



KEEPING STAFF MIS-INFORMED: YOUR JGH – YOUR FOOLS

BOW WOW!***Veterinary Department coming to JGH***

In keeping with its decades-old tradition of “Care for All Creatures”, the Jewish General Hospital is celebrating its 75th anniversary by opening a Department of Veterinary Medicine this spring. This makes it the world’s first hospital to simultaneously tend to the medical needs of humans and their pets.

For the moment, the Veterinary Department will be based in modestly sized premises in Pavilion H. However, larger and more elaborate facilities are on the way, as the department is expected to play a central role in the JGH’s newest expansion project, Pavilion K. As the JGH’s ninth medical wing, the building will officially be known as Pavilion K-9 (“canine”) and will be built alongside Pavilion H, with a tentative opening date of 2014.

According to **Dr. April Phoole**, the JGH’s new Chief of Veterinary Medicine, “pet owners frequently develop deeper, longer-lasting and more affectionate bonds with their animals than with their spouses, children or other relatives. Thus, the creation of this department satisfies an urgent and obvious need.”

“This is just the sort of innovative thinking that has made the JGH such a health-care leader,” says hospital spokesman **Robert Bluffer**. “The new veterinary service is

***Cont’d on page A-2****In her new examining room at the JGH, Dr. April Phoole tends to the health and happiness of her patient.*

Jewish General Hospital

75 years of silliness for all.

jgh.ca/aprilfools

Cont'd from page A-1

a logical extension of the vision and ideals of the hospital's founders, because it extends the finest health care not only to patients, but to all members of the household, regardless of their species."

Mr. Bluffer notes that Dr. Phoole is also planning to use the JGH as home base for a new organization she has founded, the **Hospital Alliance for Healthy Animals (HAHA)**. "When people hear the words 'Jewish General Hospital,'" he says, "we want them to automatically think, 'HAHA, April Phoole!'"

Dr. Phoole is the ideal person to head the department, explains Mr. Bluffer, since she graduated at the top of her class at the Doctor Doolittle Memorial Institute in Moose Jaw. Particularly important is the fact that Dr. Phoole has already earned considerable support from leading donors, including a pledge to purchase the department's first major piece of equipment—a Pet Scanner. Funds have been generously donated by Montreal businessman and philanthropist **Alphonse "Alpo" Purina**.

"I'm committed to upholding the hospital's values by welcoming pets of all ethnicities—dogs, cats, fish, birds, snakes, turtles and more—from the Montreal area and beyond," Dr. Phoole says. "I'm proud that we'll be able to hear a dazzling multicultural tapestry of languages in our corridors, including Woof, Meow, Squawk, Squeal and Grunt." ♦



Details of the JGH's pet project

Upset over your hamster's illegitimate pregnancy? Worried about your ferret's poor dental habits? Well, cheer up! The JGH Department of Veterinary Medicine is coming to the rescue with a wide range of innovative medical programs.

Within the next few months, your pet will be able to take advantage of a broad array of services, including nutrition counseling, contraceptive advice, an orthodontics clinic, a natural childbirth unit, and psychotherapy for pets that have picked up self-destructive habits from their owners, such as drinking out of the toilet.



Also in the works:

- For the emotional support of hospitalized pets, owners will be allowed to spend the night on collapsible cots in the same room as their animals. Baskets will also be available for puppies, kittens and other baby animals who can't bear to be separated from their hospitalized parents.
- The Auxiliary will open a kiosk in the lobby of Pavilion K-9 to sell collars, leashes, pet food and other accessories, with proceeds funding an animal obedience school in the hospital. For a nominal extra fee, a grooming service will also be available for pets who are booked for a regular checkup.
- Attention, gardeners! As part of the Green effort at the JGH, the droppings of all hospitalized pets will be collected, deodorized, bagged and sold as compost in the parking lot of Pavilion K-9. Makes a great gift for Earth Day! ♦





PULSE

KEEPING STAFF INFORMED: YOUR JGH – YOUR NEWS

Celebrating JGH nurses

Professional expertise and a hand to hold on to

For mothers and daughters, nursing is in their blood

If you've ever heard the phrase "the JGH family", you probably just think of it as an affectionate description of the staff of the hospital. But in the Department of Nursing, it's a term to be taken literally. Visit the post-surgical unit, and you'll see **Milacer (Mila) Gestupa** working alongside her daughter, **Vanessa**, while elsewhere in the JGH, **Iris Gourdji** and her daughter, **Lindsay Schwartz**, are tending to patients' needs.

This family spirit is especially noteworthy in 2009, as the hospital celebrates its 75th anniversary and takes particular pride in the way each generation has distinguished itself by paving the way for the next. It also lends a certain poignancy to Mother's Day, which falls on May 10.

Just as Vanessa has followed in Mila's footsteps, Mila followed her own mother's example. As a 5-year-old in the Philippines, Mila accompanied her mom, a nurse, on home visits where babies were delivered. "All my life I've been exposed to nursing," says Mila, who has been with the JGH for nearly 30 years, first in 7 Northwest and for the last 20 years, on the post-surgical unit. So it's no surprise that Vanessa, while still a child, often visited Mila in the very unit where she, too, would one day

work. "I even volunteered here when I was 15," adds Vanessa. "I know the floor well."

Through her mother's guidance, Vanessa became familiar with nursing skills. "Anytime she was learning a new procedure, such as taking blood, I would show her," says Mila.

Having graduated from John Abbott College as a Registered Nurse, Vanessa is pursuing a full-time Bachelor's degree in Nursing at McGill University, while working at the JGH part-time. "People think I'm young, and sometimes they think I have no experience. But I've been exposed to many different things." Her proud mother agrees, and then some: "She's a good nurse, she's caring, she goes out of her way and she gets a lot of praise from patients. It makes me feel ... Oh, wow! It makes me feel good."

That same note of pride can be heard in Iris Gourdji's voice as she describes Lindsay Schwartz's qualities as a nurse. "She's caring and attentive, and it gives me great pleasure to watch her grow and learn to love her work." That inherited sense of vocation, says Lindsay, is rooted in seeing her mom "happy with her career choice."

Even when Lindsay began at the JGH, working evenings in surgery

Cont'd on page 8



Iris Gourdji with her "mini-me" daughter, Lindsay Schwartz.

Quality Nursing Care For All

As we celebrate Nurses' Week during the hospital's 75th anniversary year, we are grateful to the alumni of the JGH School of Nursing and to all of the nurses who have worked at the JGH over the decades. One of these is **Judith Shamian, RN, Ph.D.**, who hosted events at the JGH Department of Nursing during 50th-anniversary celebrations in 1984. This year, she returns as the keynote speaker of our annual Faye Fox Nursing Education Day. Dr. Shamian, President Elect of the Canadian Nurses Association, is an internationally renowned promoter of hospitals' healthy work environments which



Lynne McVey

contribute to the well-being of patients and their families—the subject of this year's Faye Fox event.

Healthcare systems worldwide

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Jewish General Hospital
75 years of care for all.

jgh.ca

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Nurses promote breast practices

Myth: breastfeeding is a natural process that new mothers practice smoothly and instinctively. Reality: it's not always as simple and easy as it looks.

If particularly complex problems do arise, nurse lactation consultants step in. They're an emerging group of maternal-child nursing specialists at the JGH, on hand at the bedside to guide breastfeeding mothers. "Lactation consultants are trained to identify the practices that are and are not conducive to successful breastfeeding," says **Valerie Frunchak**, Nursing Director of Maternal-Child Health.

"They identify potential problems early on, share their evidence-based knowledge, and gain trust through their expertise. Spending time with a lactation consultant leaves the new mother or mother-to-be better informed, which builds confidence, comfort and, ultimately, enthusiasm for breastfeeding."

New mom **Kelly Martin** admits she wasn't partial to breastfeeding before delivering her son, **Thomas Carroll**, at the JGH on Feb. 23. "I didn't want to pressure myself," she recalls, "and I was nervous about whether he would latch on." But after Thomas arrived, Ms. Martin recalls, "a wonderful nurse told me, 'I'll set you up and we'll get him going.' She positioned me and the baby, and explained it would be easier if I were lying down. Then she stood over me the whole time. The nurses here are so attentive that they gave me the confidence to continue."

The ability to give this advice takes training—the kind that's available through the lactation education program and scholarship, developed by

the JGH Department of Nursing and Division of Maternal-Child Health in conjunction with the Goldfarb Breastfeeding Program. The Lactation Consultancy Program was made possible by a generous donation from **Lenore and Robert Goldfarb** and the Canadian Breastfeeding Foundation.

