Board of Directors

President
Senator E. Leo Kolber

Vice-President
T. Hecht

Elected by members of the population
J. Alexander
D. Boidman
J. Wener
A. Werzberger

Elected by members of the Council of Physicians, Dentists and Pharmacists
P. Beck, M.D.

Elected by members of nursing
J. Barrow

Elected by members of the Multidisciplinary Council
J. Ubani

Elected by non-clinical staff
D. Derrick

Elected by members of the Users' Committee
M. Adams
T. Hecht

Elected by members of the Foundation
S. Cummings

Elected by members of the Corporation
B. Gelfand
S. Vineberg

Appointed by non-hospital members of the board
M. Brownstein
L. Ellen
L. Goldfarb
H. Siblin, F.C.A.

Appointed by affiliated university
S.O. Freedman, O.C., M.D.

Executive Director
H. Elbaz

Senior Administrative Staff

Executive Director
H. Elbaz

Director of Research
S.O. Freedman, O.C., M.D.

Directors of Professional Services
J. Rosen, M.D.
P. Small, M.D.

Associate Executive Director - Finance
C. Kaplan, B. Comm.

Associate Executive Director - Nursing
M. Kravitz, M.Sc.(A)

Associate Nursing Director - Medicine, Geriatrics, Psychiatry and Ambulatory Services
L. McVey

Nursing Director - Maternal Child Health and Hospital Training and Staff Development
V. Frunchak

Nursing Director - Surgery and Critical Care
A. Milligan

Director, Technical Services
J. Benzaquen

Director, Human Resources
J-M. Mallet

Director, Communications/Public Relations
D. Israel

Administrative Coordinator
G. Stoeppler
Dear Friends,

We are pleased to present our report for the year beginning April 1st, 1998 and ending March 31st, 1999. Once again, we have come through a very difficult year fraught with many challenges.

The past four years have been marked by our efforts to cope with dramatic restructuring and budgetary constraints in the health care system. The closure of hospitals in the Montreal area a few years ago has had a profound impact on the Jewish General Hospital, which has absorbed a large volume of patients both in our Emergency Department and throughout the hospital. Although we have willingly taken on the care of these patients, this has resulted in added stress for our staff, and a serious strain on our resources and our budgetary base, threatening to jeopardize the quality of care that we provide.

Our number one priority remains to provide the highest quality of care to the thousands of patients we serve from across Quebec each year. Other priorities include identifying and implementing the factors and practices which will enable us to attain the highest level of operational and financial performance; developing and refining outcome measurements in several clinical areas; maintaining accessibility to our services and ensuring that patients receive treatment within clinically acceptable delays. We also have made every effort to fulfill the objectives established by the Régie régionale in terms of reducing waiting lists in specialized surgical services such as orthopedic, cataract, cardiac and neurosurgery.

To further improve accessibility while providing patients with a safe and comfortable environment, we have made a commitment to renovate and expand several areas. These include the Coronary Care Unit, the Intensive Care Unit, Radiation Oncology and the pavilions which house ambulatory services.

Our achievements in the areas of patient care, teaching and research are due to the combined efforts of our highly talented, dedicated staff. Despite less than ideal conditions and limited resources, they manage to provide exemplary care and to give the best of themselves each and every day. We wish to thank them all for their commitment. As well, we express our gratitude to the 700 volunteers who give of their time and energy to our hospital, to our Auxiliary and our Foundation boards for their steadfast support and to the many individuals within our community who have continued to stand behind the Jewish General Hospital as we face the challenges within the health care system.

[Signatures]
Senator E. Leo Kolber
President

Henri Elbaz
Executive Director
Enhanced Patient Care

At the Jewish General Hospital, our commitment has always been to provide humane, compassionate care respecting the dignity of our patients. Staff at all levels are dedicated to this fundamental principle, and a number of committees and programmes focus their efforts on enhancing patient care.

The Humanization of Care Committee brings more heart to the JGH

Active in the hospital over the last three years, this committee aims to ensure that patients and their families are treated with dignity and respect while at the hospital.

