteers for the professionalism and cooperation they have shown throughout the year. It is the concerted efforts of all that ensure that Mount Sinai Hospital is more than just a hospital, but is what a hospital should be.

Elliot L. Bier
President

Michel Amar
Interim Executive Director

COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS

ACTIVE MEMBERS

Dr. Frederica Abcarius, *Family Medecine*
Dr. Marcel Baltzan, *Pneumology*
Dr. Rubin Becker, *Geriatrics/Internal Medecine*
Dr. Daniel Benaïm, *Family Medecine*
Dr. Kateri Champagne, *Pneumology*
Dr. Richard Dabrusin, *Pneumology*
Dr. Joel Fox, *Pneumology*
Dr. Jack Glay, *Radiology*
Dr. Andrew Gonda, *Internal Medecine/Nephrology*
Dr. Andrew Hirsch, *Pneumology*
Dr. Linda Klein, *Family Medecine*
Dr. Suzanne Levitz, *General Medecine*
Dr. Marvin Nathens, *Radiology*
Dr. Mark Palayew, *Pneumology*
Dr. David Prupas, *Family Medecine*
Dr. Marilisa Romano, *Family Medecine*
Dr. Michael Rotaple, *Pneumology*
Dr. David Small, *Pneumology*
Dr. Golda Tradounsky, *Family Medecine*
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. Anna Demanins-Towers, *Palliative Care*
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. Karl Looper, *Psychiatry*
Dr. Balfour Mount, *Palliative Care*
Dr. Joseph Portnoy, *Microbiology*
Dr. Arthur Rosenberg, *Hematology*
Dr. Morris Schweitzer, *Endocrinology*
Dr. Marilyn Segal, *Psychiatry*
Dr. Nathan M. Sheiner, *Cardio-Thoracic Surgery*
Dr. Joseph Shuster, *Immunology*
Dr. Peter Small, *Immunology Allergy*
Dr. Emile Svarc, *Ophthalmology*

ASSOCIATE MEMBERS

Dr. Linda Boretsky, *Family Medecine*
Dr. Manny Borod, *General Medecine*
Dr. Balint Budai, *General Medecine*
Dr. Manon Côté, *Family Medecine*
Dr. Benoit Deschamps, *Family Medecine*
Dr. Michael Dworkind, *Family Medecine*
Dr. Jeannette Janzen, *Family Medecine*
Dr. Michael Kalin, *Family Medecine*
Dr. Hany Kamel, *Family Medecine*
Dr. Jacqueline Klvana, *Family Medecine*
Dr. Max Myara, *General Medecine*
Dr. Virginia Myles, *Family Medecine*
Dr. H.T. Nguyen, *General Medecine*
Dr. Norman Sabin, *Family Medecine*
Dr. Eli Segal, *Family Medecine*
Dr. Lorne Wiesenfeld, *Family Medecine*

HONORARY MEMBERS

Dr. Martin Eiding, *Dentist*
Dr. Stanley Eiding, *Int. Medecine/Chest Diseases*
Dr. Harold Frank, *Pneumology*
Dr. David Halperin, *Oto-Rhino-Laryngology*
Dr. Adalbert Jegyud, *General Medecine*
Dr. Sydney Segall, *Cardiology*

PHARMACISTS

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

EXECUTIVE COMMITTEE OF THE COUNCIL OF NURSES

• Michel Amar	Interim Executive Director
• Jordana Bensemana Saada	Educator
• Adèla Lazar	Nurse, <i>President</i>
• Elizabeth Markakis	Director of Nursing
• Linda Paquin	Nursing Assistant
• Judy MacDonald	Nurse
• Belle Maclan	Nurse
• Kristine McNally	Educator, <i>Vice-President</i>

EXECUTIVE COMMITTEE OF THE MULTIDISCIPLINARY COUNCIL

• Michel Amar	Interim Executive Director
• Nathalie Chong	Occupational Therapist
• Danielle Lynch	Physical Rehabilitation Therapist, <i>Vice-President</i>
• Elizabeth Markakis	Director of Nursing
• Line Ouellet	Ass. Chief Technician Radiology, <i>President</i>



