Jewish General Hospital

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New regional healthcare network gradually finds its footing

A resident and member of staff at the Jewish Eldercare Centre, which is among the JGH's partner institutions in West-Central Montreal Health.

Measures under way to improve quality and continuum of care

Like a photo that comes into focus or a sculpture that slowly takes shape, a clearer image of Quebec's new public healthcare system has gradually been emerging from the reorganization that was set in motion on April 1.

The picture will grow even sharper this fall—and well into 2016—as a newly created senior management team (see accompanying article) and Board of Directors (coming in September) oversee the delivery of a wide spectrum of services at the Jewish General Hospital and at eight regional partner-institutions, collectively known as the Integrated Health and Social Services University Network for West-Central Montreal (West-Central Montreal Health).

Working together, they serve more than 360,000 people in large portions of Côte-des-Neiges–Metro–Parc Extension and in Côte Saint-Luc–NDG–Montreal West. (Roughly two dozen multi-facility healthcare networks of a similar nature cover the rest of Montreal and Quebec.) Their objective is to inject new vigour into the system by sharpening its responsiveness to the changing needs of a wider swath of patients, residents and clients.

In the JGH Emergency Department, Dr. Alice Yu meets with a patient in a cubicle in the Rapid Assessment Zone.

With so many different types of healthcare establishments under a single administration, more can now be done to ensure that transfers—for instance, from a hospital to a rehabilitation centre or to a geriatric facility—can be accomplished more quickly and seamlessly.

Similarly, more can now be done to reduce the fragmentation of services among institutions, minimize waste and duplication, and increase accountability for spending decisions. Not only will these measures contribute to improvements in quality, they are likely to help free up additional funds for treatment and care.

So far, many of the major changes have taken place behind the scenes. For instance, instead of nine departments of finance—one for each institution in West-Central Montreal Health—a single Finance Department is now in place for all nine facilities. The same holds true for Human Resources, Information Management, Technical Services and other administrative divisions, with a similar adjustment of clinical departments planned for this fall.

In the JGH Emergency Department, Dr. Alice Yu meets with a patient in a cubicle in the Rapid Assessment Zone.

And when the Board of Directors is launched, its public and institutional members will be drawn from across the network to oversee health care in the entire area. (The law that established the new networks eliminated boards in every provincial healthcare facility, including the JGH.)

JGH Foundation continues to support excellence at the JGH

The JGH remains of key importance to the region's new healthcare family. As the tertiary- and quaternary-care hospital in West-Central Montreal Health, the JGH continues to play a pivotal role in delivering quality medical services.

In particular, the critical contribution that the JGH Foundation makes to the JGH enables the hospital to recruit the best physicians, acquire the latest and best equipment, engage in leading research and continuously upgrade its facilities.

Like the JGH Foundation, the foundations of the new region's sister establishments all continue to support their respective institutions. Each dollar raised stays with the respective institutions.

This unique partnership between the JGH and its Foundation has resulted in a powerful dynamic that ensures best medical treatment care for the people of Montreal and Quebec.

The final months of 2015 is when changes to health care will become even more apparent, says Dr. Lawrence Rosenberg, President and CEO of West-Central Montreal Health. The emphasis, he explains, will be in starting to examine where certain services could be best provided to address issues of access and timeliness.

As expected, the first phase of the transition during this past spring and summer has had its share of difficulties, Dr. Rosenberg says, "but nothing that's been insurmountable." Of key importance is that the initial challenges are being handled by the newly assembled management team of skilled and experienced senior managers from the JGH and institutions across the network.

What's still unclear, Dr. Rosenberg says, is how much direct involvement the Ministry of Health and Social Services will have in the fine details of operating the province's new healthcare networks. "I'm quite confident we can retain control over the quality of our services, and that we will maintain control over the process of transition."

A resident and member of staff at the Donald Berman Maimonides Geriatric Centre, which is among the JGH's partner institutions in West-Central Montreal Health.

As attention turns to the reform of healthcare services, many crucial questions have arisen, says Francine Dupuis, Associate Executive Director for West-Central Montreal Health: "Where should each service be based? Who should provide it? Where is it likely to be delivered with the greatest efficiency and for the least cost?

"That may mean, for example, transferring a patient to another program that's more efficient. Sometimes nurses do something that an orderly could do, and this would have to be completely abandoned."

According to Ms. Dupuis and Dr. Rosenberg, other measures are being considered or are under way to improve the experiences of patients, residents and clients at the JGH and across the network. For instance, an integrated practice unit for strokes is in development, extending beyond the hospital and into the community to include rehabilitation services and primary care.

In addition, an end may soon come to a procedure in which certain hospitalized patients are regularly reassessed to determine whether they can go home or should be transferred to a long-term care facility. Since these patients almost always end up in long-term care anyway, the reassessment adds little value.

"We also have listen to what members of staff say to us," says Ms. Dupuis, "because most of the time, they're on the front lines and are very good at observing. Then we have to have the courage to implement these changes. Even if there is some resistance, we still have to do it, but in a respectful way."

For Carrie Bogante, Director of Finance for West-Central Montreal Health, spring was an especially tough time: Not only was it the dawn of the new healthcare network, it was a period when all nine institutions had to finalize the 2014-2015 financial year, as well as develop the budgets for 2015-2016. Complicating matters even further was the fact that the each of the member establishments was using a different accounting system.

"Now we've finally turned the corner," says Ms. Bogante, "and we're in the process of seeing how we can put things together and optimize processes at all staffing levels."

The objective, she says, is to gather all of the finance professionals into a cohesive unit that will supply accurate and up-to-date data managers throughout West-Central Montreal Health. This information is essential in helping supervisors manage their budgets and identify areas where savings can be realized, while ensuring that efficient spending continues in the new network.

"At first glance, it looks like a huge mountain," says Ms. Bogante, "and if you keep thinking of it that way, you can't begin to climb it. So you have to break it down into a series of reasonable goals, and that's when it gets easier."

To Beverly Kravitz, Director of Human Resources, Communications and Legal Affairs for West-Central Montreal Health, the creation of the network has been "an exciting opportunity to improve the quality of health care" by making sure that the providers of care—doctors, nurses and other professionals throughout our network—get the help, information and support they need from HR.

"Our goal," Mr. Kravitz explains, "is to keep enhancing our healthy work environment, assisting staff in achieving a comfortable work-life balance, and placing the right staff person in the right place at the right time. We want members of staff to know that we recognize and value their contribution. That way, they can do their best for the healthcare users who rely on them."

Ms. Kravitz says the availability of this support will be especially important to staff in the coming year, as they make the transition from working in individual establishments to serving a healthcare network that covers a broad region of west-central Montreal.

At the moment, HR is busy planning its reorganization while ensuring that the needs of its business partners are met. Not only is the department looking to improve the delivery of service, but at the same time, Ms. Kravitz says it will be realizing "organizational effectiveness and economies of scale, as we integrate the corporate services of the network's various institutions. An innovative example of how we will improve efficiency is the development of electronic employee files.

