Tehsakotitsén:tha
Kateri Memorial Hospital Centre

2017-2018
Annual Activities Report

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Message from KMHC Leadership

Shé:kon,

Welcome to the Kateri Memorial Hospital Centre's (KMHC) Community Annual Activities Report for 2017-2018. This report will once again focus on KMHC's strategic priorities; i.e. Safety and Quality, Renovation and Expansion, Traditional Medicine, Community Health Plan and a Client and Family-Centered Approach to Care. That is not to say that areas of ongoing operational activities are unimportant; however, reporting to the community on activities that move us forward is our focus for this report.

In terms of ongoing operational activities, we continue to provide a very industrious Family Medicine Clinic that provided 13,841 appointments to our users this year despite having difficulty recruiting an adequate number of physicians while some physicians were on leave or left to pursue a practice elsewhere. Our Plant Management Team also stepped up to the plate; they maintained and secured the older part of our facility, which requires frequent repair and attention. They have also adapted and applied their skills to managing and maintaining several more modern and technology-based systems in the new section of our facility, which we have occupied since November 2016. All of these activities have come with some challenges and success. The KMHC Kitchen will continue to operate temporarily off-site until the fall of 2018, at which time the staff will return to a modern and expanded new facility. We must commend this group of staff members, which have executed a very well laid out plan to continue to provide our residents and patients with a high quality food service during this time of construction and fast-paced change. Our Rehabilitation Services have also been uprooted and relocated to a temporary spot within the new wing, and we are pleased to report they have settled in nicely despite their human resource and space constraints.

Our inpatient residents and clients continue to enjoy their new home in the new wing. However, KMHC continues to have difficulty admitting clients in a timely manner. We know this has caused frustration and concern, and we can certainly empathize with community members in this regard. Normally, KMHC has a total of 43 beds; 33 are for long-term care residents and 10 are for short-term care clients. One (1) long-term care bed is presently closed due to construction. The long-term care beds are and have been at full capacity for quite some time. The short-term care beds are also at full capacity on a regular basis. The community's need for long-term care far exceeds our present resources. Therefore, clients requiring long-term care are occupying a majority of the 10 short-term care beds, leaving us with very little room to admit clients requiring a short admission to KMHC for reasons such as rehabilitation, chronic disease control and palliative care.

In March 2019, at the end of the renovation and expansion project, we will have opened an additional 25 long-term term beds and 5 short-term care beds bringing our capacity to 73 beds; i.e. 58 long-term care beds and 15 short-term care beds. We believe this increase in capacity and current negotiations to enhance staffing will address the delays we are presently facing. In the meantime, we are asking for the community's understanding and patience.

We trust that the report which follows will provide you with an interesting and informative insight into the hospital centre activities this past year.

KMHC – Executive Director

KMHC Chairman of the Board

Our Vision

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

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

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

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

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

Our Mission

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

Goals

1. Ensure safety and quality is prioritized throughout all activities of the hospital centre.

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

3. Implement traditional medicine services.

4. Implement the community health plan in partnerships.

5. Integrate a more client and family centered approach to care.

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

We all deserve and want safe and quality healthcare. Accreditation is one of the processes that guides our quality journey.

Mistreatment

This year we focused on the development of a strategy to prevent mistreatment of residents in long-term care. Mistreatment of older persons is a significant problem being addressed at many levels. In long-term care, staff, residents and some family members have attended a number of education sessions to help them identify and respond to mistreatment. Staff members have also attended education on how to prevent mistreatment through approaches with residents which exemplify caring treatment. These approaches are included in the resident's care plan so that communication of these personalized approaches is shared among caregivers. An initial administrative policy has been drafted and includes the procedure to report, investigate and document all instances of alleged mistreatment of a resident. Our goal is to protect residents from mistreatment from family, staff or the institution itself.

The Accreditation process is driven by teams. Clinical teams evaluate and improve on the achievement of standards related to that specific patient group. This year, clinical service teams have focused on the realization of restructuring to facilitate care centered on these patient groups, namely short-term inpatient care, long-term resident care, home care and outpatient care which is the primary care provided in the outpatient clinic and the Community Health Unit. Restructuring aims to organize caregivers into more natural teams centered on the patient or resident and his family. The structure changes from one that is organized into departments to one that is organized around the patient group. Patient representatives are requested on each of these clinical teams. Do not hesitate to communicate your interest!

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

Healthcare comes with certain risks. To make healthcare safe, we need to identify risks and develop strategies to decrease the risks from happening, or to lessen the consequences if the risk does happen.

Falls

For hospital inpatients, falls are a constant worry. The new wing has numerous features to help decrease falls including nonskid flooring, enough space so clutter is decreased and a new call system which results in a quicker response to a patient's call, as well as decreasing noise which is distracting and contributes to falling. Despite this, the rate of falls for inpatients has not changed significantly over the last few years.

Medication Errors

Medication errors are also a risk, which have increased this year. The most serious included two (2) medication errors where increased monitoring was needed to be sure that any harmful effects from the medication were quickly identified and treated.

As some nursing acts have been deregulated to Home Health Aides, communication systems between nurses and home health aides are very important. For example, medication for dementia patients is often administered by a home health aide. There were eight (8) medication events related to this deregulation; two (2) originating from a communication gap; the others related to not following some aspect of a procedure. Nurses also need reliable communication to ensure transfer of required treatments. This year there was one (1) such event which is an important decrease from past years.

