

# Baycrest Matters

A bi-weekly update for Baycrest staff, families and clients

SEPTEMBER 17, 2008 VOLUME 4, NO. 19

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Baycrest Matters is published 26 times a year.

Email submissions to: Joan Mortimer, Editor, [mortimerj@baycrest.org](mailto:mortimerj@baycrest.org) or call 416-785-2500, ext. 2952

[www.baycrest.org](http://www.baycrest.org)

Baycrest is fully affiliated with the University of Toronto.

## Just knowing your name makes someone feel better

**W**hen a patient is in hospital, it is a stressful and anxious time for them and their family members. Just as we would want to know who to speak to if we have questions and concerns,

so do our patients and families. Communication is an important part of caring for our clients and families and was identified as a priority issue during this year's Accreditation process. A simple solution of

installing white boards in all patient rooms became an instant communications tool and even led to 5 East to be the first unit to earn a "Communication Stars Award."

**Continued on Page 2**



5 East receives the first Communication Stars Award. Pictured here are: **Janet Edwards (RN), Joan Reid (Clinical Manager), Marissa Cortes (RPN), Dahlia Davis (RPN), Sultana Hossain (RPN), Grace Graham (RPN), Naima El Amraoui (RPN), Theresa Sampat (RN), Anne Jacob, family member, Jillian Charles (PSW) and Marilyn El Bestawi, Director, Baycrest Hospital.**

**Baycrest**

Enriching Care  
Enhancing Knowledge  
Enlightening Minds

# New program connects caregiver support agencies

**B**aycrest is one of seven Jewish community agencies who have come together to better support those who care for aging or ailing family members.

The Family Caregiver Connections project co-ordinates and enhances existing support programs at partnering agencies and extends services to previously unidentified family caregivers, explains project coordinator Devora Schwartz-Waxman, Family Caregiver Connections Coordinator, Circle of Care.

The project is being funded by the province through the Central Local Health Integration Network as part of the Ontario government's Aging at Home Strategy. The six other participants are Circle of Care,

Bernard Betel Centre for Creative Living, Chai Tikvah Foundation, Jewish Family & Child Service, Jewish Immigrant Aid Services Toronto, and Reena.

"The funding and support for the project reflects the government's and the Jewish community's commitment to supporting seniors for whom diverting and delaying admission to long-term care facilities is possible if appropriate community support services are available," said Schwartz-Waxman.

"Very often, our focus falls on the family member who needs care, but caregivers have lots of needs as well. Their lives change dramatically when they become caregivers. They are an under-represented population in need of help."

Immediate plans for the project

include establishing a telephone line to link caregivers to existing community resources, providing transportation and respite care to allow caregivers to use services outside their homes, and holding educational workshops for caregivers.

**Linda Jackson**, director of Community and Ambulatory services at Baycrest, said "the program exemplifies the goals of the LHINs—to support seniors and their caregivers to age in their own homes and communities. Caregiver Connections will also reduce duplication of services across agencies, enhance outreach to isolated seniors and caregivers and improve co-ordination across multiple agencies. Baycrest is delighted to be working with the six other agencies on this exciting initiative." **BM**

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## Just knowing your name...continued from page 1

Each day, when the care provider (RN, RPN, PSW) goes into the room and checks the patient at the beginning of their shift and introduces him/herself, they now write their first name on the white board. With this information, if families or patients have a question, they know who to direct their question to and they do not have to go about a long search or experience long delays to find out who to speak to.

"We believe that in the majority of cases, the best communication occurs at the bedside, in the moment, with those most directly involved in care," explains **Marilyn El Bestawi**, Director, Baycrest Hospital. "Our patient population has changed a great deal over the past few years and typically our patients are not

staying at Baycrest as long. We can not assume that patients and families know who we are no matter how long they may have been with us."

