Tehsakotitsén:tha
Kateri Memorial Hospital Centre

2018-2019 Annual Activities Report

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Message from KMHC Leadership

Shé:kon,

It is an honour and a privilege to present Kateri Memorial Hospital Centre's (KMHC) Community Annual Activities Report for 2018-2019. The concentration of this report is on KMHC's strategic priorities; i.e. Safety and Quality, Renovation and Expansion, Traditional Medicine, Community Health Plan and a Client and Family-Centered Approach to Care.

This is the final year of the KMHC strategic plan titled, 'Solidifying the Work', which spanned six years from 13-14 to 18-19. We are proud and content that we have made great strides in reaching our goals. We have seen the ongoing expansion and renovation of the facility, the introduction of a 'client and family centered approach to care', the operationalization of important risk and quality management processes, the strengthening of Mohawk culture and traditional medicine in the organization, and participated in addressing the community's top health priorities on a global community level.

At the end of 18-19, we began working on developing the process for KMHC's next strategic plan. Next year, we will welcome a new Executive Director to the KMHC team, and we will experience the completion of the renovation and expansion work. It is timely to develop a new strategic plan!

We will be asking the community and our partners where KMHC should be focusing its efforts for the next five years. A Board and Management Strategic Planning Group have developed the following important considerations for the new strategic plan:

- 'Apply a client and family centered approach to the planning work; involve stakeholders more deeply in the process. Specifically, this refers to deeper Board, User and Community engagement in the development of the plan.
- Create opportunity for the incoming Executive Director to put their mark on the plan while taking into consideration the identified organizational and community priorities.
- Conduct an external scan to identify potential future directions for the organization.
- Continue the practice of focusing the plan on strategic work, with operational tasks captured in employee job descriptions and service area work plans.
- Recognize that the final Phase III of expansion and renovation will take place in fall of 2019.'

We see next year full of new beginnings and so many possibilities. We will welcome a new leader to the organization and will say good-bye to the one at the helm for the last twenty-two years. We wish both of them health, wellness and happiness as they embark on the next steps in their careers.

KMHC – Executive Director

KMHC Chairman of the Board

Our Vision

KMHC is a place where Kahnawa'kehró:non and staff have confidence and take pride in the high quality of care we provide to our users.

KMHC is a center of excellence where we support and encourage staff, volunteers and users to use and develop all the gifts given to them by the Creator.

KMHC is a team that honors, respects and works with the many talents, abilities, skills and knowledge of our staff and volunteers in service to our users.

KMHC is recognized as a role model to other First Nation communities for our ability to successfully develop holistic services and programs that meet the needs of our users by incorporating both contemporary medical practices and traditional Kanien'kehaka practices.

KMHC is valued as an important member of a larger community team in service to Kahnawa'kehró:non.

Our Mission

We are a team dedicated to strengthening the health and well-being of Onkweshon:'a by providing in partnership with others, quality and holistic services that respond to the needs of the community.

Goals

1. Ensure safety and quality is prioritized throughout all activities of the hospital centre.
2. Renovate and expand the KMHC facility in order to meet the present and future needs of clients.
3. Implement traditional medicine services.
4. Implement the community health plan in partnerships.
5. Integrate a more client and family centered approach to care.

Ensuring safety and quality are prioritized throughout all activities of the hospital centre - Accreditation

We all deserve and want safe and quality healthcare. At KMHC, a number of structures are in place to achieve safe and quality healthcare starting with this strategic goal. One structure is a reporting system whereby harm, that did or could reach patients, is documented and analyzed.

This year, there was a concern that test results being sent to KMHC may have been lost during a 3 week failure when the FAX machine could not be connected. Although these machines have a backup memory, KMHC sent out communiques to the community to contact KMHC if there was a result or other communication that a patient expected and did not receive. Community members might know the saying 'No news is good news'. However, if a test is worth doing, then it is worth knowing the result. Like knowing your medication, knowing your test results is information you need to be a full partner in your care and helps ensure safe care. There is now the 'Dossier Sante' whereby one can see their test results. See *https://carnetsante.gouv.qc.ca/a-proposfor* more information on how to apply for this secure access to the provincial electronic health record.

Falls and medication events are constantly monitored. Unfortunately, the number of falls for inpatients increased as did the severity of the falls. To address this, staff were advised to check hourly and ask patients and residents if they have any needs that could motivate them to move unsafely; for example, having what they need at hand. Medication events decreased and there were no medication events with serious consequences. A quality medication management action this year was the introduction of a number of standardized prescriptions.

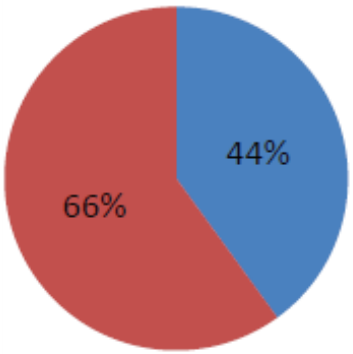
Homecare nursing events often have a communication gap as the cause; for example, transfer of information between nurses. A standardized system for sharing information will be implemented.

Outpatient Care risks are related to the communication and response to diagnostic tests. This year three tests results were not acted upon in a timely fashion. The whole system from ordering a diagnostic test to responding to the result is always reviewed to identify and fill gaps or potential problem situations. The introduction of an electronic health record will be an important improvement in the management of test results.

Another important event in Outpatient Care was consequent to a water leak into a supply room. This cost

Medication events are the most common patient safety events. Taking and giving medication is complicated. This year the World Health Organization launched their 3rd Patient Safety Challenge - Medication without Harm. At KMHC we are dedicating ourselves to doing more interviews with patients to determine what medications they are taking and comparing it with what they are prescribed. That way any error, confusion can be clarified. Everyone, patients and health care professionals have a role in ensuring medication safety. WHO challenge is to decrease medication events by 50% in the next 5 years. KMHC is on board and in collaboration with our patients, this decrease can be achieved.

