Jewish General Hospital

JGH News

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ALL THE WAY TO PAVILION K

TRANSFER OF 203 PATIENTS LAUNCHES NEW CRITICAL-CARE WING

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Journey to Pavilion K reaches its climax

Among the first patients to be moved to Pavilion K was expectant mother Chantal Piché, who was taken to the new Family Birthing Centre. Accompanying her on her brief journey were Alan Maislin (left), President of the Board of Directors of West-Central Montreal Health; Board member Alyssa Yufe (second from left); Dr. Lawrence Rosenberg (third from right), President and CEO of West-Central Montreal Health; and members of the healthcare and transport teams.

Transfer of 203 patients goes off without a hitch

After a decade of planning, years of construction, months of painstaking preparation, weeks of simulation exercises and a day of extremely intense activity, Pavilion K has become the new home of Intensive Care, Coronary Care, Neonatal Intensive Care, the Family Birthing Centre, the operating rooms and numerous other units and services.

The largest, most ambitious and most complicated expansion project in the 81-year history of the JGH reached a climax on January 24, with the transfer of 203 patients to their new rooms in just 5½ hours.

Occurring nearly two years after the Emergency Department was relocated to the ground floor of Pavilion K, the move instantly transformed the new wing into the focal point of the hospital's critical-care, surgical and birthing activities.

Crucial to the success of the new facility is the luxury of space—space for all patients to have a room of their own, space for several relatives to visit a patient in full privacy, space for staff and life-saving equipment to cluster easily around a patient's bed, space for picture windows that provide a crucial, psychological boost of light and airiness for patients (in their rooms) and staff (in their lounges).

Heart-felt "goodbye" messages from staff were written on the walls of the Intensive Care Unit in the days leading up to the move. Similar messages appeared on walls and posters in other departments and units.

For numerous employees, the switchover was an emotional event—what Serge Cloutier, Team Coordinator in the NICU, called "a kind of bittersweet feeling." That's why, in the days leading up to the January move, a multitude of hand-written goodbye messages adorned walls and posters in the ICU, 7 Northwest, the Coronary Care Unit, the Family Birthing Centre and other areas.

A sampling of those messages: "Goodbye to my first home away from home." "Trained and raised here as a critical care nurse, 1991 till now." "This is where I learned to walk and became a strong nurse." "Lots of laughs & lots of tears, so many memories." "You never really leave a place you love." "The 1st unit that felt like home to me."

At the same time, Diane Brault, Head Nurse of the Cardiovascular Intensive Care Unit, said she and many of her colleagues were eagerly anticipating the greater efficiency and the better quality of care they would be able to provide in Pavilion K.

In the end, it was all a matter of perspective. As one message noted (in quoting a Beatles song) on the wall of the old ICU: "You say goodbye, I say hello, hello, hello."

Moving out, moving in

Dawn was more than a couple of hours away when staff began arriving at the JGH on January 24 to gear up to move more than 200 patients from the main building to Pavilion K.

At 5:30 a.m. on January 24, about 90 minutes before the move began, members of staff gathered in the Atrium for breakfast and to pick up t-shirts that were colour-coded according to their assigned teams.

By 5:30 a.m., dozens had gathered in the Atrium for a hot breakfast and a t-shirt that had been colour-coded and imprinted with names of their respective teams.

The air of excitement and anticipation was palpable as Dr. Lawrence Rosenberg, President and CEO of West-Central Montreal Health, told staff they were experiencing "what the founders of the original hospital must have felt when they first opened the doors to patients back in 1934.

"Today we are the pioneers laying the foundations for future care in this hospital and in this community. So remember this day. It is the day that you all will have made a bit of history for yourselves."

Alan Maislin, Chair of the Board of Directors of West-Central Montreal Health, urged members of staff to "take advantage of this new institution. As we go forward, let's use this as the launching point to provide the best possible care for the citizens of this province."

The impending move was described by Johanne Boileau, Director of Nursing, as "a once-in-a-lifetime experience. We are about to embark on a great voyage from the past to the future and I feel very privileged to be part of this team."

"Today we are the pioneers laying the foundations for future care in this hospital and in this community."

Finally, Joanne Côté who, as Director of Transition, had overseen the extensive preparations for the move, acknowledged that some employees would miss their old units. "It's okay to have mixed feelings as you leave an area of work with so many good feelings to cherish," she said. "But today you are starting a new chapter in your future."

Then came the moment that thousands had been awaiting for so long—the move of the first patient, at 7:00 a.m., out of the Family Birthing Centre on the fifth floor of Pavilion B.

As that patient was being readied for transport, Marie-Josée Bourassa, the Centre's Head Nurse, described the atmosphere as "a real adrenalin rush," while Paul Lao, a member of the Transport Team, felt he was participating in "history in the making."

From there, it was a matter of following the steps in a carefully predetermined scenario:

- Wheel the patient's stretcher through the halls of the legacy units and across a link to the new building.
- Take an elevator to the appropriate floor in Pavilion K.
- Check in with a reception team to confirm the identity and destination of the arriving patient.
- Wheel the patient to his or her new room and make the connections to monitors or other equipment.

"It was very nice, very smooth, very well done," said Chantal Piché, an expectant mother, who was among the first to arrive in the new Family Birthing Centre. "Everybody seemed really well prepared and they let me know everything that was going on."

Over and over, the scenario repeated itself, as patients were moved at a steady rate of one every 2½ minutes, except for those in critical condition who were moved every five minutes.

An infant in an incubator is moved through the halls of Pavilion K to the new Intensive Care Unit.

Numerous precautions were also taken. For example, Toula Trihas, Chief of Respiratory Therapy and Anesthesia, explained that when infants were moved between the NICUs, their incubators were attached to special shuttles equipped with back-up systems for the respirator and the respirator's battery. Also on board were oxygen and air for resuscitation, as well as the means to monitor the baby's vital signs.

Silvana Perna, Coordinator of Infection Prevention and Control, had arrived early that morning with her team to determine whether any new patients had been put into isolation overnight because of infections.

During the move, one member of Ms. Perna's team was assigned to the Red Track (critical-care patients) and another to the Blue Track (other patients) to ensure the proper transport of patients in isolation. "At the end of the move," Ms. Perna said, "we're going back to Pavilion K to make sure they were properly isolated and that adequate precautions were put in place."

Relatives of the transported patients also got kid-glove treatment. According to Lyne Charbonneau, a Nurse Clinician and Patient Coordinator, NICU personnel had met with the infants' parents two days earlier to brief them on what to expect.

"We visited Pavilion K and showed them where their baby would be moved to," Ms. Charbonneau said. "They know they need to wait, and as soon as we settle all the babies, we will call them and reassure them that, yes, their baby is in the new location."

Armande Picard was the first patient to arrive in her new room in the Coronary Care Unit of Pavilion K.

For Dr. Apostolos Papageorgiou, Chief of Pediatrics and Neonatology, the move was his fourth at the JGH, but by far, he said, it was the most hopeful and exciting. For the first time, incubators were arranged in groups of six, with each group assigned to a single oversized room

(known as a pod) where serenity reigned. This was a far cry from the previous NICU, where more than 30 incubators had been crammed into one room that bustled with constant noise and activity.

"This is an extraordinary event," enthused Dr. Papageorgiou. "You can imagine my emotions. It's a wonderful improvement for the families and for the babies. It's modern neonatology, finally."

The placid mood of the NICU also impressed Mr. Maislin, who called it "magnificent. I don't even know if there are adequate words to describe how I feel." Dr. Rosenberg found it "just spectacular," adding that one of the most outstanding features of Pavilion K generally was "how quiet it is. When we were watching patients being moved, you could hear a pin drop. It's unbelievable."

Doctors who surveyed their new surroundings were also looking forward to significant improvements in care. "Patients are going to be in a unit with less noise, more sunlight and more privacy," said Dr. Denny Laporta, a staff physician in Intensive Care. "We hope that this environment will be more conducive to healing and communication. Ultimately, we hope patients will feel they can heal better and faster."

Dr. Richard Sheppard, a staff physician in Cardiology, said he was looing forward to a decrease in infections, since all patients would have single rooms. "Patient confidentiality will certainly be a big plus in those private rooms. We'll also have a lot more space, in the case of a critically ill patient, to bring in machines that would normally taken up a lot of space in the unit."

By 12:32 p.m., it was done. The big move—203 patients, 61 of them in critical condition—had been completed without incident, leaving staff to provide care in the new environment.

"I'm very pleased with how it went," said Ms. Boileau, who paused for a breather after the final patient had been moved. "I'm especially happy there were no incidents. Patient transport is a high-risk activity, but nothing happened. Everything went smoothly. I'm very pleased and very relieved."

A post-script: At 3:17 p.m., nearly three hours after the move was completed, Cynthia Dahan and David Ohayon became the proud parents of a daughter, the first baby to be delivered in Pavilion K.

Cynthia Dahan and David Ohayon with their new daughter, the first baby to be delivered in Pavilion K.

Quality of care already on the upswing in Pavilion K

During the move on January 24, an incubator is checked en route to the new Neonatal Intesive Care Unit in Pavilion K, where noise levels and the number of alarms are noticeably lower.

Just weeks since it swung into operation, Pavilion K already appears to be improving the well-being of patients and the quality of their care.

Preliminary indications are that notable improvement has already occurred in two key areas: nosocomial infections (those that originate in the hospital) and noise levels.

According to Silvana Perna, Coordinator of Infection Prevention and Control, as of March 4, there had been no transmissions of VRE (a type of antibiotic-resistant bacterium) for six weeks on the sixth floor of Pavilion K, and no VRE transmissions for five weeks on the seventh floor.

Before Pavilion K opened, Ms. Perna and other JGH healthcare professionals presumed—correctly, as it turns out—that the spread of infection would slow noticeably, since all patients would occupy private rooms.

Johanne Boileau, Director of Nursing, notes that the JGH has always been diligent about promoting hand hygiene and implementing measures among staff to minimize the spread of infection. "But even with all of that, prior to the move, we were still struggling and getting a lot of nosocomial infections," she says. "That's why I was not expecting such a radical decrease so rapidly in Pavilion K, but it is quite impressive."