Howard Blatt
President of the Mount Sinai
Hospital Corporation

Report of the President of the Corporation

Over the year 2008-2009, the Corporation oversaw the implementation and completion of many improvements to the hospital building:

- Installation of water softener system
- Eradication of mould in the medical records department
- Installation of air conditioning system in the basement of the hospital
- Began the process of removing and rebuilding wash bay area in the kitchen
- Plans for renovation of medical imaging department
- Renovation of the family hospitality room on the main floor
- Renovation of the Central Sterilization Room
- Automated the heating and cooling system in the kitchen area

As always our healing garden continues to grow in both beauty and stature, once again receiving an award for outstanding beauty from the City of Cote Saint Luc. We are proud to report that this is the 5th year in a row that our garden receives this award, and the 2nd year that it is won in the Elite category.

We wish to thank all the members of the Corporation Board of Trustees, the Hospital Center Board, the Foundation and the Auxiliary along with the staff and volunteers who remain dedicated to uphold the mission statement of our hospital.

As we have now moved into our Centennial year we look forward to the events that will take place as we celebrate our continued success as an outstanding healthcare facility.

Howard Blatt
President of the Mount Sinai Hospital Corporation

BOARD OF TRUSTEES MOUNT SINAI HOSPITAL CORPORATION

Michel Amar,
Interim Executive Director - Mount Sinai Hospital Center
Dr. Rubin Becker
Howard Blatt – *President*
Marjorie Bronfman, CM
Dr. Ernest Burman
Albert Coronel
Max Druker – *Vice-President*
Michael Flinker
Faigie Friedman - *Secretary/Treasurer*
Joseph Levitt
Katrina Rothbart
Carol Seltzer
Hyman Waxman
Sheila Zemel





Eric Maldoff
President of the Mount
Sinai Hospital Foundation

Report of the President of the Foundation

Mount Sinai Hospital justly holds its reputation for outstanding quality of care. The Mount Sinai Hospital Foundation is proud of its role in supporting the Hospital by providing indispensable resources to enhance patient care through support for services and programs. The goal of the Foundation is to contribute to the well-being, comfort and health of patients and their families, based on needs identified by the Hospital.

In 1998 the process of re-launching began. A strong Board of Directors was recruited, followed by a highly successful first phase of major fundraising campaign. In 2006, the Foundation turned its attention to restructuring its governance and operations to put itself on a solid and sustainable professional footing. Our goal in 2008 was to complete the restructuring and enable the Foundation to grow into a mature fundraising operation with the necessary programs for a successful development including annual giving, a structure for donor stewardship, and updated communication tools. This goal has been achieved.

In 2008 the Foundation established an annual giving program, developed a leadership giving program within annual giving, and built a new website with on-line giving capacity. Our flagship event, the 4th annual Car Rally attracted many new sponsors, donors and participants.

This year, we were able to provide over \$650,000 in support of the hospital for the following programs;

- Palliative Long Term Care
- Palliative Home Care
- Art Therapy
- Asthma Management Centre
- Nicotine Management Centre
- Outpatient Pulmonary Rehabilitation (OPPR)

The Foundation is deeply appreciative of all of its supporters: The Hospital's patients, residents and their families who continue to be the Foundation's source of inspiration; the Hospital Administration and its staff in providing exceptional care; and our Board, the Centre Board, Corporation, Auxilliary, volunteers and staff whose single minded determination and expertise make it all come together. Finally, our profoundest gratitude goes to our donors whose unwavering support ensures that the Hospital can continue to provide such high quality care.

Eric Maldoff
President of the Foundation

FOUNDATION BOARD OF DIRECTORS

PRESIDENT

Eric Maldoff, C.M.

