Jewish General Hospital

JGH News

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Clearing the air about Bill 10

A client arrives at the Constance-Lethbridge Rehabilitation Centre in a minivan that he owns and drives. The vehicle was adapted to his needs, based on an assessment by the team in the Driving Evaluation and Vehicle Adaptation Program at Constance-Lethbridge, which is now in the same west-central healthcare network as the JGH.

JGH's unique identity protected in healthcare reform

Change is difficult at the best of times. And when it involves the most extensive overhaul of Quebec's healthcare system in recent memory, it's hardly surprising that Bill 10 has left some frayed nerves in its wake.

That's why JGH leaders are suggesting that those with a connection to the hospital take a calm, clear-eyed look at the new legislation. Although its objectives and overall strategy are the same as what was proposed in Bill 10 last fall, the government has made significant amendments in enacting the law that took effect on April 1.

A mother-to-be is checked at CSSS Cavendish, located in the new west-central healthcare network to which the JGH now belongs. Photo: Marc-Andre Paillé, Mae Photographe

Ultimately, the government intends to improve the continuum of care, broaden access, reduce the fragmentation and duplication of care, and ensure accountability by restructuring the healthcare system. Not only will these improvements benefit patients, they will result in cost-savings in health care.

Also on the horizon is a multitude of administrative changes. But as far as patients, donors, volunteers and other stakeholders are concerned, here's the practical effect that Bill 10 is expected to have on the JGH:

- **The unique legacy, cultural identity and mission of the JGH, as well as its bilingual status, are unchanged and protected by law.**
- **The JGH remains a legal entity, with ownership of its name, buildings, property and possessions, such as medical and diagnostic equipment.**
- **Donations to the JGH Foundation will be spent only at the JGH and not elsewhere in the new healthcare network to which the JGH now belongs.**
- **The elements that have distinguished the JGH for more than eight decades—its high-quality treatment, compassionate care, warm family feelings, Jewish values and heritage, and its openness to individuals of all backgrounds—remain intrinsic elements of the hospital's character.**

"The basic mission of the hospital and its academic mission are safe, sound and unchanged," says Allen Rubin, who served as JGH President until March 31. He notes that valid criticism of Bill 10 was raised last fall, since the proposed legislation did not go far enough to protect the linguistic status and other aspects of the character of Quebec's healthcare institutions.

In the JGH Division of Radiation Oncology, Howard Krosnick chats with Radiation Technologist Michelle Baggio about his experiences as a patient.

"We very much appreciate that the Ministry of Health and Social Services listened to the various groups and took action where appropriate," Mr. Rubin says. "We look forward to working with the government to make the healthcare system more patient-centric, more efficient and less costly."

A major change is the elimination of the boards of directors in all of Quebec's healthcare institutions. In their place will be a single board for each new healthcare region—known as a CIUSSS, a*Centre intégré universitaire de santé et de services sociaux*, or integrated university centre for health and social services.

The JGH belongs to Montreal's west-central CIUSSS *du Centre-Ouest-de-l'Île-de-Montréal*, whose newly appointed President-Director General, Dr. Lawrence Rosenberg, was Executive Director of the JGH until March 31. Serving alongside him as Associate President-Director General is Francine Dupuis, who was Director General of the Cavendish Health and Social Services Centre from 2005 until March 31 of this year.

Dr. Rosenberg says that although there will be no board of directors at the JGH, an Advisory Committee and Board of Governors will be in place, with responsibilities that include "ensuring the hospital's linguistic and cultural heritage, and the academic mission of the institution.

"These bodies will also prioritize how to spend the money that the hospital receives from the Foundation, and they will be the JGH's interface with the Lady Davis Institute and, to a certain extent, with the Faculty of Medicine at McGill University. The Advisory Committee will not establish policy *per se*, but it will send policy recommendations to the board of the CIUSSS."

Resident Marcelle Partouche with orderly Guy Perry at the Jewish Eldercare Centre, a member of the new west-central healthcare region that includes the JGH. Photo: Allison Flam

"From our point of view, it's business as usual for the JGH Foundation and the hospital," says Myer Bick, the Foundation's President and CEO. "It is clear in the legislation and in numerous statements from the Minister that foundations are not, in the least bit, affected by the new law or by the various changes.

"Foundations remain independent, and our particular foundation is a federally chartered entity with its own board of directors and its own legal standing. It will continue to fund the Jewish General Hospital, and the JGH will remain a major, critical player in delivering healthcare services to the people of Montreal."

Mr. Rubin adds, "Now that the legislation enshrines the protections that we and other institution requested, we have good reason to be confident about the future of the JGH."

10 things you need to know about Bill 10

Christopher Lee, who lives in a supervised apartment that is part of the residential services at the Miriram Home and Services, meets with his educator, Leanne Fiddler, to benefits from the work integration program. The Miriam Home is in the new CIUSSS that includes the JGH.

1. Why was Bill 10 created?

Bill 10 aims to provide a seamless and integrated continuum of care, broader access, a reduction in the fragmentation and duplication of care, and greater accountability by restructuring Quebec's public healthcare system. As a further benefit, the government has estimated that the changes will result in cost-savings of roughly $220 million per year by eliminating a major layer of bureaucracy.

2. Which bureaucratic layer has disappeared?

Locally, the Montreal Health and Social Services Agency—which oversaw the area's healthcare institutions and acted as their intermediary with the Ministry of Health and Social Services—has been eliminated. Also gone are equivalent Agencies in more than 30 other healthcare regions throughout Quebec.

Resident Faye Amdursky with Registered Nurse Annie Tremblay at the Donald Berman Maimonides Geriatric Centre, located in the new west-central healthcare network to which the JGH now belongs. Photo: Jean-Guy Paradis

3. How are healthcare institutions administered under the new system?

The entire province has been redivided into a new set of healthcare regions, each known as a CIUSSS, a Centre intégré universitaire de santé et de services sociaux—an integrated university centre for health and social services. (In areas without university affiliation, a CIUSSS is known as a CISSS.) Because of its large population, Montreal is divided into several regions, with the JGH located in the CIUSSS du Centre-Ouest-de-l'Île-de-Montréal in west-central Montreal.

4. Who else is in the JGH's CIUSSS?

- **The Cavendish Health and Social Services Centre** is committed to improving the health and well-being of residents in the boroughs of Notre-Dame-de-Grâce and Snowdon-West, and the cities of Côte Saint-Luc, Montreal West and Hampstead.

- **The Constance-Lethbridge Rehabilitation Centre** works with adults who have a motor disability, offering them individualized rehabilitation services that are focused on social integration and on maximizing their autonomy and participation in community life.

- **The de la Montagne Health and Social Services Centre** is dedicated to improving the health and well-being of residents of the Côte-des-Neiges district, the borough of Outremont, the Parc-Extension district, the Peter-McGill district in the borough of Ville-Marie, a portion of the borough of Plateau Mont-Royal, the Town of Mount Royal, and the City of Westmount.

- **The Donald Berman Maimonides Geriatric Centre** provides superior care and quality of life to individuals in its long-term care residence, in accredited homes and in intermediate residences.

- **The Jewish Eldercare Centre** is a long-term care facility that provides comprehensive and compassionate care to individuals with a loss of physical or cognitive autonomy. It provides high-quality care and quality of life in a safe and secure homelike environment.

- **The MAB-Mackay Rehabilitation Centre** provides adaptation, rehabilitation and social integration services to individuals with a significant and persistent disability. Clients include children and youths with motor impairments or communication disorders, and persons of all ages who are deaf, hard-of-hearing or who have a visual impairment.

- **Miriam Home and Services** ensures that individuals with intellectual disabilities are seen and treated as persons; experience love, friendship and continuity in their lives; and have a decent and appropriate place to live, with meaningful employment or occupation, and life-long opportunities for growth.

- **Mount Sinai Hospital** treats patients with chronic obstructive pulmonary diseases, using a global approach that includes education, prevention, diagnosis, treatment and follow-up. It also delivers palliative care services and offers a homelike environment to those with serious chronic conditions.

Nurse Clinician Rena Bhasin provides primary care to a patient in CSSS de la Montagne, a member of the new west-central healthcare region that includes the JGH.

5. What is the advantage of this arrangement?

Partnerships and cooperative relationships will be much easier to forge among the nine member institutions in the CIUSSS, and this will help to improve the continuum of care and services.

6. What will the Board of the CIUSSS do?

Among the key responsibilities of the CIUSSS Board is managing the budgets of the member institutions and ensuring that the quality of care is maintained and upgraded. In addition, the Board will ensure that the continuum of care within the network—as required by the legislation and set in motion through the creation of the CIUSSS—is fully realized.

7. Now that the CIUSSS has its own Board of Directors, what happens to the Board of the JGH?

As required by the legislation, the JGH Board of Directors has disappeared, as have the boards in all of the healthcare institutions across Quebec. However, the JGH will have its own Advisory Committee, a seven-member supervisory body that may send policy recommendations to the CIUSSS Board. In addition, a Board of Governors is being put in place at the JGH.

