



Tehsakotitsén:tha
Kateri Memorial
Hospital Centre

Annual Activities Report 2019-2020

Onerahtase'kó:wa (white pine)

The white pine tree was the tree chosen by the Peacemaker as a symbol of the unity of the nations of the Haudenosaunee confederacy. Its needles which always grow in clusters of five are symbolic of the uniting of the nations. The white pine also has broad branches that can provide shelter and it is beneath the tree that the Peacemaker asked the Chiefs to join him.

White Pine is a valuable medicinal plant. This tree has a long history of uses for all manner of illness and is considered to be excellent medicine for coughs and colds. The inner bark, resin, needles, and roots all have specific health purposes.

The Haudenosaunee used it as a medicine, finding its inner bark and resins to be a healing wonder for coughs, bronchitis, and laryngitis, and chest congestion. When Europeans first arrived on Turtle Island they reportedly followed the guidance of the indigenous people and drank tea made with White Pine needles to ward off disease. White pine needles are extremely rich in vitamin C.

The cones of the white pine ripen and fall in the late summer to early fall, spreading seeds to grow the next generation of white pine. This is symbolic of the growth of the Kateri Memorial Hospital Centre with the completion of the expansion project and as services and staffing are expanded into a new era to offer more to our community.



Table of Contents

MESSAGE FROM KMHC LEADERSHIP	2
DECLARATION OF RELIABILITY OF DATA AND RELATED CONTROLS	3
ABOUT KMHC MISSION, VISION AND VALUES	4
STRATEGIC ORIENTATION 2020-2025	5
BOARD OF DIRECTORS	6
ORGANISATIONAL STRUCTURE	7
COMMITTEES	9
HIGHLIGHTS	12

EXPANSION PROJECT: PHASE III

UPCOMING PROJECTS

INPATIENT CARE	14
SHORT TERM CARE	14
LONG TERM CARE	14
HOMECARE SERVICES	15
OUTPATIENT CARE: PRIMARY CARE SERVICES	15
OUTPATIENT CARE: COMMUNITY HEALTH	16
TRADITIONAL MEDICINE	22
SUPPORT SERVICES	22
MEDICAL RECORDS	22
PLANT SERVICES	23
FOOD SERVICES	23
PALLIATIVE CARE AND END-OF-LIFE CARE	23
ACTIVITY RELATED TO RISK MANAGEMENT AND QUALITY	24
ACCREDITATION	24
SAFETY AND QUALITY OF CARE	24
MANAGEMENT OF USER'S COMPLAINTS	26
FINANCIAL STATEMENT	27



MESSAGE FROM KMHC LEADERSHIP

Shé:kon,

It is a pleasure to present to you Kateri Memorial Hospital Centre's (KMHC) Annual Activities Report for 2019-2020.

Over the past year we have experienced the closure of many key objectives that have been a KMHC focus for the past several years and are linked to our 2013-2019 Strategic Plan titled, "Solidifying the Work". Our goal in submitting this report to you is to provide you with highlights of the past year at KMHC, our accomplishments and obstacles, as well as our direction moving forward.

In speaking of closure, we first would like to pay our utmost respect to Mrs. Susan Horne who retired in September 2019. Susan dedicated over 36 years to the development of quality services at KMHC, ensuring that the service offer continuously adapted and transformed in order to meet community needs. We wish Susan health, love, and happiness throughout this new journey!

With every door that closes, a new door opens! This statement embodies our 2020-2021 year moving forward. Not only did we welcome a new Executive Director this year, we have also opened the doors to our new and renovated building, we have significantly increased our staffing and we have finalized our new 2020-2025 Strategic Plan, aptly titled, "Innovation and Growth". We are proud of the direction that KMHC is taking moving forward and we are deeply honored to be able to continue to provide quality care to Kahnawa'keró:non.

Ioterihwahtentionhatie.

Iohsnoratie tánon atehiarontshera.



Lisa Westaway
KMHC Executive Director



Joseph Styres
KMHC Chairman of the Board

DECLARATION OF RELIABILITY OF DATA AND RELATED CONTROLS

The information contained in this annual management report is under my responsibility.

A review of the plausibility and consistency of the information presented in this report has been carried out by the internal audit department. A report (or letter) has been produced to this effect. The results and data of the annual management (or activity) report for the fiscal year 2019-2020 of Kateri Memorial Hospital Centre Tehsakititsén:tha:

- accurately describe the mission, mandates, responsibilities, activities and strategic directions of the institution;
- set out the objectives to be achieved and the results obtained;
- present accurate and reliable data.

I therefore declare that, to the best of my knowledge, the data contained in this annual management report (or annual activity report) as well as the controls relating to this data are reliable and that they correspond to the situation as it presented itself at March 31st, 2020.



Lisa Westaway
KMHC Executive Director

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.

Our Values

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

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

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

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

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

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

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



STRATEGIC ORIENTATIONS 2020-2025

It is such a pleasure to present Kateri Memorial Hospital Centre's strategic vision for 2020-2025. We are proud to have set these orientations which fully represent the vision of staff, management, our partners, our Board of Directors and most especially, community. A key guiding principle for the next 5 years at KMHC is Innovation and Growth. Our orientations and associated goals will demonstrate KMHC's intention to continue to build and strengthen an already reputable establishment both within and external to Kahnawake.