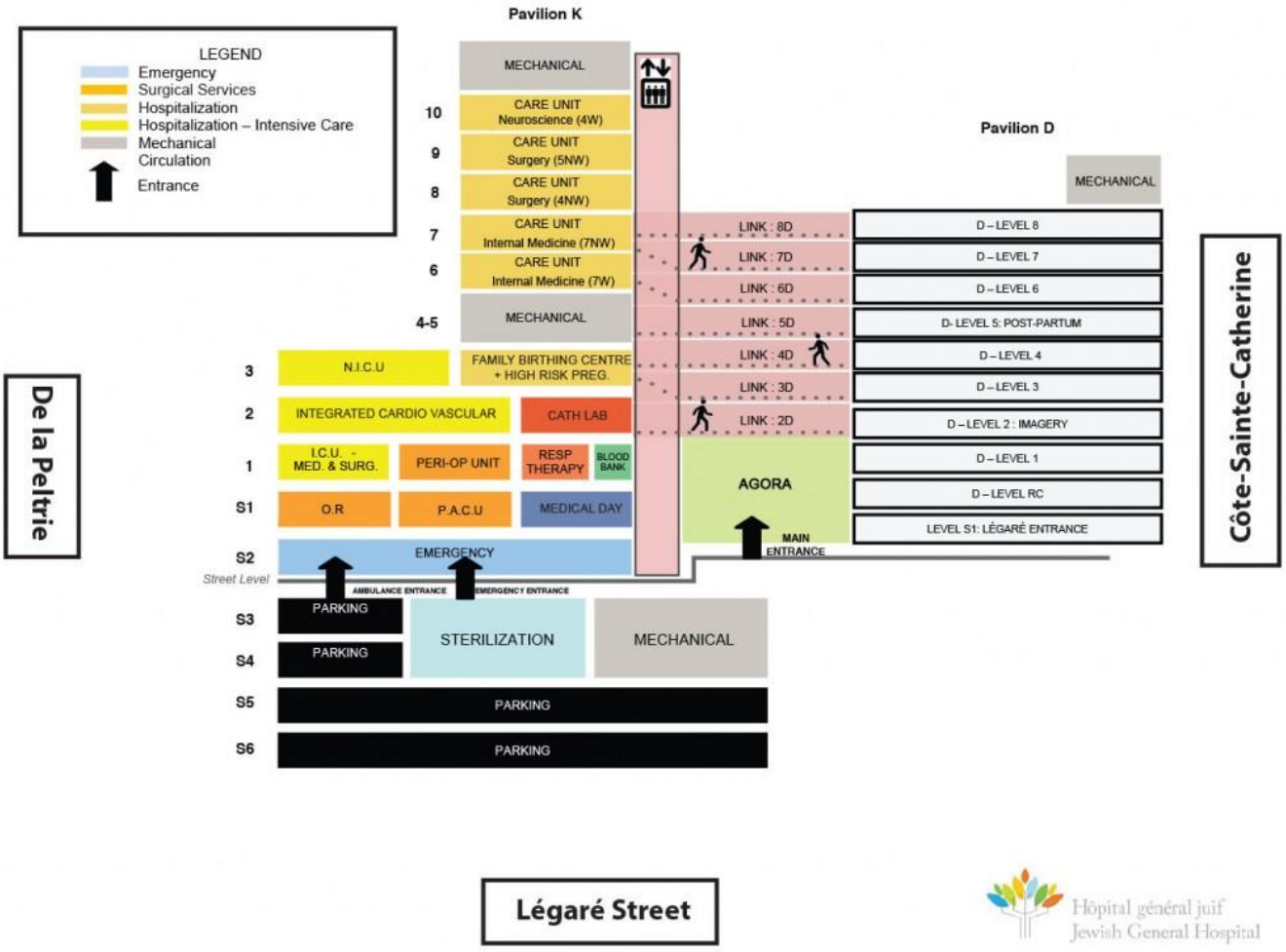
Ms. Perna says that some patients elsewhere in the new wing did have other types of infections before March 4, but "the majority were community-acquired, except for a few sporadic nosocomial cases."

Also noteworthy is the significantly lower noise level, especially in the Neonatal Intensive Care Unit, where each group of six incubators now has a room of its own (known as a pod). This is far different from the previous NICU, where more than 30 incubators were crammed into one oversized room that bustled with constant noise and activity.

As early as January 28 (four days after the move), the JGH Board of Governors was informed by Joanne Côté, who had overseen the transition to Pavilion K, that during the NICU's first night in its new quarters, "apparently, no alarms were sounded on the monitors for the babies.

"Also, the number of calls from patients on any given unit is lower. As I was making my rounds this week, everybody mentioned that fewer call bells were going off."

Ms. Côté said the quieter conditions may be contributing to lower anxiety levels, or perhaps the new decentralized nursing system makes patients feel more secure. "We're not quite sure why," she added, "but it's amazing that in only a few days, we've seen such a change."



Cutaway illustration of Pavilion K's departments and medical units, from the perspective of someone on Légaré St. The main doors (centre, green) open into a large reception area, known as the Agora. Also at street level (left, light blue) are the doors to the Emergency Department. Links on floors 2 through 7 (centre, pink) connect the medical departments and patients' units (left, various colours) with the main hospital building (right, white).

More recently, Ms. Côte, who is now Director of Transformation (and Associate Director for Innovation and for Quantitative and Prescriptive Analysis), said that most observations about the noise reduction have been anecdotal. For this reason, a study is being conducted in the NICU to monitor the distress calls and to determine whether, and to what extent, there is a correlation with noise levels.

What's indisputable, says Dr. Louise Miner, Director of Professional Services, is that "the place is so big that you don't get a feeling of loudness or urgency"—an environment similar to that of the new Emergency Department, which opened in Pavilion K in February 2014.

"When you walk through the ER, it's kind of serene," says Dr. Miner. "The work areas where everybody convenes are busier places, but the patients in their rooms don't see or hear all of that activity, which is good."

However, along with the successes, there have been some difficulties, as well. According to Ms. Boileau, one of the most serious has been the need to improve the smooth flow and use of case carts in Surgery.

Previously, surgical staff chose their own instruments before an operation; now everything is pre-chosen after sterilization and arrives on a case cart. If all of the items in the cart are not exactly right or are not delivered on time (as has sometimes been the case), there is a domino effect of delays.

On the whole, though, staff seem happy with the new environment, says Georges Bendavid, Director of Technical Services, who is informed about almost every problem or glitch. Most, he says, have been the sorts of minor problems that occur in any large move—for instance, ventilation that needs adjusting, the lack of hot water in a particular sink, or requests for bulletin boards or coat hooks to be installed.

"When I walk the floors and speak to people," Mr. Bendavid says, "I get good vibes—a good feeling, it's nice. And even if they have some criticism, they say it in a nice way."

Asked for additional reasons why staff and patients seem so satisfied, Ms. Côté, Mr. Bendavid, Ms. Boileau and Dr. Miner mentioned the following:

- Plenty of **light** enters through the profusion of windows, lifting patients' spirits and boosting staff morale. In some staff lounges, the picture windows offer breathtaking views.
- The **roominess** of the building contributes to its calming environment. Even in high-stress situations, the anxiety is easily limited to specific areas.
- The highly efficient **ventilation system** complies with the latest Canadian norms.
- The new **Triage Unit** in the Family Birthing Centre speeds up the evaluation process, without impeding the care of patients who are being admitted.
- The **Ante Partum Unit**, an area of the Family Birthing Centre for high-risk pregnancies, now consists entirely of private rooms, as opposed to the three-bed rooms in the legacy unit.

What's happening to all of that empty space?

With the relocation of so many units to Pavilion K, the legacy hospital building finds itself with an abundance of empty space. So far, however, the only confirmed plans involve renovating the old Emergency Department (vacated in 2014) and using it for the new Nephrology Centre, which includes hemodialysis.

According to Johanne Boileau, Director of Nursing, it has been suggested that the patient experience can be improved by moving beds from some of the oldest—and most old-fashioned—areas in the main building to legacy units that had been renovated only a few years before the move. In these more up-to-date units in the main building, additional renovations would create a greater number of private and semi-private rooms.

However, Ms. Boileau says since such a plan would not be funded by the government, discussions are still ongoing to determine how best to use the space and how to finance any proposed renovations.

The JGH Foundation is now conducting a major fundraising effort to support the renovation and outfitting of vacated areas in the main hospital. This would lead to the creation of additional private or semi-private rooms, as well as the expansion of existing services and the addition of new services.

For example, plans have been prepared to relocate the Orthopedic Clinic, the Thrombosis Clinic and the Psychiatric Inpatient Unit into newly reconstructed spaces.

For more information or to donate, please visit **the JGH Foundation's Campaign page** or call 514-340-8251.

The underlying reason for the positive attitude among staff, Mr. Bendavid explains, is that a major effort was made to have everything as close to perfect as possible on the day of the move. This was achieved between July 2015 and mid-January 2016, when employees repeatedly visited their future work areas and looked for anything that didn't meet their needs or didn't function as it should.

"Those last six months were not easy," he recalls. "There many requests—'I want a wall moved,' 'I want some plugs changed,' 'The lighting isn't great,' 'The counters are too low.' But we made all of those changes before the users came on-site."

When staff finally moved in and found everything to their liking during the first few days, they were left with a positive impression that has stayed with them long afterwards, says Mr. Bendavid. And even if the odd problem arose later, what stuck in employees' minds was their pleasant experiences on arriving in their new quarters.

Ms. Côté agrees, attributing the transition's success to the numerous simulation exercises that staff performed, as well as their almost obsessive attention to detail during the final months of 2015. "Before the move, if you walked into your future work area, it might have looked okay," she explains, "but unless you did the exercise, you might not have realized that some things weren't quite right.

"Since we started going in as early as July, we were able to make simple but important corrections. These weren't necessarily deficiencies—just seeing and understanding that something that was supposed to go in one place would really work better in another place. And this might mean that an electrical outlet or some other fixture had to be moved."

Ms. Côté adds that the hands-on approach of the Transition Team meant that "we were checking everything in great detail, from lights to electrical outlets to doors. It was a lot of work, but we saw the results: When Pavilion K opened, there was much less negative feedback than we expected. Going the extra mile really paid off."

Health minister officially opens Pavilion K

At the conclusion of a news conference on January 18, Health and Social Services Minister Gaétan Barrette (with scissors) cuts a red ribbon to officially open Pavilion K. Joining him are (from left) Dr. Louise Miner, Director of Professional Services; Lawrence Bergman, former MNA for D'Arcy-McGee; Francine Dupuis, Associate Executive Director of West-Central Montreal Health; Pierre Arcand, Minister of the Environment, Sustainable Development and Parks; Dr. Lawrence Rosenberg, President and CEO of West-Central Montreal Health; Alan Maislin, President of the Board of Directors of West-Central Montreal Health; Allen Rubin, President of the JGH Board of Governors; Georges Bendavid, Director of Technical Services; Johanne Boileau, Director of Nursing; and Joanne Côté, Associate Director for Innovation and for Quantitative and Prescriptive Analysis.

JGH praised as "a crown jewel in our hospital network"

Praising the Jewish General Hospital as "a crown jewel in our hospital network," Dr. Gaétan Barrette, Minister of Health and Social Services, cut a red ribbon on January 18 to officially open Pavilion K, the hospital's new critical-care wing—a symbol, he said, of the JGH's decades-long commitment to excellence in health care.

Speaking at a news conference in Pavilion K's Lea Polansky Square, Dr. Barrette said the JGH "has always been a leader in terms of excellence of care in this province and I really hope it's going to remain that way—and I have no doubt that it will.

"Why? Because of the involvement of everyone, from the Foundation to the administration, to the doctors, nurses and other personnel. There is a state of mind that excellence of care is the number 1 value of the institution."

At a news conference to launch Pavilion K, Alan Maislin addresses the audience. At the speakers' tables are (from left) Pierre Arcand, Gaétan Barrette, Dr. Lawrence Rosenberg, Joanne Côté, Georges Bendavid, Johanne Boileau and Dr. Louise Miner.

Dr. Barrette recalled that when the province's public healthcare system underwent a substantial reorganization last year, he approached Dr. Lawrence Rosenberg, President and CEO of the Integrated Health and Social Services University Network for West-Central Montreal (West-Central Montreal Health), of which the JGH is a member institution.

"I told him and everyone in the administration of this hospital how important the Jewish General is to us," he said, adding that the JGH is "a leader not just in its own network, but a leader academically and in the quality of care for all Quebecers."

Pierre Arcand, Minister of the Environment, Sustainable Development and Parks—and MNA for the Mont-Royal riding where the JGH is located—noted that "what is so great about the Jewish General Hospital is not only the commitment of all staff members, but also the fact that the community, through the JGH Foundation, provides the best resources which serve the medical needs of Montrealers, as well as Quebecers in general. We can all be proud of those accomplishments."

The opening of Pavilion K means that the JGH is now in an even better position to play an essential role in the health and well-being of patients, residents and clients throughout the healthcare network, said Alan Maislin, Chair of the Board of Directors of West-Central Montreal Health.

"Pavilion K will make a significant difference," he explained, "by helping to streamline the flow of healthcare users between the JGH and other institutions, enhancing the network-wide continuum of care, and generally contributing to faster and more efficient care.

"Pavilion K can also serve as an inspiration and an example of what can be achieved when one's goal is to focus on the medical, emotional and psychological needs of patients in life-affirming surroundings that safeguard the patient's privacy and dignity."

