TEHSAKOTITSÉN:THA

Kateri Memorial Hospital Centre

Annual Activities Report

2016 - 2017

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2016-2017

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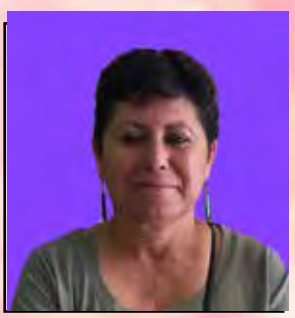


Donna Goodleaf
Board Member

Lois Montour
Board Member

Table Of Contents

A Message From KMHC Leadership

She:kon Kahnawa'kehró:non

It is with pleasure that we present Kateri Memorial Hospital Centre (KMHC) – Tehsakotitsén:tha's Annual Activities Report for the fiscal year April 1, 2016 to March 31, 2017. The most significant highlights of 2016-2017 were:

KMHC's 4th Accreditation Survey by Accreditation Canada in June 2016.
KMHC's Renovation & Expansion Project Phase I completion in November 2016
Integrating a more client and family centered approach to care.

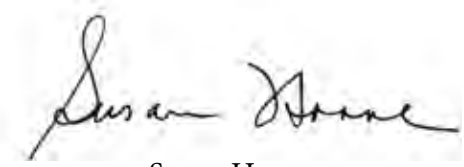
In June 2016, Accreditation Canada surveyors visited KMHC for our 4th Cycle of Accreditation wherein they assessed our practices for proof that certain standards pertaining to our different missions were met. The result was 'Accreditation with Commendation'! Along with a great amount of positive feedback from the surveyors on the services provided to community, KMHC received a number of recommendations that were to be acted upon within definite timeframes. The first was to ensure that nursing staff were updated on high alert medications; this has been addressed. The second was to develop a strategy on preventing mistreatment in long-term care by November 2017, which is presently under development. It was also recommended to implement care planning, which is well established in long-term care, with outpatients and short-term care clients. This is a process which outlines the expectations of care and includes the patient and family.

In November 2016, Phase I of the KMHC Renovation and Expansion Project was complete. On November 9th, we moved our patients and residents to the new facility. In preparation for this move, staff and management attended a number of what we called 'workflow meetings' wherein all staff were informed on the different phases of the project. We also focused on and discussed; temporary and/or permanent moves per department, changes in the 'workflow' per department, and strategized on anticipated changes and challenges. We also held a number of meetings with patients, residents and families to ensure they were also kept informed. Despite all of these best laid plans, there were some exciting and important challenges once we moved to the new building. Some of the new systems needed to be adjusted and finalized; new staff were recruited and oriented; and staff in general, went through an important transition phase. We would like to commend staff members that have rolled with the challenges of this significant event. We are also very happy to report that our patients and long-term care residents are very happy in their new home!

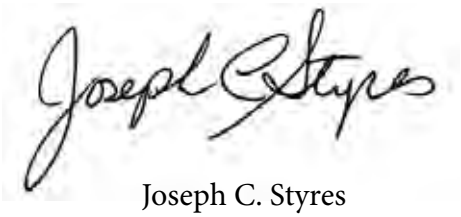
In April 2016, we adopted a new strategic goal, Integrating a more client and family centered approach to care. Accreditation Canada's survey in June 2016 required that we assess ourselves against criteria regarding client and family centered approach to care (CFCC). As a result, we have developed and are working on a number of objectives to move us toward achieving this goal:

- Further educate ourselves on CFCC;
- Acknowledge the present CFCC activities within the hospital centre and act on areas of improvement;
- Further the re-organization of programs/services with a view to ensuring a more client and family centered approach to care;
- Explore measurements for the integration of CFCC.

We most certainly look forward to 2017-2018 and the accomplishments and challenges that it will bring!



Susan Horne
Executive Director



Joseph C. Styres
Chairperson
Board Of Directors

Strategic Framework

Our Mission - Tsi Nahó:ten Tonkwaterihwaién:ni

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

Our Values - Tsi Niionkwarihò:ten - What makes us who we are

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

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

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

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

We value caring for others the same way we would like to be cared for with respect for privacy, autonomy and dignity. We value our extended family network as they are an important partner for caring for our users.

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

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

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

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.