How were our orientations for the next 5 years established?

We took care to evaluate our accomplishments from our last strategic plan as well as outstanding objectives still requiring attention. We also conducted several surveys in order to get the opinions of our staff, our clients, our community partners as well as external health partners. We analyzed our workplace satisfaction surveys. Lastly, we met with various representatives from each level and service throughout the organization, to get the pulse of the staff about what is important to them. From all of this combined, we were able to make important decisions about innovation and growth for KMHC.

Deepening Kanien'kaha ways of working is of utmost importance to KMHC. For this reason, this orientation is not seen as a standalone orientation but rather will be addressed through each and every one of the orientations described below. It is the fabric of who we are and of what we do.

Communications, both internally and externally, is also paramount. KMHC will ensure to have communications front and center throughout our various objectives over the next 5 years.

Under the banner of INNOVATION AND GROWTH here are KMHC's 4 strategic orientations for 2020-2025:

QUALITY & SAFETY

- Develop and enhance services in line with community needs
- Implement Quality Improvement and innovation approaches throughout KMHC
- Apply best use of systems and structures in order to provide safe and quality clinical care

STAFF WELLNESS AND ENGAGEMENT

- Enhance staff wellness
- Implement partnership approach with staff and management
- Implement key organizational development practices

STRUCTURES & PROCESSES ADAPTED TO REFLECT CHANGING NEEDS

- Address clinical needs through strategic budget planning
- Update administrative structures, systems and processes
- Increase funding development options in line with community and organizational needs

ENHANCED PARTNERSHIPS FOR COMMUNITY WELLNESS

- Increase integration of services with KSCS
- Provide a leadership role in community health
- Solidify external relationships

