



ANNUAL ACTIVITIES REPORT

PARTNERS IN
HEALTH
2012-2013



KMHC BOARD OF DIRECTORS



Left to Right: Franklin Williams, Arnold Lazare, Rhonda Kirby, Joe Styres, Mike Horne, Sose Jacobs

KMHC Staff, Management and Board of Directors would like to extend our thanks to **Lori Jacobs** who left the Board in good standing to pursue alternative career paths.

Table Of Contents

A Message From KMHC's Leadership	Page 2	Infection Prevention & Control	Page 14
KMHC Strategic Framework	Page 3	Kateri Activity Department	Pages 15 & 16
Director of Operations	Page 4	Director of Professional Services	Page 17
Plant Services	Page 5	Rehabilitation	Page 18
Human Resources	Page 6	Medical Records Department	Page 19
Nutrition & Food Services	Pages 7 & 8	Financials	Pages 20 & 21
Director of Nursing	Page 9	Expansion & Renovation	Page 22
Homecare Nursing	Page 10	Quality Improvement	Page 23
Community Health Unit	Page 11	Management of Users Complaints	Page 24
Outpatient Nursing	Page 12	In Memory	Pages 25
Inpatient Department	Page 13	Memorials	Page 26

Message to the Community



Susan Horne
Executive Director

She:kon Kahnawa'kehró:non,

We are very pleased to present the 2012-2013 KMHC Community Annual Activities Report. March 31, 2013 marked the wrap-up of a five-year strategic plan at KMHC. Development of a new three-year plan is in progress, which will embrace consultation with the Board of Directors, management, staff, users and partner organizations. Our strategic priorities were to:

- 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.

In pursuit of these priorities in 2012-2013, KMHC completed a challenging and lengthy quality improvement and self-assessment process in preparation for our third accreditation survey in June 2012, which resulted in the award of Accreditation with Commendation. Accreditation Canada noted, "Congratulations! This achievement demonstrates your organization's determination and commitment to ongoing quality improvement. We applaud your leadership, staff, and accreditation team members for their efforts and dedication to the provision of safe, quality health services".

We also received the Quebec Ministry of Health and Social Services' approval in May 2012 for the development of definitive plans and construction. In other words, we received approval for the execution phase of the KMHC renovation and expansion project. We celebrated this accomplishment with the community and government officials in July 2012 with a ground breaking ceremony and reception. Throughout the year, KMHC management worked thoroughly and conscientiously alongside the project management team to move the definitive plan stage forward while paying particular attention to remaining within the authorized budget. It is important to commend the KMHC Managers for this work as they succeeded in meeting all of the increased demands of the renovation and expansion project while maintaining the delivery of quality healthcare services to the community. At year end, we were very near to a review of what is called the 65% definitive drawings.

With regard to our last strategic priority of integrating Mohawk culture into KMHC operations, we completed the preparation of an administrative framework to offer traditional medicine services. Funding is secured and we will offer this service as a pilot project next fiscal year.

We look forward to 2013-2014, as we expect to go to tender in early September for the major renovation and expansion project and construction is slated to begin in November.

We look forward to the challenges that lie ahead!

A handwritten signature in black ink that reads "Joseph C. Styres". The signature is written in a cursive style.

Joseph C. Styres
KMHC Board of Directors - Chairperson

A handwritten signature in black ink that reads "Susan Horne". The signature is written in a cursive style.

Susan Horne
Executive Director

KMHC Strategic Framework

Our Vision

KMHC is a centre of excellence. We support Onkwehshón:'a to use and develop all the gifts given to them by the Creator.

We strengthen our community's health and well-being by delivering quality health services that respond to the needs of the community.

KMHC is a haven of comfort and support to families who share with us in the care of their loved ones.

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



Our Values

Being thankful each day for all that the Creator has given is important to us. It is one of our greatest gifts, which we share with others.

We value respect, responsibility, consultation and consensus; these are strong traditional Kanien'kehaka principals that guide us.

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 an important partner.

We believe that leading by example works well in our community and honors our Kanien'kehaka ways. We honor and appreciate honest and helpful feedback, as this practice will help us become more efficient.

We recognize the community as a gift from the Creator.

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 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.



Director Of Operations



Lynda Delisle
Director of Operations

The Director of Operations is responsible for administering activities related to auxiliary operations for inpatient and outpatient clients; as well, to assume the maintenance of the structure of the building and to provide leadership in the auxiliary operations' departments which enables the hospital centre to provide quality client care in accordance with the mission, vision and values of KMHC.

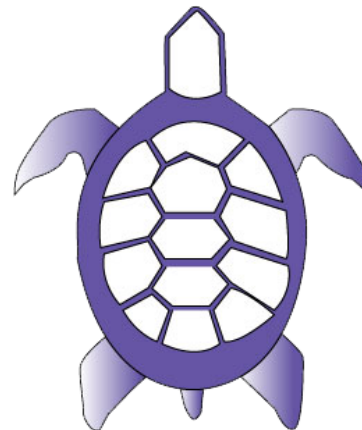
Exceptionally, for part of the year, the Director of Operations managed the Rehabilitation Department, as well as taking on the responsibility of Interim Executive Director.

Remarkably this year, KMHC successfully moved the Expansion and Renovation Project closer to realization; realized the long-awaited, much-needed implementation of human resources' (HR) software, incorporating an electronic employee file and employee compensation. The preparation work was intense and the HR Team is to be commended for the amount of time and energy invested in realizing this progressive initiative, benefitting employees.

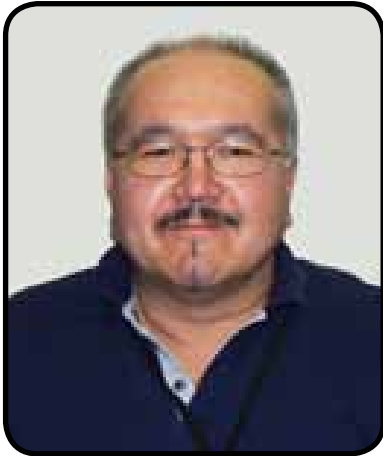


This year passed in the blink of an eye – projects have been completed, deadlines have been met, policies have been approved, goals have been realized and action plans are in place. The challenges in the upcoming year will, undoubtedly, be related to the daily pressures of service delivery with our Expansion and Renovation Project poised to begin.

We are on the cusp of significant growth and promise for KMHC and for Kahnawa:ke, as we continue to honour our community and keep pace with change.



Plant Services



Shawn Montour
Manager Plant Operations

Plant Services consists of four departments (27 employees) under the Plant Manager's supervision; Laundry, Housekeeping, Security and Plant Maintenance. The Plant Manager is responsible for ensuring the continued delivery of quality services to our clients and staff.

Laundry Department

The amount of laundry being done has slightly decreased for the first time in a number of years. This decrease can be attributed to less students doing their stage at KMHC. The full time Laundress has kept up with the workload with her excellent work habits.

Housekeeping Department

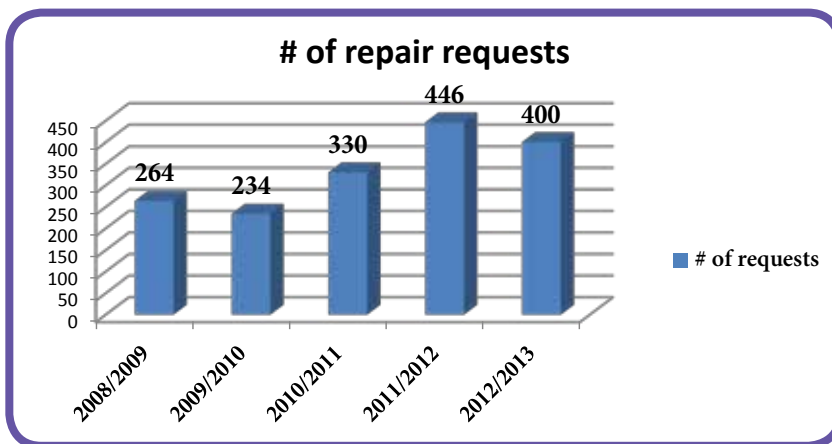
Our Housekeeping Department has always kept KMHC exceptionally clean and eye appealing, but what's not as apparent is the excellent infection control practices that the Housekeeping Staff perform every day. Outbreaks of gastroenteritis and influenza occurred in our community but did not spread to KMHC due to the infection control practices of all staff members.