Strategic Goal #1 -Ensure safety and quality are prioritized throughoutall the activities of the hospital centre

Accreditation

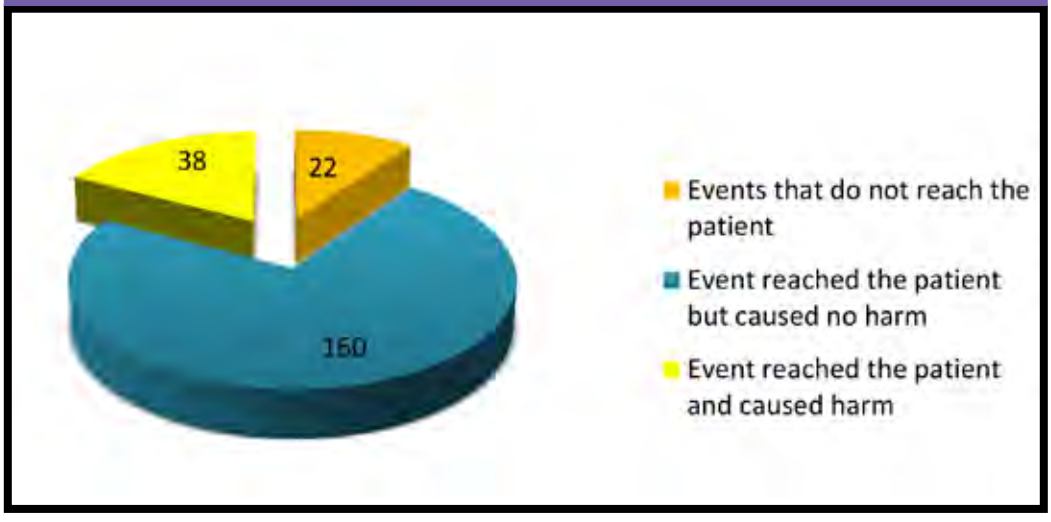
This year, we completed our 4th cycle of accreditation and were accredited with commendation. On June 2016, surveyors from Accreditation Canada came to KMHC and assessed our practices for evidence that standards are met. They had some very positive feedback. They stated how wonderful it was that elders could be cared for in Kahnawake. In most First Nations, elders requiring long-term care need to go out of their community. They remarked on our qualified and community elected Board of Directors. They identified the collaboration with our partners which results in benefits for the community. They noted that the senior team was committed to the health of the community and inspired staff to perform their best. They identified staff cohesiveness and job satisfaction. Home Care patients told them their participation in the care plans made them feel respected. Most importantly, they identified the culture of caring and respect throughout the organization.

The surveyors also identified areas for improvement. This year we met the recommendation to update nursing staff on high alert medications. We are presently working on the second recommendation which is to develop a strategy on preventing mistreatment in long term care. The strategy will include providing information for residents and families in long-term care. The surveyors recommended that information for long-term care residents and their families be put into a written format. This year a number of staff and the Users' Committee put an admission booklet together. The Users' Committee checked with residents if the document included what was important to know. The surveyors also recommended that the care planning process be extended to outpatients and to the short term care inpatients. This is a formal planning process that outlines the expectations of care and includes the patient and family in the process. Work on this recommendation is part of next year's plans.

Risk Management

We all want and deserve quality health care. Quality care has to be safe care. There are risks in healthcare that cannot be prevented, e.g. having a negative reaction to a properly prescribed medication. There are risks for patient harm which are preventable. These are related to care and services, e.g. having a negative reaction after receiving the wrong dose

Incident and Accident Reporting



of a medication. To prevent harm, staff report preventable events whether they have caused patient harm or not. Identifying these risks is the first step to address them. The second is to identify causes and put measures in place to prevent a recurrence.

For inpatients, a major risk is falling. This year there were 37 falls. Unfortunately, three (3) residents suffered a fracture as a result of their fall. On a more positive note, the number of falls fell after the move to the new building in October 2016. This improvement is thought to be due to space, lack of clutter and a modernized call system for patients that exists in the new building. Medication events are the most common type of event with inpatients. There was an increase in medication events this year, related to medication patches. This is partly explained by a new and confusing format change by the manufacturer. Entrapment between the mattress and the bedrail is a serious risk for inpatients. Although successful in using the least restraints, partial bedrails are still used. This year one resident suffered a minor injury after catching their leg in the bedrail. Our next challenge will be to reduce the use of any bedrails as any bedrail increases the risk of entrapment. As some persons receiving inpatient services have difficulty swallowing, they must receive the correct food texture. This year there were four (4) events related to patients receiving the wrong textured food. Checking what a patient can eat or not with a nurse is an important safety measure for all inpatients. Finally, patients who have confusion or other problems who leave the hospital can suffer important consequences. The new building has some technological aides to prevent this, e.g. needing to be let out to get to the ground floor. Although this can be inconvenient for visitors, it is for patient and resident safety.

KMHC has nine (9) Quality Improvement teams that drive our Accreditation process. Four (4) teams are system wide: Governance, Effective Organization, Infection Prevention and Control and Quality Medication Management. Five (5) are clinical services teams: Long Term Care, Short-Term Care, Home Care, Primary Care and Community Health and Wellness.

