Tehsakotitsén:tha
Kateri Memorial Hospital Centre

Annual Activities Report
2015-2016

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In Memory of Lori Niioieren Jacobs

Lori Niioieren Jacobs served as a member of Kateri Memorial Hospital Centre's Board of Directors from 1998 to 2007 and again from 2011 to March 2013. She held the position of Secretary or Treasurer throughout her years on the Board.

Deeply missed and always remembered.

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A Message From KMHC Leadership

She:kon Kahnawakehró:non

It is with pleasure that we present the Annual Activity Report of Kateri Memorial Hospital Centre (KMHC) – Tehsakotitsén:tha for April 1, 2015 to March 31, 2016. This report has been formatted in a way so as to provide our clientele with a summary of the organization's financial position, and how we have continued to address the hospital centre's four strategic goals.

Ensuring safety and quality throughout the hospital centre continues to be first and foremost in our minds and actions at KMHC. This year, in addition to the many important daily activities we put in place and monitor to improve quality and reduce risk to clients, numerous activities were directed towards KMHC's 4th Accreditation Survey by Accreditation Canada coming up in June 2016. This is the main quality improvement method used at KMHC, which is also a requirement of all hospital centres throughout Quebec. We expect to do at least as well as we did in 2012, which was 'Accreditation with Commendation'.

We have certainly made significant strides towards all our strategic goals this year; however, the most exciting has been the substantial advancement in our major renovation and expansion project. Although there were some 'hiccups' during the process, progress has been steady and impressive due for the most part to the team that has been put together to realize this extensive project. By the end of the fiscal year, we were able to visit the new portion of the long-term care facility which is presently being erected as Phase 1 of the project. The facility is shaping up according to plan. We can say without a doubt that our long-term care residents will be pleased with the quality of their new home!

At the close of this fiscal year, our Board of Directors and Management reviewed the progress that we have made on our four strategic goals:

- Ensure safety and quality are prioritized throughout all activities of the hospital centre;
- Renovate and expand the KMHC facility in order to meet the present and future needs of clients;
- Integrate Mohawk culture into KMHC operations;
- Implement the Kahnawake Community Health Plan in partnerships.

The Board of Directors took the decision not to enter into a complete new strategic planning process. Our strategic goals are still very relevant; therefore, it was decided to carry on with this plan for at least another year. We did, however, add a fifth strategic goal; 'Integrate a more client and family centered approach to care'.

'Client and family centered care fosters respectful, compassionate and culturally appropriate and competent care that is responsive to the needs, values, beliefs and preferences of clients and their families. It supports mutually beneficial partnerships between clients and healthcare providers. This approach shifts providers from doing something to or for the client, where the healthcare provider's perspective is dominant, to doing something with the client so the healthcare provider is in partnership with the client'.

With renovation and expansion underway, we also see this as an excellent opportunity to critically review how we organize service delivery and make improvement. A client and family centered approach will steer us in the direction of building more cohesive teams focused on the client and their family, in turn decreasing organizational bureaucracy and barriers to achieving more effective service delivery.

We look forward to another exciting and challenging year ahead!

Executive Director

Chairperson
KMHC Board Of Directors

Strategic Framework 2013-2014 to 2015-2016

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.
- a haven of comfort and support to families who share with us in the care of their loved ones.
- 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.
- 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.
- 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.
- 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 Onkwehshón:'a by providing, in partnership with others, quality and holistic services that respond to the needs of the community.

Our Values

Being thankful is important to us. It is how we were taught to start our day, recognizing all that creation has given to us to work and live with. It is one of our greatest gifts, one that has been preserved and passed on to us; we will share it with others.

We value respect, responsibility, consensus and consultation; these are strong traditional Kanien'kehaka principles that are helpful to our work with the community.

We honor and appreciate honest and helpful feedback as this practice will help us become more effective.

We believe in accountability, confidentiality, excellence and competence as they are the foundations to achieving the confidence and trust of our community.

We value caring for others the same way we would like to be cared for with respect for privacy, autonomy and dignity.

We value our extended family network as they are an important partner for caring for our users.

We believe that leading by example works well in our community and honors our Kanien'kehaka ways.

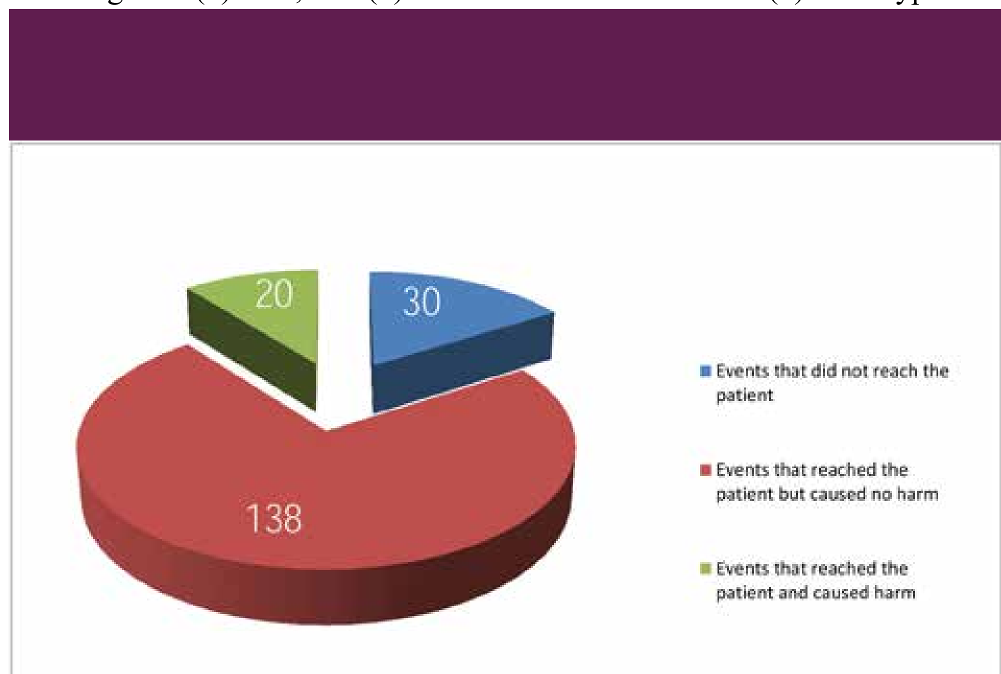
We view the community as a gift from the Creator, and so will do all that we can to help make it a safe and peaceful place to live.

