



Hôpital général juif
Jewish General Hospital

ANNUAL REPORT

DIVISION OF GERIATRIC MEDICINE

JEWISH GENERAL HOSPITAL

April 1, 2011 – December 31, 2011

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HÔPITAL D'ENSEIGNEMENT
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Annual Report
Division of Geriatric Medicine
Department of Medicine, Jewish General Hospital
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I. HIGHLIGHTS OF PAST YEAR

The Division of Geriatric Medicine continues to respond to the increasing demands for clinical services. The Division's areas of clinical activities include the Geriatric's Ward 6NW, the outpatient Geriatric Assessment Unit, Memory Clinic, Senior Oncology Clinic, the Geriatric Consultation Services in the Emergency Room, and in the hospital. To improve the efficiency of the Division's many activities, we have assigned a physician coordinator for each of them. Thus for the 6NW Ward, the Medical Director will remain Dr. Ruby Friedman; for consultation services, Dr. Paul Heilpern; for out-patient clinics, Dr. Sanda Popescu; for Memory Clinic, Dr. Susan Vaitekunas and Dr. Howard Chertkow (Neurology). The Division continues to be jointly run by Dr. Ruby Friedman, JGH Site Director, and by Dr. José A. Morais, Director, McGill Division of Geriatric Medicine.

The Geriatric Ward 6NW is a fully renovated 32-bed unit. It is the first Geriatric Unit in the McGill network to be designed incorporating all the principles of an "elderly friendly environment". The Ward has a fully equipped rehabilitation room. There is a 4-bedded "special care unit" embedded within the Ward. It is a closed unit that is specifically designed for patients with agitation, disorders and delirium. There is also a Snoezelan Room for treatment of patients with agitation disorders. The Ward is designed on the principles of patient integrity and safety.

There is increasing demand for rapid assessment of patients with cognitive disorders. In addition, there is a hospital wide initiative to discharge patients from the Emergency Room and form the Wards as soon as possible. In addition, some patients do not need to be admitted to the hospital if prompt evaluation in out-patient clinics could be assured. To that end, "Rapid Response Clinic" was established.

Furthermore, we are developing; therefore, we see now an out-patient Cognitive Disorders Clinic has been established and CSSS Cavendish. The target population includes patients from the area with memory deficits referred by their family physicians that are either homebound or unable to attend clinics in the hospital.

In the past decade total visits to the Geriatric Clinic and Memory Clinic have increased by 70%. Consultations from the Emergency Room and from the hospital Wards have increased 55%. The Senior Geriatric Oncology Clinic continues to expand its role, and total visits have increased by 34% since its inception in 2008.

Dr. Ruby Friedman and Nursing Associate Director Judy Bianco co-chair a multi-disciplinary committee which has been mandated to introduce the "approche adaptée pour personnes âgées" throughout the hospital. Lately, Mrs. Maxine Lithwik, Director of Social Services as join the leadership of this committee. This is a major initiative whereby standards of care for Geriatric

patients will be introduced throughout the hospital.

II. EVALUATION OF PAST ACADEMIC YEAR

1) Teaching activities

Undergraduate medical students:

This is the 10th year of the Geriatric Medicine Clerkship for all medical students (third and fourth year). Geriatric Medicine faculty is also involved in teaching two modules in I.T.P. as well as the integrated course in the first year.

The student evaluations have been very good to excellent and an increasing number of students have expressed interest in geriatric medicine as a career. These positive evaluations are a testimony to the hard work and dedication of all the teachers in our Division. The online student evaluation has been revised.

As well as the clerkship, our division is also responsible for an introductory lecture on aging in first year as well as two lectures followed by a web-based interactive case construct and hospital forms for all students prior to beginning the clerkship period.

