



KATERI MEMORIAL HOSPITAL CENTRE



ANNUAL ACTIVITIES REPORT
2011-2012



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A Message To The Community

She:kon Kahnawa'kehro:non,

We are pleased to present to you the Kateri Memorial Hospital Centre's Annual Activities Report for 2011-2012.

Year 2011-2012 was fast-paced, bursting with administrative, educational and service delivery activities that have kept the hospital-centre hard-at-work.

Remarkably, this year, KMHC moved the Expansion and Renovation Project closer to realization; we worked intensely on an updated accreditation process which will assist us in our ongoing quality improvement efforts; we have extended our Strategic Plan by one year, developing new objectives to meet our goals; we have participated in the development of a new Community Health Plan, ensuring the planning and management of health and social services.

KMHC is on track to becoming a stronger organization incorporating culture and language, reintroducing and formalizing traditional approaches to our activities, giving our residents the opportunity for a life of dignity with Ken:en O:nen Si:teron Ken:en Sanonhsa. Our employees know KMHC with an intimacy and depth that could not be improved upon; we are an organization undeniably charged with spirit.



KMHC Board of Directors 2011-2012

Left to Right: Franklin Williams, Arnold Lazare, Chief Rhonda Kirby, Joe Styres, Lori Jacobs, Ray Deere Missing: Derek Montour

As long as we remain loyal to our past, confident about our future, in a Territory where decisions are based on Kanienkehaka principles, KMHC will be perceived as strong, competent and in control of our opportunities.

On behalf of the Board of Directors, we would like to take this opportunity to extend our sincere appreciation to the hospital-centre's management, staff, physicians and volunteers for another year of outstanding dedication, professionalism and high quality of care provided to the users of Kateri Memorial Hospital Centre.

Joseph Styres, Chair,
KMHC Board of Directors

Lynda Delisle,
Interim Executive Director





Our Vision

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

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

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

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



Our Values

Our Mission

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

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

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

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

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

We value our extended family network as an important partner.

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

We recognize the community as a gift from the Creator.

Our Goals

1. Ensure safety and quality are prioritized throughout all activities of the hospital centre.
2. Renovate and expand the KMHC facility in order to meet the present and future needs of clients.
3. Integrate Mohawk culture into KMHC operations.



Lynda Delisle
Director of Operations

The Director of Operations is responsible for administering activities related to auxiliary operations for inpatient and out-patient clients; as a result, she directly supervises Plant Services, Human Resources, Food and Nutrition Services (non-clinical), Communications, Language and Culture and Information Technology.

Exceptionally, for part of the year, the Director of Operations managed the Medical Records Department as well as taking on the responsibility of Interim Executive Director, resulting in a fast-paced year, bursting with administrative, educational and service delivery activities.

KMHC, successfully, moved the Expansion and Renovation Project closer to realization with the hiring of a Project Manager, Robert Deom, P. Eng.

Robert comes to us with many years of experience in project management and KMHC is confident that once ministerial authorization is confirmed for the project, KMHC will be prepared to proceed with the next phases of the project.

With a goal of digitalizing our data, KMHC has been actively exploring many information technologies regarding medical files, prescriptions, data storage and scheduling. It is our intention to implement an electronic system in the near future.

One of the anticipated new out-patient services in our expansion is a Traditional Medicine Unit. To this end, KMHC is proud to introduce our Council of Elders - Freddy Deer, Frank Jacobs, Loretta Leborgne,



Calvin Jacobs, Language and Culture coordinator, Joe McGregor and Charlie Patton members of Council of Elders.

Joe McGregor and Charlie Patton - whose role is to advise on matters that directly concern the service. In addition, as a result of an Aboriginal Diabetes Initiative proposal, KMHC will be launching a Traditional Medicine Unit Pilot Project which will work with the client, traditional healers and our health team, including doctors, nurses, social services and nutritionists and will offer our People the option of traditional medicine - a comprehensive, culturally appropriate, community-based holistic health program.

We have many “prouds” to celebrate - our staff, our services, our Kanien’kehaka culture. We are prepared to build on these successes.



Nutrition & Food Services



KMHC provides food services to all KMHC residents, Adult Day Centre participants and personnel.

Additionally, clinical nutrition counseling is provided to inpatients and outpatients, upon referral. Individual counseling regarding diabetes is offered as part of the hospital's Diabetes Education Program.

Nutrition education in diabetes management and prevention is provided through cooking classes and televised cooking shows. KMHC Nutrition and Food Services provides education in the community through health and nutrition events, presentations to community groups, and nutrition classes and activities in the schools. Nutrition consultation is provided to community groups upon request.

KMHC's food service is constantly adapting to the changing nutritional needs and preferences of our residents. Our kitchen staff and nutritionists work together with other clinical staff to ensure the highest quality of nutritional care for our residents.

One noteworthy initiative of Nutrition and Food Services was the introduction of a supper get-together for KMHC residents: its success supports the KMHC philosophy of Ken:en o:nen siteron ken:en sanohnsa, and offers clear benefits for our residents, such as improved food intake and the opportunity to socialize.

There was continued PAB (Prepose aux beneficiares) training by KMHC's own trainers, promoting the respectful care of residents through such topics as collaboration, home-like mealtime and palliative care. This training has been very well received by staff and contributes to optimizing the quality of care. KMHC



Gary Barone making pizza for a cooking class

Nutrition and Food Services is delighted with the creation of the home-like mealtime component which was designed by our own trainers.

Another highlight for the Department was the accomplishment of a number of impressive community outreach activities:

Season 4 of the Bare Essentials cooking show was produced and televised, introducing a new cook host, and was well received by the community.

Food to Grow On cooking classes attracted great interest, leading to the creation of a parallel series of classes, and a request for a summer session.

We are very pleased with the positive response observed in school children during nutrition activities, in both the classroom and school cafeteria. Over the past year, there was an increase in requests for nutrition presentations from various community groups and organizations.

As a result, KMHC is making a significant contribution to health promotion and diabetes prevention and management in the community.