Along with some reminder tools, Marilyn created the Communication Stars Award to encourage nursing staff to write their names on the whiteboards. The Communication Stars Award is given to a unit when they have reached a certain percentage of compliance based on the number of beds, and includes a \$50.00 gift certificate that the unit can use to buy pizza, a breakfast party or anything else the staff can enjoy. This program will continue for the next four months.

"The goal is to give each unit one of these awards," adds Marilyn, who presented the award to the unit with

Family Advisory Council member Anne Jacob, whose mother-in-law is a patient at Baycrest.

"Seeing the nurse's name on the white boards really puts us all on the same page and provides peace of mind to patients and family members," says Anne. "It builds trust and you feel that the nurses are working with you to provide the best care for your loved one."

The effects of the white boards will be evaluated over the next few months and we look forward to suggestions regarding other opportunities to improve communications with our patients and families. **BM**

# High Holy Days at Baycrest

**F**or Jewish people, the High Holy Days, which take place in the fall, are the most significant and religious time of the year. Many Jews attend services at synagogue, spending these days in prayer, but it is also a meaningful time of joy, celebration and rebirth. There are many special foods, symbols and customs associated with the High Holy Days.

**Rosh Hashanah:**

Rosh Hashanah is celebrated for two days beginning at sundown on the evening proceeding the calendar date of the Holy Day (this year, it begins on Monday, September 29). Literally translated, Rosh Hashanah means "Head of the Year". This is the Jewish New Year. Prayers are recited for life, good health and peace for all mankind.

Rosh Hashanah customs include hearing the Shofar, a ram's horn, blown in the synagogue every day during the month preceding the High Holy Days and during services on the High Holy Days. (The Shofar is not sounded on Shabbat). Apples and challah (egg bread) dipped in honey are eaten to symbolize the sweet year ahead that we pray for, and families gather each evening for a festive meal. Many Jewish people also send Shanah Tovah cards - (New Year cards) to their relatives and friends, wishing them well for the year to come.

Each year for Rosh Hashanah L'Chaim Parties are held on all floors in both the Apotex Centre, Jewish Home for the Aged and Baycrest Hospital. Please check the Program Boards on the floors for dates and times. These programs are supported by Garry, Joanne, Eric and Michele Foster and led by volunteers from the Jewish community.

**Yom Kippur:**

Yom Kippur occurs 10 days after Rosh Hashanah (this year on October 9) and means "Day of Atonement." It is a day traditionally spent in prayer and fasting, to ask G-d forgiveness from sins, both personal and communal. The aged and sick are required to consult the doctor and the Rabbi before fasting (this may be of concern to some of our residents, patients and members). The days between Rosh Hashanah and Yom Kippur are known as the "Days of Awe" during which Jews engage in a personal spiritual reckoning.

Baycrest clients, staff and members of the community are welcome to join the Orthodox services in Wortsman Hall or the Alternative services in Winter Garden Court (the Alternative Services are abridged and provides the opportunity for us to use a microphone, which enables those clients with hearing impairments to be able to participate. Men and women may sit together). Baycrest Hospital patients and those clients living in the Home do not need to purchase ticket. Family members wishing to attend our services must purchase a ticket. All private companions must wear their name tags and remain with clients.

**Tickets (\$80.00) must be purchased in advance from the Finance Office on the second floor of the hospital. Please note that no one will be allowed in without a ticket, except staff who are scheduled to work, and private companions who are accompanying clients.**

Separate services are held at the Terraces of Baycrest and tickets can be obtained from the Service Desk.