Medical residents:

The McGill Division of Geriatric Medicine supervises residents from PGY-one in Internal Medicine (including Neurology and other subspecialties with a mandatory year in Internal Medicine), Family Medicine for a one-month "selective" ("mandatory elective") rotation; and residents from Psychiatry for a one-month elective rotation in Geriatric Medicine. Learning objectives and a detailed "reading package" on CD-ROM containing up-to-date readings on "geriatric syndromes" and care of the older adult in specific care settings (hospital care, peri-operative care, ER, ICU, primary care, homecare, nursing home, and Psychiatric practice) are given to each resident as a reference during the rotation and for future rotations / practice. Clinical exposures include consult service (including in ER), clinics (including Geriatrics subspecialty clinics), acute care ward, and/or home visits. Mandatory academic requirements include presentation at each site's monthly Geriatrics journal club to hone critical appraisal skills, attendance at any on-site Geriatrics rounds or teaching sessions, and attendance at monthly McGill Division of Geriatric Medicine Grand Rounds, including "meet the professor" small group trainee tutorial sessions with the visiting expert before each grand rounds; in addition to mandatory attendance at all resident teaching in the resident's base training program. Resident's evaluations are now done through the One-45 web based program and their perceptions of the Geriatric rotation are very positive. Dr. Doreen Wan-Chow-Wah now coordinates this program.

Family Medicine Residents

The Division of Geriatric Medicine teaches all McGill Family Medicine residents at St. Mary's Hospital and the SMBD Jewish General Hospital. All McGill FM residents do a mandatory one month rotation which includes exposure to acute inpatient geriatric units and a variety of consultation activities including home assessments. They work and learn in an interdisciplinary setting throughout the four weeks. Dr. Myriam Abdelnour is now responsible for this program.

Health care for the Elderly Training Program:

Dr. Lindsay Goldsmith started this 12-month program targeted to Family Medicine Residents in July 2011, following which she will obtain a PEM in Montreal. Although she will be based at the Institut universitaire de gériatrie de Montréal, it is envisioned that she obtains a cross-appointment in the Division of Geriatrics at the Jewish General Hospital. Dr. Myriam Abdelnour is the Director of this program.

Hospital Division Rounds

The Division has regular Journal Club and holds regular presentations by residents and students. Dr. Susan Vaitekunas organizes these popular presentations. The Jewish General Hospital/McGill Memory Clinic holds Research Rounds as well. The Division is also responsible for two Medical Grand Rounds of the Department of Medicine.

2) Research

2.1 Research activity

Research in neurobiology and dementia, informatics, health services, frailty, pharmacoepidemiology, nutrition, rehabilitation, emergency medicine, long term care, pain and education continue to represent the existing strengths of the Division with programs that cross hospital, department and university lines, and in some cases, integrate bench-to-bedside-to population. Oncology and older persons, as well as end of life care, are emerging interests. There is increasing collaboration these major research teams with colleagues from Quebec, Canada and internationally. Members of the Division lead major research programs with funding from the Canadian Institutes on Health Research (CIHR), the Fonds de la recherche en santé du Québec (FRSQ).

Solidage is a research group with multiple activities that include several Université de Montréal and McGill investigators. François Béland and Johanne Monette lead Solidage, the joint McGill/Université de Montréal Research Group on Frailty and Aging.

Howard Bergman with François Béland lead a major international initiative to further our understanding of frailty as a research and clinical concept of vulnerability. François Béland is a co-principal investigator of a CIHR research team, which received a five-year grant of 3.7 million dollars from 2007-2012, along with colleagues from McGill, Université Laval, Université de Sherbrooke and the École Nationale d'administration publique (ENAP) of Université du Québec.