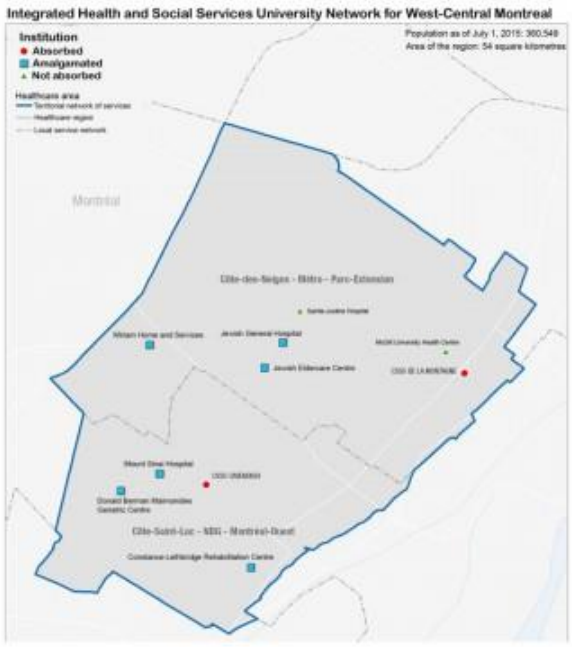
"We will be looking to optimize our processes through a Lean integration, thereby improving efficiencies and adding value for our clients."

Ms. Kravitz realizes many members of HR staff, like those in other departments, face the challenge of getting used to working with new colleagues from other institutions. However, this pooling of talent also represents "a unique

opportunity for all of us to learn from one another and continue to develop best practice and innovative ways in supporting our network in its delivery of healthcare excellence."

What's clear to Francine Dupuis is that a transformation on such a large scale is bound to have its significant bumps and obstacles. "Our priority is to make sure that healthcare users receive safe, high-quality treatment and care," she declares, "but beyond that, any reasonable proposal will be considered. In the long run, it's the patients, residents and clients of West-Central Montreal Health who will come out ahead."

New to West-Central Montreal Health



Integrated Health and Social Services University Network for West-Central Montreal

Since April 1, key appointments have been made to the leadership and senior management of the Integrated Health and Social Services University Network for West-Central Montreal (West-Central Montreal Health), which encompasses the JGH and eight other institutions.

More information on the appointees is available on the site of West-Central Montreal Health.

Dr. Lawrence Rosenberg

- **President and CEO: Dr. Lawrence Rosenberg** had served as Executive Director of the JGH until the new healthcare network came into existence in April.

Francine Dupuis

- **Associate President and CEO: Francine Dupuis** was previously Director General of the Cavendish CSSS, and had held positions as Interim Director General of the Constance-Lethbridge Rehabilitation Centre, and Executive Director of CLSC Saint-Louis-du-Parc.

Dr. Anne Lemay

- **Associate CEO of the Support, Administration and Performance Programs: Dr. Anne Lemay** was appointed Associate Executive Director of the JGH in November 2014, and has been a senior manager responsible for evaluating and improving performance and quality in university-affiliated hospitals in Quebec and Ontario.

Georges Bendavid

- **Director of Technical Services: Georges Bendavid** had been Director of Technical Services at the JGH since 2013.

Carrie Bogante

- **Director of Finance: Carrie Bogante**, a chartered accountant, had been Director of Finance for 13 years at the Donald Berman Maimonides Geriatric Centre and the Jewish Eldercare Centre.

Johanne Boileau

- **Director of Nursing: Johanne Boileau** had served as Director of Nursing at the JGH since 2012.

Dr. Michelle Elizov

- **Director of Medical and University Education: Dr. Michelle Elizov,** a member of the JGH Division of Internal Medicine, has served as the hospital's Site Program Director for the Internal Medicine Training Program.

Dan Gabay

- **Director of Multidisciplinary Services: Most recently, Dan Gabay** was Associate Director of Professional Services at the JGH.

Barbra Gold

- **Director of the Support Program for the Autonomy of Seniors: Barbra Gold** was previously Executive Director of Donald Berman Maimonides Geriatric Centre and of the Jewish Eldercare Centre.

Felicia Guarna

- **Director of Rehabilitation:** At CSSS Cavendish, **Felicia Guarna** implemented a continuum of rehabilitation services across the organization, including at the Richardson and Catherine-Booth Hospitals, in home care and in long-term care centres.

Beverly Kravitz

- **Director of Human Resources, Communications and Legal Affairs: Beverly Kravitz** was JGH Director of Human Resources and Legal Affairs, having served until 2007 as Director of Strategic Planning and General Counsel for the JGH Foundation.

Bob Lapointe

- **Director of Information Resources:** **Bob Lapointe**has 40 years of experience in information technology, most recently as Chief Information Officer at Future Electronics.

Dr. Roderick McInnes

- **Director of Research:** From 2009 until earlier this year, **Dr. Roderick R. McInnes** was Director of Research in the Lady Davis Institute at the JGH.

Dr. Louise Miner

- **Director of Professional Services:** Previously at the JGH, **Dr. Louise Miner** was Associate Director of Professional Services and Associate Chief of Obstetrics and Gynecology.

Marie Ouellon

- **Director of the Frontline Integrated Services Program: Marie Ouellon** has led the Regional Program for the Settlement and Integration of Asylum Seekers and has participated in developing innovative frontline projects, including *la Maison Bleue,* which offers support to pregnant women and families who are at risk.

Thaddeus Rezanowicz

- **Director of the Mental Health and Addiction Program: Thaddeus Rezanowicz** has 25 years' experience in management, having worked with institutional and community partners in a mental health action plan that was implemented in close collaboration with the CHUM (University of Montreal Hospital Centre).

Rosemary Steinberg

- **Local Commissioner of Complaints and Quality of Service:** Most recently, **Rosemary Steinberg** had served as the Local Commissioner of Complaints and Quality of Service at the JGH.

Virginie Tourte

- **Director of Logistics: Virginie Tourte** joined the JGH in 2013 as Chief of Purchasing, and was promoted shortly afterwards to head the entire logistics and procurement department.

Daniel Amar

- **Associate Director of Rehabilitation: Daniel Amar**has spent the last six years as Executive Director of Miriam Home and Services.

Sébastien Blin

- **Associate Director of General Services, the Health and Social Information Line and the Regional Program for the Settlement and Integration of Asylum Seekers:** Most recently, **Sébastien Blin** was Associate Director of Professional Services and Medical Affairs, as well as a member of the Board of Directors at CSSS de la Pointe-de-l'Île.

Marie-France Bodet

- **Associate Director of Human Resources:** Leading up to this appointment, **Marie-France Bodet** was Executive Director of the Grace Dart Extended Care Centre.

Marie-Hélène Carbonneau

- **Associate Director of Nursing:** Since 2006**, Marie-Hélène Carbonneau** had served as Director of Nursing at the Montreal Institute of Cardiology.

- **Associate Director of Information Management:** In 2009, **Sabine Cohen**assumed her most recent role as JGH Chief of Information Management.

Joanne Côté

- **Associate Director of Innovation, and Quantitative and Prescriptive Analysis:** After 10 years as Nursing Coordinator for the Division of Cardiology at the JGH,**Joanne Côté** assumed the role of Clinical Leadership for the Pavilion K clinical project.

Glenn J. Nashen

- **Associate Director of Communications and Media Relations:** **Glenn J. Nashen** served most recently as JGH Director of Public Affairs and Communications.

Hugo Ouellette

- **Associate Director of Technical Services: Hugo Ouellette** has worked as Interim Director of Technological Programs and Chief of the Technical Aids Service at the Constance-Lethbridge Rehabilitation Centre.

Ian Pellat

- **Associate Director of Finance and Budget: Ian Pellat** had been Interim Director of Finance at St. Mary's Hospital.

Valérie Pelletier

- **Associate Director of the Mother-Child, Midwife, Youth and Public Health Program:** Since 2013,**Valérie Pelletier** was Associate Director of Nursing for Maternal-Child Health, Family Medicine and Neurology at the JGH.