Security Department

Emergency drills are conducted throughout the year to test staff responses and to maintain the fire and safety standards of KMHC. Emergency drills are conducted with a high level of realism to gauge staff responses in stressful situations. Emergency drills completed during this fiscal year include two fire drills, a code blue drill and a code white drill. Staff responded well in all emergency drills.

Plant Maintenance

The Plant Maintenance Team is to be commended on the amount of work that was accomplished this fiscal year. With the Plant Manager busy with the expansion project duties, the Team worked very well with less staff and less supervision, keeping up with increasing amounts of repairs, maintenance, special projects and the large amount of snow removal required this year.



The graph shown indicates the number of requests for repair forms that were submitted for the last five fiscal years. There has been an increase in the number of requests submitted almost every year.

The recent addition of a part time Administrative Assistant has helped with the administrative workload in Plant Services. For example, she has assumed training of the Plant Services Staff on the new electronic time sheet system.

The frequency of expansion project meetings that the Plant Manager has had to attend in the past fiscal year has increased significantly. The amount of planning, time and work that must be done before the expansion project even physically starts has been surprising. It will be worth all the time and effort and a bit of a relief to see the project break ground this Fall. It was an especially exciting experience to see the expansion project model installed in the lobby.

Human Resources



Louise Lahache
Manager Human Resources

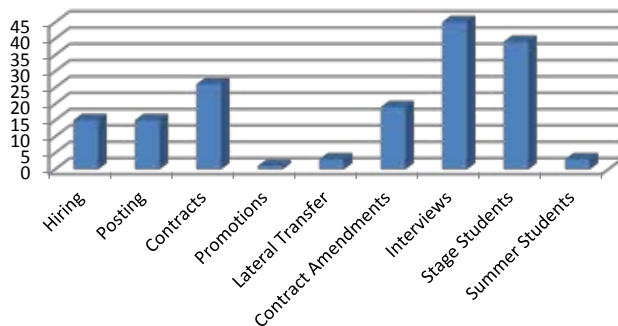
The Human Resources (HR) Department plays an important role in providing a work environment that meets employees' short-term and long-term needs through counseling and advocating for employees, policy development and implementation, training and managing an employee benefits package.

This past year, the HR Department kept very busy with the implementation of a new software program to house our HR Data Base and Payroll. We followed the technological growth in the compensation and benefits area resulting in providing the Payroll Service with electronic timesheets for KMHC staff. This accomplishment required an exemplary amount of coordination between the HR Team and the trainers. This could not have been completed without the support of Directors, Managers and employees.

Transportation is also a component of HR, wherein the van driver ensures the transportation of Inpatient clients to scheduled appointments as well as pick-up and drop-off of our Adult Day Center clients for various activities at KMHC.

Transportation also acts as our courier service for various departments throughout the hospital centre.

Recruitment and Hiring in 2012-2013



Richard Cross and Michelle Cross work on payroll using the new payroll system.

Human Resources, along with the entire KMHC staff, Management and Board of Directors, would like to extend a heartfelt *nia:wen'kowa* to the following employees on their retirement.

Celina Montour

- Community Health Unit/Medical Records Department Secretary for 31 years

Eugenia Magalit

- Registered Nurse for 8 years

Cecilia Leborgne

- Dietetic Aide for 41 years

Siu Ping Lee

- Registered Nurse for 29 years

Carleen Skye

- Nurses' Aide for 31 years

Nutrition and Food Services



Susan Munday
Manager Nutrition &
Food Services

We take great care to provide tasty, home cooked meals to our residents, and we were very pleased with feedback from the KMHC client satisfaction survey, done in the spring of 2012, which showed that clients were very satisfied with the food served at the hospital.

As part of our Diabetes Education Program, six cooking classes were offered at the Family and Wellness Centre, presented by chef Gary Barone and nutritionist Joëlle Emond. Participants really enjoyed these classes, which attracted a higher percentage of men than women, while learning some practical nutrition and cooking tips.

Approximately 700 Kahnawake school children participated in a hands-on classroom nutrition activity featuring traditional foods. Children discussed the Three Sisters, tasted two types of squash and then prepared and tasted pumpkin cookies. Collaboration between KMHC, KSDPP, Kanien'kéha teachers at Kateri School and health teachers at Karonhianónhna School was essential to the success of this activity. Children participated with enthusiasm. Teachers appreciated the classes, and said they would like to have this type of activity more often.

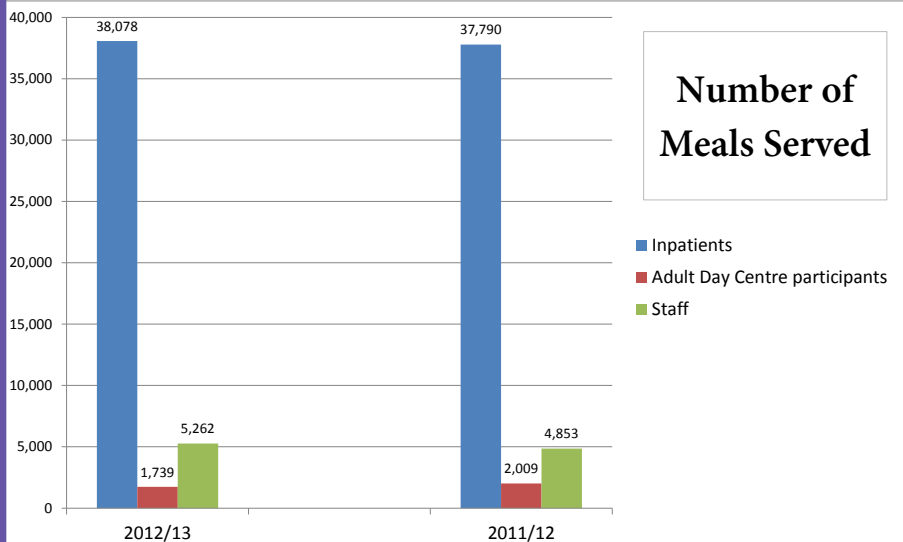
Nine local workplaces were visited for Nutrition Month, in collaboration with Community Health Nurses, who did on-site blood glucose and pressure monitoring. An interactive display for staff on making healthy choices at the grocery store and label reading attracted 102 participants. Vegetarian Chili was available for sampling, as well as a booklet and information on shopping and label reading.