IMMEDIATE PAST PRESIDENT

Arnold M. Ludwick

VICE PRESIDENTS

Alta Levenson
Sheila Zittre

SECRETARY

David Flicker

TREASURER

Bob Zittre

COMMITTEE CHAIRS

Maureen Dym, *Chair Investment Committee*
Alta Levenson, *Chair Fundraising Committee*
David Flicker, *Chair Governance and Nominations Committee*
Charles de Kovachich, *Co-Chair Car Rally Committee*
Danny Steinberg, *Co-Chair Car Rally Committee*

BOARD MEMBERS

Michel Amar
Dr. Rubin Becker
Elliot L. Bier
Howard Blatt
Marvin Corber, C.M.
Michèle Desjardins
Jack Dym
Debbie Giser
Gabor Jellinek
Ruth Kovac
Monette Malewski
Danny Steinberg
Cynthia Zarr

FOUNDATION CEO

Wendy Corn





Cynthia Zarr
Marlene Goldberg
Co-Presidents
Auxiliary Mount Sinai Hospital

Report of the

Co-Presidents of the Auxiliary

This past year the Auxiliary was proud to celebrate its 75th anniversary. A milestone that has been possible thanks to the devotion and hard work of the executive, board, and members.

Once again this past year was filled with much success and accomplishments.

Two of our events made it possible for us to purchase 30 Hi-Low beds for the hospital. These events were:

- A Casino Day held at the Cabaret du Casino de Montréal on June 12th, 2008. This wonderful afternoon included a private luncheon accompanied by music from the musical show "Grease".
- Our Annual Bridge Tournament and luncheon held at the Hillsdale Golf and Country Club on September 28th, 2008 that had an attendance of over 400 men and women.

The Open Board and Breakfast took place at Mount Sinai Hospital on September 8th, 2008, and was enjoyed by the Administration, Staff and Auxiliary members.

This year the Gift Shop has turned over a large profit, thanks to the great team of women managing it, and the excellent variety of merchandise made available to customers.

Membership continues to grow as well as the number of life members. This is not only an important source of revenue for the Auxiliary, but also a rewarding way of becoming involved in our community.

The Blood Donor Clinic took place at Cavendish Mall on October 23rd, 2008 and once again we exceeded our goal of 106 units.

The Mount Sinai Literary Breakfast Club, another ongoing project, which is held at the Beth-El Synagogue, continues to be enjoyed by a large number of participants.

The Auxiliary has many ongoing projects such as the sale of cookbooks, entertainment books, and agenda books which are sold in our Gift Shop. We also have a collection of "loose change" and "can tabs" that have turned into many thousands of dollars used to purchase much needed medical equipment for the Hospital.

The Auxiliary continues to fund a V.O.N. podiatry service for the Long Term Patients, as well as providing funding for the maintenance of the Healing Garden.

Other activities that allow us to improve the quality of life for our patients are our Oneg Shabbats, Welcome Packages and Patient Welfare programs. We also provide services to the hospital through our Coffee Shop.

Finally our much emulated bulletin is sent out to over 4000 households and organizations twice a year, which enables the community to learn more about Mount Sinai Hospital.

We thank the Center Board, Corporation, Foundation, Administration and Staff of Mount Sinai Hospital for their support and guidance throughout the year.

We will continue to live up to our motto—"GIVE SO THAT OTHERS MAY LIVE"