OPD Nutrition Counseling Visits

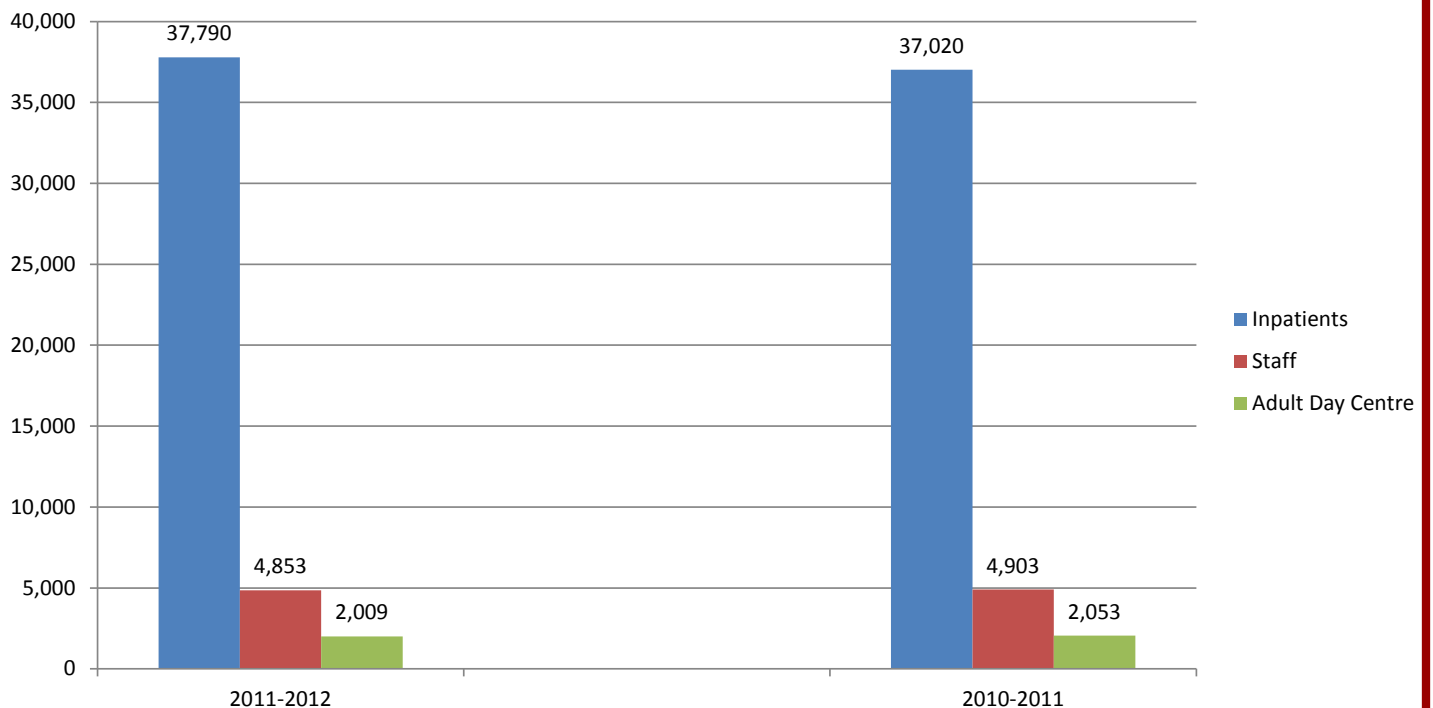
2011-2012
245
(34% for diabetes)

2010-2012
187 last year
(34% for diabetes)



Kakaionstha Brisbois and Tiffany Deer enjoying garden fesh produce in preparation for Bare Essentials Season 4

Number of Meals Served





Plant Services



Plant Services consists of four departments - Laundry, Housekeeping, Security and Plant Maintenance with 26 employees under the Plant Manager's supervision. Laundry and Housekeeping Departments are under the direct supervision of the Team Leader Tom Phillips. The Plant Manager is responsible for ensuring the continued delivery of quality services to our clients and staff. The Plant Operations Team is responsible for providing services to clients, staff and visitors to keep them and the physical plant safe, secure, appealing and healthy.



Shawn Montour
Plant Manager

Laundry Services

Statistics show an increase of 87.39 pounds in the average daily amount from 450.41 pounds per day to 537.78 pounds per day. This 19% increase is due to the increased amount of students who were here doing training and stages in the inpatient department.



Ernie Montour making repairs
in Inpatient Department

Housekeeping Services

This Department is made up of fifteen employees.

During the past year, Housekeeping had numerous infection control challenges with outbreaks of flu, C. difficile, VRE, chicken pox and measles within Quebec. Housekeeping and Infection, Prevention and Control work together to ensure the safety of KMHC clients, staff as well as the community.

Security

This Department has eight employees. Its mission is to provide services to protect and safeguard clients, staff, visitors and the physical plant. Security also provides infection, prevention and control service at the main entrance to screen for signs of potential infectious diseases.

Plant Maintenance

Plant Maintenance Department provides services to maintain the building, grounds and equipment in good working order, ensuring the physical plant is a clean, appealing healthful environment. This Department employs four full time staff.

- In keeping with Infection Prevention and Control guidelines, new flooring has been installed in a number of areas, replacing existing carpeting.
- A new sliding door was added at the main entrance, replacing the existing manual door, making it easier for clients to access the building.
- Office renovation was completed to accommodate the Project Manager.
- New waiting room seating was purchased to better accommodate our clients.
- A new whirlpool tub was installed, giving our residents easier access to this equipment.
- Staff training in Workplace Hazardous Material Information system was provided.
- Quarterly emergency drills are consistently conducted.
- Risk profiles are developed, reducing potential harm to life, equipment and the building.

Human Resources



Louise Lahache
HR Manager

The mission of the Human Resources (HR) Department is to assist Management and KMHC employees as they strive to meet the goals and objectives defined in the KMHC Strategic Framework.

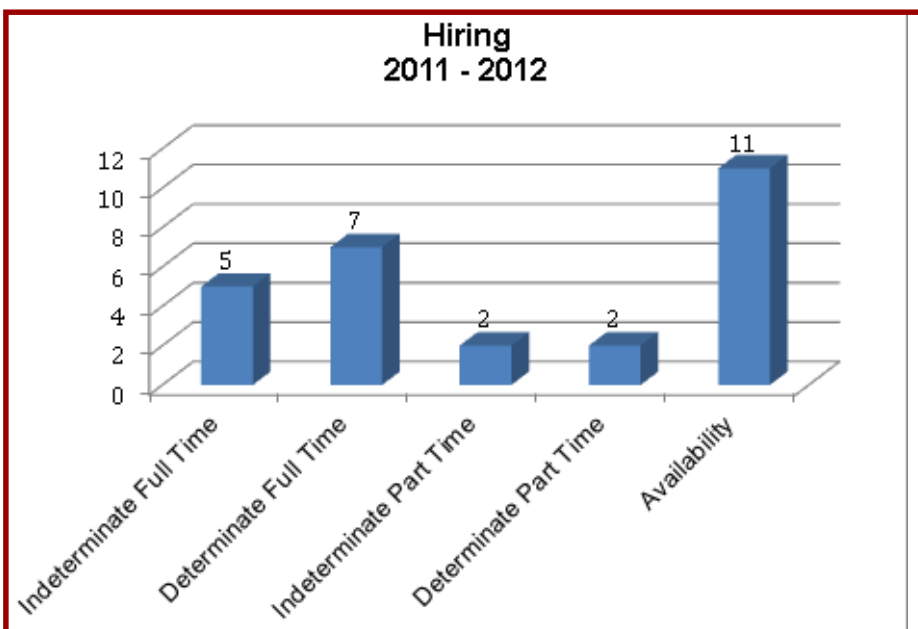
Additionally, a goal of the HR Department is to promote and educate staff on various types of employee benefits available at KMHC. In response to staff request, HR was able to research and offer an enhanced Group Benefit Plan to better meet the needs of our employees. Also, as a part of Kahnawake's Human Resources Network, KMHC also changed its EAP (Employee Assistance Program), a confidential, professional counseling service available to all employees of the Kateri Memorial Hospital Centre and immediate family members who may