The Board of Directors



JOE STYRES
CHAIRPERSON
COMMUNITY REPRESENTATIVE



BRONSON CROSS
COMMUNITY REPRESENTATIVE



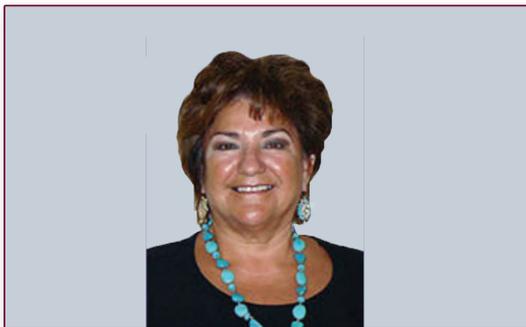
STEPHANIE HORNE
SECRETARY
COMMUNITY REPRESENTATIVE



LOIS MONTOUR
COMMUNITY REPRESENTATIVE



ARNOLD LAZARE
TREASURER
COMMUNITY REPRESENTATIVE



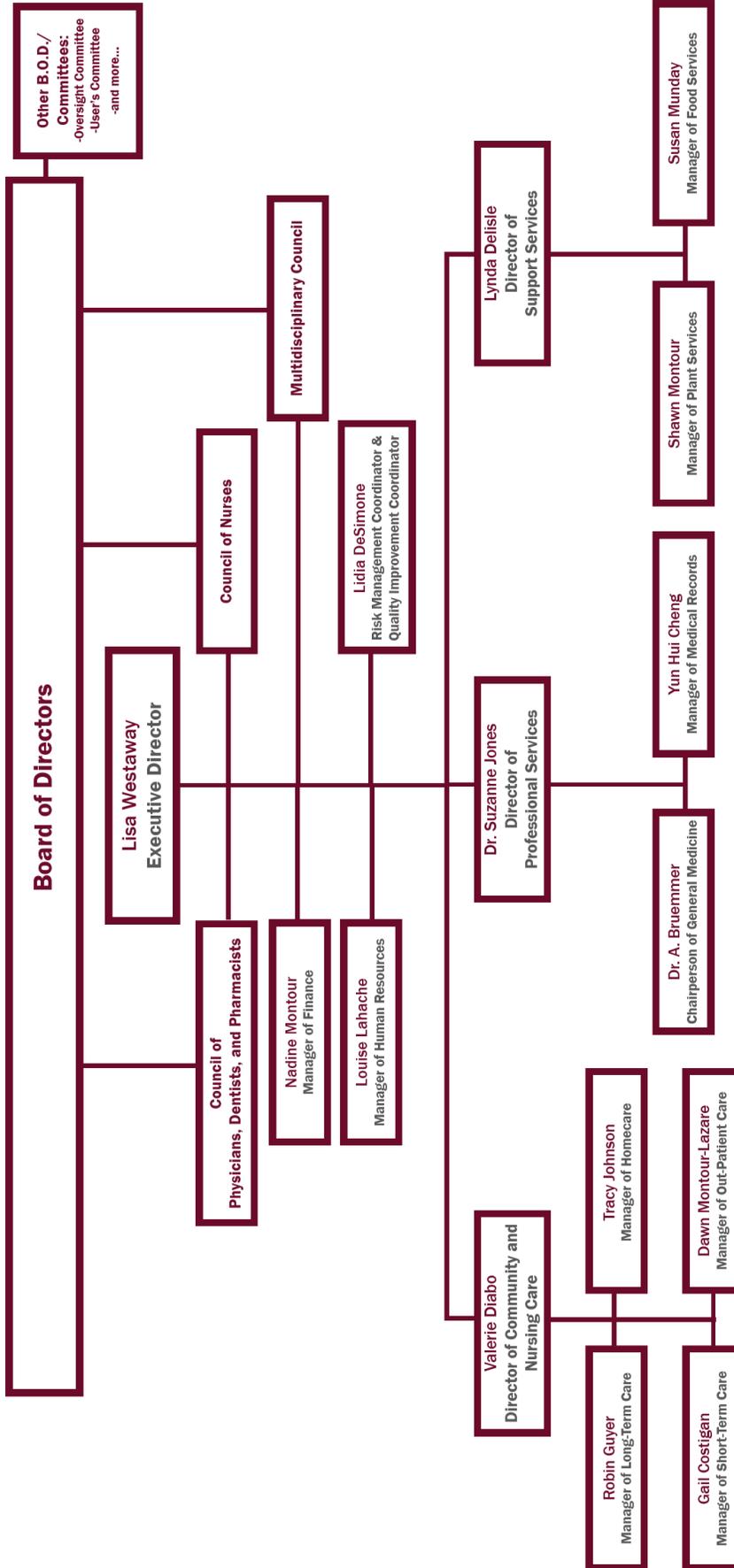
RHONDA KIRBY
VICE CHAIRPERSON
MOHAWK COUNCIL OF
KAHNAWAKE REPRESENTATIVE



KATHY JACOBS
KAHNAWAKE SHAKOTIIA'TAKEHNHAS
COMMUNITY SERVICES REPRESENTATIVE



Organizational Structure





LISA WESTAWAY
EXECUTIVE DIRECTOR



LYNDA DELISLE
DIRECTOR OF
SUPPORT SERVICES



DR. SUZANNE JONES
DIRECTOR OF
PROFESSIONAL SERVICES



VALERIE DIABO
DIRECTOR OF
COMMUNITY AND
NURSE CARE



LOUISE LAHACHE
MANAGER OF HUMAN
RESOURCES



ROBIN GUYER
MANAGER OF
LONG-TERM CARE



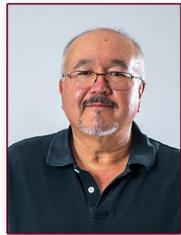
GAIL COSTIGAN
MANAGER OF
SHORT-TERM CARE



TRACY JOHNSON
MANAGER OF
HOMECARE



YUN HUI CHENG
MANAGER OF
MEDICAL RECORDS



SHAWN MONTOUR
MANAGER OF
PLANT SERVICES



SUSAN MUNDAY
MANAGER OF
FOOD SERVICES



DAWN MONTOUR-LAZARE
MANAGER OF
OUTPATIENT CARE

The Committees

Each of these Standing Committees is dedicated to ensuring the continued improvement of quality care standards within KMHC. Niawenh'kó:wa to every member of these committees for his/her hard work and dedication.

INFECTION PREVENTION AND CONTROL COMMITTEE

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*
Edmar Ninalada, *Orderly*
Chantal Haddad, *Nutritionist*
Oliver Reyes, *Home Care Nurse*
Lee Ann Delaronde, *Sterilization Aide*
Aileen Faron, *Staff Health Nurse (ad hoc)*
Louise Cormier, *Volunteer*

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 Support Services*
Gail Costigan, *Inpatient Care 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 Support Services*
Dawn Montour-Lazare, *Outpatient Care Nurse Manager*
Louise Lahache, *Human Resources Manager*
Tracy Johnson, *Homecare Nurse Manager*
Brianna Montour, *Inpatient Care Representative*
Madelyn Cross, *Food & Nutritional Services Representative*
Terry Williams-Styres, *Secretary (Interim)*

CHARTING COMMITTEE

Mandate:

The Committee ensures 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 Care Nurse Manager*
Lisa Deer, *Medical Archivist*
Valerie Diabo, *Director of Nursing and Community Care*
Tracy Johnson, *Homecare Nurse Manager*
Dr. Suzanne Jones, *Director of Professional Services*

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 Care Nurse Manager*
Lisa Deer, *Medical Archivist*
Lynda Delisle, *Director of Support Services*
Dr. Suzanne Jones, *Director of Professional Services*
Luke McGregor, *Information Technology Technician*
Dawn Montour, *Outpatient Care Nurse Manager*
Debbie Leborgne, *Clinic Receptionist (ad hoc)*

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
Celina Montour
Terri Thomas
Eleanor Rice
Joyce Rice

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*
Lisa Westaway, *Executive Director*
Lynda Delisle, *Director of Support Services*
Valerie Diabo, *Director of Nursing and Community Care*
Suzanne Jones, *Director of Professional Services*
Marlo Diabo, *Kitchen Aide*
Leslie Walker-Rice, *Infection Prevention and Control Nurse*
Gail Costigan, *Inpatient Care Nurse Manager*
Yun Hui Cheng, *Manager Medical Records*
Neda Mirzazadeh Moghaddam, *Homecare Nurse*
Vitaliy Korovyanskiy, *Physiotherapist*



DEPARTMENT OF GENERAL MEDICINE

Mandate:

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 are performed within the hospital centre.