Other Risks

For inpatients, the entrapment between the mattress and the bedrail is a risk, and there was one (1) such event this year. It is easy to believe that bedrails actually prevent falls, but in fact they can be the source of more harm. Decreasing the use of bedrails remains a safety goal for us. Confused inpatients leaving the ward unattended can suffer important consequences. This year there were four (4) inpatients who wandered out of their area. To prevent such elopements, visitors require assistance from a staff member to access the elevator to go to the exit floor. Visitors are asked to be conscious of who gets out of the elevator when they enter on the ground floor. Risks can also be related to the building, as well as the equipment used. A risk related to construction was the steep slope of the stairs at the inpatient entrance; this has been rectified.

Mis-identification

In outpatient services, mis-identification is a constant concern. Many patients share the same last or first name or both and even a similar birth date. To ensure proper identification, staff members are to ask your full name and date of birth to be sure they have the paperwork pertinent to you. Front desk and laboratory staff will also ask for your telephone number and address so that we can get in touch with you when needed.

Be part of risk management! If a staff member does not ask you these questions, tell them who you are, your date of birth and coordinates.

Test Results

Another major risk is related to test results. There were five (5) such events; 2 events had important consequences for the patient.

As there are many tests done and numerous results received, a number of processes are in place to ensure that results are received and communicated. Patients are encouraged to ask about the results of tests previously performed either at their next medical appointment, or before as necessary.

End of Life Decisions

Most long-term care residents die at KMHC. There are some, however, who die in another institution after being transferred there during an acute medical event. We note a slight increase in this trend over the years. In healthcare, there is an awareness that it is very important to talk about and express what would matter to us at the end of life. This is a really difficult conversation and often happens with the representative of a person with dementia. The guide for the representative is what he knows of the resident's values, past behaviors and desires. It is suggested we all have these conversations with our loved ones who would speak for us if we could not speak for ourselves.

It is hoped that this summary of information helps readers understand the challenges to patient safety in our different missions. It is also hoped that the above promotes participation as we pursue our partnership in making healthcare the best it can be.

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

Construction of the Kateri Memorial Hospital Centre expansion and renovation project is underway. The new construction will add 25 long-term care beds and 5 short-term care beds to the existing 43, for a total of 73 beds. The facility also offers services in physical, speech and occupational therapy, family medicine and community health. Facility support services include medical record storage, plant management and maintenance, housekeeping, laundry, food and nutrition services and administration.

The expansion comprises construction of an entirely new, 2-storey wing and demolition of an existing portion of the facility with replacement by new, 2-storey construction, as well as renovation of outpatient services. The present facility covers 3720 m2 on the ground floor with 650 m2 on the second floor.

Purchasing Officer and Move Coordinator working with the Expansion and Renovation Project.

The plans comprise 10,160 m2, of which 7,317 m2 will be new construction, 1,759 m2 will be renovated and 1,084m2 will be maintenance work. The expansion and renovation will allow KMHC to offer in-house radiology and traditional healing services, in addition to expanding and improving existing services.

The overall authorized project scope is $31,343,900, accounting for construction, professional fees, fixed medical equipment, artwork integration, landscaping, furniture/specialized medical equipment and costs associated with administrative contingencies. The Quebec Ministry of Health and Social Services will contribute up to $24,478,000. KMHC will contribute $6,865,900 through its own sources, including a $2,000,000 contribution from Health Canada and a $50,000 contribution from the Kateri Memorial Foundation.

Construction Schedule

In order to minimize disruption of services to the facility's clientele, construction is taking place in three phases.

The first phase of the project began in March of 2015, with the new construction of a two-storey addition (and a full basement) to the existing hospital; which runs parallel to "Rabaska Road" and "Hospital Lane". Phase 1 was

completed in October, 2016. Patients, inpatient clinical staff, as well as facility operations, and certain professional services now occupy the new wing. Some of these moves are permanent, while others are temporary. The move was executed in two weeks.

Phase 2 of the project, expected to be completed in September, 2018, will see the existing men's and women's wards demolished and reconstructed in the similar manner as the first phase, with renovations to the facility maintenance and food service areas to improve service and house new clinical services.

In the third and final phase of the expansion, the current outpatient clinic will undergo renovations to better serve the community. These renovations are expected to be completed in March, 2019.

Temporary Accommodations

During construction, KMHC will not suspend any services. Maintaining service is a core aspect of KMHC's mission and considerable planning has been devoted to accommodating services during the three construction phases. To provide an uninterrupted meal service, KMHC has established its temporary kitchen over at the Turtle Bay Elders Lodge.

During renovation of the outpatient clinics, the clinics will be established temporarily in the new basement, the newly constructed short-term care wing and other new areas.

Hospital Administration is not immune from construction disruption. Lateral bracing required to maintain compliance with current building codes will oblige the administrative function to be relocated within the new building for several weeks.

Infection Prevention and Control During Construction

Building a hospital means building a clean hospital. The risk to patients and clientele associated with hospital-borne infections has led to the institution of enhanced protocols for cleanliness during construction. Builders working on the expansion project are contractually committed to respecting higher standards. Plans and specifications incorporate provincial and federal model standards for controlling and preventing infection, both in the design and in the execution of the work.