The committee has initiated many innovative programs including numerous educational activities for hospital staff. The committee has also introduced measures aimed at improving physical resources for patients and families, and is reaching out to the larger community.

"We want to sensitize people about the importance of caring in our institution. Our hospital has always emphasized the importance of quality patient care. I see our role as maintaining and enhancing this philosophy."
Dr. Yvonne Steinart
Chair, Humanization of Care Committee

Continuous Quality Improvement

In order to measure patient satisfaction as accurately as possible, this past year, the hospital purchased a newly designed patient satisfaction questionnaire entitled SEQUUS - Information System for the Evaluation of Health Care Services by Users. The questionnaires are being developed and implemented by the hospital's Continuous Quality Improvement (CQI) teams, and the results will be used to drive the work of CQI teams. We look forward to receiving a more comprehensive portrayal of patient satisfaction within the coming year.

Some of the activities of CQI teams include:
- improving patient identification
- examining the physiological consequences of bed rest in the elderly
- developing fire safety training

The Jewish General Hospital's role in Quebec's health care system

At the Jewish General Hospital, we have developed a strong vision of our hospital's place within the Quebec health care system. The following principles and goals underlie all of our activities:

- To contribute to the development and improvement of Quebec's public health care system and to preserve the fundamental principles of a publicly funded system: universality, accessibility, quality, effectiveness and efficiency.
- To operate in a manner whereby the hospital mission and objectives meet the objectives of the Quebec health care system.
- To create an environment within the hospital, in partnership with the Ministry of Health and Social Services, which fosters the development and implementation of new and innovative ideas.
- To be a hospital open to all Quebecers.
- To act as a bridge between Francophone, Jewish, Anglophone and all other cultural communities.
- To take our place on the international stage in the fields of medical cooperation, research, teaching.
- To be a teaching hospital with multiple affiliations.
Once again, this Department of Nursing faced down daunting system pressures: increased patient volume, complexity, and acuity; an inadequate funding base; and the most serious recruitment and retention challenge in decades.

Long-term care patients declined by thirty-nine percent. This required conversion of approximately fifty long-term beds to acute care beds. Oncology and dialysis programs continue to grow exponentially. Emergency visits have risen by 5.8 percent; cardiac surgery has increased by fourteen percent. Coronary artery bypass patients most often transfer from intensive care to the ward after only one day.

Recognized by the Ministry as the most cost-effective and innovative Academic Nursing Department in Quebec, we work assiduously to prepare patients and families thoroughly for early discharge. The dramatic shift towards ambulatory care requires careful follow up with patients and families and continuous involvement with CLSCs and Rehabilitation Hospitals.

One-day surgeries increased by 5.6 percent this year. Seventy-five patients were able to receive intravenous antibiotic therapy on an out-patient basis. One hundred and three hospitalized patients safely performed parenteral anticoagulant therapy for deep venous thrombosis at home.

Major teaching hospitals across North America have been forced to close beds and reduce access to care because of a shortage of well qualified nurses. The problem is particularly acute in Quebec where salaries and working conditions are less than favourable. Many nurses are leaving the province, transferring to the private sector, or abandoning the profession altogether. A huge investment will need to be made soon if we are to maintain a publicly funded health care system of quality. This is a fight JGH nurses are fiercely committed to.

Unlike many other Academic centers, we have, to date, succeeded in attracting and retaining the very best nursing staff. As a result, we have been able to keep beds open, respond to the growing needs of the community, and develop tertiary care programs.

We have come into our own as a "magnet" nursing department. We have a solid reputation for providing excellent evidence-based care and for building relevant, administrative approaches.

This year we were able to offer 286 student placements. Many more graduate nurses from here and afar visit and interact with our dynamic team.

We do not offer a recruit a "job" but a career path supported by in depth educational programs which include cross training and opportunities to grow and develop within the system.

Staff nurses are central in all important committees, task forces and decision making fora. We are committed to strong partnerships with medical colleagues and other professionals on the health care team. This collegiality results in excellent communications so essential to patient care, a harmonious work environment and consolidation of human and material resources.