Education is offered to seasoned nurses from the Family Birthing Centre, Post-Partum Unit and the Neonatal Intensive Care Unit, who want to advance their knowledge of breastfeeding beyond the 18 hours of training they received during their orientation and ongoing education at the JGH. They take a one-year course while performing their full-time duties, and then write an exam to become certified by the International Board of Certified Lactation Consultants.

The lactation education program, developed five years ago, is supervised by instructors from the Montreal Institute for Lactation Consultants, including the JGH's **Carole Dobrich** and **Lenore Goldfarb**, both certified by the International Board. "Our students undergo 45 hours of rigorous academic instruction," says Ms. Dobrich, including studying the latest articles and attending conferences on such topics as anatomy, physiology, biochemistry and ethics.

The nurses must also accumulate 1,000 hours of one-on-one contact with breastfeeding mothers and infants. "Babies express their wellness in their eyes," say Ms. Dobrich. "We have to look at a baby who is having difficulty, and ask, 'What is this baby saying?' That leads to more successful breastfeeding, which encourages par-

ents to communicate more intimately with their baby." Ms. Frunchak adds that while lactation consultants manage the more complex cases, their expertise is not only reserved for mothers. "They will also be helping to lead the way to better practice overall, as well as teaching and providing support to newer nurses."

"We are definitely working more as a team," attests **Heather Cameron**, a nurse in JGH's Post-Partum unit who

will write the exam in July. "If we hear from a new nurse on the floor that a baby is having a hard time latching on, we'll try to discover the reasons together. In these cases, we don't want the mothers to go directly to the bottle, so it's important for us to work as a team. New parents are often here for a short period of time, so our goal is to teach them as much as we can and even empower moms who might have been indecisive or uncertain." ♦



IBCLC-certified nurses and candidates (rear, from left) Cecilia Finoli, Melissa Gentile, lactation instructor Carole Dobrich, Heather Cameron, Debbie Braz, (front, from left) Cindy Thau, Ginette Aucoin, Audrey Krief, Marie Rose Kavanagh and Kimani Daniel. Absent: Lilleth Wishart.

Breastfed babies abound

The fifth floor of Pavilion D was transformed into the land of milk and mommies on Oct. 11, as a group of breastfed babies and their new mothers came together to help push Montreal into first place in the international Breastfeeding Challenge. The competition involved many local hospitals, bringing Montreal's winning total to 515 breastfed babies, followed by Marikina City in the Philippines (500 babies) and Trois-Rivières (291).

The Breastfeeding Challenge raises awareness of the benefits of breastfeeding by bringing as many breastfeeding babies as possible to the same place at the same time. Representing the JGH in this milestone event were the Postpartum Unit (5 West), the Neonatal Intensive Care Unit and the Family Birthing Centre. Plans are already under way to make next year an even bigger one!

The Breastfeeding Challenge was one in a series of activities in which the JGH participated as part of World Breastfeeding Week last October to promote the importance of breastfeeding and to provide support to breastfeeding women and their families. Information kiosks were set up in the Postpartum Unit and the Neonatal Intensive Care Unit, offering patients and staff information and reading material on breastfeeding. Mothers were entered in daily raffles for prizes, such as breastfeeding pillows, therapeutic massages and gift baskets.

Other highlights included a presentation on supporting breastfeeding among high-risk pregnant women by **Dr. Lajos Kovacs** of Neonatology, **Dr. Stephanie Klam** of Obstetrics and **Lyne Charbonneau**, a clinical nurse specialist in Neonatology; and an overview of induced lactation and relactation by **Lenore Goldfarb**, an International board-certified lactation consultant and co-founder of the JGH Goldfarb Breastfeeding Program.

—**Melanie Sabbagh**, Clinical Nurse Specialist Interim; **Lilleth Wishart**, Assistant Head Nurse, Postpartum; and **Kimani Daniel**, Clinical Nurse Specialist, Family Birthing Center.



Nurse Heather Cameron advises new mother Kelly Martin on breastfeeding Thomas Carroll, with encouragement from her husband, David Carroll.

Veteran nurses point the way for newcomers

Patients take it for granted that nurses are a font of reassurance and advice. For that very reason, novice JGH nurses can now turn to veteran nurses for a discreet word of support and counsel if the going gets tough.

In a new program launched in February, 10 young nurses in Surgery, the OR suite, Family Medicine and Dialysis have been told recently retired nurses will be available to them if the need arises. The program, still a pilot project, enables the “protégés” to develop a connection with any or all of the three veterans, who have a total of 80 years’ experience among them.

“Once the new nurses’ orientation period is over and they begin managing their workload, they may experience anxiety,” says **Rosalie Johnson**, Coordinator of the Nursing Resource Centre and head of the mentorship program. “They may have questions and concerns, but may be too shy to talk to colleagues. Many nurses say to themselves, ‘I should know this,’ so they don’t ask.”

That’s how **Lara Maalouf** on 4 Northwest (Surgery) was able to reach out to **Marta Molnar**, who retired in 2007. Ms. Maalouf arrived at the JGH last December from Beirut, where she had been a Registered Nurse for 15 years. “Not only am I coming from outside the hospital, but from outside the country,” she says. “Marta helped put me at ease and made me feel comfortable. She teaches you the rules, and guides you through the customs and local professional practices. This really makes you feel you belong to the team. She is a resource, a colleague

and a new friend.”

Understandably, some new nurses are reluctant to show vulnerability, says Ms. Molnar, who acts as a mentor along with **Suzi Scott** and **Isis Corbie**. All three mentors had worked in various areas of nursing before retiring. “The new nurses may be afraid to talk with a co-worker about a difficulty, because they might be thought of as complainers,” adds Ms. Molnar. “Also, nurses fresh from college don’t have the experience or courage to deal with

the full complexity of cases. So we offer them encouragement that builds their confidence, and guidance that helps them find their own solutions.”

The mentor is not supposed to teach practical tasks, explains Ms. Johnson, but to offer “emotional, developmental and psychological support. The retired nurses have the experience to assess the new nurses’ coping skills, how they are organizing their day, and whether they have a global understanding of their unit. We value

the knowledge of the older nurses and we’re eager to give them a way of maintaining a link with their profession and the JGH.”

Ms. Scott agrees that “it takes time for a new nurse to gain assertiveness, to challenge a resident or intern. But if you feel strongly about a particular case, you don’t keep silent. You speak up. You act as an advocate for your patient. We help give newer nurses that voice.” ♦

Better nursing through education

Nursing education remains an important aspect of patient care, with nurses continuing to teach daily on the units while maintaining strong links with the McGill University School of Nursing. From Jan 5 to 12, nursing students in their first year of the Direct-Entry Master’s program heard Clinical Nurse Specialists of the JGH Maternal-Child Health Nursing Team lecture at the JGH on various aspects of maternal and newborn care, including breastfeeding.

McGill course coordinator **Shari Gagné** looks forward to continuing this exciting work with the team. An extra-special feature of this lecture series was that **Irene Sarasua** (CNS Postpartum, 5 West) and **Jodi Tuck** (CNS, Family Birthing Centre) continued to teach while on maternity leave—and with newborn babies in tow! It was a treat for the students to learn from role models in nursing leadership. It was also a thrill for me to be involved with my colleagues Jodi, Irene and **Melanie Sabbagh** (Interim CNS, Postpartum, 5 West)! ♦

—**Kimani Daniel**, Interim CNS, Family Birthing Centre



From left: Jodi Tuck holding Sierra, Kimani Daniel, Shari Gagné, Melanie Sabbagh, and Irene Sarasua holding Louis.

Higher web profile for Nursing

Nursing now has a home online. jgh.ca/nursing has details on various nursing specialties at the JGH, as well as educational materials, job applications, staff publications and more.

And don’t forget that jgh.ca is in the process of being completely overhauled, with the new version tentatively to be unveiled in late spring. If your department would like to create a section or update its pages, please contact **Daniel Nahmias-Léonard** by Lotus Notes or at extension 2676. ♦



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A new kind of care for a new kind of patient

It's an all-too-familiar scenario: A frail, elderly parent or loved one with one or more chronic illnesses is not feeling well. There is no family doctor, the specialist's office is closed for the day, and we don't know where to turn. Our first impulse might be to bring the parent to the Emergency Department. But, fearing a long wait, we're inclined to forgo medical attention altogether. How about doing nothing, and hoping the problem will just go away? Tempting, but there's a risk that minor difficulties might turn into major problems.

The question remains: How can people get non-urgent but necessary medical care at the right time and place, and from the right people?

Lately, this dilemma has been on the minds of **Judy Bianco**, Head Nurse in Geriatrics and Nursing Coordinator

for Chronic Illness and Aging, and **Sonia Joly**, Discharge Planning Coordinator. That's why they are part of a team that has begun building a network and working in close cooperation with a range of healthcare providers in the JGH and with community partners, such as rehabilitation facilities and CLSCs.