For Outpatients, the major risk experienced is identification errors. As many people have same or similar names, a mix up is easy. There were seven (7) events this year where identification was an issue. All users of health care services can expect to say their full name and date of birth every time they use health care services. Reception and the lab secretary will also ask you to update your contact information so that you can be reached if required. Risks in Home Care services include omission of treatments. As Home Care interacts with numerous outside agencies and other health providers at KMHC, good communication systems are required. This year, a number of events were related to gaps in communication.

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 be the best it can be.

Strategic Goal #2 - Renovate and Expand the KMHC facility in order to meet the present and future needs of clients

Kateri Memorial Hospital Centre completed Phase One of its major renovation and expansion project in November 2016. Phase Two began within days of the move with the demolition of the former Inpatient Department.

KMHC has operated in two separate buildings since demolition, with some kitchen and day center staff and services also being relocated to a satellite workplace at the Turtle Bay Elders Lodge (TBEL). This has proven to be a challenge; however, KMHC staff and residents are resilient and have managed to make the best of this temporary situation.

Inpatient Department

The patients and residents were moved to their new home within a few hours. Feedback from residents and families reinforced that this new building was long overdue. The amount of coordination and dedication from staff and families was the key to this success. Inpatient Department Management was faced with the challenge of ensuring that staff assignments were reorganized to accommodate two (2) floors.

The Inpatient Department staff have acclimated to their new reality and have managed to create an environment that is very much a home-like environment. There continued to be challenges with the move to the new wing. IPD staff is in an entirely separate building than the rest of the services, and with any new construction, there were some deficiencies that were addressed.

Plant/Maintenance

The Security Team was operating with limited staff due to funding delays . The safety of KMHC residents is a priority and they were provided with 24 hour security, while the Outpatient Department building was accessible on a reduced schedule.

Additionally, the workload of the Plant Maintenance staff increased during the preparation for the move. Increased maintenance demands were added to regular maintenance, as well as dealing with unforeseen situations.

During preparation for the move, in addtiion to their regular demands, Plant Maintenance and Housekeeping staff made the new building “hospital ready” by providing a thorough cleaning to ensure it met the approval of Housekeeping Infection Prevention and Control standards.

Nutrition And Food Services

After the kitchen relocation to Turtle Bay Elders Lodge (TBEL), KMHC staff worked together with TBEL kitchen staff, to produce and distribute double the usual number of meals. This has been successful thanks to the dedication, adaptability and combined efforts of everyone involved. The kitchen staff will be moving back into a new kitchen at KMHC at the end of Phase Two.

Strategic Goal #2 - Renovate and Expand the KMHC facility in order to meet the present and future needs of clients

Rehabilitation/Physiotherapy

Rehabilitation/Physiotherapy Department moved into a temporary location in the new building. The staff from Occupational Therapy remained in their existing office. The entire department will relocate at the end of Phase Two to a new and much larger space.

Outpatient Department

The Footcare Nurse was relocated during the move to the new building.

Additionally, with the increase in hiring at KMHC it was challenging to ensure that all the candidates were seen in a timely manner and that all their vaccinations were up to date.

Art Installation

During the construction of Phase One, two art pieces were installed. One by Carla and Babe Hemlock. This was installed at the entrance to the new building.

Another piece by Owisokon Lahache was installed outside the entrance to the new building. Both of these creations embody the philosophies of KMHC as it moves into the future.

Strategic Goal #3 - Implement Traditional Medicine Services

KMHC submitted a Community Health Plan proposal to launch a Traditional Medicine Unit Pilot Project; the project is named Tekanonhkwatsheraneken. This project brought the client together with traditional healers as well as KMHC's health team that includes doctors, nurses, social services and a nutritionist. This project offers Kanienkehaka People the option of traditional medicine; a comprehensive, culturally appropriate, community-based holistic health program.

The proposal was approved and during 2016-2017, Candida Rice, Calvin Jacobs and KMHC's Council of Elders, comprised of Eileen Patton, Frank Jacobs, Loretta Leborgne, Joe McGregor, Charlie Patton and Geraldine Standup have realized major in-roads in making this service a reality.

KMHC looks forward to a continued partnership with KSCS on this program. The expertise and experience KSCS possesses in this area are truly valued and this relationship is important to KMHC.

Tekanonhkwatsheraneken At A Glance

Ten medicine walks are ongoing throughout the summer months. Elder Joe McGregor hosted one walk with us = 8-12 participants

Emmy Mitchell Re-Awakening the Body, Mind and Spirit workshops (4-5 classes per workshop). Approximately 50 community members attended the workshops. These workshops teach cultural health and healing knowledge and skill building techniques.

Oien'kwaʔón:we (traditional tobacco) teachings, smoking prevention and medicine walks are conducted with Summer Day Camp programs for children. 30 children participated.