These two bodies will help to ensure that the linguistic and cultural heritage of the JGH are maintained. They will also determine how best to spend the money that is raised by the JGH Foundation, and they will act as the hospital's liaison with the Lady Davis Institute and, to a certain extent, with the Faculty of Medicine at McGill University.

8. Without a board of directors of its own, isn't the JGH in danger of losing its unique identity?

No. The new legislation protects any institution with a unique legacy, heritage and cultural identity. Furthermore, the JGH remains a legal entity with the right to retain ownership and control over its own assets, including its buildings, property, name and various possessions, such as medical equipment.

The elements that have distinguished the JGH for more than eight decades—the quality of its treatment, the compassion of its care, its warm family feelings and spirit, its Jewish values and heritage, and its openness to individuals of all cultural, ethnic, religious and linguistic backgrounds—remain in place.

9. Is the JGH still an officially bilingual institution?

Yes—and that protection is enshrined in law. In fact, even the west-central CIUSSS to which the JGH belongs has been officially designated as bilingual, thereby safeguarding anglophones' access to health care and social services

10. When funds are donated to the JGH Foundation, can that money be used in another institution in the JGH's CIUSSS?

No. The JGH Foundation has the right to transfer funds exclusively to the JGH, with all donations benefiting JGH patients.

Donors reassured about continued vitality of JGH identity and legacy

Myer Bick

Despite the changes to Quebec's public healthcare system, the unique JGH identity and characteristics that have earned the loyalty and support of generations of donors are firmly in place, says Myer Bick, President and CEO of the JGH Foundation.

"For the JGH Foundation and the hospital itself, it will be business as usual," says Mr. Bick. "Our donors can continue to take pride in what their contributions and partnerships have already achieved and will still achieve."

Although major changes are being made to Quebec's healthcare bureaucracy, Mr. Bick says the JGH Foundation, like foundations throughout the province, are untouched by the new legislation. He adds that the JGH itself will continue to welcome patients of diverse backgrounds, as it has for more than eight decades.

Three points deserve special emphasis, Mr. Bick explains. First, donations will be spent only at the JGH. Donors' funds do not have to be shared with any institution in the new local healthcare network to which the JGH now belongs.

Second, under the legislation, the JGH remains a legal entity, with continued ownership of its name and assets. These include the buildings and equipment, which were largely built and acquired through donor generosity.

Third, the character and tone of the hospital are unchanged, with legislated protection for the JGH's bilingual status, unique identity and special features. Thus, the JGH is the same hospital with which donors have felt a close connection since 1934.

These points are crucial, Mr. Bick says, because it means that donors can remain confident about what their contributions can do for JGH patients. As a result, the hospital is relying on donors to continue providing the life-saving and life-enhancing services and technology that could not exist with government support alone.

"The success, evolution and development of the JGH is, in large part, a result of dynamic and devoted entrepreneurs who had the foresight to build this hospital," he says. "They were succeeded by generations of committed individuals, who gave of their financial, material and intellectual resources. The Segal Cancer Centre is a prime example of this generosity.

"In fact, a large part of our success emanates from the partnership between donors, the JGH Foundation, the hospital and lay leaders. Over the years, private support has made an immense difference to the hospital's ability to respond to the ever-changing needs of patients, and there's every reason to be reassured that this will continue."

JGH protected in new healthcare law, say former hospital leaders

Lyse Hubert, a respiratory patient, is assisted by nurse Della Rous at the Mount Sinai Hospital, located in the new west-central healthcare network to which the JGH now belongs.

Samuel Minzberg

Now that the reorganization of Quebec's public healthcare system is under way, former Presidents of the Jewish General Hospital are reassuring the hospital's supporters that the JGH is protected by special measures in the new legislation.

The Past Presidents acknowledge that major adjustments will be made in the way that policy is established and the hospital is governed. "But the JGH remains the same institution that we've grown up with, dedicated ourselves to and depended upon for decades," says Samuel Minzberg, who served as President from 2007 to 2009.

Jonathan Wener, C.M.

"As far as donors, patients, volunteers and the public are concerned, the changes will be almost imperceptible," he adds. "What matters most is that patients will continue to receive treatment and care of the same high quality that they've always expected from the Jewish General Hospital. It's extremely reassuring to me that strong emphasis will continue to be placed on enhancing the patient experience."

Jonathan Wener, C.M., President from 2000 to 2003, explains that the legislation contains provisions for preserving the identity, legacy, linguistic rights and unique character of the JGH.

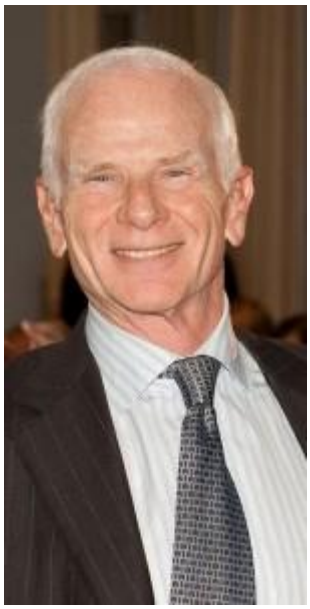
"This level of security was not so clearly stated in the original draft of Bill 10 last fall," he says, "but now everything has changed. Under the new law, our hospital remains a legal entity with the right to keep its own name, property and bilingual status.

Bernard Stotland, FCA

"It means so much to me that the family feelings and warmth, the openness to people of all backgrounds, and the special characteristics that have endured at the JGH since 1934 are—and will continue to be—firmly in place."

This should come as especially welcome news to donors, since the JGH will be the same hospital they have believed in and supported, saysBernard Stotland, FCA, whose term as President ran from 2009 to 2011. "The buildings and equipment that donors generously provided remain JGH property. We're grateful that the benefits of those donations will now be felt by new generations of JGH patients.

"The same is true for donations that are made from now on. Contributions that are intended for the JGH do not have to be shared with any of the other institutions in the new local healthcare network that the JGH now belongs to."



Stanley K. Plotnick

For sentimental reasons, Stanley K. Plotnick, who was President from 2003 to 2005, admits he'll miss the JGH Board of Directors, now that policy decisions will be made by a regional board that includes JGH delegates.

"But the end result won't be much different from what we have now," he says. "The JGH's voice will be heard, loud and clear, at the regional level. So even though the mechanisms will change, we're writing a new chapter in more than 80 years of JGH professionalism and tradition."

Dr. Lawrence Rosenberg heads new west-central CIUSSS

Dr. Lawrence Rosenberg

Dr. Lawrence Rosenberg, who served as Executive Director of the JGH from late 2013 until March 31 of this year, has been appointed President-Director General of the *Centre intégré universitaire de santé et de services sociaux* (CIUSSS) *du Centre-Ouest-de-l'Île-de-Montréal*. This new healthcare region in west-central Montreal came into existence on April 1 when the reorganization of Quebec's public healthcare system took effect.

"I can't think of anyone better suited than Dr. Rosenberg to lead our healthcare region and contribute to the transformation of health care across Quebec," says Allen Rubin, who was President of the JGH Board until March 31. "Throughout his career, Dr. Rosenberg has demonstrated a unique ability to combine extensive surgical expertise with an in-depth understanding of healthcare systems and management.

"At the JGH, Dr. Rosenberg has focused on the needs of patients by spearheading innovative, award-winning initiatives in the Department of Surgery, as well as launching a staff campaign to upgrade the overall patient experience. On the administrative side, he greatly improved efficiency as

head of the Transformational Change program and, more recently, he was instrumental in the process that eliminated the JGH's deficit and balanced its budget."

"I am very excited to be working even more closely with the Minister of Health and Social Services and his Ministry to enhance the patient experience," says Dr. Rosenberg. "This is an awesome responsibility, but there is much to do: there are people in need and problems to be solved. I look forward to moving ahead with a broadly representative management team to take advantage of numerous opportunities to improve access, to enhance quality and to establish a true continuum of care for patients served by the *CIUSSS du Centre-Ouest*.

"Our main priorities are to improve access and the quality of care and services. We need to become an organization that, above all else, is driven by the need to place the patient at the centre of the system.

"In order for the transformation of the network to proceed properly, the involvement of those who work in the system is crucial. Therefore, in the coming weeks, I will reach out to our partners in the new network and we will work together to accomplish these goals.

"It's been said that if you want to create a group with a sense of collective identity, get them to build something together. This is precisely the inspiring challenge before us today."

Research initiative offers new hope for progress against dementias

Dr. Howard Chertkow joins dignitaries at a JGH press conference in the Block Amphitheatre to announce the launch of the Canadian Consortium on Neurodegeneration in Aging.

