GOOD MEDICAL TREATMENT ALONE JUST ISN’T GOOD ENOUGH

WHAT IT TAKES TO MAKE A HOSPITAL EXPERIENCE EXCEPTIONAL

ALLEN F. RUBIN BECOMES JGH PRESIDENT
OPTING FOR EXERCISE AT HOPE & COPE
CAN E-CIGARETTES HELP SMOKERS BUTT OUT?
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Dr. Alan Azuelos, Emergency physician, and Susan Rodgers, orderly and member of the Transport Team.

Shana Tova 5775 – Best wishes for a healthy and happy New Year

Hoping this Thanksgiving finds you with many reasons to give thanks on October 13

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Helping patients chart a course through a sea of ethical dilemmas

Marine biology was my first passion. It’s an ocean away from my current role as the Jewish General Hospital’s Clinical Ethicist, but it’s where my interest in ethics truly began. As a child, I decided to spend my life researching whales and dolphins, and looking after the environment. This was an odd choice, as I had grown up land-locked in a village in the Ottawa Valley. Marine biology certainly wasn’t a career that our guidance counselor would normally suggest. Determined, I pursued the sciences and looked into attending universities where I might see a whale on the horizon.

I was also an avid reader, but I hadn’t had an opportunity to study philosophy or critical theory in a small town. So when the opportunity arose, I moved to Halifax to attend University of King’s College, where I completed a combined Honours degree in Marine Biology and Contemporary Studies. At last, I was living the dream in the Whitehead Lab, which specialized in studying cetaceans, especially sperm whales (think Moby-Dick). Aboard a 40-foot Valiant sailboat, five of us spent weeks at sea, with no running water, electricity or phone. We sailed to Bermuda, the Sea of Cortez and Sable Island, always following the whales. It was a great adventure.

Only when I began my Master’s degree (collecting fecal samples for hormone analysis) did I realize how much of my intellectual interest stemmed from a deeper fascination with bioethics. I had completed my Honours work on conflict of interest in marine mammal noise research, and now that I was focusing purely on the biological side of the marine world, my mind began to wander. I missed the sort of critical thinking that I had encountered the previous summer during an internship in bioethics at Yale University. So, with great difficulty—I still miss the smell of the ocean and the sound of whales breathing next to the boat—I transferred from Dalhousie University to McGill University to complete my Master’s in experimental medicine, with a specialization in bioethics.

I quickly became passionate about clinical ethics after a practicum at the McGill University Health Centre. In the hospital setting, my academic interests were balanced by a need for pragmatism and clinical skill. It was, and continues to be, incredibly rewarding to apply my knowledge of ethics to complex clinical situations in a way that helps people move forward, while respecting the moral values of patients, their families, the involved clinicians and the organization.

Next came specialized clinical training through an academic fellowship in clinical and organizational ethics at the University of Toronto’s Joint Centre for Bioethics, with work in such diverse clinical environments as Holland-Bloorview Kids Rehab and the Baycrest Centre for Geriatrics. From a senior fellowship at the Joint Centre, I arrived at the JGH in late 2012 as the hospital’s first full-time clinical ethicist.

As I lead and manage the day-to-day activities of the Ethics Program, I work with patients, families, healthcare teams and an administration dedicated to improving the patient and staff experience. Together, we identify areas of moral distress or conflict, and work to find a solution that addresses the clinical needs of patients, while respecting fundamental ethical obligations.

In the course of a day, I might support a substitute decision-maker (acting on the patient’s behalf) and a healthcare team in considering whether prolonged active treatment is in a patient’s best interest; analyze the relative risks and benefits of respecting a patient’s wishes by sending her home from the hospital, despite the significant physical risk; provide multidisciplinary education; and, meet with members of the hospital’s administration to consider ways of mitigating the potential—and unintended—negative impact on clinical care when difficult financial decisions must be made.

This diverse range of ethical questions and inquiry is what makes each day so interesting and meaningful. Through contact with my clinical partners across the JGH and at all levels of administration, I am continually challenged to bring the best ethics knowledge and clinical and organizational skill to the table. There may not be whales involved, but it remains an adventure every day!
Allen F. Rubin becomes JGH President

“My most rewarding activity since I became involved in charitable work”

In 2001, life took an unexpected turn for Allen Rubin. For well over a decade, he had found great satisfaction in raising funds and sitting on the boards of various local organizations and institutions. But the moment his participation in the JGH began, he knew he had arrived somewhere special.

“It didn’t take me long to become very, very involved,” says Mr. Rubin, the newly elected President of the JGH Board of Directors. “I was extremely impressed by the entire team—their dedication, their spirit, their drive for excellence. I also liked knowing I was helping people in great need. This was the place for me. This has probably been my most rewarding activity since I became involved in charitable work.”

Having earned an MBA at the Wharton School in Philadelphia in the early 1970s, Mr. Rubin entered his family’s office equipment business in Montreal. However, after developing an interest in the emerging field of word processing, he became a branch manager for Unisys in New York, and then returned to Montreal in the early ’80s to work for Philips. In 1984, he joined Reitmans (Canada) Ltd. and currently serves as Vice-President of Operations.

The 1980s was also when Mr. Rubin began devoting himself to charitable pursuits, most notably at the Canadian Associates of Ben Gurion University of the Negev and at the Israel Cancer Research Fund. In addition, he had been heavily involved in Federation CJA, spending five years as Chair of its Entrepreneurs Division.

Mr. Rubin’s arrival at the JGH stemmed from an invitation by James Alexander—then the Foundation’s Chair, later the hospital’s President. Rising through the ranks of the Foundation, Mr. Rubin became its Secretary and Vice-Chair, and then served as Chair from 2011 to 2013. His wife, Sarah, is also active at the JGH on the Users’ and Humanization of Care Committees, as well as sitting on the boards of other institutions and having been Campaign Chair of the Women’s Division of Federation CJA.

As he begins his term, Mr. Rubin says he is aware of the need for fiscal responsibility. “What we have to do is get all of our oars in the water and row together to find a solution that benefits everybody.”

Mr. Rubin says he is also gratified by the Board’s confidence in him. “Some extremely talented people have been President before me, which gives me great examples to follow. The JGH is one of the pillars of our community and to be President of one of those pillars is a tremendous honour.”

JGH’s achievements under Rick Dubrovsky’s leadership

In stepping down as JGH President, Rick Dubrovsky has completed a three-year term—2011 to 2014, one year longer than customary—that provided continuity of leadership in 2013 when Dr. Lawrence Rosenberg succeeded Dr. Hartley Stern as Executive Director.

With Mr. Dubrovsky’s guidance, the JGH made major strides in improving patient treatment and care, reflected most notably in the following achievements:

- the launch of Pavilion K, the new critical-care wing, whose first phase was inaugurated by the 2014 move of the Emergency Department into larger and fully redesigned facilities
- the opening of the Dubrovsky Molecular Pathology Centre, a key player in creating a personalized, genetics-based attack on cancer
- development and strengthening of numerous partnerships with other hospitals and healthcare facilities, as well as academic and research institutions
- relocation and expansion of the Peter Brojde Lung Cancer Centre and the Marlene & Joel King Breast Centre
- accreditation in 2013 with the highest possible standing of Exemplary Status, making the JGH one of the few hospitals of its size in Canada with this distinction
- ranking of the JGH in 2013 by the Canadian Institute for Health Information as the most efficient hospital in Canada for its ability to channel the maximum funds into health care by saving on administrative costs
- selection of the JGH as one of Montreal’s top employers in 2013 and 2014
Strategy to improve efficiency under way throughout the JGH

Working closely with a monitor appointed by the provincial government, the Jewish General Hospital is embarking on a strategy to eliminate its deficit and trim its operating expenditures. The monitor, Dr. Michel Bureau, has already played a similar role in assisting the MUHC.

The need for prompt belt-tightening and fiscal responsibility has become an urgent priority not just at the JGH, but in healthcare institutions throughout Quebec, with the objective of achieving greater efficiency in all clinical and non-clinical areas.

In recent years, the JGH has successfully streamlined its activities and reduced waste, to the point where the Canadian Institute for Health Information named the JGH as the most efficient hospital in Canada in 2013, based on its ability to channel the maximum funds into health care by saving on administrative costs. Before and since Dr. Bureau’s involvement, the JGH has continued to explore new cost-cutting measures, while implementing best practices in treatment and care.

The hospital remains dedicated to assuring the highest levels of quality and safety in the deliver of care, as well as preserving the continuity of care.

“The circumstances in which we find ourselves pose considerable challenges,” says Dr. Lawrence Rosenberg, Executive Director, “but any changes in practice that we undertake will be made for the right reasons. Moreover, this is an opportunity to take a step back and pause to reimagine what the hospital should be, what activities we should be offering and how these activities should be delivered.

“Regardless of the challenges, we need to continue to aspire to be the very best we can be in each of the clinical services we choose to provide. It must also be emphasized that throughout this process, it has been gratifying to see members of staff coming together to examine new ideas on cutting costs, even as they look out for patients’ well-being.”

Dr. Rosenberg offers a broader discussion of his vision of health care, as well as his thoughts on trimming expenditures and improving efficiency, in this video.

High cure rates for hepatitis C much likelier with new drugs

Cure rates for hepatitis C appear to be climbing significantly among JGH patients, following the introduction of a new and greatly improved generation of medications, says Dr. Nir Hilzenrat, a JGH gastroenterologist. However, Dr. Hilzenrat notes that despite a success rate of 95 per cent, it’s still too early to make conclusive statements about the results, because patients began receiving the latest drugs only in the early months of 2014.

“Nevertheless, the prospects for the future look very good,” says Dr. Hilzenrat, an expert in treating hepatitis C. “Not only is it easier to administer the medications, but treating sicker patients is now possible. Since the new drugs enable the liver to regenerate, they can be used in advanced cases, and in many instances, this allows patients to avoid a liver transplant.”

According to Dr. Hilzenrat, approximately 1 per cent of the Canadian population has hepatitis C, a virus that is passed through the blood in poorly performed transfusions or sharing of needles among intravenous drug users. Once infected, a patient can develop various diseases, notably cirrhosis of the liver. Approximately 85 per cent of hepatitis C patients will develop a life-long chronic disease, if the virus is not eradicated in its early stages.

Cure rates in treating hepatitis C leaped ahead from about 6 to 60 per cent between the early 1990s and the early 2000s. However, the medications often had severe side effects, such as anemia and depression, which had to be managed by healthcare teams.

This prompted the development of a drug, known as an NS3 inhibitor, which attacks the protein responsible for activating other proteins that enable the hepatitis C virus to replicate (make copies of itself). Introduction of the NS3 inhibitor in 2010 raised the success rate to 80 per cent, but many side-effects remained, forcing patients to take additional medications.