OPD Nutrition Counseling Visits

2012-2013
 268
 (65% for diabetes)

2011-2012
 245
 (34% for diabetes)

2010-2011
 187
 (34% for diabetes)



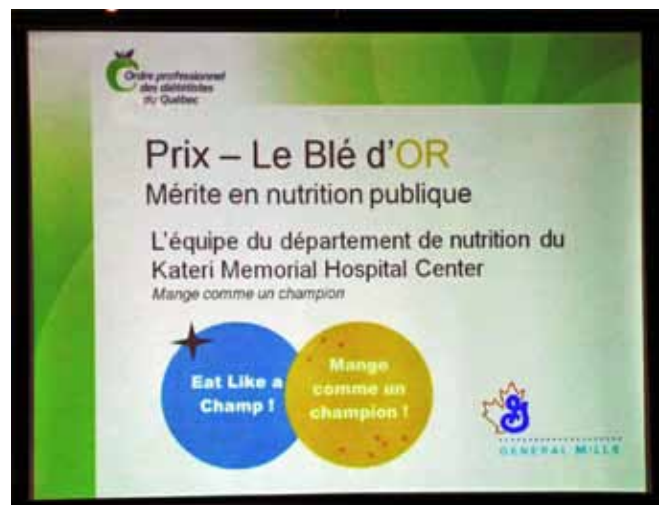
Nutrition and Food Services



Clients at the Independent Living Centre (ILC) and Young Adults Program (YAP) expressed their pleasure and gratitude for eight cooking sessions, with the theme of healthy fast food for the YAP. Staff mentioned benefits to clients, such as being more willing to eat a variety of healthy foods, including fruits and vegetables. Suggestions were made for improvements to the residents' regular menu. ILC residents also took part in a field trip to Blair's Orchard in Franklin, where they picked apples, participated in a treasure hunt, and learned about

apple farming. Residents also expressed joy and a sense of accomplishment for having picked fruits that were to be used in a special cooking session.

In May 2012, the Warrior Sports Academy requested workshops on healthy eating and sports nutrition for its participants. The program Eat Like a Champ! discussed what to eat before, during and after training, as well as the importance of healthy eating. This project, spearheaded by Joëlle, led our department to obtain a prize in public nutrition offered by the Ordre Professionnel des Diététistes du Québec: the award Blé d'Or General Mills.



Director Of Nursing



Valerie Diabo
Director of Nursing

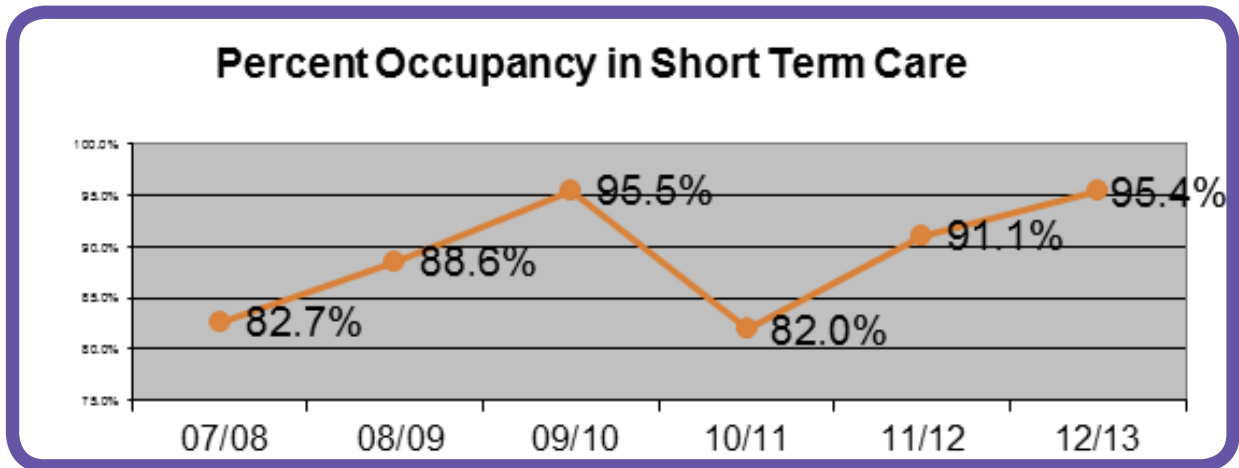
As part of KMHC's Senior Management, the Director of Nursing (DON) partners with other community leaders and organizations to provide the best possible health care to the community of Kahnawake. For example, in her role as Chairperson of Onkwatakaritashera, she will oversee that the Community Health Plan is implemented and that programs and services are aligned with health priorities. Additionally, the DON has joined KSCS Board of Directors, as it is important to maintain and foster a collaborative relationship with our sister organization.

Working so closely with the direction of KSCS has offered many opportunities for collaboration.

In 2012, Valerie Diabo temporarily took on the role of Director of Operations. This was a great learning opportunity. Learning more about the realities of operations and the complexities of budgets has been helpful in considering the possibilities of improving KMHC.

Additionally, the goal of expansion has proved to be a more complex endeavor than originally imagined. With the help and collaboration of the Nurse Managers, we have been successful in establishing final plans and developing a strategy on how we can maintain service during the expansion and renovation.

Maintaining KMHC's high standard of quality service has been a major concern given the demand for short term hospital beds. It is our goal to maintain an occupancy rate of at least 90%. As can be seen from the chart, we were glad to surpass this target and continue to have a close eye on maintaining these gains.



In the last number of years, our patient population is changing. We strive to help realize their wish to stay at home as long as possible and home care services have increased consequently. Our work towards interdisciplinarity has included changing some structures which bring nursing and other disciplines such as Social Services working under the same direction for a specific program. We are working towards structures which put patients in the center of their care.

I am very proud of the contribution of nursing at KMHC, from the care of the patients, to their participation in the realization of the Community Health Plan through their many roles.

Homecare Nursing



Tracy Johnson
Manager Homecare Nursing

The Homecare Nursing Department is a unique and integral Department of KMHC. Our office is located at the Turtle Bay Elder's Lodge and is a satellite site of KMHC. The Homecare nurses provide nursing care to patients who are unable to access outpatient services at KMHC due to mobility issues, and/or other limitations. The Homecare Nursing Team collaborates with other programs at KMHC & Home and Community Care of KSCS to ensure that patients receive coordinated, safe, quality care. The goal of Homecare Nursing is to assist patients to return to their previous level of functioning, as well as maintain their independence and remain in their homes for as long as they can.

The Homecare Nursing department made every effort to achieve our 2012/2013 objectives. Our biggest achievement this past year was achieving accreditation with commendation. A great deal of work and preparation took place to ensure that our team was well prepared for our survey which took place in June 2012. Accreditation ensures that the Homecare Nursing Services provided meet, if not surpass, the standards required by Accreditation Canada. Our Flu Shot clinics were very successful among staff and we had the highest turn out at our Flu Clinic at the Golden Age Club this year. A major achievement this year was completing an evaluation of the Mental Health Team, this was done by myself and Vicky Coury Jocks, the Program Manager of the ILC.

Many of the challenges that we face in Homecare Nursing are the same from year to year: minimizing the spread of infection during outbreaks and flu season, coping with unplanned and premature discharges from hospitals, keeping patients safe in their home, preventing falls, improving communication with all service providers. A major challenge is the limited amount of short & long term care beds both inside and outside of Kahnawake. As a result our program is caring for patients with more complex health issues. This can be very challenging in the home setting and requires the collaboration of many services, families & caregivers.



Total number of Homecare Nursing Patients: 187 patients (130 women, 57 men). 71 % of our patients are over 75, they are our largest group and proof that people are remaining at home longer. The Mental Health Nurses have 46 patients that are shared between 2 nurses. 23 of our Homecare patients were admitted to the inpatient department at KMHC. 17 of the patients were admitted to hospital to await long-term resident care and 6 patients were admitted for Palliative Care. The oldest patient admitted to KMHC was 95 years old. We received 57, Short Term Referrals (Home Hospital), the majority being for dressings changes following a surgery. 24 Homecare patients passed away

this year; this is an increase of 8 patients from last year. This is most probably attributed to our aging population.