Our Goals

1. Ensure safety and quality are 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. Integrate Mohawk Culture into KMHC Operations
4. Implement the Community Health Plan (CHP) in partnerships

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

Safe care is fundamental to quality care. Identifying risk and taking measures to decrease negative outcomes of risk are essential to safety. One method of risk identification is that healthcare providers must report events where patients did or could have experienced harm secondary to the care and services they received. This year there were 188 reportable events. Thirty events did not reach the patient, e.g. recognizing an incorrectly identified blood tube label before taking the patient's blood. There were 138 events that reached the patient, however, did not result in harm, e.g. a fall with no injury. There were 20 events whereby the patient experienced harm. The most severe was a temporary consequence following a fall. There were four (4) events requiring specialized care, e.g. transfer to another hospital for further examination. Three (3) events were due to falls and one (1) secondary to a treatment. There were 15 events requiring First Aid and unspecialized care including nine (9) falls, two (2) medication events and four (4) other types of events.



In the case that patients experienced harm secondary to the care they received, they would need to be informed. This information is required for their consent to actions to lessen the harm, as well as whether any prevention measures could be put in place. This process is called disclosure and, of the 20 events that required disclosure, 18 were disclosed in a timely manner. Part of disclosure is asking the patient and family their thoughts on possible prevention measures, e.g. how to prevent a future fall. This participation is central for patients to be partners in their care.

There were a number of risks that were prioritized over the year. In Kahnawake, there are many same or similar names. This year efforts through poster campaigns and staff education focused on the risk related to incorrect identitification. There were three (3) events this year of incorrect identification, e.g. prescription written in the wrong chart, therefore in the wrong name. In any healthcare interaction, providers will ask for a full name and date of birth and as they listen to this answer, they verify this matches the information of the requisitions they have, e.g. a blood tube label. Another area of focus was the safety of beds. Hospital beds like cribs can pose a risk of entrapment through the spaces between a mattress and bedrails. Bed measurements, increased awareness, new mattress pads were all part of the remedial actions. For many years, we have followed a Least Restraint policy at KMHC and, to achieve present guidelines, we will decrease bedrail use to as little as possible. Fire safety is a major preoccupation in hospitals. This year work was completed to address the fire risk related to hot heaters by building wire enclosures over them to ensure a safe distance. Other actions included repeated fire drills, an update and review of the hospital emergency 'Fan Out' process and the outreach to staff, family and patients to maintain an uncluttered environment. Secondary to construction, robust infection prevention and control actions were undertaken. As well, temporary patient spaces were scrutinized for safety hazards.

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

Numerous activities were directed towards Accreditation, which is the main method used at KMHC for Quality Improvement. Medication management actions included a review of storage areas in the Inpatient Department to separate medications that look alike or sound alike, promotion of safety measures related to high alert medications and numerous audits to determine adherence to standards. There was significant work accomplished in Medication Reconciliation which is a process whereby the patient is interviewed and other available sources are used to determine what medications the patient is on. Any discrepancies between what is prescribed and what is taken or between what the patient was taking and what is prescribed in hospital are then resolved. The Antibiotic Stewardship program was initiated. This program is aimed at ensuring the appropriate use of antibiotics to confront the growing problem of antibiotic resistance. The efficient use of resources is another dimension of quality. One way this is tracked at KMHC is through the occupancy rate of the 10 Inpatient Short Term Care beds. This has been maintained at 95% in the last few years compared to an average of 90% in the earlier years of this decade. Given the need for more Long Term Residential Care, patients stay in short term care for ever increasing extended periods. In the last few years, the average was about 6 months; this year the average increased to close to 1 year.

It is hoped that this summary of information assists the community in understanding some of the issues about Quality and Safety at KMHC and promotes participation as we pursue our partnership in healthcare.

Clinibase/eClinibase is a new software that KMHC began to implement in 2015-2016. This was both an exciting and an intense endeavor. The intent of this much-needed software was to upgrade the patient master index, appointment scheduling, a therapeutic nursing plan, patient profile, as well as electronic document management. The learning curve here was quite broad with a major paradigm shift in practices. It was a team effort that resulted in KMHC going "LIVE" in mid-November, 2015; the software is proving to be a valuable tool in delivering health care services more efficiently and effectively.