Presentation on Tekanonhkwatsheraneken traditional medicine program to McGill medical students= 60 participants and Dawson College nursing students= 10 participants

KMHC Traditional Medicine Pilot Project serviced approximately 25 Community members/clients. Approximately 50 clients have participated in the workshops, and 70 in presentations.

Strategic Goal # 4 - Implement the Community Health Plan (CHP) in partnerships

One of the strategic goals of Kateri Memorial Hospital Centre is to achieve the objectives from the Community Health Plan (CHP) by reaffirming partnerships with community organizations throughout Kahnawake.

Onkwata'karitáhtshera, comprised of Kahnawake Shakotiia'takenhas Community Services(KSCS), Kateri Memorial Hospital Centre (KMHC), Mohawk Council of Kahnawake (MCK) and the Kahnawake Fire Brigade developed and uses the CHP as an effective tool to ensure continued quality services are delivered to the community.

Onkwata'karitáhtshera has established sub-committees comprised of organizational and community champions who focus on Kahnawake's health priorities.

The following identifiied health priorities are addressed by designated sub-committees; Early Childhood Wellness, Chronic Disease (also referred to as Ahsatahkaritakhe – diabetes, obesity and cardiovascular disease), Cancer, Mental Wellness and Addictions.

Prenatal Clinics and Classes

Prenatal clinic takes place one day per week. There were 54 clinics for 655 client visits by the Prenatal Nurse for an average of 12 per clinic.

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 (Breastfeeding Support Worker) attended the second class and gave short presentations on the Baby Friendly Support Group. Two (2) individuals could not make the group classes so one-on-one classes were given to them.

Calvin Jacobs who works with the Traditional Medicine Unit Pilot Project - Tekanonhkwatsheraneken has also contributed to each class on traditional medicines. He educated on traditional welcoming ceremonies for the newborn, naming ceremonies and other traditional teachings.

Number of prenatal visits seen by CHU nurses	Number of Prenatal clinics	Number of prenatal moms	Mothers over 35	Mothers under 19	Gesta-tional Diabetes	Type 2 diabetes	Prenatal Classes	
							Sessions of 2 classes	Moms with their partners
655	44	118	39	42	40	0	4	12

Strategic Goal #4 - Implement the Community Health Plan (CHP) in partnerships

Newborn Home Visits

Two nurses provided newborn home visits during 2016-2017. Notices of birth are received in a confidential manner. High risk notices are also received this way from birthing hospitals. Birth mothers are contacted as soon as possible and either given a home visit or are seen in the clinic within the first two weeks of life.

Screening for postpartum depression was initiated this year. The Edinburgh Post-Natal Depression Scale was processed for all mothers at their newborn and one month old visits. 15 moms were identified and followed for risk of postpartum depression.

During 2016-2017, the Community Health Unit had 79 newborn initial visits and 84 follow up visits.

There were 90 births during 2016 (34 Girls and 56 Boys)

In 2015, 98 babies were born (45 girls and 53 boys)

There were 79 births during 2014. (48 girls and 31 boys)

Number of vaccines given in Well Baby Clinic	
Infanrix-hexa	248
Pediacel	81
Prevnar-13	234
Menjugate	86
Proquad	83
MMR	88
Adacel-polio	77
Rotarix	157
Varivax	79
Infanrix-IPV	1

Well Baby Program

KMHC continues to have an excellent immunization rate. The nurses make themselves available to the new parents not only in Well Baby Clinic, but are also accessible as needed.

Clinics for five year olds take place once a week. This is to ensure that any developmental delay or other health issues are addressed early and to address any parental concerns. 34 clinics were held, 88 appointments booked and 68 children were seen. The children that the nurse identified as having the need for follow up are now booked through the Well Baby Clinic.

The Literacy Program

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 as well as how to read to their children. A highlight for this year is an anonymous donation of $1,000 to the Well Baby Clinic Literacy Program. This was used to purchase 80 books in the Mohawk language. These will be distributed in the Well Baby Clinic to children ages 3 and up, who are involved in Mohawk language programs.

Strategic Goal #4 - Implement the Community Health Plan (CHP) in partnerships

Ionstaronhtha - Baby Friendly Support Group

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

The Baby Friendly Support Group had several guest speakers. The Child Injury Prevention worker 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: sun safety, immunization, bringing baby home, the first few days, pumping and storing milk, postpartum depression, thrush, night time feedings and pacifiers.

Cancer Care

Onkwatakaritahtshera started a sub-committee to work together on cancer as a health priority. The goal is to reduce the incidence/mortality of cancer among Kahnawakeron:non by disseminating prevention and awareness information that is current, culturally relevant, effective in enhancing understanding of all aspects of cancer, and effective in improving knowledge, attitudes and behaviours.