## Orthodox Services

**Rosh Hashanah:**

Tuesday, September 30  
8:00 am Wortsman Hall

Wednesday, October 1  
8:00 am Wortsman Hall

**Kol Nidre**

Wednesday, October 8  
6:30 pm Wortsman Hall

**Yom Kippur:**

Thursday, October 9  
9:00 am Wortsman Hall

Thursday, October 9  
6:10 pm Wortsman Hall

## Alternative Chavura Services

**Abridged Service**

**Rosh Hashanah:**

Tuesday, September 30  
2:00 pm - 3:30 pm Winter Garden

Wednesday October 1  
2:00 pm - 3:30 pm Winter Garden

**Kol Nidre**

Wednesday, October 8  
6:30 pm Wortsman Hall

**Yom Kippur:**

Thursday, October 9  
2:00 pm - 3:30 pm Winter Garden



# Pastoral Services at Baycrest

**A**s we move along in the ongoing development of program management, it is important to explain the responsibilities, accountabilities and boundaries of the Baycrest Chaplaincy role, led by **Rabbi Doctor Nachum Berlat**, and the Culture & Heritage Department headed by **Bianca Stern**.

At Baycrest, the Rabbi provides the following services: daily, Sabbath and Holy Day worship services; pastoral visits and support to clients/families/staff; acts as an educational resource regarding Judaism and Jewish practices; conducts funeral services for deceased clients who have no family or synagogue affiliation; provides ritual, religious, and spiritual items for religious needs; participates as a team member in patient/family care conferences; acts as a bio-ethical consultant to clients/families/staff; and provides programs in clinical pastoral education.

## When the Rabbi is away and urgent situations:

Friday and Sundays are his days away from Baycrest and should be respected by all Baycrest staff, clients, and families. He will not attend meetings or other on-site activities, and will only respond to emergency calls. For non-client/non-urgent calls, he can be reached through **Lorraine Chelsky**, Therapeutic Recreation, at ext. 2300 during the week. He is available after-hours (3:30 p.m. to 7:00 a.m.) for urgent issues only, such as the imminent death of a client or news that may affect the client (the death of a relative), he can be paged through Locating at ext. 2130.

Rabbi Berlat is unable to use the phone on the Sabbath (from sundown Friday to sundown Saturday) or Jewish Holy Days. In the event that Rabbi is needed for an emergency, he responds to his beeper by walking to Baycrest.

Rabbi Berlat will inquire at the Communication's Desk as to where he is required.

Rabbi Berlat is often contacted for issues that should now be re-directed:

- ◆ For religious service information - please contact **Lorraine Chelsky** at ext. 2300 or **Bobbie Cohen** at ext. 2546
- ◆ For facilitating entrance of clients into Baycrest - please contact the Baycrest Social Work Intake Department at ext. 2223
- ◆ For counseling or hospital visitation (non-Baycrest related) please contact Rabbi Ron Weiss (community chaplain) at 416-638-7800 ext. 217
- ◆ To direct calls from funeral homes please contact the Communication Desk at ext. 2130.

For routine, non-urgent messages, please contact Rabbi Berlat by email at: [nberlat@baycrest.org](mailto:nberlat@baycrest.org)

## Role of the Culture & Heritage Department

The Culture & Heritage Department at Baycrest helps to provide an environment as a "place of identity," and has recently been strategically re-aligned and enhanced to develop partnerships with the internal and external communities.

The new vision of the Culture & Heritage Department is to strengthen our existing Jewish identity while providing a vision of growth that meets the needs of

our clients, families, staff, and community. At the same time, department addresses the spiritual, religious, and cultural needs of our non-Jewish clientele at Baycrest Hospital.

The Culture and Heritage program includes:

- ◆ providing assistance to the Rabbi;
- ◆ planning, implementation and evaluation of daily synagogue services, Reform services, Holy Day services, festive day services;
- ◆ planning and implementation of all cultural programming;

- ◆ scheduling of voluntary activities provided by rabbis, cantors and religious schools in the community;
- ◆ provide religious items for spiritual needs;
- ◆ provide on-going education to staff regarding Jewish Life at Baycrest;
- ◆ coordinate various programs to ensure that all clients have an opportunity to participate in all aspects of Jewish Life programs revolving around the Jewish calendar,
- ◆ and to provide consultation regarding individual client needs.