Members:

Dr. Aurel Bruemmer, *Chairperson*
Dr. Yemisi Rachael Eniojukan
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
Dr. Lyne Simon
Dr. Kent Saylor
Dr. Jean-Dominique Leccia
Dr. Stanley Kwan
Dr. Robert Koenekoop
Dr. Tamara Ibrahim
Dr. Annick Gauthier
Dr. Miriram Banoub
Dr. Cedine Fankam

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. Aurel Bruemmer, *Chairperson*
Dr. Joseph Wojcik
Dr. Suzanne Jones, *Director of Professional Services*
Dr. Colleen Fuller
Dr. Mitra Tehranifar
Nelly Pham, *Pharmacist*
Alexander Ferland, *Chairperson of the Pharmacists Committee*
Lisa Westaway, *Executive Director*

HIGHLIGHTS

This year many of the highlights will be focused on the change and growth of the hospital-center.

EXPANSION PROJECT: PHASE III

Phase III of the Expansion project brought about the completion of the entire project. This ultimate phase had allowed for the additional Inpatient Care Beds in both short-term care (STC) and long-term care (LTC) bringing the total number of beds to 73 (15 STC and 58 LTC). Due to the Covid-19 pandemic (creation of a covid hot zone in preparation for possible Covid-19 cases) as well as difficulty recruiting human resources, the additional fifteen (15) beds (five (5) beds for STC and ten (10) for LTC) could not be opened in March.

The Outpatient clinic finally moved into their new space and reorganized its workflow to adapt to the needs of our community. Dental services relocated into their newly renovated suite but, unfortunately, services were put on hold due to the Covid-19 pandemic. The pharmacy moved into its beautifully renovated and streamlined area. Nelly Pham, one of their pharmacists, was hired by the Centre intégré-de-santé-et-services-sociaux de la Montérégie-Ouest (CISSMO) of Anna-Laberge Hospital Center providing a wonderful opportunity for bridging services.



Artwork was commissioned by local artists to be integrated throughout the hospital. Here are a few words from one of them.

“Kwatokén:en sewatohonhsí:iost nén:nen ohónton karihwatehkwen enkawennhéts:ton.

It was an honor to design the sculptures that would reflect our relationship not only with the natural world but to remind us that we have a beautiful culture. In creating these sculptures, I wanted to reflect on the most important things in life. Our culture has given us a philosophy that can help us develop happy and healthy relationships with the natural world, our language and culture, and the lives we have chosen to live. We have been gifted with sacred tobacco that is used to give thanks to all of creation for the gifts of food and clean waters, natural medicines, and Ceremony.

How we choose to walk the Earth during our life creates the paths our children and our future family will create for themselves. We can grow a bright future and nurture relationships based on honor, love, and respect freely given to all children, mothers, fathers, grandparents, extended family, and leaders. It is the life our Ancestors wanted for us and the next seven generations to come.

Sén:ha tewa'sáts:te tó:ka' tentewaié:na nén:nen wenhniserí:io tentewatenonhwerá:ton.”

Owisokon

UPCOMING PROJECTS

One ongoing challenge and risk within KMHC is linked to paper based medical records. KMHC is in the process of evaluating and planning for the implementation of an electronic medical record throughout the organization. This is an important project that will serve to advance our four (4) strategic orientations.



INPATIENT CARE (IPC)

In the perspective of a more client and family-centered approach, the restructuring of services at KMHC was to ensure a multidisciplinary team dedicated to the clientele by developing a continuum of care within service-programs. The idea was to build cohesive teams focused on the client by decreasing the division between sectors of disciplines and bringing down silos to achieve more holistic, efficient and effective service delivery.

The new organizational structure came with challenges related to standardization of practices and prioritization system. It was anticipated that there would be an adjustment period.

One of Inpatient Care's achievements was to implement management change by having a dedicated Manager for Short-Term Care and another Manager for Long-Term Care.

We continue to integrate Kanien'kéha Culture within Inpatient Care in various ways. Some examples include:

- Hand hygiene signs are written in Kanien'kéha
- April activities are centered on Cultural Awareness
- Staff members are encouraged to attend the Monthly Tobacco Burning Ceremonies
- Every Friday morning, Kanien'kéha language classes are held to teach staff members

KMHC has worked on protocols for a variety of situations to allow our patients/residents to be able to go with Tekanohkwatsherane:ken (Two medicines working Side by Side) to cultural and traditional health appointments at various locations within Kahnawake for healing purposes.

SHORT-TERM CARE (STC)

The Short Term Care Service offer consists of the treatment of acute medical conditions. The department focuses on healing, a return to autonomous, independent living and discharge planning.

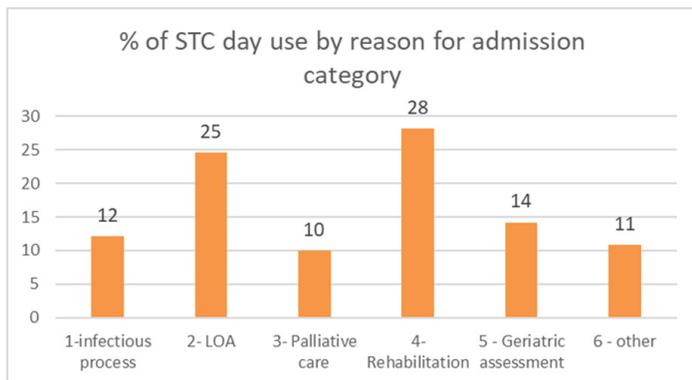
There were forty-one (41) new admissions to Short Term Care this year.