More recently, Dr. Hilzenrat says, the JGH has had great success with Simeprevir, which is taken once a day and has fewer side-effects, but still requires the patient to take other drugs. Even better is Sofosbuvir, which has a success rate of at least 95 per cent, but costs $1,000 per daily pill, because of its expensive research and development.

The JGH is currently awaiting approval of a combination of medications that affects different sites of the virus’ replication process, but produces minimal side effects and promises a high success rate in eradicating virus. At the moment, this drug is still part of a clinical trial that began last winter, with Health Canada agreeing to let it be given to a single JGH patient. “The results look very promising,” says Dr. Hilzenrat, “and we definitely seem to be heading in the right direction.”

With its recently acquired Fibroscan Unit, the JGH Liver Disease Clinic—the most active in Quebec, with over 4,500 patient visits per year—is now better equipped to address the rising incidence of fatty-liver disease and the dramatic growth in treating hepatitis B and C.

This ultrasound-based, diagnostic tool provides a quicker, safer, painless and non-invasive alternative to liver biopsy for evaluating the stage of liver fibrosis (scarring), an essential part of treating liver disease. It enables the clinic’s physicians to identify patients who have or are at risk of advanced fibrosis, thus allowing timely intervention before the development of cirrhosis.

In addition, the Fibroscan dramatically improves the availability of crucial data during decision-making, while allowing the clinic to treat more patients. Acquisition of this tool was made possible, thanks to generous contributions by individual donors, as well as the proceeds from the JGH Auxiliary’s 2013 Fall Fair and Raffle.
In recognition of the commitment and ideals that the founders of the JGH embraced when the hospital opened in 1934, an oak tree now graces the Côte-des-Neiges entrance, marking the JGH’s 80th anniversary. Planted on July 16, the oak is a symbol of hope and optimism, representing the hospital’s deep roots in Montreal, as well as reaffirming its dedication to the needs of patients for decades to come.

“The act of planting this tree represents our commitment to taking a living thing into our care, nurturing and strengthening it,” Dr. Lawrence Rosenberg, JGH Executive Director, told visiting dignitaries, members of staff and volunteers who gathered near the flower beds at the Côte-des-Neiges entrance.

“This is precisely how the JGH has envisioned its medical and personal relationship with its patients since it opened its doors in 1934,” Dr. Rosenberg said. “Like this tree, the JGH will be here both in mild conditions and in stormy weather, so that we can continue to protect those who seek shelter beneath our branches.”

Outgoing JGH President Rick Dubrovsky noted that the hospital’s dedication to patients is evident in its unceasing efforts “to upgrade safety and the quality of care, while striving to provide an exceptional patient experience. We have made—and continue to make—these improvements in order to meet the constantly evolving needs of our patients. The strength of this hospital is a direct result of our best efforts to earn their trust and ensure their well-being.”

Also on hand to deliver birthday greetings were David Birnbaum, Member of the National Assembly for D’Arcy McGee; Lionel Perez, Councillor in the borough of Côte-des-Neiges/NDG; and a representative of Pierre Arcand, Minister of Energy and Natural Resources, and MNA for Mont-Royal, the riding where the JGH is located.

A plaque at the foot of the tree includes the following statement from Lord Bessborough, the Governor-General of Canada, at the hospital’s inauguration on October 8, 1934: “May this be the beginning of a long and fruitful chapter in the history of that never ending struggle, which men of all races and all creeds are called upon to wage against sickness and suffering throughout the world.”

There’s something funny going on around here

The laughter was catching on July 24, as several stars of the Just for Laughs festival made a side trip to entertain a standing-room-only crowd of 90 at the JGH Hope & Cope Wellness Centre (Lou’s House). After the free show, a delighted spectator spontaneously hugged The Boy with Tape on his Face, to the surprise of (from left) Suzanne O’Brien, Executive Director of Hope & Cope, and comics Alonzo Bodden, Ryan Wilner, Adam Hills and Saranne Rothberg. The event was organized by Mr. Hills—an Australian superstar who performed at the Centre in 2011 and 2012—and Comedy Gives Back (CGB), in association with Just For Laughs. Jodi Lieberman, co-founder of CGB, a social benefit enterprise, received a round of applause when she told the audience her organization is determined to mount similar shows every year.
Recruitment has begun for a study that is examining the potential advantages of physical activity in helping to relieve stress, decrease fatigue, and maintain the overall health of individuals who serve as at-home caregivers for patients with advanced cancer.

The study is being conducted by Jamie Penner, a JGH-based Ph.D. candidate in Nursing at McGill University, as a means of finding better ways to support caregivers for their own well-being, so that they can continue to provide care as long as they wish.

Ms. Penner, whose background is in oncology and palliative care, says the emphasis of the at-home program will not necessarily be on an intense, pre-structured exercise regimen, but on achieving a level of regular physical activity that each individual is comfortable with. The at-home program will be individualized and take into account the caregiver’s needs, interests and abilities. Participants in the study should be over the age of 18, be caring at home for someone with stage 3 or 4 cancer, and be able to speak and read English.

Anyone wishing to become involved can reach Ms. Penner at the JGH at 514-340-8222, extension 3426, or at jamie.penner@mail.mcgill.ca.
Noteworthy visitors

In working with all levels of government to strengthen the public healthcare system, JGH leaders regularly meet with political visitors from across Quebec and Canada. Because of the wide social repercussions of health care, the visits often involve a broad cross-section of elected officials, especially those at the provincial level, which has primary responsibility for health care.

In March, Tim Uppal (second from left), federal Minister of State for Multiculturalism, toured the new Emergency Department with (from left) Dr. Lawrence Rosenberg, JGH Executive Director; Joanne Côté, Director of Transition; and Dr. Marc Afilalo, Chief of Emergency Services.

In May, Pierre Arcand (left), Minister of Energy and Natural Resources and MNA for Mount Royal, met with Dr. Lawrence Rosenberg.

Irwin Cotler (centre), Member of Parliament for Mount Royal, visited the hospital in May, in the company of JGH President Rick Dubrovsky (left) and Dr. Lawrence Rosenberg.

David Birnbaum (left), MNA for D’Arcy McGee, met with Dr. Lawrence Rosenberg in July.

And for their next number...

Bryan Highbloom (right), JGH Music Therapist and organizer of the JGH Jazz Festival, joined visiting musicians in entertaining audiences during the 15th annual series of concerts in mid-June. Jazz, rock, folk, electronic, avant-garde and world music were performed by a wide array of artists, including members of JGH staff, daily for two weeks. The free concerts brightened the lunch hours of patients, staff and visitors in the picnic area at the Côte-des-Neiges entrance and, when the weather was rainy, in the main lobby.
GOOD MEDICAL TREATMENT ALONE JUST ISN’T GOOD ENOUGH

What it takes to make a hospital experience exceptional

Positive, helpful attitude
Up-to-date medical info
Pamphlet on patients’ rights
Clean surroundings
Clear identification
Smile
Patients’ guide to the JGH
Much the same is true for health care. Even if the medical treatment is fine, no patient should have to put up with a secretary who mixes up appointments. Or a doctor who won’t take the time to properly answer questions. Or a clinic where no one picks up the phone. Or a meal tray that’s delivered to a patient’s room without a smile or a greeting.

Even institutions like the Jewish General Hospital, where compassionate care has been a mainstay for 80 years, are recognizing that high-quality care means paying attention to every aspect of what the patient encounters, from parking to housekeeping to security. That’s why, in order to coordinate and focus the hospital’s efforts, the JGH is establishing an Office of the Patient Experience, whose goal is to ensure that treatment and care are enhanced by everything and everyone with whom the patient comes into contact.

“In the end, all of these factors have an impact on the patient’s medical condition,” says Dr. Lawrence Rosenberg, the JGH’s Executive Director. “When you arrive in the hospital, if you’re already upset about not being able to find your way, or that it took three days for someone to pick up a telephone, it puts into a play a number of negative emotions or feelings that colour the experience that you’re going to have.

“Therefore, it makes good sense for us to do whatever we can to offer what I call ‘the exceptional patient experience’ to optimize what patients and their families go through. Every time a patient connects with the hospital, each of those touchpoints defines the patient experience for them. As good as the meal was, the whole experience left a bad taste in your mouth.

Imagine that you’ve decided to visit a restaurant where the food is said to be superb. And the moment you take your first bite, you’re in gastronomic heaven! Yet, when the evening is over, you vow never to return. Why? Because the parking was atrocious, your reservation was misplaced, your waiter was grumpy and your bill was miscalculated. As good as the meal was, the whole experience left a bad taste in your mouth.

Medical treatment + warmth, helpfulness, communication = the exceptional patient experience
experience. It isn’t just how we treat people as patients; it’s how we organize and structure and provide for the whole experience whenever anyone interacts with the hospital.”

Dr. Rosenberg notes that it’s up to every member of staff to create this experience for the patient, “starting with the people who are in the parking lot or opening the front door, the people who keep the place clean, the people who deliver food from the kitchen, whoever it may be—anyone the patient may interact with, or anyone who can have an impact on the patient’s interaction with the institution.”

Foremost in advocating the patient experience is the Dallas-based Beryl Institute which, since 2006, has served as an independent focal point for healthcare providers to exchange information, encourage active participation and expand the impact of this approach. According to the Beryl Institute, the patient experience is defined as “the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.”

In recent years, the concept has been gaining momentum in some American hospitals, notably the Cleveland Clinic, where the very first Office of the Patient Experience was established, and where JGH representatives were among the delegates this past May at the 5th Annual Patient Experience Summit on Empathy and Innovation.

As the Cleveland Clinic’s speakers explained, the ultimate goal of their Office of the Patient Experience is not just about making patients happy; rather, it’s about finding new ways of ensuring that care is safe and of high quality. Ideally, the result will be an optimal experience for the patient, as well as greater efficiency for the hospital.

The delegates were also advised that enhancing the patient experience is a crucial means of re-affirming the concept of patient and family-centred care, including its key elements of information-sharing, collaboration, patient participation, and meeting the need for dignity and respect. As one speaker put it, “For health care to truly improve health, the patient must become part of the system, and not merely have input into the system.”

“We’re taking what we do to the next level,” says Dr. Rosenberg, “to make sure that what we want to achieve happens not by chance, but by design. This is more than treating patients in a compassionate way. It’s about caring for them as people and giving them a complete experience that goes beyond the therapy that they’ve come here to get.”

From Orthopedics to Oncology, the human touch makes the difference

“There was an interest not just in my medical file, but in me as a person”

Left hip versus right hip: That’s all it takes for Stephen Leopold to recall, with conflicting feelings of pain and delight, what can transform a patient experience from excruciating (at an American hospital) to exceptional (at the Jewish General Hospital).