Dr. Rosenberg thanked the government "not only for having supported this project financially, but for believing it even during its earliest stages. My thanks also go the JGH Foundation and to everyone on staff for literally years and years of intensive planning and preparation. Your vision and teamwork are the mortar between the bricks of Pavilion K."

As impressive an architectural achievement as the new wing may be, Dr. Rosenberg said, "its ultimate objective is to make treatment and care faster, safer, more effective and more humane for patients who may be fighting for their very lives. As proud as we are of Pavilion K, we are equally proud of putting patients first.

"This has always been one of the guiding principles of the Jewish General Hospital—and it is just as fundamental to the way health care and social services are now being delivered to patients, residents and clients throughout West-Central Montreal Health."

Private donations remain vital to Pavilion K's success

The Agora, the large hall and entryway just inside the main doors of Pavilion K.

As patients reap the benefits of the improved healthcare services and enhanced environment of Pavilion K, private donors have been crucial in ensuring that many vital elements of the new critical-care wing are in place.

While government funding made the construction of Pavilion K possible, the JGH Foundation, through its community partners, has played an essential role in this massive project. The Foundation has undertaken responsibility for the funding of the 450-space underground parking in the amount of $26 million, as well as covering any cost overruns in building the facility.

In addition, the Foundation is committed to raising more than $50 million through its Capital Campaign to outfit Pavilion K and meet many other special needs.

Among the major endeavours in Pavilion K that would not have been possible without the generosity of private donors:

- Construction of the state-of-the-art **Nan and William Lassner Data Centre** and acquisition of **information technology** hardware and applications (such as fibre optics and specialized software for the operating rooms and imaging services). As a result, the JGH now has the infrastructure to support every department, nursing unit, operating room, piece of equipment and patient room in Pavilion K. Seamless connectivity with the rest of the hospital is ensured, along with the ability to handle the expected increase in data volume.

- Construction of **two pedestrian links** for smooth and efficient movement between Pavilion K and the main building.

- The latest **medical technology, equipment and furniture** for the surgical suites, hybrid operating rooms, intensive care units and patients' rooms, including dedicated imaging equipment (such as a CT scanner, X-ray machine and ultrasound machines) and non-medical equipment (stretchers, monitors, treatment chairs).

- Construction and outfitting of a **hybrid operating room** with highly advanced imaging devices and digital surgical tools (e.g., an angiography system, articulated arms for various services, high-tech surgical lights and integrated multimedia devices). The high-resolution imaging equipment supports robotic surgery and angiography, as well as hybrid procedures by vascular and cardiac surgeons and by cardiologists. As a result, the interventions are less invasive and more precise, substantially reducing pain and recovery time.

- Acquisition of five portable **ultrasound machines** and a sophisticated, point-of-care ultrasound system that enable the Emergency Department and Intensive Care Unit to reduce delays in tests and to improve workflow and bedside care.

- **Technology, medical-grade equipment and furniture** for the Emergency Department's triage and registration areas, Rapid Assessment Zones and pods.

- Acquisition of **extra beds, equipment and furniture** to convert one-bed rooms into two-bed rooms during crises such as a large-scale flu outbreak, natural catastrophe or major accident.

- A special fund to support **research and training** in the Emergency Department

- **Training** in the use of new technology, best practices and procedures that prepared staff to move into Pavilion K.

The JGH Foundation extends its warmest thanks to more than 120 individuals, corporations and foundations for contributing to the major fundraising campaign that is still ongoing to support Pavilion K. Donors' generosity has been, and will remain, a crucial means of ensuring that Pavilion K yields maximum benefits to patients and their loved ones.

For more information or to make a donation, please visit the **JGH Foundation online** or call 514-340-8251.

Pavilion K draws praise from visiting dignitaries

Dignitaries and special guests meet on February 18 for a VIP tour of Pavilion K.

Participants in the VIP tour visit a physiotherapy room in Pavilion K.

In the weeks since the new critical-care facilities, operating rooms, Family Birthing Centre and patients' rooms swung into use in Pavilion K, the ultra-modern wing has been drawing praise from a broad range of patients and visitors, including some special guests who came by for a recent tour.

On February 18, dignitaries in the VIP group were thanked for their many years of support and guidance to the JGH, before being shown through Pavilion K. They were greeted by Dr. Lawrence Rosenberg, President and CEO of West-Central Montreal Health; Alan Maislin, Chair of the Board of West-Central Montreal Health; and Allen Rubin, President of the JGH Board of Governors.

Joanne Côté (centre left), Director of Transition, and Dr. Paul Warshawsky (centre right), Chief of Critical Care, explain the highlights of Pavilion K's new Intensive Care Unit.

Participating in the tour were:

- Lionel Perez, City Councillor, borough of Côte-des-Neiges/NDG
- William Steinberg, Mayor of the Town of Hampstead
- David Eidelman, Dean of Medicine at McGill University and member of the Board of Directors of West-Central Montreal Health
- Sonny Moroz, personal assistant to Anthony Housefather, Member of Parliament for Mount Royal
- Jonathan Wener and Rick Dubrovsky, Past Presidents of the JGH Board of Directors
- members of the JGH President's Advisory Committee, including Howard Dermer (Chair of the JGH Foundation), Gary Wechsler (Past Chair of the JGH Foundation), Alan Marcovitz and Ronny Steinberg
- Henri Elbaz, former JGH Executive Director
- Montreal lawyer Geoffrey Gelber

Pavilion K by the numbers

Health care

Figures reflect facilities in use in Pavilion K, as of April, 2016.
Total beds: **237**
Intensive Care beds: **24**
High-level Intensive Care beds: **20**
Coronary Care beds: **14**
High-risk pregnancy beds: **11**
Birthing rooms: **11**
Incubators in Neonatal Intensive Care: **34**
Operating rooms: **13**
Departments relocated in the January 24 move: **18**

Pavilion K under construction in 2012.

Construction

Rock and sand excavated: **More than 28,300 cubic metres** (1 million cubic feet)
Workers on site at peak times: **More than 450**

Furnishings and equipment

Area of floor coverings: **Nearly 57,000 square metres** (613,000 square feet)
Windows: **1,100**
Stairs: **Nearly 1,000**
Reserves of oil: **120,000 litres**
Electrical capacity of generators: **4.5 megawatts**
Cooling capacity: **2,650 tonnes**
Control points (e.g., thermostats, control panels) for heating, ventilation, air conditioning: **More than 80,000**

From paper to pixels in the Health Sciences Library

In December 2015, Arlene Greenberg paused to reflect on the highlights of her career, just as she was about to retire as Chief Medical Librarian of the JGH Health Sciences Library.

How the medical library—and its chief librarian—changed with the times

Imagine that it's the late 1970s or early '80s, and you're a doctor, nurse or other healthcare professional who has come to the JGH Health Sciences Library for information that could make a difference to the well-being of your patient.

You can't explore the internet, because the web doesn't yet exist—at least, not as we know it today. And you can't scan a database, because personal computers (and databases) are virtually unknown. Tablet or smartphone? Forget them; they're decades away.

Your only recourse is to ask a librarian to conduct a search of the literature, which consists mainly of printed journals and books. If you need a particular book, you might consult a card catalogue—thousands of cards in multi-drawer cabinets that point you toward the appropriate volume on one of the dozens of seven-foot-high bookcases that fill the Health Sciences Library.

It's the librarians who act as the vital link to keep information flowing by assembling the library's collection of printed materials, borrowing items from other libraries, and using their expertise to track down hard-to-find information.

That, in a nutshell, was Arlene Greenberg's world when she joined the library of the Lady Davis Institute in 1970, and then moved on to become the JGH's Chief Medical Librarian in 1978.

This past December, as she prepared to retire after nearly 47 years, Ms. Greenberg recalled with fondness the bookish atmosphere of the pre-digital era. But, she quickly added, the current speed of data retrieval and the ease of finding information by checking multiple databases are far preferable to what existed earlier.

Today's instant availability of information—on the library's (and users') laptops and computer terminals—was worth the trade-off, said Ms. Greenberg, because it has meant improving the speed and quality of the information that healthcare professionals receive. Ultimately, this has a direct impact on the quality of patients' care.

"Losing those many, many bound volumes, journals and stacks enabled us, as librarians, to gain access to a treasure-trove of resources, including more than 8,000 e-journals, databases and e-books," she said. "In health care, where time can be a critical factor, patients reap the benefits if we can find what we're after in a matter of minutes or even seconds."

One of the most significant changes, Ms. Greenberg said, is that patients and their relatives are now encouraged to visit the Health Sciences Library to get reliable facts about a particular illness or condition.

Arlene Greenberg is shown in 1983, consulting McGill University's catalogue on a microfiche reader in the JGH Health Sciences Library. Use of the reader was a major advance that enabled librarians to track down a wider range of medical information in the years just before online catalogues were introduced.

The turning point came in 2000, when Hope & Cope started to refer cancer patients to Ms. Greenberg, who helped them find detailed information about their diagnoses on the internet.

Two years later, the **Patient and Family Resource Centre (PFRC)** was launched to steer patients to trusted websites. On this foundation the library built the Patient Education Network, which was introduced in 2012 to help patients search the PFRC collection, locate

Arlene Greenberg cites the following as some of the key highlights in the history of the Health Sciences Library

- **1991:** A consortium is formed—as a result of efforts by Ms. Greenberg and the head librarian of the McGill Life Sciences Library—to provide affiliated teaching hospitals with access to McGill's resources.
- **1992:** CD-ROMs go into wide use to speed up and simplify database searches.
- **1993:** Information in the card catalogue is digitized, and the physical cards are eliminated.
- **1994:** McGill's digitized Medline database becomes accessible through an internet connection.
- **Late '90s:** CD-ROMs are discontinued and replaced by direct online access to databases.
- **2002:** The Patient and Family Resource Centre is launched.
- **2007:** The extensively renovated Health Sciences Library is opened, providing users with digital access. The number of books and journals is cut significantly, clearing space for two large meeting rooms and a brighter, airier environment. The upgrade was made possible by a $1.3 million gift from BMO Financial Group.
- **2009:** To mark the JGH's 75th anniversary, a librarian and related resources are dedicated to archive the hospital's physical and digital artifacts in a more systematic and easily accessible manner. Special archival exhibits are also created for the 75th and 80th anniversaries and are showcased in the main lobby.
- **2010:** Librarians begin attending clinical rounds in General Surgery, Colorectal Surgery and Neonatal Intensive Care to improve support in decision-making by the patient care team.
- **2012:** The Patient Education Network is introduced.
- **2014:** Librarians' support increases, as they begin attending clinical rounds with the Hematology staff, and tumour board with staff of Head & Neck Oncology.

relevant books or articles, and even browse healthcare materials developed by JGH professionals.

Today members of library staff also answer email questions from the public and are available, by appointment, to meet with anyone who needs assistance in finding relevant information.

In the pre-digital era, books and journals—on towering bookcases that have disappeared from the JGH Health Sciences Library—were the primary sources of medical information.

"It's wonderful that the library was able to evolve in this way," said Ms. Greenberg. "The team that's in place now—in fact, everyone I've worked with over the years—has been enthusiastic about learning and keeping up with the changes in technology. They make the library an inviting place, and I'm proud to hear from medical residents and other users who say they love to come here to study."

Ms. Greenberg called the opportunity to work in the Health Sciences Library "a great privilege and an honour, because I've always felt the respect and support of the JGH for the growth of our library, and the hospital's recognition of the library's contribution to the healthcare professionals and the patients they serve. Working in such an inspring environment motivated me to my do best.

"Not many people can say they've worked in a single place for nearly five decades, but I'm proud to say I've done just that. I've always felt that as the library continued to grow, I grew personally and professionally, right alongside it."