## Observant Families - Reminder

It is important for Baycrest staff to note that observant families do not answer their phones or drive a car on the Sabbath or Jewish Holy Days. When a death is imminent, staff should try to make arrangements with the family in advance by:

- ◆ Setting up a special ring signal (i.e. ring three times and then hang up) to indicate that they should walk to Baycrest
- ◆ Suggest to the family that they rent an answering machine so they can hear the message without picking up the telephone
- ◆ If you are unable to make the above arrangements, send a messenger, courier or police to inform the family. **BM**

## Implementing Geriatric Best Practice Through An Evidence Based Program



by **Dr. Elizabeth Capezuti, Ph.D., R.N., FAAN**  
Co-Director for the John A. Hartford Foundation Institute for Geriatric Nursing & Co-Director of the NICHE (Nurses Improving Care for Health System Elders) Program

Come and join Dr. Capezuti as she shares a unique program of the John A. Hartford Institute for Geriatric Nursing that aims to meet the demands of the aging population by importing principles and tools to stimulate a change in the culture of healthcare facilities to achieve patient centered care for older adults.

**Thursday, October 16th, 2008**  
**2:30 - 3:30 p.m.**

**Wortsman Hall, Baycrest**

### Who Should Attend:

**ALL STAFF** who work in the older adult field who want to make a difference in care

Please RSVP by Monday October 6th, 2008  
416.785.2500, ext.2957 or [bsilverman@klaru-baycrest.on.ca](mailto:bsilverman@klaru-baycrest.on.ca)

*Funding provided by the Finkler Visiting Scientist Program*

**Baycrest**

An academic affiliate of



# Worth Repeating: Here is the latest edition of Bill's Journal

September 8, 2008

*Dr. William E. Reichman, Baycrest President and CEO*

**I**t's already September! Two months of 'summer' are behind us and it seems - if the traffic is any indication - that vacations are over and we are back to full steam ahead.

I do hope each of you were able to take some time to relax with your families and enjoy some leisure time. I recently returned from doing a university tour with my daughter, who has just begun the 12th grade, to help her decide where she might like to go next year.

Now with September upon us, we have some exciting, albeit hard work to accomplish in the next phase of our journey towards growing and strengthening our organization. Our work is divided into three areas:

## **ACTION PLAN**

We must continue implementation of our Action Plan - a priority for us in order to make a significant difference in all the areas you brought up during the Listening Tours and what we learned in our external reviews of our clinical work in the Apotex and corporate support services which needed special attention. We have certainly made some inroads, but there is much more to do.

## **ACCREDITATION**

We also have just recently received the Accreditation Forecast Report from Accreditation Canada. This report reflects the hard work that our teams put into preparing for Accreditation and the exceptional work that goes on day to day here at Baycrest. It is a report of which we can all be very proud. Of note is the fact that although there were almost a total of 1,000 Accreditation standards that we had to meet, our report finds only 38 that we need to address in order to get a full 'accredited' status. Of those 38, some are repeated because they cover different areas of the organization. The recommendations we must address by February 2009, are grouped within several themes: Fall Prevention, Medication Management (including Medication Reconciliation), Program Performance Measurement, Engagement with External Stakeholders, and Education related to Safety.

Having received 'Accreditation with condition' puts us in the majority of what most organizations surveyed under the new system received, although having only 38 recommendations puts us in the top tier among our peers.

We have until February 19,

2009 to provide our plan to show how we have met the standards and following that, we hope to receive our full Accreditation status.

The next steps, in addition to communicating this report, will be to develop work groups to begin to address the various recommendations. The Quality and Safety Committee will oversee this process.

## **STRATEGIC PLANNING**

The other important step we are taking is to launch the strategic planning process. As you will recall from our discussions last year, our intent has always been to enter into a renewal of our Strategic Plan - which is now five years old - following the Performance Evaluation (the review process) and Performance Enhancement (Action Plan) steps.