- Nineteen (19) patients who were admitted in Short Term Care were discharged to home or to the Elder's Lodge.
- Eleven (11) patients were discharged and readmitted to Long Term Care.
- One (1) patient was discharged to another hospital.

The occupancy rate was 87.5% this year.

Loss of autonomy (LoA) and the need for a geriatric assessment accounted for the high number in length of stay days as reflected on the graph.

Presently, KMHC has ten (10) short term care beds. The additional five (5) STC beds will open following closure of the Covid-19 hot zone.



LONG-TERM CARE (LTC)

Although there were many postings and active recruitment, all the positions needed in order to open the final ten (10) LTC beds were not filled. The obligation to open a hot zone during the COvid-19 pandemic further complicated the ability to open new beds.

There has been an increase in availability from two (2) LTC physicians allowing for better coverage and increased continuity of care for our residents.

HEMOCARE SERVICES

Priorities continued to focus on providing safe, well-coordinated care in patient's homes by ensuring that patient either heal at home, remain at home with support or die at home at the end of their life. Communication between service providers, the patient, and their families is essential to ensure this. One element of this communication this past year was focusing on the implementation of Medication Reconciliation, a process that ensures that patients are taking their medication as ordered and that all the professionals involved in their care (physicians, specialists, nurses, pharmacy) have the same information about what medication the patient is actually taking.

OUTPATIENT CARE (OPC) SERVICES & PRIMARY CARE SERVICES

In total, KMHC has fourteen (14) Physicians - four (4) dedicated to IPC, one (1) physician dedicated to obstetrical care, nine (9) dedicated to primary care.

Primary Care Services has worked on active recruitment and retention strategies primarily for Short Term Care Services thus freeing up time for other physicians to offer more Outpatient Care Services. In the past 5 years, there is an increase by:

- 26% physician morning clinics
- 28% afternoon clinics
- 32% evenings clinics

Outpatient Clinic: As a continuous effort to offer safe delivery of care, we have a weekly verification of our equipment and medications stock including the emergency room cart. Pneumovax vaccines were offered during the influenza vaccine campaign and continue to be offered throughout the year. We continue to triage clients at the door for fever and cough. Those affected are directed to the respiratory etiquette area in the waiting room. Those presenting with a rash are directed to isolation rooms designated for this purpose. Since we have only one room and no negative pressure room, mandatory cleaning is needed between client use. One improvement is the additional OPD housekeeping hours which improves the availability of this room. Another achievement was the implementation of EClinibase, an administrative management software, for our Outpatient Care Nurses to schedule patients.

Laboratory Services: In the perspective of continuous quality improvement, the laboratory services have conducted many audits to monitor the quality standards of our processes and implement new practices to reduce and prevent errors. Some of this year's focus was auditing the cytology results that helped us monitor the trajectory of the analyzed specimen which weren't done with the regular affiliated hospital. As a consequence of this vigilant practice, all results were received and dealt with appropriately by the physicians. On another note, to lessen the misidentification of patients, the Medicare stamp was added to all requests and, with the collaboration of our physician, our team has encouraged clients to actively take part in the steps in the identification process.



COMMUNITY HEALTH

Preconceptual Health: This program has the mandate to increase knowledge of preconceptual health issues among future parents in Kahnawake. Responsibility for this program is limited to counseling of clients. Clients may access preconceptual health counseling by one of two ways: self-referral or referral by a health care professional. This falls short of the goal of reaching “10% of all pregnancies follow the ‘12-month plan’”. At this time, it is unknown how many clients go directly to their physicians for preconceptual advice.

Newborn Home Visit: There has been an increase in the number of moms being followed by midwives and doulas. Several have given birth at birthing centers. The nurses will follow-up with these moms over the phone and offer them appointments in WBC for first month visits and vaccinations. Screening for post-partum depression using the Edinburgh Post-Natal Depression Scale for all mothers at their newborn visit and at one month old visits was started this year. Eight (8) moms were identified/followed for risk of/or post-partum depression.

Birth rate 2019	Initial Home visits	Reason for follow-up				
		weight	Breastfeeding Issues	Tongue Tie	Referral	Other
98	198	224	60	12	12	16

Well Baby Program (WBP): The Well Baby Program’s goal is to ensure that children from age 0 to 4 and their mother receive early access to assessment, diagnosis, treatment, immunization and referral. The clinic is staffed with 3 regular nurses and 1 availability nurse.

The immunization rate is excellent and continues to be available to families, not only during WBC hours but any day and time of the week when possible.

The Literacy Program continues to offer books to all babies 2 months to 2 years 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 & how to read to their children. One nurse is involved in a special project to develop 3 Kanien’keha board books for babies.

A review of all (600+) the baby cards was done to assure that all children are receiving their visits and vaccines. Numerous children were identified to be contacted for a follow-up.

A meeting was held with KSCS Social Services team and the WBC nurses to look at what each service provides and how to manage complex social situations.