Many changes occurred in Homecare Nursing this past year, yet we believe that our department continued to run smoothly and our patients continued to receive high quality nursing care. Safety is always at the forefront of our services and this year Accreditation helped us stay focused on several safety issues. The nurses continued to focus their efforts on ensuring that their patient's care was well coordinated and personalized to meet the needs of each patient. Efforts were made to ensure that family/caregivers were actively involved in the care of their family.

Community Health Unit



Dawn Montour-Lazare
Manager CHU

The Community Health Unit is made up of 11 staff; seven nurses, 2 community health workers and a support worker, who provide primary health care to Onkwehshón:’a through culturally relevant public education, consultations, clinics and awareness campaigns in collaboration with other community organizations.

Well Baby Clinic

852 children were seen in the Well Baby Clinic. A total of 936 vaccines were given throughout 2012-2013.

Newborn Home visiting

There were 76 births in 2012 (down from 94 in 2011) 43 boys and 33 girls. 48 moms received a home visit.

Prenatal clinics and classes

There were 519 visits in 33 prenatal clinics, compared to 428 visits in 2011-2012.

The clinics are increasingly busy with up to 24 moms being seen per clinic.



Iontstarontha (Baby Friendly Support Program)

Iontstarontha offers support to breastfeeding mothers through individual counselling and the support group. 35 moms received support over a total of 28 hours. There were 12 support group meetings with 7- 14 moms (average 10) in attendance.

Children’s Oral Health Initiative (COHI)

COHI offers screening, fluoride and sealants to children 0-7 years old at Kahnawake schools and daycares. A total of 398 children participated in the program with a participation rate of 91.6%.

Adult Prevention

Vitality, an exercise program to keep older adults physically fit has been operating for 15 years. 64 classes were held with 30 participants registered and an average attendance of 14-18 per class.

Our travelling roadshow screened 250 adults for diabetes and hypertension in 14 sessions in various organizations. There continues to be 60% of those screened at risk for having hypertension.



Outpatient Nursing

We are a team committed and dedicated to strengthening the health and well-being of Onkwehshón:’a by delivering quality health services that respond to the needs of the community. We will work with each other and the community as partners, as well as external resources, which value caring, respect, accountability, excellence, competency and a holistic approach.

We currently have 12 staff: 10 nurses, 1 lab secretary and 1 sterilization aide.

	2011-12	2012-13
Patients Seen prior to physician appointment	7257	7400
Nursing interventions	8413	7976

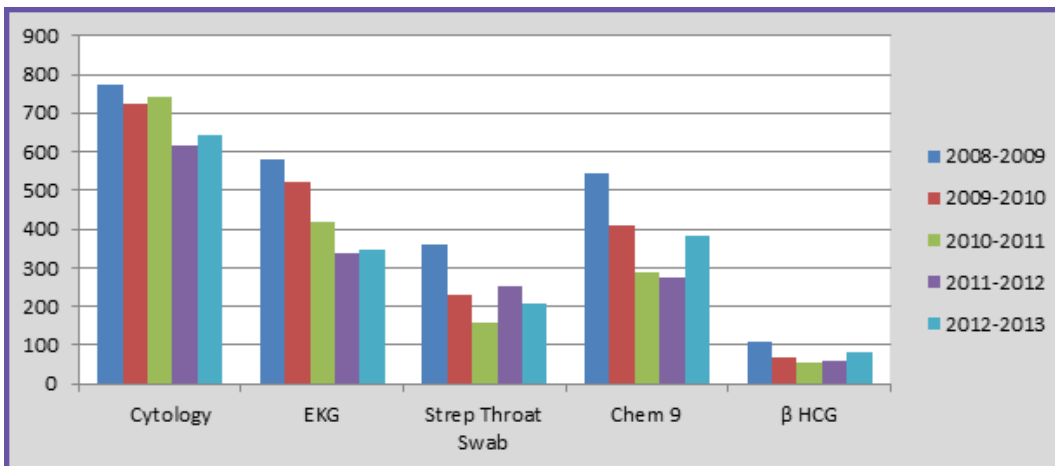
KMHC runs OPD clinics 5 ½ days per week (Monday – Friday 9:00 to 4:30 and Saturday morning 9:00 to 12:00). Evening clinic is offered depending on physician availability.

The OPD nurses see patients prior to their physician visit for blood pressure, temperatures, and rapid screening tests. They also see patients for various nursing interventions including dressings, medication administration, teaching, etc. The

nurses also receive phone calls from patients requiring information, advice, and to determine if the patient should be seen by the physician.

KMHC Laboratory provides blood drawing services and processes specimens for biological testing at Anna Laberge Hospital. Laboratory services are available Monday to Friday – 7:00 – 9:00 a.m.

	Total patients seen outpatient clinic	Total Lab Tests Done
2008-2009	8597	59226
2009-2010	7769	55139
2010-2011	8075	56234
2011-2012	7941	55355
2012-2013	8027	57352



2012-2013 Laboratory Tests

Diabetes Education
The Diabetes Nurse Educator sees clients referred for education about diabetes and its complications, medications, insulin adjustments, and lifestyle management. She also does Ambulatory Blood Pressure Monitoring for clients at risk of hypertension for diagnostic purposes.

Inpatient Department



Gail Costigan
Manager IPD Nursing

The mission of the Inpatient Department is to provide the highest level of care using an interdisciplinary approach. The Kateri Inpatient Department comprises thirty-two Long Term Care beds, ten Short Term Care beds and one Respite bed.

Services for Long Term Care are supported by the work of the Kenen on:nen siteron kenon sanonhsa Committee, geared towards creating a home-like environment for residents. Individualized care is provided by involving the resident and family in elaborating an interdisciplinary care plan. The plan emphasizes patient safety and maintenance of autonomy.

Services for the Short Term Care clients are directed toward treatment of medical conditions and discharge planning, whether it be to home, placement at KMHC or the Turtle Bay Elder's Lodge. Decisions are based on assessments and discussions with the client, their families and the multidisciplinary team. We met the target for STC occupancy rate of 95.4%.

The respite bed is in place to give the care givers in our community a well-deserved rest from the daily challenges faced when taking care of family members who have a loss of autonomy.



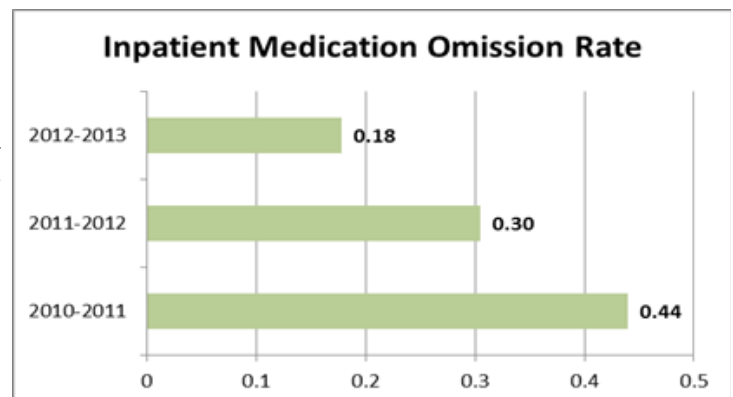
Through family meetings and the involvement with the Long Term Care and the Short Term Care Quality Improvement Teams, there is an increased awareness of how the Inpatient Department works and the role of other departments in providing safe, effective and timely care to their loved ones.

The Multidisciplinary Team tries to do this by addressing issues and concerns from residents, clients and families as they arise. Staff realizes that by participating in committees and attending educational sessions, their eyes are opened to different perspectives and understanding of situations that might not have been previously considered. The Inpatient Department is striving towards making the unit a safer and harmonious environment for both the residents and clients who are admitted here.

Our focus on patient safety included work on decreasing medication omissions in 2012-2013.