Medication Events make up 1/3 of all patient safety events at KMHC



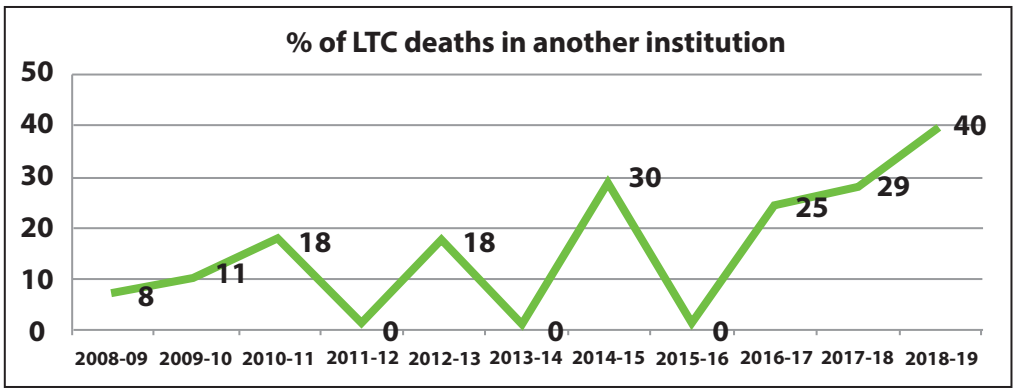
of damage to material emphasized the need for minimal storage in care areas and a dynamic system for material deliveries.

Another structure for safe and quality care is the accreditation process. This quality journey consists of a survey every four years. A survey consists of peer reviewers, who are healthcare workers from other First Nations who visit KMHC. They look for evidence that we meet standards. The standards are organized as sets to reflect the work we do. These sets include governance, leadership, quality medication management, infection prevention and control and 4 patient group service teams – Inpatient long-term care, Inpatient short-term care, Home Care and Primary Care. Accomplishments this year include the revival of the accreditation teams some who have completed their own assessment of how well standards are met and are developing plans to make improvements. This year, the leadership team has conducted a risk assessment on workplace violence and provided education on de-escalation techniques, the prevention of workplace violence and education on fire safety.

This summary is a snapshot of some of the challenges to patient safety at KMHC. We encourage all patients to participate in their care as we pursue our partnership in making healthcare at KMHC the best it can be.

The Conversation About End of Life – Everyone's Reality

Most people will say that they want to die at home; however, most people die in hospital. For long-term care residents, KMHC is home. Most residents die at KMHC, however, as seen by the chart below, there is an increase in the proportion of residents that die at another institution. This usually occurs when the resident is transferred to another hospital during an acute medical event.



It is a really hard situation for families to work through this type of situation. Family can hope that maybe something can be done to help save their loved one. Residents if able or their families have important discussions with the physician when faced with such a decision.

It is strongly suggested that we talk with our loved ones about what would be important at the end of life. When a conversation is not possible, then families are asked to determine what they think a person would have wanted given their behavior when it came to healthcare. Although a really hard conversation to have, all of us are encouraged to have a conversation with loved ones about what is important to them at the end of their life. That way, they can still guide future interventions if and when they cannot speak for themselves. Information on some things to consider can be found at *https://theconversationproject.org/wp-content/uploads/2017/02/ConversationProject-ConvoStarterKit-English.pdf.*

Renovate and expand the KMHC facility in order to meet the present and future needs of clients

Phase II of the three-phase Kateri Memorial Hospital Centre (KMHC) Renovation and Expansion Project was completed in September 2018.

Temporary Relocation of Programs and Services

The completion of Phase II provided for the temporary relocation of a number of KMHC outpatient programs and services in mid-October 2018, whilst the 'old' outpatient clinic area undergoes extensive renovation during Phase III of the project. These programs and services included the outpatient, dental, ophthalmology and well-baby clinics, medical records, pharmacy, security, switchboard and administration.

This temporary relocation required a significant amount of logistical preparation on the part of the Renovation and Expansion Project's Move Coordinator. It also required a great deal of cooperation and participation on the part of the staff and management of these particular areas. Although we were moving only a very short distance, all equipment, furniture, technology, supplies and records had to be packed with care and consideration for the temporary location that it was going to occupy. There was an important amount of time spent 'planning on paper' these temporary set-ups; however, there were a number of challenges during execution to which our staff stepped up, worked together and found solutions. In a very short period of time, this work was complete with our services being closed to the public for only two days.

Permanent Relocation of Programs and Services

The completion of Phase II also provided for the permanent relocation of some programs and services. KMHC Food Services, which had been relocated to the Elder's Lodge since the very beginning of the project, returned to the new facility; a state-of-the art kitchen and a new staff cafeteria. Rehabilitation services such as physiotherapy, occupational therapy and speech therapy also moved into its permanent location; a much larger, new and improved service facility. Again, our staff in these areas must be commended for overcoming a number of the challenges relating to such a complex move.

Renovate and expand the KMHC facility in order to meet the present and future needs of clients

New Long-term Care Beds

The completion of Phase II provided fifteen (15) new long-term care beds. We had hoped to begin new admissions in early December 2018; however, there was a government authorization delay.

Four (4) residents were admitted as of January 23, 2019, and we admitted two to three (2-3) residents per week until our beds were fully occupied. Nine (9) long-term care patients who were in short-term care beds were transferred to long-term care first; then others from the waiting list.

Short-term Care Beds

Presently, KMHC has 10 short-term care beds. It has been the norm for a number of years that the majority of these beds are occupied by patients waiting for long-term care. Given that the need for long-term care continued to exceed our resources, we also admitted up to 5 patients waiting for long-term care to a short-term care bed; leaving 5 beds available for short stays at KMHC. Although this is not ideal for short-term care at KMHC, we continue to believe this is the best case scenario in order to meet the needs of our population with our present resources.

Phase III – KMHC Renovation and Expansion Project

This phase is now scheduled to be complete in fall 2019; at which time, an additional 10 long-term care beds and 5 short-term care beds will be available, bringing our total to 58 long-term term care beds and 15 short-term care beds.

Implement Traditional Medicine Services

Our Strategic Plan wrapped-up this fiscal year; it had as one of its goals the implementation of Traditional Medicine Services with the singular objective of formalizing a Kateri Memorial Hospital Centre/Kahnawake Shakotiia'takehnhas Community Services service delivery partnership.

This year, we have:

- Held Strategic Planning;
- Maximized existing traditional medicine resources;
- Drafted a formal partnership agreement.

What remains to be done:

- The preparation of a yearly work plan, and
- A communication plan.