Number of vaccines given in WBC	
Infanrix-hexa	250
Pediacel	66
Prevnar-13	267
Menjugate/Neisvac-C	87
Proquad	136
MMR	22
Adacel-polio	75
Rotarix	164
Pneumovax-23	0
Varivax	74

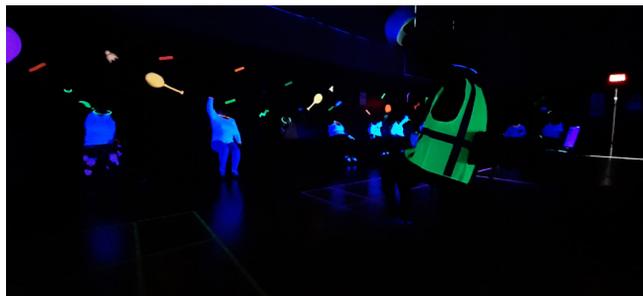
Prenatal Clinics & Classes: In an effort to address post-partum depression, the Edinburgh Post-Partum Depression Scale has been reviewed and nurses are administering it to all moms at the one-month visit. The referral process to get help for these moms is smoother working with KSCS and the physicians. Calvin Jacobs, traditional services, contributed to most classes with a segment on traditional medicines, welcoming ceremonies for the newborn, naming ceremonies, and traditional teachings.

Iontstaronhtha (Breastfeeding Promotion Program): 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. There has also been a lot of peer support through a Facebook group and personally among the new moms. 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. KSCS came to discuss Jordan's Principle and how to apply for reimbursement/ payment for needed services.

BREASFEEDING SUPPORT					
# of moms	Phone calls	Texts	Home Visits	Hospital visits	Hours
23	4	6	33	0	37.5

Adult Prevention: The program aims to reduce barriers to physical activity through formal, informal, and impromptu opportunities. The goal of increasing access and opportunity to health education targeted specifically women's health and heart health issues. Health education topics focused on self-care, risk awareness and reduction, active living, and wellness activities. Two of our most popular programs are Vitality and Chair Fitness Program ("Sit and Be Fit").

- **Vitality:** is run by one (1) nurse and a certified fitness leader. We had an average of eleven (11) attendances per class (sixteen (16) registered). Activities offered are alternating aerobic exercise with weight training, core strength, and balance skill work. This diversity continues to generate enthusiasm for the activity as well as reducing the participants' risk of chronic preventable illness and social isolation.



- **Chair Fitness Program ("Sit and Be Fit"):** The program was designed to meet the increasing demand for a less mobile fitness program. It had twenty-five (25) registered, of which twelve (12) were new participants. Participation was an average attendance of fifteen (15) per class.

Cancer Care and Support: The goal of the Cancer Care Initiatives is to reduce incidents and mortality of cancer among Kahnawakeron:non by disseminating prevention and awareness information that is current, culturally relevant, effective in understanding all aspects of cancer, and effective in improving knowledge, attitude, and behaviors. The nurse shares new research information and answers questions about subjects related to cancer and the health system. It helps the nurse get greater insights into their personal experiences. The psychologist was brought in to help participants deal with grief. The cancer support nurse is an ad-hoc volunteer member of Tetewatatia'takéhnahs Community Cancer Fundraising and attended the Purple Ribbon Walk.

A research project, “Widening the Circle of Care: Caregivers Tell their Stories of Supporting People with Cancer in Kahnawake” through the University of Ottawa. This project was intended to explore the experiences of caregivers of people with cancer, through digital storytelling, and to share these experiences with the community to spread the compassion and support that the six caregivers called for. After completion of the videos, the Caregiver’s stories and real-life experiences inspired local artist Marion Snow’s creative vision for the art installation piece, titled The CareGivers Basket. This artistic piece is an additional form of expression of what caregiving means in the community of Kahnawake and how expressing the struggles and strengths of caregivers can inspire compassion, love, and care across the community.



This artistic piece is an additional form of expression of what caregiving means in the community of Kahnawake and how expressing the struggles and strengths of caregivers can inspire compassion, love, and care across the community.

Year	# of clients	# of interactions	# of hours
2016-17	30	157	114
2017-18	32	266	190.5
2018-19	44	316	206
2019-20	35	359	176

Tobacco Reduction Strategy: Our previous Tobacco Reduction Strategy Worker left at the end of last fiscal year and we were unable to fill the position after numerous postings until January 2020. The Adult Prevention Nurse and the Cancer Support Nurse did their best to fill in this role as well as their regular activities. The program needs the added support of this person to organize any initiative and to implement activities within the community.

- **Launch of Smoking Cessation and Sacred Tobacco videos:** Several videos were made by each participant. They were launched on the KMHC Facebook page in January/February 2020.
- **Vaping:** Presentations were done at the school about the dangers associated with vaping to the students at Kahnawake Survival School. The Tobacco Reduction Strategy Worker also put a booth at the school during report card days. Many parents and teachers were surprised by the number of deceiving products are being used.

Child Injury Prevention: The main goal of this program is to reduce the morbidity and mortality associated with childhood injuries by developing and delivering monthly/seasonal relevant safety campaign. Our Child Injury Prevention Worker (CIPW) continues to lead the Child Safety Network which includes Kahnawake Peacekeepers, Kahnawake Fire Brigade, Kahnawake Youth Center, Animal Protection, Community Protection Unit, and CHU.