A group of Inpatient nurses worked on the issue in a process called Prospective Analysis. The main focus of the committee was to look at ways to decrease errors related to omissions. They came up with a number of recommendations that have slowly been implemented. The

graph shows how we met our target of decreasing omissions by a rate of 0.1 after the prospective analysis. We were very pleased to see that these gains were not only maintained but we did even better and decreased by another 0.12. This attests to the value of a group working on an issue and putting the time in to really find good solutions.



Every year since the prospective analysis, the rate of medication omission has decreased.

Infection Prevention and Control



Leslie Walker-Rice
IPC Nurse

The Infection Prevention and Control Committee is a team committed and dedicated to strengthening and maintaining the health and well being of Onkwehshon:a by delivering quality health services that respond to the needs of the community. The team of 8 members who also participate as IP&C Quality Improvement Team met 8 times in the past year. We continue to work with each other and the community as partners who value caring, respect, accountability, excellence, and competence. We provide direction for a coordinated approach to implementation of current infection control standards. The IP&C team surveyed well during the most recent cycle of accreditation, receiving 4 yellow flags in self-assessment survey, and following up with a favorable on site survey review. Efforts continue to maintain this high achievement level and improve this standard. The four yellow flags were assessed and specific education in the form of 2 articles were written and distributed via the KMHC Well (internal newsletter) to correct misconceptions and improve communication among the staff. Active surveillance continues for hospital-acquired infections as part of the provincial program, with periodic reporting for MRSA(methicillin resistant staph aureas).

KMHC suffered no significant outbreak of respiratory or gastrointestinal viral illness.

- The prevalence rate for MRSA began at 12.5% in April 2012 and as of the report date has reduced to 12%. This trend is reflected country wide with diminishing numbers of people living with MRSA. We are challenged by the increased risk of transmission of antibiotic resistant organisms into the hospital population by the frequency of new clients transferring from acute care hospitalization, or residents returning from treatment in large centers where there are increasing reports of outbreaks of disease (antibiotic resistant organism infection or acquisition), specifically VRE (Vancomycin resistant enterococci).
- Presently 16.27% of all occupied beds require specialized cleaning related to antibiotic resistant organisms (ARO's) and the necessary ongoing transmission based precautions to prevent transference to other residents, clients, or staff. Our solid foundation of housekeeping and IP&C risk reduction strategies have so far been effective in preventing an outbreak of VRE, unlike many other centers.
- Last year, KMHC suffered no significant outbreak of respiratory or gastrointestinal viral illness. All patients accepting the flu vaccine were immunized within a two week period of receipt of the vaccine stock. There was limited flu activity in the province, however several cases were seen in outpatient clients. There was no transmission to the resident population. It can be noted that there were a few isolated cases of minor colds, which were screened as per protocol for influenza; the results of the culture were negative. These infectious illnesses were quickly identified and appropriate precautions implemented.

Active triage has been integrated into the role of security at the front entrance of the hospital centre to accompany the combined signage (Mohawk and English) display, mask and Sterigel dispenser. The author believes this has contributed to reducing the risk of introducing and transmitting pathogens within the facility. Of concern, an audit of Hand hygiene adherence noted an over 90% compliance by the general population upon entering the hospital, but falling well below the 50% mark when exiting (at the front door). An attempt will be made to address this in the next flu education campaign.

KMHC strives to offer safe, informed care to our residents, staff, volunteers, visitors and community. The primary focus continues to be on prevention of hospital acquired infections, and the challenges to be experienced in the upcoming construction and renovation. While we experienced small clusters of mild respiratory illnesses, they did not continue for an extended period of time. The staff is to be commended on their efforts in initiating containment measures at the first sign of potential illness.

Kateri Activity Department



Sonny Dudek
Manager Activity Department

The Activity Department Staff work together to provide a different yet familiar experience for hospital residents every month. Activities are offered to all Kateri Activity Department residents in a group or in a one-on-one setting. They provide constructive and enjoyable activities, which help improve morale, well being and interest in life. Some of the activities include arts and crafts, bingo and other games, discussion groups, exercise, gardening, movies, music, outings, various parties throughout the year, different traditional festivals, entertainment and community functions.

The Kateri Adult Day Centre Staff offers activities, ongoing health care and social support intended at maintaining or improving home living. Clients can attend the Day Centre up to five days a week. The program's aim is to meet the participants' interests and health needs. Doctors, nurses, physiotherapists, occupational therapists, dieticians, social services, volunteers and activity department staff provide these services. The Adult Day Centre Nurse closely monitors the participants' medical needs and provides education regarding their health concerns on an individual and group basis.



Frances Montour and Shooter
All dressed-up



Julie and Paul Curotte
enjoying a slow dance



Kevin Horn and Peter
Bouchard out shopping

If you know someone who may benefit or be interested in joining the Adult Day Centre Program and would like some more information, we would be happy to answer any of your questions. Please contact Dale Beauchamp-Lahache at (450) 638-3930 ext: 267.



2013 Winter Carnival's King & Queen
Eddie Beauvais & Pearl Lahache



Rosalind Kane & Mary Albany
having lunch at the Sugar Bush

Kateri Activity Department

Summary:

Inpatient Activities:

Activity time in minutes
Number of participations

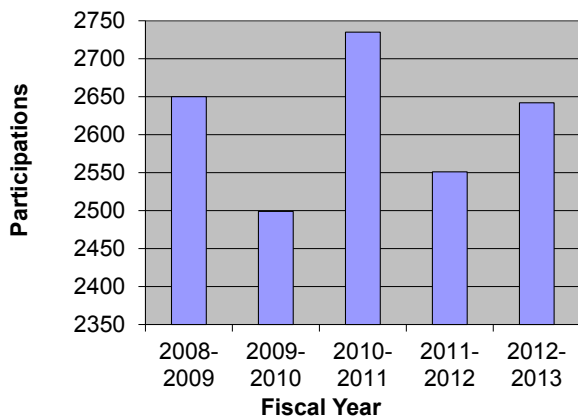
	2011-2012	2012-2013
Activity time in minutes	1,287,675	1,174,000
Number of participations	19,015	16,123

Adult Day Centre:

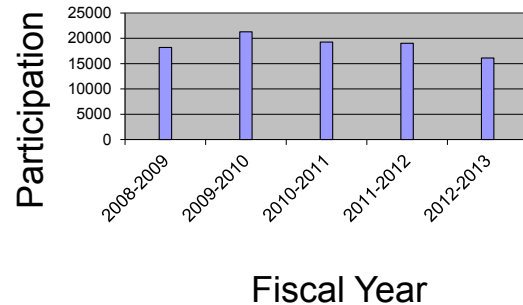
Number of participants
Number of attendances

	2011-2012	2012-2013
Number of participants	28	29
Number of attendances	2,551	2,642

Kateri Adult Day Centre Participations



Inpatient Participations



VOLUNTEER PROGRAM

The mission of the Volunteer Program is to provide effective and efficient involvement of volunteers to supplement and complement the services and programs offered by Kateri Memorial Hospital Centre. Volunteers can help all departments during the day, evening and weekend. Some activities include poker, darts, bingo, special events, pet therapy, feeding, van monitoring, appointment escorting, volunteering in other departments, etc.

In 2012-2013, 21 volunteers provided a total of 1808.3 hours of service.

If you are interested in joining the Volunteer Program and would like more information, please contact Vanessa Rice at (450) 638-3930 ext: 237.



Director Of Professional Services



Suzanne Jones, M.D.
Director of
Professional Services

The Council of Physicians, Dentists and Pharmacists is the largest body of professionals under the supervision of the Director of Professional Services. Current members include 11 active (three on leave) family physicians, four specialists, one dentist, four pharmacists and one optometrist.