Danielle Schryer

- **Associate Director of Professional Services:** **Danielle Schryer** spent over 12 years as a senior manager in the healthcare sector, including as Director of Nursing for the CSSS du Suroît and Interim Director of Hospital Services for the CSSS Ouest-de-l'île.

Cindy Starnino

- **Associate Director of Multidisciplinary Services:** Previously, **Cindy Starnino** was Director of Quality and the University Mission at CSSS Cavendish.

Christine Touchette

- **Associate Director of the Support Program for the Autonomy of Seniors:** Most recently, **Christine Touchette** spent three years in a directoral position at CSSS Cavendish.

Valérie Vandal

- **Associate Director of Nursing:** At the JGH, **Valérie Vandal** had beenAssistant Director of Nursing and Associate Director of Nursing for Surgical Services.

Pino Virgilio

- **Associate Director of Information Resources:** Most recently, **Pino Virgilio** was Associate Director of IT in the JGH Department of Information Technology.

Spyridoula Xenocostas

- **Associate Director of Research:** Before her appointment, **Spyridoula Xenocostas** was Director of Research Activities at the CSSS de la Montagne, and Co-director of its research centre.

Harbouring radical ideas is vastly different from radicalization, psychiatrist explains

One of the novel aspects of the 2015 JGH Mini-Med School was the staged reading of a play, written and directed by Terry Griffin-Burman, with musical accompaniment by cellist Rachel Burman. The production, about the emotional ups and downs of the elderly, starred (from left) Pasquale DeBlasio, Dan Delaney, Patricia Delaney, Sheila Moriarity and Nancy Cree.

Not everyone who expresses an interest in a radical religious or political ideology is dangerous, but these individuals may be emotionally or psychologically vulnerable, and they might benefit from the support of family and friends, the audience heard at the 13th annual JGH Mini-Med School.

Dr. Zoë Thomas, who is doing clinical rotations at the JGH during her third year of residency in psychiatry at McGill University, recalled treating a 14-year-old girl who was doing poorly in school, appeared to be alienated from those around her, and seemed in danger of becoming radicalized.

After speaking with the teenager, Dr. Thomas discovered that that she had immigrated at a young age, was exposed to violence in her low-income family, and played a difficult role as a caregiver in her family. As a result, she turned to fundamentalist religion to provide structure for her chaotic life.

Counselling was appropriate for this young woman, Dr. Thomas explained, but teachers and other authority figures should not have been so quick to negatively stereotype her. Instead, society must differentiate between an alienated person who needs treatment and someone who is truly intent on killing in the name of religion.

The radicalization of adolescents was one of the hottest and timeliest topics in the five-session series of the JGH Mini-Med School, presented last spring by the Department of Public Affairs and Communications. In examining various aspects of mental health, JGH experts geared their remarks to a general audience, whose members received diplomas and the honourary title of "mocktor" at the end of the series.

In the session on radicalization, Dr. Laurence J. Kirmayer, Director of the Culture and Mental Health Research Unit at the JGH Institute of Community and Family Psychiatry, reminded the audience that radical ideas—in fields such as science and the arts—can sometimes be extremely creative and can lead to progress and innovation. The challenge, he said, is in determining whether certain radical ideas can lead to violent behaviour.

At one Mini-Med session, Cecile Klein celebrated her 108th birthday with a cake presented by Marisa Rodi, Events Coordinator in the JGH Department of Public Affairs and Communications. Mrs. Klein has attended every Mini-Med series since the program debuted in 2003, showing a keen interest in continued learning at any age.

Dr. Myrna Lashley, an internationally recognized authority on cultural psychology and an adjunct researcher and project leader in the Lady Davis Institute at the JGH, added that some individuals become radicalized for a wide variety of reasons. These include a desire for adventure, the wish to correct a perceived wrong, a deep desire to have like-minded comrades-in-arms, and a hatred for what is seen as the decadence of Western society.

Some other Mini-Med highlights:

- In a session on the emotional needs and difficulties of the elderly, Dr. Marilyn Segal, JGH Director of Geriatric Psychiatry, explained it is essential that older people retain as much autonomy as possible,

depending on their degree of chronic illness or disability. Too often, she said, society sees aging as a negative experience, rather than a new and natural biological and cultural transformation.

- Stress can sometimes skyrocket not just because a person is in a tough situation, but because that person is reacting inappropriately to the situation, said Dr. Caminee Blake, a part-time staff psychologist in the JGH Youth Service. Dr. Blake explained that heightened stress can be caused by errors in thinking, such as over-generalizing, making incorrect assumptions about what others are thinking, and believing that circumstances are entirely positive or negative. She said some types of stress can be lowered by monitoring one's reactions to determine if they are appropriate in a given situation.

- Some psychiatrists avoid recognizing and treating personality disorders, because they find it quicker and easier to label the problem as depression or bipolar disorder, said Dr. Joel Paris, a research associate in the JGH Department of Psychiatry. Unfortunately, he added, these psychiatrists see their skills as being based in pharmacology, since they lack training in psychotherapy or simply don't have much interest in talking or listening to their patients.

- Cécile Rousseau, who works with refugee and immigrant children in the JGH Division of Child Psychiatry, recommended that refugee children who have been traumatized by war should first be made to feel safe. "In psychiatry and psychology, we sometimes put too much emphasis on talk," she said, "and not necessarily enough on the need to be held and comforted. Once we do this, then we can talk." Dr. Rousseau said that since some refugee children have a surprisingly strong capacity for resiliency, making use of this strength is as important as minimizing the children's symptoms.

For 13 seasons, the JGH Mini-Med School has attracted a total of more than 2,000 "medical students" to lectures on dozens of topics, from surgery to research to family medicine, says says Glenn J. Nashen, Associate Director of Communications and Media Relations. Many more have enjoyed watching videos of previous sessions online.

For generously supporting the 2015 series, the JGH Mini-Med School extends its thanks to:

Bell

Dr. Joel Paris - *Personality Disorders: Psychiatry's stepchildren come of age*
Date : Tuesday, May 5, 2015

Rediscovering life's skills with brushes, paint and pens

Gale "Goldie" Ostroff (right) discusses her artistic technique with JGH Occupational Therapist Andrea Blanar.

Forget any preconceived notions you may have about art as a form of non-verbal therapy during psychiatric treatment. Andrea Blanar has an entirely different approach: As a JGH Occupational Therapist, Ms. Blanar has removed art from the clinical setting and made it a catalyst for developing skills—such as problem-solving, organizing one's work and being open to criticism—that help in grappling with the day-to-day demands of life.

"The accent is definitely not on illness," said Ms. Blanar this past June at an exhibition of paintings, drawings and collages by the nine artists in her workshop at the JGH Institute for Community and Family Psychiatry. "In our group, art is a haven that allows you to reconnect with your strengths and take a real sense of pride in your progress."

Her comments resonated with Reisa "Tashi" Lipszyc, whose confidence has soared in the three years since she joined the workshop. "At the end of the first year, I actually hid my work from everyone," she recalled, "and now I'm displaying it in public, so I've come a long way. It's been liberating to be in a group where there are no expectations of me and —it was Andrea who kept me going."

Looking at her abstract, maze-like designs in colour and black-and-white, Ms. Lipszyc said she hasn't yet found a style she feels totallly comfortable with, "but it's wonderful just to have the freedom to explore."

Ms. Blanar, who is a professional artist, said the spring event was the first public exhibition for her group, which was launched in 2000 to "empower patients, promote rehabilitation and return them to a higher level of functioning.

"Many people think that creating a painting or any other piece of art is a form of play. It's not: When done properly, it's hard, disciplined work. That's why the conversations in our group are not about illness, but about solving the problems that will make a painting turn out the way the artist wants it to."