be experiencing various challenges.

Transportation is also a component of HR at KMHC. The vehicle driver is responsible to the Manager of Human Resources, and ensures that the transportation needs of KMHC are met. The hospital van has become a priority issue due to its age and is expected to last, at most, another two years.



The HR Team continues to ensure the development and coordination of personnel and policies. HR works closely with each department to ensure that its respective needs are met.



These statistics illustrate the departments where positions were filled; Medical Records Department, Dietary Support, Reception, General Admin as well as Aides and Orderlies (PAB), Nurses, Inpatient Department and Community Health Unit.



Michelle Cross was hired as full-time Human Resources Aide in February 2012.



Professional Services



Dr. Suzanne Jones
Director of Professional Services

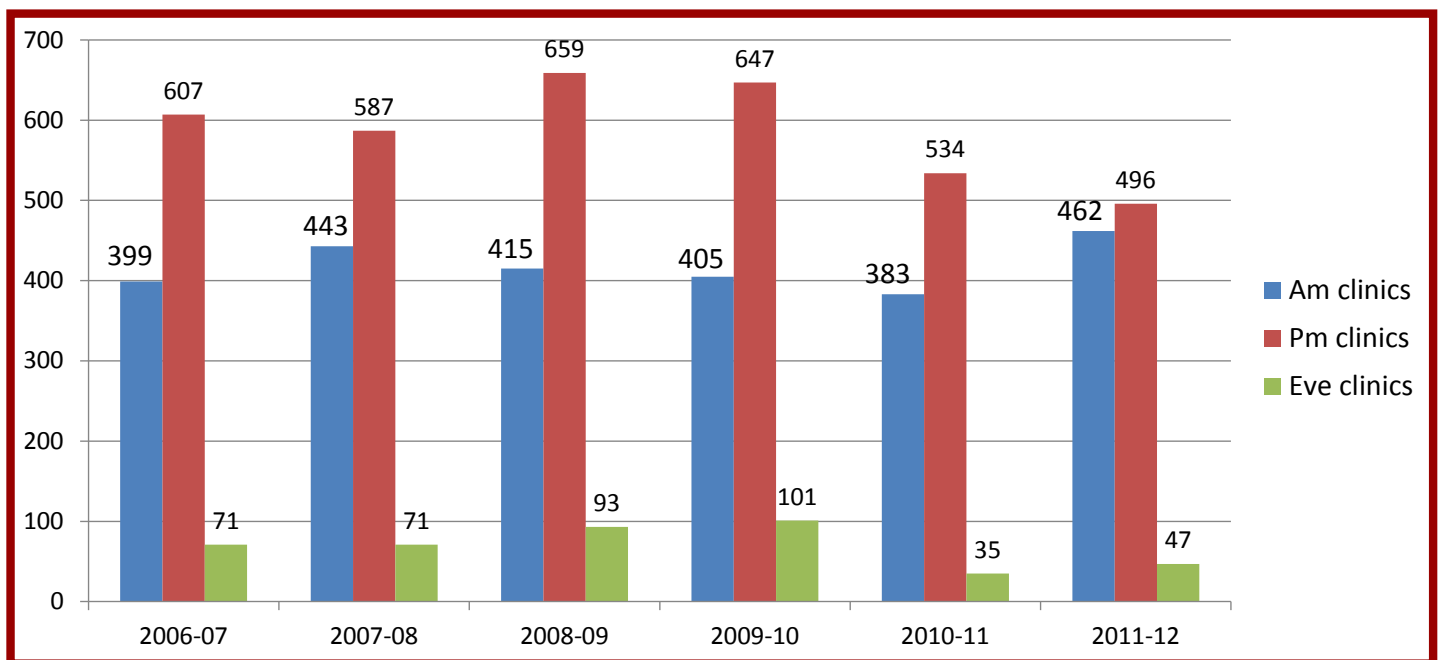
The Director of Professional Services is a permanent part-time two days per week position. During 2011-2012, KMHC temporarily re-organized its structure to allow for the DPS to focus attention as Medical Advisor.

Her efforts this year were dedicated to completing the Admissions Policies for Long Term patients, as well as policies related to Levels of Care and resuscitative measures. Other areas of concentration included diabetes retinal screening, funded through Aboriginal Diabetes Initiative, computerized client scheduling, as well as narcotic contracts between physicians and clients.

The Director of Professional Services supervises twelve physicians, four consultant specialists, as well as dental and pharmacy staff. Physician recruitment continued to be a challenge, as it has been provincially and nationally for many years.

KMHC's physicians are under increasing pressure to assume more inpatient rounds and call, as well as daily requests to accept clients and renew prescriptions.

KMHC is happy to report that a new doctor will be joining the Team, and is tentatively scheduled to begin in Fall 2012.



Graph reflects the number of outpatient clinics held in 2011-2012 compared to previous years.

KMHC strives to offer safe, informed care to our residents, staff, volunteers, clients, visitors and community. The Infection Prevention and Control (IP and C) Committee is a Team which provides direction to ensure a coordinated approach to implementation of current infection control standards.

KMHC has a Committee dedicated to IP and C, composed of four nurses, one doctor, a nutritionist, one sterilization worker and the Plant Team Leader.

A primary focus of 2011-2012 was the promotion of the flu vaccine within KMHC staff, residents, as well as KMHC clientele at large. KMHC was challenged with two significant outbreaks during the previous year, and accelerated its prevention strategy beginning earlier in the season. Specific recommendations related to these experiences were proposed and implemented in the Fall of 2011. All patients accepting the flu vaccine were immunized within a two week period of receipt of the vaccine stock. There was very little flu activity in the Province, with a small escalation of activity after the holiday season. A few cases were seen in outpatient clients. There was no transmission to the resident population. It can be noted that there were a few isolated cases of minor colds.