The Quebec Health Record (QHR) is an innovative tool designed for health professionals. The implementation of the Clinibase/eClinibase software is an important part of the process for KMHC to be a part of the QHR.

Additionally, an Electronic Network Management Administrative Policy was adopted in September 2015 ensuring the continuity and security of KMHC's electronic network facilities and our compliance with the Quebec Ministry of Health and Social Services overall management framework for information assets. This document establishes policies, assigns responsibilities and prescribes standards and procedures for the appropriate and acceptable conduct, management and use of the KMHC electronic network.

2 -Renovating and expanding the KMHC facility in order to meet the present and future needs of clients

The Kateri Memorial Hospital Centre began Phase One of its major renovation and expansion project in March 2015.

Phase One of the project will be completed in October 2016. Once the contractor releases the building to KMHC, the move is expected to take one week. Patients, inpatient clinical staff and certain professional services will occupy the new wing. Some of the moves will be permanent while other employees will be moved temporarily.

Phase Two of the project, expected to last 12 months, is the phase during which the existing men and women's wards will be demolished and reconstructed. Renovations will be completed to improve present facility maintenance and food service areas with new additional clinic services also being added to KMHC.

2 -Renovating and expanding the KMHC facility in order to meet the present and future needs of clients

Throughout the entire construction, KMHC will not suspend any services. Maintaining services is a core aspect of KMHC's mission and there has been significant effort devoted to planning and accommodating services during each of the construction phases.

For example, to provide an uninterrupted meal schedule, KMHC has partnered with Kahnawake Shakotiia'takenhas Community Services (KSCS) at the Turtle Bay Elder's Lodge to prepare meals for residents of both facilities. New state of the art food carts were purchased in order to maintain safety and promote a more home-like meal service delivery at KMHC.

The KMHC food services staff have been transitioning to combine work practices with the KSCS staff at its facilities. There will be no disruption to service. Food services at KMHC are expected to move to the temporary location in September 2016.

Art Integration

KMHC announced the final selection of artists who will be commissioned to create culturally-based artworks in four separate areas within the expansion and renovation project. Three separate calls for artists were issued between 2013 and 2015. Many artists submitted proposals, and the successful artists are:

Owisokon Pauline Lahache was chosen for the Outpatient and Inpatient exterior entrances and Outpatient lobby.
Carla and Donald 'Babe' Hemlock were chosen for the Inpatient interior entrance;
Natasha Smoke Santiago (of Akwesasne) was chosen for the Long-term Care dining room.

Art installations will be carried out over the course of the renovation and expansion project, and will be presented to the community at a formal unveiling to be announced upon completion of the project.

2 -Renovating and expanding the KMHC facility in order to meet the present and future needs of clients

3 -Integrating Mohawk Culture into KMHC Operations

Tekanonhkwatsheraneken is the Kanien'kéha (Mohawk) name that was aptly chosen to describe the Traditional Medicine Unit Project that has completed its third year of operation. The Kanien'kéha word translates to 'two medicines working side by side'.

During 2015-2016, Tekanonhkwatsheraneken worked with eight (8) clients. These clients were provided service by traditional healers, offered traditional teachings and support as part of a comprehensive and culturally appropriate health program.

KMHC's healthcare team, including doctors and nurses, offered clients the option of traditional medicine services and continue to offer it as an option when working with clients.

Tekanonhkwatsheraneken has been immensely successful in;

- Developing and implementing a functioning referral process for the Traditional Medicine Unit.
- Conducting on-going traditional plant research re: drug/herb interaction and client safety.
- Developing and implementing a plan focused on educating Kateri Memorial Hospital Centre's health-care providers to increase understanding and awareness of Kanien'kehá:ka culture, ensuring safety, respect and acceptance of traditional practices and medicine plants.
- Promoting Kateri Memorial Hospital Centre's Traditional Medicine Project within the Kateri Memorial Hospital Centre and in partnership with Kahnawake Shakotiia'takehnhas Community Services (KSCS) Family and Wellness Center Traditional Program. KMHC looks forward to a continued partnership with KSCS.
- Holding a number of trainings, presentations and workshops with Emmy Mitchell, Wendy Hill, Geraldine Standup, Tom Porter, as well as seer sessions with Wendy Hill and Troy Green. These sessions were extremely well attended and evaluations reflected participant satisfaction, appreciation, increased knowledge and continued interest.

Candida Rice and Calvin Jacobs, with support and guidance from KMHC's Council of Elders, have been successful in making this project a reality. KMHC's Council of Elders is comprised of community members Frank Jacobs, Loretta Leborgne, Joe McGregor, Charlie Patton and Geraldine Standup.

3 -Integrating Mohawk Culture into KMHC Operations

Eileen Patton joined the Council of Elders to fill the seat left vacant by Freddy Deer. Sadly, Council of Elders member Freddy Deer began his journey to the spirit world this year. He will be deeply missed.

Kanien'kéha Language and Culture

Implementing and using Kanien'kéha in the KMHC workplace continues to be an important part of day to day operations. Signs have been implemented in both the Mohawk language as well as English. In some instances, a sign will be displayed using Mohawk, English and French. It is being well received by staff, as well as clients.
There have been other efforts to incorporate the language into a normal workday. The Mohawk opening prayer (Ohenton Karihwatekhwen) begins each day. Memos and correspondence also include phrases and words in the language.