The department has been strongly commended by the McGill School of Nursing and the Faculty of Nursing of the University of Montreal for providing excellent undergraduate and post graduate laboratory experience. Many of our staff have been awarded university appointments this year. JGH nurses are fully integrated with McGill activities in clinical and academic domains. We are strong players in professional associations nationally and internationally. Our nurses present at specialty symposia, are published in peer reviewed journals, generate and participate in externally funded research studies. The research team is closely associated with the Cochrane group which put us in touch with cutting edge research findings. We are building a nursing web site which will deliver enormous returns in recruitment and integration of best practices.

Notable achievements this year were realized through Continuous Quality Improvement teams. Examples include: gains in pain management, nutritional support, identification and security systems, control of 'superbugs', better care of diabetic patients, and management of central venous lines.

We are the first Department of Nursing to build an administrative integration between the Emergency and receiving medical units. This prototype has been extremely successful in terms of optimizing patient flow, improving patient care, and stabilizing nursing staff.

"There is no better nursing team than ours.
Each and every staff nurse provides yeoman service. The dedication, competence and enthusiasm of this talented group of men and women sustain us through the good and tough times.
I simply watch ... with respect and awe."  
Mona Kravitz
Associate Executive Director - Nursing

Council of Nurses

The Council of Nurses, a formal consultative body in our institution, has the mandate to ensure the best quality of care to our patients. This past year, the executive paid particular attention to the recruitment and retention of nurses in our hospital. A variety of changes in practice have been put into place to improve the quality of care in areas such as blood sampling in the newborn, the care of central venous access, promotion of breastfeeding, infant security, patient identification and treatment of postoperative pain.

Council of Nurses
Executive Committee

Chairman: Sonia Joly
Janice Holder-Phillips
Lynne McVey
Mona Kravitz
Pat Martin
Denise Bédard
Nancy Pazzani
Laura Gudz
Sharon Henderson
Geraldine Matthews
Marc Savoie
Rosemary Short
Stephanie Trépanier
Lilith Wishart
Financial report

Over the past several years, the Jewish General Hospital has absorbed a large volume of patients from other hospitals that had been closed in the Montreal area. As a result of these additional pressures, we ended the fiscal year 1998-99 with a deficit of $16.7 million. Although the government is addressing past deficits, our budgetary base remains the most underfunded in Montreal.

### Balance Sheet of Operating Fund
**As At March 31, 1999**

<table>
<thead>
<tr>
<th>1999</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$969,097</td>
</tr>
<tr>
<td>Due from Régie régionale de la Santé et des services sociaux</td>
<td>$1,562,094</td>
</tr>
<tr>
<td>Due from Ministère de la Santé et des services sociaux</td>
<td>48,594,928</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>1,078,695</td>
</tr>
<tr>
<td>Deferred lease of absence</td>
<td>15,001</td>
</tr>
<tr>
<td>Goods and services tax</td>
<td>675,794</td>
</tr>
<tr>
<td>Other</td>
<td>1,488,335</td>
</tr>
<tr>
<td>Inventory of supplies, at the lower of cost and replacement value</td>
<td>2,393,885</td>
</tr>
<tr>
<td>Due from Special Fund</td>
<td>69,011</td>
</tr>
<tr>
<td>Due from Plant Fund</td>
<td>229,021</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>48,261</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>56,119,040</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td></td>
</tr>
<tr>
<td>Bank indebtedness</td>
<td>793,643</td>
</tr>
<tr>
<td>Due to Corporation d’Habillage du Québec</td>
<td>46,173,838</td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>14,176,670</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>962,153</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>56,119,273</td>
</tr>
<tr>
<td><strong>Due to Corporation d’Habillage du Québec</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Contingencies and Commitments</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Capital (Deficit)</strong></td>
<td>$55,119,040</td>
</tr>
</tbody>
</table>