Lady Davis Institute is headquarters for Canada-wide network

Hard as it may be to believe, it's only been since the early 1980s that Alzheimer's disease and related dementias have been recognized as something other than normal aspects of aging. These diseases were not considered priorities for medical treatment or public policy until relatively recently, when the number and proportion of seniors in society rose significantly, while the totals of those diagnosed with dementia skyrocketed.

In 2011, approximately 747,000 Canadians were living with Alzheimer's or other dementias. The Canadian Institutes for Health Research (CIHR) has estimated that by 2031, about 1.4 million Canadians will have dementia, costing the economy nearly $300 billion per year.

Now that the impact and future implications of these illnesses have grown clearer, the CIHR, in collaboration with a network of public and private partners, has established a Canada-wide network

of researchers—with headquarters in the Lady Davis Institute at the JGH—to tackle dementia and related diseases, such as Alzheimer's.

The Canadian Consortium on Neurodegeneration in Aging (CCNA) is led by Scientific Director Dr. Howard Chertkow (see sidebar), co-founder and Director of the JGH/McGill Memory Clinic, the largest such facility in Canada. At a **JGH press conference** last fall, Rona Ambrose, federal Minister of Health, announced the formation of this national network of 340 scientists in 20 research teams, aimed at preventing or delaying the onset of dementia and related illnesses, and improving the lives of those who are ill and their caregivers.

The Consortium will receive $31.5 million over five years from the CIHR and a group of 13 partners from the public and private sectors, including the Alzheimer Society of Canada and the Quebec Research Foundation – Health.

"The toll of suffering caused by Alzheimer's, the extraordinary cost of caring for those who suffer, and the burden on their caregivers has made it imperative that we develop a national strategy to tackle all facets of the disease," says Dr. Chertkow.

"We're fortunate in Canada to have tremendous strength in dementia research that we can leverage to great advantage by establishing a national research structure. It brings people together, fosters collaboration while avoiding duplication, and offers the resources to allow the best people to do their best work."

As Ms. Ambrose noted at the JGH last year, the Consortium "will accelerate innovative and collaborative research to make a difference in the quality of life and the quality of services for Canadians affected by these diseases, with a view to finding a cure for dementia by 2025."

Private support plays vital role

The JGH Foundation is conducting a major fundraising effort to support the Anna & Louis Goldfarb JGH/McGill Memory Clinic and its Program for Alzheimer's disease and Dementia (PADD). The Memory Clinic provides internationally recognized expertise in the early diagnosis and treatment of memory disorders and dementia.

In partnership with the Bloomfield Centre for Research in Aging at the Lady Davis Institute, the Clinic is also at the forefront of research efforts to achieve a better understanding of Alzheimer's disease, its causes, what makes people susceptible, and how it can be prevented. Since the operating budget provided by the government to the hospital does not include funding for the Memory Clinic or Alzheimer's research, these areas are almost entirely dependent on private support and external funding agencies.

Individuals, corporations and foundations can support the work of Dr. Howard Chertkow and his colleagues and contribute to advances against the most debilitating conditions of advanced age by directing their contributions towards the Aging Research Axis in the Lady Davis Institute at the JGH.

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

"Despite the huge progress that has been made, the challenges are enormous," adds Dr. Alain Beaudet, President of the CIHR. "As longevity has increased, the incidents of dementia have increased. Unfortunately, our understanding of the brain and how to prevent its dysfunction is still in its infancy."

The brain is, without a doubt, the body's most complex organ, as well as the most inaccessible and difficult to test. Although 170 molecules have been assessed as potential treatments for dementia, only four have gone to market—and they merely help to improve symptoms without halting the disease.

"Until recently," Dr. Chertkow says, "research into dementia was in a position not unlike that of diabetes research in the 1700s. Back then, a doctor had no more accurate a means of measuring elevated blood sugar than touching a drop of a patient's urine to his tongue to determine whether it tasted sweet.

"However, even though we have a long way to go, we believe we can make significant advances by bringing together the expertise that is now available. With sufficient funding and with people working synergistically, we will be able to find new molecules and new approaches to treatment. This will include medication, but it will also extend into prevention and lifestyle change. We hope the result will be transformative progress within five or ten years."

The CCNA is conducting its research by pursuing three complementary themes, Dr. Chertkow explains:

- **Prevention:** exploring the impact of nutrition, exercise and other lifestyle factors, with the expectation that a person will develop dementia. "These are complex issues, requiring individuals to be followed for extended periods. But these lines of investigation could be among the most fruitful over the long term, if they yield evidence about the factors that underlie the cause of the disease."

- **Treatment:** investigating various treatment options, ultimately including clinical trials for drugs. "This is a multi-faceted inquiry that addresses a range of questions, such as whether controlling blood pressure helps with disease progression. It may turn out that, as with HIV/AIDS, a cocktail of drugs will prove to have the best results, and we may discover that so-called 'failed' drugs are effective, if prescribed in combination."

- **Quality of life:** determining how best to maximize the quality of life for people with dementia and their caregivers. "In the short term, this theme may yield the greatest impact. Our aim is to help people who now have dementia, and to improve the ability to cope that they and their caregivers now have. We are also looking at bigger social issues, like designing future homes that afford patients the optimal living environment."

Why a consortium on a national scale? Because the CCNA can offer a structure and a funding platform that bring together numerous clinicians and researchers to solve the puzzle of how to prevent or treat dementias. By fostering collaborations, convening an annual meeting and holding webinars, the CCNA will provide those who are working on these diseases with opportunities to learn from one another and make their efforts more efficient.

"With an infrastructure, shared research platforms, national research teams and a cohesive research agenda, we hope to accelerate our progress and eventually to find a cure," Dr. Chertkow says.

"Even more than they already do, Canadian researchers will play a prominent role on the world stage in the global fight against dementia. For those living with Alzheimer's and other neurodegenerative diseases, the CCNA offers real hope."

Assessment tool is global necessity

Dr. Howard Chertkow (left), Dr. Ziad Nasreddine and Dr. Natalie Phillips with a copy of the Montreal Cognitive Assessment.

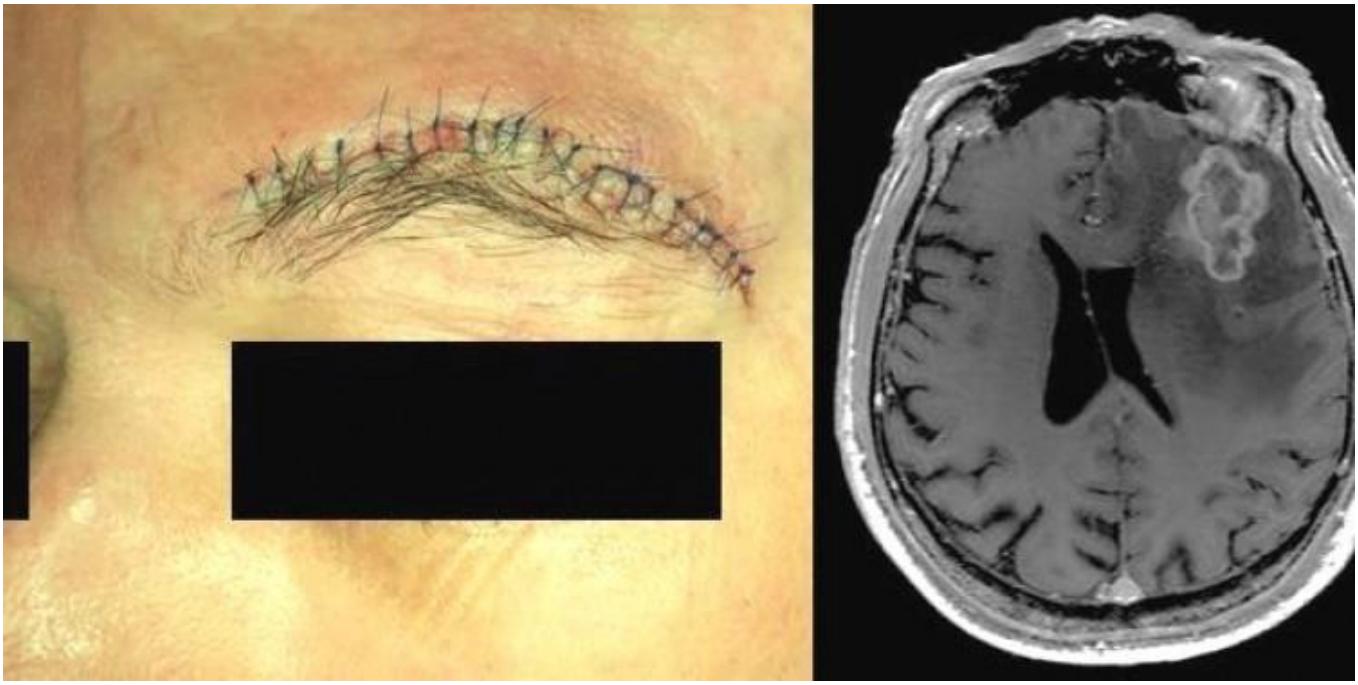
Dr. Howard Chertkow is best known as a member of the team—along with Dr. Ziad Nasreddine and Dr. Natalie Philips—that developed the Montreal Cognitive Assessment (MoCA) test, the gold standard for diagnosing early cognitive impairment.