The group was invited to Aboriginal Day at the Montreal Children’s Hospital. There was a focus group which developed a document on standards for summer day camps.

The CIPW has been instrumental in providing Babysitting courses to assure that the youth are knowledgeable in their responsibilities. The CIPW, along with support from the Child Safety Network, organized to get funding to get the trainers for Car Passenger Technician training here in Kahnawake. Participants came from several organizations.

HIV/AIDS Awareness & Prevention: A Community Awareness Campaign occurred during HIV/AIDS information week in December 2014. A nurse went on the K103.7 Radio Talk show to promote awareness and prevention of HIV/AIDS, mentioning where to get free anonymous testing downtown Montreal.

Reportable Diseases: The goal of this initiative is to prevent the spread of diseases. The data reports, apart from chlamydia, most diseases are rare and cases are not related to each other. The picture of infectious diseases in Kahnawake indicates numbers are low. The Healthy Sexuality Education program helps promote education regarding sexually transmitted infections (STIs) and their prevention at the high school level.

Adult Immunizations: The number of Twinrix & Havrix (Hepatitis B & A) is directly related to the number of Kahnawakehrónon who travel. Physicians are referring more clients who are immunosuppressed for vaccines. The schedule for adult vaccines has changed. Tetanus is only give at age 50, not every 10 years as previously done.

Children’s Oral Health Initiative (COHI): COHI provides dental screenings, fluoride varnish, sealants, and dental referrals to participants in schools, daycares, and homes. The two dental hygienists on this initiative also promote oral health practices of various groups throughout the community. They provide support to the teachers with the class tooth brushing program.

The two Dental Hygienists offered one-on-one oral hygiene instruction to Grade one (1) & two (2) for Second Fluoride at Kateri and Indian Way schools. The in-class education sessions that occurred were: Intro to brushing, “Buddy’s Teeth”, Elmo/Pistachio puppet brushing demos, and Brushing program initiated in one class.

	Participants	Screened	Children with Healthy Teeth	Referred To Dentist	Total Referred Teeth	Been to Dentist After Referred	HadGA	Total Children Sealants Done	Total Sealants Placed	Received Oral Hygiene Instruction in chair	Total Services	FL CARIO OHI	Dental Present	Children in Brushing Program	Toothbrush Distributed for Brushing Program
Daycare/ Nursery	207	191	23	58	154	22	22	n/a	n/a	n/a	287	5	29	58	
Kindergarten	70	70	13	25	111	18	4	5	9	56	101	4	58	88	
Grade 1	71	68	14	18	43	11	0	24	80	58	109	4	51	90	
Grade 2	73	72	12	18	52	21	2	19	81	99	101	3	52	74	
TOTAL	421	401	62	119	360	72	28	48	170	213	598	16	190	310	

Diabetes Education – Wellness Nurse/Nutrition “At Peace with Diabetes”: Clients are now referred to the Wellness Nurse for most chronic disease needing help with management or education i.e. hypertension, heart disease, kidney disease, COPD, diabetes, etc. The program has a Wellness Nurse with a nutritionist.

Insulin initiation continues to be an important part of diabetes education. Patients are instructed as to how to take insulin using an insulin pen, how the insulin works, and how to prevent and treat hypoglycemia.

Type of client contact	2018-19	2019-20
Scheduled	1003	1238
Unscheduled	428	511
In-patient	1	0
Home visit	7	4
Total Patients seen	1431	1751
Phone calls	778	750
Did not arrive	148 (8%)	149(7%)
cancellation	192 (11%)	236(11%)

Nutrition: Most services provided involved diabetes management, that included gestational diabetes mellitus (GDM) and pre-diabetes, representing fifty percent (50%) of new referrals. Close collaboration with the diabetes nurse educator and OPC doctors continued making a conscious effort to offer joint medical appointments.

Outpatient Nutrition Referrals Received, April 1, 2018 to March 30, 2020

	Total	GDM	Diabetes	Cardiovascular	Obesity	Pediatrics	Gastrointestinal	High Risk	Other
2019-20	301	15 (5%)	127 (42%)	56 (19%)	44 (15%)	16 (5%)	13 (4%)	9 (3%)	21 (7%)
2018-19	310	19 (6%)	143 (46%)	66 (21%)	38 (12%)	25 (8%)	13 (4%)	11 (4%)	12 (4%)

Joëlle Emond, a Nutritionist, was invited to speak on behalf of the community of Kahnawa:ke about the experience of KMHC’s clinical team and KMHC users in the FORGEAHEAD study at Diabetes Canada National Conference in Winnipeg as well as at the First Nations Health Manager’s Association Conference in Montreal. This resulted in networking and exchanges with other First Nations who have expressed interest in our “At Peace with Diabetes” approach and tools.

During the month of November, each class of Kahnawa:ke’s elementary and pre-schools were given an interactive nutrition class about tasting different foods. Children explored how the five senses are used to experience food in its different forms. Kanien’kéha language and culture were incorporated by using traditional ingredients (corn, beans, and squash) as well as the language to name ingredients. A video produced in collaboration with the KOR Cultural Centre served to reinforce the language and add interest to the nutrition class.