The multiple research activities include:

- A population longitudinal study on frailty called **FRELE** (in fact, the first longitudinal study on frailty, which is not a secondary analysis) and the **Study of Health and Functional Characteristics and Utilization and Costs**, both led by François Béland;
- The **International Database Inquiry on Frailty (FrData)**, led by Howard Bergman, bringing together investigators of 15 longitudinal studies from Canada, United States, Latin America, Europe and Israel, examining how frailty components cluster together, in

particular to adverse outcomes;

- The **McGill Geriatric Oncology Interest Group**: Drs. Johanne Monette and Dr. Doreen Wan-Chow-Wah, with Dr. Gerry Batist from Oncology, are running the McGill Geriatric Oncology Interest Group with three components, including research, training and a clinical program. Dr. Doreen Wan-Chow-Wah is leading the clinical program, while Dr. Johanne Monette is responsible for the research program. The teaching program has evolved into a formal Geriatric Oncology Fellowship granted by the Associate Dean of Postgraduate Studies. The program is expected to involve medical and family medicine residents, medical students and fellows, including international fellows. Our Oncology and Aging Program was recognized as a level 3 Supraregional Program by the Provincial Programme de la lutte contre le cancer.
- The **Collaborative Research Network in Long-Term Care** led by Dr. Johanne Monette, Scientific Director, and supported by Maimonides Geriatric Centre. (www.solidage.ca/e/CRNLTC.htm).
- **Knowledge Transfer and Exchange**: This group also organizes knowledge translation activities from a research point of view under the leadership of Liette Lapointe from the Faculty of Management. Under the umbrella of Solidage, there is also the Canadian Initiative on Frailty and Aging. All these activities have received major research funding not only from CIHR, but also from the Réseau Québécois de recherche sur le vieillissement (FRQS).

Dr. José Morais is a clinician scientist at the McGill Nutrition Centre, MUHC, RVH site. He is the Associate Director of the Réseau Québécois de Recherche sur le Vieillissement (FRSQ Quebec Research Network in Aging). Dr. Stephanie Chevalier, a previous postdoctoral student of Dr. Morais, is an FRQS chercheur boursier Junior 2 based at the McGill Nutrition Centre and was successful in obtaining a CIHR grant to study protein metabolism in older cancer patients. Both Drs. Morais and Chevalier share the same areas of interest in research studies of protein turnover, glucose and energy metabolism with normal and frail aging using stable isotopes, as well as assessing the alteration of protein metabolism in older Type II diabetic patients. He is also testing protein sensitivity to insulin action using a double clamp method he developed. To complement the above, he is also examining the cellular signaling pathways regulating protein synthesis and degradation. Dr. Morais is also co-investigator in numerous other studies supported by national and provincial agencies. Dr. Morais is also co-director of the McGill Nutrition and Performance Laboratory (MNUPAL), a specialized clinical research facility with sophisticated, state-of-the-art equipment devoted to the evaluation of cancer patients and frail elderly persons with a rehabilitative component (www.mnupal.mcgill.ca).

The Anna and Louis Goldfarb Jewish General Hospital/McGill Memory Clinic is the tertiary care cognitive clinic of our Division and brings together geriatricians and neurologists as well as clinicians and investigators from both the Jewish General Hospital and the MUHC, as well as from Hôpital Maisonneuve-Rosemont, le Centre hospitalier de l'Université de Montréal (CHUM), l'Institut universitaire gériatrie de Montréal and Concordia University. Dr. Howard Chertkow leads the research programs of the Memory Clinic, which include programs on early diagnosis of dementia and studies on patients with Mild Cognitive Impairment, the basic mechanisms of memory and language impairment in Alzheimer's disease and the program on therapy: cognitive changes and experimental approaches. A multi-disciplinary team is looking at

the natural history of the MCI individuals along with approaches to predict which MCI individuals will progress. Other methodologies include neuroimaging with MRI's, spectroscopy, PET scanning and electrophysiological measures. Trainees from various disciplines including Neurology, Geriatric Medicine and Psychology continue to come through the Memory Clinic.

2.2 Research Trainees

In addition, our Division continues to be active in contributing towards the research training of a very significant number of McGill medical students, residents (particularly in Medicine) and fellows not only in Geriatric Medicine but also in other specialties.