Mr. Leopold, a Montreal businessman, had been living in the United States in May 2009 when he underwent an operation by one of the city’s most respected orthopedic surgeons to replace his left hip. The prospect of surgery didn’t trouble him, since he’d heard about hip-replacement patients leaving the hospital after three days and playing golf after ten.

“Instead of being in the hospital for just three days, I left with a wheelchair and a walker 14 days after I went in,” he says with a sigh. “And I was on the walker for a good month afterwards. The only golf I saw for the next two months was on TV. Eventually, though, the hip healed well and it’s been good ever since.”

That’s not to say that the JGH is problem-free—an acknowledgement that’s at the heart of the hospital’s complaints process and its quality-improvement program (see article on page 13). The need to do more to enhance all aspects of the hospital experience is also what has motivated the JGH to establish its Office of the Patient Experience. Mr. Leopold’s story helps to illustrate the sorts of positive and negative experiences that can occur in any hospital.

What aggravated Mr. Leopold’s predicament was what he calls “the attitude” of much of the hospital staff. In one particularly distressing incident at 3:00 a.m., Mr. Leopold remembers being awakened when the glaring lights in his hospital room were suddenly switched on. “A fellow with a mask on his face practically shouted one word: ‘Blood!’ Then he took my blood, turned out the lights and just left. I was so shaken—or, to be more precise, I was shaking—that I couldn’t fall asleep for the rest of the night.”

Building crucial support in Orthopedics

A major effort is now under way to provide a stable source of funding for fellowships and the research program in the Department of Orthopedics. The fellows are trained orthopedic surgeons who will assist in assessing and managing patients, and in providing ambulatory and in-patient care, preoperative planning, surgical assistance and postoperative management.

They will also conduct research and trials that contribute to developing new treatments and procedures. Research at the Orthopedics Research Laboratory—in the Lady Davis Institute at the JGH—includes studies on intervertebral disc degeneration; the application of quantitative magnetic resonance imaging (MRI) as a diagnostic tool for early disc damage; the influence of surface chemistry and geometry on the growth and differentiation of cells; and clinical and basic research on joint replacement and metal ions.

With an aging population and the rising incidence of osteoporotic fractures and sports-related injuries, the need for accessible life-enhancing treatment and care is mounting. The creation of an Endowment Fund is crucial to maintain the JGH’s leadership and expertise in orthopedic surgery, research and teaching and to ensure that Quebecers continue to have access to the services they need to restore their mobility and enjoy enhanced quality of life. For more information or to donate, please visit jghfoundation.org or call the JGH Foundation at 514-340-8251.
Mr. Leopold also got the distinct impression that no one was paying much attention to him, especially the doctor who showed up every morning in the company of six or seven interns. “He’d say, ‘How are you feeling today?’, and I’d hardly get in four words before he’d say, ‘Thank you very much,’ and then make some notes and leave, followed by this line of interns. All sorts of people were coming and going, but it didn’t seem as if they were really geared to getting me out of there or to getting me better.”

By 2010, when Mr. Leopold returned to Montreal, his right hip had begun bothering him. But the memory of his U.S. experience was so unnerving that he delayed seeking medical help until he could barely walk. After being referred to Dr. David Zukor, JGH Chief of Orthopedic Surgery, he was immediately struck by Dr. Zukor’s patience and clarity in explaining what to expect in the operation in February 2013.

Equally impressive—and comforting—was Dr. Zukor’s sense of humour, as he informed Mr. Leopold that the surgery would be performed under local and not the general anesthetic that had been used in the operation on his left hip. “He said, ‘You’ll really be a little bit awake the whole time. So you might want to wear earphones to drown out what sounds like a lot of plumbing and carpentry work.’”

Finally, the best of the stories that Mr. Leopold had heard about satisfied hip-replacement patients came true for him: The day after the Tuesday operation, he was up and using a walker. On Thursday, he covered nearly a mile with the walker in the JGH corridors. And on Friday, he was discharged while holding his cane in the air.

“If I’d known how, I would have twirled that cane like Charlie Chaplin, because I didn’t use it in my entire walk out of the hospital. I didn’t need it at home either, except to use the hooked part to lift my right leg onto the bed. I’ve kept my Charlie Chaplin cane as a momento.”

Though his hospital stay was relatively short, Mr. Leopold noticed that Dr. Zukor’s warm, upbeat approach had permeated the entire Orthopedics Department. “I always saw him with a smile on his face and he made me feel like the most important patient he’d ever had.

“The same was true for each and every member of his staff, who were always so nice and accommodating. There was far greater attentiveness and interest in the patient than I ever saw in New York. It’s amazing how different the results can be with the exact same operation, which is why I can’t say enough good things about the JGH experience.”

For Mei-Lin Yee, the quality of the patient experience was particularly important, since her regular contact with the JGH stretched over five difficult years, from the time her cancer was diagnosed until it went into remission last February. “I am superwoman,” jokes Ms. Yee, a fan of superhero comics. “I keep my cape in my car.”

In late 2008, Ms. Yee began to feel that something was wrong, but her pains were variously diagnosed at a local clinic as anything from a pulled muscle to a cyst. Finally, in spring 2009, concerned about the steadily growing lump under one arm, she was referred to the Marlene & Joel King Breast Centre at the JGH. Ultrasound confirmed the presence of a four-centimetre mass.

Within two weeks, Ms. Yee had an appointment with Dr. Shannon Fraser, JGH Chief of General Surgery, who explained that the lymph node had tested positive for cancer. Ms. Yee was also booked for a colonoscopy and gastroscopy the following day, because the biopsy had read positive for gastrointestinal cancer, not breast cancer.

This is where the positive patient experience really kicked in for Ms. Yee, from the supportive atmosphere of the Breast Centre to Dr. Fraser’s patient approach. “I was relieved that it wasn’t all just announced to me, but that I was given an explanation of what would happen next. I’m the type of person who needs to get things done, so the fact that Dr. Fraser called and said, ‘This is what it is and this is what we’re doing next’ was really encouraging.”

However, the tests were inconclusive about the type of cancer that Ms. Yee had. This prompted Dr. Fraser to arrange for her to see Dr. Lawrence Panasci (who became Ms. Yee’s regular JGH oncologist), as well as JGH experts in gynecologic and lung cancer.

“I saw one after the other,” Ms. Yee recalls, “but I could tell they were not working in silos, which I was extremely impressed by. I would see one doctor and he would say to me, ‘I’ve just gotten off the phone with…’ or ‘I’ve just received an e-mail from…’ So it was clear to me that everybody was on the same page.”

“It was so heartening to hear that communication was taking place, and also that each doctor felt no shame in consulting somebody else who knew more about a particular aspect of cancer. No egos were involved.”

At first, the prospects seemed grim—an 18-month prognosis—because Ms. Yee was diagnosed with stage 4 cancer of unknown origin. This meant that despite the presence of the lump, the cancer could not be categorized as coming from a specific spot in her body. However, Dr. Panasci and his colleagues balanced their no-nonsense medical information with “reminders that there were options and that science is moving so rapidly that I should not let myself become overwhelmed with dismay.”

“We also developed a rapport where Dr.
Panasci and the nurses understood what I was comfortable hearing and what I was not able to hear. In speaking with me, they knew how things needed to be phrased, given my personality and my need to keep on plugging. So they adapted the way they treated me to the type of person that I am.

“A perfect example was the fifth and final chemotherapy regimen that I was on, the one that put me into remission. It was only after Dr. Panasci realized it was really working and reducing the disease that he told me he had originally given the regimen just a 5 per cent chance of working. He knew how important it was for me to stay positive.”

Altogether, in just under five years, Ms. Yee endured no fewer than 174 chemotherapy treatments which, for other patients, would have turned the hospital into a source of dread. However, for her, the positive patient experience actually made the JGH and its staff seem like a safe haven. This motivated her to spend even more time in the hospital as a volunteer starting in early 2012, performing administrative tasks twice a week in the JGH Department of Dentistry (where her mother, Patricia Yee, works).

Trained as a lawyer and experienced in human resources, Ms. Yee also met occasionally with other cancer patients (on the request of a nurse or social worker) and informally advised them about overcoming difficulties in such areas as medical insurance or job security—something she intends to continue on a more structured basis for Hope & Cope.

“This is becoming an era of personalized cancer treatment,” says Ms. Yee, “but because a primary tumour was never found in my case, not much medical personalization could be done. It was pretty much hit and miss to find out what did and did not work. But Dr. Panasci and the nurses at the Segal Cancer Centre compensated by providing personalized emotional care.

“Every time I met with Dr. Panasci, he would ask me a personal question or recall things I had told him the last time we met. Or, if I was meeting with a resident, he would say to me, ‘Dr. Panasci would like to know how your vacation was.’

“So I realized that not only was Dr. Panasci speaking with the residents about my medical file, he was mentioning a few personal things about me, so that they could understand the context of my relationship with him. It would be about my vacation or my children or something that made the conversation friendlier. And it showed there was an interest not just in my medical file, but in me as a person.”

When the patient experience ends in disappointment

Learning valuable lessons from complaints and errors

It seemed almost like a scene out of a suspense film—except that for Shirley Freedman Rapoport, her feelings of insecurity, isolation and vulnerability were frighteningly real.

After finishing a hemodialysis session late one night this past spring, Ms. Rapoport was told to wait by the front door of the old JGH Emergency Department in Pavilion D, where she would be picked up by the STM’s Paratransit bus (for individuals with reduced mobility). Since the Emergency Department had vacated Pavilion E and moved into Pavilion K, Ms. Rapoport found herself alone amid shadowy rooms and deserted corridors.

Then, to her dismay, a stranger came to the front door and asked for money. Glancing around, she saw no security guard. No telephone. No one to turn to. In the end, no harm was done and Ms. Rapoport caught her bus without incident. But, she notes with annoyance, she was placed in a similar position more than once while waiting at night for the Paratransit bus in the main lobby of Pavilion H after hemodialysis last year.

Clearly, this is far from what the Jewish General Hospital considers a satisfactory patient experience. Even though Ms. Rapoport believes her medical needs (the hemodialysis) were met with professionalism and efficiency, the hospital fell short in other areas.

It’s situations like this one that have prompted the JGH to launch the Office of Patient Experience. On an individual basis, these incidents—regrettable though they may be—give the hospital an opportunity to learn from its mistakes and follow through with improvements, says Rosemary Steinberg, the Local Commissioner of Complaints, Quality of Service (Ombudsman).

Ms. Steinberg works with Security, Technical Services and the head nurse in Dialysis to have patients wait for Paratransit in Pavilion G’s Atrium Café in a designated area that’s well lit, has a telephone and is more frequently patrolled by security staff.