Art Integration

The hospital has commissioned artists to produce works that will be integrated into the project. Five locations have been selected, both outdoors and inside, for the installations. The Art Integration Team, headed by Onawa Jacobs, called out to artists to express their interest. From this pool, the team selected 7 artists to develop concepts. The team selected their preferred concepts and commissioned those artists to develop pieces for display. As the project progresses, the artwork is being fabricated and installed. Art integration is a relatively novel concept for institutional buildings on the Territory. KMHC looks forward to seeing this aspect come to fruition.

Landscaping

KMHC strives to provide the best care for all patients. The Healing Gardens will be a place of recovery and recuperation. The tranquility and serenity that the Healing Gardens will provide are valuable to patients and staff. The benefits include: accelerating recovery, encouraging physical balance, evoking positive feelings, reducing stressful thoughts and providing a welcoming place that visitors, as well as patients can experience. The Healing Gardens represent a very significant contribution by the community as this aspect of the project is completely funded by the Kateri Memorial Foundation.

The Healing Gardens.

Implementing Traditional Medicine Services

Kateri Memorial Hospital Centre (KMHC), once again, successfully, submitted a Community Health Plan Initiative proposal to continue the Traditional Medicine Unit Pilot Project, Tekanonhkwatsheraneken … "two medicines working side by side". This project aligns the practices of Western medicine with those of traditional health and healing which are an expression of our cultural identity, assists in continuing the traditions of oral teachings and ensures the opportunity to integrate our philosophies, beliefs and healing practices into a clinical setting. KMHC is integrating traditional values into the contemporary health system.

These practices have been effectively integrated into the Community Health Unit's prenatal classes. Pregnancy issues, the importance of a traditional welcoming for the baby, what medicines Onkwehonwe traditionally use during and after pregnancy are shared with expectant parents.

Other Tekanonhkwatsheraneken activities include:

- Community medicine walks which continue to draw a large following where medicines and traditional teachings are imparted.
- Multiple workshops facilitated by Emmy Mitchell to reawaken the mind, body and spirit.
- Presentations to McGill medical students, as well as Dawson nursing students.
- Promotion of cultural teachings regarding sacred tobacco for the Tobacco Control Strategy.

Of note, in 2001, Kahnawà:ke Shakotiia'takehnhas Community Services (KSCS) initiated the concept of a traditional/natural healing service, which includes the traditional practices, ceremonies and teachings of the Haudenosaunee culture. Today, Tekanonhkwatsheraneken is preparing to partner with KSCS to share our experience and expertise in this area.

Prenatal Clinics & Classes

Prenatal clinic visits take place Mondays or when the doctor is available. The nurse provides education to the pregnant mom, vaccinations, assessments and develops a relationship with the moms and their partners.

Prenatal classes occur when the nurse recruits enough parents to attend. Prenatal classes cover topics such as: labor support, relaxation and breathing techniques, stages of labour, breastfeeding, community resources and how to develop a birth plan. Vanessa Rice, the Breastfeeding Support Worker attends the second class and gives a short presentation on the Baby Friendly Support Group.

Calvin Jacobs, as part of the Traditional Medicine Pilot Project, contributed to most classes with a segment on traditional medicines, welcoming ceremonies for the newborn, naming ceremonies, and traditional teachings.

# Pre-Natal Visits Seen by CHU Nurse	# Prenatal Clinics	# of Prenatal Moms	Age 35 and over	Age 19 and under	Gestational Diabetes	Type 2 DM	Prenatal Classes	
							Sessions of 2 Classes	Moms (with their partners)
849	56	124	92 visits	88 visits	65 visits	0	3	12

Newborn Home Visiting

When mom and baby come home from the hospital, one of two nurses will visit within the first week to make sure mom and baby are adjusting well, not having any difficulties with breastfeeding or having any other issues. This can require several visits to make sure baby has regained the weight he/she may have lost in the initial few days following birth.

The nurses also check moms and dads for post-partum depression using a tool called the Edinburgh Post-partum Depression Scale. This questionnaire is filled by mom and/or dad at the home visit and again at the one month visit. Any moms considered at risk are followed closely to assure proper care for potential post-partum depression. Some moms may be referred to a doctor for further treatment as needed.

Birth Rate (2017)	Initil Home Visits	Follow-up Visits	Tongue-tie	Breastfeeding clinic referrals
91	83	17	16	32

Well Baby Program (WBC)

Well Baby Clinics operate Tuesday to Friday. There are four nurses that presently cover the clinic. Some babies and their families are seen outside the regular clinic for weights, vaccines, or any other concerns.

The goal of the WBC is to ensure that children (0-4 years) receive early access to assessment, diagnosis, treatment, immunization and referral for any medical conditions, concerns and/or developmental delay. Referrals are made to our clinics and partners for the following services: ophthalmology, dentist or dental hygienist, Step by Step Child and Family Center, pediatrician, Montreal Children's Hospital, audiologist for routine newborn screening or older children where there is a concern, etc.

Our vaccination rate is 93-98% depending on the vaccine, which in turn protects the children who cannot get vaccinated for medical reasons. It is important that these rates stay high to provide this protection.

Number Of Vaccines Given in Well Baby Clinic	
Infanrix-hexa	282
Pediacel	110
Prevnar-13	292
Menjugate	87
Proquad	78
MMR	98
Adacel-polio	55
Rotarix	200
Varivax	61

Iontstaronhtha - Breastfeeding Promotion Program

Breastfeeding support is provided by the Breastfeeding Support Worker and the two visiting nurses.