3) Clinical activities

The Acute Geriatrics Ward 6NW continues to play an important role in the hospital. As in previous years, approximately 80% of admissions are from the Emergency Room. The remainders are transfers to the Ward from other Acute Care Wards in the hospital. These transfers are complex cases with multi-organ system disease, behavior disorders, psychosocial issues that have been identified and followed by the Geriatric in-hospital team. Overall length of stay on 6NW is approximately 20 days. However, length of stay is highly dependent on being able to discharge many of the patients to the Program 68.

Recruitment and retention of staff is an on-going process and has been very successful. The efforts of Head Nurse, Rita Digirolamo are most appreciated.

The efforts of the entire multidisciplinary team including, physiotherapy, occupational therapy and dietetics is most appreciated.

The efforts of the Social Work Department, directed by Maxine Lithwik, are acknowledged, especially Social Workers, Debra Cobrin and Johanna Salvanos.

We are most fortunate to have a dedicated group of Clinical Nurse Specialists who coordinate activities and consultations throughout the Division. In order to enhance their professional development, the nurses rotate their positions between Consultant Nurse in the Emergency Room, Consultant Nurse for the in-hospital Consult Team, and Nurse Coordinator for the Geriatric Assessment Unit. Our thanks to Veronica Maj, Angela Wanner, Jennifer Clarke, Juliana Tebo, Linda Alfonso and Stephanie Allain.

The Emergency Room Consult Team maintains a daily presence in the Emergency Room. Frail, elderly patients are screened and referred for evaluation. In order to ensure rapid patient evaluation and disposition, the Division provides a staff physician and a resident whose sole responsibility is to provide consultation in the Emergency Room. By and large, the protocols established with the Emergency Room for co-management of patients in the "Geriatric Protocol" Program are working well.

The Consultation Service for Senior Oncology Patients was established in October 2006. This innovative program promotes a comprehensive approach to the care of older patients with cancer and their families by collaborating with the treating team to develop and individualized and

integrated plan of care. This Clinic works under the guidance of Dr. Doreen Wan-Chow-Wah, Dr. Johanne Monette and Dr. Carmela Pepe, a respirologist and oncologist. Fay Strohschein is the infirmière pivot. Other members of our multidisciplinary Geriatric Assessment Clinic and our Memory Clinic offer important clinical support in this endeavour. The team consists of Geriatricians, Oncologist, Nurse Clinicians, Occupational and Physical Therapy, Social Worker, Dietician, and Neuropsychologist. The focus of the team is to assist in the management of concerns that are particular to the older patient. Recommendations are made to tailor cancer treatment. Problems specific to older patients are anticipated. The primary reasons for referral include cognitive concerns, treatment opinion, assessment of comorbidities, and mobility disorders. The average age of patients is 80 years (range 51-104). It is hoped that with increased resource allocation this service will grow dramatically. The Clinic received the status of quaternary reference clinic from the Programme québécois de lutte contre le cancer.

Referrals to the Geriatric Assessment Unit are accepted from community-based physicians, CSSS and from attending staff at the hospital. Patients who are discharged from the Geriatrics Ward or having been followed by the Consultation Team are often referred to the clinics. These are often complex medical cases with significant psychosocial issues. Close coordination between the clinic, CSSS and the community physicians is required. Physiotherapists Mimi Leibovitch and Tracy Rosenberg, and Occupational Therapist Vandna Sethi provide rapid home assessments and interventions for frail elderly in the community who would otherwise require hospitalization. Our thanks to Dr. Sanda Crainic-Popescu under whose guidance the Geriatric Assessment Unit responds quickly and efficiently to the need of this frail population.