Its great value is in helping doctors to determine whether an elderly patient's weaker memory is just a result of aging or the first sign of cognitive impairment that may foreshadow the onset of Alzheimer's disease. No quick and easy answer to that question was available until this diagnostic tool was developed in 2005 at the Lady Davis Institute.

Now it has even entered the world of pop culture. In the opening episode of season 3 of the hit Netflix drama *House of Cards*, a character who suffered a traumatic brain injury is given the MoCA to determine his status.

The tool is so widely accepted that the scientific paper in which it was introduced has been cited well over 1,000 times. This means it is referred to frequently in scholarly works around the world, because it is of such fundamental importance to the field.

Brain tumours removed through eyebrow incision



A sutured incision in a patient's eyebrow indicates the point where the neurosurgeon's instruments entered the skull to remove a tumour. In the radiological image, the lighter area near the top right shows the area from which the tumour was removed.

The eyebrow—and a small section of the bone behind it—has become the latest point of entry in reaching and removing brain tumours. By making an incision in the eyebrow and removing a bit of bone from the skull, Dr. Salvatore Di Maio, a cerebrovascular and skull base neurosurgeon at the JGH, can gain access, in some cases, to tumours of the skull base without using more extensive surgical approaches. This enables patients to recover more quickly, with little cosmetic change to their post-surgical appearance.

Dr. Salvatore Di Maio

Dr. Di Maio says the procedure—known as an eyebrow supra-orbital craniotomy—was first proposed in the late 1990s, but began to gain broader acceptance only in the last decade. Even now, it tends to be done in select higher-volume centres, making the JGH one of the few Canadian hospitals where this type of minimally invasive surgery is an option, in addition to endoscopic and open skull-base surgery.

Since 2011, Dr. Di Maio has also been collaborating with Dr. Marc Tewfik, a JGH ear-nose-and-throat sinus surgeon, on another minimally invasive procedure in which small-scale instruments are inserted into the nostrils and through the nasal cavities to reach tumours of the brain or pituitary gland.

However, through-the-nose surgery may not always be a practical way of reaching tumours in the front part of the brain and base of the skull. In these instances, Dr. Di Maio says, the path to the tumour may be blocked by the optic nerves or the carotid arteries.

The solution is the eyebrow supra-orbital craniotomy. After an incision is made in the eyebrow, a piece of bone—about 2½ centimetres in diameter—is removed. Afterwards, the bone is replaced and held in position with tiny titanium plates, and the eyebrow is sutured.

"Of course, where circumstances demand it, we still perform open surgery to the skull base," Dr. Di Maio says. "But it's encouraging that we now have another minimally invasive option that, in some cases, permits patient recovery to occur more quickly."

By attracting and retaining the world's top professionals, the JGH can provide the most advanced medical and surgical expertise in all specialties. The recruitment of healthcare leaders, such as Dr. Di Maio, has been achieved through private support, as has the purchase of specialized equipment—for example, dedicated endoscopic equipment, image guidance systems and powered instruments. For more information or to make a donation, please contact the JGH Foundation.

Upgrading care during first-trimester pregnancy

Dr. Stephanie Klam (left) and Nurse Clinician Linda Joyce review a patient's ultrasound results.

Six weeks into the pregnancy, something is clearly wrong. The mother-to-be is experiencing pain and bleeding, and she may be at risk for a miscarriage. But she's only in her first trimester, and the initial appointment with her obstetrician (or general practitioner or midwife) is still five or six weeks away.

Previously, her only recourse as a JGH patient might have been to head for the Emergency Department not just for immediate treatment, but for weeks of follow-up care. But now specialized help is available in the Early Pregnancy Assessment Clinic (EPAC), whose focus is on providing treatment, advice and support to women who have a wide range of concerns, but no health care provider to turn to during the first trimester.

Dr. Stephanie Klam, a JGH obstetrician-gynecologist who launched the clinic in 2014, says the Emergency Department deals well with urgent cases. However, its overworked staff does not have the specialized training or the resources for other situations—for instance, follow-up care after an ectopic pregnancy or advising a woman with a history of miscarriages whether her current pregnancy is progressing well.

"Unfortunately, if a woman miscarries in the ER, there's little that can be done to provide comfort or follow-up," says Dr. Klam, who is trained in maternal-fetal medicine. "Of course, a miscarriage can happen in our clinic, too, but we're better equipped to deal with it medically and by providing psychological support."

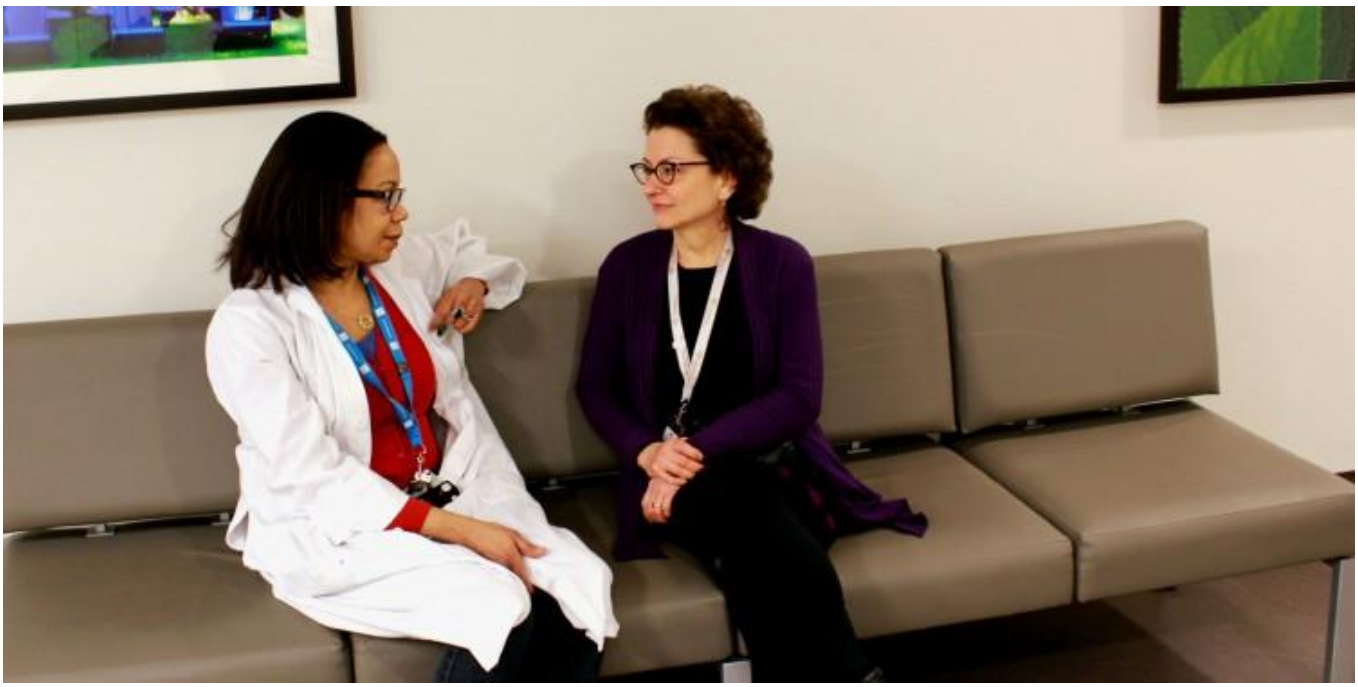
Referrals to the once-a-week Friday clinic—whose staff includes two nurses, one of whom is a Clinical Nurse Specialist—come not only from the Emergency Department, but from general practitioners and midwives. Dr. Klam has also found that a significant number of Emergency referrals are women who have no doctor of any kind.

In addition, the clinic is useful as a teaching resource for McGill University residents and medical students in obstetrics, family medicine and emergency medicine, especially trainees who want to improve their ultrasound technique.

Dr. Klam said she was inspired to create the clinic after reading about a similar Ontario facility in the *Journal of Obstetrics and Gynecology of Canada*. She notes that while the clinic is not unique in Quebec, it is now among the very few such facilities that can substantially improve the patient experience during the first trimester.

"It's great to know that pregnant women are not only receiving the care they need," she says, "but they're getting it and from trained staff who can do their best on their patents' behalf in surroundings that are equipped to manage their needs."

Easing tensions in new Emergency Psychiatry area



In the Emergency Department's Psychiatry lounge, Dr. Judy Glass (right) chats with Emergency Psychiatry Nurse Johane Celestin.