Donor support is essential to the JGH's evolution

A patient undergoes hemodialysis in a JGH unit that will be relocated with the support of private donors.

As the Jewish General Hospital continues its evolution (notably, with the opening of Pavilion K earlier this year), the commitment and generosity of donors has assumed even greater importance. Their support will be crucial if the JGH is to maintain and build on the renowned programs and services that have benefited patients and their families for generations.

Here's a look at some of the leading initiatives that are now under way and will depend on private contributions to reach fruition.

Improving specialized diagnostics in the Surgical Pathology Lab

Although the JGH has long played a prominent role in pathology, the infrastructure of the hospital's Surgical Pathology Laboratory is more than 25 years old and its mechanical systems are now obsolete. Space and resources are limited and in great need of improvement; without a high-performance Laboratory Information System, workflow has become inefficient and histology practices are out of date.

The solution is to expand and renovate the Surgical Pathology Laboratory, which is scheduled to be relaunched in July. In its new incarnation, the lab will increase the capacity and speed of conducting diagnostic evaluations, processing and analyzing specimens, and providing clinicians with accurate, reliable results. An upgraded lab will also enhance the availability of information that is essential in diagnosing, monitoring, preventing and treating disease, as well as assisting in research in departments throughout the hospital.

Why does pathology matter so much? Because, despite its occasionally skewed image in movies and on TV, the main thrust of pathology is in helping to prevent disease and detect it in its earliest stages. At the JGH in particular, no fewer than 70 per cent of clinical decisions involve test results produced by the Department of Pathology.

This is especially true of cancer, where accurate diagnosis is of key importance in determining treatment options, establishing prognoses, monitoring the progression of the disease, and evaluating the effectiveness of the treatments.

Pathology is also at centre-stage in the clinical management of tumours and in the development of new anti-cancer drugs. In identifying the molecular drivers behind each patient's specific case of cancer, pathologists can help to develop personalized plans that deliver the right kind of treatment at the right time with the right dose.

For more information or to donate to this vital initiative, please contact the JGH Foundation at 514-340-8251.

Rising need for hemodialysis spurs expansion

Here's a little-known but vital healthcare fact: The JGH has the fastest growing hemodialysis program in Montreal, with over 31,500 individual treatments performed each year.

Small wonder the hospital's Hemodialysis Units—one with 18 stations in Pavilion G, and another with 19 stations in Pavilion H—are running at full capacity. With demand rising steadily at 7 per cent per year, the JGH's facilities are at the limit of what they can handle.

Fortunately, relief is in sight: Plans are under way to consolidate this program and relocate it to the large space in Pavilion D that was vacated when the Emergency Department moved to Pavilion K in 2014.

This will streamline the service and allow nine dialysis stations to be added, for a total number of 46, enabling JGH Division of Nephrology to accommodate up to 54 more patients.

The Division itself, which now occupies a total of 12,000 square feet in various hospital locations, will operate out of a single 27,000-square-foot, state-of-the-art facility with a parking area for dialysis patients, where pick-up and drop-off will be more accessible and convenient.

In support of this $8.8 million project, the government is providing $2.8 million, with another $2.5 million already contributed by private donors. However, the remaining $3.5 million is still to be raised.

Hemodialysis is an essential service for JGH patients who have suffered kidney failure and must undergo life-saving treatments that cleanse their blood in four-hour sessions three times a week.

As the population ages and life expectancy rises, more people are experiencing kidney failure. Since many of these elderly patients are frail and have other health problems, they are not suitable candidates for transplants and, therefore, need hemodialysis. The JGH also has one of the largest peritoneal dialysis programs in Montreal, which offers patients the option of performing their own dialysis treatments at home.

For more information or to donate to this vital initiative, please contact the **JGH Foundation online** or call 514-340-8251.

Renovations coming to Psychiatry to promote dignity and comfort

Mounting pressure on the JGH Department of Psychiatry to admit more in-patients has led to the development of extensive renovation plans.

In the upgraded Psychiatry Inpatient Unit, space will be used more efficiently, dedicated family rooms will be added for private counselling, and patients' rooms will be private or semi-private. On hand, as well, will be more toilets, showers, hand disinfection stations and state-of-the-art security technology to promote dignity, healing, wellness and comfort.

The Psychiatry Department is feeling the effects of bed closures that have occurred locally in several major hospitals, without a commensurate increase in community-based services. In addition, psychiatric patients are increasingly ill, more prone to violence and have a wide range of co-morbidities.

The need for upgraded facilities also stems, in large part, from the fact that the JGH is one of the few hospitals in Montreal or Quebec with a full in-patient psychiatry service. The 48-bed unit provides comprehensive, acute, short-term assessment and treatment, including emergency and high-risk care for patients who often have medical illnesses, multiple impairments or chronic medical conditions.

The department currently operates an open 32-bed ward, a closed eight-bed High Care Area and an eight-bed Transitional Unit. The unit is always full to overflowing, with patients often waiting in Emergency to be admitted.

Patients are seen by multidisciplinary teams whose members represent Psychiatry, Psychology, Nursing, Occupational Therapy, Social Services and Family Medicine. Intervention is geared towards early discharge and transfer to an outpatient service.

Renovation of the Psychiatry Inpatient Unit will help the JGH meet patients' complex psychiatric needs, improve the patient experience and the quality of their lives, lower family stress, and reduce the stigma of psychiatric hospitalization, while making staff easier to recruit and retain.

For more information or to donate to this vital initiative, please contact the **JGH Foundation online** or call 514-340-8251.

Rare form of cancer is focus of Canada-wide study

Phil Anzarut (centre) gives a proud thumbs-up as he and members of his Bikus Urachus team cross the finish line in the 2015 Enbridge Ride to Conquer Cancer.

As Phil Anzarut gears up for his fourth cross-Quebec trek in this July's **Enbridge Ride to Conquer Cancer**, he's heartened by the progress he's made in raising awareness among researchers and the public about the rare form of cancer that cast a shadow over his life four years ago.

"I'm very encouraged by the response I've received so far and the fact that people feel I've motivated them," says Mr. Anzarut, who has **established a fund**—managed by the JGH Foundation—to support the Pan-Canadian Urachal Cancer Study. "I'm thrilled at the ongoing support and I've made it my objective to find better treatments. Of course, a cure would be fantastic."

Mr. Anzarut's struggle began in mid-2011 with fatigue and blood in his urine. After surgery in early 2012, he was diagnosed with cancer of the urachus, a tube behind the navel that connects to the bladder and normally shrivels away after birth. This rare disease accounts for 0.2 per cent of bladder cancers.

Today Mr. Anzarut is in good health, having opted for a chemotherapy regimen that was developed at the Memorial Sloan-Kettering Cancer Center of New York and administered in spring 2012 at Notre Dame Hospital in Montreal.

Since then, he has been waging a tireless campaign to interest cancer specialists and researchers in the study, as well as using social media to establish an international network of patients and professionals, and to secure financial backing for the research.

So far, more than $400,000 has been raised through online donations and the proceeds of the Rides in 2013, 2014 and 2015.

This summer, Mr. Anzarut expects his 25-member Bikus Urachus team to help push the total past $500,000, as they ride in memory of a team-mate who died last year of pancreatic cancer on his 51st birthday.

Mr. Anzarut acknowledges that generating interest in urachal cancer and other rare forms of cancer remains difficult, since each form of the disease affects a relatively small number of people. However, he notes that individuals with urachal cancer face the same emotional upheaval and physical challenges as those with more common types of illness, such as breast cancer and lung cancer.

In addition, he says, when rare cancers are taken together as a group, they account for approximately 24 per cent of all cancers—more than any other individual form of cancer.

Mr. Anzarut emphasizes that research into urachal or other rare cancers also has the potential to benefit people with better-known forms of the disease. Since various types of cancer are increasingly being analyzed at the molecular level, researchers may be able to identify characteristics that are common to two or more types of cancer. As a result, the development of a customized treatment for urachal cancer could lead to the creation of a treatment for another form of cancer.

"That's why the research will be focusing on sequencing the DNA and looking for common elements among urachal tumours and other cancers," Mr. Anzarut says. "It's a slow, multi-step process and it's still pretty early in the game. But we have to start somewhere, and I'm determined to keep pushing ahead."

Nuts and bolts

The 2016 Enbridge Ride to Conquer Cancer hits the road on July 9 and 10 to help fund cancer research and care at the Segal Cancer Centre at the JGH. To take part, each rider must raise at least $2,500.

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

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

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

Take a giant step in the fight against cancer

Coming this summer—a new way to put your best foot forward in the fight against cancer.

August 20 will mark the kick-off of OneWalk to Conquer Cancer, a 25-kilometre walk through the streets of Montreal, benefiting the Segal Cancer Centre at the JGH.

OneWalk is the successor to the Pharmaprix Weekend to End Women's Cancers, which came to a rousing conclusion in 2015, after 11 exciting years.

Now OneWalk picks up the baton, with a one-day trek that starts and ends at the Jacques-Cartier Pier in the Old Port, including one kilometre that passes by artwork in the Museum of Fine Arts of Montreal.

Along the way, walkers can take advantage of pitstops, refreshments, foot care by professionals, lunch and a festival-like finish, with lots of entertainment and a jubilant atmosphere.

Proceeds will be used for diagnosis, treament and research into all types of cancer at the Segal Cancer Centre. However, participants can choose to support a specific anti-cancer initiative or fund.

After paying a registration fee, walkers must each raise at least $1,500. However, if they belong to a team, they can transfer funds among one another to ensure that each person has raised the minimum.

If you'd like to take an active part but aren't in a position to walk, why not become a crew member? You're not obligated to raise any funds, but you're certainly encouraged to do so.

More information is available **on the website** and at 514-393-WALK (9255).

Appointees to the Board West-Central Montreal Health

Seated (from left): Alyssa Yufe, Gloria Freedman, Dr. Lawrence Rosenberg, Alan Maislin, Gail Adelson, Linda Fortier and Lucyna M. Lach. Standing (from left): Dr. David Eidelman, Tony Loffreda, Howard Dermer, Ronald Waxman, Karen Rose Honegger, Allen F. Rubin, Samuel Minzberg, Vivian Konigsberg, Mordecai Yalovsky, John D'Andrea and Julie Roy. Not shown: Dr. Suzanne Levitz and Dr. Rubin Moe Becker.

The Chair and Board of Directors of the **Integrated Health and Social Services University Network for West-Central Montreal (West-Central Montreal Health)** are now in place and playing key roles in the extensive reform and reorganization of the public healthcare system that took effect on April 1, 2015.

"I'm extremely impressed by the outstanding qualities of my new colleagues on the Board, as well as our team of extremely qualified and dedicated healthcare professionals throughout the network," says **Alan Maislin**, Chair of the Board of West-Central Montreal Health. "I'm certain that, together, we can make a major difference in improving the quality of health care for patients, residents and clients throughout our network."

"These appointees, who are drawn from many walks of life, bring to our network a wealth of experience and expertise in all aspects of healthcare and social services delivery and administration," adds **Dr. Lawrence Rosenberg**, President and CEO of West-Central Montreal Health.

"I am confident that we can make even greater progress toward improving the quality of care and services by improving access, streamlining the continuum of care and eliminating the fragmentation and duplication of services."

The independent appointees underwent careful examination that enabled the Board to meet certain specific criteria—i.e., proper representation of the area served by West-Central Montreal Health, a balance between men and women, and a reflection of the socio-cultural, ethnic, linguistic and demographic makeup of the network's healthcare users.