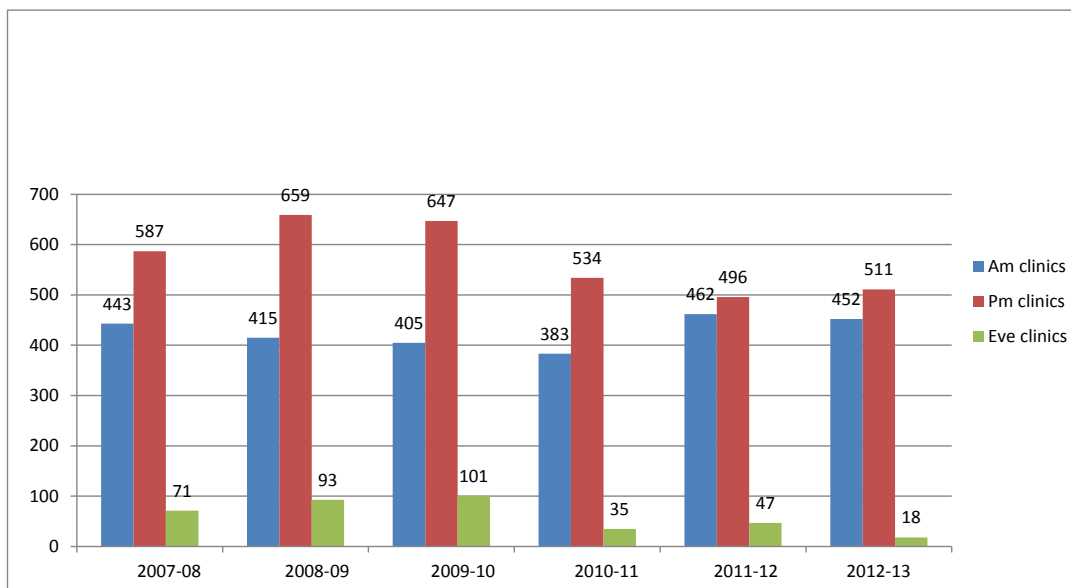
Some noteworthy achievements this past year included the Department of General Medicine - Admission Policies. This strategy was developed with Lidia Desimone, Quality Improvement Coordinator, to introduce and implement policies on levels of care and resuscitative measures for our clients. A General Consent policy was finalized and circulated with the Admission Policies. A Narcotics Contract policy and procedure was developed, incorporating a contract between clients and physicians. Additionally, Venous Thromboembolism Prophylaxis Policy was developed for inpatient clients and has been in use since October 2012.

Another accomplishment was the continuation of the Aboriginal Diabetes Initiative (ADI) project for diabetic eye screening with Dr. Simon, optometrist, that was extended throughout 2012-2013 with much success.

It has also been a busy year since the ground breaking ceremony in July 2012 for the Expansion and Renovation project. One of the challenges has been with Medical Imaging as a service contract is being developed with CSSS Jardins-Rousillon for the deployment of this planned new service.

This fiscal year we recruited Dr. Natalia Smirnova who started in November of 2012. Unfortunately, we did not have any candidates submit in the fall of 2012 for our 2013 position. This PREM (Plan régional des effectifs médicaux) was reallocated to another physician in the region. This will continue to hinder our ability to provide evening clinics. Also, with two maternity leaves and a partial leave of absence, we have had difficulty to cover day time clinics since resources are directed to our essential services in the Inpatient Department. We have tried to

keep 1 evening clinic per week, however, for many reasons this was not maintained. Since January 2012, Dr. Saoud provided a same day appointment and walk-in clinic on Wednesdays, which compensated for the lack of evening clinics. The remaining physicians contribute to working weekends and being on call 24/7 both at KMHC and in some cases at other centers.



Graph reflects the number of clinics held in 2012-2013 compared to previous years.

Rehabilitation Department



Marla Rapoport
Manager Rehabilitation Dept.

The Rehabilitation Department has had another successful year. We are always busy and laughter is often heard in our over-crowded rowdy space. Staff continued to work hard in order to provide the best possible care to our clients within our available resources. We take an interprofessional team approach, and our team members are involved in many different hospital committees. At our client-centered meetings, we try to meet the needs of our clients and their families. In our administrative meetings, we try to meet the needs of the hospital and the community.

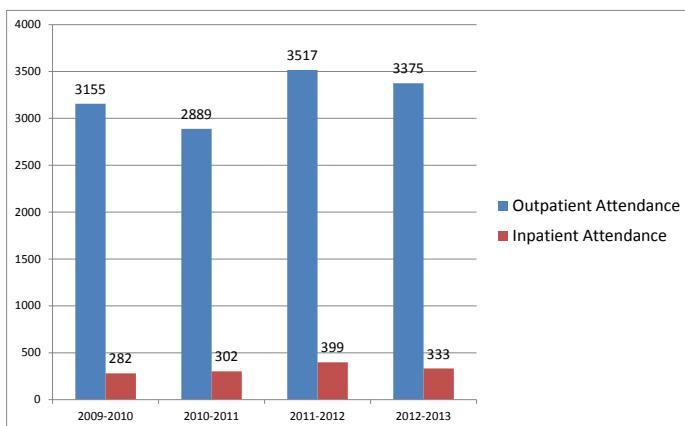
This has been an exceptionally busy year as we juggled our time between treating clients and our responsibilities preparing for the hospital expansion and renovation project. The time and effort will be worth the hard work knowing that we will have a much larger department with increased staffing in just 3 years.

Another big challenge this year has been the need to develop a new statistics program, which is now almost complete. Once it is launched and the data from this past year is entered, we will be able to provide up to date government and hospital centre required data.

We know our waiting list has been long. Because of this, we are working on different proposals and trying to come up with new strategies and initiatives to try to tackle this problem.

This year we hired students through the First Nations and Inuit Health Branch of Health Canada's Health Careers Program, as well as from The Kahnawake Summer Student Employment Program. We also provided training and placement opportunities to 4 McGill Physiotherapy students.

Kateri Memorial Hospital Centre is fortunate to have a rehabilitation team of dedicated staff: our secretary/administrative assistant, physiotherapists, occupational therapists, speech and language pathologist and our two rehabilitation assistants all contribute to the department's successes and accomplishments.



**Physiotherapy Attendance
Comparison from 2008 to 2013**



Medical Records Department



Yun Hui Cheng
Manager Medical Records Dept.

It is with great pleasure that KMHC introduces its newest Manager, Yun Hui Cheng, who supervises the Medical Records Department and is responsible for health information management. MRD provides medical documentation and general information on each client of the organization to authorized healthcare professionals and clients, in accordance with the hospital's mission and philosophy, under the supervision of the Director of Professional Services, and in collaboration with the Inpatient and Outpatient Department Managers and staff.

The Medical Records Department provides statistical information for the purposes of planning, teaching, accreditation, research, legislative and legal purposes, utilization studies, evaluations, and risk management activities while ensuring privacy and maintaining confidentiality. The MRD also processes records for valid third party requests, when properly authorized by the person responsible for the release of health information.

The Medical Records Department's staff includes the Manager of MRD, one FT-medical archivist, one FT-medical secretary, one PT-medical secretary (CHU), one FT intermediate file clerk, one FT-file clerk, one availability intermediate file clerk and one availability file clerk.

MRD staff made great achievements in the 2012-2013 fiscal year by expanding MRD clerical working time from 8:00 a.m. to 5:30 p.m. on a trial basis, starting a Pilot Project on purging deceased files and supporting Outpatient Department for extra Flu-clinic service. Although we may experience a shortage of human resources, we overcome the obstacles and limitations by continuously making efforts and getting support from other departments and Senior Management.