There were 24 Inpatient Department deaths this year, and 72 recorded deaths from the community.

The Cancer Support Nurse attends the Cancer Support Group that meets monthly. They have 45 members with 4 to 22 attendees for each 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.

Additionally, the Cancer Support Nurse assisted with a research project called "A National Picture: First Nations, Inuit and Metis Peoples: Experiences of Cancer Survivorship" through the University of Ottawa. It was conducted with cancer survivors to document their experiences and needs. A video was created called "Finding Strength Together, First Nations and Metis People Talk About Their Experiences with Cancer".

The Giant Colon Tour came to Kahnawake through the work of the Cancer Support Nurse and a McGill associate professor. 1150 people visited over two days including children from three schools. The Cancer Support Group and several organizations had booths regarding cancer, smoking cessation, nutrition, and environment. The event provided an opportunity for an open discussion regarding colorectal cancer.

Strategic Goal #4 - Implement the Community Health Plan (CHP) in partnerships

Children's Oral Health Initiative (COHI)

The Children's Oral Health Initiative (COHI) program is provided in Kahnawake's (4) Schools and (3) Daycares. Activities reported were performed from July 2016-May 2017. During the months of July and August, COHI activities continue but shifts focus to final reporting to Health Canada, preparation for next school year, community health promotion, and follow up of home visits.

COHI Dental Hygienists had a 92.9 % participation rate during 2016-2017. Overall, 445 participants were served from the four schools and three daycares.

Tobacco Reduction Strategy

Smoking Cessation

Referrals are made primarily by five (5) of KMHC's physicians and the physiotherapist for a total of 26 referrals. There were two (2) successful cessations, one with gum and one "cold turkey". There continues to be a large proportion who are not interested: 14 never returned contact after three (3) attempts, three (3) stated "do not call again" and "not interested", seven (7) started but stopped coming after 2-3 visits.

The Blue Light Campaign was promoted throughout the community; three (3) daycares were selected for a targeted health promotion which included the Blue Light campaign information. Information was also presented on a radio lunch hour talk show. It is part of The Clean Air for All campaign-reducing the risk of tobacco smoke/vapour exposure in homes and vehicles.

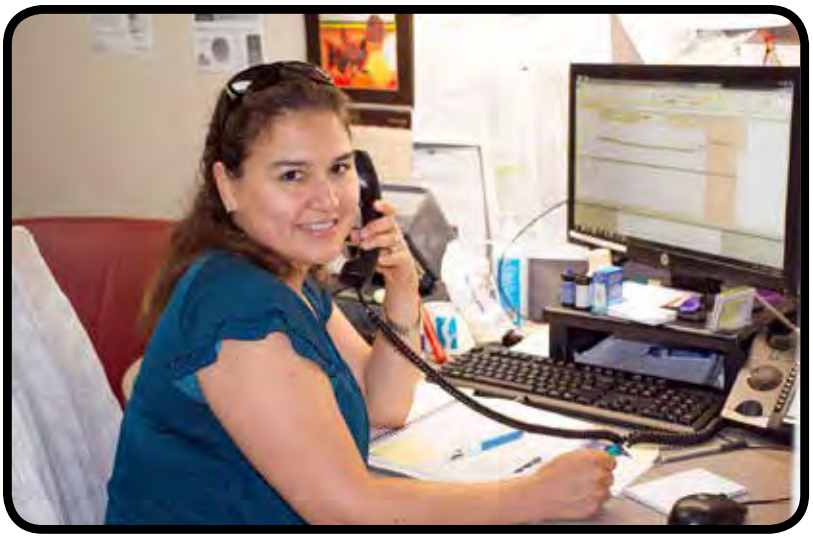
Strategic Goal #4 - Implement the Community Health Plan (CHP) in partnerships

Diabetes Education/Wellness Nurse

Clients who live with a chronic illness, such as hypertension, heart disease, kidney disease, COPD, and diabetes are now referred to the Wellness Nurse. This practice has streamlined services provided to clients who require education in dealing with the illness, or help with management.

Clients who once had to have several appointments with their physicians for blood pressure management can now see the Wellness Nurse. She will provide a client with blood pressure checks and can adjust medication in consultation with the physician. This liberates the physician to see other clients.

A huge part of the job for the Wellness Nurse/Diabetes Nurse (DNE) is diabetes education. Insulin initiation continues to be an important part of diabetes education. Patients are instructed on how to take insulin using an insulin pen, how the insulin works, and how to prevent and treat hypoglycemia. As part of their treatment, insulin doses need to be adjusted and require regular follow-up by the DNE. At each visit or phone call, the patient's blood glucose (BG) levels are reviewed and the insulin dose is adjusted according to a set protocol in conjunction with their physician. It is much easier to see the DNE than the physician. Patients will often come for assessment by the DNE. This has made it easier for patients to get BG under better control earlier and has taken some burden away from the physicians. The use of Lantus insulin, now covered by NIHB, has provided patients with safer long-acting glycemic control.