Chalk up another benefit of the Emergency Department's move to new facilities in Pavilion K: The number of Code Whites—the designation for a violent incident—has declined among emergency psychiatry patients.

Although precise figures are unavailable, the trend is confirmed by Dr. Judy Glass, Director of Emergency Psychiatry, and Guy Lessard, Head Nurse of Outpatient Psychiatry, who attribute the improvement to the department's calmer atmosphere, roomier facilities and modern design.

Unlike the old Emergency Department, which was vacated in February 2014, the new facility has a specific area for psychiatric patients who enjoy a much greater degree of privacy, confidentiality and freedom of movement. This greatly lowers their feelings of vulnerability and the levels of stress and agitation that contribute to violence, says Dr. Glass.

She notes that in the previous facility, it was not uncommon for psychiatric patients to have to spend all day and night on stretchers in the hallways, where they had little ability to move around and were often disturbed by the constant noise, light and pedestrian traffic of staff and visitors.

In addition, Mr. Lessard says the new Emergency Department has a lounge just for psychiatric patients, who now have the option of eating their meals somewhere other than their stretchers—a choice that was previously unavailable. A special washroom has also been set aside for them, and there's a spacious lounge with comfortable furniture and a television. Adding to the placid mood in the lounge is artwork that was donated to the JGH by Montreal's non-profit Art for Healing Foundation.

"Our patients feel they're being treated more humanely, which leads to a lower risk of violence." says Dr. Glass. "This means that treatment can be provided more easily and effectively, along with a major improvement to the patient experience."

Bill 20 could impact quality of hospital care

Jean Alfred's recovery from hip surgery at the JGH is monitored by Dr. John Machado, a general practitioner, and Nurse Clinician Audrey McFetridge.

Protect crucial work of general practitioners, JGH urges in brief to government

In **a brief that responds to Bill 20**, the JGH has commended the Ministry of Health and Social Services for setting the goal of providing Quebecers with broader, faster and easier access to health care, especially at a time when many individuals have no family doctor of their own.

However, the JGH also cautions that Bill 20 "is trying to be a one-size-fits-all solution that could have unintended consequences" for general practitioners who carry out a wide variety of critical tasks in a hospital setting.

Included in the proposed legislation, which was introduced last November, are provisions for general practitioners to take on a minimum number of patients and to see more patients per year, or else be liable to pay financial penalties.

The JGH brief, submitted in March to the Ministry of Health and Social Services, notes that some general practitioners play a crucial role in the hospital by improving the quality of non-surgical care for post-operative JGH patients—especially the elderly and/or those with multiple medical problems—in Orthopedics, as well as general care in Neurology/Neurosurgery and Oncology. Among elderly JGH patients who have had orthopedic surgery, this has substantially reduced the mortality rate and the number of transfers to Intensive Care.

The brief says that if Bill 20 is enacted in its present form, "these essential and high value-added arrangements could be substantially weakened or possibly even eliminated," because many general practitioners would be required to spend time devoted to other tasks in order to fulfill the Bill's requirements.

"The evolving role played by these physicians in caring for hospital in-patients needs to be acknowledged and supported," the brief states. "Their involvement improves the quality of care, is cost-effective, and is consistent with best practices in healthcare institutions across North America. This arrangement deserves to be protected by the government for the benefit of these high-risk patients in hospitals across Quebec."

Bill 20 also suggests that if some general practitioners are precluded from caring for patients in specialty areas, this role should be filled by specialists from various fields. However, according to the JGH brief, this proposal faces four challenges:

- Most veteran specialists at the JGH (as elsewhere) received their specialty training in an era—sometimes decades earlier— when broad-based general care of patients was part of the curriculum. Even if they excel in their own specialties, they are not properly equipped to deliver the type of acute care to the elderly and/or to those with multiple medical problems that is best provided by well-trained general practitioners and/or general internists.

- Currently and in recent years, physicians who are preparing for careers in most surgical sub-specialties receive a narrower form of training that no longer includes the general care of patients. As a result, they lack the skills to take the place of general practitioners in tending to patients' non-surgical needs, especially those of patients with multiple medical co-morbidities.

- The acute care of patients with complex medical problems has evolved significantly in the many years since most specialists launched their careers. Even if certain specialists were willing to provide this care, they would need remedial training to become suitable replacements for general practitioners.

- Specialists are insured for malpractice only if an adverse event occurs while they are practicing their own specialty. Given the elevated rate of morbidity among patients who are elderly and/or have multiple medical problems, specialists might well be unwilling to take the place of general practitioners in the wards, if their new duties required them to practice beyond their areas of expertise, thereby disqualifying them from coverage by their insurance plans.

Therefore, the Jewish General Hospital recommends that general practitioners, whether hospital-based or from outside the hospital, should be allowed to continue:

- their very significant value-added care of patients in various hospital wards
- teaching medical students and/or supervising residents
- devoting the agreed-upon portion of their time to research

In addition, in order to maximize the benefits that general practitioners can deliver in a hospital setting, and in order to take the next logical step to heighten the effectiveness of Bill 10 (which took effect April 1), the JGH recommends that Bill 20 be amended so as to transform hospital-based physicians from independent entrepreneurs to salaried professionals of their respective CIUSSS, with clearly defined roles and responsibilities, and regular performance evaluations.

Eliminating the deficit while maintaining the quality of care

How to save half a million dollars: Based on best practices in the healthcare field, review the necessity and appropriateness of certain tests that are performed by the Department of Diagnostic Medicine. Then develop algorithms to help medical staff decide which tests really need to be performed in particular circumstances.

Numerous measures like this one—some just as dramatic, others less so—are now being implemented across the JGH, as a result of a meticulous, months-long budget-balancing process that was launched in mid-2014. This has led to greater efficiency, a balanced budget and a reduction in operating expenditures—all while maintaining and, in some cases, even improving the quality of care.

To achieve this outcome, directors and managers from across the hospital met regularly to propose, analyze, implement and track the effectiveness of numerous initiatives that ultimately eliminated a deficit of approximately $23 million. The goal was also to keep the budget balanced, with an ongoing assessment of the initiatives' ability to ensure proper care for patients, while keeping costs under control.

Dr. Michel Bureau, a former Deputy Minister of Health and Social Services, served as monitor for the budget-balancing process, having previously played a similar role in assisting the MUHC. The exercise was also overseen by Dr. Lawrence Rosenberg, JGH Executive Director, and JGH President Allen Rubin.

"Everyone who was involved did a fantastic job, and worked extremely hard," says Mr. Rubin. "Throughout the process, we kept asking ourselves what kinds of results we ultimately wanted to achieve. Then we asked why, to get those results, we were continuing to do something in a particular way. Was there, perhaps, a better way to do it?"

"It's a very proactive, hands-on type of plan," says Dr. Rosenberg, who is now President-Director General of the *CIUSSS du Centre-Ouest-de-l'Île-de-Montréal*. "It's all very closely regulated, week to week, so that if an operational intervention doesn't look like it's going to give us the savings we wanted, then another intervention is put in place. The need to fine-tune the plan, as it proceeds, is mandatory." In case a mid-course change is needed, substitute measures— with preparatory work, data collection and risk analysis already completed—have been developed and can be implemented quickly.

The exercise also gave the JGH an opportunity to look more carefully at what Dr. Rosenberg calls "the appropriateness of medical practice." Thus, certain practices were stopped not primarily to save money, but because they were medically inappropriate—that is, having outcomes that were generally poor, that caused harm, that produced no benefits, or that were too costly for the quality of the outcomes.

Throughout the budget-balancing process, staff rallied under the leadership of directors and managers throughout the hospital. The exercise proved difficult, but it achieved its goals thanks to a major collaborative effort by employees at all levels. It enabled the JGH to put into place a wide array of cost-cutting measures, including the following examples, each of which saved roughly $500,000:

- In an exercise similar to the one involving diagnostic tests, a review was conducted of various types of medications that JGH doctors prescribe to in-patients. Approval was then given to the Pharmacy Department to distribute alternate medications in some instances, based on the guidelines of the National Institute of Excellence in Health and Social Services. This had no impact on treatment or on the length of the hospital stay.

- Previously, in-patients received their meal trays from kitchen attendants. A collaboration between the Departments of Professional Services and Nursing has yielded a system in which the kitchen attendants still bring the carts of meal trays to each unit, but it's the members of the nursing team who now deliver the trays to patients. Although the nursing

team must perform an additional task, this measure has the potential to improve the patient experience, since patients can be prepared for their meals as the trays are being distributed. The new system also enables nurses to better monitor patients and identify problems related to eating.

Despite these successes, constant monitoring is needed to confirm that expenses are continuing to decline and the quality of care has not been affected. Now that the expected results for 2015-2016 are being checked, the challenge is to make sure that everything balances as part of a continuous and ongoing exercise.