2012-2013 MRD Stats	
Charts pulled for all purposes	38,848
Hospital cards made	2,194
New charts made	149
New registrations	226
Total number of active OPD charts	9,719
Total community deaths	53
Total community births	76



Kateri Memorial Hospital Centre

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

For the year ended March 31	2013	2012
Principal activities		
Revenue		
Provincial government	\$ 7,134,421	\$ 6,987,191
Authorized charges less exoneration charges	486,664	506,366
Miscellaneous	267,627	408,288
Meals	39,391	36,834
Interest	6,880	6,676
	<u>7,934,983</u>	<u>7,945,355</u>
Expenditures		
Salaries and fringe benefits (Schedule 2)	6,450,795	6,313,885
Administration	311,306	305,925
Dietary	193,954	187,709
Medical, surgical and other supplies	230,867	186,300
Drugs	182,226	174,603
Premises operation	134,627	123,112
Transportation of patients	69,135	52,067
Homecare	49,582	28,125
Premises maintenance	40,651	56,413
Housekeeping	38,912	25,455
Reception and communications	31,828	38,866
Physiotherapy and ergotherapy	21,021	16,968
Patients' activities	13,784	14,346
Medical files	10,975	4,681
Diabetes program	(911)	13,752
Laundry and linen services	6,295	6,284
Laboratories	2,974	4,032
	<u>7,788,021</u>	<u>7,552,523</u>
Excess of revenue over expenditures for the year	\$ 146,962	\$ 392,832
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	\$ 146,962	\$ 392,832
Secondary activities	-	-
Excess of revenue over expenditures for the year	\$ 146,962	\$ 392,832

Tsinitsi Aièsatakari'teke

Tsinitsi Aièsatakari'teke Statements of Operations

For the years ended March 31	2013	2012
Revenue		
Kahnawake Community Funding - Consolidated Contribution Agreement		
- Clinical and Client Care	\$ 1,077,302	\$ 1,062,861
- Prenatal Nutrition Program	38,583	-
- Moveable asset replacement		
- Current year	6,113	-
- Prior year deferred revenue recognized (Note 5)	25,374	-
Kahnawake Community Funding - Accreditation	53,516	-
Kahnawake Community Funding - Aboriginal Diabetes Initiative Funding	58,802	52,399
Kahnawake Community Funding - Child Oral Health Initiative Program	35,187	33,064
Kateri Memorial Foundation	44,968	42,941
Kahnawake Community Funding - Tewatohnhi'saktha - Student Programs	8,184	7,342
Other contributions	11,328	13,604
Student programs - Health Careers Funding	-	6,323
	<u>1,359,357</u>	<u>1,218,534</u>
Expenditures		
Consolidated Contribution Agreement Programs		
Community Health Units	412,371	424,306
Homecare Unit	133,013	118,987
Diabetes Prevention Program	74,470	72,436
Quality Improvement Program	61,271	57,798
Administrative Support	60,333	61,839
Social Work	51,223	49,849
Computer Maintenance Program	48,635	40,346
Accreditation Program	46,062	-
Child Injury Prevention	32,858	31,423
Volunteer Program	24,301	22,721
Prenatal Program	24,093	24,819
Cancer Support	21,220	32,733
Language and Culture Program	19,627	21,935
	<u>1,009,477</u>	<u>959,192</u>
Other Programs		
Aboriginal Diabetes Initiative Programs	58,109	39,097
Gift Shop	47,869	42,690
Administration Support	43,583	814
Child Oral Health Initiative Program	32,292	33,926
Student Programs	9,720	13,296
	<u>1,201,050</u>	<u>1,089,015</u>
Excess of revenue over expenditures for the year	\$ 158,307	\$ 129,519

Expansion & Renovation



Robert Deom
Project Manager Expansion
and Renovation Project

The Kateri Memorial Hospital Centre (KMHC) Tehsakotitsen:tha is planning a significant expansion and renovation to respond to the needs of the community of Kahnawa:ke. KMHC currently provides a combination of long-term resident care, short-term inpatient care and various outpatient clinical services. Today, KMHC provides 33 long-term beds and 10 short-term beds. The expansion comprises construction of an entirely new wing, demolition of an existing portion of the facility and replacement by new construction, addition of a second storey onto an existing portion of the building, as well as renovation of outpatient services. The new construction will add 25 long-term care beds and 5 short-term care beds for a total of 73 beds.

The Quebec Ministry of Health and Social Services authorization for execution states the overall project comprises 10 056 m², of which 5 894 m² will be new construction, 3 022 m² will be renovated and 1194m² will be subject to fireproofing. The overall project budget is identified at \$26,777,000, accounting for construction, professional fees, fixed medical equipment, artwork integration, landscaping, and costs associated with administrative contingencies. The Quebec Ministry of Health and Social Services will contribute \$21, 056 000. KMHC will

contribute \$5,721,000, including a \$2,000,000 contribution from Health Canada. Other contributors include Mohawk Council of Kahnawake and Kateri Memorial Foundation. In order to minimize disruption of services to the facility's clientele, construction is planned to take place in three phases.

The project is planned to be tendered in September 2013, with a construction start date in November 2013.

Project architect is Christos Kaltsas and Fichten Soiferman Architects in consortium. Structural and Civil Engineering services are provided by Pasquin St. Jean and Mechanical and Electrical Engineering services are provided by Bouthillette Parizeau and Associates.

Highlights:

July, 2012: KMHC was pleased to host the press conference announcing the provincial approval to proceed to the execution stage of the project.

January, 2013: KMHC and Tewatonhisaktha conducted an information session to present the essential construction concept to the construction community and the general public.

Looking Ahead:

2013 - KMHC will be hosting further information sessions directed towards the contracting and labor community and to share plans for implementing the MCK Tender Policy

September 2013 – Construction contract to be tendered;

November 2013 – Construction to begin on Phase 1, the new long-term care wing;

November 2014 – Construction to begin on Phase 2, expansion above and renovation to existing parts of the long-term care facility and support services area;

August 2015 – Construction to begin on Phase 3, renovation to the outpatient clinic;

Winter 2015 – Project completion.

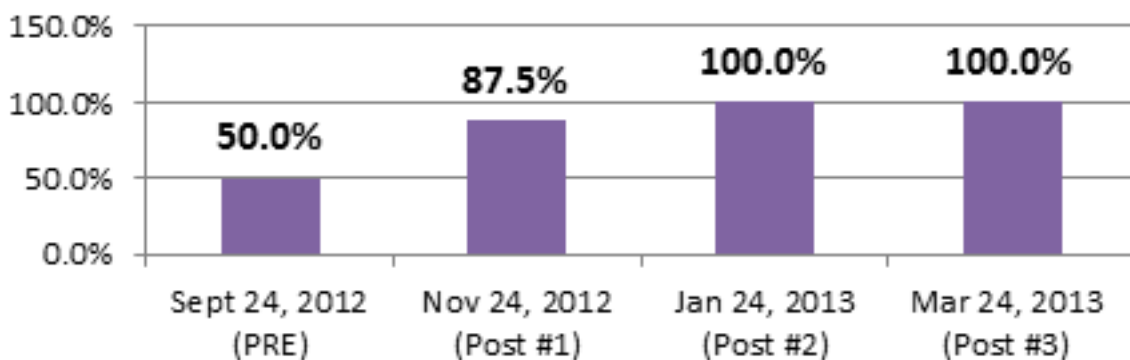


Quality Improvement

Quality from the patient's point of view means – Heal Me, Don't Hurt Me and Be Nice to Me. To improve quality, the program uses numerous quality improvement processes which include assessment, planning, doing and acting upon results. Everyone is involved in Quality Improvement; the Board, the staff and clients. Achieving quality requires an atmosphere of mutual respect, teamwork and learning.