KMHC's solid foundation of housekeeping and IP and C risk reduction strategies have been effective in preventing an outbreak of VRE (vancomycin-resistant enterococci), bed bugs, and other potential infections.

IP and C has met seasonal challenges with cautious confidence and is gaining momentum to meet the challenges that KMHC will face in the future.



Leslie Walker-Rice, IPC Nurse educating staff

Influenza Vaccinations 2011-2012

A total of 1,391 clients received the vaccine in 2011-2012.

There were no cases of the flu in 2011-2012.



Rehabilitation Department



2011-2012 was another busy year in the Rehabilitation Department. Despite the many challenges of long waiting lists, limited space, meetings, committees and service demands on our staff, we work hard at providing excellent care to our clients.



Rehabilitation Team: (Left to Right) Marla Rapoport, Chantal Belanger, Eva-Marie Botos, and Bessie Pelltier

The Rehabilitation Team consists of two physiotherapists, two occupational therapists, two part-time rehab department assistants, a part-time speech and language pathologist who works mainly with clients with swallowing difficulty - and, of course, there is Bessie, our valuable administrative assistant. All provide services to a steady stream of referrals from both KMHC and outside doctors, making it necessary to prioritize our waiting list.

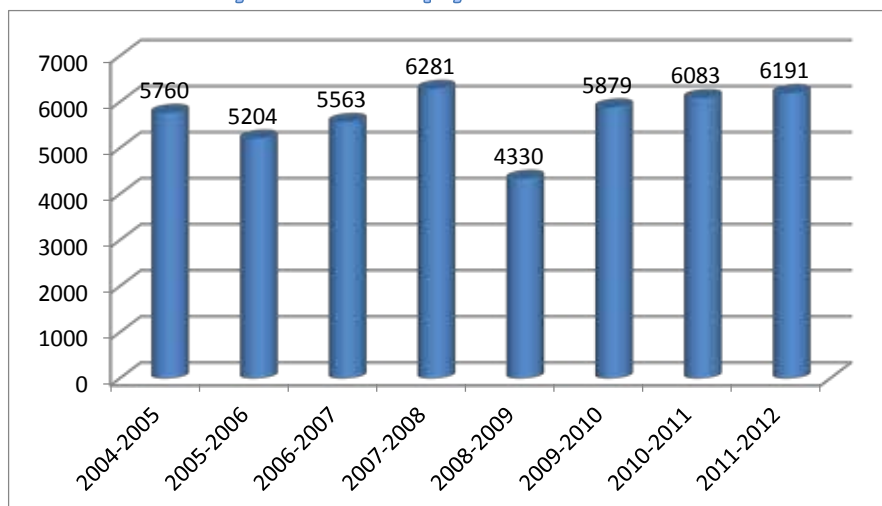
The occupational therapists have been a tremendous help in the in-patient department, consulting on the purchasing of new resident chairs, the new whirlpool tub and the use of equipment such as specialized mattresses.

The physiotherapists, with the help of the In-Patient Department (IPD) and rehab staff, have been actively involved in the National Falls Facilitated Learning series.

We are constantly brainstorming on ways to minimize restraint use in IPD, reducing falls and injuries from falls.

We work as a Team with the many departments at KMHC. There has been extensive staff training and education delivered by the rehab staff, in many different areas. Our staff attends courses and conferences in order to keep up-to-date on new trends and best practice guidelines. We continue to accept and train physiotherapy students, from both McGill and Hong Kong.

Physiotherapy Attendance



This year, we accepted an occupational therapy student from the University of Western Ontario. Students bring energy to the Department. These students are potential employees and help spread the word that KMHC is a fabulous and fun place to work.



Medical Records Department



Medical Records Team: (Left to Right) Leeann Delaronde, Terry Styres, Celina Montour, Debby Diabo, Lisa Deer, Janice Jacobs

The Medical Records Department (MRD) provides medical documentation and general information on each client of the organization to authorized healthcare professionals and clients, in accordance with the hospital's mission and philosophy, under the authority of the Director of Professional Services and Executive Director, and in collaboration with the Inpatient and Outpatient Department Managers and staff. MRD provides statistical information for the purposes of planning, teaching, accreditation, research, legislative and legal purposes, utilization studies, evaluations, and risk management activities while ensuring privacy and maintaining confidentiality.

2011-2012 proved to be a challenging year in MRD. The lack of human resources available in Medical Records continues to be an issue. Despite the shortage of staff, high quality work production is accomplished at all times.

Medical Records Statistics	
Total number of charts pulled for clinics, including telephone messages, and chart requests, from all sectors	39,624
Hospital cards created	2,634
New charts created	211
Newborn charts created	99
Total number of Out-Patient Department charts	9,546
Community deaths (including In-Patient)	51



Director of Nursing



Valerie Diabo
Director of Nursing

As a result of a temporary organizational shuffle of administrative positions, the Director of Nursing took on additional responsibility and became Director of Client Services. This change meant that the DON was responsible for the Rehabilitation Department, Social Services as well as Nutrition and Food Services, in addition to all Nursing within KMHC. As a result of additional responsibilities, Tracy Johnson took on the role of assistant to the Director of Client Services, leaving her position as Homecare Nursing Manager to help with special projects for a period of five months. This experience exemplified the interdisciplinary approach that is used at KMHC, and reflected KMHC staff's ability to adapt to the unexpected.

During 2011-2012, there were 32 nursing aides and orderlies, which include seven full

time positions, ten part time positions and availability positions. Of the 43 nurses, KMHC employs 24 in the Inpatient Department, the remaining 19 nurses work in outpatient services, i.e. Homecare, Diabetes Education, Foot Clinics and in outpatient clinic.



The Province-wide nursing shortage has affected KMHC. To counteract this shortage, KMHC has, once again, entered into partnership with Tawatohnhisaktha, Kahnawake Education Center and Champlain College to promote health careers to Kahnawa'kehró:non. The project presently has seven students enrolled in the 2nd year nursing program. KMHC has great hopes for Onkwehonwe youth entering the health field, and wishes each student much success in his/her endeavors.



The loss of Wendy Readman, IPD Nurse Manager, was very difficult for all of KMHC, especially the Inpatient Department (IPD). We've demonstrated to ourselves and our clients that teamwork is the driving force behind our success during this past year.