Ms. Blanar said the members of her workshop openly acknowledge that mental illness has interfered with the creativity they may once have possessed. "But our focus in the workshop is on doing what any artist would normally do—discuss artistic technique, refer to art books, express opinions and learn to take criticism."

For Gale "Goldie" Ostroff, her involvement has culminated in a style in which high-quality felt-tip pens are the medium for boldly coloured, semi-realistic pictures of heads, hands, eyes and other objects that interlock in a flowing, sinuous manner.

As a veteran of the workshop, Ms. Ostroff said her 10 years' experience "has given me a feeling of regaining control, staying in control and pursuing something where there's no right or wrong way to get where I want to go. But that doesn't mean there's no discipline. In the end, I have to feel sure that it all works."

Looking at her pictures, Ms. Ostroff explained that the faces were purely imaginary and not a representation of specific individuals. Even so, she said, her work certainly reflects her real-life experiences, "which are full of hands reaching out and people coming together. That's a pretty accurate description of our workshop."

C. difficile rates plummet with implementation of preventive measures

Proper disinfection of a blood-pressure machine is discussed by (from left) Silvana Perna, Coordinator of Infection Prevention and Control, nurse Debra Hyland, and Luisa Neri of Enviro Services. To minimize the spread of infectious microorganisms, a sign of precautionary instructions hangs over the door, clean gloves and disinfectant wipes are on the wall to the right of the door, and clean gowns are available in the receptacle to the right of the door.

A focused commitment to combatting *C. difficile* at the JGH has led to a steep drop in infection rates, thanks in large part to efforts spearheaded by the Department of Nursing.

Between 2012-2013 and 2014-2015, the rate fell well below the recommended provincial target, an improvement that is believed to have potentially saved approximately 17 lives and contributed to cost savings of more than $1 million.

According to Silvana Perna, Coordinator of Infection Prevention and Control at the JGH, the total number of *C. difficile* cases fell to 108 in 2014-2015, down substantially from 129 in 2013-2014 and from 282 in 2012-2013. This corresponds with a rate of 6.5 cases per 10,000 patient days in 2014-2015, a sharp decrease from the 16.3 cases per 10,000 patient days in 2012-2013, and considerably lower than Quebec's target rate of 9.0.

Based on rates cited in the medical literature, Ms. Perna has estimated that the JGH's preventive measures saved the lives of approximately 17 *C. difficile* patients in 2014-2015. Also using rates in the medical literature, she has calculated that the JGH spent $627,534 to cope with *C. difficile* in 2014-2015, a huge drop of 62 per cent—i.e., a cost savings of just over $1 million—compared to the $1,638,560 that was spent 2012-2013.

C. difficile has been a recurring problem since the mid-2000s in hospitals throughout Quebec and elsewhere in North America. When a patient is treated with antibiotics, many benign intestinal bacteria are unintentionally wiped out. *C. difficile* jumps in to fill this vacancy and, in the course of multiplying, releases a toxin that can sometimes be severe enough to lead to death.

The work of the Department of Nursing has been crucial in achieving these results, Ms. Perna says. Joanne Boileau, the Director of Nursing, along with the department's Associate Directors, have shown "strong leadership in their commitment to reducing *C. difficile* infection rates."

This has motivated nurses throughout the JGH, who come into regular and frequent contact with patients, and are in an ideal position to ensure that other members of staff and visitors observe preventive measures. These include putting on protective clothing and practicing proper hand hygiene on entering and leaving the patient's room. Their involvement will be crucial in maintaining and reducing the lower infection levels.

Ms. Perna attributed the improvement to a combination of factors, stemming from an interdisciplinary approach that is essential in controlling *C.difficile*. The measures included:

- the use of hydrogen peroxide vapour to clean the rooms of *difficile* patients
- the hospital-wide use of Clorox wipes to clean surfaces in patients' rooms
- cleaning all frequently touched surfaces in the rooms of *difficile* patients three times a day, instead of twice daily
- the purchase of equipment whose use is reserved for *difficile* patients
- continually sensitizing healthcare staff, managers and administrators to the importance of rigourously enforcing the preventive measures
- working with the JGH Pharmacy to provide certain patients with preventive medication when necessary
- ensuring that preventive steps are introduced and that rates are measured in strict accordance with guidelines developed by the Provincial Review of Nosocomial-Clostridium Difficile Infections. This committee, developed by Quebec's Ministry of Health and Social Services, is headed by Dr. Yves Longtin, Chair of the JGH Infection Prevention and Control Committee.

"We're delighted with these results, which could not have been achieved without the leadership of Nursing and the cooperation of staff from many departments and units," Ms. Perna says. "But it's also important for us not to let our guard down, because we'd really like to see these rates continue to fall even further."

New technology dramatically cuts waiting times for cancer patients

During his chemotherapy, Paul Grégoire chats with Dr. Gerald Batist, Director of the Segal Cancer Centre, and Erin Cook, Head Nurse of Oncolgy.

A new electronic scheduler that manages appointments has dramatically cut the time that patients wait before receiving their first chemotherapy session in the Segal Cancer Centre at the JGH. Use of the scheduling tool—a central feature of the Endovault software that manages the Centre's health records—has led to a 50-per-cent reduction in the time between a patient's visit to the doctor and the first session of chemotherapy.

"Despite our best efforts, almost 80 per cent of our patients used to wait more than 30 minutes for chemotherapy," says Dr. Gerald Batist, Director of the Segal Cancer Centre. "With our new system, at least half of them receive their treatments within 30 minutes of check-in, and that figure continues to improve."

"The new system also allows nurses to spend more time delivering care," adds Erin Cook, head oncology nurse at the Segal Cancer Centre. "It makes workflow more predictable and less overwhelming, since it minimizes unexpected influxes of patients."

Scheduling will soon be further enhanced by the addition of functions to provide patients with appointments by email or text message. "Patients will be able to choose for themselves the available appointment time that best suits them," exlpains Pierrot Mbayo, Project Manager in Information Technology at the JGH.

The improvements emerged from patient satisfaction surveys conducted across the McGill University network by the Rossy Cancer Network, of which the JGH is a founding member. The time spent waiting for treatment was regularly

cited by patients as one of their most pressing concerns. The Rossy Cancer Network was established to focus on ensuring high-quality care and continuous, evidence-based improvements.

Endovault software, developed by Endosoft, is used in over 700 medical institutions worldwide. However, its customization in an oncology setting is being pioneered in partnership with the Segal Cancer Centre and the JGH's IT Department. It is used by 80 per cent of physicians in the Centre, which is expected to be paperless and chartless—to further reduce costs and improve efficiency—by the end of 2015.

New initiative emphasizes importance of respect for patients

At the launch of the Respect campaign, George Mullings describes how the experience of a hospitalized family member was enhanced by the respect shown by members of JGH staff.

Campaign also highlights significance of respect for staff

For four months in late 2014 and early 2015, George Mullings came away amazed after every visit to the JGH. He and members of his family were looking in on his hospitalized mother-in-law, and they were continually surprised—and grateful—that the respect of staff enabled her to maintain her dignity and good spirits.

Members of the Humanization of Care Committee—(from left) Jane Feldman, Marisa Rodi, Belinda Amodio, Alan Maislin, Rosalie Johnson, Vivian Konigsberg and Josina Van Den Nieuwenhof—gather in the main lobby for the launch of the Respect campaign.

"The energy from everyone was absolutely amazing," Mr. Mullings said at the launch of the Respect campaign, an initiative of the Humanization of Care Committee, in collaboration with the Users Committee.