Often, says Ms. Steinberg, the complaints revolve not around the medical treatment itself, but general elements of the patient experience—for instance, the tone of voice or facial expression of a member of staff when communicating with a patient. “When they meet with patients, healthcare professionals also need to introduce themselves and explain what they’re there to do,” she adds. “It’s an easy step that lessens anxiety and leads to a collaborative relationship with the patient. Unfortunately, when staff are rushed, it’s something they might forget.”

Improving the patient experience by learning from mistakes is also intrinsic to the hospital’s Quality Program (jgh.ca/qualityindicators), which is on a continuous quest to upgrade all facets of the JGH’s activities. As the web page demonstrates, members of the Quality Program not only perform tasks related to the investigation of accidents and errors, but they actively look for ways of boosting the quality of care in various areas, even if no complaint has been filed.

“It may sound a little odd, but we always need to be thinking in terms of the hospitality of health care,” says Markirit Armutlu, Coordinator of the Quality Program. “We’re obviously very different from a restaurant or hotel, but it’s still our responsibility to make sure our patients are properly served—for example, by having staff introduce themselves and anticipate their patients’ needs.”

“… it’s our responsibility to make sure our patients are properly served—for example, by having staff acknowledge them, introduce themselves and anticipate their patients’ needs.”
Ms. Armutlu recognizes that the JGH is already solidly on the right track, given its history and tradition of compassionate care. “However, when we talk about the patient experience, we’re looking at more than just the care. We’re asking ourselves, ‘What do patients want? What matters to them?’ and then we gear ourselves to that. This can only be done by actively involving patients (or their family members) in their care, and by including advisors, who are patients or relatives of patients, in all of our Quality and Safety Improvement Teams and hospital committees.”

Despite the complaints and the occasional lapses in the quality of care and the patient experience, Ms. Armutlu and Ms. Steinberg say they’re heartened by the sincerity and enthusiasm of JGH staff—clinical and non-clinical alike—in making a wide array of improvements on an ongoing basis.

“When I arrived here five years ago, I immediately felt the values of family that had been imbued in staff,” recalls Ms. Steinberg. “They feel a visceral connection to this hospital, which is why I always meet staff who want to do the best they can. Not only do they feel they belong, they want the patients to experience that same family feeling.”

Euthenasia denounced at ethics conference

The concept of dying with dignity has come under criticism from Rabbi Raphael Afilalo, JGH Chief of Pastoral Services, as nothing but a euphemism that confers social acceptability on curtailing one’s own life or that of another person. “Jewish ethics command patients to seek healing, and physicians to heal,” he said at a day-long symposium on Jewish medical ethics on June 12.

The symposium, organized by Rabbi Afilalo at the Gelber Conference Centre, also heard from speakers who were harshly critical of Bill 52, which the Quebec National Assembly adopted earlier in June to grant terminally ill adult patients the right to assistance from a doctor in hastening death.

The event drew doctors, nurses, social workers and other healthcare professionals, as well as lawyers and rabbis from a wide array of healthcare institutions, community organizations and private companies. Case studies were presented by healthcare and legal professionals of various religious backgrounds, outlining what they believe are serious ethical problems inherent in Bill 52.

The symposium was organized independently of the JGH, and the comments of the speakers do not necessarily reflect the policies or opinions of the hospital.

Among the highlights of their remarks:

• Dr. Gerald Batist, Chief of Oncology and Director of the Segal Cancer Centre at the JGH, recommended listening closely to patients’ concerns.

  “When a patient says ‘I wish I were dead,’ it is because the the pain is bad. What we need to offer is better pain control and psychosocial support. Unfortunately, these resources are not optimized in the current situation.”

• Dr. Lawrence Rosenberg, JGH Executive Director, said that …

  … palliative care patients “have a right to the same high quality of care as any other patient in this province, but they don’t get it.”

The conference also dealt with the dilemma of allocating limited medical resources in an era of financial restraint. Rabbi Afilalo said if treatment has already begun for the patient whose chances are poor, this care must not be interrupted in favour of another patient with a better chance.

Worth bookmarking

Thinning out your home library? Why not donate unwanted English or French books to the JGH Auxiliary. Through its sales of used books in the Book Nooks (Côte-des-Neiges lobby and Légaré entrance), The Auxiliary raises tens of thousands of dollars a year to buy needed medical equipment for the JGH. For more information and to find out where to drop off your books, please phone 514-340-8216.
Decades of success confirm the superiority of dental implants

Near half a century since they were first used, dental implants remain the most reliable and longest-lasting way to replace an extracted or diseased tooth, Dr. Allan Lisbona told the audience at the 12th annual JGH Mini-Med School.

Early half a century since they were first used, dental implants remain the most reliable and longest-lasting way to replace an extracted or diseased tooth, Dr. Allan Lisbona told the audience at the 12th annual JGH Mini-Med School.

At his JGH Mini-Med School presentation, Dr. Allan Lisbona used a plastic model to demonstrate how an artificial tooth fits over a titanium screw that has been implanted into the jaw.

Dr. Lisbona, JGH Director of Oral and Maxillofacial Surgery, said implants almost always last a lifetime, because once the titanium screw (which holds the artificial tooth) is implanted, it forms a strong bond with the jaw as the bone heals. This makes it superior to bridges or dentures, which can move unexpectedly or contribute to discomfort, sores or infection.

This past spring, he was among the Mini-Med speakers who explored on the artistry, science and ethical dilemmas behind the latest surgical innovations. As always, remarks by the JGH experts were geared to a general audience, whose members received diplomas and the honourary title of “mocktor” at the end of the series.

Dr. Lisbona also noted that there is no age limit for dental implants and that he himself has placed them in patients as old as 98. However, he added, there is a higher failure risk for smokers, individuals with poorly controlled diabetes, and those who require long-term steroid use for medical reasons.

The JGH Mini-Med School thanks its sponsors for their generous support: CJAD 800 AM, 92.5 The Beat, Bard Canada Inc., Ethicon, Inc., Montreal Community Contact, Southmedic Inc. and TLC Global Impression.

Some Mini-Med highlights:

Dr. Shannon Fraser, JGH Chief of General Surgery, focused on various types of hernias which, she said, must be repaired surgically because they can’t heal on their own. She explained that hernias occur when tissue inside the body tears, allowing organs—for instance, the stomach, diaphragm or intestines—to shift out of position. Surgery—often the minimally invasive type—enables a piece of flexible plastic mesh to be inserted to keep everything in place.

Dr. Marylise Boutros, of the JGH Division of Colorectal Surgery, said extensive experience has confirmed the value of minimally invasive laparoscopic surgery (inserting tiny instruments through the abdominal wall) in a wide variety of patients. For example, it can be performed on patients of any age, and even though it takes longer to operate on obese patients (who have additional, heavier tissue), the reduced scarring and quicker recovery make the technique worthwhile.

Lucie Wade, JGH Clinical Ethicist, explained that surgery can raise particularly difficult questions, since the techniques and technology evolve so quickly. For example, she said, controversy exists over whether plastic surgery should be performed on children with Down syndrome.

Similarly, an inner-ear implant can improve hearing in a deaf person, but many people believe it is unethical to alter the condition of those who were born deaf.

Dr. Salvatore Di Maio, a cerebral vascular and skull base neurosurgeon, and Dr. Marc Tewfik, a rhinologist and endoscopic skull base surgeon, said they gain access to tumours of the brain and pituitary gland by inserting tiny instruments (including a fibre-optic camera and light source) into the nostrils and through the nasal cavities. Since the skull is not opened in this procedure, they reach their target more safely and easily, while reducing complications and recovery time for the patient.
Can e-cigarettes help smokers butt out?

Dr. Mark Eisenberg, a researcher at the Centre for Clinical Epidemiology in the Lady Davis Institute at the JGH, has received more than $800,000 to lead a randomized clinical trial to determine whether electronic cigarettes can help smokers kick the habit. The grant from the Canadian Institutes of Health Research will support a comparison between e-cigarettes that deliver nicotine and those that do not.

E-cigarettes mimic the feel and action of smoking, right down to producing water vapour that resembles smoke. Thus, they may be a more satisfying way for smokers to gradually withdraw from their nicotine addiction. A recent survey conducted by the Centers for Disease Control in the United States found that nearly half of smokers who had been motivated to quit within the succeeding six months had tried e-cigarettes.

“We are only beginning to examine the safety issues surrounding e-cigarettes,” says Dr. Eisenberg, Director of the Cardiovascular Health Services Research Group at the JGH and a leader of clinical trials of Zyban and Champix, the two most commonly prescribed smoking cessation medications. “It would be preferable not to smoke at all, but to my mind, e-cigarettes are almost certainly better than regular cigarettes. I think they have the potential to wipe out conventional smoking.”

He notes that with existing methods of smoking cessation—such as nicotine patches or medications that alter how the brain responds to nicotine, as well as behavioural counselling—“significantly less than half of the people who try to stop smoking succeed in quitting in the long term. It’s apparent that there is a need for more effective methods.

“Smoking is a highly social and ritualistic activity, with oral and tactile dimensions that pills and patches can’t duplicate. I’m optimistic that e-cigarettes will prove to be very effective, because they address all dimensions of the smoker’s habit.”

In recent years, anti-smoking efforts have been quite effective, with smoking becoming increasingly difficult in public spaces. However, quitting is very hard, and nearly 1 in 5 Canadian adults continues to smoke. As a result, tobacco-related diseases contribute to the deaths of more than 37,000 Canadians per year, primarily from cancer or cardiovascular-related diseases.

Weekend deaths more likely for certain hospitalized patients

People with chronic obstructive pulmonary disease (COPD) or pneumonia are more likely to die during a weekend stay in hospital, concludes a study conducted by Dr. Samy Suissa, Director of the Centre for Clinical Epidemiology in the Lady Davis Institute at the JGH.

Dr. Suissa’s study is the first to analyze whether “the weekend effect”—a term referring to an assessment of patients who stay in hospital over the weekend and the possibility that they may experience an increased risk of death—applies regardless of which day of the week a patient is admitted.

Until now, studies have shown only that patients who are admitted to hospital on a weekend have an increased risk of dying. Various explanations have been suggested to account for this effect, including the possibility that patients in more severe condition admit themselves during a weekend, while those with milder symptoms wait to see their doctor the following week.

Dr. Suissa used medical records—in which individuals’ identities were not disclosed—to examine death rates in more than 300,000 people over the age of 50 who were admitted to hospitals with COPD or pneumonia between 1990 and 2007. He found that on weekdays, the death rate was 80 per 10,000 per day. On Fridays, the risk of death increased by 5 per cent, equivalent to an additional 4 deaths per 10,000. On Saturdays and Sundays, the risk increased by 7 per cent, or an additional 5.6 deaths per 10,000 per weekend day.