The Wellness Nurse/DNE works closely with the Nutritionist to help clients living with diabetes. They have established a coordinated approach to diabetes education. They 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. This teamwork helps the client to reach their goals.

This chart illustrates how clients over the past five years have made contact with KMHC's Wellness Nurse/ Diabetes Nurse Educator - Tanya Diabo.

Type of client	2012-13	2013-14	2014-15	2015-16	2016-17
Scheduled	167	203	203	479	1001
Unscheduled	223	295	295	202	516
Clinic	746	518	518	264	22
Inpatient	36	14	14	0	5
Home Visit	1	17	17	3	0
Total Patients	1184	1080	1080	948	1544

Strategic Goal #4 - Implement the Community Health Plan (CHP) in partnerships

Prevalence and Incidence of diabetes in Kahnawake

	Prevalence	Incidence				
	(All Cases)	(New Diagnosis)				
	At End of 2016	2012	2013	2014	2015	2016
Type 1	13	0	0	0	0	2 added to list
Type 2	785	40	18	37	26	17
Transfer	n/a	12	10	23	7	2
Impaired Fasting Glucose	191	7	15	16	3	2

This chart depicts new diagnosis of diabetes (type 1, type 2 and IFG.)

This is a five year comparison. KMHC works in partnership with other community organizations to educate about diabetes and to incorporate activities that promote a healthy lifestyle.

ADI Foot Care Project

KMHC has a Foot Care Nurse who has advanced foot care training through a previous ADI project. This long-standing project is accessed by clients with a referral by the physicians, nurses, DNE, or from Rehabilitation. Clients can be seen by the Foot Care Nurse during clinics held two times per week.

Good foot care is essential for people living with diabetes. Regular foot check ups can help improve circulation, and catch a problem before it becomes severe. This is why KMHC's Foot Care Nurse plays such an important role in the service plan of a person living with diabetes.

He provides thorough foot assessments, nail care, callous care, care of ingrown toenails, etc. He teaches clients about the proper way to care for their feet; i.e. washing, drying, moisturizing, nailcare etc. The purpose is to reduce the risk of foot ulcers and to assess for advanced symptoms associated with diabetes such as neuropathy.

The following are statistics of ADI Foot Care Clinics from 2010 to 2017

	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
# of clinics	39	54	78	94	98	85	94	94
# of patients receiving care	124	164	218	214	247	246	256	202
Total # of visits	316	444	936	1047	1039	898	1012	845

The total number of visits per client a year is 4.2.

120 Males and 136 Females saw the Foot Care Nurse during 2016-2017.

Strategic Goal #5 – Integrate a more client and family centered approach to care

This goal was implemented in March 2016. The purpose is to continue to build cohesive teams that are focused on a partnership with the client and their family.

During the last Accreditation survey in June 2016, KMHC was required to compare its services with standards that would continue to ensure client and family centered care.

Accreditation Canada defines client and family centered care as;

- An approach that fosters respectful, compassionate, culturally appropriate and compassionate care that is responsive to the needs, values, beliefs and preferences of clients and their family members.

- It supports mutually beneficial partnerships between clients, families and healthcare providers.

- Client and family centered care shifts providers from doing something to or for the client – where healthcare providers perspective is dominant – to doing something with the client – so the healthcare provider is in partnership with the client.

This approach was already evident in varying degrees through the deep-rooted practice and culture of KMHC staff prior to making this a strategic goal; however, there is always room for improvement. The process of creating a formal strategic priority, ensures that KMHC is responsible, accountable and will take action to make improvements where necessary.

With renovation and explansion more than halfway complete, the new facility will assist in ensuring that we provide collaborative, safe and quality care. In general, KMHC is a more home-like environment for our clients and an improved workplace for our staff.

Members of **Ionstaronhtha - Baby Friendly Support Group**

Pictures of Expansion and Renovation

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

For the year ended March 31	2017	2016
Principal activities		
Revenue		
Provincial government	$ 7,783,200	$ 7,580,340
Authorized charges less exoneration charges	449,317	503,408
Miscellaneous	316,590	294,763
Meals	64,099	33,600
Interest	9,031	9,678
	8,622,237	8,421,789
Expenditures		
Salaries and fringe benefits (Schedule 2)	7,139,306	6,884,198
Administration	349,863	259,268
Dietary	219,926	209,933
Medical, surgical and other supplies	204,902	195,514
Drugs	178,359	183,672
Premises operation	188,957	142,062
Homecare	54,786	69,864
Premises maintenance	42,150	48,754
Reception and communications	46,338	42,407
Transportation of patients	42,540	26,826
Housekeeping	33,380	26,654
Laboratories	15,699	17,668
Physiotherapy and ergotherapy	14,931	17,338
Medical files	15,641	15,774
Patients' activities	6,562	9,873
Laundry and linen services	5,128	6,549
Diabetes program	-	325
	8,558,468	8,156,679
Excess of revenue over expenditures for the year	$ 63,769	$ 265,110
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	$ 63,769	$ 265,110
Secondary activities	-	-
Excess of revenue over expenditures for the year	$ 63,769	$ 265,110