A bookmark, developed by the Humanization of Care Committee and sponsored by the Users Committee, spells out the elements of the Respect initiative.

Speaking on May 27 in the hospital's main lobby, Mr. Mullings explained that respect appeared to provide the framework not only for the hospital's approach to care, but its relationship with members of his family. This became evident, he said, in the warmth and understanding that staff showed to his mother-in-law, as well as their attentiveness and helpfulness to her relatives. "We were always confident that she would be well looked after," he added.

Dr. Lawrence Rosenberg, President and CEO of the Health and Social Services University Centre for West-Central Montreal, noted that "respect is not a one-way street. This is why other patient-centred initiatives of the JGH, such as the Bill of Rights and the Speak Up campaign, also explain what patients must do to show respect for staff, and how members of staff must respect one another."

He also congratulated the two committees, whose partnership "means that the Respect campaign will benefit from the insight of organizers who are dedicated to making the patient experience as smooth, humane and comfortable as possible."

Dr. Rosenberg reminded staff that respect is prominently mentioned in the JGH's mission statement, because "at its heart, almost every aspect of improving the patient experience comes down to a single key point: respect. Respect for patients' dignity. Respect for their privacy. Respect for their concerns about pain, fear, confusion or uncertainty.

"Our wish is to be of real use to patients by relieving their pain and overcoming their illnesses. But we can't hope to achieve this goal, unless we truly respect their personality, empathize with them and earn their trust."

Better palliative care would make euthanasia largely unnecessary, symposium told

Dr. Michael Dworkind

The type of euthanasia that is permissible under Quebec's Bill 52 could be avoided in many, if not most, cases if more terminally ill patients had access to high-quality palliative care, says a family physician with extensive experience in palliative care.

Dr. Michael Dworkind, who was instrumental in establishing the JGH Division of Palliative Care, said at a symposium on Jewish medical ethics that if the objective is to prevent needless suffering and to die with dignity, the solution is not euthanasia, but palliative care that can minimize or even eliminate pain and suffering.

Dr. Dworkind said one of the key problems with the legislation, which was passed last year and takes effect at the end of 2015, is that "the fast track is often much easier than a long-term commitment to holistic, comprehensive palliative care.

"One of the most powerful arguments against what proponents of physician-assisted death call 'the right to die' is the ease with which the right to die can be transmuted into the duty to die, particularly if one is led to believe that he or she is a burden to family or to society. Doctor-assisted death isn't liberalism—it's nihilism."

Rabbi Raphael Afilalo

More than 100 doctors, nurses, allied healthcare professionals and lawyers attended the day-long symposium on June 10 at the Gelber Conference Centre, organized by Rabbi Raphael Afilalo, JGH Chief of Pastoral Services. The opinions expressed by the lecturers were their own and do not reflect the policies or position of the JGH.

Several speakers acknowledged that Bill 52 tries to ensure that euthanasia will be performed for good reason and will occur only if certain conditions are met. However, Me Gordon Kugler, of Kugler Kandestin SENCRL/LLP, noted that the legislation leaves many dilemmas unresolved. For example, he said, even though the patient must freely request euthanasia, what happens if that person is privately under great pressure from a relative to opt for suicide?

Dr. Eli Segal

Dr. Eli Segal, of the JGH Emergency Department, said he is relieved that the legislation does not obligate doctors to participate in euthanasia. He added that he believes palliative care remains "a good solution for a terrible situation, and it's a better solution than euthanasia. But you know what? I've never been faced with it before. That's my stance now, but maybe it'll change one day if I'm in that situation."

The urgent need to preserve the sanctity of life and the importance of providing palliative care to alleviate suffering were emphasized by Rabbi Afilalo and by Father Aimé M. Kanyabuzige, a Catholic priest who provides pastoral care at the JGH.

Rabbi Afilalo said that based on reliable data on the internet, he has calculated that more than 2.4 million people would be put to death each year if the world's 50 most populous countries adopted euthanasia policies similar to those of Holland, the first country to legalize the practice in 2000. He noted that as many as 1,000 Dutch citizens are now euthanized each year without their express consent.

In opposing euthanasia, "we cannot be shy and we cannot be polite," Rabbi Afilalo said. "Sometimes it is wrong to be politically correct."

Countdown continues for move to Pavilion K

Emmanuelle Peyrel, a Nurse Educator on the Cardiovascular team, gets a feel for the M-shift, new equipment that will move patients in areas of Pavilion K that will open in January 2016.

After five years of construction, it's done! The JGH has been handed the keys to Pavilion K—a symbolic gesture that means the hospital now formally owns its newest wing. With patients set to move on Jan. 24, 2016, staff members are entering a phase of training and orientation.

"Although construction is over," says Joanne Côté, Director of the Transition Team, "more than 22,000 pieces of equipment, furniture and supplies must be installed, and a couple of thousand more need to be moved in. We also want to set aside enough time to train and orient staff."

Pavilion K saw its first department move in February 2014, when the first patients were treated in the new and extensively redesigned Emergency Department on level S2. As of January, a

Packing up for K

Many JGH services are preparing to move to Pavilion K, including:

- the new Surgical Suite Services
- the Intensive Care Unit
- the Neonatal Intensive Care Unit
- the Family Birthing Centre
- the Centre of Cardiovascular Sciences
- five in-patient units
- the Hemodialysis Laboratory
- Inhalation Therapy
- Transfusion Services
- the Medical Day Unit
- the Post-Anesthesia Care Unit

wide variety of other departments and services will move into the upper floors (see sidebar).

Clinical and support staff who expect to relocate to Pavilion K will train online, using floor plans that have been uploaded to a virtual platform. Staff in some departments are also learning how to handle new equipment and perform new procedures.

With the help of a volunteer, Clinical Nurse Specialists Denise Bédard of Surgery (left) and Malgorzata Karna of the Neurosciences team learn how to lift a patient with new equipment that is attached to the ceiling. The equipment will be used in patients' rooms that will open in Pavilion K in January.

In September, members of staff will start coming to the site for exercises that simulate various scenarios, with the assistance of an external consultant. "Since so many units will interact with one another in Pavilion K, we need to test scenarios within specific units and among several units," explains Annie Thinel, Clinical Coordinator for the Transition Team.

Emergency measures will also be simulated, because "the only way we'll really be ready to move is if we've tested the new procedures, work organization and workflow," adds Ms. Côté.

Once the simulations are done and the processes refined, all staff members who are scheduled to move will tour their new units, with the visits tailored to each employee's specific needs.

Ongoing community support critical for critical-care pavilion

Continued community support will be critical in outfitting the new surgical suites, hybrid operating rooms, intensive care units and patient rooms with the latest medical technology, equipment and furniture. Funding is also required for staff training and for the remaining construction costs related to Pavilion K.

This includes the acquisition of dedicated imaging equipment (such as a CT scanner, X-ray machine and ultrasound machines) and non-medical equipment (stretchers, furniture, treatment chairs, etc.), as well as information technology hardware and applications (such as fibre optics and specialized software for the operating rooms and imaging services). None of these is covered by government funding.

Funds will also be needed to acquire extra beds, equipment and furniture, so that private (one-bed) rooms can be converted to semi-private (two-bed) rooms during times of crisis, such as a large-scale flu outbreak, natural catastrophe or major accident.

With the move of the JGH's Emergency and Critical Care services to Pavilion K, additional funds will also be needed to renovate and equip the vacated areas in the main hospital. This will allow existing services to be expanded or new services to be added.

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

Cyclists in pace-setting event raise more than $4.9 million

Heading through the countryside in the Enbridge Ride to Conquer Cancer.