### Balance Sheet of Plant Fund
**As At March 31, 1999**

<table>
<thead>
<tr>
<th>1999</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$95,349</td>
</tr>
<tr>
<td>Due from Ministère de la Santé et des services sociaux</td>
<td>40,556</td>
</tr>
<tr>
<td>Goods in respect of long-term debt financing</td>
<td>175,866</td>
</tr>
<tr>
<td>Other</td>
<td>502,197</td>
</tr>
<tr>
<td>Lease and equity receivables</td>
<td>191,344</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>966,089</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td></td>
</tr>
<tr>
<td>Bank indebtedness</td>
<td>763,384</td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>229,891</td>
</tr>
<tr>
<td>Due from Special Fund</td>
<td>3,395,494</td>
</tr>
<tr>
<td>Current maturity of long-term debt</td>
<td>599,329</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4,896,498</td>
</tr>
<tr>
<td><strong>Long-Term Debt</strong></td>
<td>13,652,856</td>
</tr>
<tr>
<td><strong>Capital</strong></td>
<td>137,118,126</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>155,870,988</td>
</tr>
</tbody>
</table>

### Balance Sheet of Special Fund
**As At March 31, 1999**

<table>
<thead>
<tr>
<th>1999</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$39,918</td>
</tr>
<tr>
<td>Marketable securities, at cost which approximates quoted value</td>
<td>12,286,329</td>
</tr>
<tr>
<td>Unearned revenue</td>
<td>249,434</td>
</tr>
<tr>
<td>Prepaid interests</td>
<td>13,334</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>12,390,332</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td></td>
</tr>
<tr>
<td>Due to Operating Fund</td>
<td>269,111</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>12,390,332</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Summary Statement of Operations</strong></th>
<th><strong>1999</strong></th>
<th><strong>1998</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Fund</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hospital Operations</strong></td>
<td>Hospital</td>
<td>Hospital</td>
</tr>
<tr>
<td><strong>Revenue</strong></td>
<td>Operations</td>
<td>Operations</td>
</tr>
<tr>
<td>Régie régionale de la Santé et des services sociaux</td>
<td>$119,380,943</td>
<td>$119,033,670</td>
</tr>
<tr>
<td>Clinical Budget</td>
<td>$108,774,447</td>
<td>$108,365,347</td>
</tr>
<tr>
<td><strong>Operating</strong></td>
<td>$30,587,044</td>
<td>$30,622,323</td>
</tr>
<tr>
<td>Patients</td>
<td>6,460,663</td>
<td>6,426,674</td>
</tr>
<tr>
<td>Other</td>
<td>3,462,572</td>
<td>2,745,822</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>141,737,746</td>
<td>130,522,606</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>71,790,480</td>
<td>73,140,577</td>
</tr>
<tr>
<td>Social Benefits</td>
<td>20,181,872</td>
<td>20,865,206</td>
</tr>
<tr>
<td>Interest</td>
<td>36,291,845</td>
<td>36,454,961</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>141,743,215</td>
<td>130,859,744</td>
</tr>
<tr>
<td><strong>Excess (Deficiency) of Revenues over Expenses</strong></td>
<td>$4,530,531</td>
<td>$92,822</td>
</tr>
<tr>
<td><strong>Richter, Usher &amp; Vineberg</strong></td>
<td>Chartered Accountants</td>
<td></td>
</tr>
<tr>
<td><strong>Montreal, Quebec, June 11, 1999</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Patient Statistics

**12 MONTHS**  
April 1, 1998 - March 31, 1999

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds</td>
<td>637</td>
<td>637</td>
</tr>
<tr>
<td>Percentage occupancy</td>
<td>92.60%</td>
<td>86.12%</td>
</tr>
<tr>
<td>Number of deliveries</td>
<td>3195</td>
<td>3373</td>
</tr>
<tr>
<td>Patients admitted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(including infants born)</td>
<td>21,714</td>
<td>22,803</td>
</tr>
<tr>
<td>Patient days (including newborns)</td>
<td>205,196</td>
<td>219,194</td>
</tr>
<tr>
<td>No. of long term care patients</td>
<td>160</td>
<td>144</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outpatients and Emergency Patients</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of outpatient visits</td>
<td>296,194</td>
<td>285,223</td>
</tr>
<tr>
<td>Number of emergency visits</td>
<td>54,809</td>
<td>51,710</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other departments</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer Services: Number of hours</td>
<td>74,000</td>
<td>73,000</td>
</tr>
<tr>
<td>Laboratory services (DBS units)</td>
<td>14,108,254</td>
<td>12,689,147</td>
</tr>
<tr>
<td>Surgery: Number of operations</td>
<td>14,740</td>
<td>15,532</td>
</tr>
<tr>
<td>Surgical Pathology: Number of cases</td>
<td>39,218</td>
<td>37,628</td>
</tr>
<tr>
<td>Radiology: Number of examinations</td>
<td>142,365</td>
<td>139,307</td>
</tr>
<tr>
<td>Radiotherapy: Number of visits</td>
<td>24,124</td>
<td>23,475</td>
</tr>
<tr>
<td>Electrocardiographs</td>
<td>33,089</td>
<td>33,002</td>
</tr>
<tr>
<td>Physiotherapy: Number of visits</td>
<td>40,957</td>
<td>44,257</td>
</tr>
</tbody>
</table>