There is a growing need to develop a local network of first-line (non-specialized) care for the elderly and for those living with chronic illness, explain Ms. Bianco and Ms. Joly. These patients and their families need planned, regular follow-ups by a multidisciplinary health care team consisting of nurses, physicians, physiotherapists, occupational therapists, social workers, nutritionists and others. These teams would support patients and families as they manage

their illnesses in the context of their day-to-day lives.

About one-third of Canadians are affected by chronic illness such as diabetes, heart disease, obstructive respiratory disease, depression and arthritis, and the number with chronic illnesses increases as they get older. While advances in health care have prolonged our lives, living longer often means living with a chronic condition, sometimes multiple conditions. Thus, Ms. Bianco says, people who have one or more chronic illnesses need to be followed regularly over time; the Emergency room is not the place to receive this care.

Ms. Joly adds: "These teams can offer the sort of targeted intervention that is our key to success." Each team member can help patients examine and perhaps change aspects of their

lifestyle habits, such as modifying their diet, quitting smoking, or learning more about their medication. This shift to prevention and continuous care—as opposed to more episodic and specialized treatment in the past—"will allow us to manage a patient's illness over time," says Ms. Joly.

"We are working with neighboring CSSSs, such as Cavendish and de la Montagne, to better prepare patients' transition from hospital to home, a particularly vulnerable time for older people. This new approach not only empowers patients and their families, it will mean fewer trips for the elderly to the Emergency room suffering from an exacerbation of their chronic condition." The ultimate goal for patients and families, Ms. Bianco emphasizes, is to stay well and to enjoy a good quality of life. ♦

Sharing vital nursing information on head and neck cancer

Once patients are discharged from the Jewish General Hospital, local health clinic nurses take over their care. However, if patients have head or neck cancer, they need specialized care that is not widely taught in nursing school. This is a concern for community nurses who do not work with head and neck cancer patients on a regular basis, but still want to be sure that patients receive high quality care. And that's where the JGH's interdisciplinary team of head and neck specialists steps in, offering the needed support and education.

The hospital's nurse navigator acts as a contact person, receiving calls from community nurses on such topics as the proper use of the laryngectomy tube, or the types of emergencies that require an Emergency visit, versus those that can be managed at home.

For this reason, the JGH team of caregivers recently held an information session and invited CLSC nurses who care for discharged JGH patients. The discussion centred on ways they can assist patients during this vulnerable time of transition. We explained the causes of head

and neck cancer and the treatments offered at the JGH; the role of the nurse navigator in providing support and guidance to patients and their families; the importance of maintaining good nutrition before and after treatment; and the mental and social turmoil that patients and their families endure during this difficult time in their lives.

One topic in particular sparked numerous questions and a great deal of interest: the different speech rehabilitation strategies that are used for our patients. It became clear that the community nurses were not entirely familiar with the electronic communication devices that JGH patients sometimes use. Thus, an assortment of artificial voices was demonstrated to the group, who appeared to enjoy learning the mechanics of producing a "new voice".

The responses were encourag-



CLSC nurses and nutritionists join JGH session moderators (rear, from left) Sonia Boccardi, Nurse educator, Surgery; Vivian Myron, Social Worker; Gina Mills, Speech Pathologist; Christina MacDonald, Nurse pivot, Head and Neck Oncology; and Anna Aguzzi, Nutritionist.

ing—for example, "Thank you for organizing this session. The information was very valuable to my work" and "I appreciate being invited to this session. My patients will definitely benefit from all I learned today."

It is our hope that we will offer a similar session again this summer.

In fact, it was such a rewarding experience that we want to open our doors to colleagues in community palliative care and to CLSCs across the island, as well as Laval and the South Shore. ♦

— **Sonia Boccardi**, Nursing Education Consultant, Surgery

New Herzl clinic to offer expanded walk-in service

In an effort to provide the public with greater access to healthcare services and to reduce pressure on the Emergency Department, the JGH Herzl Family Practice Centre is opening a new type of walk-in clinic in April, with support from the Montreal Regional Health and Social Services Agency and the CSSS de la Montagne.

The service, known as the Herzl Walk-in Clinic, will be available 365 days a year to any member of the public, without an appointment or prior telephone call, Monday through Friday from 1:00 to 9:00 p.m., and on weekends from 9:00 a.m. to 5:00 p.m.

Plans call for the weekday hours to be increased in the fall, with the clinic opening daily at 9:00 a.m. This service may prove especially useful to some JGH employees who need medical attention, but whose shifts make it inconvenient for them to visit Health Services. For the initial period, walk-in patients will be seen in Pavilion H in the main-floor premises of the Cardiovascular Prevention Centre. Patients with regular appointments for the Herzl Family Practice Centre will continue to be seen as usual on the second floor of Pavilion H.

The Herzl Walk-In Clinic is a pilot project developed by the health

board to enable more patients to be examined and treated more quickly and effectively. The clinic will also draw upon the expertise of a team of healthcare professionals. The Jewish General Hospital and the Verdun Hospital are the only Montreal-area healthcare institutions that have been chosen to test the viability of this concept.

Creation of this clinic is a major step forward, says **Dr. Michael Malus**, JGH Chief of Family Medicine, since it enables an individual with one or more chronic illnesses to be treated on the spot by a multidisciplinary team. If medical care is needed be-

tween visits, the walk-in clinic can help the patient before a crisis develops and hospitalization is required. In addition, quick assistance can be provided somewhere other than the Emergency Department.

Dr. Malus says the new clinic is not meant to replace the Emergency Department for critical cases. "We see ourselves as a support system to ease the load on the Emergency room and to look after patients with suitable walk-in issues. There is also a team to provide care for patients with chronic illness who would otherwise likely require hospital admission if their needs were left unmet." ♦

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Nurse Practitioners: New players on the primary healthcare team

Coming soon to the new Herzl Walk-in Clinic: Nurse Practitioners who will assume a broader scope of practice—for example, prescribing certain basic medications, ordering or performing particular tests, following a low-risk pregnancy (in collaboration with a doctor), making some diagnoses or applying sutures.

Patients who come to the Herzl Walk-in Clinic can be followed on a regular basis by Nurse Practitioners who perform tasks that might otherwise be handled exclusively by physicians. In addition, these nurses would take a wide-angle view of patients' needs by consulting with their relatives and gaining a full picture of their requirements over time.

Plans call for the new clinic to have two Nurse Practitioners who are specially trained in primary healthcare, says **Isabelle Caron**, Nursing Director of Medicine, Geriatrics and Mental Health. These nurses "will be available to closely follow vulnerable patients who require regular interventions, in cooperation with their families, to prevent an exacerbation of their

condition," she explains. "Our goal is to keep them healthier for longer."

Nurse Practitioners train for six years at the university level—as long as general practitioners—and this gives them more highly specialized skills. Thus, they can carry out some of the tasks traditionally handled by family doctors, thereby freeing up doctors to diagnose and medically treat the more complex cases.

To help patients maintain their health, the clinic's Nurse Practitioners will take a broad view, with an emphasis on prevention. Included in their practice will be:

- Educating the patient and their family members to foster healthy lifestyle habits
- Interacting with patients' relatives to assess the level and quality of support that they require
- Through regular contact with patients, determining how they are coping, and presenting them with psycho-social outlets, as needed
- Coordinating patients' care with other healthcare providers, such as physiotherapists and social workers. ♦

The Lindsay: a home away from home

JGH staff from all disciplines were thanked on Feb. 25 for their care and compassion in ensuring the comfort and safety of JGH patients at the Lindsay Rehabilitation Hospital. At a light luncheon, Executive Director **Dr. Hartley Stern** and Director of Nursing **Lynne McVey** praised staff for their willingness to go the extra mile on behalf of their patients. Relocation of patients to the Lindsay has enabled the hospital to undertake much-needed renovations of the medical units.

Antoinette Ehrler, up close and personal

Modern health care would be inconceivable without nurses—women and men alike—who have maintained a steady, parallel pace with medical treatment and research. At one time, the lady in the white apron was a singular pioneer; today, there is no corner of the hospital where her (or his) services are not paramount.

Nurses cope with emergencies, supervise diabetic patients, chart the progress of newborn babies, monitor the decline of the weakest and oldest. With the arrival of the scourge of AIDS, their very presence helped to lessen the fear of an illness that was not yet fully understood. And in the perennial fight against cancer, they are mainstays of professional expertise, advice, guidance and soft words of comfort. They are an essential part of the Jewish General Hospital's Segal Cancer Centre, to which Nursing Coordinator **Antoinette Ehrler** has devoted so much of her career.