At this point, we are much closer to realizing our goal of implementing traditional medicine services, Tekanonhkwatsheraneken … "two medicines working side by side". This service will align the practices of Western medicine with those of traditional health ensuring the opportunity to integrate our philosophies, beliefs and healing practices into a clinical setting, integrating traditional values into the contemporary health system.

Completion of our Expansion and Renovation Project's final Phase III will see traditional medicine services offered in KMHC supported by a provincial budget and a solid partnership with Kahnawk:e Shakotiia'takehnhas Community Services (KSCS).

Until that time, our Traditional Medicine Services' Pilot Project continues with the following activities:

- Community medicine walks which draw a large following with both medicines and traditional teaching shared;
- Multiple workshops facilitated by Emy Mitchell to reawaken the mind, body and spirit;
- Presentations to McGill medical students, as well as Dawson nursing students;
- Promotion of cultural teachings re: sacred tobacco for the Tobacco Control Strategy;
- Prenatal classes discussing the importance of welcoming the baby, the medicines traditionally used during and after pregnancy.

Prenatal Clinics & Classes

Prenatal classes cover topics such as: labor support, relaxation and breathing techniques, stages of labour, breastfeeding, community resources and how to develop a birth plan. The Breastfeeding Support Worker attended the second class and gave short presentations on the Baby-Friendly Support Group. Two (2) individuals could not make the group classes so one-on-one classes were given to them.

Calvin Jacobs, Culture and Language Coordinator, contributed to most classes with a segment on traditional medicines, welcoming ceremonies for the newborn, naming ceremonies, and traditional teachings.

# Pre-Natal Visits Seen by CHU Nurse	# Prenatal Clinics	# of Prenatal Moms	Age 35 and over	Age 19 and under	Gestational Diabetes	Type 2 Diabetes	Prenatal Classes	
							Sessions of 2 Classes	Moms (with their partners)
597	47	104	10 visits	3 visits	2 visits	0	2	6

Newborn Home Visiting

All birth mothers are contacted as soon as possible after birth and either given a home visit or are seen in clinic within the first week of life. Newborns are seen for weights until they regain their birth weight. They can require a number of visits during the first few weeks of life. This longstanding program continues to be effective in ensuring early intervention for families having difficulty coping; after discharge of babies and their families for example, breastfeeding difficulties. In an effort to address post-partum depression, the Edinburgh Post-Partum Depression Scale has been reviewed and nurses are administering it to all moms at their newborn visit and one month visit. The referral process to get help for these moms is smoother working with KSCS and the physicians. Four (4) moms were identified/followed for risk of/or post-partum depression.

Birth Rate (2018)	Initial Home Visits	Follow-up Visits	Tongue-tie	Breastfeeding clinic referrals
81	85	*	15	95

Well Baby Program (WBC)

Well Baby Clinics are held on Tuesday to Friday. With Dr. Golberg leaving and Dr Eniojukan off on leave, it has become increasingly difficult to meet the needs of children 0-5. We were able to do some creative scheduling with support of the physicians to add slots. Some clients are still seen outside these clinic hours for weights and vaccines. Our immunization rate is excellent and we continue to be available to our families, not only in Well Baby Clinic but pretty much any day and time of the week. A review of all 600 baby cards was done to assure that all children are receiving their visits and vaccines. Numerous children were identified to contact for follow-up.

This winter, no baby needed the Synagis vaccine every four weeks. This vaccine is given to children at high risk for complications from respiratory Syncytial virus, known as RSV infection.

Number Of Vaccines Given in Well Baby Clinic	
Infanrix-hexa	232
Pediacel	88
Prevnar-13	239
Menjugate	102
Proquad	93
MMR	105
Adacel-polio	55
Rotarix	133
Pneumovax	1
Varivax	64

Meeting was held with KSCS Social Services team and the WBC nurses to look at what each service provides and how to partner more in prevention and case management.

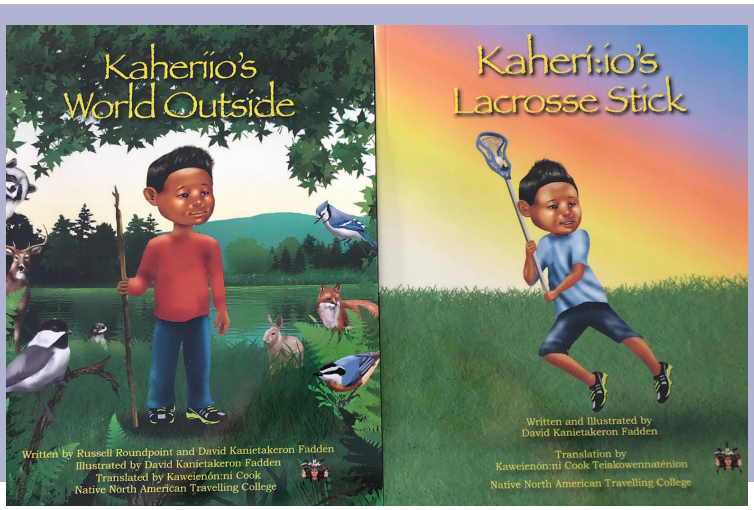
Iontstaronhtha - Breastfeeding Promotion Program

The Baby-Friendly Support Group promotes and supports breastfeeding as the number one choice for feeding of all newborns. Monthly meetings are held at the home of the Breastfeeding Support Worker (BSW). Although there is support from a nurse and the BSW, the mothers support each other and help to find solutions to their breastfeeding and parenting issues.

The Baby-Friendly Support Group had several guest speakers. The Child Injury Prevention Worker presented on the importance of proper installation of car seats and checked some of the participants' car seats. The nutritionist discussed the introduction of solid foods and gave information on planning healthier meals for the family. The Tobacco Reduction Strategy Worker discussed smoking cessation.

Other topics covered at Baby-Friendly Support meetings include: introduction to solids foods, Mother's Day celebration, alcohol and breastfeeding, low milk supply, hand expression/massage, healthy eating for moms, flu season, plan time away from baby, milk and alternatives, smoking cessation, and baby-led weaning.