Language Classes

Calvin Jacobs has been diligently working with staff to teach simple phrases that can be used in their workday. He offers language classes twice a week for staff. These classes take place on a consistent basis with staff who are dedicated to learning the Mohawk language.

Additionally, six staff and service provider workers successfully finished their first, second and third year of the language program offered through Tsi Niionkwarihò:ten Tsitewaháhara'n Center - Mohawk Council of Kahnawake.

4 -Implementing the Community Health Plan (CHP) in partnerships

One of the four strategic goals of Kateri Memorial Hospital Centre is to implement the Community Health Plan (CHP) in partnerships.

Onkwata'karitáhtshera, comprised of Kahnawake Shakotiia'tekenhas Community Services (KSCS), Kateri Memorial Hospital Centre, Mohawk Council of Kahnawake and the Kahnawake Fire Brigade, developed the CHP as a tool that would help to direct the delivery of quality services to the community of Kahnawake. Onkwata'karitáhtshera established sub-committees to focus on the community's health priorities.

- Early Childhood Wellness
- Chronic Disease (also referred to as ahsatahkaritahke – diabetes, obesity, and cardiovascular disease)
- Cancer
- Mental Wellness and Addictions

How have these health priorities been addressed at KMHC and in partnerships with other community organizations?

EARLY CHILDHOOD WELLNESS

Prenatal Clinics and Classes

Year	# Pre-Natal Visits Seen by CHU Nurse	# prenatal clinics	# of prenatal moms	↑ 35	↓ 19	GDM	Type 2 Diabetes	Prenatal classes	
								Sessions of 2 classes	Moms (with their partners)
15-16	636	53	136	17	8	4	0	4	12

Pre-natal clinics have been very busy with as many as 26 clients per clinic.

Prenatal classes with Caireen Cross 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 Breastfeeding Support Group. Traditional Medicine also contributed to each class by introducing pertinent ceremonies and traditional medicine used during pregnancy and delivery.

In an effort to address post-partum depression, the Edinburgh Post-Partum Depression Scale has been reviewed and nurses are administering it with all moms.

During 2015-2016, there were 636 prenatal visits at KMHC. Twelve (12) moms with their partners took part in prenatal classes.

4 -Implementing the Community Health Plan (CHP) in partnerships

Newborn Home Visits

Newborn notices continue to be received in a confidential manner. High risk notices are also received in this manner from birthing hospitals.

All birth mothers are contacted as soon as possible and either given a home visit or are seen in clinic within the first week or two 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.

99 babies were born during 2015-2016 (45 Girls and 53 Boys).

In 2014-2015, there were 79 births (48 Girls and 31 Boys).

This long-standing program continues to be effective in ensuring early intervention for families having difficulty coping after discharge of babies and their families, e.g. breastfeeding difficulties.

During 2015-2016, the Community Health Nurse had 68 initial home visits with 73 follow-up visits.

Number of vaccines given in Well Baby Clinic 2015-2016	
Infanrix-hexa	236
Infanrix-IPV-Hib	91
Prevnar-13	241
Menjugate	80
Proquad	78
MMR	79
Boostrix-polio	45
Rotarix	157
Varivax	1
Boostrix	34
Imovax-polio	34

Well Baby Program

KMHC's immunization rate is excellent. This year, there was a shortage of Boostrix-polio in the province so the vaccines were given in 2 injections (Boostrix + Imovax-polio).

Five (5) year-olds are also followed to ensure that any developmental delay or other health issues are addressed early and to address any concerns from parents. 34 clinics were held, 89 appointments booked and 66 children were seen, 11 cancelled and 12 did not arrive (DNA).

Ionstaronhtha - Baby Friendly Support Group

The Baby Friendly Support Group meetings are held monthly. Guests included the Child Injury Prevention Worker who presented on the importance of proper installation of car seats and checked some of the participants' car seats. The Nutritionist presented on introducing solid foods and many questions were answered about different formula products. In October, the Breastfeeding Support Worker held a Breastfeeding challenge in honor of Breastfeeding Week with many moms and babies present.

Other topics covered at Baby Friendly Support Group meetings include: dealing with a fussy baby, bringing home baby, resources available in and around the community, pumping and storing breast milk, exercising with baby, alcohol and breastfeeding, thrush, and Sudden Infant Death Syndrome.

There is an 85% initiation rate of breastfeeding from birth in Kahnawà:ke.

This number is consistently over 80% in the community of Kahnawà:ke. There are 12 Baby Friendly Support Group meetings per year with attendance averaging 17 moms per meeting.

Children's Oral Health Initiative (COHI)

The goal of COHI is to reduce the rate of dental disease in children 1 to 7 years old, as well as to prevent dental disease through education rather than focusing on treatment.

The program staff visited elementary schools and early childhood daycares (seven in total) and had a participation rate of 92.4 %. Of the 485 eligible students, 448 participated.

In addition, there was an increase in sealants done at the dentist. This can be attributed to information sent home with children titled, "Your child is a good candidate for sealants".

Aprroximately 20 referrals were forwarded to the Kateri Dental Clinic by the Well Baby Clinic Nurses. There have been more screenings of children ages 1 and 2 in the past year.

CHRONIC DISEASE

Adult prevention programming is operated as part of the Community Health Unit. These programs are focused on the promotion and benefits of a healthy lifestyle. KMHC often partners with other like-minded community organizations such as KSDPP, KYC, MCK and KSCS.