With this in mind, Gaétan Barrette, Minister of Health and Social Services, has appointed the following to the Board of West-Central Montreal Health:

Appointed members

- Lawrence Rosenberg – President and CEO of the network
- Gail Adelson – University affiliate (McGill University)
- David Eidelman – University affiliate (McGill University)

Independent appointees

- Samuel Minzberg – Expertise in governance or ethics
- Antonio (Tony) Loffreda – Expertise in risk management, finance and accountancy
- Allen F. Rubin – Expertise in real estate, information resources or human resources
- Ronald Waxman – Expertise in verification, performance or the management of quality
- Mordecai Yalovsky – Expertise in community organizations
- Vivian Konigsberg – Expertise in youth protection
- Alan Maislin – Chair, expertise in rehabilitation
- Lucyna M. Lach – Expertise in rehabilitation
- Linda Fortier – Expertise in mental health
- Alyssa Yufe – Experience as a user of social services

Elected members

- Suzanne Levitz – Regional Department of General Medicine (general practitioner, Mount Sinai Hospital)
- Rubin Moe Becker – Council of Physicians, Dentists and Pharmacists (physician specialist, Mount Sinai Hospital, Jewish General Hospital)
- Julie Roy – Regional Committee on Pharmacy Services (pharmacist, Jewish General Hospital)
- Karen Rose Honegger – Council of Nurses (nurse consultant, Mount Sinai Hospital)
- John D'Andrea – Multidisciplinary Council (social worker, CLSC Côte-des-Neiges)
- Gloria Freedman – Users' Committee (Past President, CSSS Cavendish)

Mr. Maislin's extensive experience in rehabilitation is particularly significant, since West-Central Montreal Health has grouped together three establishments that are distinguished for their rehabilitation services – Richardson Hospital, Catherine-Booth Hospital and the Constance-Lethbridge Rehabilitation Centre.

Mr. Maislin is Past President of the Board of Directors of CSSS Cavendish, which has been absorbed into West-Central Montreal Health.

Welcome mat rolled out for Syrian refugees

At Montreal's welcome centre for the Syrian refugees, the nurses and social workers of West-Central Montreal Health met with Gaétan Barrette (left), Minister of Health and Social Services; Kathleen Weil (third from left), Minister of Immigration, Diversity and Inclusiveness; Finance Minister Pierre Moreau (fourth from left); and Lucie Charlebois (second from right), Minister for Rehabilitation, Youth Protection, Public Health and Healthy Lifestyles.

Francine Dupuis (centre right), Associate Executive Director of West-Central Montreal Health, and Pierre Lafleur (centre left), Assistant Deputy Minister of Health and Social Services, with healthcare teams from West-Central Montreal Health and the healthcare network of south-central Montreal.

Healthcare professionals from facilities in West-Central Montreal Health—including the Jewish General Hospital—played key roles over the winter in conducting health and psychosocial assessments of the many refugees who arrived in Montreal from Syria.

After the first flight arrived on December 12, assessments began in a temporary clinic that was set up at the former Royal Victoria Hospital to handle the high volume of refugees. Additional care and medical services were later provided in a dozen permanent refugee clinics across Québec.

Montrealers also demonstrated their generosity by making substantial donations of winter clothing for the Syrians, which was collected at drop-off centres at the Côte-des-Neiges CLSC and the JGH.

Within the 72 hours of their arrival, the refugees underwent assessments of their physical and psychological health, and were redirected, as needed, to receive follow-up treatments or medication. Since vaccination of all refugees is also a top public-health priority, basic immunization was performed.

In a February message to staff, Dr. Lawrence Rosenberg, President and CEO of West-Central Montreal Health, said that it was to the credit of the network's employees "that they were the first to be called upon by the government to provide these essential services to the newcomers."

On a related note, he also acknowledged the "excellent work" of West-Central Montreal Health in the Regional Program to Welcome and Integrate Asylum Seekers. Initiated by the former CSSS de la Montagne, this program provides social services and other crucial types of support to refugees and asylum seekers.

In addition, at the Parc Extension CSLC, immigrant women who are pregnant for the first time can benefit from the LOV (*Lait, Oeufs, Vitamines* – Milk, Eggs, Vitamins) program, which offers valuable advice on topics ranging from nutrition to breastfeeding to bolstering self-esteem.

"The goal of these programs and services—and of our healthcare network in general—is to do more than just dispense facts," Dr. Rosenberg said. "Our objective is to create an atmosphere of warmth, community and empowerment—something we must all strive to achieve whenever anyone turns to us in what may be their gravest and most desperate moments."

Robotic surgery gaining ground at the JGH

Dr. Emmanuel Moss (far left) performs robot-assisted cardiac surgery while seated at a special console. As he views a magnified panorama of the area in and around the patient's heart, Dr. Moss uses the console's hand and foot controls to remotely manipulate the robotic arms (centre) and perform the operation. Meanwhile, members of the surgical team surround the patient to assist in the procedure and to ensure that it is proceeding as planned.

As the benefits of robot-assisted surgery gain wider recognition, robotic procedures are being undertaken more extensively at the JGH, notably for repairs of the heart and for the minimally invasive removal of cancerous tumours of the oropharynx (which includes the tonsils, the base of the tongue and the palate).

In Cardiac Surgery, where the robotic program was revitalized in 2015, renewed use of the robot has helped to significantly reduce post-operative hospital stays for procedures such as heart bypass surgery and repair of the mitral valve (which regulates blood flow between the left atrium and left ventricle).

In Otolaryngology, surgeons are becoming increasingly proficient at a type of surgery—performed at the JGH in 2014 for the first time in Quebec—in which tumours are removed by placing robotic instruments into the patient's mouth and down the throat. This minimizes the need for radiation treatments or chemotherapy. The JGH was the fourth centre in Canada to offer this surgery.

Not only is robotic surgery minimally invasive, it enables surgeons to use instruments with deftness and precision that are sometimes beyond the capabilities of the human hand. While seated at a special console, the surgeon views a magnified panorama of an area inside the patient's body. The surgeon then uses the console's hand and foot controls to remotely manipulate the robot's arms and perform the operation. Meanwhile, members of the surgical team stand by the patient to assist in the procedure and to ensure that everything is proceeding properly.

According to Dr. Lawrence Rudski, Director of the JGH Cardiovascular Integrated Practice Unit, almost all of the patients who have undergone robotic cardiac surgery at the JGH have returned home on the third or fourth day after the operation—including one patient who went home on the second post-operative day and another who resumed work 10 days after his bypass surgery.

By contrast, patients who have conventional open-chest surgery are generally discharged five to seven days after the operation, says Dr. Rudski, who is also JGH Chief of Cardiology.

Top-quality robotic surgery relies on donor support

Donor support has played and continues to play a vital role in robotic surgery at the JGH. This has benefited a growing number of people across Quebec, while paves the way for the use of this type of surgery for more medical conditions.

In 2007, the first da Vinci robot was brought to the JGH through the generosity of private donors. This was followed in 2012 by the acquisition of a stand-alone da Vinci surgical training simulator, through a donation from The JGH Auxiliary.

A next-generation da Vinci robot was purchased in 2013, while the original was upgraded in 2015, thanks to lead gifts from principal benefactors Renata and Michal Hornstein, O.C., G.O.Q., and Sheila and Nahum Gelber, Q.C., respectively.

Community support also enabled the JGH Department of Otolaryngology to establish the first Head and Neck Robotics program in Quebec by adding specialized instruments and accessories. This has permitted the resection of pharyngeal and laryngeal tumours, and has extended the benefits of robot-assisted surgery to patients suffering from head and neck cancer.

However, funds are still needed to cover the remaining cost of upgrading the first da Vinci robot. For more information or to make a donation, please call the JGH Foundation at 514-340-8251.

Dr. Emmanuel Moss at the console of the surgical robot.

Breathing new life into the robotic team is Dr. Emmanuel Moss, who joined the JGH Division of Cardiac Surgery in mid-2015 and has since been working on mitral and tricuspid valve repair with Dr. Felix Ma and on bypass surgery with Dr. Jean-François Morin.

In addition to faster recovery, says Dr. Moss, robotic surgery helps to reduce rates of complications and infections. "For robotic mitral valve surgery, we use the same repair techniques as conventional surgery, but every step of the operation is different. We're not gaining access to the heart through the front of the chest, so we need to hook up the heart-lung machine in a different way. And we need to have a different way of stopping the heart while we work on it."

For this reason, Dr. Moss says, robotic surgery relies on tight teamwork among surgeons, operating nurses, cardiac anesthesiologists, perfusionists, surgical assistants and other healthcare professionals. "When the surgeon is sitting at the console in the corner of the operating room, he or she needs to be able to completely rely on the team. They all have to be able to communicate freely, so that each person has a clear idea of what's going on and is comfortable speaking up when necessary."

The extra effort definitely pays off, Dr Moss continues. "When we access the heart from the front, we distort the mitral valve, whereas when we come at it from the side, using a high definition 3-D camera, it's a straight shot—the ideal way to visualize and repair it."

Seated at consoles to perform robotic surgery of the oropharynx are Dr. Michael Hier (right) and Dr. Cinzia Marchica, a resident.

For removal of cancers of the oropharynx, robot-assisted surgery can sometimes be a substitute for major surgery that would otherwise be required to reach the affected area, says Dr. Alex Mlynarek, a staff surgeon in the JGH Department of Otolaryngology-Head and Neck Surgery.

In conventional surgery, he explains, it might be necessary to split the jaw, open the neck and split the tongue. Then the affected area has to be restored through major reconstructive surgery, including the transplantation of tissue taken from another part of the patient's body.

Often, after such a procedure, the patient spends at least two weeks in the hospital, compared to the few days of hospitalization that are needed after robotic surgery, in which the oropharynx is reached through the mouth. Once the cancer is completely removed, the need for radiation treatments or chemotherapy is also substantially reduced.

Dr. Alex Mlynarek (centre) tracks the progress of robotic surgery of the oropharynx on a video monitor.

However, Dr. Mlynarek notes that only some patients are suitable candidates for this type of robotic surgery, since not everyone can open his or her mouth wide enough to accommodate the robotic instruments. In addition, the cancer needs to be limited in size, with no incursion into other nearby areas; otherwise, radiation treatment is necessary, making the surgery pointless.

Dr. Michael Hier, Chief of Otolaryngology-Head and Neck Surgery, notes that in the case of the JGH patients, it's still too soon to know whether radiation therapy can be avoided over the long term.

Also, it remains to be seen whether patients can achieve the same cure rates as those who have had conventional surgery, and what their long-term functional outcomes will be. Nevertheless, Dr. Hier says, the initial indications look good for the 15 to 20 individuals who have had this form of robot-assisted surgery at the JGH since 2014.

To get a better understanding of the true benefits of robotic surgery, the Department of Otolaryngology-Head and Neck Surgery plans to become a co-investigator in a multi-centre Canadian trial that originated in London, Ontario. "So far, our patient outcomes have been very favourable," says Dr. Hier, "but we have to be cautious."

JGH among Montreal's Top Employers for fourth straight year

For the fourth year in a row, the JGH has been named one of Montreal's Top Employers, proving once again to be an exceptional place to work. That's the verdict of the judges in Mediacorp Canada's annual competition—organized by the editors of Canada's Top 100 Employers—that recognizes outstanding Montreal-area employers.

"This confirms how much effort is devoted to enhancing the work experiences of staff, in order to improve the patient experience," says Dr. Lawrence Rosenberg, President and CEO of West-Central Montreal Health. "Our goal is to keep raising the level of staff satisfaction throughout our network to ensure that patients, residents and clients continue to receive health care and social services of the highest quality."

The JGH is in a continuous process of "ensuring that our organization aligns itself with the needs of staff," notes Beverly Kravitz, Director of Human Resources, Communications and Legal Affairs for West-Central Montreal Health. Since employees are at the heart of the organization's achievements, "efforts are always being made to support the personal well-being and professional growth of our staff in a healthy working environment."

To reach their decision, the evaluators. considered eight key factors: the physical setting, the workplace atmosphere, the various benefits (health, financial, family), policies for vacations and time off, communication to and among employees, performance management, staff training and the development of skills, and community involvement.