The Baby Friendly Support Group meetings are held at the home of the Breastfeeding Support Worker (BSW) on a monthly basis. With the support and encouragement of the BSW and the nurse, the moms support each other and help to find solutions to their breastfeeding and parenting issues.

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

Other topics covered at Baby Friendly Support meetings include: birth control, car seat safety, tongue-tie, second-hand smoke, night time feedings, pumping and storing breastmilk, frequent feedings, resources, alcohol and breastfeeding, low milk supply, medication and breastfeeding, self-care.

Rate of initiation of breastfeeding is 85%. Rate of breastfeeding for at least 6 months is 64%.

The Literacy Program

Books are given to all babies 2 months to 2 years of age at their WBC appointment including books in Kanien'keha. Parents continue to be thrilled to see that their very young babies are interested in the books as demonstrated in the Well Baby Clinic. The nurses provide more information to parents about the importance of reading and how to read to their children. The nurse visited with the Baby Friendly Support Group to demonstrate how to read to babies/toddlers which was well received. The Literacy Program was also presented at the Language and Culture Fair this year.

Cancer Care and Support

The Cancer Support Nurse participates in the Onkwata'karitahtshera Cancer subcommittee. This year the committee reviewed the Community Health Plan recommendations. Dr. Fuller presented the data she extrapolated from the Regional Health Survey, Medicare and Non-insured Health Benefits of Health Canada regarding cancer.

The Cancer Support Nurse attended eight (8) Cancer Support Group monthly meetings. They have 27-35 members with 10-18 attendees per meeting. The nurse shares new research information, answers questions about the medical system, the human body and how it functions, lymphedema, medications, treatments, self-care tips, resources and whatever their needs may be. It helps the nurse get greater insights into their personal experiences.

The Cancer Support Nurse is an adhoc volunteer member of Tetewatatia'takéhnhahs Community Cancer Fundraising. She also attended the Purple Ribbon Walk on June 10, 2017. She feels that it is important to be part of any cancer related community activities, helping her to connect to other community members living with cancer who have not been referred to her or contacted her on their own. Raising awareness is a big part of this group and their fundraising events.

A research project, "Widening the Circle of Care: Caregivers Tell their Stories of Supporting People with Cancer in Kahnawake" through the University of Ottawa is being conducted to explore the culture of caregiving through their experiences, needs, and potential gaps in their support. Eight (8) participants have shared their stories so far. The next phase will happen next fiscal year.

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

Tobacco Reduction Strategy

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

Role Model Campaign

Role model posters, 4 for each, were developed on smoking cessation, second-hand smoke and Oien'kwa'ón:we, which integrates our cultural teachings. A poster was developed specifically on smokeless tobacco using a professional lacrosse player who is a father and lives in a traditional way.

These role model posters and cessation promotional materials accompanied the team to community cessation promotion event opportunities including report card night at schools, Racer's for Health, Winter Carnival events, sport banquets, and at soccer games during the summer. Presently, the team is working on videos by these same spokespeople as well as additional role models from the community to promote healthy tobacco behaviors. They will be distributed through social media and through community media outlets.

Regional Health Survey

The Tobacco Smoking Portrait developed by Dr. Fuller of Onkwata'karitahtshera was presented in October 2017. This portrait also included the results of a survey done on the school buses with the youth regarding tobacco use including smokeless tobacco.

KSS Student Project

High school students presented 4 tobacco awareness booths (Sacred Tobacco, Smoking and Health, 2nd and 3rd Hand Smoke, Smokeless Tobacco) to 104 Grade 5/6 students. It was well received by the grade 5/6 students and their teachers.

Child Injury Prevention

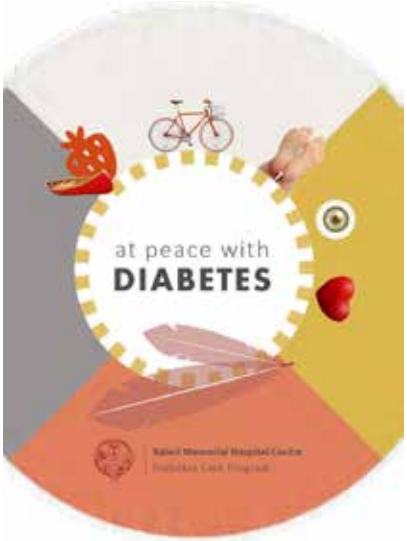
The Child Injury Prevention Worker continues to participate in the Child Safety Network which includes Kahnawake Peacekeepers, Kahnawake Fire Brigade, Kahnawake Youth Center, Animal Protection, Community Protection Unit, and Community Health Unit.

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

The Child Injury Prevention Worker is a member of the Kahnawake Schools Diabetes Prevention Project Wellness meeting. This committee meets to try and coordinate the health education occurring in the schools.

Wellness Nurse - Diabetes Nurse Educator

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



The Wellness Nurse works closely with the Nutritionist and with the clients living with diabetes. They have a more coordinated approach to diabetes education. They now try to plan diabetes education sessions with clients either together or one after another. This has also led to a better understanding of how each has a part to play in diabetes education and that there is a team to work with the client to help him reach his goals.