This year, the Baby-Friendly Support Group partnered with the parenting group at KSCS Family and Wellness Centre (FWC). It started with a mothers' appreciation event at the Family Wellness Center. Then, the Parenting Support Worker and the Breastfeeding Support Worker coordinated their meetings every 2 weeks, providing support at each other's meetings.



The Literacy Program

Books are given to all babies 2 months to 2 years at their WBC appointment including books in Kanien'keha. Parents continue to be thrilled to see that their very young babies are interested in the books as demonstrated in the Well Baby Clinic. The nurses provide more information to parents about the importance and how to read to their children. One nurse is involved in a special project to develop 3 Kanien'keha books for babies. Hopefully, they will be available to distribute this summer.

Cancer Care and Support

The Cancer Support Nurse disseminates cancer prevention and awareness information that is current and culturally relevant. She helps clients understand aspects of their cancer and increase their knowledge, attitude and behaviors in coping with a cancer diagnoses.

The Cancer Support Nurse attended 8 of the Cancer Support Group monthly meetings. They have 25 members with 10-12 attendees/ per meeting. The nurse shares new research information, answers questions about the medical system, the human body and how it functions, lymphedema, medications, treatments, self-care tips, resources and whatever their needs may be. It helps the nurse get greater insights into their personal experiences. The psychologist was brought in to help participants deal with grief as many members died in a short time period.

The Cancer Support Nurse is an adhoc volunteer member of Tetewatatia'takéhnhahs Community Cancer Fundraising. She also attended the Purple Ribbon Walk. She feels that it is important to be part of any cancer-related community activities, helping her to connect with other community members living with cancer who have not been referred to her or contacted her on their own. Raising awareness is a big part of this group and their fundraising events.

A research project, Widening the Circle of Care: Caregivers Tell their Stories of Supporting People with Cancer in Kahnawake through the University of Ottawa is being conducted to explore the culture of caregiving through experiences, needs, and potential gaps in support. Eight (8) participants have shared their stories so far. In this phase, pictures, music, songs, and/or any meaningful expressions of memorabilia were added to complete their stories. An event was held to present the 6 digital stories created by caregivers within the community, followed by audience discussions about the stories. An artist attended the 3-hour event, and was part of the discussions with the community guests. She was then asked to use the feedback from both the caregiver's stories and the community discussions about providing care to people with cancer in the making of a visual arts piece. There were 55 guests at the event, and it was a very emotional but successful time. We had great participation and feedback during the exercises that were held.

Year	Number of clients	Number of interactions	Number of Hours
2016-2017	30	157	114
2017-2018	32	266	190.5
2018-2019	44	316	206

Tobacco Reduction Strategy

The Community Health Worker, Adult Prevention Nurse and Cancer Support Nurse work together on this initiative.

Smoking Cessation

There has been a decrease in the number of referrals, despite an increase in the number of referring individuals. Unfortunately, there is still a large proportion of clients referred who are not interested in quitting. It can be speculated that they accepted to be referred as a seemingly compliant strategy. Five started the process and failed to follow up after 2 or 3 support contacts, and attempts to contact. A few individuals were met in public and they admitted they were embarrassed to return because they had begun to smoke, or were not ready to quit, or even re-open the conversation. And 9 did not return phone messages, which is implied disinterest.

Second and Third –Hand Smoke

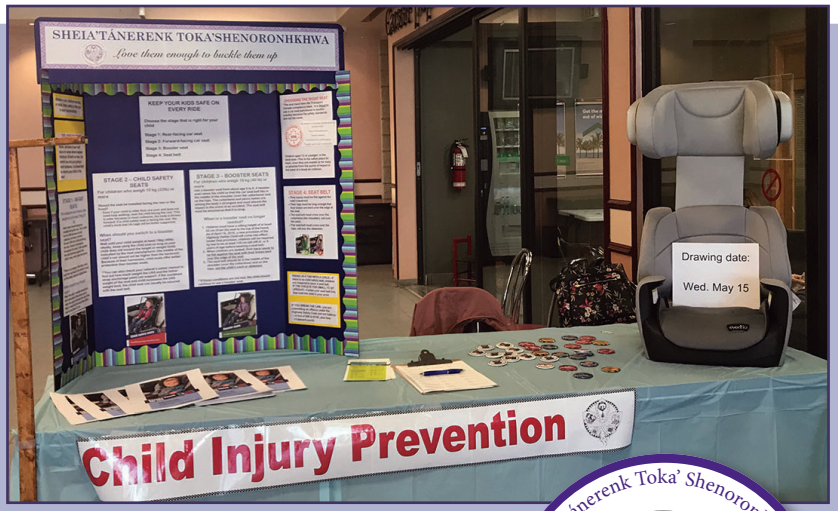
In November, the team supported the new support worker to become focused, to learn about and to educate on second/third hand smoke at the Influenza clinics, at other community activities, and school events for parents of young children. The team also went on the radio talk show to discuss reducing the risk of tobacco smoke/vapour exposure in homes and vehicles.

Role Model Campaign

Role model posters were used at booths for smoking cessation promotion at community events including: report card evenings at the schools, Racers for Health, Winter Carnival events, Young Adults Fun Fair.

Videos were developed with the previous role models and a few new ones to promote traditional uses for tobacco, prevention, and cessation. The team was able acquire a well-known lacrosse player to participate. The videos are in their final stages of production and will be launched via social media and at public events.

Child Injury Prevention



The Child Injury Prevention Worker continues to participate in the Child Safety Network which includes Kahnawake Peacekeepers, Kahnawake Fire Brigade, Kahnawake Youth Center, Animal Protection, Community Protection Unit, KSCS, Step by Step, MCK and CHU. The group has met 5 times over the past year working collaboratively on several campaigns. The group was invited to Aboriginal Day at the Montreal Children's Hospital. There was also a focus group on summer day camps to which the group developed a document on standards for summer day camps.

The Child Injury Prevention Worker has been instrumental in providing babysitting courses to assure that the youth are knowledgeable in their responsibilities. The courses are held at the Kahnawake Youth Center after school and on weekends or ped days. Two sessions were held; one in the Spring and one in the Fall.

The Child Injury Prevention Worker is a member of the KSDPP Wellness meeting. This committee meets to coordinate the health and wellness education occurring in the schools.