As a McGill University-affiliated hospital, the JGH also keeps its recruitment standards high by looking for promising, new talent in leading colleges and universities, summer employment programs and paid internships.

In addition, a comfortable balance between working life and personal life is encouraged. Employees receive four weeks of paid vacation after one year of service, a work week based on a 35-hour schedule, the availability of flexible work hours in some instances, and retirement planning assistance. Moreover, there is a top-up plan for maternity and parental leave (up to 21 weeks), as well as the opportunity to extend parental leave.

"Re-imagined, re-invigorated" JGH Board of Governors holds first meeting

Allen Rubin, President of the JGH Board of Governors

As the JGH Board of Governors prepared to get down to business at its historic inaugural meeting on January 28, President Allen Rubin took a few introductory minutes to remind his fellow members that the new Board is "empowered to make crucial decisions that affect the ability of the Jewish General Hospital to provide its patients with care of superior quality.

"It is their well-being that will be the focus of this Board, just as it has been for every Board, all the way back to the opening of the hospital in 1934."

The Board of Governors was created as a consequence of last year's extensive reform of Quebec's public healthcare system. A key element of the reorganization was to eliminate Boards of Directors in individual healthcare institutions. Instead, the province has been divided into more than 30 healthcare networks, each with a Board of Directors that oversees the various facilities in its network. The JGH belongs to the Integrated Health and Social Services University Network for West-Central Montreal.

However, any healthcare facility with a unique identity and legacy is also entitled to create its own Board of Governors, which is now in place at the JGH. Mr. Rubin told his colleagues this governing body has been "newly re-imagined, re-invigorated and restructured to meet the evolving needs of this hospital.

"Our obligation is to safeguard and administer this hospital's distinctive cultural identity, its bilingual status, its clinical and academic mission, its values and legacy, and its ownership and control over its own property, assets and branding."

Mr. Rubin also noted that the Board of Governors serves as "the link between 81 years of history and a new era in which the JGH will continue to earn the respect of its lay leaders and volunteers, the admiration of its staff, and most importantly, the gratitude of its patients.

"By acknowledging the legacy of the past and embracing the new reality of the present, I am certain we can be of crucial importance in building a future for this hospital that all of us can continue to be proud of."

Making instructions for patient care clearer, faster, safer

The team heading the implementation of the Patient Order Sets consists (from left) Bob Lapointe (IT Lead), Gosia Radaczynska (representative, Think Research), Dr. Elizabeth MacNamara (Medical Lead), Geneviève Beaudoin (Clinical Lead) and Serge Cloutier (Nursing Lead). Projected on the screen behind them is a sample Patient Order Set.

New digital Patient Order Sets are ready to use and customizable

Imagine that you're a doctor and you want to issue comprehensive instructions for nurses, pharmacists, nutritionists and other members of healthcare staff who are providing care for your patient. Normally, you'd fill in a form by hand, relying on your experience and expertise to determine the measures that the healthcare team ought to implement.

Not a bad system, but hardly in step with the times.

Wouldn't it make more sense—be faster, more accurate, more convenient and, in many instances, much safer for your patient—if you could simply open a computerized form whose predetermined, evidence-based orders cover various aspects of the ailment that your patient is being treated for? All you'd have to do is verify that the orders are appropriate; if needed, you could personalize some of them to suit your patient's special needs.

That's the revolutionary step the JGH is taking with the introduction of digitized Patient Order Sets. Since the project's November launch in the 5Northwest unit, the system has steadily been expanding and will eventually include every unit and department in the hospital.

Where appropriate, this initiative will be spread out to the JGH's partner-institutions in the **Integrated Health and Social Services University Network for West-Central Montreal** (West-Central Montreal Health). Working together, they will develop and implement standards of care that are built around patient safety and efficiency.

Guiding this project is a core group consisting of **Dr. Elizabeth MacNamara** (Medical Leader and Chief of Diagnostic Medicine), Geneviève Beaudoin (Clinical Leader), Serge Cloutier (Nursing Leader), and Bob Lapointe (IT Leader).

Geneviève Beaudoin (seated), a Clinical Nurse Leader, reviews one of the new Patient Order Set with (standing, from left) Denise Bédard, a Nurse Consultant in Colorectal Surgery and Vascular Surgery; Justine De Monteiro, Interim Head Nurse on 5Northwest; and Kathryn Baldwin, a Nurse Clinician on 5Northwest.

Dr. Lawrence Rosenberg, President and CEO of West-Central Montreal Health, says that in introducing the Patient Order Sets, "we are standardizing our approach to common problems and by reducing the variation that sometimes creeps into the care of our patients. The problem with variation and a lack of standardization is that they can sometime lead us to do things that perhaps we shouldn't be doing—or not to be doing things that perhaps we should be doing."

Dr. Rosenberg adds that the Patient Order Sets "will make life easier for doctors, nurses and allied healthcare professionals, because we'll know that for a particular medical condition, there is an agreed-upon approach, as documented in the Order Set. Thus, we eliminate the need to run around and try to find doctors to figure out exactly what they want done."

The digital system that the JGH is installing comes fully equipped with a database of thousands of completed Patient Order Sets, covering a vast array of diseases, illnesses and medical conditions. This data represents best practices in the numerous hospitals and other institutions that subscribe to the service, with information supplied by a legion of physicians in every specialty.

"The Patient Order Sets require input from doctors in every area and specialty across our network," says Dr. MacNamara, who is overseeing the project. "Their insights and in-depth knowledge are pivotal in providing better treatment and care for our patients. By reviewing, validating and modifying the original forms, they and the hospital's nurses and healthcare professionals are conforming to the practices and procedures that have been found to work best at the JGH."

According to Ms. Beaudoin, the introduction of a digital system means that the new orders will be clearly printed and easy to follow—an improvement over handwritten orders that may sometimes be illegible or misread and, therefore, prone to potential errors. In addition, she says, the digital orders will be updated on a continual basis to reflect the latest practices and circumstances at the JGH.

Technology upgraded through private support

Generous support from the estate of Betty Lewis enabled the JGH to acquire and implement the Patient Order Sets. This is a perfect example of how a well planned bequest can benefit today's patients and those in generations to come.

Private support was also of key importance in the hospital's major upgrade of its information technology infrastructure and systems. This allowed the JGH to improve current levels of access, quality and safety, while supporting the new Pavilion K and ensuring seamless connectivity with the rest of the hospital. Major improvements included:

- construction of the new and expanded Nan and William Lassner Data Centre
- an upgrade of the new Perioperative Information Management System in the operating rooms
- acquisition and implementation of e-pharmacy, as well as imaging and specialized decision-support software applications

For more information or to make a donation, please visit **the JGH Foundation online** or call the JGH Foundation at 514-340-8251.

While many hospitals and healthcare institutions in Canada and North America have already implemented the Patient Order Sets, the JGH will be the first to do so in Quebec. “It’s a major step forward for patients and staff alike,” Dr. MacNamara says.”

Excessive medical treatment can be hazardous, doctor warns

Dr. H. Gilbert Welch cautions the audience in the Block Amphitheatre that too much medical care can sometimes be as hazardous as too little.

When illness occurs, fixing the problem is always the ideal strategy, right? Wrong!

As a precaution, shouldn't a disease be identified as early as possible? By no means!

Isn't fighting an illness always preferable to doing nothing? Not at all!

Over and over, Dr. H. Gilbert Welch presented reasonable-sounding statements and then promptly refuted each of them, insisting that these assumptions can be hazardous and are too readily accepted by well-intentioned healthcare consumers. All too often, he said, these notions result in excessive medical treatment, which has the potential to be as harmful as too little care.

"Medical care can do a lot of good in selected settings—for instance, in treating the acutely ill or the badly injured," Dr. Welch told the audience that packed the Block Amphitheatre in November 2015 for the second annual Goldie Raymer Memorial Lecture.

"But in many other settings," he said, "we've exaggerated the benefits of medical care and we've understated its harms. There's a growing recognition that the conventional concern about too little medical care needs to be balanced by a concern about too much. While some is good, more is not necessarily better."

The lecture, organized by the JGH Divsision of Geriatric Medicine, addressed certain concerns of the elderly, but it also took a broader view of medical problems throughout society. These matters have been the focus of much of Dr. Welch's work as Professor of Medicine at the Dartmouth Institute for Health Policy and Clinical Practice in Dartmouth College in Hanover, NH.

Over the course of an hour, Dr. Welch presented seven cautionary statements of his own—which he described as "disturbing truths"—that he backed up with references to medical research and statistics:

- **"Not all risks can be lowered, and trying to do so creates risks of its own."** Treatment is definitely needed for people with diseases such as hypertension or diabetes, Dr. Welch said. But among individuals whose risk for a particular illness is low, trying to further reduce that risk creates potential for harm.

- **"Trying to eliminate a problem can be more dangerous than managing it."** Welch explained that some cases of heart disease are best handled with a healthy diet, regular physical activity and a few good medications. Yet, many individuals whose heart disease is not life-threatening are putting themselves in danger by choosing to have stents, wires or balloons inserted in their coronary arteries.

- **"Early diagnosis can needlessly turn people into patients."** Welch cited cases of individuals who became needlessly distressed when told they had cellular abnormalities, even though these abnormalities were unlikely to become cancerous. He said early detection may make sense in some instances—especially among people with a dramatically elevated risk—but its widespread adoption has been "a recipe for making people sick."

- **"Data overload can scare patients and can distract a doctor from what's important."** In other words, a bounty of information—notably, material on the internet—is not necessarily helpful, unless it is evidence-based and can be directly related to the condition of a specific patient.

- **"Sometimes doing nothing is exactly the right thing to do."** There is a strong case to be made for not proceeding with surgery in some cases, such as lower back pain, Dr. Welch noted. Patients need to consider alternatives to medical intervention, which can sometimes result in hospital-acquired infections or other serious consequences.

- **"Newer is not always better."** Welch urged members of the audience not to be too eager to submit to new procedures or technologies that are touted as breakthroughs. The best strategy, he said, is to opt for time-tested tools and techniques, because "new interventions are typically not well tested and often wind up being judged ineffective and even harmful."

- **"A fixation on preventing death diminishes life."** In some instances, Dr. Welch said, patients are beyond medical help, but extraordinary measures are still taken to extend their lives. As a result, the quality of their lives is greatly diminished during the time they have left.

High score for patients' prompt discharge after liver surgery

Dr. Tsafrir Vanounou

JGH patients who undergo a liver resection—removal of a large portion of the organ due to cancer—have among the shortest hospital stays for this procedure in North America, says a report by an organization that compiles statistics about surgery at hundreds of Canadian and American hospitals.

The JGH's performance in this area has been deemed "exemplary", says Dr. Tsafrir Vanounou, a surgeon in the Division of General Surgery. "To achieve this level of quality is impressive."

The U.S.-based National Surgical Quality Improvement Program (NSQIP), to which the JGH subscribes, gathers an abundance of detailed data about many types of surgery in healthcare facilities across Canada and the United States. To allow comparisons to be made, the data are adjusted to account for numerous variables, including the institutions' sizes and patient populations.

This enables the JGH and other subscribers to better understand how they rank against one another, where they excel and where improvement is needed. Based

Your support is vital for better surgery

The JGH is one of only three hospitals in Canada to have adopted the National Surgical Quality Improvement Program. Private funding has been and continues to be essential in supporting the hospital's participation in NSQIP, including establishing the proper infrastructure, acquiring technology and hiring staff.

Donations to a $5 million endowment fund are crucial, enabling NSQIP to benefit from a stable, permanent source of financial support. This fund will support management experts and clinical research coordinators, as well as the development and implementation of a continuing education program for JGH surgical staff, and the extension of the program to all surgical disciplines.