Accreditation is a major process in our Quality Improvement journey. The June 2012 survey resulted in KMHC being accredited with commendation. To achieve this, a strategy to prevent clots was instituted for short term care inpatients. When acutely ill, a number of factors including decreased movement put some patients at risk of developing a clot in deep veins of the legs, which can dislodge and cause a pulmonary embolism, which is very dangerous. This is similar to the 'economy class syndrome' where passengers on an airplane develop a

% of Short term care patients eligible for VTE prevention who received appropriate prevention



clot after being squished and immobile in a relatively small space. The graph shows how the development of the strategy led us to 100% of clients eligible for this preventive treatment receiving it. The accreditation survey identified

another 24 of the 905 criteria evaluated which the 10 QI teams will work on achieving before KMHC's next survey in June 2016.

As we age, our bones are more fragile, we are forgetful, we use aids like walkers, we have lower vision, etc, all of this contributes to falling. Using restraints is almost never an answer. Despite being equipped with many aides such as fall pads and bed alarms, falls and fractures remain an important health risk and a therapeutic challenge. The Quality Oversight arm of the Board has recommended that in the next years, energies be placed on preventing falls in the home.

To understand the "Being Nice" part of QI, KMHC surveyed Client Satisfaction through a questionnaire in the spring and summer of 2012. There were 202 responses. Older clients were more satisfied than younger clients. In particular, those under 65 were concerned with the amount of time required to get an appointment. We were glad to see that satisfaction as reflected by the indicator 'Relationship with the client', (e.g. Respect, Confidentiality and Empathy) was scored higher than the 2 other indicators.

KMHC's challenges rest in having an integrated approach to Quality and Risk Management. We do not work in departmental silos but need to build the attitudes and structures required to work interdependently to achieve the best care for clients and the community.

Management of User Complaints

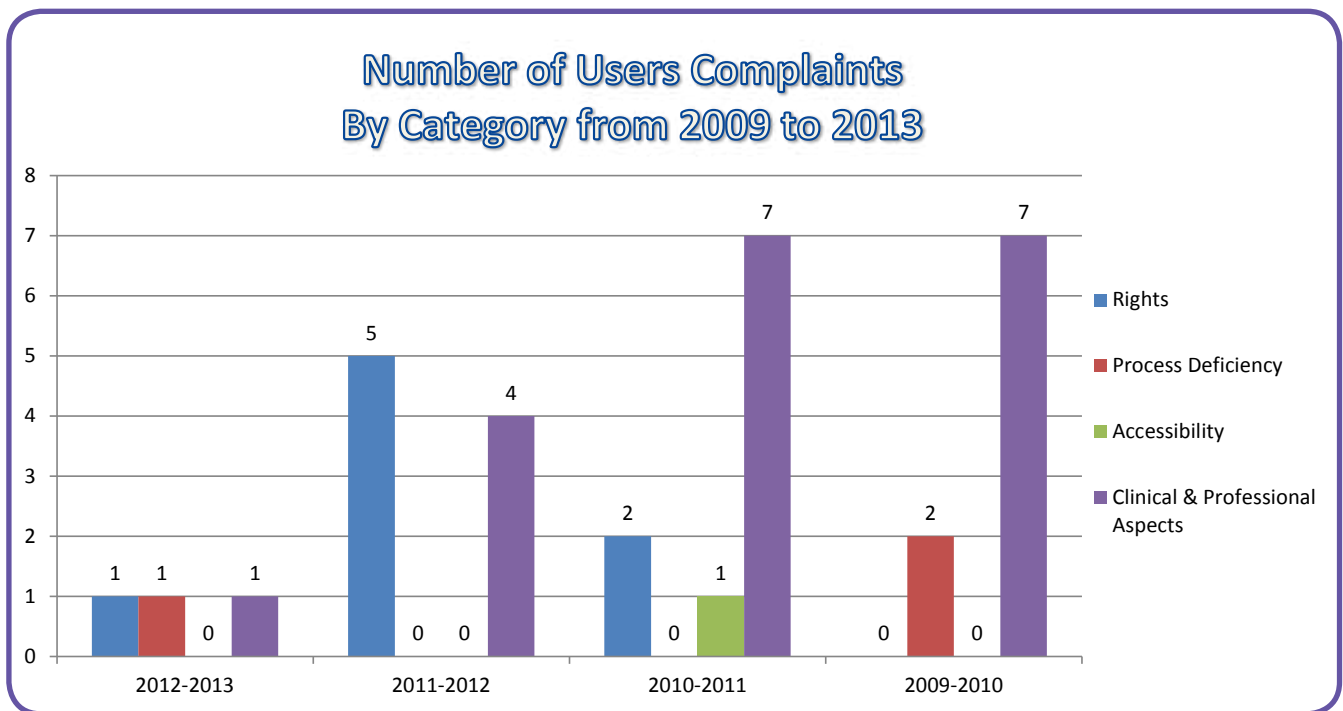
In 2012 – 2013, KMHC received 3 users' complaints, categorized as follows:

Category	Number
Rights	1
Process Deficiency	1
Accessibility	
Clinical & Professional Aspects	1

All complaints were responded to in our normal delay of 45 days. There were no appeals made with regard to the responses given.

Measures taken to address these client concerns are summarized as follows:

- Re-enforcement to staff regarding professional behavior, courtesy, respect of privacy and confidentiality
- Client was advised of KMHC's smoking policy
- Client was advised of process for same-day and walk-in appointments and appropriate conduct was reinforced with staff



In Memory

Myrtle Bush



In June 2012, we said farewell to Myrtle Bush, a remarkable woman and community leader who had dedicated an awesome amount of her valuable time to the hospital centre.

In the early '80s, she was a key member of a group of Board Members and Council Chiefs that worked diligently to reach an agreement with the Quebec Government for the construction of the hospital centre facility that we occupy today. In 2008-2009, Myrtle, as a Board Member once again played an integral role in the discussions with government officials to reach yet another agreement concerning the hospital centre's imminent renovation and expansion project. During this process, she took every opportunity to share her experiences and methods that were successful in the past that could easily be applied to the task of the day. Throughout this process, she challenged government officials and was a welcomed role model and mentor for some of the younger and less experienced community administrative and political representatives.

When her health began to fail, we were fortunate to have had the privilege to welcome and care for her as a hospital centre resident when she needed us the most.

At this time, we would like to thank her family for sharing this wonderful woman with us!



We remember

“Perhaps they are not stars, but rather openings in Heaven where the love of our lost ones pours through and shines down upon us to let us know they are happy.” -
Author unknown



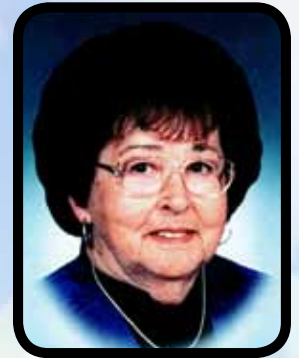
Geraldine Canoe



Irene Rice



Martha Nelson



Pearl Splicer Jacobs



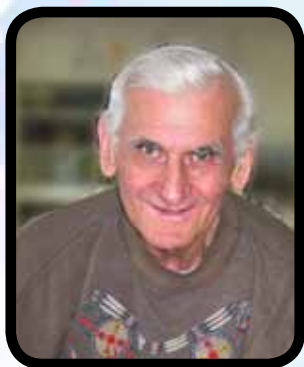
Myrtle Bush



Tom McComber



Joseph Dove



Floyd Brooks



Mitchell Dell



Norma McComber



Mitchell Loft

Each year we have the great privilege of providing comfort and care for those who must make KMHC their home. We wish to remember those who have begun their journey to the Spirit World, and honour their memory.



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