They worked with the team at Western University on Forge Ahead, a diabetes research project looking to improve clinical approaches in diabetes clinics. As one part of the project, the Nutritionist developed a new tool called, "At Peace with Diabetes" to help people living with diabetes better understand their condition, how to manage it and prevent complications. It was shared with the other indigenous communities involved in the project across Canada.

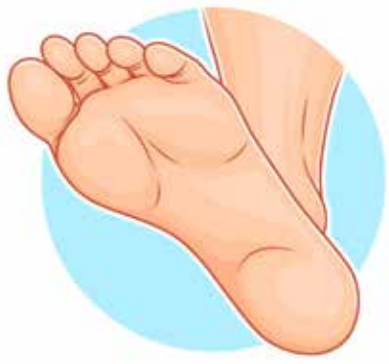
Joelle Emond and Tanya Diabo Nutritionist and Wellness Nurse.

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

Wellness Nurse/Diabetes Education Nurse Statistics - continued...						
Type of client contact	**2012-2013**	**2013-2014**	**2014-2015**	**2015-2016**	**2016-2017**	**2017-2018**
Phone Calls	149	635	635	292	409	624
Did Not Arrive				126	210 (10.9%)	170 (9%)
Cancellation				89	162 (8.5%)	202 (10.7%)

Prevalence and Incidence of Diabetes in Kahnawake

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



Foot Care Program

This year we were able to secure permanent funding for the Foot Care Program. The Foot Care Program was started as an Aboriginal Diabetes Initiative project to address the need for people living with diabetes to have their feet checked at least once a year and to provide foot and nail care. The Foot Care Nurse has advanced foot care training. Clients are referred to the program by the physicians, nurses, Diabetes Nurse Educator and Rehabilitation. The nurse sees clients 2 days per week, Wednesday and Fridays. He provides thorough foot assessments, nail care, callous care, care of ingrown toenails, etc. He teaches clients about proper way to care for their feet (i.e. washing, drying, moisturizing, cutting nails, etc.). He also refers clients to the orthotics clinic.

Foot Care Clinic at a glance

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

**this includes patients who rescheduled appointments*

Aboriginal Diabetes Initiative Diabetic Eye Screening Project

People living with diabetes are recommended to have their eyes checked for diabetic retinopathy every one to two years. Unfortunately, accessibility to an ophthalmologist is difficult due to the increase demand for services. The optometrist at KMHC has been specially trained to do these eye exams and will refer clients at risk of diabetic retinopathy or other eye problems to an ophthalmologist. The Ophthalmology Attendant works closely with a few clinics to expedite the referrals. This year, the optometrist saw 200 clients for diabetic retinopathy screening.

Children's Oral Health Initiative (COHI)

The Children's Oral Health Initiative (COHI) Program is provided in Kahnawake's (4) Schools and (3) Daycares. The Dental Hygienists educate the children on proper brushing and prevention of cavities, examine teeth for teeth at risk of cavities, apply fluoride 3 times per year and apply sealants on adult teeth as needed. The Dental Hygienists have worked with the nutritionist to provide healthy eating and drinking messages to children and their families. They have also worked with the teachers to have classroom brushing programs. They have provided education to the teachers and students about infection prevention and have also provided toothbrushes.

During the months of July and August, COHI activities continue but shift focus to final reporting to Health Canada, preparation for next school year, community health promotion, and follow up of home visits.

This year 432 students were registered to the program.

Integrating a more client and family centered approach to care

In January 2016, KMHC Board of Directors and Senior Management took the position to:

- Adopt a client and family-centered approach to care as a strategic priority for the organization as of April 1, 2016.

- Explore and discuss ways to re-organize the hospital centre's management structure to support its major administrative functions and its major client groups.

- Work with partners to align ways of working within a client and family centered approach to care.

KMHC Senior Management's work in 2017-2018 on the preparation of a management re-organization model included the following activities:

- Further educated ourselves on the client and family centered approach to care; i.e. reviewed literature and client and family centered care (CFCC) processes and structures elsewhere.
- Provided CFCC education to and consultation with the KMHC Management Team.
- Held an All Staff Quality Improvement Day in December 2017 wherein 92 staff members were educated on and participated in activities that addressed:

Why CFCC?

The presenter addressed CFCC as a strategic priority for the hospital centre and the imminent re-organization of KMHC Management in order to build more cohesive teams focused squarely on the client and his family.

What is CFCC?

The presenter addressed the definitions and evolution of CFCC in health care and presented the principles of the CFCC model; i.e. client/family are participants in care; decisions made by the client/family; participatory leadership; staff given a voice; focus on the individual client's needs/preferences; partnership approach with clients/families to program development. CFCC is a partnership at various levels from direct care, organizational design, governance and policy making to improve health care.

CFCC – How?

The presenter addressed how work organization can promote CFCC; i.e. seeks out and values the user's voice; organizes itself to facilitate staff's ability to put the client and family at the center; doing with the client/family versus doing to or for. Examples were given on how to further pursue CFCC at KMHC and individual staff members were challenged to identify ways they could bring CFCC further in their practice and to identify an organizational action that would bring us closer to the philosophy. A high level explanation of the imminent re-organization was also explained.

- All Managers were briefed on the re-organization; some strongly saw the merits of the changes and others identified the challenges.