In-Patient Department



Gail Costigan
IPD Nurse Manager

The In-Patient Department (IPD) provides the highest level of nursing care using the multidisciplinary approach. The In-Patient Department is responsible for the care and well being of thirty three Long Term Residents. Our goal is to help improve and maintain the quality of life for our residents by providing a home-like environment. To accomplish this goal, KMHC continues to train the PAB's (aides and orderlies) in a home-like concept. This approach focuses on providing a warm, welcoming and secure environment for all patients. The Long Term Care Team meets with the residents and their families annually to discuss an Individual Service Plan that is specific for each resident.



Irene Patton with Dr. Eniojukan, and Bettina

IPD is also responsible for ten Short Term Care beds. These clients are admitted for various reasons: rehabilitation (whether from fractures or other medical conditions), uncontrolled diabetes and palliative care. The multidisciplinary team works together to establish goals for each client geared towards discharge planning. Prior to discharge, the multidisciplinary team meets with the client and his/her family to give them its recommendations and to establish a plan for a safe transition home.

Accomplishments during 2011-2012 include a supper program for the Long Term Care residents which has been quite successful, there is positive feedback from the residents and their families.

A new therapeutic whirlpool tub was also purchased which is beneficial to both residents and staff. The tub is soothing and relaxing for the residents and is able to rise and lower hydraulically which will help prevent injuries to the staff.



Annie Marquis at her 100th birthday celebration

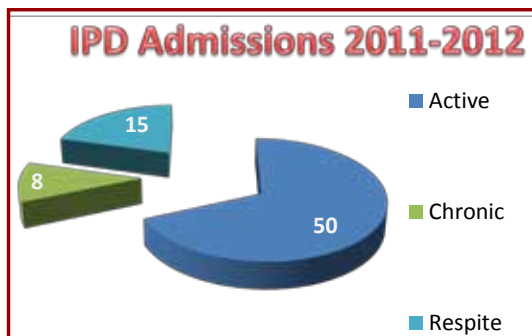
Six PAB'S participated in a Fall's Collaboration Committee making them more aware of risk situations involving resident falls. Afterwards, the PAB's brought the information back to the unit and passed it on to their co-workers; by doing so, they have increased the safety of our residents/clients. A walking program for the residents is a result of this Committee.

Education on the home-like concept continued, always keeping in mind the training goal of improved communication with aged persons, allowing choices in their lives and providing a homelike environment .

There was a very sad and difficult period for the In-Patient Department with the passing of the Nurse Manager Wendy Readman on October 4th, 2012. The staff pulled together to provide comfort and support to each other. With staff modelling strength and encouragement, residents were comforted and able to adapt to the changes that affected their lives. Along with the difficult times came times for celebration; marking Annie Diabo Marquis' 100th birthday in February 2012.



Pearl Jacobs and IPD Staff

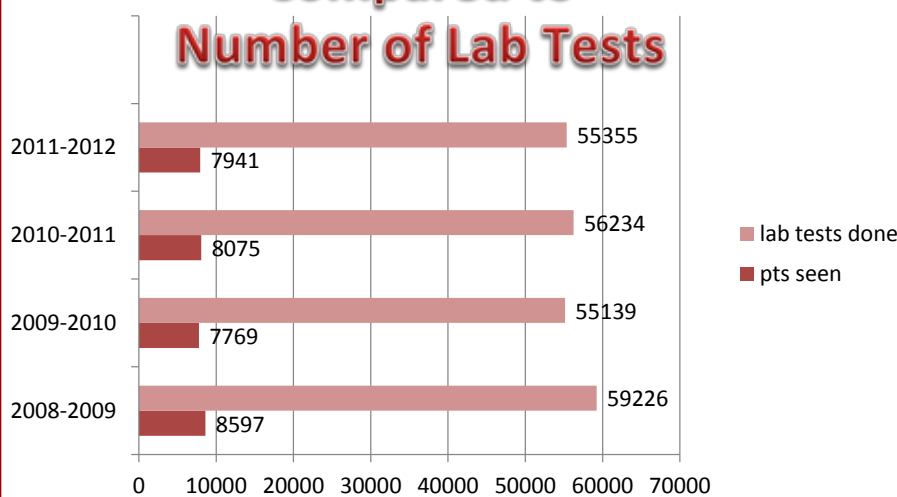


Outpatient Nursing

Located in the Outpatient Department of KMHC, the mission of Outpatient nursing is to provide safe, holistic, family centered, primary and preventive care for our clients. We provide both professional and auxiliary services to meet the ambulatory needs of our clientele, encouraging respect, pride and professionalism from all our staff members.

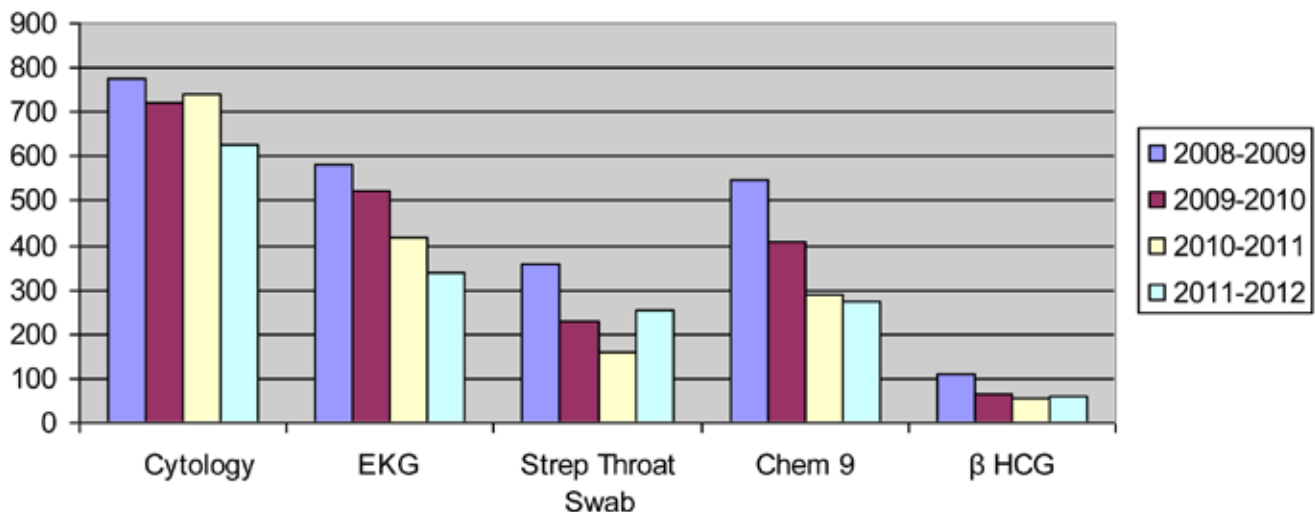
Presently, the Department is made up of seven nurses, one Nurse Manager, one Laboratory Nurse and one Administrative Assistant. There are Outpatient Department Clinics 5 1/2 days per week, one evening clinic per week (when possible), and lab services five days per week.