This is a critically important process in setting our course for the next several years. We have new and greater strengths; the external environment has changed; and we have a clear assessment of our organizational challenges and opportunities. To fully deliver upon our commitment to excellence in care, research and education in areas such as

brain health, we must answer the critical questions that a strategic planning process will pose. Not only will each of you play an active role in providing us with insight and information that will help shape our future directions; we will also be asking our external stakeholders to do the same.

The month of October will be very focused on this process. Every staff member will be asked to provide input via a survey. In addition, we will be forming Work Teams to help identify and define future opportunities.

This is an intense time, but also a very exciting juncture. We now have the opportunity to take Baycrest's strengths and leverage them in new and special ways to take us to even greater heights. Given our well developed reputation and our clinical and scientific abilities, we can now take the risk of thinking outside of the proverbial box, not merely to try to do it better, but to do it fundamentally different. We are now at a place in our history, given our very special strength in cognition, where we can innovate with different methods by identifying diseases in their earliest phases, even before the onset of any symptoms, being creative with different models of system-wide health care delivery, and trying a variety of interventions to maximize the quality of life and

the functional abilities of those affected. Baycrest is one of the few organizations in the world to have the ability to take on these challenges. Strategic Planning allows us all - each one of us - to be visionaries for our great organization.

With all of this ahead of us, clearly I will be increasing my communication with you substantially. More Bill's Journals, increasing the number of people who are invited to Lunch and Listen sessions, and, like last year, open forums (ala the 'listening tour' and 'town hall' meetings). It is critical that we come together just as we did through the Listening Tour to put our collective efforts into crafting the strongest most appropriate directions for Baycrest at this point in our history. I have been very busy in my office lately, but, I am really, really trying to get out and about. Please don't be shy if you see me in the hallways or up on our units, to say hello. I'll do the same.

Kindest Regards and Best Wishes,

**Bill**

<http://intranet/ceo/>

**“The other important step we are taking is to launch the strategic planning process.”**

# Head injury patients never feel quite the same

**O**ur brain research is making headlines again. The latest study from Baycrest has drawn the media attention of *Science Daily*, *U.S. News and World Report*.

People who make a full recovery from head injury often report "mental fatigue" and feeling "not quite the same" - even though they scored well on standard cognitive tests. Now brain imaging experts with Baycrest's Rotman Research Institute have found a distinct "brain signature" in patients who have recovered from head injuries that shows their brains may have to *work harder* than the brains of healthy people to perform at the same level.

The patients in the study had diffuse axonal injury (DAI), the most common consequence of head injuries resulting from motor vehicle accidents, falls, combat-related blast injuries, and other situations where the brain is rattled violently inside the skull causing widespread disconnection of brain cells.

"Our imaging data revealed that the DAI patient brains had to work harder to perform at the same level as healthy, non-injured brains. Specifically, the brain injury patients showed a greater recruitment of regions of the prefrontal cortex and posterior cortices compared to healthy controls," said **Dr. Gary Turner**, who led the study as a part of his doctoral studies at Baycrest and the University of Toronto with senior author and Rotman scientist **Dr. Brian Levine**. The study was published in the Sept. 9 issue of *Neurology*, the medical journal of the American Academy of Neurology.

Even though the head injury patients performed as well as the

healthy controls on a series of working memory tests that measured their ability to organize, plan and problem solve, the fact their brains had to *work harder* is an indication of "reduced cognitive efficiency", explained Dr. Turner, who is now completing a post-doctoral fellowship with the Helen Wills Neuroscience Institute at the University of California, Berkeley, where he is working to develop assessments and programs to enhance cognitive skills in people with head injury and normal aging patients.