Healthcare reforms will improve patient experience, says new Associate Director General

Dr. Anne Lemay

Dr. Anne Lemay looks forward to better continuous and integrated care

A strong commitment to improving the health and well-being of patients, which is intrinsic to the JGH, will be crucial in helping the hospital succeed during the challenging period that the public healthcare system has now entered, says Anne Lemay, Ph.D., who joined the JGH in November and has been appointed Associate Director General of the west-central healthcare network that includes the JGH.

"I believe that one of the most important changes in the years ahead is that the family spirit of the JGH will only continue to increase," says Dr. Lemay, who has also been named the region's Director of Quality, Evaluation, Performance and Ethics.

Now that Bill 10 has taken effect, Quebec ~~now~~ has legislation that outlines new responsabilities for healthcare and social services institutions. All institutions are located within reconfigured catchments areas, each known as a *Centre intégré universitaire de santé et services sociaux* (CIUSSS)—an integrated university centre for health and social services.

The JGH belongs to the *CIUSSS du Centre-Ouest-de-l'Île-de-Montréal* in west-central Montreal, where the objective is to have the institutions cooperate more closely in providing a broader and more integrated range of care and services.

"We will have to become better acquainted with the other members of our CIUSSS family," says Dr. Lemay, "and we will have to determine how each can be most effectively involved in providing the highest quality of care and service and the best patient experience."

The transition will not be easy, but Dr. Lemay believes there will be improvements to patient flow within the CIUSSS, and this will benefit patients by producing greater efficiency and better access to care.

Dr. Lemay, who received her doctorate in public health from the University of Montreal, came to the JGH from the Quebec Association of Health and Social Services Institutions, where she was Director of Performance and Quality. More recently, she was responsible for team organization in health care and social services, a field in which she also worked in hospitals in Quebec and Ontario.

At the JGH, her primary responsibilities include quality and risk management, accreditation, the Offiice of the Patient Experience, strategic planning, information management and clinical ethics.

Having spent her entire career developing ways to improve quality, efficiency and effectiveness in the healthcare sector, Dr. Lemay says she is "very encouraged by the focus on the patient at the JGH"—a concept that should be exportable to the CIUSSS as a whole.

"Within my first few months at the JGH, I could already feel the special difference in the atmosphere. I really appreciate the inclusive family feeling, which has made this is a very pleasant place to work."

Hat trick! JGH among Montreal's top employers

For the third year in a row, the JGH has been named one of the best places to work in Montreal. This is indicative of the hospital's determination to keep improving the patient experience by providing staff with a pleasing work environment.

Judges in the Mediacorps competition, which is known as Montreal's Top Employers, cited a number of reasons for the honour, including the hospital's generous vacation policy, support for training, flexibility in balancing on-the-job responsibilities with personal needs, retirment planning assistance, and support during maternal and paternity leaves.

The rigourous applicatio process covers more than 100 points of comparison among institutions, which are examined by a panel of human-resource academics. Under particular scrutiny are the institutions' physical environment, work atmosphere and communications, health benefits, financial benefits and compensation, family-friendly policies, programs for experienced workers, employee engagement, training and development, vacation policy and paid days-off, and community involvement.

In a statement, the JGH said it is "committed to developing and promoting an environment for leadership and excellence in health-sciences education and it recognizes that the talent and commitment of its staff contribute to its strength.

"The hospital continues to foster a work environment where each person is valued, respected and supported, and it continues to support professional endeavours and educational programs that contribute to the growth and development of its staff."

Video series pushes back at bullying

To fight back against bullying, an **eight-part video series** has been produced, featuring JGH experts from the Centre for Child Development and Mental Health and the Teenage Health Unit at the Goldman Herzl Family Practice Centre.

The videos were released to coincide with international Pink Shirt Day, in which the JGH participated, on Feb. 25 to bring attention to all aspects of bullying, including at school, among adults and cyber bullying on social media. The goal is to raise awareness and sensitize viewers to the dangers and effects of bullying on victims, perpetrators, relatives and bystanders.

Special thanks from grateful teens to Teenage Health Unit

Hand-made thank-you cards from grateful students of Marymount Academy.

With cards, cake and warm words of thanks, students from Marymount Academy expressed their appreciation to staff of the Goldman Herzl Family Practice Centre at the JGH for their clinicial services and for visiting high schools to discuss problems related to physical and mental health. During the visit last October, they thanked doctors and nurses from Herzl's Vicki and Stan Zack and Family Teenage Health Unit (THU).

Students and teachers from Marymount Academy visit the JGH to thank the Teenage Health Unit (THU). Three of the students get ready to enjoy a slice of cake with (from left) Dr. Michael Malus; Dr. Perry Adler, Associate Director of the THU; Natasha Bossé, a Clinical Nurse Specialist at Herzl; and Gail Feilde, Coordinator of the THU.

Every year, students in Marymount's International Baccalaureate Council choose four organizations to thank from among those that provide help or various services in the Montreal area. This year, the group wanted to formally recognize how much the THU had done on their behalf.

Not only do Herzl and the Teenage Health Unit deliver health services in the hospital's clinic, members of the THU staff have been regularly visiting high school classes across Montreal since the mid-1980s to answer questions of concern to teenagers.

"My students ask me questions, but there are some I can't answer, as much as I want to," says Maya Doughan, a teacher who accompanied the group and spoke to staff from Herzl and the Teenage Health Unit. "Especially when it comes to questions about their health, we are all lucky to have you as a resource."

The students shared a few heartfelt words, hand-made cards and a cake as thanks for the impact that Teenage Health Unit has had on them and the rest of their classmates who were back at school.

"It's us who should be thanking you for this wonderful recognition," said Dr. Michael Malus, Director of Herzl and JGH Chief of Family Medicine. "This makes it more fun for us to keep working with you and your peers in all the schools we visit."

Destigmatize mental health, Olympian urges

Clara Hughes addresses a packed audience in the Block Amphitheatre.

With her charismatic smile and passionate demeanour, former Canadian Olympian Clara Hughes praised the JGH for the openness of staff and administrators in confronting the stigma around mental health, while urging them to "take the opportunity to shift and save lives."

Clara Hughes is welcomed to the JGH by Dr. Daniel Frank (left) and Dr. Michael Bond of the Department of Psychiatry.

Ms. Hughes reminded the audience that society is nowhere near where it needs to be in the area of mental health. "What can we do to change that? Speak out, because a whisper becomes a collective roar!"

Speaking on Nov. 10 at the JGH Department of Psychiatry's Robert Utting/Leonard Ellen Memorial Conference, Ms. Hughes focused on her own struggle with mental illness and depression in competitive sport, notably in speed skating and cycling.

The talk by the six-time Olympic medalist and mental-health spokesperson for Right to Play and the Bell Let's Talk initiative drew nearly 300 people, most in the Block Amphitheatre and the rest watching a live video feed in the JGH Institute of Community and Family Psychiatry.

Dr. Daniel Frank and Dr. Michael Bond of the Department of Psychiatry also presented her with the 2014 Douglas Utting Medal, awarded each year to a Canadian who has made a significant contribution to the study, understanding or treatment of depressive disorders.

"The Jewish General Hospital was delighted to have Ms. Hughes speak about the importance of destigmatizing mental illness," says Dr. Lawrence Rosenberg, JGH Executive Director. "In enhancing the patient experience, the JGH strongly believes in raising awareness about illnesses of all sorts, so that proper care can be provided in an atmosphere of openness and clarity among patients, their relatives and members of staff. Ms. Hughes has played a major role in helping us to achieve this goal."

JGH joins global effort to standardize medical care

The JGH has become part of a world-wide push to transform medical care by measuring and reporting patient outcomes in a standardized way.

In joining the not-for-profit International Consortium of Health Outcomes Measurement (ICHOM), the JGH is working with global experts in science and medicine to establish a standardized measures, grouped by medical condition. Clinicians apply these measures when evaluating patients' treatment outcomes, including their physical and psychological recovery, for an extended period following discharge.

"The ultimate goal of our involvement is to improve the effectiveness of our treatments and the overall patient experience," says Dr. Lawrence Rosenberg, JGH Executive Director. "Equipped with a standard list of internationally accepted metrics for several common medical conditions that can be tracked, we are able to bring a standardized approach to treating these conditions, along with a standard set of measurable outcomes."

At present, certain patients might visit a number of healthcare centres and see specialists in different facilities during their treatment. Since JGH clinical leaders will be able measure a patient's entire experience, they may eventually be able to spare patients this fragmented care.

"Along with our international partners, we are shifting our focus to the impact of health problems on the lives and well-being of our patients," says Valérie Vandal, Associate Nursing Director for Surgical Services. "As we begin to integrate this process into the care that we provide at the JGH, the results that we see in our own hospital and from this international network will drive members of staff to learn from one another and lead to further improvements for our patients."