At year end, KMHC was also considering certain client and family centered approach to care changes such as conducting short-term care end of shift report and intervention planning with the client and family in their own room; extending visiting hours (24/7?); and education for nursing staff in order to be better prepared to handle conflict. Most significantly, the KMHC Board of Directors approved the proposed management re-organization, which will establish four (4) distinct client care teams within the hospital centre; long-term care, short-term care, homecare, and primary care. 2018-2019 will be a transition year for these important changes!

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

March 31	Operating and Donation Funds	Capital Fund	2018 Total	2017 Total
Assets				
Current				
Cash	$ 4,026,789	$ 6,894,178	$ 10,920,967	$ 12,432,235
Cash in trust	49,802	-	49,802	49,802
Accounts receivable				
Patients and other	217,283	-	217,283	187,199
Provincial government (Note 3)	-	227,533	227,533	210,405
Inventories of drugs and supplies	98,299	-	98,299	82,646
Prepaid expenses	26,050	-	26,050	68,720
Due from Capital Fund	443,129	-	443,129	552,541
	4,861,352	7,121,711	11,983,063	13,583,548
Capital assets (Schedule 1)	-	33,386,255	33,386,255	28,198,724
	$ 4,861,352	$ 40,507,966	$ 45,369,318	$ 41,782,272
Liabilities and Fund Balances				
Current				
Short-term credit facility (Note 4)	$ -	$ 23,700,000	$ 23,700,000	$ 20,820,000
Accounts payable and accruals				
Suppliers	122,029	1,892,577	2,014,606	1,504,739
Accrued wages	347,790	-	347,790	311,270
Interest payable (Note 4)	-	599,738	599,738	298,676
Patients' deposits	49,802	-	49,802	49,802
Deferred revenue	9,915	-	9,915	9,915
Deferred contributions				
Renovation and expansion	-	49,583	49,583	6,414
Capital asset additions (Note 5)	-	122,816	122,816	117,448
Due to Operating Fund	-	443,129	443,129	552,541
Due to Tsinitsi Aièsatakari'teke	25,849	-	25,849	92,754
	555,385	26,807,843	27,363,228	23,763,559
Fund balances				
Donation	28,417	-	28,417	28,842
Capital	-	13,700,123	13,700,123	13,814,660
Operating	4,277,550	-	4,277,550	4,175,211
	4,305,967	13,700,123	18,006,090	18,018,713
	$ 4,861,352	$ 40,507,966	$ 45,369,318	$ 41,782,272

On behalf of the Board

Director

Director

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

For the year ended March 31	2018	2017
Principal activities		
Revenue		
Provincial government	$ 8,009,773	$ 7,783,200
Authorized charges less exoneration charges	481,504	449,317
Miscellaneous	326,115	316,590
Meals	109,383	64,099
Interest	10,911	9,031
	8,937,686	8,622,237
Expenditures		
Salaries and fringe benefits (Schedule 2)	7,390,782	7,139,306
Administration	279,507	349,863
Dietary	268,173	219,926
Medical, surgical and other supplies	232,558	204,902
Premises operation	208,120	188,957
Drugs	166,678	178,359
Homecare	87,518	54,786
Reception and communications	47,005	46,338
Premises maintenance	39,650	42,150
Housekeeping	33,328	33,380
Transportation of patients	29,317	42,540
Physiotherapy and ergotherapy	13,607	14,931
Medical files	12,985	15,641
Laboratories	11,907	15,699
Patients' activities	8,173	6,562
Laundry and linen services	6,039	5,128
	8,835,347	8,558,468
Excess of revenue over expenditures for the year	$ 102,339	$ 63,769
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	$ 102,339	$ 63,769
Secondary activities	-	-
Excess of revenue over expenditures for the year	$ 102,339	$ 63,769

Tsinitsi Aièsatakari'teke
Statement of Financial Position

March 31	2018	2017
Assets		
Current		
Cash	$ 1,025,873	$ 586,676
Accounts receivable	23,044	105,910
Due from Kateri Memorial Hospital Centre (Note 2)	25,849	92,754
Prepaid expenses	15,916	14,662
	1,090,682	800,002
Capital assets (Note 3)	82,637	85,523
	$ 1,173,319	$ 885,525
Liabilities and Net Assets		
Current		
Accounts payable and accrued liabilities	$ 24,113	$ 24,464
Deferred contributions (Note 4)		
Health Canada - E-Health Contribution Funding	500	862
Moveable asset replacement	32,683	31,683
Kahnawake Shakotha'Takehnas Community Services (KSCS)	89,904	13,445
	146,200	70,454
Net assets		
Internally restricted - Consolidated Contribution Agreement (CCA) (Note 5)	241,399	161,134
Internally restricted - other (Note 5)	140,637	143,523
Unrestricted	645,083	510,414
	1,027,119	815,071
	$ 1,173,319	$ 885,525