Using standard techniques for imaging *resting* brain function, doctors typically look for *reduced* blood flow in certain regions to indicate neural damage. The Baycrest study used functional magnetic resonance imaging (fMRI) to assess brain activity during performance of a mentally challenging task involving the control and manipulation of information held in mind. This "executive" or high level cognitive operation is important to many daily tasks, such as problem solving and organization

"Our study adds to an emerging line of evidence that *increased* blood flow to areas not normally recruited during challenging mental tasks is related to *reduced* cognitive efficiency in patients with head injury," added Dr. Levine, who is internationally-recognized for his research on recovery and reorganization of brain function after traumatic brain injury.

The eight patients in the Baycrest study had been in motor vehicle accidents several years prior, sustaining significant brain injuries that left them comatose for various lengths of time; yet all patients made good recoveries as evidenced by a return to pre-injury employment or school. Their fMRI scans were

compared to 12 healthy adults, matched to the patients for age and education.

The Baycrest study is the first to recruit patients and healthy controls that were evenly matched in cognitive performance from the outset. The study included only head injury patients with DAI and not other large brain lesions - thus yielding the strongest evidence to date that head injury patients' brains *work harder* than those of non-injured people despite equivalent performance on tests - and that this is caused by DAI and not by other accompanying brain damage that can occur with significant head injury.

## Implications

According to calculations in the Canadian Institute for Health Information's 2007 Report - *The Burden of Neurological Diseases, Disorders and Injuries in Canada* - over 200,000 Canadians sustain head injuries each year.

Drs. Turner and Levine say their findings are an important step in the future development of therapies that will help brain injury patients become more efficient in their cognitive processing. "Using neuroimaging methods to measure 'cognitive efficiency' in the brain, as indicated by altered functional recruitment of brain regions during a memory task, may one day become a standard metric of rehabilitation outcome," said Dr. Levine.

The study was funded by a grant from the NIH - National Institute of Child Health and Human Development. **BM**

# 2008 Canadian Patient Safety Week

*Knowledge is the Best Medicine. Ask. Talk. Listen.*

**D**uring the week of September 29, Baycrest will recognize Canadian Patient Safety Week, an endeavour of the Canadian Patient Safety Institute. At this time, Baycrest staff, volunteers, clients and families can acknowledge some of Baycrest's "best practices" around patient safety and our achievements as an organization - many of which were highlighted during the accreditation process over the last few months.

**Knowledge is the Best Medicine. Ask. Talk. Listen**, the theme for this year's Canadian Patient Safety Week is focused on medication reconciliation, which emerged as a recurring theme at Baycrest during accreditation. The fact that this theme was chosen for this forum indicates that this is a national concern.

According to the Canadian Patient Safety Institute, this year's theme applies to many healthcare settings and builds on fundamental and key communication elements of the previous campaign. The goal of this week is to raise awareness of patient safety issues, related programs and projects surrounding medication reconciliation happening across Canada-at national, regional and local/organizational levels.

Medication reconciliation is one of the top patient safety priorities for Baycrest; and there is an immediate need for

Baycrest to identify and implement a consistent medication reconciliation process and documentation tools.

Medication reconciliation is the process by which staff ensures that patients and clients receive only the medications they need. Since patients often have more than one doctor or pharmacy, there may be duplication in medications or the medications may not interact well with each other. The medication reconciliation process helps to identify and address these issues in medication management.

With recommendations from the interdisciplinary team (pharmacy, medicine, nursing, information management) which examined and reviewed current process of medication reconciliation upon client admission to Baycrest, practice and process changes were identified over the last year. These recommendations will be reviewed in the upcoming months by the appropriate groups and new committees for implementation. A formal process for medication reconciliation at admission and at transfer or referral is also being developed.

"Overall, we have strived to increase promotion, awareness and education and training on patient safety and risk management through many different vehicles. Across the board, many best practices have been implemented at Baycrest,

which really makes a difference in the quality of care that we are delivering at Baycrest," remarks **Eileen Chang**, Specialist, Patient Safety and Risk Management.

Canadian Patient Safety Week is an important initiative of the Canadian Patient Safety Institute, working in collaboration with partners in healthcare organizations, providers, governments, patients and the public to advance patient safety programs and projects in every province and expand the depth and breadth of this national event.