For more information or to make a donation, please contact **the JGH Foundation online** or at 514-340-8251.

on these benchmarks, changes are implemented where necessary, resulting in improvements to the quality of surgical treatment and the patient experience.

According to Dr. Vanounou, the average length of stay for a major liver resection at the JGH—from operation to discharge—is four to five days.

However, NSQIP tracks the patient over a longer period, from admission until 30 days after discharge. It also follows patients who are transferred from Surgery to other departments, such as Intensive Care.

"It's fine to discharge someone promptly," says Dr. Vanounou, "but what good is it if, shortly after the operation, the patient needs to be readmitted? Our high score means not only that the surgery went well, but that readmissions were low. It also reflects the fact that complications, such as blood clots, wound infections and pneumonia, were kept to a minimum."

He notes that credit for this performance "goes to the entire team. A successful outcome depends on coordinated teamwork from the anesthetist, the OR nurses, the floor nurses, physical and occupational therapists, and social workers. Without this team effort, none of this would be possible."

NSQIP's statistics are so useful that Dr. Vanounou says the hospital has now joined the organization's hepatobiliary section to measure a wider range of surgical procedures of the liver and pancreas. "We believe we're doing good work. If so, we want to be able to prove it, and if not, we want to understand why, and how to improve."

Is Dr. Vanounou happy with the statistics on liver resections? "Very happy!" he exclaims. "But are we content with our results? No. We obviously want to continue to do better. Our mission is to become the best liver and pancreas department in Montreal, in Quebec and, if possible, in Canada."

French cancer experts explore JGH research and care

Dr. Gerald Batist welcomes a delegation of French cancer experts to the Segal Cancer Centre.

Dr. Wilson Miller, Director of the Clinical Research Unit in the the Lady Davis Institute at the JGH, reviews the highlights of the Rossy Cancer Network with the French visitors.

The Jewish General Hospital's French connection was strengthened last fall with the visit of six senior members of staff from the Regional Cancer Centre of the University Hospital Centre of Poitiers.

The day-long visit to the Segal Cancer Centre at the JGH, organized by the Montreal's Rossy Cancer Network (RCN), was one stop in an intinerary that also enabled the French experts to explore advances in cancer treatment and research at the McGill University Health Centre and St. Mary's Hospital.

Dr. Gerald Batist, Director of the Segal Cancer Centre and JGH Chief of Oncology, said that developing links among leading cancer institutions is intrinsic to the mandate of the RCN, whether those facilities are local or international.

Dr. Batist explained that the JGH already has a strong professional relationship with institutions in Paris and Marseilles, and the latest delegation establishes a new link with Poitiers.

The RCN was launched thanks to a $35 million lead gift from the Larry and Cookie Rossy Family Foundation. This innovative 10-year project requires each of the network's member hospitals and McGill University to match dollar-for-dollar the donation of the Larry and Cookie Rossy Family Foundation. This provides donors with a truly exceptional opportunity to help lead and shape the future of cancer care and research in Montreal and Canada.

For more information or to make a donation, please call the JGH Foundation at 514-340-8251

Lecture series focuses on multidisciplinary cancer care

Dr. Walter Gotlieb (third from left) with multidisciplinary participants in a public lecture on the patient experience.

Dr. Walter Gotlieb speaks about the multidisciplinary approach to cancer care.

The Segal Cancer Centre at the JGH has kicked off a series of public lectures, focusing on the hospital's multidisciplinary approach to cancer care. Dr. Walter Gotlieb, Director of the JGH Division of Gynecologic Oncology, was among the medical and healthcare professionals who delivered presentations earlier this year on the patient experience in caring for individuals with cancer.

The next lecture, on cancers affecting young adults, will be held on May 18 at 7:00 p.m. No reservations are needed for the presentation in the auditorium of the JGH Institute for Community and Family Psychiatry, 4333 Côte-Ste-Catherine Rd. Additional lectures will be scheduled this fall.

Spreading smiles, good will and chocolates for Christmas

In the Segal Cancer Centre, Brigitte Huhn accepts a chocolate and Christmas greetings from Marc-André Geoffrion, an instructor at the Firefighters' Academy.

During a visit to the Segal Cancer Centre, Xavier Rolland, a trainee at the Firefighters' Academy, offers Claudio Cignola a chocolate and wishes him a merry Christmas.

The warmth and cheer of Christmas spread through the JGH on Dec. 23, with a visit by 11 trainees from the Firefighters' Academy in Mirabel. For several hours during the morning, they dropped into the Segal Cancer Centre and various other hospital units to hand out chocolates, cookies and toys to surprised and delighted patients, family members, visitors and staff.

The treats and gifts were generously donated by Regal Confection, a Canada-wide distributor based in Montreal, and Les Aliments Uni Midlon Foods, a food broker based in Saint-Laurent.

"It's important for these trainees to understand that being a firefighter is not just about the physical side of the job," said Marc-André Geoffrion, a firefighting instructor who helped organize the visit. "The essence of what they do is to help people, which also means providing emotional support. So it's good for them to come into contact with people who may be experiencing hard times and need to have their spirits raised."

Trainees from the Firefighters' Academy in Mirabel visited the JGH on Dec. 23 to brighten the lives of JGH patients.

The idea for the visit began with Larry Sidel, Vice-President and Chief Operating Officer of the JGH Foundation, who was already acquainted with Mr. Geoffrion and asked him whether something could be arranged to brighten patients' lives during the holiday season.

"We're grateful to Regal Confections and Les Aliments Uni Midlon Foods for their generous and unique contribution," Mr. Sidel said. "Thanks to them, the distribution of chocolates and cookies has become a welcome highlight during the Christmas season throughout the JGH for the past five years.

"When you come right down to it, the Foundation exists to make the lives of patients and their families easier and happier, and this was just another way to show them how much our hospital really cares."

Congratulations - HIV/AIDS pioneer in Canadian Medical Hall of Fame

Dr. Mark Wainberg is inducted into the Canadian Medical Hall of Fame.

Dr. Mark Wainberg, Director of the HIV/AIDS research section in the Lady Davis Institute at the JGH, has been inducted into the Canadian Medical Hall of Fame in recognition for his pioneering work and social activism. Dr. Wainberg was one of six inductees at an April 14 ceremony, held in association with McMaster University at the Hamilton Convention Centre.

Established in 1994 and located in London, Ontario, the Canadian Medical Hall of Fame is a national charitable organization that recognizes and celebrates Canadian heroes whose work has advanced health, thereby inspiring the pursuit of careers in the health sciences.

Dr. Wainberg, Director of the McGill University AIDS Centre which is based at the JGH, was commended for "combining scientific excellence with a social conscience on a world scale. His research and collaboration are acknowledged as having helped save millions of lives around the world."

Dr. Wainberg is renowned for his involvement in 1989 in the initial identification of 3TC, an antiviral drug that is now among the most widely used drugs in treating HIV. While President of the International AIDS Society in 2000, he

brought the XIIIth International Conference on AIDS to Durban, South Africa, and drew unprecedented attention to the lack of access to anti-HIV drugs in developing countries.

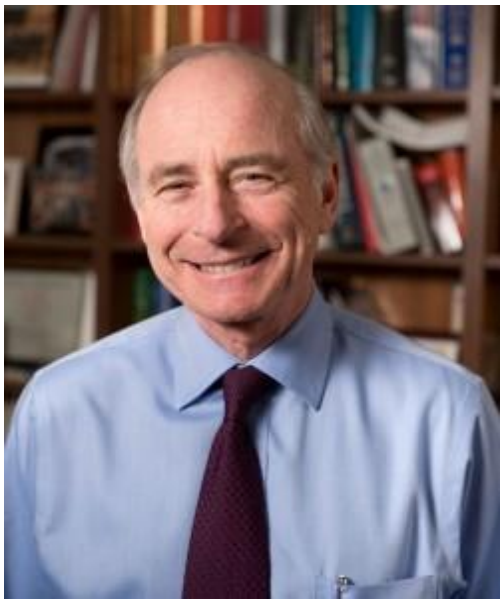
Dr. Mark Wainberg (rear, second from left) at the dedication of a Torah scroll that he donated to a Jerusalem synagogue in January in memory of a stabbing victim.

In January, Dr. Wainberg also visited Jerusalem for the dedication of a Torah scroll that he donated in memory of 16-year-old Shira Banki, who was stabbed to death in July 2015 during the city's annual Gay Pride Parade.

The 150-year-old Torah scroll, which was originally written by hand on parchment in Baghdad and contains the first five books of the Old Testament, had been carefully restored and was presented to Jerusalem Mayor Nir Barkat for use in one of the city's Ethiopian synagogues.

Dr. Wainberg said he was moved to make the donation after hearing about the death of Ms. Banki, a high school student who attending the parade to show solidarity with her LGBT friends.

Physician-in-Chief is named Distinguished Scientist



Dr. Ernesto L. Schiffrin

Dr. Ernesto L. Schiffrin, Physician-in-Chief at the JGH, has been named recipient of the 2015 Distinguished Scientist Lecture and Award by the Canadian Society for Clinical Investigation. Dr. Schiffin, who is Professor and Vice-Director of Research in McGill University's Department of Medicine, received the award and delivered the lecture in November 2015 at the Society's annual congress in Toronto.

In January, Dr. Schiffrin also became Editor-in-Chief of the *American Journal of Hypertension*.

Dr. Schiffrin is the Tier 1 Canada Research Chair in Vascular and Hypertension Research in the Lady Davis Institute at the JGH. He is a Fellow of the Royal Society of Canada, a Member of the Order of Canada, former President of the International Society of Hypertension (2012-2014) and President of Hypertension Canada (2013-2016).

Dr. John Antoniou

JGH surgeon voted into Hip Society

Dr. John Antoniou, staff surgeon in the JGH Department of Orthopedics, has been voted into The Hip Society, an organization comprised of approximately 80 of the world's top orthopedic surgeons. According to the website of the by-invitation-only Hip Society, its members are "leaders in the field of hip disorders who have demonstrated excellence in the domains of diagnosis, treatment, and research."

Senior McGill position for JGH physician

Dr. Beth-Ann Cummings, JGH Director of Undergraduate Education and a staff physician in the Division of Internal Medicine, has been appointed Associate Dean of Undergraduate Medical Education in McGill University's Faculty of Medicine. Dr. Cummings, who joined the JGH in 2009, has previously received an Award of Merit from the Canadian Association for Medical Education.

Dr. Mel Schwartz

Leading hospital dentistry at a national level

Dr. Mel Schwartz, JGH Chief of Dentistry, has been appointed Vice-President of the Board of Directors of the Canadian Association of Hospital Dentists. The organization provides Canada's hospital-based dentists a forum to enhance clinical practice, teaching, research, administration and dental leadership.

Double honours in Anesthesia

Dr. François Béïque, JGH Director of Cardiac Anesthesia has been appointed Chair of the Writing Committee for the certification exam in perioperative transesophageal echocardiography. The appointment covers Canada and the United States, and was made by National Board of Echocardiography, on whose Board of Directors Dr. Béïque sits.

Dr. Paul Wieczorek, a staff physician in the JGH Department of Anesthesia, has received the 2016 Certificate of Merit 2016 from the Canadian Association for Medical Education. According to the Association, the aim of this award is "to promote medical education in Canadian medical schools and to recognize faculty's commitment to medical education."

Among the members of the JGH perfusion team are (from left) Myriam Burns, Catherine Derome, Julie Gagnon (Chef Perfusionist) and André Bouchard.