Number of Patients Compared to Number of Lab Tests



OPD Team: (Left to Right) Top: Mellanie Delisle, Deanna Taylor-Cline, Leslie Walker-Rice, Mary Cousineau, Debbie Leborgne, Tanya Stacey
Front (Left to Right) Dawn Montour, Bernadine Diabo, Myrna Maranan

In-House Tests



The mission of the Community Health Unit is to provide primary health care to Onkwehshón:’a through culturally relevant public education, consultations, clinics and awareness campaigns, in collaboration with other community organizations. The Community Health Unit is made up of six nurses, three support workers, one dental hygienist and one administrative support worker.

Newborn Home Visits

There were 94 births during 2011 in comparison to 102 births in 2010, 100 births 2009, and 97 births in 2008; 50 females and 44 males were born this year.

Well-Baby Clinics

991 children were seen in the Well-Baby Clinic in 2011 in comparison to 853 who were seen in 2010. A total of 1102 immunizations were given throughout the 2011-2012 year. Our immunization rate is excellent. Additionally, a clinic was added on Wednesday mornings to see 5 & 6 year-olds to ensure that any developmental delays is addressed early and to address any concerns from parents. 36 clinics were held. 108 children were seen.

Pre-Natal Clinics and Classes

There were 428 prenatal visits this year, in comparison to 386 in 2010-2011. Pre-natal clinics are extremely busy with as many as 20 clients on days that physicians see prenatal patients.

Children’s Oral Health Initiative (COHI)

COHI is in the fourth year in Kahnawake schools and offers support to four Kahnawake schools and three daycares. A total of 328 children participated in the COHI program in comparison to 335 in 2010-2011. There is a 71% participation rate for the COHI program. COHI focuses on the prevention of dental disease and promotion of good oral health practices.



KMHC’s very successful Staff Fit exercise initiative

Adult Prevention

Vitality, a program operated by a nurse as well as a fitness instructor, has been in operation for 14 years. There were 64 sessions during 2011-2012 with an average of 12-16 participants per class. During the annual roadshow, 14 sessions allowed the Adult Prevention Nurse to screen 300 participants for diabetes and hypertension. 60% were identified at risk.



Kateri Activity Department



Sonny Dudek, Activity Department Manager

The Kateri Activity Department is comprised of two programs:
Adult Day Centre and Inpatient Activity

INPATIENT ACTIVITY

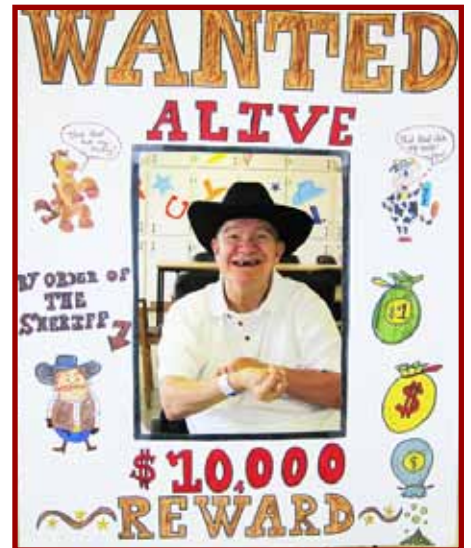
The Activity Department Staff works diligently to provide a different yet familiar experience for residents each and every month. Activities are offered to all Kateri Activity Department residents in a group or in a one-on-one setting; they provide constructive and enjoyable activities, which help improve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



Roddy Meloche and Calvin working in the garden



Pearl Jacobs and Joyce on a breakfast outing



Ronnie Phillips 'wanted' poster

KATERI ADULT DAY CENTRE



Juanita Delisle bowling outing

The Kateri Adult Day Centre Program offers client activities, ongoing health care and social support aimed at maintaining or improving home living. The program is personalized to meet the participants' interests and health needs. Doctors, nurses, physiotherapists, occupational therapists, dieticians, social services, volunteers and activity department staff provide these services. The Adult Day Centre Nurse closely monitors the participants' medical needs and provides education regarding their health concerns on an individual and group basis.



Kateri Activity Department



The number of individual minutes (one-on-one activities) for 2011-2012 was 72,765. This is an increase of 32% over last year.

Summary:

Item / Service:	2010/2011	2011-2012
Inpatient Activities		
Activity time in minutes	1,372,130	1,287,675
Number of participations	19,262	19,015
Adult Day Centre		
Number of participants	28	28
Number of attendances	2,735	2,551

The Kateri Activity Department Staff work well together as a Team, achieving many objectives and continuing to serve our clients and residents to the best of our abilities. We have provided many services and strive to offer new and exciting things.



KMHC staff and residents on a swimming outing

The Kateri Activity Department would like to thank all our dedicated volunteers and those who have made donations to the Department throughout the year. This past year KMHC had up to 23 volunteers who provided a total of 2,194.5 hours. Your kindness and generosity display the value that is placed on our elders.



KAD Team (Left To Right) (Top Row) Dale Beauchamp, Vanessa Rice, Sonny Dudek, Barbara Rice, Mike Delisle, Carol Lahache, (Front Row) Helen Chehab, Mariette Cappuccilli, Joyce Montour

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



Homecare Nursing



The Homecare Department is a unique and integral Department of KMHC. The primary office is located at the Turtle Bay Elder's Lodge and is a satellite site of KMHC. This Department provides nursing services in the homes of clients who are unable to access outpatient services at KMHC due to mobility, and other limitations. The Homecare Department Team collaborates with all other programs at KMHC to ensure that all patients receive coordinated safe quality care. The goal of Homecare is that its clients maintain their independence and remain at home for as long as they are able.

The Homecare Team was able to capitalize on a number of significant educational opportunities that greatly benefited its clientele. Two additional nurses became certified Foot Care Specialists, bringing the total of Homecare Nurses with this training to 5 out of 7. This training had a huge impact on the services offered through Homecare and hugely benefited the client. Additionally, two nurses participated in Wound Care Training giving them the skills to help manage more complicated wounds. Other training received will allow Homecare to better assess a client's autonomy and helped ensure that the client received the appropriate services.