For more information please contact Eileen Chang at ext. 2773 or go to [www.patientsafetyinstitute.ca](http://www.patientsafetyinstitute.ca)

# Celebrating



From September 22 to 26, 2008 Baycrest will once again celebrate **Learn@Work Week**, a national celebration of workplace learning and performance excellence.

This annual event was initiated by the Canadian Society for Training & Development (CSTD), a not-for-profit membership association dedicated to the profession of training, workplace learning and human resources development.

Meet **Bayb**, the Baycrest Learning Bear, who will be at a different entrance Monday to Thursday between 7:00 a.m. to 9:00 a.m. with kosher **Learn@Work** Week lollipops and prize draw ballots.

This year Baycrest's **Learn@Work Week** includes two special events designed to promote the importance of workplace learning and performance:

### **Speed Learning** Tuesday, September 23

#### **12:00 - 1:00 Wortsman Hall**

This event is like Speed Dating, without the pressure to meet the love of your life! Spend one minute with a representative from a variety of services and programs and learn one new thing about their service or program. Have your **Speed Learning** passport stamped at 5 booths and you may enter a draw for a prize!

Passports are available in the hall beginning at 12:00.

### **Info on the Go** Thursday, September 25

**All Day, Everywhere**  
A Human Resources & Organizational Effectiveness Division information cart will visit all areas.

Remember to check the Events Calendar on the Intranet or view the LCD displays at the entrances to see all the learning opportunities available to you during **Learn@Work** Week.

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## City Wide Medical Grand Rounds open to all clinical staff

All clinical staff members at Baycrest are invited to attend City Wide Medical Grand Rounds presented by the Department of Medicine of the Faculty of Medicine at the University of Toronto. The rounds will be held in Classrooms ABC and will be broadcast via Telehealth from the host sites in downtown Toronto.

This is the third year that we are participating in the City Wide Medical Grand Rounds, but since the majority of the host sites are downtown hospitals, the number of staff who could attend Grand Rounds was very limited in the past. Telehealth is a vehicle that has enabled much more staff at

Baycrest to be a part of this learning event. "Members from Baycrest's Department of Medicine have always participated in these rounds, but now that we have booked a larger space, we are able to extend City Wide Medical Grand Rounds to a bigger group, and invite all clinical staff to attend as well," says **Dr. Terumi Izukawa**, Interim Chief, Department of Medicine. "Since these rounds tend to cover very diverse topics, they are of interest to many disciplines and are not limited to medical professionals."

City Wide Medical Grand Rounds often brings in speakers of international renown to talk about

cutting edge research, policy and care concepts. The format is usually a 30-minute talk and Power Point presentation and then an opportunity for each site to ask a question.

Attendance at the City Wide Medical Grand Rounds is part of Baycrest's mandate to improve academic education, but also reinforces our relationships with the University of Toronto and other teaching and non-academic hospitals.

For more information, go to:  
<http://www.deptmedicine.utoronto.ca/CEKTE/CWMGR.htm>

# University of Toronto City Wide Grand Medical Rounds

## 2008-2009 Planning

Note: Baycrest will not participate in Rounds that fall on the first Wednesday of the month since it conflicts with the schedule of the Medical Advisory Committee