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

ENBRIDGE RIDE TO CONQUER CANCER
benefiting the JEWISH GENERAL HOSPITAL

Enbridge Ride to Conquer Cancer hits lucky number 7

Cyclists in the Ride are well on their way to their destination.

In its seventh lucky year as one of Quebec's leading fundraising events, the Enbridge Ride to Conquer Cancer brought together 1,347 cyclists and several hundred crew members from across the province to raise more than $4.9 million.

Proceeds from the trek on July 11 and 12 will support cancer research, treatment and prevention at the JGH and at partner institutions throughout Quebec. By the end of the journey of more than 200 kilometres from Montreal to Quebec City, the determined participants had pushed the Ride's seven-year grand total to more than $41 million.

A triumphant finish after two days on the road.

The event also typified the partnerships that the JGH has developed with healthcare institutions across the province, with proceeds supporting not just the Segal Cancer Centre at the JGH, but the University of Quebec Hospital Centre Foundation and the Trois-Rivières Regional Hospital Centre Foundation.

A hot, sunny weekend greeted the high-spirited participants, who left Repentigny on Saturday morning and spent the night in camp in Trois-Rivières, where they enjoyed hot meals and entertainment. On Sunday, they arrived at the

finish line in Saint-Augustin-de-Desmaures, just outside Quebec City, to cheers of excited relatives, friends and supporters.

For information on how you can be part of the 2016 Enbridge Ride to Conquer Cancer or to register for the event, please visit
www.conquercancer.ca or call **1-866-996-8356**.

Certification recognizes JGH's pro-environmental practices

Avi Fhima, a JGH Project Manager in Technical Services, inspects a heat recovery system on the roof of the Lady Davis Institute. This system enables the hospital to recover a substantial portion of the heat and water vapour that would otherwise escape into the air. They are reused to increase energy efficiency and reduce expenses.

The Jewish General Hospital has received certification in a national program that recognizes excellence in environmental and energy management and performance.

The program, known as BOMA BESt, is the Canadian industry standard for certifying the sustainability of commercial buildings. Certification is granted by the Building Owners and Managers Association of Canada to acknowledge success in complying with specially designated Building Environmental Standards.

Level 2 certification, which the hospital obtained this past May, recognizes that the JGH's practices contribute to a healthy work environment and to a reduction in negative aspects of its ecological footprint.

Certification was granted after an evaluation of performance in 14 areas, such as energy, water, waste reduction, emissions and effluents, indoor environment, and the environmental management system.

JGH Project Manager Christophe Herlmont and JGH Sustainability Coordinator Chelsea Pandelidis with the BOMA BESt award.

Since 2012, the JGH has focused mainly on reducing its energy consumption, says Georges Bendavid, Director of Technical Services. "Since a hospital is fully operational every day of the year, our building consumes a great deal of energy and is faced with many challenges."

Among the JGH's initiatives:

- installation of bicycle racks at most major entrances
- on-site hosting of a Bixi bike station
- reserving two parking spaces for Communauto cars
- offering discounts to staff for annual passes for public transit
- implementing a recycling program for paper, cardboard, cans, plastic, glass, batteries, electronics and cartridges

"We've also made it a priority to modernize our heating equipment, which has allowed us to reduce our energy consumption by 14 per cent over three years," adds Mr. Bendavid.

JGH News honoured among Canada's top hospital magazines

When you read *JGH News*, you're reading the best!

For the second year in a row, *JGH News* was named one of Canada's top general-interest hospital magazines by the Health Care Public Relations Association (HCPRA) at its annual conference in Vancouver this past May.

JGH News, which is published quarterly and edited by Senior Communications Specialist Henry Mietkiewicz, scored a second-place HCPRA Award, its third win in four years.

Also honoured by the HCPRA was *Pulse*, the hospital's magazine for staff, edited by Laure-Elise Singer, Internal Communications Editor, with production by Communications Manager Stephanie Malley. *Pulse* has racked up five wins in six years, including first place in its category in 2010, 2011, 2013 and 2015.

In total, the JGH Department of Public Affairs and Communications has received 19 awards over the past 13 years from national and provincial healthcare-related organizations.

"These honours are a clear indication of the creativity and dedication of our entire JGH team in keeping staff, donors and the public well informed and up to date," says Glenn J. Nashen, Associate Director of Communications and Media Relations.

"We are proud to play a key role in enhancing the patient experience by helping to boost morale and providing essential information that enables staff to do their best on behalf of JGH patients."

Health Minister at JGH for symposium address

Dr. Gaétan Barrette (right) is welcomed to the JGH by Dr. Lawrence Rosenberg.

Dr. Gaétan Barrette (centre) with (from right) Francine Dupuis, symposium organizer Brigitte Lavoie of the Jewish Eldercare Centre, and Dr. Lawrence Rosenberg.

Dr. Gaétan Barrette, Minister of Health and Social Services, visited the JGH on May 29 to deliver opening remarks at a day-long symposium on promoting quality and safety in a changing healthcare environment. The conference, organized by the Network for Continuous Quality Improvement, featured speakers from across Quebec and Canada, as well as a lecturer from Belgium.

Dr. Gaétan Barrette addresses the symposium on quality and safety in health care.

Dr. Barrette was welcomed to the JGH by Dr. Lawrence Rosenberg, President and CEO of the Integrated Health and Social Services University Network for West-Central Montreal (West-Central Montreal Health), and by Francine Dupuis, Associate Executive Director.

Calling JGH Nursing graduates of 1965!

Nursing students in class in the mid-1960s in the JGH School of Nursing.

Members of the 1965 graduating class of the JGH School of Nursing are invited to a gala 50th-anniversary reunion at the hospital on Oct. 30 and 31 and Nov. 1. The weekend will feature many events, including tours, dinners and lots of catching up. For more information, please contact Marsha Wagner Ptack.

JGH Jazz Festival turns sweet 16

At the JGH Jazz Festival, organizer Bryan Highbloom introduces saxophonist Mette Rasmussen and drummer Chris Corano.

As the weather heated up in June, so did the lunch-hour atmosphere at the JGH Jazz Festival, which returned for its 16th year of free outdoor concerts for patients, visitors and staff. Even passers-by on Côte-des-Neiges Rd. dropped in to enjoy the changing line-up of performers in the picnic area at the hospital's eastern entrance.

Organized by JGH Music Therapist Bryan Highbloom, the festival continued its tradition of featuring an eclectic array of concerts in styles that included jazz, folk, blues, rock and avant-garde. Ever since the festival's founding, Mr. Highbloom says, the goal has been to combine entertainment with the healing power of music.

Couldn't make it to this year's edition? No problem. Just visit the JGH Jazz page for a selection of video highlights from the sweet 16 series.

Appointments - New Director of Obstetrics

Dr. Roberta Shear with a patient.

Dr. Roberta Shear, a member of the JGH Department of Obstetrics and Gynecology since 2000, has been named Director of Obstetrics, the Family Birthing Centre and Obstetrical Ultrasound. Dr. Shear has received fellowship training in maternal fetal medicine, and she has played an integral role in the hospital's High-Risk Obstetrical Team and in the Obstetrical Ultrasound Department.

Dr. Shear has also been extensively involved in training students, residents and fellows, and she is a long-time examiner for the Royal College of Medicine. She has also been involved in several multidisciplinary committees related to obstetrical care.

Oncology Chief re-appointed

Dr. Gerald Batist

Dr. Gerald Batist has been re-appointed Chief of the JGH Department of Oncology for a third term. The hospital's Search and Selection Committee noted that the department has "flourished under Dr. Batist's tenure," having secured a national and international reputation for clinical care and for fundamental and translational research.