The Memory Clinic continues to provide a high level of tertiary care. The Clinic remains at the forefront of research in cognitive impairment. In attendance are Geriatricians and Neurologists from the Jewish General Hospital; Geriatricians, Dr. Gary Inglis, Dr. Catherine Brodeur and Dr. Yves Bacher from the MUHC, Dr. Ziad Nasreddine from the Centre Neurologie Rive Sud, and Psychologists, Dr. Lennie Babins and Dr. Nora Kelner. Dr. Hyman Schipper's (Neurology) work on blood markers for the early diagnosis of Alzheimer's disease has received International recognition. Since 1995, visits to the Memory Clinic have more than doubled. Our thanks to Renée Kaminski and Chris Hosein who co-ordinate the Clinic.

The in-hospital Geriatric Consult Team has increased its activity considerably over the years. The frail, elderly patients at risk for decompensation due to complex medical and psychosocial problems are rapidly identified before they can deteriorate to the point where they would require chronic care. The Consult Team works closely with the staff on acute medical/surgical wards to insure appropriate discharge planning. Patients who require the expertise of the multidisciplinary team on the Acute Geriatrics Ward are transferred there.

The Division of Geriatric Medicine continues to confront serious issues relating to physical space limitations for our clinics and offices. It continues to be difficult to have sufficient examining rooms to operate our clinics efficiently. In consultation with the hospital administration and architectural firms, we are in the process of relocating our outpatient clinics and offices. We expect that this will allow us to care for our patients and their families in a more efficient and professional manner. We expect to move our offices and out-patient clinics by the winter of 2013.

4) Academic Staff

Howard Bergman: Dr Bergman has stepped down as Vice President and Scientific Director of the Fonds de la recherche en santé du Québec (FRSQ) with the recent restructuring of their FRQS. He was the founder and co-director of the Jewish General Hospital/McGill University Memory Clinic. Dr. Bergman has been an influential force and presence at the Jewish General Hospital and McGill.

Consulting activities

Name of Faculty Member	Private Sector Consulting (# of days)	Public Sector Consulting (# days)	Other (# of days – please explain)	Total
Howard Bergman	1hr/month	3 days/month		
Howard Chertkow	1 hr/month	3		

5) Honours, Awards and Prizes

Howard Bergman

Co-honorary President, Société francophone d'oncogériatrie

III. OBJECTIVES AND PRIORITIES

The main objectives and priorities of the Division for the following year:

In the Geriatric Unit, we will need to work with the nursing staff and other health allied professionals to improve length of stay of our patients.

To develop more comprehensive geriatric consultation services throughout the acute care floors of the hospital.

To assure better transition of care for continuity and maintenance of care in the community to our vulnerable older adults

To continue the development of geriatric programs with our community partners with the aim of preventing readmissions to the hospital

Serious challenges in the upcoming year

The number of geriatricians and family physicians in our Division will never suffice to respond to the growing number of elderly vulnerable people coming through our Emergency Room. We will need to transmit the geriatric approach to the different services in the hospital with the aim of reducing complications and to maintain their physical function. To this end, the implementation of approche adaptée, for which the Division is actively implicated, will be an asset. Although at its early stages, it will prove its usefulness as the pressure continues to rise to

improve the efficiency of care of these depended older adults.

Acknowledgements

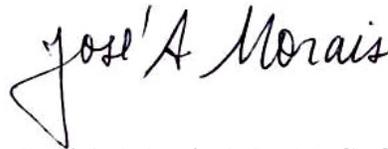
Geriatric Medicine welcomes the support of Dr. Ernesto Schiffrin, the JGH Physician in Chief and Chief of Medicine, and Dr. Mark Lipman, Associate Chief of Medicine. We also recognize the support of Dr. Rubin Becker from the Division of Internal Medicine, as well as Ruxandra Bunea, the Program Director. We also welcome the support of Dr. Michael Malus and Dr. Heather Abrahams, respectively Chief and Program Director in Family Medicine.

I would like to express my sincere appreciation to our administrative, secretarial and support staff, including: Elizabeth Iacono, Amy Simon, Lia Polizopoulos, as well as our clinic coordinators, Renée Kaminski for the Memory Clinic and Enid Solloway for the Geriatric Assessment Clinic.

Respectfully submitted,



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