She is smiling, energetic and passionate about her work, an observant, clear-eyed woman who deals daily with illness and some-



Antoinette Ehrler

times even death, yet is able to maintain a constant focus on life and its challenges. ♦

You can read more about Antoinette Ehrler in *Belle's View*, an online column in which writer and JGH volunteer **Belle Ziniuk** takes a close, personal look at some of the JGH's leading healthcare professionals. You'll find *Belle's View* at jgh.ca/belle.

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Surveys help prepare JGH for Accreditation

Satisfied with your job at the JGH? Willing to improve safety by reporting an incident or unsafe situation? Congratulations, you're in good company. According to a pair of staff surveys, employees generally feel physically and mentally fit, they experience high levels of job satisfaction, and they're confident they have the support of supervisors and senior management when they suggest ways to improve safety.

These results are drawn from questionnaires that members of staff completed last fall during Self-Assessment Accreditation Week, in preparation for hospital accreditation later this year. The surveys provide a snapshot of attitudes and opinions about the JGH, and are helpful in indicating where improvements may be needed.

Altogether 504 employees completed the Worklife Pulse survey, which enables the hospital to "take the pulse" of the quality of work life. The survey suggested that improvement may be needed in several areas, including staff communication channels, control over one's own job functions, managing stress levels, and balancing work and family life. Action

plans to address these issues are being developed by ad-hoc committees, and staff at all levels are welcome to get involved.

Meanwhile, 370 employees completed the Patient Safety Culture survey, which found that staff want more feedback on incident and accident reports. Employees also recognize that the quality of care and patient safety are influenced by their own health, fatigue level and personal problems. Many of these issues are being addressed through educational events and ongoing work groups. Staff are also reminded of the vision for patient safety, as outlined by the JGH Board of Directors: "The Jewish General Hospital is committed to promoting and providing safe care and service delivery to all patients, families, visitors and staff. Safety is everyone's responsibility. It is valued as a fundamental right and expectation."

More details and a copy of these reports are available from Jocelyne Pepin at extension 5925 or at accreditation-canada.ca. ♦

— **Jocelyne Pépin**, 2009 Accreditation Coordinator and **Janice Ingram**, Quality Program Coordinator



Joanna Kubow, administrative technician, DPS, with a nurse.

And the winners are ...

As an incentive to participate in the two staff surveys during Self-Assessment Accreditation Week, employees who completed at least one of the questionnaires were eligible for prizes from a draw. Here are the lucky winners:

USB keys

✓	France Savoie	7 West
✓	Gilberte Edery	Finance
✓	Marvin Balintec	Medical Archives
✓	Karen Richards	8 Northwest
✓	Kellie Papamonolis	Human Resources

Hockey tickets

✓	Diane Mercier	Health Services
✓	Brenda Ajzenkopf	Social Services
✓	May Mitchell	8 West
✓	Stephanie Hall	Student

The Accreditation Management Committee extends a hearty "Thank you" to all the participants.

Especially worth noting



As part of JGH Accreditation this November, 31 required organizational practices must be worked on and adhered to. Two particularly important practices are:

- **Communication:** Patients and families must be informed and educated in writing and orally about their role in promoting safety. To help achieve this goal, the patient safety pamphlet, *I'm Taking Care of My Health*, will be disseminated and promoted to patients and families on all nursing units and in clinical areas.

- **Patient Safety:** At least two means of identifying patients—e.g., hospital identification bracelet, red hospital card or Medicare card—must be used before any service is provided or any procedure is administered in both in-patient and out-patient areas.



—**Lianne Dzygala**, Risk Management Advisor, Quality Program

Mothers and daughters...

Cont'd from page 1

on 5 Northwest, she seemed to come under the attentive eye of her mother. She'd walk down a hallway and feel comforted as she passed a photo of her mother, who had once been interim head nurse on the same unit.

Today their paths continue to cross, although they work in different parts of the hospital. Iris, at the JGH for about 25 years, is a Nurse Specialist in Clinical Information and a Clinical Administrator in Gynecologic Oncology. Meanwhile, Lindsay has been a Nurse Clinician in the Oncology clinic of the Segal Cancer Centre since summer 2008. "In surgery, Lindsay met all of the staff I knew," says Iris, "and in the clinic, we know many of the same nurses and members of the inter-professional teams. I've always felt I had a second family here at the

JGH, and now Lindsay is a part of my home and my work family."

Even student life has provided opportunities for mutual support. After 18 years at the bedside, Iris went back to school and earned her Master's degree in Nursing from McGill in 2004; Lindsay is currently pursuing a full-time Master's at McGill and continuing to work one day a week at the Segal Cancer Centre. Not only is Lindsay being taught by some of the professors whom Iris admired in her student days, she has even been assigned to read an academic article published by her mother. This spring, both nurses will have articles in academic journals—Iris on palliative care and Lindsay on oncology.

Lindsay says her colleagues often remark on their similarities and "they tell me, 'Your smile, your laugh, they

remind me of your mom's. You could say I'm her mini-me. Yet, her guidance was never pushed. I have my

own sense of identity and I've always been encouraged to develop my own goals and interests." ♦



Milacer Gestupa (right) and her daughter, Vanessa—second- and third-generation nurses—with patient Jean-Pierre Gérard.

Nursing Care For All...

Cont'd from page 1

are stressed by limited resources and increasing demands on their services. As the largest group of healthcare professionals, nurses have experienced significant changes in their work life and environment as they try to meet these challenges. As workloads become more substantial and the number of nurses per patient diminishes, patients and healthcare workers across the globe are put increasingly at risk.

Research demonstrates that there is a significant association between higher nurse-patient ratios and better patient outcomes. Furthermore, recent research studies are demonstrating that investing in the education of nurses saves lives. It has been shown that teams in which at least 60 per cent of nurses hold university degrees in Nursing are able to significantly reduce mortality rates and complications of illness. At the JGH, 40 per cent of nurses have university degrees. In addition, thanks to the generosity of scholarships from many donors—including Archie Deskin, TD Scholarships and the Gustav Levinschi Foundation—numerous others are attending university while working

at the JGH. Two of our nurses are pursuing doctoral studies in Nursing this year and at least a dozen others are working toward their Master's degrees.

However, we are most grateful to the JGH nurses who are studying for their Bachelor's degrees in Nursing, while continuing to care for patients and their families. We also appreciate the efforts of all of the nurses who support these colleagues. It is they who will most directly help us achieve our goal to have at least 60 per cent of our nursing team holding university degrees.

If you know or work with a nurse who is pursuing university studies while caring for our patients and their families, please join me in providing them with our full encouragement and support. We do so, confident in the knowledge that the successful completion of these studies will save lives and lead to better patient outcomes.

Welcome back to all our JGH Nursing alumni on this 75th anniversary of the hospital, and Happy Nurses' Week! ♦

Lynne McVey, Director of Nursing



The JGH is constantly expanding! Here is some information on construction and the different renovation sites.

- **Main entrance:** The opening is scheduled June 2009.
- **Atrium:** Construction of a staircase that will link the new entrance with the Atrium.
- **Pavilion B:** Installation of fire-proof doors and other elements.

TECHNICAL PROJECTS

- **Energy and ventilation:** Replacement of the ventilation in the operating block (June). Phase II of the redevelopment of the JGH electric distribution (during one year). Phase I of the energy efficiency project, which will reduce the JGH's energy consumption.

CLINICAL UNITS

- **Emergency:** The expansion of the red unit has been operational since December. Improved ergonomics for patients and employees. Possibility of housing six contagious patients thanks to the new negative pressure rooms. Completed renovation of the men's washroom. The women's washroom is currently being renovated.
- **Medical Day Hospital:** Temporary move to Cummings E Pavilion.
- **Radiation Oncology:** The project is completed and the installations are functional.
- **8NW (Pavilion D 8th floor):** Renovations completed.
- **Women's Health Clinic:** Redevelopment of the 3rd floor of Pavilion H (April).
- **Palliative Care:** Redevelopment of the 4th floor of Pavilion H (May).

UPCOMING CLINICAL UNIT RENOVATIONS

- **Cardiology:** 2nd floor of the Cummings E Pavilion.
- **Endocrinology Clinic:** 1st floor of the Cummings E Pavilion.

From the Rabbi's study

Rabbi Raphael Afilalo, JGH Director of Pastoral Services, recounts the events that led up to the Holocaust, as described in greater detail in the Holocaust Museum of Montreal.

The Holocaust began with Adolf Hitler's rise to power in Nazi Germany in January 1933 and ended on May 8, 1945. During this time, more than 6 million Jews and millions of other people were murdered by the Nazis. Those who were slaughtered in the 5,000 Jewish communities represented one-third of all the Jewish people who were alive at that time.