Wellness Nurse - Diabetes Nurse Educator

Clients are now referred to the Wellness Nurse for most chronic diseases for help with management or education; i.e. hypertension, heart disease, kidney disease, COPD, diabetes, etc.

The Wellness Nurse works closely with the Nutritionist with the clients living with diabetes. They have a more coordinated approach to diabetes education. They now plan diabetes education sessions with clients either together or one after another. This has also led to a better understanding of how each has a part to play in diabetes education and that there is a team to work with the client to help them reach their goals. This year, they have also started planning appointments when clients are coming for other appointments with other services; i.e. ophthalmology, footcare, physicians, rehab, etc.

They are working with a new tool called "At Peace with Diabetes" that the Nutritionist developed to help people living with diabetes better understand their condition, how to manage it and prevent complications. She worked with the Wellness Nurse and clients to make improvements to the tool so it would meet the needs of the clients and would be easily understood.

Our collaboration with Western University continued in 2018 with knowledge transmission activities. The Nutritionist also acted as a mentor for other First Nations in another Western University research program called SOAR. In December 2018, she was invited to speak on behalf of the community of Kahnawake about meeting community needs in community-based research and to present a poster at the CIHR Community-Based Primary Health Care (CBPHC) final meeting held in Montreal.

Wellness Nurse/Diabetes Education Nurse Statistics

Type of client contact	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Scheduled	167	203	203	479	1001	1163	1003
Unscheduled	223	295	295	202	516	285	428
Clinic	746	518	518	264	22		
Inpatient	36	14	14	0	5	7	1
Home Visit	1	17	17	17	0	53	7
Total Patients Seen	**1184**	**1080**	**1080**	**948**	**1544**	**1508**	**1431**

Wellness Nurse/Diabetes Education Nurse Statistics - continued...

Type of client contact	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Phone Calls	149	635	635	292	409	624	778
Did Not Arrive				126	210 (10.9%)	170 (9%)	148 (8%)
Cancellation				89	162 (8.5%)	202 (10.7%)	192 (11%)

Prevalence and Incidence of Diabetes in Kahnawake

	Diabetes Prevalence	Diabetes Incidence						
	(All Cases)	(New Diagnosis)						
	at end of 2017	2012	2013	2014	2015	2016	2017	2018
Type 1	11	0	0	0	0	2 added to list	0	0
Type 2	753	40	18	37	26	17	20	20
Impaired Fasting Glucose	136	7	15	16	3	2	3	143

Foot Care Program

The Foot Care Nurse's goal is to prevent foot ulcers and assess for risk factors of our community members that are living with type 2 diabetes. The Foot Care Nurse has advanced foot care training. Clients are referred to the program by the physicians, nurses, DNE and rehabilitation. He sees clients 2 days per week. He provides thorough foot assessments, nail care, callous care, care of ingrown toenails, etc. He teaches clients about the proper way to care for their feet (i.e. washing, drying, moisturizing, cutting nails, etc.). He also refers clients to the orthotics clinic.

Foot Care Clinic at a glance

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Number of clinics	78	94	98	85	94	94	94	99
Number of patients receiving care	218	214	247	246	256	202	257	257
Total number of visits	936	1047	1039	898	1012	845	917	861
Average number of visits/clinics	12.0	11.1	10.6	10.5	10.7	8.9	9.7	8.7
Number of visits per year			1 - 8	1 - 10	1 - 8	Ave. 4.2	1 - 17	1-12
Did not arrive			54	61	48	91	76	87
Cancellation			56	36	35	85	192 *	124

**this includes patients who rescheduled appointments*

Diabetic Eye Screening Project

People living with diabetes are recommended to have their eyes checked for diabetes retinopathy every one to two years. Unfortunately, accessibility to an ophthalmologist remains difficult due to the demand for services. The optometrist at KHMC has been specially trained to do these eye exams and will refer clients at risk of diabetic retinopathy or other eye problems to an ophthalmologist. The Ophthalmology Attendant works closely with a few clinics to expedite the referrals. This year, the optometrist saw 300 clients for diabetic retinopathy screening.

Children's Oral Health Initiative (COHI)

The Children's Oral Health Initiative (COHI) program is provided in Kahnawake's 4 Schools and 3 Daycares. The two Dental Hygienists worked together to do screenings at the larger schools so they were able to give one-on-one education prior to screenings and record screenings to decrease interruption during the intervention at Karonhianohnhnha and Step by Step. The Dental Hygienists provide dental screenings, fluoride varnish, sealants and dentals referrals to participants in schools, daycares and homes. They also promote oral health practices with pregnant women, parents and caregivers of young children, organized groups and the community at large. They provide support to the teachers with the class tooth brushing program. Much time and experience was gained from them working together. They provided one-on-one oral hygiene instruction with Grades 1&2 at 2nd fluoride at Kateri and Indian Way schools. The in-class education sessions that occurred were Intro to Brushing,"Buddy's Teeth", Elmo/Pistachio puppet brushing demos and a brushing program initiated in one class.

Integrating a more client and family centered approach to care

This year, staff from different departments were reorganized into teams caring for specific patient groups; i.e. Short-term Care Inpatients, Long-term Care Residents, Primary Care and Home Care. The idea is that removing departmental walls helps create natural teams as the same multidisciplinary staff work consistently together with the persons from a patient group. Leadership worked to achieve this goal by updating roles and responsibilities and the related job descriptions. Managers met with staff from the different care groups and shared their thoughts on how reorganization would help further develop client and family centered care. As with any change, managers listened to the concerns of staff and held work flow meetings where service delivery was discussed and planned. To assure professional input and improvement of care, the Council of Nurses was revived and the Multidisciplinary Council was developed. Like the Council of Physicians, these Councils monitor and make recommendations for the improvement of care. Managers informed each other on the progress of restructuring and will be developing activities such as education of staff, posters for users, etc.

An objective of client and family centered care is to help clients and families be fully informed and participate in decisions about their care. Specific actions to achieve this include having intervention planning meetings for the long-term care resident in their room.