The findings suggest that the increase in the risk of death during the weekend may result from a reduction in the quality of care or from reduced access to high-quality care. Furthermore, this effect appears to begin on Friday.

“Our study is the first to report an increase in mortality for patients staying in hospital over the weekend,” says Dr. Suissa. “There are huge implications for the way health care is delivered across the globe. It may be time to reconsider the weekend concept in the healthcare calendar to avert a significant number of likely preventable deaths.”
Overview of LDI research at annual scientific retreat

Scientists, clinicians and trainees of the Lady Davis Institute at the JGH gathered in late May for the fifth Annual Scientific Retreat, where presentations were delivered about significant research in the LDI’s six primary issue areas—cancer, epidemiology, hemovascular diseases, HIV/AIDS, diseases of aging, and psychosocial aspects of disease.

A principal investigator from each group spoke about his or her area of expertise, and select trainees made oral and poster presentations of their work. First prize for best oral presentation was awarded to Michael Dahabieh of Dr. Wilson Miller’s cancer lab for his work on lymphoma. Second prize went to Leora Witkowski of Dr. William Foulkes’ cancer lab for research into the genetics of small-cell ovarian cancer.

Microbiology award for Dr. Mark Wainberg

Dr. Mark Wainberg, head of HIV/AIDS research in the Lady Davis Institute at the JGH, has been awarded the 2014 John G. Fitzgerald - CACMID Award in Victoria, B.C., this past spring from Heather J. Adam, President of the Canadian Association for Clinical Microbiology and Infectious Diseases.

Dr. Wainberg, who is also Director of the McGill AIDS Centre, is among the world’s leading microbiologists, having made significant contributions in developing antiretroviral therapies to treat HIV and to understanding the mechanisms of drug resistance that have made the disease so difficult to contain. A Past President of the International AIDS Society, he has also been a strong advocate for wider access to anti-HIV drugs in developing countries.

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 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.

JGH TV

Now there’s another way for the JGH to come alive! Tune in to JGH TV 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.
Joel and Marlene King, who share a lifelong commitment to philanthropy, have been appointed Co-Chairs of Hope & Cope’s Executive Advisory Board. In this capacity, they will oversee strategic planning, set priorities and oversee financing and fundraising. Their names are already familiar to the many JGH patients who have been referred to the hospital’s Marlene & Joel King Breast Centre.

Born and raised in Montreal, Mr. King practiced law until his retirement from King & Haberkorn in 1999. He served as Chairman of the 1999 Combined Jewish Appeal Campaign, followed in 2000 by five years as Executive Director of the Jewish Community Foundation (JCF) of Montreal. Since then, Mr. King has worked at the JCF on a part-time basis and is now its Executive Vice-President.

In addition, Mr. King has volunteered his time and expertise for such organizations as Hope & Cope, the YM-YWHA, the Missing Children’s Network, the Shaare Zedek Congregation, the March to Jerusalem, Federation CJA, and the Goodman Cancer Research Centre.

Mrs. King, who was also born and raised in Montreal, has had an extensive career as a teacher of English, English as a second language, mathematics and computer science. She is currently the Montreal Co-Representative for Women’s Federations of North America, as well as having served as the Video Co-Chair for the Goodman Cancer Research Centre in 2012; Co-Chair of the Golda Meir Governors’ Program at the Cummings Jewish Centre for Seniors from 2011 to 2013; Co-Chair of United Israel Appeal Canada from 2008 to 2012; President of the Women’s Federation CJA from 2005 to 2007; and Chair of Women’s Campaign of Combined Jewish Appeal in 2002.

Mrs. King has dedicated many years of volunteer service to numerous organizations, including Hope & Cope, the JGH Auxiliary, Meals on Wheels, the Donald Berman Maimonides Geriatric Centre, the Cancer Research Society, and the Auxiliary of Mt. Sinai Hospital, the Goodman Cancer Research Centre and the Cummings Jewish Centre for Seniors. Together, the Kings launched the PJ Library in Montreal to encourage a love of reading among children.

Dr. Elise Jodi Levinoff has joined the JGH Division of Geriatric Medicine, in addition to her role as an Assistant Professor in the Department of Medicine at McGill University. After receiving a Master’s degree in neuroscience at McGill, Dr. Levinoff earned her medical degree at the University of Ottawa and then returned to McGill for postgraduate training in internal medicine and a fellowship in geriatric medicine. She has also completed training in cognitive disorders in the elderly. Dr. Levinoff will be active in the JGH Memory Clinic and will pursue clinical research into mild cognitive impairment and its association with the development of delirium during hospitalization.

Janik Jacmain, a Research Grants Officer, has been named 2014 Employee of the Year for the Lady Davis Institute (LDI) at the JGH. Ms. Jacmain, who received her award from Dr. Roderick McInnes, Director of the LDI, assists investigators and trainees in securing the grants necessary to support their research. She has been in the position since it was created four years ago.

Julien Sénécal, a first-year student at Collège Jean-de-Brébeuf who has been mentored in the Lady Davis Institute at the JGH, placed fifth nationally in the Sanofi BioGENEius Challenge Canada. Mr. Sénécal developed a project that explored the potential of the bacterial defence system known as CRISPR/Cas9 to serve as a novel technology for inhibiting the capacity of the HIV virus to replicate. His work was supervised by Yann Le Duff, a post-doctoral fellow in the HIV/AIDS lab of Dr. Chen Liang.

Individuals, corporations and foundations are invited to support the work of researchers in the HIV/AIDS Research Axis in the LDI, who are at the forefront of international efforts to find novel therapeutics. For more information or to donate, please call the JGH Foundation at 514-340-8251
Asset Allocation
The Real Key to Portfolio Returns

What truly drives portfolio returns? Although it may seem that picking equities is the “center of the universe” when it comes to investing given its strong performance since 2009, adapting an asset allocation is a much tougher affair which like gravity is needed to keep your feet on the ground when investing in the markets. Research has shown that asset allocation which is “the portion of money you invest within different asset classes including stocks, bonds and cash is responsible for more than 90% of portfolio returns, making it far more important than specific equity selection”.

As a result, your asset allocation must be fine tuned in order to be well equipped to withstand the highs and lows of the market. For example, in 2013, emerging market debt was the worst performing asset class at -7.8% versus the S&P 500 which rallied 32.3%. Consequently, an investor with a larger asset mix catered to U.S. equities would have magnified their participation in that positive “asset allocation” spread of 40.1%.

On the other hand, one must also be ready to shift between asset classes when markets get heated or brake abruptly to park into cash when markets are uncertain. For example, during the financial crisis of 2008, U.S. equities, the worst performing asset class at -37%, was outmatched by investment grade bonds, the only positive performing asset class at 7.9%. Consequently, an investor with a faster reaction to allocate a higher asset mix to investment grade bonds and cash would have participated much less in that year’s 44.9% negative “asset allocation” spread.

But remember that a solid house is only as good as its foundation. Therefore an asset allocation strategy should be carefully constructed with the following tools in mind:
1) Time Horizon (how long you will need your assets for)
2) Risk tolerance (your risk appetite to enduring the market’s ups and downs)
3) Financial situation (your lifestyle spending requirements and current assets you own)

Remember that no one likes leaving money on the table, which is why a proper asset allocation strategy that is regularly checked by an investment “doctor”, will allow you to participate or distance yourself between asset class spread returns and build the appropriate depth that is required to balance risk and reward.

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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.

Let your ad make a splash in JGH News

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Don’t let social media make you anti-social

Maybe it’s time to put your face in a book, instead of putting so much time into Facebook.

Not that social media deserve a bad rap, since they do have their benefits: They’re great for keeping in touch, sharing thoughts and being exposed to new things. That’s why many users are logging onto Facebook, Twitter, Instagram and other sites more than once a day. In fact, about 14 million Canadians check their newsfeeds daily, making them the world’s most active Facebook users, per capita.

However, moderation is essential. “If you can’t sleep because you’re wondering what’s happening on social media, or if you’re overly stressed, maybe it’s time for a break,” advises Dr. Shaheen Shariff, Associate Professor in McGill University’s Faculty of Education, and an international expert on legal issues related to social communications online.

Simple actions, such as liking, tweeting and sharing, may seem innocent at first, since they’re a handy way of relaxing while killing a bit of downtime. But prolonged periods on social networks may be harmful to your mental health. Your concentration may weaken as you get used to learning small bits information very quickly. Thus, longer activities, such as reading a book or writing an essay, become unnaturally difficult.

In addition, Dr. Shariff cautions, social media have blurred the line between the real and the virtual worlds in some people. To keep up with what their friends are doing, they feel compelled to devise idealized versions of their lives. This constant need for social gratification becomes a major source of stress and may lead to depression.

Other side effects include lack of sleep, addictive behaviour, fear of missing out, isolation, incivility, insecurity and anxiety. That’s why Dr. Shariff recommends that you:

• limit your online time to 30 minutes a day
• don’t use your phone at social outings
• turn off your notifications
• schedule time away from your phone during exercise or outdoor activities
• be sure your phone is not the first thing you see in the morning or last thing at night

To learn more about media issues, visit http://mediasmarts.ca and click on “Digital & Media Literacy”.

Peace of mind in a second opinion

You’ve met with your doctor, and now you’ve got to make a tough decision about your troubling diagnosis. Feel uncertain? Then don’t rush it: get a second opinion. But this step, too, may seem daunting. Do you discuss a referral with your own doctor? What if you have to find the second physician by yourself?

According to an article in the Canadian Medical Association Journal, a referral may shorten your waiting time, but in general, long waiting times can be an obstacle in getting a second opinion. (To read the article, visit www.cmaj.ca/ and type “Among medicine’s most enduring myths” in the search field.)

To take some of the guesswork out of the process, the JGH Patient & Family Resource Centre can guide you to some reliable resources:

• A guide from HealthLinkBC explains how to get a second opinion and then what to do. Visit www.healthlinkbc.ca and type “Getting a second opinion” in the search field.

• A pamphlet by the Canadian Cancer Society explores the development of good relationships with the healthcare professionals in your team. Go to www.cancer.ca and type “Working with your healthcare team” in the search field.

• For situations where a child has cancer, visit www.cancer.ca and type “Getting a second opinion and changing doctors” in the search field.

• The Canadian Cancer Society also provides a toll-free information service at 1 888-939-3333, Monday through Friday from 9:00 a.m. to 6:00 p.m., or at info@cis.cancer.ca.

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.
Is your fitness routine boring? 
Then go exploring!

For some people, getting motivated to exercise is a snap. They take a walk, go for a swim or head over to the gym—and their fitness needs are met. But for others, finding the right fit isn’t so simple; their gym may be too far away, or they get bored by yet another stroll around the block or more laps in the pool.