Hitler assumed dictatorial powers in 1933 when the Enabling Act was passed, allowing him to develop a sophisticated police and military force to silence anyone who criticized his authority. This gave rise to the first concentration camp, Dachau, just outside of Munich. It started as a political prison camp, but evolved into a full-scale Nazi concentration camp to exterminate Jews and other people.

The wide-scale destruction of the Jews was hastened by a 1938 meeting in which representatives from 32

countries met in Evian, France, to discuss the refugee problems that the Nazis had created. Since no conclusive action was taken, Hitler assumed that no one would act against him while he worked to purge the Jews from his territories.

In 1941, Germany began to implement the Final Solution, the systematic annihilation of the Jews. At first, the victims were rounded up, shot and thrown into mass, open graves. However, to make murder more efficient, the Germans created death camps where the atrocities continued until the end of World War II. Only about 200,000 European Jewish survivors were alive when liberation occurred.

Many survivors left Europe after the war, and Montreal is now home to the world's third largest community of survivors. Their collective story, and that of the victims, is told in the Montreal Holocaust Memorial Centre—not merely a collection of artifacts, but a museum with a mandate to tell an important story. It stands as an indictment against indifference, encouraging visitors to take ownership

of the absolute responsibility to fight intolerance in all its forms. A visit is well worth your while, since the museum explains an aspect of history that can help you to better understand the experiences of a significant number of people who come to the JGH as patients, visitors, volunteers or staff.

For more information about group

tours, which are available throughout spring and summer, please contact **Marisa Rodi**, Events Coordinator for the Department of Public Affairs and Communications. She can be reached through Lotus Notes or at extension 3280. You can also visit the Montreal Holocaust Memorial Centre online at mhmc.ca. ♦



Rabbi Raphael Afilalo tends to a JGH patient's spiritual needs.

Why is Passover so different from other holidays?

Curious about Passover, the Jewish holiday that begins at sundown on April 8? **Rabbi Raphael Afilalo**, JGH Director of Pastoral Services, answers some frequently asked questions.



What is Passover? It is a Jewish holiday of biblical origin marking the emergence of the Jewish people as a unique nation. The festival commemorates the liberation of the Jews by God approximately 3,530 years ago, after hundreds of years of slavery in Egypt.

How long does the holiday last? Eight days.

What happens on Passover? On the two first nights, Jewish families get together to enjoy a festive meal and read the Haggadah, a book of commentaries and prayers. Also, during the entire holiday, chametz is not eaten.

What is chametz? It is leaven, any food in which grain and water have fermented and "risen"—for example, bread, cereal, cake, pizza, pasta or beer. The Bible states (Exodus 13:3-7) that if even a trace of chametz is present, the food must not be eaten and must not even be in one's possession. During Passover, bread is replaced by matzah, a type of unleavened cracker.

How do Jews prepare for Passover? By thoroughly eliminating any trace

of bread or other chametz from the home. However, chametz can also be stored in a designated cupboard or closet, sold by a homeowner's representative (usually a rabbi), and again become the homeowner's property after Passover ends.

How does the Jewish General Hospital keep kosher on Passover? Matzah is served instead of bread, and certain other products, especially cereals and any foods containing grains, are not served at all. This temporary menu is in effect for all meals and snacks served in patients' rooms and in the cafeterias. Food served to patients on Passover remains under the strict supervision of JGH nutritionists and continues to meet the nutritional standards required by Health Canada.

How does this affect visitors and JGH staff? As is the case throughout the

year, patients, visitors and staff may bring their own food into the hospital and consume it in facilities which have been designated for this purpose, including the Public Lounge in the Atrium, the Lounge in room A 012 (Pavilion A, ground floor) and all other employee lounges and family rooms. Individuals who bring food into the hospital on Passover and throughout the year are respectfully asked not to allow it to come into contact with the hospital's food trays, plates or cutlery. Unit Agents will gladly provide plastic plates and cutlery for patients.

Is a seder being organized for patients and their families, as well as staff? Yes. It will be held in the cafeteria on April 8 at 6:45 p.m. Reservations are required. ♦

For more information, please contact **Rabbi Afilalo** at extension 5677.



ICU extends critical care to families

It's a heartrending story: a husband, believing his pregnant wife is in early labour, rushes her to the hospital. He leaves her briefly to tend to his young children during their school lunch break. Then, returning to the hospital, he is shocked to discover his wife's room empty; she has been taken away for an emergency Caesarian section. At last, the husband learns his wife is in the Intensive Care Unit—and he fears the worst for her and their newborn child.

Where in the ICU can he turn during this emotionally harrowing time? To Clinical Nurse Specialist **Joanna Bailey**, whose role has been described as “indispensable” by the ICU Chief, **Dr. Denny Laporta**. Ms. Bailey is assigned on full-time basis to focus exclusively on assisting the families of patients with life-threatening illnesses—a key feature of the JGH Adler-Sheiner Patient and Family Support Program, launched three years ago in the ICU.

“Members of our team collaborate closely to identify families in need of support,” Ms. Bailey said at Nursing Grand Rounds during the JGH's 13th annual Humanization of Care Week (Feb. 9 to 13). “They balance the medical needs of patients with the psycho-

social needs of the family members who love them. When appropriate, we also encourage relatives to participate in decision-making on behalf of their loved ones, whose condition might prevent them from speaking on their own behalf.

“We're available 24/7 not only to share up-to-date information with the family members, but to help them understand and apply what they've learned, and ultimately to help them cope with the consequences of their decisions. Often, when a relative is involved as an advocate for the patient, he or she feels a stronger sense of psychological well-being, which in turn can have a positive effect on the patient's outcome.”

Tragically, in Ms. Bailey's story about the emergency C-section, the wife died shortly after her stillborn baby was delivered, despite heroic efforts by the ICU team. Yet, throughout this ordeal, “invaluable help” was also given to the husband who, says Ms. Bailey, “was never alone.

“I sat with him from start to finish, keeping him updated on his wife's developing medical situation. When possible, we seized every moment to be by her side as she received treatment. I was able to call in support



From left: Nardine Mikhail, Head Nurse on 7 West, Joanna Bailey, and HOC Co-Chairs Rosalie Johnson and Laya Feldman.

from the Department of Social Services, which made the link with the children's school to ensure that they, too, would be well taken care of. This caring and support offered by the

team may not have minimized the husband's grief, but it will surely remain in his memories and may even have helped him adapt to his loss.” ♦

Tough talk from radio doc

Problems in the Canadian health-care system are complex, but with a little creativity, solutions are possible, Canada's self-described “oracle of health care” told his audience during Humanization of Care Week. “Think outside the box,” urged **Dr. Brian Goldman**, an Emergency physician and host of the provocative CBC Radio program, *White Coat, Black Art*.

“Re-examine who does what,” he said during the Howard Aaron Kendall Memorial Lecture. “For instance, in following pregnancies and births, divide up the patients—put one-third with family practice physicians, one-third with midwives, and the higher-risk, more complicated cases, turn over to obstetricians. Also, integrate

nurse practitioners and physicians' assistants into your team to free up general practitioners to do what they're trained to do.”

Dr. Goldman noted that according to Statistics Canada, 4 million Canadians can't find a GP, or their GP has too little time to see them. He said that in a fee-for-service system, many family physicians must see an average of more than 60 patients per day “just to keep their doors open, cover office expenses and avoid the threat of bankruptcy.”

Moreover, he added, as patients live longer, they often have multiple chronic conditions that take longer to follow or treat. As a result, doctors tend to “cherry pick” their patients,



Dr. Brian Goldman urges JGH staff to strive to keep moving onwards and upwards.

choosing those with less complex cases while sometimes bypassing seniors. Since medical schools burden graduates with on average of \$80,000 in

debt, fewer are likely to become GPs, opting instead for the higher salaries of specialists. ♦

Coffee, tea, HOC

To sensitize JGH staff to their potential impact in improving patient-centric care, members of the Humanization of Care Committee held rounds throughout the hospital, with refreshments in tow. For more about HOC programs and initiatives, visit jgh.ca/HOC.

But wait, there's more!

You can hear Humanization of Care lectures by Dr. Brian Goldman and Joanna Bailey at jgh.ca/HOC.



Names in the news

Congratulations



Michael Boudana in the boiler room.

Michael Boudana, Chief of Plant Operations since 2002, has added the title Certified Carbon Reduction Manager to his role as Certified Energy Manager, both granted by the Association of Energy Engineers in the United States. Mr. Boudana's department recently completed a project that reduced energy costs and cut greenhouse gases by 1,500 tonnes—roughly equivalent to taking 150 cars off the road. The department also performs such services as ventilating nearly 1.3 million square feet of hospital space, and maintaining, repairing and modernizing the elevators.