Atákaritehshera - Vitality

Vitality is a long-standing program (15 years) that is managed by 1 nurse and a certified fitness leader. This year, the group welcomed a new local fitness leader with the retirement of the long-standing leader in December. The participants voiced appreciation in the selection of the new leader; a young woman from the community who has challenged them to do more in a more contemporary way. Participation rate was18-22 per class (25 registered).

Diabetes Education/Wellness Nurse

This is a service that is provided to users of KMHC by referral. Most clients with a chronic disease are now referred to the Wellness Nurse for help with management of or education on of their disease, i.e. hypertension, heart disease, kidney disease, COPD, diabetes, etc. Clients who used to have several appointments with their

physicians for blood pressure management can now see the Wellness Nurse to have blood pressure checks and medication adjustments by the nurse consulting with the physician. This frees the physician to see other clients.

Incidence and Prevalence of Diabetes in Kahnawake

	Prevalence (all cases)	Incidence (new diagnosis)									
	at end of 2015	2005	2006	2007	2008	2009	2010	2012	2013	2014	2015
Type 1	11	0	0	0	0	0	0	0	0	0	0
Type 2	739	23	25	40	25	11	27	40	18	37	26
Transfer*	n/a	5	5	6	2	1	5	12	10	23	7
IFG	191	11	16	25	6	6	11	7	15	16	3

*Transfer meaning clients previously with Impaired Fasting Glucose (IFG)

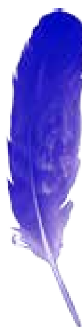
KMHC has been working with Western University on a multifactorial research project called Forge Ahead. We have been working with the team on two previous projects and part of this year's project is a continuation. This part is the First Nations Diabetes Surveillance System; a database of the people living with diabetes including information on how well diabetes and its complications are managed.

ADI (Aboriginal Diabetes Initiative) Footcare Project

This project was designed to prevent foot ulcers and to assess for complications associated with type 2 diabetes such as neuropathy. The Foot Care Nurse treated 256 clients during 2015-2016. The majority of clients are over the age of 45.

ADI (Aboriginal Diabetes Initiative) Diabetic Eye Screening

Kateri Memorial Hospital Centre also works diligently to support our clients living with diabetes. The Aboriginal Diabetes Initiative (ADI) Diabetic Eye Screening Project provides screening for diabetic retinopathy (when damage occurs to the retina due to diabetes). It can eventually lead to blindness. It is an ocular manifestation of diabetes, a systemic disease, which affects up to 80 percent of all patients who have had diabetes for 10 years or more; 60 were screened during 2015-2016.



There were 54 community deaths during 2015-2016.

In 2014-2015, there were 59 deaths.

4 -Implementing the Community Health Plan (CHP) in partnerships

RECREATIONAL ADVISORY COMMITTEE

The Recreational Advisory Committee, formerly known as the Physical Activity Initiative Committee, is a sub-committee of Onkwata'karitáhtshera (Chronic Illness) .

This sub-committee of Onkwata'karitáhtshera is comprised of representatives from several diverse community organizations and professional backgrounds: Kyle Zacharie (KSCS), Mackenzie Whyte (MCK), Shelly Goodleaf (Education), Leslie Walker-Rice (KMHC), Sharon Rice (KYC) and Judi Jacobs (KSDPP).

This group has been instrumental in addressing and identifying specific needs within the community to facilitate and improve outdoor activity opportunities.

This committee has succeeded in installing benches along the community bike path and also the installation of an adult fitness park located along Kahnawake's waterfront.

4 -Implementing the Community Health Plan (CHP) in partnerships

CANCER

Onkwata'karitahtshera's sub-committee has been formed in order for a cross section of healthcare providers and community members to work together on addressing Cancer as a health priority. The KMHC Cancer Support Nurse has been participating in the development of this group. The group has met monthly to develop the terms of reference and to develop a strategy to improve collaboration, coordination and enhancement of cancer services and programs for Kahnawakehró:non.

The Cancer Support Nurse has been certified as a Lymphedema Therapist through training with the Lymphedema Association of Quebec in collaboration with McGill University Health Center. She has had the opportunity to implement some lymphedema treatment, support and training with the Home Health Aides, Homecare Nurses, OPD Clinic and Inpatient nurses on compression bandaging and the Circaid Sleeve.

Working with McGill, the Cancer Support Nurse assisted in 2 workshops on colorectal cancer prevention and screening. She is now working towards bringing the Giant Colon Project to the community to further educate on colorectal cancer.

During 2015-2016, the Cancer Support Nurse charted approximately 147 interactions for 101.8 hours.

MENTAL WELLNESS AND ADDICTIONS

Mental health is an area of care that addresses the needs of patients who are experiencing mental health issues. The primary mandate of the Mental Health Nurses is to address the needs of the patients who fall into the category of severe or persistent, or who are experiencing psycho-geriatric issues.

The role of the Mental Health Nurses has also expanded to include clients who may have mild to moderate mental health issues such as depression, anxiety or addiction.

Nursing care for this client population focuses on activities geared towards prevention and maintenance.

The Mental Health Nurses had approximately 36 patients during 2015-2016 compared to 39 from 2014-2015. The Mental Health Nurses also worked with patients for short periods for issues such as depression, anxiety, adjustment disorder and addiction issues. There were 19 new referrals in 2015-2016. Mental health patients ranged in age from 18 to 70 years old.