Tsinitsi Aièsatakari'teke
Statement of Operations

For the year ended March 31	2017	2016
Revenue		
Kahnawake Community Funding - Consolidated Contribution Agreement (Schedule 1)		
- Clinical and Client Care	$ 1,237,476	$ 1,205,507
- Accreditation	55,280	52,777
- Maternal Child Health	53,424	-
- Cancer Support Nurse	19,817	-
	1,365,997	1,258,284
Other Programs		
Kahnawake Community Funding - Aboriginal Diabetes Initiative Funding	146,810	153,794
Kahnawake Community Funding - Child Oral Health Initiative Program	109,370	56,000
Kateri Memorial Foundation	69,238	63,571
Kahnawake Community Funding - Tobacco Control Strategy	41,815	23,261
Kahnawake Community Funding - Tewatohnhi'saktha - Student Programs	-	11,392
Health Canada - E-Health Contribution Funding (Schedule 2)	26,369	11,994
Other contributions	12,172	15,220
	405,774	335,232
	1,771,771	1,593,516
Expenditures		
Consolidated Contribution Agreement Programs (Schedule 1)		
Expenditures funded from current year contributions		
Clinical and Client Care and Communicable Disease Control	1,102,573	1,056,809
Accreditation	55,536	51,937
Maternal Child Health	53,424	-
Cancer Support	19,817	-
	1,231,350	1,108,746
Expenditures funded from prior year surpluses	70,271	162,037
	1,301,621	1,270,783
Other Programs		
Aboriginal Diabetes Initiative Programs	143,335	152,983
E-Health Program (Schedule 2)	26,366	11,994
Gift Shop	69,238	63,571
Child Oral Health Initiative Program	53,523	57,821
Administration Support	-	16,566
Tobacco Control Strategy	38,013	22,210
Student Programs	-	11,015
Forge Ahead	6,782	13,571
	337,257	349,731
	1,638,878	1,620,514
Excess (deficiency) of revenue over expenditures for the year	$ 132,893	$ (26,998)

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

For the year ended March 31	2017	2016
Revenue		
Government transfers		
Agence de la Santé et Services Sociaux de la Montérégie	$ 712,258	$ -
Health Canada via Mohawk Council of Kahnawake	-	53,000
Contributions		
Kateri Memorial Foundation	21,050	-
Other	15,286	-
Tsinitsi Aièsatakari'teke	-	867,900
	748,594	920,900
Interest income	87,081	120,996
	835,675	1,041,896
Expenditures		
Building construction	4,916,553	8,058,691
Equipment	1,095,572	1,325
Architect, engineering, planning and design	445,023	290,132
Project management	284,909	195,094
Interest on short-term credit facility	162,558	109,076
Office and general	93,149	18,997
Site decontamination	30,738	127,278
Other professional fees	5,530	15,805
Total expenditures incurred	7,034,032	8,816,398
Total expenditures capitalized	(7,034,032)	(8,816,398)
Expenditures after capitalization	-	-
Annual surplus	835,675	1,041,896
Accumulated surplus - invested in tangible capital assets, beginning of year	4,991,472	3,949,576
Accumulated surplus - invested in tangible capital assets, end of year	$ 5,827,147	$4,991,472

Standing Committees

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

Personnel Policy Committee

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

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

Multi-Disciplinary Assessment (MDA) Committee

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

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

Infection Prevention and Control Committee (IP & C)

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

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

Fire and Safety Committee

This committee assures that the KMHC environment is safe for patients, employees, volunteers and visitors. All aspects of KMHC's human, material, property and financial resources are considered.

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

Staff Health Committee

This committee ensures that the prevention, treatment and consultative needs of the hospital centre's employee population are reorganized and effectively met.