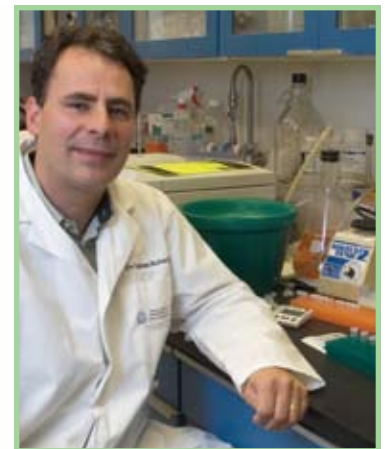
Rosalie Johnson with granddaughter Madison.

Congratulations to **Rosalie Johnson**, Nursing Coordinator of the Nursing Resource Centre, on the birth of her first grandchild, Madison Marie Webster, at the JGH on Jan. 11.

Best wishes to **Dr. Amir Raz**, of the Clinical Neuroscience and Applied Cognition Laboratory at the JGH Institute of Community and Family Psychiatry, and to his wife Deborah, on the birth of their third child, Din Magen Raz, at the JGH on Feb. 20. "Din", explains Dr. Raz, is a Hebrew word meaning "law", "justice" or "judgment", while "magen" means "shield".

A hearty "Well done" to **Gladys El-Helou** on achieving the second-highest grade among 2,129 nursing candidates who wrote the fall 2008 exam of the Quebec Order of Nurses. Ms. El-Helou, a clinical research nurse, works on the National Surgical Adjuvant Breast and Bowel Project under JGH oncologist **Dr. Richard Margolese**.

Appointments



Dr. Stéphane Richard

Dr. Stéphane Richard has been appointed Interim Director of the JGH Lady Davis Institute for Medical Research. Dr. Richard is internationally renowned for his research in neuroscience, cancer and metabolism. He has served as Associate Director of Basic Research at the LDI since 2005, is a James McGill Professor in the Departments of Medicine and Oncology at McGill University, and is a National Researcher of the Quebec Fund for Medical Research.

Beware of burnout

Though compassion fatigue is rarely discussed, no healthcare worker is immune to it, Executive Director **Dr. Hartley Stern** cautioned staff during Humanization of Care Week. "Caring for patients touches us personally and deeply," he said. "We are compassionate as physicians, as nurses, as social workers. But sometimes we become so close that we suffer burnout. The key is to strike a balance between patient care and retaining enough distance to be able to uphold our professionalism and well-being."

Dr. Brian Goldman, guest lecturer at HOC Week, picked up on one of Dr. Stern's comments—"a core value of the JGH is quality of care for the patients"—and noted that this very characteristic might be jeopardized by compassion fatigue, which can "diminish the quality of care, lead to a poor bedside manner and, more gravely, to medical errors that might compromise patient safety."

Statistics point to nurses' particular susceptibility to this form of emotional exhaustion, Dr. Goldman said. Compounding the problem are the hiring freezes and cutbacks of the global economic crisis, as well as the demands of an aging population. "The current reality of more and sicker patients with fewer nurses contributes to a feeling of powerlessness, as nurses are left to deal with the emotional fallout," he said.

Continued on page 17

Heartfelt thanks to a wonderful hospital!

This letter was sent to Dr. Janice Cohen of the JGH Stroke Unit.

Dear Dr. Cohen,

I would like to thank you and the staff at the Stroke Unit for the excellent care you gave my mother, Kathryn Morrison (Stitt), during her five-week stay. Although my mother had suffered a major stroke and was slowly succumbing to heart failure, I was never anxious about the quality of her care whenever I was absent from her bedside. Your staff was exceptionally kind and responsive, and she was kept impeccably clean and well groomed at all times. I never had to ask for a diaper change, clean laundry or a body cleansing for her. She always smelled lovely and fresh and often I saw that her hair had been combed and styled.

Even though my mother was weak and confused, her body was turned regularly to avoid bedsores. She was also placed in a special wheelchair every day to ease the pressure on her body and to help her feel she was still part of the world. She was never treated as 'less' when it became apparent she was going to pass away. Even in her final days, a special brace was made for her locked arthritic knee to help ease her pain.

I, too, was treated with the utmost respect and dignity, and was kept apprised of my mother's condition as an equal partner in her care. I was greeted pleasantly and thanked for any caregiving tasks I provided. With so many stroke patients to care for, it would be easy for your staff to become jaded in the face of serious illness and its many demands. Instead, it was wonderful to hear their laughter and singing in the halls for the benefit of their patients.

On Nov. 2, when my mother passed away, I received a warm embrace from one of your nurses who led me to my mother's room and told me to take all the time I needed with her. Later, the nurse walked me out and sincerely expressed her regret for my loss.

Having followed my mother through the healthcare system for eight years, I can emphatically state that the quality of your care is not the norm. I wish other medical facilities could learn from your skill and expertise in the humane treatment of the sick and infirm. You made the loss of my mother more emotionally tolerable for me and I thank you for the comfort I derived from having known all of you at that painful time in my life.

Respectfully yours, Joanne Stitt, Westmount

This letter was written in honour of JGH orderly Mark Dates, who received a Caring Beyond award during Humanization of Care Week. For more on Mr. Dates, please see page 13.

My 78-year-old mother was recovering from knee replacement surgery when she began vomiting and had diarrhea. She had to be tested for C. difficile, but until the results were in, she had to move to an isolation room. (The test later came back negative.)

I calmly explained to my mother that moving wasn't a big deal, but I cannot tell you how terrified she was when she realized she was being transferred to an isolation room. For her, it meant the very worst. You see, a little over three years ago, my father had also been placed in isolation. He was terminally ill, but caught C. difficile and we lost him shortly thereafter.

When Mark came to wheel away my mother's bed, he was immediately aware of her fear. I will always be grateful for his alertness, sensitivity and quick response. I also remember the words that made the difference: "Don't worry, Mama. You're not sleeping well, so we need to make sure you sleep better." He continued to reassure her, and although I cannot recall every word, I do recall every emotion. When Mark said what he said, I know it brought my mother comfort. His easy manner and gentle, comforting words helped ease her fear.

Throughout her longer-than-expected hospital stay, Mark never failed to be in good spirits with my mother, with me and everyone else. His positive demeanour always added a touch of sunshine to days that sometimes were very long and tiring. For this reason, I want to extend my admiration and appreciation to Mark for his way with patients and their families. Most of all, I want to say "Thank you" for helping my mother be less afraid. We must never underestimate the power of a smile or a kind gesture.

Please, never change! Congratulations, Mark!

**Rosa Vetrano
Member of the Humanization of Care Committee
Montreal**



Caring Beyond ... caught you caring!

Random acts of kindness may be wonderful, but what about ongoing displays of caring and consideration toward patients and their families that go beyond the call of duty? Does anyone care about them? The JGH does! To reward employees for exemplary service, the Humanization of Care Committee has launched Caring Beyond.

This new initiative—unveiled during Humanization of Care Week, Feb. 9-13—enables staff members, patients or families to nominate someone they've "caught caring". Every three months, a winner is selected and presented with a pin and plaque in an informal ceremony in that person's department.

Two honourees were chosen in February. The first, **Mark Dates**, an orderly on 8 West, was nominated by Head Nurse **Emanuela Ciarlelli**. "Mark goes out of his way to care," said Mr. Ciarlelli. "He demonstrates the essence of humanity through his devotion and kindness to patients with special needs." Mr. Dates' colleagues cheered and clapped as **Hela Boro** and **Betty Laxer**, Co-Chairs of Caring Beyond, surprised him with his award. "Should I give my island smile or my Canadian smile?" he joked, as his photograph was taken. To read a letter of gratitude about Mr. Dates by HOC committee member Rosa Vetrano, please see page 12.

The second honouree, security guard **Robert Sabourin**, gathered with members of his team in the Samuel S. Cohen Auditorium, little suspecting they had assembled to honour him. Thomas Prokos, Chief of Security, remarked that Mr. Sabourin has worked at the JGH for over 30 years. He was nominated by Auxiliary Director **Nancy Rubin** who praised his congeniality. "Robert is the personification of the 'human face' of the hospital," she said. "He is immediately alert to any patient in distress, he helps the ladies at our book table carry their heavy boxes, and he accompanies elderly patients to taxis." ♦

To recognize a fellow staff member who cares beyond, visit jgh.ca/caringbeyond or fill out a form in room C-107.



From left: Caring Beyond Co-Chairs Betty Laxer and Hela Boro, Mark Dates and Emanuela Ciarlelli, Head Nurse on 8 West (Orthopedics).