Marlene Goldberg
Cynthia Zarr
Co-Presidents

THE EXECUTIVE MEMBERS OF THE AUXILIARY 2008-2009

ADVISORY COUNCIL

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

IMMEDIATE PAST PRESIDENT

Debbie Giser

CO-PRESIDENTS

Marlene Goldberg
Cynthia Zarr

CO-VICE PRESIDENTS

Rena Helfenbaum
Donna Spector

RECORDING SECRETARY

Myrna Blaichman

FINANCIAL ADVISORS

Florence Flinker*
Jack Posel

TREASURER

Celia Myerson

MEMBERSHIP COMMITTEE

CO-CHAIRS

Helen Diamond
Bea Schachter
Naomi Sharpe

LIFE MEMBERSHIP COMMITTEE

CO-CHAIRS

Marlene King
Vivian Kujavsky

*Deceased

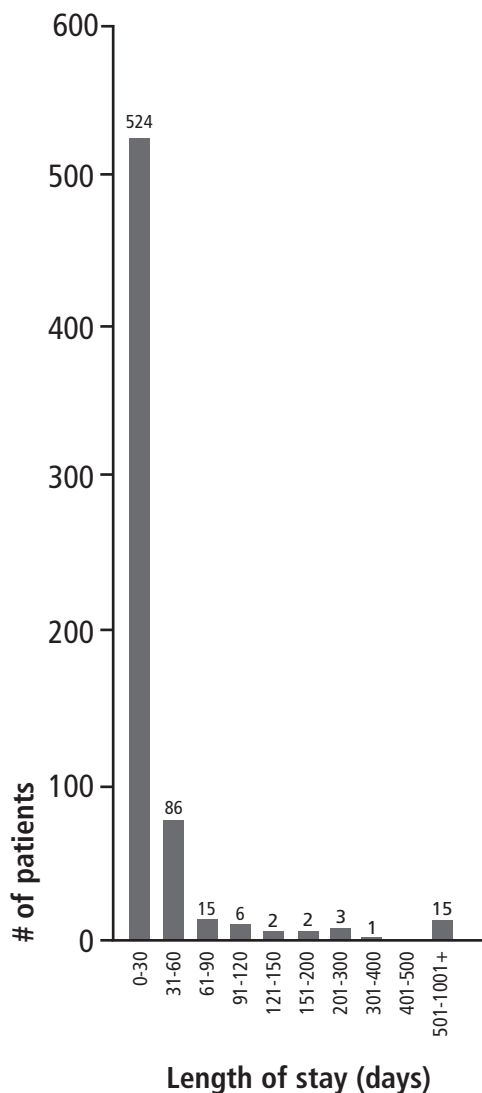
	2008-2009		2007-2008	
Diagnosis on Discharge				
Obstructive Chest Diseases	58%		52%	
Other Respiratory Diseases	6%		12%	
Malignant Tumors of Respiratory System	7%		9%	
Malignant Tumors other than Respiratory System	25%		23%	
Others	4%		4%	
Number of Admissions	661	100%	599	100%
Respiratory Short Term Service	418	63%	371	62%
Palliative Service	207	31%	201	33,5%
Long Term Service	36	6%	27	4,5%
Outpatient Clinics				
Specialty Clinics (visits)	1,423		1,417	
Chest (visits)	9,057		8,950	
Physical Medicine				
Physiotherapy (days-treatments)	7,678		7,058	
Occupational Therapy (days-treatments)	819		848	
Recreology, Music and Art Therapy (attendance)	16,232		13,854	
Diagnostic Services				
Cardiology (units)	18,434		17,992	
Radiology (units)	72,986		75,210	
Laboratories (units)	198,086		162,467	
Procedure Room				
Minor Surgical and Special Diagnostic Procedures	1,573		1,555	
Respiratory Therapy				
(treatments)	42,965		35,209	
Pharmacy				
Medications prepared per year	32,636		33,342	
Medications prepared per day	126		128	
Social Services				
Inpatient Cases	643		581	
Outpatient Cases	39		29	
Medical Records				
(Admission units)	32,648		32,620	
Dietary				
(number of meals)	159,732		152,421	
Laundry				
(number of kilos - soiled linen)	130,968		122,019	
Volunteer				
(number of hours)	44,610		43,718	



	2008-2009	2007-2008
Admissions	661	599
Discharges		
Regular	433	393
Against Medical Advice	1	1
Palliative Care Services (Deaths)	184	183
Others	36	25
Total Discharges	654	602
Autopsies	0	1
Patient Days	35,670	36,001
Average Length of Stay (days)	54,54	57,03
Patients Treated	758	699

REGIONS AND AREAS SERVED

- 01 Bas St-Laurent
- 04 Mauricie - Bois-Francs
- 06 Montréal
- 07 Outaouais
- 08 Abitibi-Témiscamingue
- 11 Gaspésie - Iles de la Madeleine
- 13 Laval
- 14 Lanaudière
- 15 Laurentides
- 16 Montérégie



Statistics of admissions, discharges and patients treated