*Bold are firm bookings*

24/09/08

SMH

**Dr. Glenn Chertow,**  
Nephrology Division Chief and  
Professor, Stanford University  
School of Medicine

Topic: TBD

<http://med.stanford.edu/nephrology/about/contact.html>

15/10/08

WCH

**Dr. Arlene Bierman,**  
F.M. Hill Lecturer & Assoc.  
Professor, Div. of GIM, Dept. of  
Medicine, U. of T.

Topic: TBD

19/11/08

SMH

**Dr. Joe Connon, Professor,**  
Div. of Gastroenterology, Dept.  
of Medicine, U. of T.

Topic: Starvation

21/01/09

SHSC

**Dr. David Juurlink,**  
Asst. Professor, Div. of GIM,  
Dept. of Medicine, U. of T.

Topic: TBD

18/02/09

TGH

(TBC) Quality Partners Speaker

18/03/09

SHSC

**Dr. Sandra E. Black,**  
Professor & Brill Chair in  
Neurology, Div. of Neurology,  
Dept. of Medicine, U. of T.

Topic: TBD

29/04/09

TGH

**Dr. Sarita Verma**  
(Vice Dean, PGME),  
**Dr. Susan Glover Takahashi**  
(Director, Education & Research,  
PGME),

**& Caroline Abrahams**

(Health Human Resources  
Planning Consultant, PGME)

Topic: PGME - the state of  
expansion and distribution; the  
contribution of PGME UT to HHR  
in Ontario and Canada and on  
new innovation in PGME  
education (15 minutes each + 15  
minute Q&A)

06/05/09

Extra

SMH

**Special rounds: Dr. Jeff Drazen,**  
Editor, NEJM

Topic: TBD

20/05/09

MSH

**Berris Lecturer:**

**Dr. Robert M. Wachter,**  
Professor and Associate  
Chairman of Medicine, University  
of California, San Francisco

Topic: TBD

<http://medschool.ucsf.edu/faculty/roster.asp?cmd=SearchList&OldCmd=AdvQuery&ctlSelID=17471>  
[http://medicine.ucsf.edu/hospitalists/people/robert\\_wachter.html](http://medicine.ucsf.edu/hospitalists/people/robert_wachter.html)

17/06/09

TWH

Division of Neurology Silversides  
Lecturer: TBD

Topic: TBD

## Welcome

Baycrest welcomes Clinical Nurse Specialist - Gerontology, **Aysha Bandali**. Aysha joined Baycrest on August 18 and was most recently at Mount Sinai Hospital. This new role is a corporate-wide clinical support role, and Aysha will report directly to the VP Collaborative Practice and Quality, and provide support to the Apotex Centre, Jewish Home for the Aged.

Aysha's role will examine nursing practice and how well nursing addresses and systematically manages and measures key geriatric care issues, using best practices and best practice guidelines. She will work with the Quality and Risk team to

assist Baycrest in establishing consistent practices, policies and standards around key geriatric care issues, most specifically bowel and bladder continence practices, within nursing and in consultation, across all interprofessional teams members. She will also provide consultation and mentoring to nursing staff for complex geriatric care issues.

Aysha can be reached at ext. 3298.

portfolio and the V.P. Collaborative Practice, Quality and CNE portfolio. She will also be in charge of capital and annual budgeting, foundation grants accounting and Alternate Funding Program reporting.

Michelle has a Masters of Business Administration and is a Certified Public Accountant. She has ten years experience in financial analysis accounting and financial reporting and budgeting in the real estate, transportation and manufacturing positions.

Michelle can be reached at ext. 2656.

Baycrest welcomes **Michelle Acance** to the position of Senior Financial Analyst. In this role, Michelle will support all cost centre managers in the V.P. Facilities and Redevelopment



## Blast from the past!

This little dame was all dressed up for Purim. Rather than pursuing a career in fashion or acting, she joined Baycrest to help people feel their physical best.

Send your guesses to **Joan Mortimer** at [mortimerj@baycrest.org](mailto:mortimerj@baycrest.org) or call her at ext. 2952. If there is

more than one correct guess then a name will be drawn for the winner. If you would like to reveal what you once looked like (as an adorable baby, dressed in bell bottoms or a mini skirt, 30 pounds thinner or with hair), then dust off those old photos and send them to Joan.



Last issue featured **Marilyn El Bestawi**, Director, Baycrest Hospital. Congratulations to **Maria Mercurio**, Housekeeping, for the only correct guess. Maria wins a Baycrest travel mug.