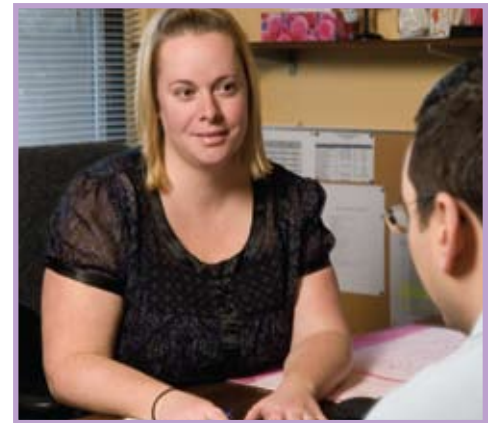
Robert Sabourin proudly holds his Caring Beyond award.

Human Resources: your JGH compass

Starting with this issue, *Pulse* begins a regular series of articles by **Melissa Nault**, Administrative technician in the Department of Human Resources, on the wealth of services that her department offers.

Human Resources is at the heart of the JGH's activities. From your first interview to the day you're hired, from your health exam to orientation, we are available to assist and guide you. If you have questions about your insurance, attestation letter, pension, vacation, the CSST, job postings or a myriad of other queries, we are your resource people.

Our team consists of passionate people who are ready, willing and able to help. We are available Monday through Friday, from 8:00 a.m. to 4:00 p.m. So if you ever feel overwhelmed by the demands of a new position, or if you have a simple question, we can be the compass that guides you through the world that is the Jewish General Hospital. Watch for more details in upcoming issues of *Pulse*. ♦



Ms. Nault provides HR information to a member of hospital staff.

Young adults beat the isolation cancer

Dealing with cancer is difficult enough, but the problems are compounded among young adults between the ages of 18 and 40, who often feel profoundly isolated. To meet their specific needs, the JGH Hope & Cope Wellness Centre has developed an innovative new program, *Come As You Are*.

Held on Wednesday evenings, the program gives young adults a way to recharge, take charge and meet with peers who are undergoing similar experiences. "The response so far has been fantastic," says **Scott Adams**, an exercise physiologist on staff at the

Wellness Centre. "If you're interested in physical activity, you can join us for exercise, dance, yoga and circuit training. If you have a more artistic bent, we offer photography, poetry, art and music. This is an open forum; all of our services respond to the needs of participants." Also in the works are movie, game and guest speaker nights.

To register for *Come As You Are*, call Scott Adams at 514-340-3616, ext. 217, or e-mail him at sadams.wellness@gmail.com. ♦

—**Hena Kon**, Communications Coordinator, *Hope & Cope*



Scott Adams provides one-on-one strength and conditioning at the Wellness Centre's gym.

“Guess what we do with this”

Some 250 students at the Coronation School let out a collective gasp as **Dr. Albert Cohen** uncoils a long black tube from its case.

“Put it in the bellybutton?” ventures

one child in a half-way educated guess about the role of the gastroscope (actually, it’s placed down the esophagus). The young boy is on the right track, though, since he and his fellow

students from Grades 3 through 6 had read up on digestion before the presentation by Dr. Cohen, JGH Chief of Gastroenterology and a former elementary student at Coronation.

Dr. Cohen had come to his “alma mater” as part of a campaign by the English Montreal School Board, during Public School Education Month in January, to encourage prominent graduates to act as role models by visiting their former schools and speaking with students. In this vein, **Mike Cohen**, Director of Communications at the EMSB, whipped up enthusiasm by introducing Dr. Cohen as “the boss of all the stomach doctors at the Jewish General Hospital”, and then asked the gymnasium full of kids, “How many of you might want to be a doctor one day?”

Though the students might not yet have decided on their career paths, they did get some food for thought from Dr. Cohen’s words of encourage-

ment: “I want you to know that with hard work and determination, you can do anything you want. If you stay in school, it gives you choices.”

Curiosity abounded in the students’ questions: “When you stretch out a large intestine, is it as long as a tennis field?” “Why does stomach acid burn?” “What are the strangest things your patients have swallowed?” (Answer: a pop bottle, pins.)

One particular question struck home: “What do you like the most about your job?” Dr. Cohen replied that he enjoys playing with all of “the toys of the trade”, but he said the most gratifying aspect of his work is “using what you learn in many years of training to do something to help someone.”

If you would like to inspire students at your former EMSB school, please contact Mike Cohen at mcohen@emsb.qc.ca. ♦



Dr. Albert Cohen with Coronation School Principal Teresa Germano-Saucier (left), English Montreal School Board Commissioner Ellie Israel and some of the school’s students.

PHarmacy PHacts

The ABCs of vitamin supplements

What are vitamin supplements?

The body requires 13 vitamins to function properly—vitamins A, C, D, E, K and eight kinds of vitamin B (pantothenic acid, riboflavin, niacin, thiamin, folic acid, B6, B12, and biotin). Certain people—those on strict diets, vegetarians (especially vegans), the elderly and those with low nutritional intake—often do not consume the vitamins they need on a regular basis. To compensate, they can benefit from supplements.

But beware of false or misleading information about vitamin supplements. By themselves, they do not cure illness, which is why you should always seek professional advice and care when dealing with a medical condition. Dosage is also very important in taking supplements (or any sort of medication), since too much can cause serious side effects.

TIPS

- Don’t use vitamin supplements as meal replacements, because they can’t

replace the nutrients or energy of food.

- Contrary to popular belief, vitamin C supplements do not prevent colds.
- More is not necessarily better, since the body has a limited ability to store these nutrients and supplements. Large doses may even harm you. For instance, mega-doses of vitamin A are extremely harmful to the fetus during the first trimester of pregnancy. High doses of vitamin B3 (niacin) can cause flushing, hives, jaundice and liver damage, while a great deal of vitamin C can lead to diarrhea, abdominal bleeding and dental decalcification.
- Herbal substances can be harmful, so don’t assume that “natural” automatically means “healthy”.
- To be sure that vitamins are well absorbed, take them on a full stomach. ♦

– **Megan Martin**, Pharmacy Communications Officer



On foot or by bike, the JGH is in your corner

You might pass it every day and still not be aware of the change. So take another look! There's something new at the corner of Côte-des-Neiges and Côte-Ste-Catherine.

On Feb. 19, two beautiful new banners were hung on the hospital's facade to promote two of the JGH's premier fundraising initiatives, the Weekend to End Breast Cancer and the Ride to Conquer Cancer, both benefiting the JGH Segal Cancer Centre. Be sure to step outside and take a look, especially as the weather gets milder.

The incredibly successful Weekend to End Breast Cancer, now in its fifth year, is becoming bigger and bolder by dedicating its proceeds to fighting all types of women's cancers. The Weekend (Aug. 22-23) will be the same amazing event as always, but now participants can choose where their funds are headed. Register today by visiting endcancer.ca or by calling

514-393-9255. You'll end up doing something amazing in the Weekend to End Breast Cancer, fighting all women's cancers step by step.

The inaugural Ride to Conquer Cancer is also shaping up to be a big success, with participants now training to cycle from Montreal to Quebec City in two days (July 11-12). Just as the journey has a Quebec-wide perspective, so do the funds that will be raised. Benefiting from this fantastic event will be the the JGH and its partners, the Quebec University Health Centre, the Gatineau Health Service and the Trois-Rivières Regional Health Centre. Take advantage of this history-making opportunity by registering today for the Ride to Conquer Cancer at conquercancer.ca or by calling 1-866-996-8356. ♦

— **Siobhan O'Brien** - Associate Coordinator, Special Events



New exterior banners promote major JGH cancer-fighting fundraising events.

Retiring employees thanked for helping the JGH excel

For retiring JGH employees like **Policarpio Briones**, the hospital has been at the centre of their lives. After 32 years at the JGH Blood Bank, Mr. Briones said he can't imagine spending the better part of his career anywhere else.

"The work was very rewarding," he said on Feb. 10 at a retirement reception in the Samuel S. Cohen Auditorium, where he and 64 other employees were thanked for their years of service. "I knew in my heart I was doing something good for the patients."



Retiree **Georgina Dos Santos** thanks the JGH for her years of fulfilling employment.



Dr. Hartley Stern (rear, left) and **Samuel Minzberg** (rear, right) with the JGH's most recent retirees.

In his opening remarks, JGH President **Samuel Minzberg** called the reception "the most meaningful of hospital events," since it symbolizes the efforts of those who have enabled the hospital to excel. With the JGH celebrating its 75th anniversary this year, he said, it is important to thank the employees who helped provide care to all, "whatever a patient's religion or race happens to be."

Executive Director **Dr. Hartley**

Stern told the retirees he is continually amazed by "the number of people who have come up to me and told me, 'I was born here,' 'This is the only job I've ever had,' 'It's the only job I ever want,' 'I love working here'—it's really quite remarkable." Dr. Stern also invited the retirees to continue their association with the JGH by becoming volunteers whose contribution is felt and appreciated by every patient.