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Home & Community Care Services Activity Program Reorganization - An example of Client and Family Centered Care

The Activity Program at the Turtle Bay Elders Lodge (TBEL) is a combination of the Adult Day Center of KMHC and the Activity Program at the TBEL. These two programs were amalgamated this year to create the Home and Community Care Activity Program under the supervision of the KMHC Manager of Home Care Nursing. This program conducts a day program where participants can participate in a variety of activities. A wide variety of clients attend the program, which runs from 8 a.m. to 4 p.m., Monday to Friday, as well as weekends and evenings for special activities. Participants include the residents of the TBEL, Homecare patients & clients of Home and Community Care Services (HCCS). The program is open to any client which requires increased social interaction or day-time respite. Referrals to the activity program can come from a variety of sources; the same applies to any program within HCCS. Initial Assessments are done by the Recreational Therapist in collaboration with the participant's Case Manager as well as other members of the Activity Team. The Activity Program meets the different needs of our participants. Some examples are providing stimulation of mind, body and spirit and providing social interaction. The program also provides respite to families, who need assistance and support to care for their loved ones at home.

Kateri Memorial Hospital Centre
Statement of Financial Position
(Unaudited - see Notice to Reader)

March 31	Operating and Donation Funds	Capital Fund	2019 Total	2018 Total
Assets				
Current				
Cash	$ 4,343,971	$ 2,629,670	$ 6,973,641	$ 10,920,967
Cash in trust	49,802	-	49,802	49,802
Accounts receivable				
Patients and other	216,337	-	216,337	217,283
Provincial government (Note 3)	-	332,188	332,188	227,533
Inventories of drugs and supplies	90,787	-	90,787	98,299
Prepaid expenses	69,641	-	69,641	26,050
Due from Capital Fund	529,236	-	529,236	443,129
	5,299,774	2,961,858	8,261,632	11,983,063
Capital assets (Schedule 1)	-	39,617,474	39,617,474	33,386,255
	$ 5,299,774	$ 42,579,332	$ 47,879,106	$ 45,369,318
Liabilities and Fund Balances				
Current				
Short-term credit facility (Note 4)	$ -	$ 23,978,000	$ 23,978,000	$ 23,700,000
Accounts payable and accruals				
Suppliers	192,974	1,921,086	2,114,060	2,014,606
Accrued wages	512,666	-	512,666	347,790
Interest payable (Note 4)	-	1,085,994	1,085,994	599,738
Patients' deposits	49,802	-	49,802	49,802
Deferred revenue	9,915	-	9,915	9,915
Deferred contributions				
Renovation and expansion	-	62,849	62,849	49,583
Capital asset additions (Note 5)	-	122,816	122,816	122,816
Due to Operating Fund	-	529,236	529,236	443,129
Due to Tsinitsi Aièsatakari'teke	51,155	-	51,155	25,849
	816,512	27,699,981	28,516,493	27,363,228
Fund balances				
Donation	27,478	-	27,478	28,417
Capital	-	14,879,351	14,879,351	13,700,123
Operating	4,455,784	-	4,455,784	4,277,550
	4,483,262	14,879,351	19,362,613	18,006,090
	$ 5,299,774	$ 42,579,332	$ 47,879,106	$ 45,369,318

On behalf of the Board

C. Lajoie Director

Director

Kateri Memorial Hospital Centre
Statement of Revenue and Expenditures - Operating Fund
(Unaudited - see Notice to Reader)

For the year ended March 31	2019	2018
Principal activities		
Revenue		
Provincial government	$ **8,843,612**	$ 8,009,773
Authorized charges less exoneration charges	**527,570**	481,504
Miscellaneous	**314,317**	326,115
Meals	**86,702**	109,383
Interest	**9,108**	10,911
	9,781,309	8,937,686
Expenditures		
Salaries and fringe benefits (Schedule 2)	**8,015,617**	7,390,782
Administration	**305,214**	279,507
Premises operation	**267,472**	208,120
Dietary	**267,454**	268,173
Medical, surgical and other supplies	**228,588**	232,558
Drugs	**201,955**	166,678
Homecare	**75,083**	87,518
Premises maintenance	**61,709**	39,650
Reception and communications	**54,560**	47,005
Housekeeping	**37,528**	33,328
Transportation of patients	**29,058**	29,317
Physiotherapy and ergotherapy	**20,679**	13,607
Medical files	**14,825**	12,985
Laboratories	**10,143**	11,907
Patients' activities	**6,698**	8,173
Laundry and linen services	**6,492**	6,039
	9,603,075	8,835,347
Excess of revenue over expenditures for the year	$ **178,234**	$ 102,339
Secondary activities		
Revenue		
Step-by-step learning program	$ **162,083**	$ 162,083
Expenditures		
Step-by-step learning program	**162,083**	162,083
Excess of revenue over expenditures for the year	$ **-**	$ -
Summary		
Principal activities	$ **178,234**	$ 102,339
Secondary activities	**-**	-
Excess of revenue over expenditures for the year	$ **178,234**	$ 102,339

Tsinitsi Aièsatakari'teke
Statement of Financial Position

March 31	2019	2018
Assets		
Current		
Cash	$ **1,231,421**	$ 1,025,873
Accounts receivable	**83,813**	23,044
Due from Kateri Memorial Hospital Centre (Note 2)	**51,155**	25,849
Prepaid expenses	**16,389**	15,916
	1,382,778	1,090,682
Capital assets (Note 3)	**82,609**	82,637
	$ **1,465,387**	$ 1,173,319
Liabilities and Net Assets		
Current		
Accounts payable and accrued liabilities	$ **35,875**	$ 24,113
Deferred contributions (Note 4)		
Health Canada - E-Health Contribution Funding	**-**	500
Moveable asset replacement	**32,183**	31,683
Kahnawake Shakotha'Takehnas Community Services (KSCS)	**196,229**	89,904
	264,287	146,200
Net assets		
Internally restricted - Consolidated Contribution Agreement (CCA) (Note 5)	**171,742**	241,399
Internally restricted - other (Note 5)	**137,037**	140,637
Unrestricted	**892,321**	645,083
	1,201,100	1,027,119
	$ **1,465,387**	$ 1,173,319