Homecare has 263 clients that fall under Tertiary Prevention; these clients are seen once a day to once a month. The Homecare nurses are the case managers

for 133 (50.1%) of these clients (the remaining clients have a case worker or social worker assigned as their case manager). 164 of these clients are female (62.4%) and 99 of these clients are male (37.6%). All new admissions into Homecare for Home Hospital have a short term assessment done within 48 hours and Tertiary care clients have the OMEC (Global Assessment of client with some loss of autonomy) and Individual Service Plans (ISPs) completed within four weeks of admission date. The Mental Health Nurses, who fall under the Homecare Program, have 60 patients between one full time and one permanent part time nurse.



Tracy Johnson,
Homecare Manager

Sixteen Homecare patients passed away this year. This is a decrease of 5 clients from last year and can be attributed to clients being hospitalized post serious complications or for palliation.

2011/2012 was a challenging year for the Homecare Department as it was faced with the continuing issue of staffing shortage. The shortage was attributed to the wealth of training opportunities that was available to the Department. The shuffling of work positions throughout KMHC affected Homecare directly as Tracy Johnson was designated as Assistant Director of Client Services. In Tracy's absence, Oliver Reyes filled in as Homecare Nurse Manager for a period of five months. Some of the Nursing positions were shuffled to fill gaps in other departments.



Home Care Nursing Team (Left to Right) Mike Chehal, Andrea Best, Lise Pelletier, Candida Rice, Collette Proulx, Elaine Kezar, Haley Diabo, Oliver Reyes

KATERI MEMORIAL HOSPITAL CENTRE

STATEMENT OF REVENUE AND EXPENDITURES

For the year ended March 31	2012	2011
Principal activities		
Revenue		
Provincial government	\$ 6,987,191	\$ 6,814,588
Authorized charges less exoneration charges	506,366	493,317
Miscellaneous	408,288	317,312
Meals	36,834	34,828
Interest	6,676	14,059
	7,945,355	7,674,104
Expenditures		
Salaries and fringe benefits (Schedule 2)	6,313,885	6,160,322
Administration	305,925	251,046
Dietary	187,709	178,526
Medical, surgical and other supplies	186,300	214,051
Drugs	174,603	154,756
Premises operation	123,112	127,802
Premises maintenance	56,413	56,947
Transportation of patients	52,067	44,233
Reception and communications	38,866	39,557
Homecare	28,125	31,533
Housekeeping	25,455	28,158
Physiotherapy and ergotherapy	16,968	21,331
Patients' activities	14,346	15,851
Diabetes program	13,752	18,907
Laundry and linen services	6,284	6,748
Medical files	4,681	8,481
Laboratories	4,032	3,933
Emergency programs	-	15,474
	7,552,523	7,377,656
Excess of revenue over expenditures for the year	\$ 392,832	\$ 296,448
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	\$ 392,832	\$ 296,448
Secondary activities	-	-
Excess of revenue over expenditures for the year	\$ 392,832	\$ 296,448

TSINITSI AIÈSATAKARI'TEKE

STATEMENT OF REVENUE AND EXPENDITURES

For the year ended March 31	2012	2011
Revenue		
Kahnawake Community Funding - Health Transfer	\$ 1,062,861	\$ 1,037,764
Kateri Memorial Foundation	42,941	45,660
Kahnawake Community Funding - Aboriginal Diabetes Initiative Funding	52,399	52,136
Kahnawake Community Funding - Child Oral Health Initiative Program	33,064	34,408
Other contributions	13,604	12,704
Kahnawake Community Funding - Tewatohnhi'saktha - Student Programs	7,342	6,096
Student programs - Health Careers Funding	6,323	-
	1,218,534	1,188,768
Expenditures		
Health Transfer Programs		
Community Health Units	424,306	378,465
Homecare Unit	118,987	141,042
Diabetes Prevention Program	72,436	81,163
Administrative Support	61,839	62,719
Quality Improvement Program	57,798	64,772
Social Work	49,849	48,449
Computer Maintenance Program	40,346	50,644
Cancer Support	32,733	32,114
Child Injury Prevention	31,423	31,248
Prenatal Program	24,819	43,846
Volunteer Program	22,721	14,461
Language and Culture Program	21,935	19,289
	959,192	968,212
Other Programs		
Gift Shop	42,690	45,660
Aboriginal Diabetes Initiative Programs	39,097	52,890
Administration Support	814	37,743
Child Oral Health Initiative Program	33,926	31,956
Student Programs	13,296	6,037
	1,089,015	1,142,498
Excess of revenue over expenditures for the year	\$ 129,519	\$ 46,270

Risk and quality management is about facing change, making change and ensuring that change is an improvement. Every year situations occur that require particular attention. This year, concerns include a high number of elopements (when a client leaves a treatment setting without authorization and departure presents a threat to the safety of that client), and an increase in falls in Long Term Care. We are getting better and better by getting all the parties involved and finding solutions together.

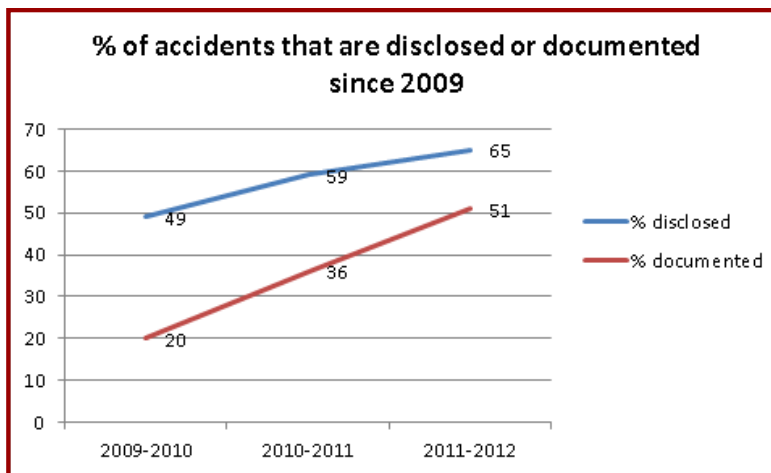


Members of Risk Management Committee

The Risk and Quality Management Program ensures that we are doing what we can to decrease risks, to institute procedures known to promote patient safety and to making sure that we provide quality care. To manage risk and to continually improve quality requires a Team that is simply all of us! Special acknowledgment goes to those who participate on the Risk and Quality Management Committee which includes clinical, non-clinical and user representatives.