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The Multidisciplinary Council is a hospital body that consults and advises on issues such as:

- The proper distribution of care and services
- The scientific and technical organization of the hospital
- The assessment and improvement of the professional activities of its members

**President**  
Ruta Westreich

**Vice-President**  
Dana Cape

Norma Ishayek  
Gary Stoopler  
Mezul Abdulezer

Daniella Haller  
Vivian Myron  
Giuseppe Ciancimino  
Judy Ubani
Established in 1969, the JGH Foundation aims to support patient care, research and education at the hospital through fundraising in the private and corporate sectors. The Foundation transfers close to $5 million per year to the hospital to support areas not covered by the hospital budget, such as teaching, research and the acquisition of major technology.

**Activities of the Foundation include:**
- an Annual Giving Campaign, the Research Governors Society, the Annual Golf and Tennis Classics, memorial funds, celebration funds, and the holiday card giving program.

The 6th Annual Golf Classic held at Hillsdale Golf and Country Club on June 15, 1998 raised a record breaking $570,000 to purchase state of the art diagnostic equipment for the Department of Radiology. The 1st Annual Tennis Classic, held at Jarry Park on August 10, 1998 raised $70,000 to help support renovations to the Department of Diagnostic Medicine.

As we approach the millennium, there is a need for increasingly creative and different fundraising methods. The Foundation has therefore adopted new and innovative events and programs.

The Foundation is particularly proud of some of its new initiatives developed this past year:

### $50 Million Capital Campaign Is Launched

On November 10, 1998, the Foundation launched a $50 million Capital Campaign, the largest campaign in the hospital's history. The two-year campaign is under the leadership of co-chairmen Morton Brownstein and Steven Cummings, and honorary presidents, Charles R. Bronfman, P.C., C.C., Senator E. Leo Kolber, and Paul Desmarais Sr., P.C., C.C.

The money raised will be used for:
- $20 million for Program Support for Clinical Leadership
- $15 million for Endowment Support for Advanced Research
- $9 million for Equipment and New Technology
- $6 million to Enhance Patient Care Services

The hospital would like to extend its deep appreciation to Brahm Gelfand, who has diligently served as President of the Foundation for the past three years. Although this report marks the end of his term, we look forward to an ongoing relationship with Brahm and wish him the best of luck.

### Precious Treasures Program

The Foundation created a new program to ensure the lasting memory of a child's birth at the JGH. Precious Treasures offers the opportunity to purchase gold, silver and bronze colored teddy bear plaques with the child's name and date of birth. These plaques will be mounted on beautiful hand painted canvases in the Family Birthing Centre.

---

**Sir Mortimer B. Davis - Jewish General Hospital**

3755 Cote Ste. Catherine Road
Montreal, Quebec, H3T 1E2
Tel.: (514) 340-8222 Fax: (514) 340-7510
http://www.mcgill.ca/jgh/
Research at the JGH

celebrating 30 years

The Lady Davis Institute for Medical Research (LDI) is the research facility of the Jewish General Hospital. It is here that scientists conduct research into the causes and potential treatments of a wide variety of illnesses. As physician-scientists, many LDI researchers divide their time between patient care and laboratory research. The founding President of the LDI was Mr. Bernard Bloomfield and its first Director was Dr. Norman Kalant.