On behalf of the Board

Director

Director

Tsinitsi Aièsatakari'teke
Statement of Operations

For the year ended March 31	2019	2018
Revenue		
Kahnawake Community Funding - Consolidated Contribution Agreement (Schedule 1)		
- Clinical and Client Care	**$ 1,271,899**	$ 1,153,185
- Children's Oral Health Initiative	**93,000**	89,000
- Accreditation	**52,778**	56,278
- Prenatal Nutrition	**49,128**	43,864
	1,466,805	1,342,327
Other Programs		
Kahnawake Community Funding - Health Management	**254,701**	287,116
Kahnawake Community Funding - Aboriginal Diabetes Initiative Funding	**110,517**	114,111
Kateri Memorial Foundation	**80,097**	72,233
Kahnawake Community Funding - Student Programs	**29,179**	15,310
Kahnawake Community Funding - Activity Aids	**20,322**	-
Other contributions	**3,115**	6,241
	497,931	495,011
	1,964,736	1,837,338
Expenditures		
Consolidated Contribution Agreement Programs (Schedule 1)		
Expenditures funded from current year contributions		
Clinical and Client Care and Communicable Disease Control	**1,105,443**	1,053,962
Children's Oral Health Initiative	**57,253**	53,573
Accreditation	**51,191**	56,277
Prenatal Nutrition	**27,593**	28,750
	1,241,480	1,192,562
Expenditures funded from prior year surpluses	**69,657**	28,485
	1,311,137	1,221,047
Other Programs		
Health Management	**241,455**	199,750
Aboriginal Diabetes Initiative Programs	**110,537**	114,456
Kateri Memorial Foundation Employees	**80,097**	72,233
Student Programs	**27,207**	17,804
Activity Aids	**20,322**	-
	479,618	404,243
	1,790,755	1,625,290
Excess of revenue over expenditures for the year	**$ 173,981**	$ 212,048

Kateri Memorial Hospital Centre - Capital Fund - Renovation and Expansion Project Statement of Financial Position

March 31	2019	2018
Financial assets		
Cash	**$ 2,629,670**	$ 6,894,178
Due from Kateri Memorial Hospital Centre - Operating Fund, non-interest bearing, due on demand	**96,901**	78,142
	2,726,571	6,972,320
Liabilities		
Short-term credit facility (Note 2)	**23,978,000**	23,700,000
Accounts payable and accrued liabilities	**1,921,087**	1,892,580
Interest payable - short-term credit facility (Note 2)	**1,085,994**	599,738
Deferred contributions (Note 3)	**62,849**	49,583
	27,047,930	26,241,901
Net debt	**(24,321,359)**	(19,269,581)
Non-financial assets		
Tangible capital assets - construction in progress	**30,370,612**	24,193,914
Tangible capital assets - medical equipment	**851,573**	851,573
Tangible capital assets - furniture and fixtures	**244,001**	244,001
	31,466,186	25,289,488
Accumulated surplus		
Invested in tangible capital assets	**$ 7,144,827**	$ 6,019,907

On behalf of the Board

Director

Director

Kateri Memorial Hospital Centre - Capital Fund - Renovation and Expansion Project Statement of Operations

For the year ended March 31	2019	2018
Revenue		
Government transfers		
Agence de la Santé et Services Sociaux de la Montérégie	**$ 930,145**	$ -
Contributions		
Kateri Memorial Foundation	**114,734**	109,367
Other	**-**	6,394
	1,044,879	115,761
Interest income	**80,041**	76,999
	1,124,920	192,760
Expenditures		
Building construction	**4,007,475**	4,271,464
Equipment	**827,310**	86,247
Interest on short-term credit facility	**486,256**	301,063
Architect, engineering, planning and design	**458,327**	332,837
Project management	**293,692**	222,922
Office and general	**72,008**	100,569
Other professional fees	**31,630**	15,700
Site decontamination	**-**	158,680
Total expenditures incurred	**6,176,698**	5,489,482
Total expenditures capitalized	**(6,176,698)**	(5,489,482)
Expenditures after capitalization	**-**	-
Annual surplus	**1,124,920**	192,760
Accumulated surplus - invested in tangible capital assets, beginning of year	**6,019,907**	5,827,147
Accumulated surplus - invested in tangible capital assets, end of year	**$ 7,144,827**	$ 6,019,907

Standing Committees

KMHC ensures quality care standards are achieved and improved upon through the due diligence of many individuals and processes. Each of these Standing Committees is dedicated to maintaining KMHC as a quality healthcare facility. Niawenh'kó:wa to every member of these committees for his/her hard work and dedication.

Infection Prevention and Control Committee (IP & C)

Mandate:
This committee provides direction for a coordinated approach to the implementation of current infection control standards, and facilitates its measurement.

Members:
Leslie Walker-Rice, Chairperson, Infection Prevention & Control Nurse
Dr. Suzanne Jones, Director of Professional Services
Tom Phillips, Housekeeping Team Leader
Edmar Ninalada, Orderly
Chantal Haddad, Nutritionist
Oliver Reyes, Home Care Nurse
Lee Ann Delaronde, Sterilization Aide
Aileen Faron, Staff Health Nurse (ad hoc)

Fire and Safety Committee

Mandate:
The Fire and Safety Committee assures that the KMHC environment is safe for patients, employees, volunteers and visitors. All aspects of KMHC's human, material, property and financial resources are considered.

Members:
Lynda Delisle, Chairperson, Director of Support Services
Gail Costigan, Inpatient Care Nurse Manager
Shawn Montour, Plant Manager

Staff Health Committee

Mandate:
To ensure the health and safety of the hospital centre's employee population. Using a collaborative approach that includes both management and staff, we strive to identify and resolve safety issues within the workplace, evaluate options to optimize the day-to-day health and well-being of staff, ensure that the internal responsibility system functions effectively and certify that the organization meets occupational health and safety legislation requirements.

Members:
Aileen Faron, Chairperson, Staff Health Nurse
Lynda Delisle, Director of Support Services
Dawn Montour-Lazare, Outpatient Care Nurse Manager
Louise Lahache, Human Resources Manager
Tracy Johnson, Homecare Nurse Manager
Brianna Montour, Inpatient Care Representative
Madelyn Cross, Dietetic Aide

Secretary:
Helen Zacharie

Charting Committee

Mandate:
The Committee ensures that Kateri Memorial Hospital Centre documentation systems serve as one of our communication tools among health team members; gives a clear picture of clients' conditions to health team members and shows evidence that there is care planned and rendered to our clients.