The event's featured speaker, **Georgina Dos Santos**, said she began her 35-year JGH career in the Cafeteria, but retrained and enjoyed many years in the Department of Dentistry. "I realized how friendly the workplace was," she said, "and I came to work every day with enthusiasm and a smile." Speaking for all of the retirees, Ms. Dos Santos concluded by saying, "Thanks for the hospitality." ♦

Staff thanked for quality and quantity of their service

Even though the JGH emphasizes the need to continually improve the *quality* of patient care, the *quantity* of that care must also be acknowledged, Executive Director **Dr. Hartley Stern** told about 250 members of staff who were honoured for their long service to the hospital.

At a reception in the Samuel S. Cohen Auditorium in Pavilion A on Jan. 21, Dr. Stern thanked long-serving staffers for their “work ethic, professionalism and devotion to our hospital. Every day, you give your heart and soul not only to your patients, but to your colleagues and community.” In particular, he singled out **Dr. Harold Pomerantz** of the Division of Cardiology, who has served the JGH for more than 55 of the 75 years that the hospital has been in existence.

The hospital honoured individuals who have passed milestones in five-year multiples. All guests were greeted with flowers at the door and each honouree was given a certificate and pin. Those with at least 25 years’ service also received a commemorative wristwatch. The gifts were distributed by hospital supervisors who volunteered their time to recognize members of their teams for their hard work and commitment. ♦



Dr. Hartley Stern (centre) congratulates long-time JGH employees.

Happy birthday to us! Come celebrate JGH STAFF FAMILY FUN DAY...

It's our 75th birthday this year, so we're throwing ourselves a party! It's a big milestone for the hospital and a perfect opportunity to say "Thank you" to the thousands of staffers who do so much on behalf of our patients.

Everyone is invited to a staff celebration on Sunday, June 14, rain or shine, from 11:00 a.m. to 4:00 p.m. at the hospital. (Keep watching JGH Now for details.) We'll be enjoying great food, lively music, performances by staff, upbeat entertainment and giveaways. There's even a children's corner with face painting and arts-and-crafts activities, so bring the whole family.

Tell us what the JGH means to you

You could win a great prize! Write us, in 75 words or less, what the JGH means to you. Please send your entries to communications@jgh.mcgill.ca. Some of the best submissions will be published in Pulse later this year. ♦

See you at the party!

Names in the news

Continued from page 11

Condolences

The Jewish General Hospital extends its deepest sympathy to the family of **Dr. David Moses Halperin**, former Chief of the JGH Department of Oto-laryngology, who died on March 8. Dr. Halperin was a prominent ear, nose and throat surgeon for 50 years.

In the spotlight



Medical officials from the Gansu Province in China visited the Jewish General Hospital in January to develop closer links between their hospitals and the JGH. They met with **Dr. Elizabeth MacNamara**, Chief of Diagnostic Medicine (third from right), **Dr. Haixiang Su**, Clinical Biochemist in Diagnostic Medicine (right), and **Dr. Togas Tulandi**, Chief of Obstetrics and Gynecology (third from left). Among the topics discussed were laboratory management and quality issues and an exchange program involving doctors and laboratory technologists. During their four-day visit, the delegates also met with JGH Executive Director **Dr. Hartley Stern**, **Dr. Apostolos Papageorgiou** (Chief of Neonatology), **Dr. Gerald Batist** (Chief of Oncology), and **Heleni Siandris** (Quality Officer), **Angela Taddio** (Point-of-Care Coordinator) and **Rocco Starnino** (Manager) of Diagnostic Medicine. ♦

JGH Mini-Med: See you in class!

What is a chronic condition? Essentially it is a health problem that needs to be managed over a period of years or decades—for example, diabetes, arthritis and cardiovascular disease.

We are devoting an entire JGH Mini-Med School series to this topic, because living with chronic illness is a daily reality for approximately 9 million Canadians, a total that is expected to increase as the population ages.

Nevertheless, there is good news! Even if you have one or more chronic illnesses, you can still live well, stay well and be well. During this series, we will explore this topic and explain how to reduce the risk of developing chronic illness. Experts will tell you what you need to know, because the best way to live with a chronic condition is to be aware of how to take care of yourself.

For registration information, see page 5. ♦

– **Dr. Ruby Friedman**, Associate Director, Division of Geriatric Medicine and **Judy Bianco**, Head Nurse in Geriatrics and Nursing Coordinator for Chronic Illness and Aging

Give yourself a (clean) hand!



Judy Bianco washes her hands.

The Department of Nursing is launching a hand hygiene program and, in partnership with the Infection Control Committee, is proud of having led the hospital in formally joining the initiative of the Canadian Patient Safety Institute on hand hygiene. Why this emphasis on hand cleanliness? Because patient safety is a major priority at the JGH, and that means reducing the incidence of hospital-acquired infection. Good hand hygiene is one of the fastest, easiest and cheapest ways of stopping infection in its tracks.

One in nine patients admitted to Canadian hospitals acquires an infection as a result of his or her hospital stay. Studies have also shown that the transmission of micro organisms from the hands of healthcare providers is the main source of cross-infection in hospitals. This can be prevented through hand hygiene practices in keeping with recommended standards.

Members of the JGH hand hygiene program will contribute to patient safety by demonstrating to staff, patients and their families when and how to clean hands properly. To test your knowledge and see the best way to clean your hands, visit the new hand hygiene webpage at jgh.ca/clean-hands. It's easy, interactive and informative!

Thank you for cleaning your hands! ♦

– **Isabelle Caron**, Nursing Director of Medicine, Geriatrics, Psychiatry and **Judy Bianco**, Head Nurse in Geriatrics and Nursing Coordinator for Chronic Illness and Aging

Dates to Remember...

April: Daffodil Month - cancer awareness

April 1: April Fool's Day

April 3: "Expanding the Horizon of Obstetrics and Gynecology", a symposium for obstetricians, gynecologists and family physicians, chaired by Dr. Togas Tulandi, JGH Chief of Obstetrics and Gynecology. At the Gelber Centre, 5151 Côte-Sainte-Catherine Rd. For more info, visit fa-events.com/obgyn.

April 7: World Health Day

April 8: Montreal Holocaust Memorial Centre and Museum tour for JGH staff; 11:00 a.m., 5151 Côte-Sainte-Catherine Rd. To reserve, please call Marisa Rodi at extension 3280.

April 8: First night of Passover. A seder for patients and their families, as well as staff will be held in the cafeteria at 6:45 p.m. Reservations are required. For more information, contact Rabbi Afilalo at extension 5677. Passover concludes on April 16.

April 9: Statutory holiday

April 9: Women's Equality Day

April 9: National Day of Remembrance of the Battle of Vimy Ridge

April 10: Good Friday - Statutory holiday

April 12: Easter Sunday

April 13: Easter Monday

April 14: Baisakhi - Sikh New Year

April 19-25: National Volunteer Week

April 21: Yom Hashoah (Holocaust Remembrance Day)

April 21: Lecture - "Body Image and Sexuality", with guest speaker Dr. Peter Chan of the Division of Urology, McGill University Health Centre. 5:30 to 7:00 p.m., JGH Hope & Cope Wellness Centre, 4635 Côte-Ste-Catherine Rd.

April 22: Earth Day

April 29: Yom Haatzmaut (State of Israel Independence Day) "Israel at 61: Now More Than Ever" rally; 11:00 a.m., Phillips Square. See jgh.ca/NOW for more details.

May: Cystic Fibrosis Month, Asian Heritage Month

May 1: 27th Faye Fox Education Day - "Healing at Work: The Well Nurse Initiative", presented by the JGH Department of Nursing. Visit fayefox.org for more information and to register, or call extension 5449.

May 6: Montreal Holocaust Memorial Centre and Museum tour for staff; 4:00 p.m., 5151 Côte-Sainte-Catherine Rd.

To reserve, call Marisa Rodi at extension 3280.

May 6: JGH Mini-Med School begins. Advanced registration required. See page 5.

May 8: World Red Cross Day

May 10: Mother's Day

May 11-17: National Nursing Week

May 15: International Day of Families

May 18: Victoria Day - Statutory holiday

May 19: Lecture - "Pancreatic Cancer", with guest speaker Dr. Peter Kavan. 5:30 to 7:00 p.m., JGH Hope & Cope Wellness Centre, 4635 Côte-Sainte-Catherine Rd.

May 19-22: Aboriginal Awareness Week

May 20: Bladder Cancer Support Group meeting, with guest speaker Dr. Sylvie Aubin, psychologist. 5:30 to 7:00 p.m., JGH Hope & Cope Wellness Centre, 4635 Côte-Sainte-Catherine Rd.

May 28: Jewish festival of Shavuot begins at sundown