Golf tournament tops $1 million in support for Sunnybrook

It started as a golf tournament and grew to a gift of more than $1 million toward care for Ontario’s tinest patients.

The Sofina & Amici Golf Classic, hosted since 2008 by Sofina Foods Inc., has raised more than $1.2 million for Sunnybrook’s state-of-the-art Women & Babies facility, which opened in September 2010.

“It’s been an amazing journey from the very start. All of us at Sofina Foods share a real sense of pride in Sunnybrook’s facility, because we helped build it,” says Umeeda Madhavan, who has organized the annual tournament from the beginning. “We’re really thrilled with the relationship we’ve built with Sunnybrook and the positive impact the gift has made in the community.”

The tournament was started with a goal of raising $50,000 each year. It turned out to be a hit from the start, raising over $200,000 in 2008 alone. “The secret has been treating participants to a day beyond their expectations,” says Umeeda. “This is no ordinary tournament. We have never compromised on details, or the small touches that make the tournament a unique experience for our guests.”

Michael Latifi, Sofina chairman and CEO, says he is “indebted to my family, friends and loyal suppliers who generously support our initiative year after year. It is through their support that we have been able to deliver beyond all our expectations.”

Dr. Jon S. Dellandrea, Sunnybrook Foundation’s president and CEO, adds that “this kind of private support is needed if Sunnybrook is to accomplish its goals.”

“We’re very grateful for Sofina, for the Sofina & Amici Golf Classic and for everyone who’s ever swung a golf club at this tournament. "We’ve been successful because we delivered on our promise; from the get-go we said this would be an over-the-top day of indulgence,” says Michael McKinnon, Sunnybrook President and CEO. Dr. Barry McLellan stands with tournament organizer Umeeda Madhavan.

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What patients should do when waiting for another care setting

The question: My mother is an elderly woman with Alzheimer’s disease admitted to Sunnybrook a few weeks ago and she is now ready to leave. None of the retirement homes I have visited so far seem to be suitable for her, but I’m actively looking for one. What will happen to my mom in the meantime?

The answer: Each day, there are 70 to 75 patients at Sunnybrook like your mother— with her acute problem treated in hospital, she is now awaiting placement elsewhere – be it a rehabilitation facility, long-term care home, complex continuing care, palliative care or her own home with extra help. In your mother’s case, it’s a retirement home equipped to care for patients with dementia.

Her circumstance is faced by thousands of patients every day. An estimated 7,300 hospital beds, representing 16 per cent of all acute care beds in Canada, have patients in them awaiting care elsewhere, according to a Canadian Health Services Research Foundation report.

When patients are in beds waiting for alternate care, it has a domino effect on the system. Operations are postponed, there are long delays in emergency and some patients can’t even get into Sunnybrook – they are sent to other hospitals in the province or even to the United States – because the hospital is literally beyond full.

“We need to have a system when the person needs rehabilitation, long-term care or home with all the supports, they immediately have access to the right type of care at the right time in the right place. The system is presently being improved upon, but it isn’t 100 per cent,” says Lois Fillion, operations director at Sunnybrook.

When an alternative level of care (ALC) patient such as your mother is identified, Fillion is able to track her in real-time, including the health-care facilities she has applied to and whether those institutions have accepted the referral or not, and whether that has been done within five days of the patient’s request.

“These are real people with real needs, and when you hear their stories you want to cry,” says Fillion, poring over a thick binder of hospital statistics in her office. “How can we work together to meet the needs? I think it means the system has to look at every case, we have to customize the service to meet the needs.”

Patients, in particular, are caught in a terrible spot: knowing the hospital is not the ideal place to convalesce, they stay, waiting for ‘options’ to be found. On a late-August day, one patient had been waiting 268 days at one of our other sites, the Holland Orthopaedic & Arthritis Centre; two others had been waiting 274 and 262 days respectively at the Sunnybrook site.

Sunnybrook leads review to improve stomach cancer care

Sunnybrook researchers are leading the way to improve care and survival for stomach cancer patients, and have published the largest compilation of best care practices in a special edition of gastric Cancer.