On behalf of the Board

_____ Director

_____ Director

Tsinitsi Aièsatakari'teke
Statement of Operations

For the year ended March 31	2018	2017
Revenue		
Kahnawake Community Funding - Consolidated Contribution Agreement (Schedule 1)		
- Clinical and Client Care	$ 1,197,049	$ 1,237,476
- Maternal Child Health	110,524	53,424
- Cancer Support Nurse	74,900	19,817
- Accreditation	56,278	55,280
- Footcare	49,200	-
	1,487,951	1,365,997
Other Programs		
Kahnawake Community Funding - Aboriginal Diabetes Initiative Funding	114,111	146,810
Kahnawake Community Funding - Child Oral Health Initiative Program	89,000	109,370
Kateri Memorial Foundation	72,233	69,238
Kahnawake Community Funding - Tobacco Control Strategy	52,492	41,815
Kahnawake Community Funding - Tewatohnhi'saktha - Student Programs	15,310	-
Other contributions	6,241	12,172
Health Canada - E-Health Contribution Funding (Schedule 2)	-	26,369
	349,387	405,774
	1,837,338	1,771,771
Expenditures		
Consolidated Contribution Agreement Programs (Schedule 1)		
Expenditures funded from current year contributions		
Clinical and Client Care and Communicable Disease Control	1,082,712	1,102,573
Maternal Child Health	77,375	53,424
Accreditation	56,277	55,536
Cancer Support Nurse	41,785	19,817
Footcare	33,397	-
	1,291,546	1,231,350
Expenditures funded from prior year surpluses	28,485	70,271
	1,320,031	1,301,621
Other Programs		
Aboriginal Diabetes Initiative Programs	114,456	143,335
E-Health Program (Schedule 2)	-	26,366
Kateri Memorial Foundation Employees	72,233	69,238
Child Oral Health Initiative Program	53,573	53,523
Tobacco Control Strategy	47,193	38,013
Student Programs	17,804	-
Forge Ahead	-	6,782
	305,259	337,257
	1,625,290	1,638,878
Excess of revenue over expenditures for the year	$ 212,048	$ 132,893

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

March 31	2018	2017
Financial assets		
Cash	$ 6,894,178	$ 8,545,923
Due from Kateri Memorial Hospital Centre - Operating Fund, non-interest bearing, due on demand	78,142	-
	6,972,320	8,545,923
Liabilities		
Short-term credit facility (Note 2)	23,700,000	20,820,000
Accounts payable and accrued liabilities	1,892,580	1,345,312
Interest payable - short-term credit facility (Note 2)	599,738	298,676
Due to Kateri Memorial Hospital Centre - Operating Fund, non-interest bearing, due on demand	-	48,380
Deferred contributions (Note 3)	49,583	6,414
	26,241,901	22,518,782
Net debt	(19,269,581)	(13,972,859)
Non-financial assets		
Tangible capital assets - construction in progress	24,193,914	18,704,433
Tangible capital assets - medical equipment	851,573	851,573
Tangible capital assets - furniture and fixtures	244,001	244,000
	25,289,488	19,800,006
Accumulated surplus		
Invested in tangible capital assets	$ 6,019,907	$ 5,827,147

On behalf of the Board

Director

Director

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

For the year ended March 31	2018	2017
Revenue		
Government transfers		
Agence de la Santé et Services Sociaux de la Montérégie	$ -	$ 712,258
Contributions		
Kateri Memorial Foundation	109,367	21,050
Other	6,394	15,286
	115,761	748,594
Interest income	76,999	87,081
	192,760	835,675
Expenditures		
Building construction	4,271,464	4,916,553
Architect, engineering, planning and design	332,837	445,023
Interest on short-term credit facility	301,063	162,558
Project management	222,922	284,909
Office and general	100,569	93,149
Site decontamination	158,680	30,738
Equipment	86,247	1,095,572
Other professional fees	15,700	5,530
Total expenditures incurred	5,489,482	7,034,032
Total expenditures capitalized	(5,489,482)	(7,034,032)
Expenditures after capitalization	-	-
Annual surplus	192,760	835,675
Accumulated surplus - invested in tangible capital assets, beginning of year	5,827,147	4,991,472
Accumulated surplus - invested in tangible capital assets, end of year	$ 6,019,907	$5,827,147

Standing Committees

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

Personnel Policy Committee

Mandate:
To be responsible for the overall maintenance of the personnel policy manual under the mandate of the Board of Directors. To review the personnel policy manual on a regular basis and recommend change, as required.

Members:
Louise Lahache, Human Resources Manager
Dawn Marquis, Human Resources Aide
Michelle Cross, Combined Support Staff Representative
Lori Diabo, Combined Support Staff Representative
Marlo Diabo, Combined Departments Representative
Vitaliy Korovyanskiy, Department of Professional Services Representative

Multi-Disciplinary Assessment (MDA) Committee

Mandate:
This committee meets on a regular basis with the clients and families to assess, assist and offer recommendations in order to plan the discharge of clients from short-term care.

Members:
Robin Guyer, Inpatient Department Team Leader
Susan Munday, Nutritionist
Rebecca Bassili, Occupational Therapist
Chantal Belanger, Occupational Therapist
Vitaliy Korovyanskiy, Physiotherapist
Cyndy Boyer, Social Worker
Allyson Phillips, Assistant Home Care Coordinator

Infection Prevention and Control Committee (IP & C)

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

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

Standing Committees

Fire and Safety Committee

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

Members:
Lynda Delisle, Chairperson, Director of Operations
Gail Costigan, Inpatient Department Nurse Manager
Shawn Montour, Plant Manager

Staff Health Committee

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

Members:
Aileen Faron, Chairperson, Staff Health Nurse
Lynda Delisle, Director of Operations
Dawn Montour-Lazare, Outpatient Department Nurse Manager
Louise Lahache, Human Resources Manager
Marla Rapoport, Rehabilitation Department Manager
Tracy Johnson, Homecare Nurse Manager
Brianna Montour, Inpatient Department Representative