Recognition for JGH perfusion team

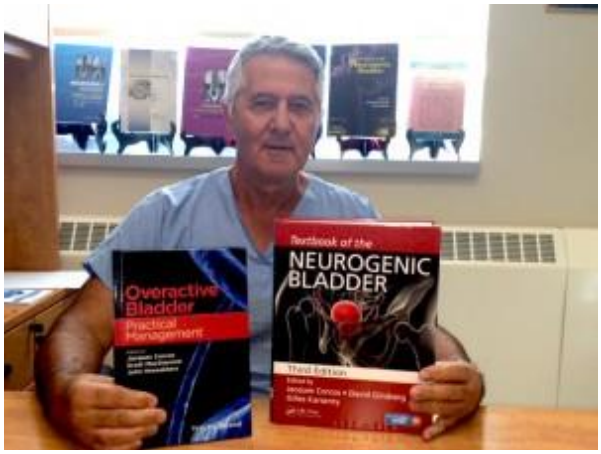
The JGH **perfusion team** has won the 2015 Perfusion Week Award, presented by the Canadian Society of Clinical Perfusion. The award is given to one Canadian team per year to acknowledge exellence in the field.

Award for glaucoma awareness

Marc Renaud receives the Medal of the National Assembly from Montarville MNA Nathalie Roy (right), in the company of his wife, Diane Brousseau.

Marc Renaud, an Ophthalmic Technician in the JGH Department of Ophthalmology, has received the Medal of the National Assembly for increasing global awareness about the dangers of glaucoma. Mr. Renaud, who is also Project Manager for the McGill Glaucoma Information Centre at the JGH, received the award last October in a presentation by Nathalie Roy, MNA for Montarville.

Ms. Roy praised Mr. Renaud for the hundreds of lectures and presentations he has delivered about glaucoma during his career. In reply, Mr. Renaud said the award "will undoubtedly help me to spread the word that my involvement has a single goal: to overcome this disease through education."



Dr. Jacques Corcos

New editions of urology textbooks

New editions were published last fall of books by **Dr. Jacques Corcos**, a staff physician and former Chief of the JGH Department of Urology. The books—*Textbook of the Neurogenic Bladder* (CRC Press) and *Overactive Bladder: Practical Management* (John Wiley & Sons)—deal with Dr. Corcos' sub-specialty of voiding dysfunction and are his seventh and eighth published books.

Appointments - New Chief of Surgical Services

Dr. E. Ruth Chaytor

Dr. E. Ruth Chaytor, a leading expert in diabetic foot care, has been appointed JGH Chief of Surgical Services, having joined the hospital in 1997 and served as onsite coordinator for medical students in Orthopedics since 2005.

In 1997, she established the JGH Diabetic Foot Clinic, a major tertiary referral centre for complex diabetic foot problems. It is one of only two centres in Montreal that coordinate diabetic foot care as part of a pilot project.

Dr. Chaytor is also an Assistant Professor of Surgery at McGill University, where she teaches residents from McGill and the University of Montreal as Chief of the Foot and Ankle Teaching Unit.

Dr. Chaytor received her M.D. from Memorial University of Newfoundland, followed by a mixed internship at Montreal General Hospital and an orthopedic residency and clinical trauma fellowship at Dalhousie University. Subsequently, she obtained a foot and ankle fellowship at the University of Pittsburgh and an orthotics and prosthetics fellowship from the University of Montreal.

In addition to serving as McGill's musculoskeletal representative in developing the new medical school curriculum, Dr. Chaytor teaches the musculoskeletal examination course to second- and fourth-year medical students.

She is a founding member of the Canadian Orthopaedic Foot and Ankle Society and sits on its Board of Directors, as well as serving as the foot-and-ankle representative to the Canadian Orthopaedic Association.

Dr. Chaytor has published and presented nationally and internationally on total ankle replacements, diabetic foot care and other types of foot and ankle pathology.

Welcome - New to the Division of Geriatrics

Dr. Olivier Beauchet, who holds certification in neurology and in internal medicine and geriatrics, has joined the JGH Division of Geriatrics. At McGill University, he will also be a full professor and holder of the Kaufmann Chair in Geriatric Medicine. In addition, Dr. Beauchet has Master's degrees in pharmacology and neuropsychology, as well as a Ph.D. in neuroscience.

Most recently, Dr. Beauchet was Chair of Internal Medicine, Geriatrics and the Biology of Aging at Angers University in France. At the same time, he was Chief of the Division of Geriatric Medicine and Director of the Memory Clinic at the Centre for Research on Autonomy and Longevity at Angers University Hospital.

Dr. Beauchet will bring to his position a depth of understanding on the evolution of treatment practices aimed at maintaining patients' mobility and countering the negative effects of hospitalization on their physical condition. He is internationally recognized in his field and serves as a member of the advisory board for the Canadian Consensus in Mobility and Cognition.

Specialist joins Department of Pediatrics and Neonatology

Dr. Sabrina Furtado has become a member of the JGH Department of Pediatrics and Neonatology, with a particular interest in respiratory problems and outcomes. Dr. Furtado completed her medical studies in Brazil, follwed by specialization in pediatrics and neonatology at McGill University.

In memoriam - Dr. Victor Goldbloom

In February 2014, Dr. Victor Goldbloom (right) accompanied Rick Dubrovsky, President of the JGH Board of Directors, on a tour of the newly completed Emergency Department in Pavilion K.

The Jewish General Hospital and the Integrated Health and Social Services University Network for West-Central Montreal would like to extend their deepest sympathies to the family and friends of Dr. Victor Goldbloom, O.C., O.Q., who died on February 15 at the age of 92.

After launching his medical career and practicing at the JGH, Dr. Goldbloom went on to distinguish himself as a Quebec cabinet minister, Canada's Commissioner of Official Languages and leader of the Canadian Council of Christians and Jews.

JGH news

VOL. 9, No. 3 JEWISH GENERAL HOSPITAL/MONTREAL, QUE. SUMMER 1971

Goldbloom foresees health care which is consumer-oriented

In summer 1971, JGH News covered the hospital's Annual General Meeting, where Dr. Victor Goldbloom delivered the keynote speech about the future of health care in Quebec.

Widely respected as a pediatrician in the 1950s and '60s, Dr. Goldbloom gained wider public recognition in 1966 with his election as the MNA for the Montreal riding of D'Arcy-McGee. Four years later, he became the province's first Jewish cabinet minister, serving first as Minister of the Environment and later simultaneously as Minister of Municipal Affairs and Minister of the Environment. He resigned from provincial politics in 1979.

Dr. Goldbloom's family had deep roots at the JGH: When the hospital opened in 1934, his father, Dr. Alton Goldbloom, was named its inaugural Chief of Pediatrics, having previously served on various committees that planned the development of the JGH. His mother, Annie Goldbloom, was instrumental in creating the Women's Auxiliary in 1936 and went on to serve as its founding President.

After earning his medical degree from McGill University in 1945 and his Diploma in Pediatrics in 1950, Dr. Goldbloom developed a successful practice in pediatrics, followed by his noteworthy career in politics.

In 1971, he was the keynote speaker at the 37th Annual General Meeting of the JGH, where he foresaw the necessity for consumer-oriented health care. Also predicting the eventual development of the types of healthcare networks that the government launched last year, Dr. Goldbloom suggested that "Quebec must establish constellations in which a variety of institutions with overlapping services will join together to provide all of the health services people seek or require."

After retiring from politics, Dr. Goldbloom served from 1980 to 1987 as CEO of the Canadian Council of Christians and Jews, and from 1991 to 1999 as Canada's Commissioner of Official Languages. In addition, he was President of Jewish Immigrant Aid Services of Montreal, Chair of Quebec Jewish Congress, and Chair of the Montreal Health and Social Services Agency.

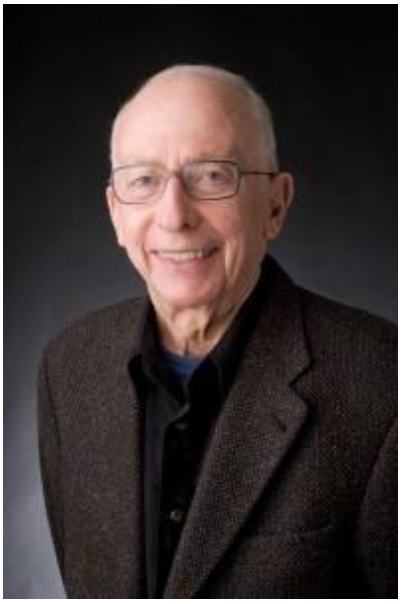
Throughout his life, he received numerous honours, including Officer of the Order of Canada in 1983 (upgraded to Companion in 2000), the Order of Quebec in 1991, and an honourary doctorate from the University of Ottawa in 1994.

In 2009, the Quebec Community Groups Network established the Sheila and Victor Goldbloom Distinguished Community Service Award to recognize individuals who have contributed to the vitality and understanding of English-speaking Quebec. And in 2012, he was officially recognized by the Vatican for his leadership in promoting inter-religious understanding.

Dr. Goldbloom published his memoir, *Building Bridges*, in spring 2015.

In view of Dr. Goldbloom's close ties to the JGH and his support for its mission and values, the hospital and West-Central Montreal Health would like to express their deep appreciation for his significant contributions to Montreal's Jewish community and to all of Quebec society, and for his life-long efforts to find common ground among individuals from a wide array of cultural and political backgrounds and beliefs.

Dr. Harold Zvy Pomerantz



Dr. Harold Zvy Pomerantz

Everyone in the JGH family is saddened by the loss on August 26, 2015, of Dr. Harold Zvy Pomerantz, 93, a veteran staff physician in the JGH Division of Cardiology. Dr. Pomerantz joined the JGH in 1952, and even after retiring from active practice, he continued to visit the hospital regularly to attend conferences, confer with colleagues and pursue studies in the medical library.

In an article in *JGH News* in 2009, Dr. Pomerantz recalled that when he began his career, the JGH was still a young institution that did not yet have a single full-time, hospital-based cardiologist.

"What we lacked in technology," he wrote, "we overcame by practising in a careful, thorough manner and by observing and listening to our patients (although we did have electro-cardiography, X-rays and blood tests to help in the diagnostic process).

"What we knew in 1952, and what must always remain uppermost in our minds, is that every case is not the same, just as every individual is not the same. No matter how much the Division of Cardiology, the Jewish General Hospital and the field of medicine may have changed, the words of that great medical pioneer, Sir William Osler, still ring true: 'The student starts with the patient, continues with the patient and ends with the patient.'"

Dr. Mark Adams

Dr. Mark Adams

It is with deep sadness that the Jewish General Hospital marks the passing on October 25, 2015, of Dr. Mark Adams, 69, a devoted clinician, a valued teacher, a close colleague and personal friend to many in the JGH Department of Psychiatry.

Dr. Adams received his medical degree from the University of Sherbrooke and went on to train in psychiatry at the JGH. After joining the department in 1975, he spent the next 40 years leading the Day Hospital, teaching medical students and residents, and assuming leadership roles in the department and in the medical community.

Dr. Adams was an Assistant Professor at McGill University, also serving as President of the Assembly of Delegates of the Quebec Psychiatric Association and on the Board of Directors of the Federation of Psychiatrists of Quebec.

In a tribute to his colleague, Dr. Karl Looper, JGH Chief of Psychiatry noted that "throughout his career, Mark was known for his compassion, humanistic qualities, sense of humor and, of course, his bowties. He will be greatly missed and remembered by us all."

Dr. Norman Halpern

It is with great sadness that everyone in the JGH family notes the passing on July 9, 2015, of Dr. Norman Halpern, 93, a staff physician in the JGH Department of Urology for 55 years.

Dr. Halpern studied bacteriology and then medicine at Queen's University, where he graduated with the Gold Medal in 1948. After completing his residency in urology at Maimonides Hospital in Brooklyn, he returned to Montreal and was appointed to the staffs of the JGH and the Royal Victoria Hospital. He also served as Associate Professor in the Department of Urology at McGill University and was later named Professor Emeritus.

Dr. Halpern, who retired from the JGH in 2007, was known for his warmth toward his patients, his dedication to his work, and his community leadership in his synagogue and in many other causes.