So if you’re trying to stay motivated, or just looking to vary your routine, why not shake things up this fall by heading out to one of these havens in and around Montreal:

- **Mount Royal**: Whether you walk around the summit or climb the Peel Street stairs to the chalet, the beautiful views will keep you stimulated, and the slope will keep your heart rate up. Find out more [here](#).

- **The Lachine Canal**: Stretching from the Old Port to the island’s western tip, this scenic wonder allows cyclists—novices and professionals alike—to be serenaded by the sound of the waves as they travel from borough to borough. Not a cyclist? Not a problem: a separate lane is reserved for walkers. To learn more, [visit this site](#).

- **Cap-Saint-Jacques**: Head west, out of the city, and you’ll discover a secluded oasis that offers kayaking, canoeing and paddleboating. Once you’ve enjoyed your time on the water, sit back and relax on the sandy beach or take a dip in Lake of Two Mountains.

- **National Park of the Islands of Boucherville**: Just south of Montreal is a small cluster of five islands that comprise the Islands of Boucherville. Here you can enjoy a leisurely walk, run or bike ride. If you can’t get there during the milder months, cross-country skiing and snowshoeing trails are available in winter. For more info, [visit this site](#).

General information about attractions in and around Montreal can be found [here](#).

Here’s the point: get a flu shot

With the fall months come crisp morning air, a quiet(er) home with the kids back in school, dreams of a winter beach vacation—and the flu. All it takes is one person to bring home the flu, and before long, everyone has it. So this year, stay one step ahead and get vaccinated.

Afraid of needles? Fear no more! The vaccine is available as a nasal spray for those 2 to 59 years old. Speak with your doctor to find out whether this option is right for you.

Think the flu shot is just for the elderly? No way. The young and seemingly healthy can catch the flu just as easily as those over 65. Getting the vaccine is the selfless choice and it ensures you aren’t risking the health of anyone around you, especially if they’re pregnant, young than 5 or older than 65.

The flu season changes from year to year, and can last anywhere from October to May. That’s why Health Canada and the U.S. Centers for Disease Control and Prevention recommend getting vaccinated by October. And remember that it takes two weeks for the vaccine to take effect.

Contact your doctor to find out where and how you can receive the flu vaccine. For more information about the flu and the vaccine, please visit the [Public Health Agency of Canada](#) and the [Centers for Disease Control and Prevention](#).
Crossing Quebec with blood, sweat and gears

The big wheels kept on turning in the Enbridge Ride to Conquer Cancer on July 5 and 6, as 1,468 cyclists and over 350 crew members came together from across the province to raise $5.3 million to fund cancer research, treatment and prevention.

By the close of the 230-kilometre trek across southern Quebec, the determined participants had pushed the Ride’s six-year grand total to more than $37 million.

Organized by the Jewish General Hospital Foundation, this event for all Quebecers reconfirmed the strong support that the JGH has received in caring for patients from across Montreal and Quebec. The event also typified the partnerships that the JGH has developed with healthcare institutions across the province, with proceeds supporting not just the Segal Cancer Centre at the JGH, but the University of Quebec Hospital Centre Foundation and the Trois-Rivières Regional Hospital Centre Foundation.

David Graham, one of this year’s cyclists, is a Floridian who makes the trek to Canada each year in the hope that his participation will bring researchers closer to finding a cure. “In 1988, I was diagnosed with a malignant melanoma that threatened my life,” he says, “and I’m alive and well today because of research into that type of cancer. Over the years I’ve seen a good number of charity events, but never one this big, or as well organized, that combined my love of cycling and fundraising.”

It was during a meeting several years ago that the Ride was mentioned by Marc Parent, the President and CEO of CAE, where Mr. Graham has worked for 15 years. In an instant, he knew he wanted to participate. “As a Florida employee of a Montreal-based company, I’m rarely able to get involved in the company team. But this was my chance! I can’t be part of all of the team training, but it brings me closer to my colleagues and that’s one of the best parts of the event.”

Since his recovery, Mr. Graham has overcome physical and geographical boundaries to complete the Ride. Having used a recumbent bicycle after head and neck surgery weakened part of his body, he recently began training with a standard bicycle. This enabled him to push himself and strengthen his neck in order to complete the challenging two-day ride.

“When I started raising funds and training, I was struck by how many people have a connection to cancer,” Mr. Graham says, “I was motivated to keep going. Not only do I get to do something I love, but I feel I’m giving back to an important cause.”

Though the mornings of the Ride began on the chilly side, the days soon warmed up, with especially good conditions on the sunny, breezy Saturday. Despite showers at the start and finish on Sunday, most of the day was comfortably cloudy and dry. The high-spirited participants left Repentigny on Saturday morning and spent the night in camp in Trois Rivières, where they enjoyed hot meals and entertainment. On Sunday, they arrived at the finish line in Saint-Augustin-de-Desmaures, just outside Quebec City, to cheers of excited relatives, friends and supporters.

For information on how you can be part of the 2015 Enbridge Ride to Conquer Cancer or to register for the event, please visit www.conquercancer.ca or call 1-866-996-8356.

www.conquercancer.ca 1-866-996-8356
Ten amazing years after its Montreal debut, the Pharmaprix Weekend to End Women’s Cancers reached its landmark anniversary on Aug. 23 and 24 amid cheers, tears, embraces and legions of aching feet.

When Mrs. Jutla first heard about the Weekend in 2006, she decided to participate on behalf of anyone who might have to take on the fight against cancer in the future. “I thought of my own three daughters and my granddaughter, and I realized that it can happen to anyone, so we must all work towards finding a cure.”

Mrs. Jutla’s husband, Sukhvinder, and her sister, Christina Mulchandani, were very supportive of her initiative and joined the walk this past August. The team name: Enhancing Lives 2014. Its mission: to leave a living legacy of love, peace and prosperity. “Every night, my husband and I ask ourselves what we have done today to fulfill this mission in our lives,” she says. “We are fortunate to have been blessed with good health, so we must do what we can to help others.”

“When I look at my grandchildren, I realize that we need to make a better world for them—each one of us needs to do our part to help the new generations. I’m so grateful to the Jewish General Hospital for putting on such an event and completing all this research. You can really feel how much they care.”

Despite the significance of the 10th anniversary, it was just the latest leg in a continuing journey that will resume in 2015. In fact, many of this summer’s walkers have already signed up for next year’s event. For information or to register, visit www.endcancer.ca or call 514-393-WALK (9255).
Making a huge difference for the smallest patients

Sometimes the biggest miracles come in the tiniest “packages”. That’s what happens whenever a baby is born prematurely and receives extra-special care at the JGH. These infants have brought us all together at The Auxiliary for our newest and most ambitious venture, the Tiny Miracle Fund, to purchase 20 “giraffe” incubators for the Neonatal Intensive Care Unit.

At $65,000 each, these incubators carry a hefty price tag, but after just several months, The Auxiliary has already raised more than $100,000 to promote growth, stability and a high survival rate for these fragile patients. In the process, The Auxiliary has boosted its already high visibility in schools, at social gatherings and through networking in the far-reaching use of social media.

As you pass through the main lobby, look for the donation boxes and incubator for the Tiny Miracle Fund. Also be sure to remember The Auxiliary whenever you consider making a charitable donation or sending greeting cards on various occasions.

– Linny Blauer and Phyllis Karper, Co-Presidents

Leaders of the past keep an eye on the future

Many of The Auxiliary’s past presidents came together earlier this year for a luncheon co-chaired by Marilyn Golfman, Hela Boro and Lucy Wolkove. This was followed by a tour of the new Emergency Department in Pavilion K.

Volunteers come to the “fore!”

From the greens to the rough, Auxiliary volunteers like Ellen Amdursky (left) and Elaine Zeidel were out in full force to help ensure the success of the annual JGH Silver Star-Mercedes Benz Golf Classic. Their efforts were coordinated by Ms. Amdursky and Trudy Colton.

Evan Goldstein (second from left) holds the tiny knitted cap he wore when he was born eight weeks prematurely at the JGH on Nov. 18, 1987, weighing 1,587 grams (3½ pounds). This past July, after receiving his Master’s degree in Communications and Public Relations from Boston University, he visited Dr. Apostolos Papageorgiou (second from right), the JGH Chief of Pediatrics, with his parents, Lloyd and Judi. They thanked Dr. Papageorgiou for Evan’s care by making a donation to The Auxiliary’s Tiny Miracle Fund—co-chaired by Hela Boro, Robyn Brojde, Roz Rinzler and Lucy Wolkove—to help purchase 20 incubators for the Neonatal Intensive Care Unit. “We’ve been talking for a while about helping the hospital,” said Mr. Goldstein, “and when we heard about the Tiny Miracle Fund, we knew this was the time to do what we could.” During the visit, Mrs. Goldstein also showed Dr. Papageorgiou an album of Evan’s baby pictures, as well as the identification bracelet he wore in the hospital.
Doing more with less

What does this mean?

For many years, the JGH has become a magnet hospital, attracting patients from across the island of Montreal and indeed, from all over Quebec. Many of these patients can now have equal care in their home hospitals and environment.

In partnership with the government, the JGH has committed itself to achieving (and has begun to implement) millions of dollars in annual efficiencies, while continuing to offer exceptional patient care to the people of Montreal. The current fiscal challenge presents the JGH with an opportunity to redefine itself, so that it will continue its proud 80-year tradition of providing the best medicine possible to the people of our city.

Our hospital’s Executive Director, Dr. Lawrence Rosenberg, recently stated in his blog: “Indeed, the fiscal reality that we now face is difficult, to say the least. But we should view this challenge as a marvellous opportunity to re-imagine what we want our institution to be and how we want to deliver care to our patients. We are well past the time when we can do everything—certainly we cannot do everything to the highest of standards. Thus, I believe we should take advantage of this time to engage in a period of thoughtful reflection in order to prepare for the next stage in the ever-unfolding story of the JGH.”

Our Foundation, the indispensable partner of the hospital and government, helps to ensure that our patients benefit from the best equipment, upgraded facilities, novel research and, most important, the medical staff who provide care and support 365 days a year within our walls.

Today and in the future, our efforts are focused on providing the critical funds which will enable the hospital to take advantage of the revolution in technology and information services, to advance medical research and to sustain the needs of the new critical care wing, Pavilion K.

For eight decades, Montrealers have taken great pride in what the JGH has accomplished with their support. We remain steadfast in our belief that the generous support which you and other thoughtful and committed donors provide will continue, so that the JGH will be in a position to thrive and, yes, to “do more with less.”

— Myer Bick
President and CEO
The Jewish General Hospital Foundation held its 22nd Annual JGH Silver Star Mercedes-Benz Golf Classic in honour of CGI, Canada’s largest IT service provider, and its President & CEO, Michael E. Roach, on June 2 at the Elm Ridge Country Club.