Under the direction of Dr. Samuel O. Freedman, O.C., the LDI has continued to receive international acclaim for the scope, breadth and quality of its research. In recognition of his tremendous contributions to Quebec society, Dr. Freedman was awarded the Prix du Québec dans le domaine scientifique. The hospital is very proud of Dr. Freedman and his accomplishments, and congratulates him on receiving this well deserved award.

The year 1999 marked the 30th anniversary of the Lady Davis Institute. Tangible evidence of the importance of the LDI on the Quebec scene is the current level of the Fonds de la recherche en santé du Québec (FRSQ) infrastructure grant at $1,025,000, representing an increase of 41% over the previous year.

Highlights of the past year include: the election of Dr. Mark A. Wainberg, Director of the AIDS Research Group at the LDI and the McGill AIDS Centre, as President of the International AIDS Society for a two year period; the receipt by Dr. Eugenia Wang, Director of the Bloomfield Centre for Research in Aging, of a contract for $1,600,000 from the U.S. Department of Defense for a study on human longevity genes. Another highlight was the formal establishment of the Cancer Prevention Research Unit under the direction of Dr. Michael N. Pollak. This unit is based on the premise that recent developments in basic science may result in increased opportunities for specific interventions to reduce cancer risk, both in the general population and in specific high risk groups. The unit will undertake laboratory research and clinical trials, and will provide a consultation service and information and advice for the public.

Several of our investigators were successful in obtaining career salary awards which are the hallmark of excellent scientists.

- Dr. Andrew Karaolis, MRC Scientist Award for studies on the genetics of calcium metabolism,
- Dr. Hyman Schipper, Senior FRSQ Chercheur-boursier Award for his investigations of the role of iron in Parkinson's disease,
- Dr. Mark Trifiro, Senior Chercheur-boursier Clinician Award for his studies on the genetic aspects of muscular atrophy,
- Dr. Anita Gagnon, renewal of her FRSQ Chercheur-boursier Award for studies on the impact of nursing care on community health,
- Dr. Susan Kahn, FRSQ Chercheur-boursier Clinician Award for research on the mechanisms of thromboembolic disease,
- Dr. Johanne Monette, FRSQ Chercheur-boursier Clinician Award for her work on the quality of health care for the aged,
- Dr. Victor Sandoz, Chercheur-boursier Clinicien Award for his studies on anti-cancer compounds.

We are pleased to welcome Dr. Mark Blostein, a native Montrealer presently at Harvard, who will conduct research on the hematologic aspects of cardiovascular disease; Dr. Anne Gatignol from France and Dr. Chen Liang from China who are working on problems relating to the HIV virus that causes AIDS; and Dr. Kostas Pantonopoulos from Greece, and the EMBL Research Laboratories in Heidelberg, Germany, who is investigating iron metabolism in blood disorders.

Dr. Leonard Pinskey, who was the LDI's first staff investigator, retired this year after a distinguished career at the forefront of both clinical and laboratory human genetic research.

"1998-99 was a rewarding year for research at the Lady Davis Institute and the Jewish General Hospital. I wish to thank all of our investigators, the JGH Board and Administration, the professional and support staff at the LDI, and the various hospital administrative departments for their contributions to our success during the past year."

Dr. Samuel O. Freedman

1998-99 the LDI had ...

- 64.5 full time laboratory investigators
- 31 clinical investigators
- 190 postgraduate students (M.Sc. and Ph.D.)
- 50 post-doctoral fellows
- 2 visiting professors
- 251 technical, clerical and support staff

During the year the total amount of external funds from all sources received for research remained stable at $19,888,136.

There were 339 peer reviewed publications in scientific and professional journals, as well as a large number of abstracts and presentations at meetings.

LDI BOARD OF DIRECTOR:

Mrs. Neri Bloomfield, Chairman
Dr. André Dascal
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Clinical News

News From Professional Services

Despite the high volume of stretcher patients and a large percentage of frail, elderly patients, our hospital’s Emergency Department remains one of the few in the province to meet acceptable standards. For the seventh year in a row, no patient has stayed in the ER beyond 48 hours. Our Emergency Department is recognized as a model, and these standards were maintained during the overcrowding crisis that affected emergency departments throughout Montreal during the winter of 1999.