Support needed for IT upgrade

The JGH Foundation is conducting a major fundraising campaign to upgrade its current IT infrastructure and systems. A further objective is to leverage medical information technology to make substantive improvements in access, coordination, delivery, efficiency, safety and quality of care throughout the hospital.

The first phase of the project involves the establishment of a state-of-the-art data centre, along with the acquisition and implementation of specialized software applications for the operating rooms. The goal is to support the best and most efficient health care practices by standardizing care right at the bedside, with e-pharmacy and imaging decision support and quality.

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

ICHOM currently measures treatment results that are most relevant to those with Parkinson's disease, localized prostate cancer, coronary artery disease, low back pain and cataracts. The Consortium is also planning to add measures for more medical conditions, including stroke, hip and knee osteoarthritis, depression and anxiety, and lung cancer. The total number of conditions that ICHOM measures is expected to rise to 50 by 2017.

Be patient when the elderly tell stories, geriatrician recommends

Dr. Michael Gordon speaks at the JGH.

The next time an elderly person wants to tell you about his or her life, pay attention even if you've heard the story many times before, because story-telling is a crucial means of reinforcing that person's sense of identity, a Canadian expert on aging told an overflow crowd at the JGH.

Dr. Michael Gordon, Medical Program Director of Palliative Care at Toronto's Baycrest Geriatric Health Care System, explained that story-telling strengthens memories and associations. "Our world is really a collection of narratives, which is how we identify ourselves," he said. "The fact that you may already know someone's story is not the issue. The issue is that that person feels like telling it to you."

For the same reason, he added, it's often useful to share family photos with an elderly person who is cognitively impaired, since the pictures help to stimulate the mind and motivate that person to recall and tell stories about the people in the snapshots.

Dr. Gordon, who is Professor of Medicine in the University of Toronto's Division of Geriatrics, spoke last fall to more than 300 people in the Block Amphitheatre, with an additional 50 watching on

closed-circuit TV in the Nurses' Lecture Hall. He was the inaugural speaker in the Goldie Raymer Memorial Lecture, organized by the JGH Division of Geriatrics.

Dr. Gordon described aging as one of the great achievements of modern times, joining illnesses such as high blood pressure and diabetes as conditions that used to be fatal, but can now be successfully managed for many years. However, he noted, this means that relatives of the elderly—and society in general—must be aware of their limitations and special needs.

In particular, Dr. Gordon cautioned, family members must be careful not to let their concern for an elderly individual's well-being undermine that person's independence. "As long as they're making a decision that's safe enough, you have to let it happen, because you can't protect them completely. And if you *are* trying to protect a parent completely, you basically take away from them the ability to do anything."

Walking into the future in honour of loved ones

Left to right: Yee Fun Wong, Tommy Chan, Giulia Alberini, Elyse Moreault and Caroline Teske walked in memory of their friend, Katrina Teske, at the 2014 Pharmaprix Weekend to End Women's Cancers.

When Yee Fun Wong describes her experience at the 2014 Pharmaprix Weekend to End Women's Cancers as having been "really raw", she's referring to much more than the physical exertion of covering the lengthy route through the streets of Montreal. Rather, she's talking about the emotions she felt in the absence of her close friend, Katrina Teske, who was supposed to have walked alongside her.

Ms. Teske, a research assistant in the Lady Davis Institute at the JGH, died of ovarian cancer shortly before last summer's event, despite her hope that she might be well enough to participate. "I cried

at the starting line," Ms. Wong recalls, "because I had wanted so much to walk with her, and there we were without her. What could we do but take the baton and carry on?"

The resolve to keep walking was strengthened this year, as friends and relatives decided to do whatever they could to fight the disease that had taken Ms. Teske from them. In her honour, Ms. Wong says, they named their team Katrina's Awesome Possums, a tribute to Ms. Teske's fondly remembered habit of giving rhyming nicknames to those who were close to her.

Ms. Wong says that Ms. Teske began experiencing abdominal pains in 2013 while visiting her family near Kingston. What she first thought was a gastrointestinal bug was eventually diagnosed as cancer, for which she underwent treatment that seemed to produce good results. But after the treatment ended, doctors discovered an additional form of cancer that had previously escaped detection.

As someone who's active throughout the year and has already experienced the Weekend, Ms. Wong isn't planning to do anything special to train for the event this August. The big challenge, she says,

The essentials

The 2015 Pharmaprix Weekend to End Women's Cancers, Aug. 22 and 23, will raise funds for treatment, prevention and research into all types of women's cancers at the Segal Cancer Centre at the JGH. Participants have the option of walking one day or both, with everyone paying a nominal registration fee. Those who sign up for the full weekend make a commitment to raise at least $2,000, while one-day walkers must raise at least $1,250.

Participants will walk a total of 60 kilometres over the two days through the streets of Montreal, rain or shine, starting at Villa Maria school in NDG. The school will also host the Saturday evening entertainment and dinner, and the camp will be set up there for two-day walkers. The walk resumes Sunday morning. All meals, drinks, tents and washroom facilities are provided throughout the entire weekend.

Anyone who is unable to walk the route but wants to get involved can be a crew member who serves meals, assists walkers or performs other necessary jobs. Crew members also pay the registration fee, and are encouraged, but not required, to raise $500. Opportunities are also available for volunteers.

For more information about the Pharmaprix Weekend to End Women's Cancers—including registration, joining or forming a team, fund-raising and training—please visit **www.endcancer.ca** or phone 514-393-WALK (9255).

is in varying her pace to keep in step with teammates who may sometimes need to walk more slowly than she does. “It’s all about keeping together,” she adds, “because that’s what Katrina would have wanted.”

Riding into the future with memories of the past

Alister Moore (far right) joins his friends on Team Kat in the Enbridge Ride to Conquer Cancer.

As if losing his wife, Katrina, to cancer were not painful enough, Alister Moore remains mindful of the irony that she was taken by lung cancer, even though she was a non-smoker. But the memory of Katrina's brave struggle has only strengthened Mr. Moore's resolve to participate this July in the Enbridge Ride to Conquer Cancer.

The cross-country ride through southern Quebec will be the third for Mr. Moore, who was among the dozen relatives and friends on Team Kat, which raised roughly $40,000 at last summer's event. Heading the team is Katrina's brother, Gregory Desmarais. "It's our way of doing something really significant to support cancer research," adds Mr. Moore.

Mr. Moore says his wife was first diagnosed in October 2012 with lung cancer "which apparently can occur spontaneously in young women, for no reason." Normally, the prognosis calls for a life expectancy of about four months, but a wider range of treatment options was available for Katrina's particular type of cancer, thanks to research.

The disease was controlled until January 2014, Mr. Moore recalls, but then the cancer was discovered to have metastasized to her brain, rendering her original treatment ineffective. Despite a course of radiation and chemotherapy, Katrina passed away in August 2014.

Mr. Moore says he's already preparing for this summer's ride, but "I'm planning to do most of my training indoors, because I'm a single father of three little girls, so it's hard to get out. But as the weather gets better, I'll be biking to work."

Getting together with friends in Katrina's honour is something he's looking forward to, "but it can be such an emotional event for so many people. It feels good to meet them and talk to them while we ride, and to come away realizing that we've really made a difference."

Nuts and bolts

The 2015 Enbridge Ride to Conquer Cancer hits the road on July 11 and 12 to help fund cancer research and care at the Segal Cancer Centre at the JGH. To take part, each rider pays a $75 registration fee and raises 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 pay a $25 registration fee, and 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 at**www.conquercancer.ca** or phone 1-866-996-8356.

JGH's 80th anniversary recognized in National Assembly

Dr. Lawrence Rosenberg (second from left) and JGH board member Brahm Gelfand (right) were welcomed to the National Assembly last November by Pierre Arcand (second from right) and David Birnbaum, the Member for D'Arcy-McGee.

Commemoration of the JGH's 80th anniversary concluded on a high note in the National Assembly on November 5, 2014, as Pierre Arcand, Minister of Energy and Natural Resources and the Member for Mount Royal, read a declaration congratulating the hospital on its decades of achievement:

"As the Member for Mount Royal, it gives me great pleasure today to bring this chamber's attention to the 80thanniversary of the Jewish General Hospital, located in Côte-des-Neiges in my riding. I am pleased to welcome to the gallery today Dr. Lawrence Rosenberg [Executive Director], Brahm Gelfand [member of the Board of Directors], Johanne Boileau [Director of Nursing], Glenn Nashen [Director of Public Affairs and Communications] and Stephanie Malley [Communications Manager].

"Since 1934, the Jewish General Hospital has prided itself on providing high-quality treatment and thoughtful care to patients of diverse religious, ethnic, cultural and linguistic backgrounds, who come to the hospital from across Montreal, Quebec and beyond.