Co-Chaired by Lorne Gorber, Senior Vice-President, Global Communications and Investor Relations at CGI, and George Sakkas, Portfolio Manager and Associate Director, Wealth Management, at The Larente Group, the event attracted 420 of Montreal’s foremost business and community leaders from all backgrounds and age groups for a luxurious day on the golf course. Included in this group were 80 young adults and professionals under the leadership of David Marsh and Peter Rosenthal, who once again participated in the Next Generation Golf Classic morning tournament thanks to the support provided by lead sponsor CIBC, along with Canada Life, Collins Barrow, the Issenman & Sigler Families, Manulife, Mitchel Lincoln Packaging and Usines Géants.

The evening festivities included a special video produced by CGI, followed by an inspirational speech by Michael E. Roach, CGI President and CEO, and 2014 Golf Classic honouree. Participants enjoyed a cocktail dinner featuring delicious gourmet delicacies graciously donated by Gibby’s, L’Autre Saison and L’Orchidée de Chine restaurants, with live entertainment by The Fundamentals. Rounding out the evening was a raffle, during which a lucky winner snatched the ultimate prize: a Barbados getaway for two, including air travel provided by Vision 2000 and a seven-night stay at the luxurious Crane Residential Resort, courtesy of Anita and James Altman.

The marquee event raised over $1 million, thanks to the extraordinary commitment and hard work of the organizing committee and the many people and institutions whose participation and support demonstrated their respect and admiration for CGI, its President and CEO, Michael E. Roach, and its founder and Executive Chairman of the Board, Serge Godin. Since its inception, the Golf Classic has raised over $17 million to improve the medical care, life expectancy and quality of life of the people of Montreal, Quebec and beyond.

Proceeds from this year’s edition will benefit the upgrade of the new Perioperative Information Management System in the operating rooms of the Jewish General Hospital. This is an advanced software system that efficiently automates the entire perioperative environment, from scheduling to post-operative recovery, thereby ensuring a more efficient and safer use of the hospital’s operating-room resources. The system will help improve operational efficiency, patient workflow and safety, quality of care and surgical outcomes. Benefits for patients will include better preparation for their surgery, fewer delays and cancellations, more focused care from nurses and physicians who won’t have to spend as much time performing manual administrative tasks, and real-time status communication to patients’ loved ones through one or more big-board electronic displays. The system will also enable nurse clinicians and physicians to measure outcomes and evaluate the quality and effectiveness of care, allowing the JGH to continue to improve the quality of the patient experience and care.

We thank the many individuals, companies and groups who participated and gave their time, energy and financial support to this worthwhile and highly rewarding cause. A very special thank you goes to the following: The dedicated Co-Chairs, Next Generation Co-Chairs and members of the Golf Classic organizing committee; longstanding event host Sam Eltes of Silver Star Mercedes-Benz; our many generous sponsors; our dynamic and ever-helpful partners at the JGH Auxiliary; and the staff of Elm Ridge Country Club for their close collaboration. Special thanks also go to Ron Waxman and Michael Shapiro, the Foundation staff, particularly Annette Goldman and Stephanie Roza along with Tricia Ramkerath-Jagdat, Mary Etzitian and Rana Saheb, as well as Circé Labelle from CGI and the staff from The Larente Group, whose dedication and commitment helped to deliver one of the most prestigious and successful golf fundraisers in North America.

From left to right: Myer Bick, President & CEO, JGH Foundation; Annette Goldman, Director of Events, JGH Foundation; Lorne Gorber; Michael E. Roach; Stephanie Roza, Senior Coordinator, Events, JGH Foundation; and George Sakkas.

22nd Annual JGH Silver Star Mercedes-Benz Golf Classic tees up over $1 million
The JGH Foundation held its first annual Luxury Avenue event on May 26 at the ICAR Circuit in Mirabel. The first of its kind in Montreal, the event brought together a sold-out crowd of 200 of the city’s most passionate car enthusiasts for a spectacular day of on-track and off-road racing in Ferraris, Lamborghinis, Land Rovers and souped-up Mustangs, including the latest F-type coupe from British automotive powerhouse, Jaguar.

The participants felt a rush of adrenaline, with the encouragement of Quebec’s own Nascar goddess and honary event Chair, Isabelle Tremblay, who inevitably left her less-practiced competitors in the dust. While the racers refueled between activities, they had the chance to view the newest luxury models from Jaguar, Rolls Royce, Maserati and Audi, as well as a host of tempting vacation accommodations from Luxury Retreats on a site catered and designed by Seal Productions.

This thrilling day was capped by a “Casual Chic” cocktail dinatoire, dinner (BBQ) and dancing right on the racing tarmac, which was emceed with gusto by Tony Marinao, host of “The Montreal Forum Show” on TSN 690 radio, and attended by over 350 guests.

Over and above its glamour, the most extraordinary element of the event is the impact of the funds raised, totalling $520,000, which will benefit three JGH causes: the Neonatal Intensive Care Unit headed by Dr. Apostolos Papageorgiou; the acquisition of a second MRI machine for the Department of Radiology, under the direction of Dr. Mark Levental; and the Rapid Assessment Zone (RAZ) in the new Emergency Department, led by Dr. Marc Afilalo. These funds will help the hospital continue to provide cutting-edge medical treatment and compassionate care to all of its patients.

All in all, Co-Chairs Stéphane Bismuth, Danielle Bitton, Bernard Poulin and Natalie Voland, together with members of the organizing committee and an army of volunteers, really outdist themselves in delivering an empowering and unforgettable experience that had all of the participants asking for more.

The hospital and the Foundation would like to thank the many individuals, companies and groups who participated and gave their time, energy and financial support to advance the JGH’s mission for the benefit of the people of Quebec: the dedicated Co-Chairs, members of the organizing committee, our many generous sponsors and our volunteers. A special thank you goes to ICAR, Republik, Jaguar Land Rover Canada and Seal Productions, as well as to the Foundation staff, particularly Betty Elkaim and Mary Etzitian, for contributing their hard work and talent to ensure the success of the event from start to finish.

Honorary President Isabelle Tremblay put it best when she said: “Yes, I do love the smell of burning tires, the sound of engines, and the rush of adrenaline, but more than anything, I love to make a difference. My experience has shown me that great results cannot happen without support. Luxury Avenue would not have been possible without the hard work of what felt like a real formula team, one that I was proud to be a part of. Our achievements speak for themselves!”

The Luxury Avenue Organizing Committee Members.
Bond fever hits 17th Annual JGH CIBC Athletic Day and Party

The 17th Annual JGH CIBC Athletic Day and Party (formerly known as the Tennis Classic) was one of the hottest benefit events of the spring, attracting over 600 influential entrepreneurs and professionals from diverse backgrounds and age groups and raising in excess of $583,000. Since its inception in 1998, this marquee event has raised close to $4 million, which has been used to support various needs throughout the hospital.

Once again this year, the Organizing Committee, under the dynamic leadership of Co-Chairs Carl Bélanger (Fasken Martineau DuMoulin), George Granata (Granata Group), George Itzkovitz (Primo International), Demo Trifonopoulos (CIBC) and Gary Wechsler (OMSI Merchant Services Canada), decided to hold the event over two separate days. But they took the concept one step further by replacing the traditional tennis tournament with a more family-oriented Athletic Day.

Proceeds from the two-day event will support the JGH Department of Urology, a leading North American centre in the use of robotic-assisted surgery and minimally invasive procedures that offer curative hope in treating advanced diseases relating to prostate, kidney and bladder in frail patients, reduced infection rates, shorter recovery times with less days in the hospital and better quality of life for patients. Notably, these funds will support the development of non-surgical image-guided therapies that will allow for early disease control with minimal side-effects, as well as cutting-edge research and clinical innovation in urology. A portion of the proceeds will also go to the Starlight Children’s Foundation Canada, which helps children with all types of illnesses, including many with special needs. Funds from the event will be used to further develop awareness campaigns and help support Starlight Great Escapes, a program that enables children with special needs and their families to experience memorable days of fun, excitement, learning techniques and camaraderie. Activities include Cabane à sucre, friendship days, go-karting, boating and waterskiing, as well as a winter cottage retreat with snowmobile excursions—all of which allow the children to develop friendships and provide opportunities for parents to meet other parents with similar difficulties.

We thank the many individuals, companies, foundations and groups for their generosity and commitment to the event and the worthwhile causes it supports: the dedicated members of our organizing committee; staff of the Starlight Children’s Foundation Canada; the JGH Foundation staff (Administrative Assistant Rana Saheb and Director of Events Annette Goldman, in particular); and our many sponsors, supporters and guests. Special thanks go to our Co-Chairs for their vision, inspiration and determination to ensure an amazing event and make a difference in the lives of others.

We acknowledge with gratitude all of the sponsors for their support, with a special thank you to the following major sponsors:

**Lead Sponsor**
CIBC

**Major Sponsors**
- Rolls Royce
- Holand Leasing
- Park Avenue
- PearTree Financial
- Wendy & Gary Wechsler
- KPMG

**Athletic Team Sponsors**
- American Iron & Metal L.P.
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- The Azrieli Foundation / Canpro
- Fasken Martineau DuMoulin
- McCarthy Tétrault LLP
- MNP
- Starlight Foundation

**Gold Sponsors**
- Alan and Roula Rossy Foundation / Copley Pipe & Piling Supplies Ltd.
- The Larente Baksh Group
- Sanofi Canada
- Janssen

**Silver Sponsors**
- Ernst & Young (EY)
- Primo International
- Tidan Real Estate and Hospitality Dynamics
- Astellas Pharma Canada, Inc.
Boys aged 13, 14 and 15 from the Bantam A Tigers Hockey Team of the Lakeshore Minor Hockey Federation volunteered their time bagging groceries at the Provigo in Kirkland over a weekend, raising $400 which they donated to the Vicki & Stan Zack and Family Teenage Health Unit (THU) of the Goldman Herzl Family Practice Centre at the Jewish General Hospital. The THU provides free services ranging from basic medical care and reproductive health to helping teens deal with problems such as bullying, depression, stress, anxiety, substance abuse, eating disorders and suicide. It also runs an outreach program, in which visits to high-schools throughout the greater Montreal region are arranged on a weekly basis, providing an interactive bio-psychosocial educational service to thousands of teens. “It is truly inspiring to witness the public spirit and communal responsibility of these teenagers,” says JGH Foundation President and CEO Myer Bick. “Their generous contribution to the hospital’s Teenage Health Unit will advance its mission of helping young people deal with their health and societal problems.”