Dr. Batist, a medical oncologist and molecular pharmacologist, conducts research that focuses on novel drug development and therapeutic resistance. He is Director of the Segal Cancer Centre at the JGH, and Deputy Director and leader of the Cancer Axis at the Lady Davis Institute at the JGH. He is also a tenured Professor of Oncology at McGill University, where he served as Chair of Oncology for 10 years.

Dr. Batist co-created the Quebec Clinical Research Organization in Cancer, a province-wide network, and was a co-founder the Paris-based Worldwide Innovative Networking consortium for personalized cancer medicine. He has received significant funding for personalized medicine initiatives, leading large groups in biopsy-driven innovative studies designed to identify molecular signatures of resistance and novel therapeutic targets.

Senior McGill post for JGH psychiatrist

Dr. Nicola Casacalenda, an award-winning member of the JGH Department of Psychiatry, has been appointed Associate Chair of Clinical Affairs in McGill University's Department of Psychiatry.

At the JGH, Dr. Casacalenda has twice received the Henry Kravitz Award for Best Teacher in training psychiatry and family medicine residents. He is also Director of the Collaborative Mental Health Program, and he serves as a consultant to the Goldman Herzl Family Practice Centre.

Dr. Casacalenda is a three-time recipient of the McGill Psychiatry Residents' Association Award for Best Teacher. In 2011, he was named to the McGill Faculty Honour List for Educational Excellence, and in 2013, he received the Award for Excellence in Education from the Association of Chairs of Psychiatry of Canada.

Congratulations - Full professorship for Chief of Cardiology

Dr. Lawrence Rudski

Dr. Lawrence Rudski, JGH Chief of Cardiology, has been promoted to full professor at McGill University. A nationally and internationally recognized leader in echocardiography, Dr. Rudski has been on staff at the JGH since 1999 and has extensive experience as a clinician, teacher, administrator and scientist.

Career honour for Chief of Pediatrics and Neonatology

Dr. Apostolos Papageorgiou

The Hellenic Board of Trade of Metropolitan Montreal has honoured **Dr. Apostolos Papageorgiou**, JGH Chief of Pediatrics and Neonatology, for his outstanding service to Canadian and international medicine.

Dr. Papageorgiou, who is also Professor of Pediatrics, Obstetrics and Gynecology at McGill University, received the DEKA Award at the Windsor Hotel in May. At the ceremony, he was given letters of congratulation from Prime Minister Stephen Harper, Premier Philippe Couillard, Senate Speaker Pierre Claude Nolin, and Mayor Denis Coderre.

Fellowship for physician in Internal Medicine

Dr. Beth-Ann Cummings, of the JGH Division of Internal Medicine, has been awarded the W. Dale Dauphinee Fellowship by the Medical Council of Canada. The one-year fellowship enables medical educators to study or gain experience in applying new knowledge or techniques, or in furthering a project related to the assessment of physician knowledge, skills, behaviours and attitudes relevant to the effective practice of medicine.

Dr. Tina Kader

Welcome to the Hall of Fame

Congratulations to the JGH's world-class marathon runner,**Dr. Tina Kader**, of the Division of Endocrinology, who was inducted into the Hall of Fame of the Westbury YM-YWHA in June. Dr. Kader has participated in numerous

events, including the Ironman Triathlon in Rome and Lake Placid, N.Y, as well as the New York Marathon, with funds raised in support of the Canadian Diabetes Association.

Ophthalmology staffer receives Order of Merit

Marc Renaud receives the Order of Merit of the City of Boucherville from Mayor Jean Martel (right), in the company of his wife, Diane Brousseau, and Montarville MNA Nathalie Roy.

The Order of Merit of the City of Boucherville has been bestowed upon **Marc Renaud**, an Ophthalmic Technician in the JGH Department of Ophthalmology, and Project Manager of the McGill Glaucoma Information Centre.

The award was presented in June in recognition of Mr. Renaud's many years of dedication in raising public awareness about the dangers of glaucoma locally and around the world. The illness can strike without prior symptoms and is the second most common cause of blindness globally, even though it can be controlled.

A letter from the City of Boucherville states that the Order of Merit "honours the devotion and involvement of outstanding individuals who, on their own or in a group, have distinguished the municipality or contributed to the well-being of the community on a local, regional, national or international level."

Among his other honours, Mr. Renaud is the recipient of the 2014 JGH Award of Excellence among Allied Health Professionals. For more about him, please read his autobiographical article **[MULTIMEDIA NOTE:** Link the last two words to the appropriate page**]** on the First Person Singular page of this issue of *JGH News*.

Research roundup - LDI Director honoured with Award of Excellence

Dr. Roderick McInnes

Dr. Roderick McInnes, Director of the Lady Davis Institute at the JGH, has received the 2015 Award for Excellence in Human Genetics Education from the American Society of Human Genetics. The award was also presented to his co-authors of the sixth, seventh and eighth editions of the seminal textbook, *Human Genetics in Medicine*.

Nearly 60 genetics education programs worldwide use the textbook, in levels ranging from undergraduate to graduate and professional study. It is also used in diverse contexts, including medical, nursing, public health, speech and language, and dental programs.

Dr. McInnes has contributed to scientific understanding of the molecular basis of retina and eye development, as well as identifying genes and processes associated with retinal degeneration. His laboratory focuses on neuronal processes—specifically, identifying molecular mechanisms that promote or inhibit the inherited degeneration of neurons, and elucidating the roles of two multifunctional proteins in the regulation of ion channels.

Dr. McInnes has served on numerous educational committees since the 1970s, and in 1988 he launched the Clinician Scientist Training Program at the Research Institute of the Hospital for Sick Children in Toronto. He has also taught genetics at the medical and graduate levels, and he has supervised graduate students, postdoctoral fellows and visiting scholars, serving on their advisory and examination committees throughout.

Dr. McInnes has sat on various committees of the American Society of Human Genetics since 1989. He was a member of the Board of Directors from 2004 to 2007 and from 2009 to 2012, as well as President in 2010. He was an associate editor of the *American Journal of Human Genetics* from 1994 to 1996.

Dr. Mark Wainberg

AIDS pioneer receives career award

Dr. Mark Wainberg, head of HIV/AIDS research in the Lady Davis Institute at the JGH and Director of the McGill AIDS Centre, has received the Canadian Society of Microbiologists' Murray Award for Career Achievement—the Society's premier honour for senior researchers. A plaque was presented to Dr. Wainberg at the organization's annual general meeting in Regina earlier this year.

Research grants in hypertension and venous thromboembolism

Four researchers and JGH physicians have received seven-year Foundation grants from the Canadian Institutes of Health Research, from the first round of the "live pilots" of the Foundation Scheme.

Dr. Ernesto L. Schiffrin

Dr. Ernesto L. Schiffrin, who is JGH Physician-in Chief, Director of the JGH Cardiovascular Prevention Centre, and Vice-Chair (Research) of the Department of Medicine at McGill University, has been granted a total of $3,164,111 as Principal Investigator for the research project, "Vascular Remodeling in Hypertension and Cardiometabolic Disease: From Mice to Humans."

Dr. Susan R. Kahn

Dr. Susan R. Kahn, Director of the JGH Thrombosis Program and the Centre of Excellence in Thrombosis and Anticoagulation Care, has received a total of $2,050,824 as Principal Investigator for the research project, "Improving Long-Term Outcomes After Venous Thromboembolism."

Individuals, corporations and foundations interested in supporting the work of Dr. Schiffrin and Dr. Kahn can direct their contributions to the Hemovascular and Epidemiology research sections, respectively, of the Lady Davis Institute. For more information or to donate, please visit the JGH Foundation online or call 514-340-8251.