Kateri Memorial Hospital Centre
Statement of Revenue and Expenditures - Operating Fund

For the year ended March 31	2016	2015
Principal activities		
Revenue		
Provincial government	$ 7,580,340	$ 7,506,165
Authorized charges less exoneration charges	503,408	436,450
Miscellaneous	294,763	270,483
Meals	33,600	28,910
Interest	9,678	8,333
	8,421,789	8,250,341
Expenditures		
Salaries and fringe benefits (Schedule 2)	6,884,198	6,742,398
Administration	259,268	324,090
Dietary	209,933	201,716
Medical, surgical and other supplies	195,514	189,699
Drugs	183,672	176,935
Premises operation	142,062	129,910
Homecare	69,864	52,915
Premises maintenance	48,754	41,623
Reception and communications	42,407	34,950
Transportation of patients	26,826	33,251
Housekeeping	26,654	30,202
Laboratories	17,668	15,503
Physiotherapy and ergotherapy	17,338	15,536
Medical files	15,774	8,897
Patients' activities	9,873	11,160
Laundry and linen services	6,549	5,366
Diabetes program	325	-
	8,156,679	8,014,151
Excess of revenue over expenditures for the year	$ 265,110	$ 236,190
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	$ 265,110	$ 236,190
Secondary activities	-	-
Excess of revenue over expenditures for the year	$ 265,110	$ 236,190

Tsinitsi Aièsatakari'teke
Statement of Operations

For the year ended March 31		2016		2015
Revenue				
Kahnawake Community Funding - Consolidated Contribution Agreement (Schedule 1)				
- Clinical and Client Care	$	**1,205,507**	$	1,187,510
- Prior years moveable asset replacement deferral (Note 3)		**-**		(11,048)
- Accreditation		**52,777**		63,672
		1,258,284		1,240,134
Other Programs				
Kahnawake Community Funding - Aboriginal Diabetes Initiative Funding		**153,794**		133,312
Kahnawake Community Funding - Child Oral Health Initiative Program		**56,000**		55,000
Kateri Memorial Foundation		**63,571**		52,462
Kahnawake Community Funding - Tobacco Control Strategy		**23,261**		-
Kahnawake Community Funding - Tewatohnhi'saktha - Student Programs		**11,392**		5,609
Health Canada - E-Health Contribution Funding (Schedule 2)		**11,994**		105,454
Other contributions		**15,220**		5,194
		335,232		357,031
		1,593,516		1,597,165
Expenditures				
Consolidated Contribution Agreement Programs (Schedule 1)				
Expenditures funded from current year contributions				
Clinical and Client Care and Communicable Disease Control		**1,056,809**		1,064,139
Accreditation		**51,937**		54,141
		1,108,746		1,118,280
Expenditures funded from prior year surpluses		**162,037**		198,470
		1,270,783		1,316,750
Other Programs				
Aboriginal Diabetes Initiative Programs		**152,983**		134,931
E-Health Program (Schedule 2)		**11,994**		105,454
Gift Shop		**63,571**		52,462
Child Oral Health Initiative Program		**57,821**		45,952
Administration Support		**16,566**		7,136
Tobacco Control Strategy		**22,210**		-
Student Programs		**11,015**		5,949
Forge Ahead		**13,571**		4,637
		349,731		356,521
		1,620,514		1,673,271
Deficiency of revenue over expenditures for the year	$	**(26,998)**	$	(76,106)

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

For the year ended March 31	2016	2015
Revenue		
Contributions		
Tsinitsi Aièsatakari'teke	$ 867,900	$ 326,974
Health Canada via Mohawk Council of Kahnawake	53,000	441,391
Mohawk Council of Kahnawake	-	322,800
	920,900	1,091,165
Interest income	120,996	48,811
	1,041,896	1,139,976
Expenditures		
Building construction	8,058,691	393,806
Architect, engineering, planning and design	290,132	369,419
Project management	195,094	156,700
Site decontamination	127,278	165,000
Interest on short-term credit facility	109,076	27,042
Office and general	18,997	6,405
Other professional fees	15,805	20,928
Equipment	1,325	676
Total expenditures incurred	8,816,398	1,139,976
Total expenditures capitalized	(8,816,398)	(1,139,976)
Expenditures after capitalization	-	-
Annual surplus	1,041,896	1,139,976
Accumulated surplus - invested in tangible capital assets, beginning of year	3,949,576	2,809,600
Accumulated surplus - invested in tangible capital assets, end of year	$ 4,991,472	$3,949,576

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 their hard work and dedication to quality healthcare at KMHC.

Personnel Policy Committee

This committee is responsible for the overall maintenance of the personnel policy manual. The members of the personnel policy committee meet on a regular basis, and recommend change as required.

Lori Diabo, Executive Assistant
Vitaliy Korovyansky, Physiotherapist
Marlo Diabo, Dietary Aide
Louise Lahache, Human Resources Manager
Dawn Marquis, Human Resource Aide

Multi-Disciplinary Assessment (MDA) Committee

This committee meets as a multidisciplinary team on a regular basis to assess, assist and offer recommendations in order to plan the discharge of clients from short term care.

Robin Guyer, Chair, Inpatient Department Team Leader
Dale Beauchamp, Social Services Worker
Marla Rapoport, Rehabilitation Department Manager
Susan Munday, Nutrition and Food Servies Manager
Chantal Belanger, Occupational Therapist
Rebecca Bassili, Occupational Therapist
Mike Chahal, Home Care Nurse
Vitaliy Korovyansky, Physiotherapist
Delegated Homecare Nurses

Infection Prevention and Control Committee (IP & C)

This committee takes into account the safety and dignity of clients, visitors, and healthcare staff; provides direction for a coordinated approach to implementation of IP & C practices; and facilitates the measurement of current infection control standards.