Jacob Frankiel celebrated his bar mitzvah in a poignant way by donating $500 from his gifts to the Leukemia Fund at the JGH, in memory of his grandmother, Cathy Edery-Guigui, and in honour of Dr. Stephen Caplan, Head of the JGH Division of Hematology-Oncology. This fund supports research and clinical trials in leukemia, aimed at increasing the cure rate and survival of patients with this disease. Samuel April also decided to honour his late grandfather, Cecil April, who meant a great deal to him, by contributing $500 from his bar mitzvah gifts to the Cecil April Memorial Fund at the JGH. This tribute fund supports research into colorectal cancer. Thank you, Jacob and Samuel, for paying tribute to your loved one’s memory in such a meaningful way!

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UPCOMING EVENTS FOR MEMBERS

Governors’ Circle
This fall, members of the Governors’ Circle will be invited to the following exclusive lecture:

Exciting New Therapies in Oncology

By Wilson Miller, M.D., Ph.D.
Director of Laboratory Research,
JGH Division of Hematology-Oncology,
Department of Medicine, and Director
of the Clinical Research Unit at the JGH

Monday, September 15, 2014, 7 to 8 p.m.
Block Amphitheatre, B-106, Jewish General Hospital
Refreshments at 8 p.m.

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.

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 8844, or at dcantor@jgh.mcgill.ca.
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

**Ponytail Drive**  
May 25 – Moksha Yoga N.D.G.  
Raised $1,000 in support of the mind-body-spirit programs at the JGH Hope & Cope Wellness Centre – Lou’s House  
Special thanks to event organizer Jade Pollack

**22nd Annual JGH Silver Star Mercedes-Benz Golf Classic, honouring CGI**  
June 2 – Elm Ridge Golf & Country Club  
Co-Chairs: Lorrie Gorber and George Sakkas  
Raised over $1 million for the integration of a new Perioperative Information Management System upgrade in the operating rooms

**Reitman’s Ritz Event for Alzheimer Research**  
June 8 – The Residence at the Ritz Carlton  
Chair: Dorothy Reitman  
Organized by Beverlee Ashmele, Marilyn Blumer, Bernice Brownstein, Roni Kolber, Julia Reitman, Sarah Rubin, Penny Rudnikoff and Emmelle Segal  
Raised $15,000 net for basic and clinical research into Alzheimer’s disease

**3rd Annual Antony Proteau Ball Hockey Tournament**  
June 14 – Bill Durman Arena  
Raised $24,500 in support of CancerFightClub, Hope & Cope’s young adult programming  
Special thanks to Keif Orsini, Tim Schiavi, Richard Ribaya, James Lavinskas, Matthew Chausse and Daniel Laplante  
Please visit ap12fund.com for more information

**6th Enbridge Ride to Conquer Cancer**  
July 5-6  
Co-Chairs: Gerald Issenman, Eric Ouaknine and Sam Scalia  
Raised $5.3 million for cancer research, prevention, treatment and care at the Segal Cancer Centre at the JGH, the Centre hospitalier régional de Trois-Rivières (CHRTR) and the Centre hospitalier universitaire de Québec (CHUQ)  
Special thanks to our National Title Sponsor, Enbridge  
Please visit jgh.ca/SegalCancerCentre or conquercancer.ca for more information

**Vanier College Supercamp Car Wash**  
August 6 – Vanier College  
Raised $1,200 in support of CancerFightClub, Hope & Cope’s young adult programming  
Special thanks to Greg Wise and the counselors, leaders-in-training and staff of Vanier College Supercamp

**10th Annual Pharmaprix Weekend to End Women’s Cancers**  
August 23-24  
Honorary Chair: Sheila Kusser, O.C., O.Q.  
Co-Chairs: Anne Mezei and Fiona Murray  
Raised $ 3 million for breast and gynecologic cancer research, prevention and care at the Segal Cancer Centre at the JGH  
Special thanks to our National Title Sponsor, Pharmaprix  
Please visit jgh.ca/SegalCancerCentre or endcancer.ca for more information

**10th Annual Lila Sigal Hockey Marathon**  
September 6 – Samuel Moscovitch Arena  
Co-Chairs: Farrel Miller and David Sigal  
Benefiting the JGH Cancer Nutrition and Rehabilitation Program  
Amount raised unavailable at press time  
Please visit jgh.ca/en/cancernutrition-rehabilitationprogram or marathonhockey.com for more information

**Electric City in memory of Tamar Ostrega Perlman (TOP)**  
September 6 – 5650 Royalmount  
Benefiting the En Famille Program at Hope & Cope  
Amount raised unavailable at press time  
Please visit hopeandcope.ca for more information

**Dorval, Sources, St. Henri Auto Parts Walk-a-thon**  
September 7 – St. Maxime Park, Chomedey, Laval  
Benefiting Hope & Cope’s Cancer Exercise Program (ActivOnco)  
Amount raised unavailable at press time  
Special thanks to organizers Alex and Nick Trichas and the Dimopolous Family – Chris, Nick and André

Upcoming events

**SEPTEMBER 17**

**2nd Annual Auto Moda Cocktail and Fashion Show**  
Centre de commerce mondial de Montréal, La Ruelle des fortifications  
Co-Chairs: Angelo Rizzolo and Julia Teddeo  
Benefiting the Vivo Fund for the Neonatal Intensive Care Unit  
Special thanks to Centre de commerce mondial de Montréal and Europa Group  
Contact: Mary Etzitian, 514-340-8222, ext. 3986  
More information: vivofund.com

**OCTOBER 19**

**10th Anniversary Gloria’s Girls – A Night at the Theatre**  
Rialto Theatre  
Co-Chairs: Maxine Shapiro Rosenblatt and Susan Bercovitch  
Benefiting the Gloria Shapiro Endowment Fund for Ovarian Cancer Research  
Contact: Mary Etzitian, 514-340-8222, ext. 3986

**NOVEMBER 13**

**80th Anniversary Tree of Life Special Celebration**  
Pavillon K atrium at the JGH  
Co-Chairs: Alice Raby, Heleena Wiltzer 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!
Gym expands as additional cancer patients opt for exercise

The JGH Hope & Cope Wellness Centre’s gym has been expanded to accommodate the growing number of individuals seeking the benefits of a personalized exercise program during or soon after their treatment for cancer.

Floor space in the basement of the Côte Ste-Catherine facility (also known as Lou's House) has grown by about 20 per cent to make room for new users and additional equipment. Two new floor-to-ceiling, wall-mounted mirrors (for a total of five) also provide users with multiple angles to monitor their exercise technique as they follow the instructions of staff.

According to a Hope & Cope spokesperson Hena Kon, the renovations—costing just under $10,000—were financed by proceeds of an annual walkathon organized and hosted by Dorval, Sources and St-Henri Auto Parts. The 2013 edition raised $69,000 for Hope & Cope’s physical activities program, with this year’s event scheduled for early September.

The gym and other programs at the Wellness Centre are available to all individuals who have cancer or are recovering from the disease, regardless of which hospital they are treated in.

Exercise physiologist Lisa Mastroianni says the gym’s expansion reflects Hope & Cope’s commitment to exercise for cancer patients, a concept that is continuing to gain momentum nationally and globally. She explains that even though individuals with cancer were once viewed as fragile, they can now follow a customized and supervised exercise plan. As a result, they have been found to fare significantly better, with fewer side effects of their treatment, easier recuperation, better stamina and less fatigue.

Suzanne O’Brien, Executive Director of Hope & Cope, notes that some recovering cancer patients are now planning to participate in a seven-kilometre walk. “The key,” she says, “is to provide proper professional support that takes into account the treatment that a person has received, the extent of scarring and the range of motion that a person is capable of.” Ms. O’Brien adds that the Wellness Centre’s broader objective is to help individuals during the initial stages of their exercise, so that they can eventually continue on their own at their local gym.

Dr. Carmen G. Loiselle, Hope & Cope’s Scientific Director and Co-Director of the Segal Cancer Centre at the JGH, says bone health is of particular importance among women with cancer, because they are at higher risk for bone fragility and fractures. “This is where Hope & Cope can play a crucial role in prevention,” she says. “If you’re diagnosed with cancer and are also found to have low bone density, an exercise program needs to be customized for you.”

Attention to overall physical health is also behind a $600,000 grant that Hope & Cope just received from the Quebec Breast Cancer Foundation to conduct a three-year, community-based, multi-disciplinary project into bone fragility among women recently diagnosed with breast cancer.

“When it comes to actual cancer treatment and follow-up, personalization is key,” says Dr. Loiselle. “Hope & Cope believes that the same should be true for all aspects of cancer care that’s focused on an individual, whether related to exercise or other aspects of physical and emotional health.”
Doctors praised for high quality of care in Dialysis Clinic

Nurses commended in patient survey for respectful attitude

Responding to a JGH survey about the Dialysis Clinic, an overwhelming majority of patients have said they have confidence in the quality of the care that they received from their doctor.

The Patient Satisfaction Survey found that 90 per cent of respondents approved of their doctor’s care, 94 per cent would recommend the Dialysis Clinic to people with similar needs, and 92 per cent approved of being addressed by the nurses in a manner that was respectful, polite and not overly familiar.

The bilingual survey, conducted in mid-2013, had a response rate of about 38 per cent, which is considered statistically valid. Paula Caletagne, 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 they are distressed by a problem that they consider important, finding a solution becomes a greater priority.

With guidance from the findings of the survey, measures are being taken to improve aspects of the Dialysis Clinic where the level of satisfaction was lower. For example, work is proceeding on a new information pamphlet and DVD to help patients better understand the possible complications of their treatment.

Efforts are also under way to increase patients’ involvement in making decisions about their care, and to help them understand the consequences of their illness on their daily lives.

In addition, a Clinical Nurse Specialist has been assigned to meet new patients and their families, accompany doctors on their weekly rounds, ensure continuity of care, and arrange meetings with patients and their families, as needed.

Another survey will be conducted this fall to re-evaluate patients’ satisfaction with the most recent improvements in the Dialysis Clinic.

The JGH Foundation is now conducting a major fundraising effort to relocate, consolidate and expand the Division of Nephrology’s hemodialysis facilities to ensure life-saving treatment for the growing number of patients. The JGH has the fastest growing hemodialysis program on the island of Montreal, performing over 31,500 individual treatments per year.

As the population ages, and as life expectancy rises due to medical advances, more people are experiencing kidney failure. This has led to a rapid increase in demand that is straining the capacity of the JGH’s facilities. Relocating and consolidating the Division’s two hemodialysis units into a single, larger area will streamline services and allow 11 dialysis stations to be added. This will bring the total to 44, allowing the Division to accommodate as many as 66 extra patients.

For more information or to make a donation in support of this vital initiative, please call the JGH Foundation at 514-340-8251.
We are proud to share the same values as the Jewish General Hospital.

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