In addition to treating a greater number of patients in the Emergency Department, our hospital has witnessed an increase in volume of activities in areas such as oncology, dialysis, cardiac surgery and one day surgery.

With the assistance of the Régie régionale, the hospital was able to reduce the number of long term care patients, who have been transferred to nursing homes. From a high of 170 long term care patients, we now have approximately 100.

In recognition of our hospital’s expertise in cancer diagnosis and treatment, the Jewish General was designated by the Quebec government as a Breast Cancer Referral Centre, one of only a handful in Montreal. Unfortunately, we did not receive any funding for this centre, and the resulting waiting list is a cause for concern.

As well, the Jewish General Hospital has been named as a designated blood centre by the Régie régionale. This involves supervising the blood bank and transfusion activities at the Lakeshore General Hospital.

In the winter of 1999, our hospital opened a thrombosis clinic to provide an integrated, multidisciplinary approach to the investigation, management and prevention of thromboembolic disease.

The fourth floor of the hospital has been reorganized into two units - 4 West and 4 Main. Under the supervision of Dr. Rubin Becker, 4 West will establish a comprehensive neurology program as well as treat patients with sub-acute medical problems. The objective of 4 Main will be to further develop our palliative care unit.

The following clinical appointments were made last year:
- Ms. Linda August, Chief, Department of Social Service
- Ms. Nicole Payen, Director, Rehabilitation Services,
  Jewish General Hospital and Jewish Rehabilitation Hospital

News from the Medical Executive Committee

The Medical Executive Committee, whose mandate is to ensure the quality and smooth functioning of medical and surgical services throughout the hospital, enjoyed another productive year. This past year, our members included Chairman Dr. Philip Beck, Vice Chairman Dr. Marc Adilalo, Dr. Stephen Caplan, Dr. André Dascal, Dr. Howard Goldstein, Dr. Oscar Kasner, Dr. Simcha Kleiman, Dr. Calvin Melmed. Ex-officio members were Mr. Henri Elbaz, Mrs. Mona Kravitz, Drs. Joel Rosen and Peter Small.

At last count, there were a dozen ongoing subcommittees as well as a number of other hospital committees with regular MEC representation. These groups cover virtually the whole range of hospital activities: clinical, academic, research and administrative.

In particular, the MEC has been working on projects concerned with the early diagnosis and management of nutritional problems in vulnerable patient groups, improving the quality of medical records, reordering of prescriptions, the review of various medical-legal procedures and liaison with professional groups.

Five search and selection committees have been active during the year and the work of two committees is continuing. These were for chiefs of Dentistry, Obstetrics-Gynecology, Oncology, Pediatrics/Neonatology and Psychiatry. The following recommendations have been made and approved by the board:
- Dr. Richard Margolese as Chief of Oncology
- Dr. Apostolos Papageorgiou as Chief of Pediatrics/Neonatology
- Dr. Melvin Schwartz as Chief of Dentistry
- Dr. Mervyn Gornitsky, was accorded the status of Emeritus member of the council. Interim leadership in Obstetrics-Gynecology is being provided by Dr. Louise Miner for Obstetrics, Dr. Marcus Martin for Ambulatory Obstetrics-Gynecology and Dr. Togas Tulandi for Gynecology.

Teaching at the JGH

As a major university teaching hospital, we take very seriously our responsibility to train the next generation of health care professionals. During the past year, 21.4% of students from the McGill University Faculty of Medicine received their training at our hospital. We welcomed 181 residents and 300 students from the medical faculty, as well as students in various other health care disciplines from CEGEPs and universities across the province.

Many of our staff members are directors of McGill University programs, and our hospital is home to several university programs. These include the McGill Centre for Translational Research in Cancer, directed by Dr. Gerald Batist; the McGill Head and Neck Surgery and Oncology Program, directed by Dr. Martin Black; and the McGill AIDS Centre, directed by Dr. Mark Wainberg.
Au 1er septembre 1999
As of September 1, 1999