Leslie Walker-Rice, Chair, Infection Prevention & Control Nurse
Dr. Suzanne Jones, Director of Professional Services
Tom Phillips, Plant Operations Team Leader
Marvene Phillips, Sterilization Aide
Edmar Ninalada, Orderly
Hayley Diabo, Home Care Nurse
Chantal Haddad, Nutritionist

Fire and Safety Committees

This 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.

Lynda Delisle, Chair, Director of Operations
Shawn Montour, Plant Manager
Gail Costigan, Inpatient Department Nurse Manager

Staff Health Committee

This committee works to create a healthy and safe working environment.

Louise Lahache, Human Resources Manager
Marla Rapoport, Rehabilitation Department Manager
Dawn Montour, Community Health Unit Nurse Manager
Louise Lutes, Chair, Community Health Unit Nurse
Kathleen Diabo, Inpatient Department Nurse
Lynda Delisle, Director of Operations

Standing Committees

Charting Committee Members

This committee ensures that KMHC documentation systems serve as one of our communication tools among health team members, give a clear picture of clients' conditions to health team members, and show evidence that there is care planned and rendered to our clients.

Yun Hui Cheng, Chair, Medical Records Department Manager
Gail Costigan, Inpatient Department Nurse Manager
Lisa Deer, Medical Archivist
Valerie Diabo, Director of Nursing
Tracy Johnson, Home Care Nurse Manager
Dr. Suzanne Jones, Director of Professional Services

Information Management Committee

This committee manages and provides accessible health information while complying with all internal and external regulations and standards; ensures adherence to the First Nations Privacy Principles of OCAP (ownership, control, access, and possession) and the laws in Quebec regarding health information management, including the protection of clients' privacy, confidentiality and security.

Yun Hui Cheng, Chair, Medical Records Department Manager
Lisa Deer, Medical Archivist
Lynda Delisle, Director of Operations
Dr. Suzanne Jones, Director of Professional Services
Debbie Leborgne, Clinic Receptionist
Luke McGregor, Information Technology Technician
Dawn Montour, Community Health Nurse Manager
Marla Rapoport, Rehabilitation Department Manager

Users' Committee

This committee informs users of their rights and obligations, fosters quality improvement, is involved in assessing client satisfaction, defends the common rights and interests of users and accompanies or assists a user, if requested, in making a complaint or a quality suggestion.

Lidia DeSimone, Quality Improvement Coordinator-Administrative Support

Community Members

Mary Deer
Helen Kanaieson Nolan
Christine Zachary Deom
Eleanor Rice

Risk and Quality Management Committee

This committee consists of front line staff, managers and a user to assist the organization in meeting the needs and expectations of users while using best practices and established standards with the least risk for clients.

Lidia DeSimone, Chair, Quality Improvement Coordinator
Susan Horne, Executive Director
Lynda Delisle, Director of Operations
Valerie Diabo, Director of Nursing
Dr. Suzanne Jones, Director of Professional Services
Marlo Diabo, Dietary Aide
Gail Costigan, Inpatient Department Nurse Manager
Elaine Kezar, Home Care Nurse
Clifford D'ailleboust, Community Health Nurse
Marla Rapoport, Rehabilitation Department Manager
Yun Hui Cheng, Medical Records Department Manager
Leslie Walker-Rice, Infection Prevention & Control Nurse
Herb Rice, Community Member

Standing Committees

Equipment Committee

This committee researches and appraises clinical equipment and the appropriateness of medical supplies for KMHC needs, while standardizing what is purchased across departments.

Valerie Diabo, Chair, Director of Nursing
Gail Costigan, Inpatient Department Nurse Manager
Robin Guyer, Inpatient Department Team Leader
Tracy Johnson, Homecare Nurse Manager
Michelle Jacobs, Purchasing Officer
Leslie Walker-Rice, Infection Prevention & Control Nurse
Marla Rapoport, Rehabilitation Department Manager
Shawn Montour, Plant Manager

Quality Oversight

This committee assists the Board of Directors in achieving their responsibilities as concerns quality of services, notably those that deal with the pertinence, quality, safety and efficacy of services provided and the respect of users' rights and diligent treatment of their complaints.

Celina Montour, KMHC Board of Directors
Susan Horne, Executive Director

Department of General Medicine

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

Dr. Yemisi Rachael Eniojukan, Chairperson
Dr. Aurel Bruemmer
Dr. Deborah Golberg
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 (Evening Walk-in Clinic)
Dr. Catherine St. Cyr (Maternity Leave)