Secretary:
Terry Styres-Williams

Charting Committee

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

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

Standing Committees

Information Management Committee

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

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

Users' Committee

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

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

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

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

Members:
Eva Johnson
Helen Nolan
Connie Meloche
Celina Montour

Risk and Quality Management Committee

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

Members:
Lidia DeSimone, QI Coordinator
Susan Horne, Executive Director
Lynda Delisle, Director of Operations
Valerie Diabo, Director of Nursing
Suzanne Jones, Director of Professional Services
Marla Rapoport, Rehabilitation Department Manager
Marlo Diabo, Kitchen Aide
Leslie Walker-Rice, Infection Prevention and Control Nurse
Gail Costigan, Inpatient Department Nurse Manager
Yun Hui Cheng, Manager Medical Records Dept.
Neda Mirzazadeh Moghaddam, Homecare Nurse
Wahienhawi Barnes, Inpatient 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.

Members:
Valerie Diabo, Chairperson, 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

Mandate:
The Quality Oversight Committee assists the Board of Directors in achieving its responsibilities as concerns quality of services in an efficient way; 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.

Members:
Susan Horne, Executive Director
Stephanie Horne, KMHC Board of Directors
Lois Montour, KMHC Board of Directors

Department of General Medicine

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

Members:
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
Dr. Catherine St. Cyr

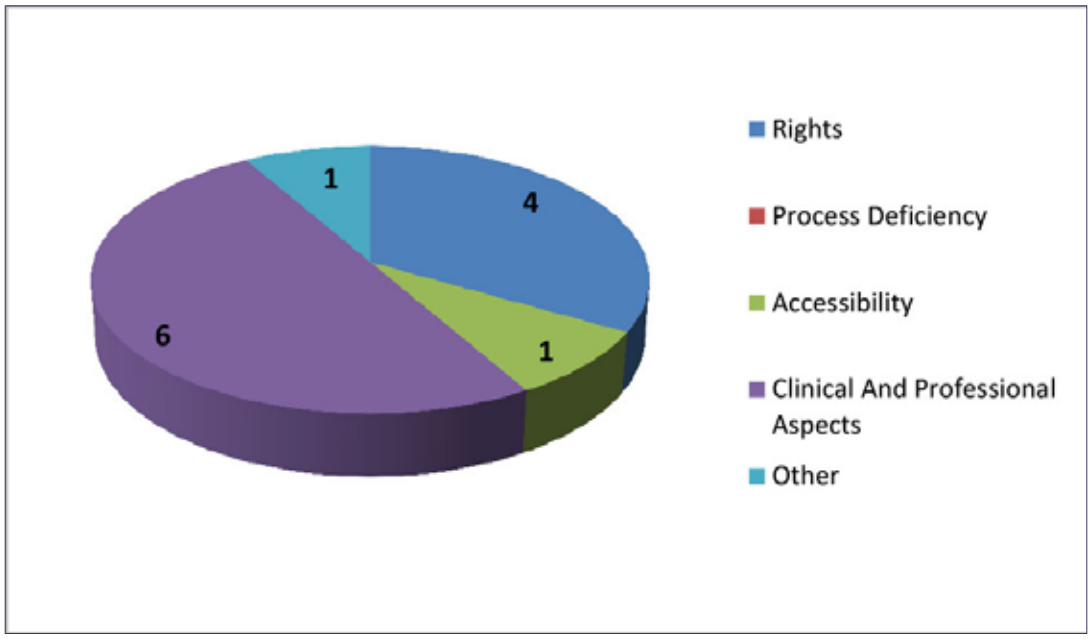
Executive Committee of the Council of Physicians, Dentists and Pharmacists

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

Members:
Dr. Yemisi Rachael Eniojukan, Chairperson
Dr. Suzanne Jones, Director of Professional Services
Dr. Deborah Golberg, M.D.
Dr. Joseph Wojcik, M.D.
Fadi Chamoun, Outpatient Department Pharmacist
Susan Horne, Executive Director

Management of Users' Complaints

In 2017 – 2018, KMHC received 12 formal users' complaints. The client did not follow through in the process in 1 case and the other 11 are categorized as follows:



Seven 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, the client was informed of the reasons for the delay. One complaint was ongoing at year end. No appeal to the Review Committee was made.

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

- Relevant policies were reviewed with staff regarding expected employee behavior. It was noted that good judgement must be used in all activities, whether at work or not.
- Medication Administration Policy is being updated, which will be reviewed with all nursing staff.
- Family was encouraged to continue open communication between themselves and the management of the Inpatient Department.
- Client was advised there will no longer be a coffee shop available when the KMHC Renovation and Expansion Project is completed. However, there will be vending machines made available.
- Reinforcement to staff regarding professional behavior, courtesy and respect.
- Practices will be reviewed with a view to utilize the KMHC computerized appointment scheduling system in order to reduce use of the client chart.
- A client's care plan was amended to include daily practices as per his normal routine at home.

In Memoriam

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

Laurette Rice-Phillips

Evelyn Jacco-Sawyer

Gabrielle Pinoul-Deer

Joseph Lahache

Rita Hemlock-Chiara

When you get older and you are ready,
your ancestors will show up to guide you.

Munsee Nation

Notes

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

www.kmhc.ca

katerimemorialhospital.centre

KMHC Renovation and Expansion Project Continues...

Tehsakotitsén:tha

Kateri Memorial Hospital Centre