Members:
Yun hui Cheng, Chairperson, Manager of Medical Records Department
Gail Costigan, Inpatient Care Nurse Manager
Lisa Deer, Medical Archivist
Valerie Diabo, Director of Nursing and Community Care
Tracy Johnson, Homecare Nurse Manager
Dr. Suzanne Jones, Director of Professional Services

Information Management Committee

Mandate:
The Committee provides oversight for the acquisition, implementation, and use of Information Technology and Document Management Services.

Members:
Yun Hui Cheng, Chairperson, Medical Records Department Manager
Gail Costigan, Inpatient Care Nurse Manager
Lisa Deer, Medical Archivist
Lynda Delisle, Director of Support Services
Dr. Suzanne Jones, Director of Professional Services
Luke McGregor, Information Technology Technician
Dawn Montour, Outpatient Care Nurse Manager
Debbie Leborgne, Clinic Receptionist (ad hoc)

Users' Committee

Functions of the Users' Committee
1. To inform users of their rights and obligations as in the Law on Health and Social Services (LSSSS) in effect.

2. To foster the improvement of the quality of the living conditions of users and assess the degree of satisfaction of users with regard to the services obtained from the institution.

3. To defend the common rights and interests of users. Or, at the request of a user, defend his/her rights and interests as a user before the institution or any competent authority.

4. To accompany and assist a user on request, in any action he/she undertakes, including the filing of a complaint.

Members:
Eva Johnson
Celina Montour
Terri Thomas
Eleanor Rice
Joyce Rice

Risk and Quality Management Committee

Mandate:
To promote safety for staff, volunteers and users and enhance the quality of care and services provided.

Members:
Lidia DeSimone, QI Coordinator
Susan Horne, Executive Director
Lynda Delisle, Director of Support Services
Valerie Diabo, Director of Nursing and Community Care
Suzanne Jones, Director of Professional Services
Marlo Diabo, Kitchen Aide
Leslie Walker-Rice, Infection Prevention and Control Nurse
Gail Costigan, Inpatient Care Nurse Manager
Yun Hui Cheng, Manager Medical Records
Neda Mirzazadeh Moghaddam, Homecare Nurse
Vitaliy Korovyanskiy, Physiotherapist

Department of General Medicine

The Department of General Medicine consists of medical professionals who work at Kateri Memorial Hospital Centre with the responsibility of ensuring quality health care acts are performed within the hospital centre.

Members:
Dr. Aurel Bruemmer, Chairperson
Dr. Yemisi Rachael Eniojukan
Dr. Suzanne Jones, Director of Professional Services
Dr. Tania My Van Quach
Dr. Andrea Ross
Dr. Gordon Rubin
Dr. Mitra Tehranifar
Dr. Joseph Wojcik
Dr. Colleen Fuller
Dr. Catherine St. Cyr
Dr. Lyne Simon
Dr. Kent Saylor
Dr. Jean-Dominique Leccia
Dr. Stanley Kwan
Dr. Robert Koenekoop
Dr. Tamara Ibrahim
Dr. Annick Gauthier
Dr. Miriram Banoub
Dr. Cedine Fankam
Fadi Chamoun, Pharmacist
Spiros Marinis, Pharmacist

Executive Committee of the Council of Physicians, Dentists and Pharmacists

The Executive Committee is the governing committee of the Council and exercises all the powers conferred on the Council of Physicians, Dentists and Pharmacists, ensuring the quality of medical and dental care to the population.

Members:
Dr. Aurel Bruemmer, Chairperson
Dr. Joseph Wojcik
Dr. Suzanne Jones, Director of Professional Services
Dr. Colleen Fuller
Dr. Mitra Tehranifar
Susan Horne, Executive Director

Management of Users' Complaints

In 2018 – 2019, KMHC received 2 formal user complaints. The client did not follow through in the process in 6 cases. The 2 formal complaints are categorized as follows:

Category	Number
Rights	
Process Deficiency	
Accessibility	
Clinical & Professional Aspects	2
Other	

One complaint was responded to within the normal delay of 45 days. The other was responded to in a delay greater than 45 days (49 days). No appeal to the Review Committee was made.

Measures taken with regard to client concerns are summarized as follows:

· The employee's contact with the resident will be limited; nevertheless, should there be an emergency or staffing shortage, the employee may be assigned to the resident.

· In both instances, the employee was counselled on the importance of conducting themselves professionally and courteously at all times.

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In short-term inpatient care, the intervention team with the patient reviews the plan of care in the patient's room every week. This ensures the patient's voice is heard and everyone is on the same page. Similarly, shift to shift report between nurses was started as a walk about from room to room. Neither of these is fully operational yet and has received different reviews. Some patients and residents appreciated it and some do not. How to continue to roll this out will need to be explored further.

To help know the person admitted to long-term care, a Life History was developed and reviewed by the User Committee. This is done to help personalize care and to ensure the resident's needs and wants are at the center of care. Pick up on this is not yet consistent and will need more thought. Meanwhile formal continued education sessions for staff on Client and Family Centered Care (CFCC) continue to be developed and provided.

The patient and resident voice is important to direct what needs improvement. This year there were 2 patient satisfaction surveys; one with long-term care residents, the other with home care patients. The specific question related to CFCC which were ranked low in Home Care, was not being given results of tests; however, patients did rate having treatments explained very high. Long-term residents rated being given test results, having medication or treatments explained and most importantly being asked their opinion before making decisions as low. There are numerous opportunities for community members to have input into the development of Client and Family Centered Care. These include numerous committees; focus groups as well as communicating your thoughts to User Committee members. Call and leave a message with the Quality Improvement Coordinator. Together we can make KMHC the best it can be.

Kateri Memorial Hospital Centre becomes the long-term care resident's home for the last years of their life. It is simple to understand that attachments between residents, families and staff are strong. Each year, we remember and pay tribute to those residents that have passed away and acknowledge how dear they were to us.

Winnifred 'Winnie' Montour

Winona Phillips

Charlotte Montour

Evelyn Cross

Annie Diabo

A life that touches others goes on forever.

Notes

Kateri Memorial Hospital Centre
Telephone: (450) 638-3930
Fax: (450) 638-4634

www.kmhc.ca

katerimemorialhospital.centre

Tehsakotitsén:tha

Kateri Memorial Hospital Centre