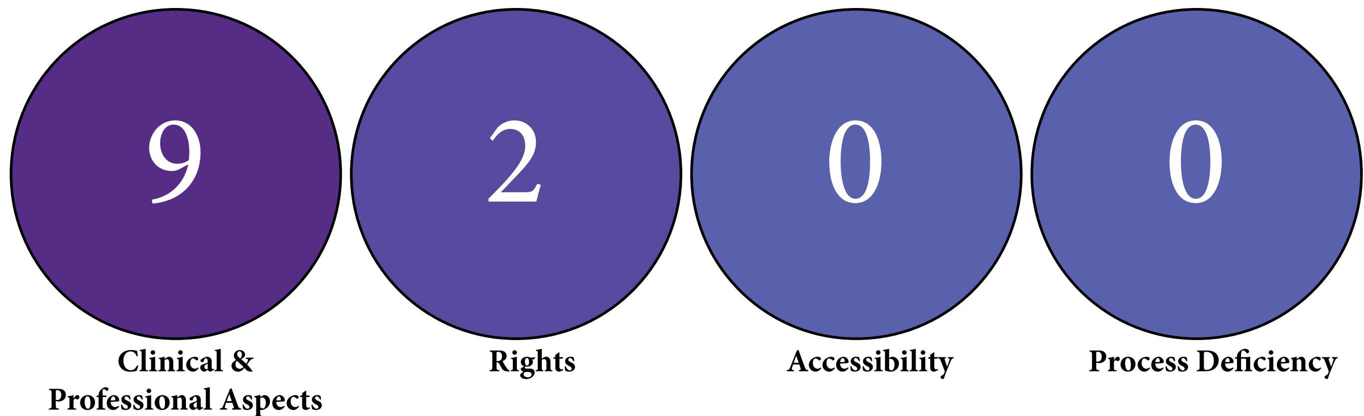
Executive Committee of the Council of Physicians, Dentists and Pharmacists

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.

Dr. Yemisi Rachael Eniojukan, Chairperson
Dr. Suzanne Jones, Director of Professional Services,
Dr. Deborah Golberg, M.D.
Dr. Joseph Wojcik, M.D.
Fadi Chamoun, OPD Pharmacy
Susan Horne, Executive Director

Management Of User Complaints

In 2015 – 2016, KMHC received 14 formal users complaints. The client did not follow through in the process in 3 cases and the other 11 are categorized as follows:

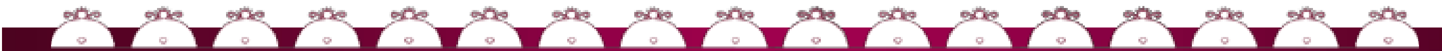


Clinical & Professional Aspects | **Rights** | **Accessibility** | **Process Deficiency**

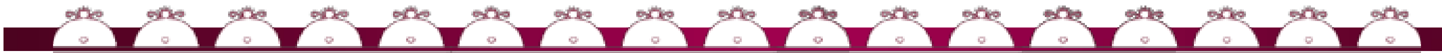
Eight of the complaints were responded to within the normal delay of 45 days. Three complaints were responded to in a delay greater than 45 days; however, clients were kept abreast of the reasons for the delay. No appeals were made.

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

- All future infiltration treatments will be accompanied with a signed consent form from the client and performed in the treatment room. The client will be requested to remain at least 15 minutes after treatment.
- Re-enforcement to staff regarding professional behavior, courtesy and respect.
- Additional PABs (Aides and Orderlies) were hired to help with staff shortages in the Inpatient Department.
- Verification of patient identification and patient disclosure processes were reviewed in order to ensure standard corrective measures.



Luke McGregor

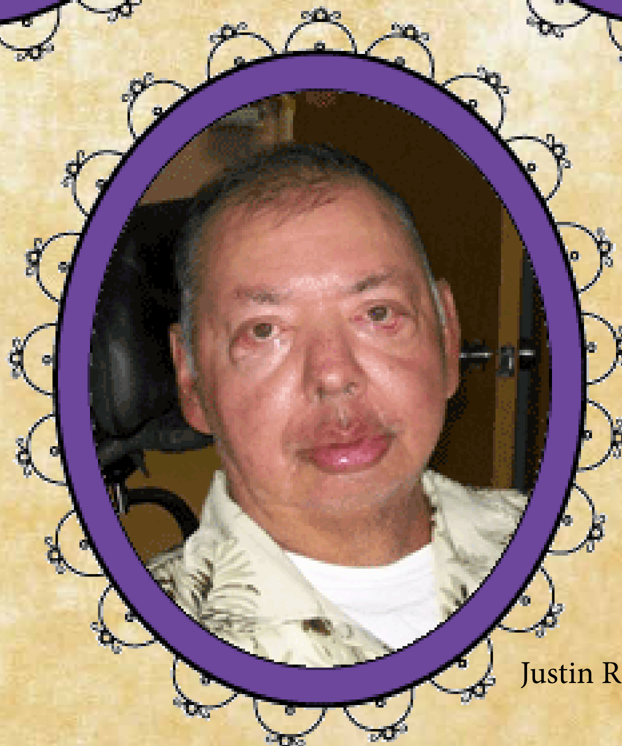


In Memoriam

We are privileged at Kateri Memorial Hospital Centre Long-Term Care to be entrusted with the care of your loved ones as they prepare for their journey into the Spirit World. They are more than clients; they are a part of the KMHC family and they are deeply missed.

Frances Daoust

Celina Dove



Justin Rice

Unable are the loved to die. For love is immortality. ~Emily Dickinson

Tehsakotitsén:tha
Kateri Memorial Hospital Centre

To view an electronic copy, visit www.kmhc.ca

Niawenh'kó:wa to the contributors of the Annual Activities Report 2015-2016
Susan Horne, Lynda Delisle, Valerie Diabo, Robert Deom, Lidia DeSimone, Lori Diabo, Susan Munday, and Luke McGregor (Photography)