“When you look at the survival outcomes in North America compared to the outcomes achieved in Europe and Asia, there is much room for improvement and little published evidence to help guide clinicians in the care of patients with stomach cancer, which is a very complex disease to successfully treat,” says Dr. Natalie Coburn, a surgical oncologist with the Odette Cancer Centre’s Gastrointestinal Cancer Care Team who led the systematic literature review.

“We need to better understand what is different about our patients and the biology behind their illness,” says Dr. Coburn, who is also head of Sunnybrook’s Division of General Surgery.

Stomach cancer affects close to 3,000 Canadians each year and is often diagnosed at very advanced stages. Early vague symptoms include heartburn and gastric reflux, with bleeding or blood in the stool at advanced stages. Diagnosis and treatment usually occurs after detection of a large tumour in the stomach or once the cancer has spread to other areas, such as the liver or lungs.

The select compilation features 16 peer-reviewed published studies of best practices in procedures and approaches including:

• sentinel lymph node biopsy
• endoscopic ultrasound and pre-operative staging of stomach cancer
• genetic testing and prophylactic (preventive) gastroctomy procedures for individuals with familial risk
• palliative treatments for patients with advanced disease

While there is no one fix, a program known as Home First has been able to help patients such as your mother through a specialized team led by a community care access coordinator, who supports and assesses care needs of the patient and family within one to two days of discharge from hospital.

That coordinator has access to health care professionals and community support services to support your mother while you search for acceptable accommodation. Since its inception in fall 2009, it has helped reduce emergency room visits and the numbers of those on long-term care wait lists.

While at Sunnybrook, your mother will get physiotherapy to keep her mobile, but hospitals are not great places to be unless you absolutely have to be there. That is especially the case for patients with dementia, who may be bothered by the brighter lights, continual changing of staff and unfamiliar surroundings.

“In the case of some patients who arrive at Sunnybrook, their family members may be in crisis themselves and burned out from the responsibility of caring for their loved one 24 hours a day,” says Noreen Dawe, professional leader for social work at Sunnybrook.

“The health care team works with families to support and inform them about available resources that may allow them to continue caring for their loved one at home for as long as possible.”

For more information on Home First, visit: www.torontoncentrelhin.on.ca

New clinic puts diabetes on the RADAR

Sunnybrook’s Rapid Diabetes Assessment and Referral (RADAR) Clinic is helping Sunnybrook patients get faster care. Open since June 2012, RADAR offers patients with poorly controlled diabetes intensive therapy in a single visit.

In 2010/2011, about one in five patients hospitalized at Sunnybrook had diabetes, and their lengths of stay were 40 per cent longer. There were also 720 admissions from the emergency room for people with diabetes as an admitting diagnosis.

Now, the clinic can see patients with diabetes complications quickly, helping reduce their time in hospital. This includes everyone from patients in the emergency room to cancer patients with poorly controlled blood sugar.

RADAR is comprised of a multidisciplinary team that includes endocrinologists, nurses, dietitians and a nurse practitioner.

Patients referred to the clinic are seen within days — compared to referrals to an endocrinologist where wait times may be several months.

November is Diabetes Awareness Month

Sunnybrook has been working to meet that demand through the Diabetes Nurse Champions Program. The Champions have been working to improve diabetes knowledge, along with the quality of care and education provided for diabetic patients through-out the Community and Brain Sciences Programs. Nurses from a variety of areas within the hospital meet on a monthly basis to ensure inpatients are receiving an appropriate amount of education and support.

Another service available to patients is the Sunnybrook Diabetes Education Centre (SUNDEC), which offers classes and individual counseling by registered dietitians and diabetes nurse educators. The team helps patients to make healthy food choices, incorporate exercise into their daily routine, understand the role of medication, and set realistic and achievable goals. To maximize the number of patients that can benefit from this service, SUNDEC accepts patient self-referrals. The office is located in A119 and can be reached at (416) 480-4805.

An aging population — combined with rising obesity rates and sedentary lifestyles — is putting an increasing number of Canadians at risk for diabetes. In Ontario, the number of people living with diabetes is expected to rise to nearly 12 per cent of the population by 2020.

To learn more about diabetes education for patients and staff at Sunnybrook, visit the Diabetes Information Booth in the M1 lobby on World Diabetes Day on Nov. 14. Sylph Esmans