Louise Lahache, Human Resources Manager
Marla Rapoport, Rehabilitation Department Manager
Dawn Montour, Community Health Unit Nurse Manager
Aileen Faron, Chair, Community Health Unit Nurse
Robin Guyer, Inpatient Department Team Leader
Lynda Delisle, Director of Operations

Standing Committees

Charting Committee

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

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

Information Management Committee

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

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

Users' Committee

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

Lidia DeSimone, Quality Improvement Coordinator-Administrative Support
Community Members
Helen Kanaieson Nolan
Eva Johnson
Celina Montour
Eleanor Rice
Connie Meloche

Risk and Quality Management Committee

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

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

Standing Committees

Equipment Committee

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

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

Quality Oversight

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

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

Department of General Medicine

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

Dr. Yemisi Rachael Eniojukan, Chairperson
Dr. Aurel Bruemmer
Dr. Deborah Golberg
Dr. Suzanne Jones, Director of Professional Services
Dr. Tania My Van Quach
Dr. Andrea Ross
Dr. Gordon Rubin
Dr. Mitra Tehranifar
Dr. Joseph Wojcik
Dr. Colleen Fuller (Evening Clinic)
Dr. Catherine St. Cyr (Maternity Leave)

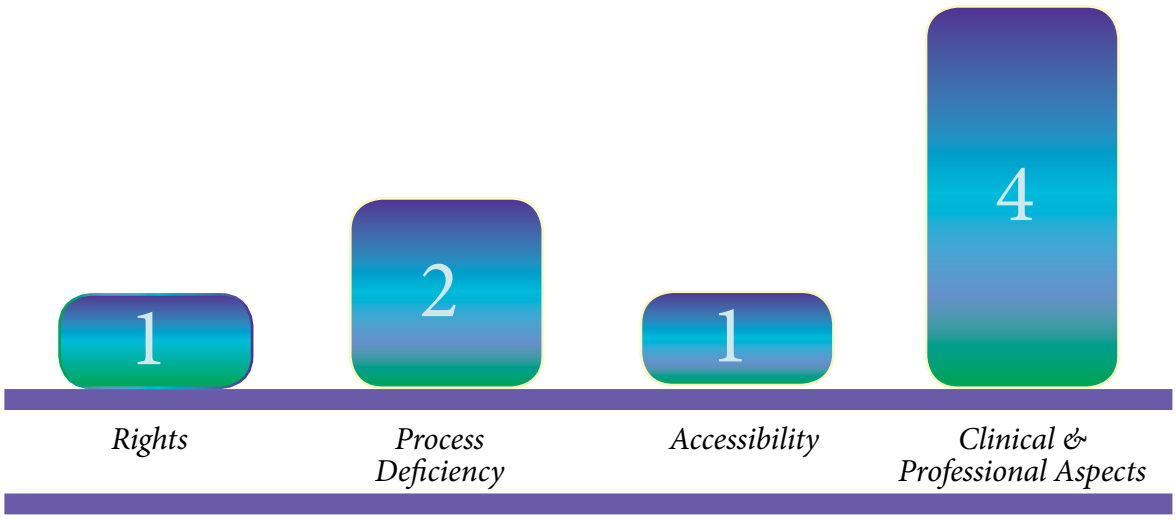
Executive Committee of the Council of Physicians, Dentists and Pharmacists

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

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

Management of Users' Complaints

In 2016 – 2017, KMHC received 10 formal users' complaints. The client did not follow through in the process in 2 cases and the other 8 are categorized as follows:



Five of the complaints were responded to within the normal delay of 45 days. One complaint was responded to in a delay greater than 45 days; however, the client was kept abreast of the reasons for the delay. Two complaints were ongoing at year end. One appeal to the Review Committee was made.

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

- The Public Announcement (PA) system in the Inpatient Department (old building) was lowered to the safest level.
- Laundry will be separated and marked with the resident's name. The Ward Clerk will be called a day in advance of the resident's appointments/outings to ensure the resident is ready.
- Written vs. oral communication between physician and appropriate family member is to be ensured.
- Pharmacy record keeping to be reviewed. Clear communication of the possible side effects of a medication before dispensing to a client was recommended and to be reviewed.
- Client was advised that all clients coming into every clinic is triaged and seen according to medical priority versus according to the order in which the client arrived.
- Client was advised that if at any time he/she felt uncomfortable or feared for his/her safety, he/she was to speak with the receptionist or security who will take the necessary measures to insure there is no threat to any client.

In Memoriam

Edwina Alfred

Eileen Canvin

Yves LeBlanc

Monica Paul

Ida Bordeau

Rosaline Kane

Dominic McComber

Sylvia Hall

Muriel Myiow

Mary Mayo

Louisa McComber

Carole Snow

Those we love don't go away, they walk beside us everyday.
Unseen, unheard but always near, still loved, still missed, and held so dear.

Annual Activities Report 2016 - 2017

Contributers
Lidia DeSimone, Lynda Delisle, Susan Horne, Gail Costigan, Luke McGregor, Helen Chehab, Leslie Walker-Rice, Susan Munday, Nadine Montour, Dawn Montour-Lazare