“Each year, the Jewish General Hospital admits 24,000 patients, as well as handling 686,000 external visits, 72,000 emergency cases and 4,000 births. The hospital also has a research centre of international renown. The Jewish General constantly upgrades its facilities in order to deliver high-quality clinical treatment. Thus, the hospital has become an exemplary model within the healthcare system.

“And so, once again, happy anniversary. Thank you.”

New to the CIUSSS - Director of Human Resources appointed

Beverly Kravitz

Beverly Kravitz has been appointed Director of Human Resources, Legal Affairs and Communications for the *Centre intégré universitaire de santé et de services sociaux (CIUSSS) du Centre-Ouest-de-l'Île-de-Montréal*, the healthcare region in west-central Montreal that includes the JGH.

From 2007 until March 31 of this year, Ms. Kravitz was Director of Human Resources and Director of Legal Affairs for the JGH. Most recently, she led the hospital to being recognized as one of Montreal's Top Employers for 2013, 2014 and 2015. Previously, Ms. Kravitz held various senior positions with the JGH Foundation, having gained 15 years' experience as a lawyer in the private sector.

Director of Finance named

Carrie **Bogant**e has been chosen as Director of Finance for the *Centre intégré universitaire de santé et de services sociaux* (CIUSSS) *du Centre-Ouest-de-l'Île-de-Montréal*, the healthcare region in west-central Montreal.

From 2002 until this past March 31, Ms. Bogante, a chartered accountant, was Director of Finance for Donald Berman Maimonides Geriatric Centre and for the Jewish Eldercare Centre. She spent the previous 12 years working with healthcare clients at the accounting firm of Richter.

New chiefs - Chief appointed in Psychiatry

Dr. Karl Looper

Dr. Karl Looper has been named Psychiatrist-in-Chief of the Institute of Community and Family Psychiatry at the JGH. At McGill University, Dr. Looper is an Associate Professor in the Department of Psychiatry and an Assistant Professor in the Department of Oncology. Known for his commitment to medical education, he is the former Chair of the Residency Training Program Committee in McGill's Department of Psychiatry.

Dr. Looper became a staff member in the JGH Department of Psychiatry in 2001, having received his medical degree from the University of Ottawa in 1995, followed by a Master's degree in psychiatry from McGill in 2002. His numerous awards and honours include being named an Osler Fellow in McGill's Faculty of Medicine in 2010; a Fellow of the 2002 World Congress of Psychiatry in Yokohama, Japan; and recipient of an Excellence in Research Award in 2001 from the Association of Chairs of Psychiatry of Canada.

Dr. Michael Bond, who had served as Psychiatrist-in-Chief since 1999, remains a valued member of the department.

Dr. Looper is spearheading a major fundraising campaign to renovate and redesign the 48-bed Psychiatry Inpatient Unit, which is facing increased pressure to admit patients. This vital initiative

will enhance the department's ability to meet the complex psychiatric needs of the medically ill by providing a safer, more secure, functional and soothing environment for patients and staff. It will also improve the patient experience and the quality of life, lower family stress and contribute to reducing the stigma of psychiatric hospitalization, as well as improving staff retention and recruitment.

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

Mary Lattas

New head of Occupational Therapy

Mary Lattas, who has served as JGH Coordinator of Ambulatory Services since 2012, has now been given the additional role of Chief of Occupational Therapy. Ms. Lattas received her B.Sc. in Occupational Therapy from McGill University and a DESS degree in Organizational Development from Laval University, where she completed her Master's of Science degree in Organizational Development in 2013. She has been working in health care for 22 years, with more than 17 years' experience in administrative and management roles.

Appointments - New Associate Director of Professional Services

Dr. Louise Miner

As the complex issues in healthcare delivery continue to increase, the need to assure high-quality patient care and operational efficiency requires the role the Office of Professional Services be expanded. This has led to the appointment of **Dr. Louise Miner** as Associate Director of Professional Services; she is working closely with the Office's Director, Dr. Joseph Portnoy.

Dr. Miner joined the JGH as an obstetrician/gynecologist in 1989 and has served since 1995 as Director of Obstetrical Ultrasound in the Division of Obstetrics. In addition, she was Acting Chief of the Department of Obstetrics and Gynecology from 1997 to 2002, has been Associate Chief of the department since 2012, and is an Assistant Professor at McGill. In her clinical practice, Dr. Miner takes a particular interest in obstetrical ultrasound, maternal-fetal medicine, and measuring the quality of care as it relates to obstetrics.

Infectious Diseases has new Associate Chief

Dr. Gerasimos Zaharatos has been appointed Associate Chief of Infectious Diseases and Microbiology, as well as Section Head of Serology in the microbiology laboratory. Dr. Zaharatos, who joined the JGH in 2006, received his medical degree from McGill University and took post-doctoral training in HIV research at the Aaron Diamond AIDS Research Center in New York.

Research roundup - Top LDI researcher on National Cancer Institute board

Dr. Mark Wainberg

Dr. Mark Wainberg, Director of the HIV/AIDS research section in the Lady Davis Institute (LDI) at the JGH, has accepted an invitation to serve on the Board of Scientific Counselors of the National Cancer Institute (NCI) at the National Institutes of Health (NIH). The NIH is the United States' national medical research agency and the world's largest source of funding for medical research. The Board of Scientific Counselors advises NCI leaders on matters involving the NIH's Center for Cancer Research and the Division of Cancer Epidemiology and Genetics.

Dr. Wainberg has also won the 2014 Cubist-ICAAC Award for his body of work in HIV/AIDS research. The award, the premier honour of the American Society for Microbiology, recognizes outstanding accomplishment in antimicrobial research.

Dr. François Béland

Three named to Health Sciences Academy

Dr. François Béland, **Dr. Howard Chertkow** and **Dr. William Foulkes**, who conduct research in the Lady Davis Institute (LDI) at the JGH, were among 50 new fellows who have been elected to the Canadian Academy of Health Sciences at its annual general meeting in Ottawa last fall. Fellows are elected on the basis of demonstrated leadership, creativity, distinctive competencies, and commitment to advancing academic health sciences. Membership is considered one of the highest honours in Canadian health sciences.

Dr. Howard Chertkow

Dr. Béland, Professor at the School of Public Heath at the University of Montreal and Associate Professor in the Department of Geriatrics at McGill University, is the codirector of the Solidage-Research Group on Aging and Frailty.

Dr. Chertkow was recently appointed Scientific Director of the Canadian Consortium on Neurodegeneration in Aging, and is co-founder and Director of the JGH/McGill Memory Clinic and Director of the Bloomfield Centre for Research in Aging at the LDI.

Dr. William Foulkes

Dr. Foulkes is head of the LDI's Cancer Genetics Laboratory and Director of the Program in Cancer Genetics at McGill. In 2013, he received the 2013 O. Harold Warwick Prize from the Canadian Cancer Society.

Individuals, corporations and foundations interested in supporting the work of Drs. Béland, Chertkow and Foulkes can do so by directing their contributions towards the Aging and Cancer Research Axes, respectively, in the Lady Davis Institute at the JGH. For more information or to make a donation, please visit the**JGH Foundation** or call the Foundation at 514-340-8251.

Congratulations - Award for diabetes educator

Sondra Sherman

Sondra Sherman, a certified diabetes educator in the JGH Division of Endocrinology, has been honoured with the 2014 Award for Distinguished Volunteer Service, presented at the national level by the Canadian Diabetes Association. At the JGH, Ms. Sherman teaches groups and individuals how to manage diabetes through smart eating and good food choices in the proper proportions, as well as lifestyle and controlling blood sugar.

Nephrology specialist honoured

Dr. Sharon Nessim, of the JGH Division of Nephrology, has received McGill University's 2014 Introduction to Clinical Medicine – Internal Medicine Teaching Award. The award is voted on by students who have completed the program.

Cardiologist given accreditation role

Dr. Regina Husa, of the Division of Cardiology, has been appointed Director of Accreditation for Postgraduate Medical Education in McGill University's Faculty of Medicine. In this role, she is responsible for managing the accreditation of McGill's postgraduate medical education for residents, fellows and international medical graduates.

In memoriam - Neri Judith Bloomfield, philanthropist

The entire JGH family is saddened by the loss on Feb. 5 of philanthropist **Neri Judith Bloomfield**, 90, whose support—along with that of her late husband, Bernard—was essential to the JGH, particularly in research at the Bloomfield Centre for Research in Aging in the Lady Davis Institute (LDI). The Bloomfield name is also prominent on a wide range of institutions and projects in Israel.

Mrs. Bloomfield was the long-serving President of the Eldee Foundation, which was instrumental in the founding of the LDI. The Bloomfield Centre for Research in Aging is at the forefront of the LDI's research into the diseases of aging.

Born in Romania and raised in England, Mrs. Bloomfield was national President of the Canadian Zionist Federation and of the Jewish National Fund of Canada, and she chaired the women's division of Combined Jewish Appeal.