Dr. Howard Chertkow

Dr. Howard Chertkow, co-founder and Director of the JGH/McGill Memory Clinic, and Scientific Director of the Canadian Consortium on Neurodegeneration in Aging, is using $1,695,053 for the project, "Typical and Atypical Alzheimer Disease: Salivary Tau Biomarkers, Therapy with Neuromodulation, and Disease Subtypes."

Dr. Laurent Azoulay

Dr. Laurent Azoulay, a project leader in the the Lady Davis Institute at the JGH, has received $852,701 to advance his project, "Cancer Pharmacoepidemiology: A Population-Based Assessment of the Risks of Prescription Drugs in Vulnerable Populations."

LDI researchers share in breast cancer grants

Four LDI researchers—Dr. Moulay Alaoui-Jamali (left), Dr. William Foulkes (third from left), Dr. Mark Basik (fifth from left) and Dr. Michael Witcher (third from right)—join colleagues from other institutions, officials from the Quebec Breast Cancer Foundation, and dignitaries in announcing grants for breast cancer research.

Four researchers from the Lady Davis Institute at the JGH are among nine recipients of strategic funding awards from the Quebec Breast Cancer Foundation, worth $500,000 per person over four years.

Dr. Moulay Alaoui-Jamali

More Quebec women are affected by breast cancer than any other form of the disease. However, thanks to advances in science, the five-year survival rate has reached 88 per cent.

Dr. Moulay Alaoui-Jamali is developing an innovative approach to prevent metastasis.

Dr. Mark Basik

Dr. Mark Basik is analyzing genetic data to predict the risk of post-surgery recurrence.

Dr. William Foulkes

Dr. William Foulkes is trying to identify mutations to explain why certain Quebec families are at a higher risk of developing breast cancer.

Dr. Michael Witcher

Dr. Michael Witcher is studying a new therapeutic target for preventing metastasis.

Individuals, corporations and foundations interested in supporting the work of Dr. Alaoui-Jamali, Dr. Basik, Dr. Foulkes and Dr. Witcher can direct their contributions to the Cancer research section of the Lady Davis Institute. For more information or to donate, please visit the JGH Foundation online or call 514-340-8251.

Grants for three staffers in the LDI and JGH

Research awards have been presented to members of JGH staff:

-

Dr. Brent Richards

Brent Richards, a researcher in the Lady Davis Institute (LDI) at the JGH, and a member of the Division of Endocrinology, has received the William Dawson Award from McGill University for a five-year term.

- **Sarit Assouline**, of the LDI and the Division of Hematology, has been given a Junior 2 award for a three-year term by the Quebec Research Fund – Health Care.
- **Osama Roshdy**, of the Division of Dermatology, has secured a research grant from the Canadian Dermatology Foundation.

Individuals, corporations and foundations interested in supporting the work of Dr. Richards, Dr. Assouline and Dr. Roshdy can direct their contributions to the Epidemiology and Cancer research sections, respectively, of the Lady Davis Institute. For more information or to donate, please visit the JGH Foundation online or call 514-340-8251.

Promotions for researchers

Dr. Andrew Mouland

Dr. Andrew Mouland, Head of the HIV-1 RNA Trafficking Laboratory in the Lady Davis Institute (LDI) at the JGH, has been promoted to full Professor of Medicine, Microbiolology and Immunology at McGill University.

Dr. Brett Thombs, a psychosocial researcher in the LDI, has been promoted to full Professor in McGill's Department of Psychiatry.

Dr. Marie Hudson, an epidemiology researcher in the LDI, and a member of the JGH Department of Rheumatology, has been promoted to Associate Professor with tenure at McGill.

Awards support prostate cancer research

Two innovative scientists, who are working on novel projects in the Lady Davis Institute at the JGH, have been awarded Movember Discovery Grants by the Movember Foundation and Prostate Cancer Canada. The grants, worth $200,000 per project, could make a significant difference in prostate cancer research.

Dr. Jian Hui Wu

Dr. Jian Hui Wu and his team are proposing to develop new chemical compounds to stimulate the immune system to fight prostate cancer cells. STING is a protein structure that has already demonstrated an ability to stimulate an aggressive anti-tumour response, and Dr. Wu's team hopes to promote this response in patients. Until now, compounds that activate STING in mice have had a dramatic anti-tumour effect, but the particular compound that is being used cannot activate human STING.

Dr. Ivan Topisirovic

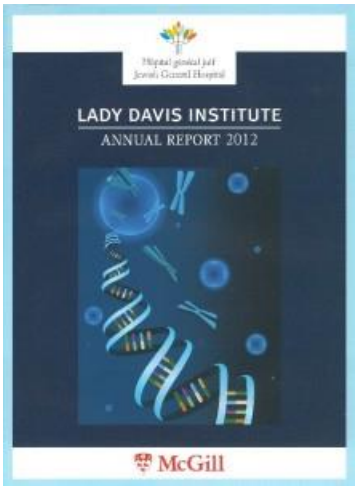
Dr. Ivan Topisirovic, in collaboration with a team of international experts, has designed an "artificial prostate" to help understand how cells in two compartments of the prostate (the epithelium and stroma) communicate. Although communication is a normal function, it can influence the development and spread of prostate cancer.

Dr. Topisirovic is also designing tools to monitor and control cell communication. This could give physicians a better idea of when to postpone radical treatments in cases that are less aggressive. It may also help to block communication to improve existing treatments in cases of advanced prostate cancer.

Individuals, corporations and foundations interested in supporting the work of Dr. Drs. Wu and Dr. Topisirovic can direct their contributions to the Cancer research section of the Lady Davis Institute. For more information or to donate, please visit the JGH Foundation online or call 514-340-8251.

Big win for LDI's Annual Report

The Annual Report of the Lady Davis Institute (LDI) at the JGH, edited by Research Communications Officer **Tod Hoffman**, has won an international award for production and design. Sharing the honours are the LDI and CommDesign, winners of a 2015 Gold Hermes Creative Award in a global competition administered by the Association of Marketing and Communications Professionals.



In memoriam - Dr. Max Palayew, former Chief of Radiology

At the JGH, Dr. Max Palayew teaches McGill University medical students.

It is with great sadness that everyone in the JGH family notes the passing on April 1 of Dr. Max Palayew, who was Chief of the JGH Department of Radiology from 1971 to 1992. At McGill University, Dr. Palayew was Professor of Radiology and Chairman of the Department of Radiology from 1978 to 1987. In 2009, he was named Professor Emeritus.

Dr. Palayew received his medical degree from the University of Montpellier in France and trained in radiology at the JGH, the Beth Israel Hospital in Boston and the Cincinnati General Hospital. He was a member of numerous professional associations and served as National President of the Canadian Association of Radiologists, and as Administrator of the Board of the Professional Corporation of Quebec Physicians.

Dr. Palayew was also a visiting professor at universities throughout North America, Europe and Asia. He received numerous honours, including the Albert Jutras Award from the Franco-Canadian Radiology Society "in recognition for an outstanding career and exceptional contributions to radiology."

In a statement to staff, Dr. Mark Levental, JGH Chief of Radiology, described Dr. Palayew as "a dynamic individual who loved every aspect of radiology and was an outstanding teacher who influenced generations of young radiologists. His friendly and charismatic personality will forever live in our hearts. It was a great honor and privilege to have been his student, resident and colleague."young radiologists. His friendly and charismatic personality will forever live in our hearts. It was a great honor and privilege to have been his student, resident and colleague."