The ALL Staff Quality Improvement Day was great fun this year because so many KMHC staff presented and 95 staff members attended. The day began with Fran Beauvais telling the story of the Tree of Peace. Lynda Delisle, Louise Lahache and Dawn Lazare presented topics related to Creating a Harmonious Workplace. Trenea Delormier

presented the Ethics of Research: Focus on Onkwehonwe. Lidia De Simone presented The Accreditation Journey. The topic 'Patient Safety is Everybody's Responsibility' was presented by Lisa Deer (Privacy and Confidentiality), Leslie Walker-Rice (Infection Prevention and Control Standards), Marla Rapoport ('F' is for Falls), and Bettina Anaquod, Suzie Norton, Vivien Murell, Lorraine White, Mariette Demers, Anjanette Sierra, presented 'I am a PAB'!! We watched the video 'Everyone has a Role: Super Bugs, Super Heroes' which was a salute to housekeeping staff everywhere for their role in fighting superbugs and a short video called 'Feeding the Good Wolf' which



was an animated short of a traditional story urging us all to promote goodness.

Part of Quality Improvement is ensuring that when an adverse event occurs that reaches the client and has consequences, the client is informed. Disclosure, as this type of information giving is called, has many goals. The first is to inform the client of the interventions suggested to decrease consequences related to the event, e.g. repeated blood pressure readings. Disclosure also assures transparency – we would lose clients' trust if they thought we were hiding anything from them. Disclosure includes information on prevention of re-occurrences. As Patient Safety is Everybody's Responsibility, we invite the person we disclose to (client or representative) to participate in suggesting prevention strategies.



Users' Complaints



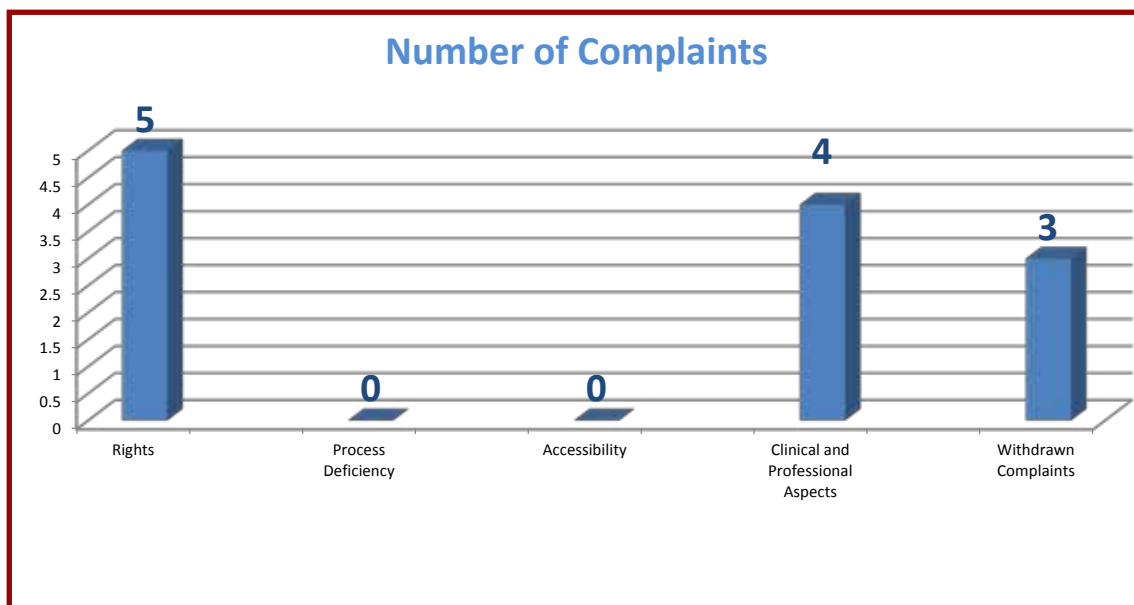
In 2011 – 2012, KMHC received 12 users' complaints, categorized as follows:

Category	Number
Rights	5
Process Deficiency	
Accessibility	
Clinical & Professional Aspects	4

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

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

- Re-enforcement to staff regarding professional behavior, courtesy, respect of privacy and confidentiality.
- Various methods will be tried to ensure tasks and follow up are done in a timely fashion.
- Better communication techniques will be enlisted to residents with hearing impairments.
- Better monitoring of residents at mealtime.
- Clients are warned of risks involved when receiving treatment.
- Pilot project has been put into place specifically to address the duties of identifying residents' belongings.
- Check list developed to guide families as to type and quantity of clothing needed.
- Appropriate equipment was purchased for clients visiting the KMHC outpatient services, i.e. new waiting room seating.





Architect rendering of KMHC upon completion of the expansion and renovation project. This project is tentatively scheduled to begin construction in Spring 2013.

Project Manager, Robert Deom, P. Eng., was hired late in 2011.

Just days prior to print, KMHC Board of Directors, Management, and Staff of KMHC received word that Ministerial Approval was obtained and the project would begin.

In memory of
Wendy Readman
Inpatient Department Nurse Manager
October 4, 2011



It was a sad time at Kateri Memorial Hospital Centre when we heard that Wendy had passed away. We could see the sadness in our staff members' eyes.

During her 10+ years at KMHC, we grew to love and very much appreciate her compassion, genuineness and mostly her wonderful sense of humor.

She has touched the lives of many in the Kahnawake community. It was evident that she came to us from a place of strong family values and she integrated this in her work with our community families.

We truly appreciate everything that Wendy has done for us and we will miss her smiling face for a very long time.



In Memoriam

Each year, we have the great privilege of providing comfort and care to those who must make KMHC their home. We remember those who have passed on to the Spirit World, and honor their memory.



Ida Strosky



Carl Skye



Violet Hall



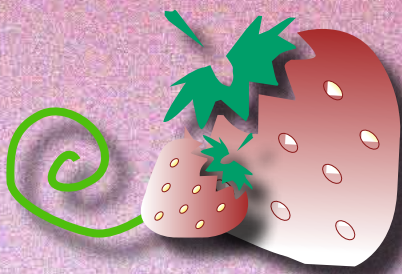
Josephine Montour



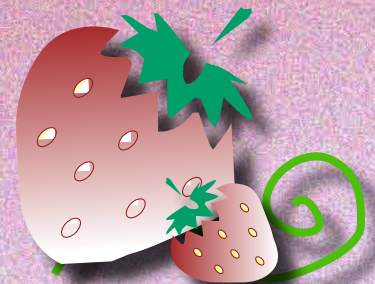
Irene Patton



Bessie Montour



Mary McGregor



Death leaves a heartache no one can heal, Love leaves a memory no one can steal.