Diabetic Eye Screening Project: The goal of this project is to provide diabetic eye screening for patients living with type 2 diabetes. There was a decrease in accessibility ophthalmology screening due to high demand for their services. The optometrist saw 3000 clients as was allotted by the Community Health Plan Initiative (CHPI) funding.

Foot Care: This program’s goal is to prevent foot ulcers and assess for risk factors i.e. neuropathy. The process consists of providing foot care and foot assessments to people living with type 2 diabetes at least annually. Clients are referred to the program by the physicians, nurses, diabetes nurse educator, rehabilitation professionals. In addition to educating clients and providing assessments, he also refers clients to the orthotics clinic.

Rehabilitation services: Rehabilitation services are now integrated into our Outpatient Care, Inpatient Care, and Homecare services.

- **Physiotherapy** continues to provide outpatient physiotherapy care by prioritization of caseloads to provide appropriate care to clients and the best patient experience. Also, the team has successfully completed two of the “Chronic Pain Management” courses with excellent new ideas that have been put into practice. These best practices will offer a new approach to working with clients with chronic pain. The team has also had four (4) physiotherapy students under their supervision.
- **Occupational Therapy (OT)** has successfully set up the new working area and had to review their workflow according to the new restructuring of programs. The team has attended fourteen (14) hours of courses from the OT Order (Ordre des ergothérapeutes du Québec) on prevention and treatment of pressure sore. The also completed a webinar on Screening for Cognitive Impairment on adult and older adult.





Young Adult Program/Teen Social Club: These programs are designed for clients with special needs. All participants have congenital physical and/or developmental delays, and some have ongoing medical needs. Both these programs operate year-round with increased participation throughout the summer months. We had around eight (8) to twelve (12) participants per class offered. The classes are sleep hygiene, sun safety, and infection prevention and control.

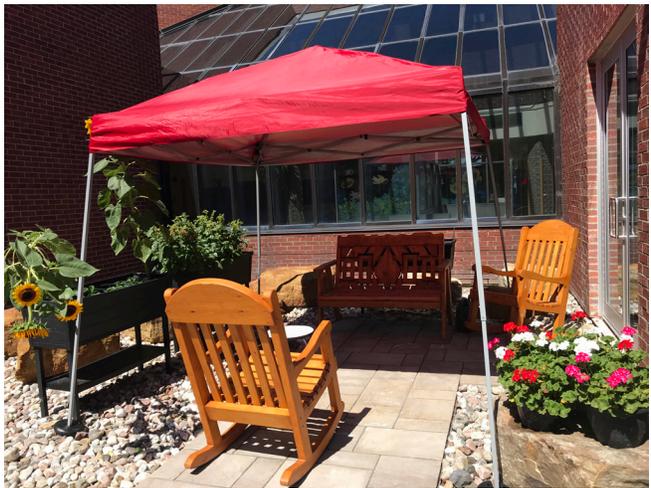
School Health: The goal is to promote a healthy lifestyle that carries into adulthood. All areas of well-being are examined and all nursing programs are directed to these areas of health – physical, emotional, social, developmental, and environmental, with western and traditional medicine considerations.

We presently have two (2) nurses who cover all the elementary schools and one (1) nurse for Kahnawa:ke Survival School (KSS). Our team continues to offer influenza vaccination clinics at the Education Center. Health education continues to be a priority for the adolescent population at KSS. Classes giving straight-forward information with positive messages about sexuality and caveats about risky behaviors, it is hoped that the students will be able to make informed choices about their sexuality and delay initiation into sexual activities. Individual nursing consultation continues to be offered at KSS.

TRADITIONAL MEDICINE

The end of our Expansion and Renovation Project brought KMHC much closer to realizing our goal of offering traditional medicine as an Outpatient service. We now have two dedicated areas for the Traditional Medicine Unit, placed alongside our Western Medicine model - a consultation office and a training room. Additionally, Traditional Medicine has direct access to one of our healing gardens where monthly tobacco burnings are held, as well as other service-related activities.

Once launched as an Outpatient service, the Unit will be well staffed with individuals prepared to provide a culturally appropriate, community-based, holistic health program.



SUPPORT SERVICES

Support services include Communications Services, Information Technology, and Switchboard Services.

A new full-time Communications Officer was hired in October 2019. The first task of the new Communications Officer was to assist in the public relations campaign to communicate the issue of physician shortages at KMHC due to the retiring and resigning of some physicians the previous year. Communications assisted during Phase III of the Expansion project with communicating effectively any client and staff traffic route changes, office moves, and any other updates for the project related to staff or clients.

An additional IT Technician pilot project has begun secondary to the increased workload due to the completion of Phase III of the Expansion Project; as well as a future IT Development project that will affect the hospital globally.

MEDICAL RECORDS

This year's challenge was to adjust the practice and the procedures required during Phase III of the Expansion Project. Making adjustments of daily practices and procedures, addressed pertinent issues with expansion project manager, plant manager, information technician, security staff and housekeeping staff to ensure a smooth move to the permanent MRD location.

PLANT SERVICES

Plant Operations consists of five departments (41 employees):

- Laundry
- Housekeeping
- Security
- Plant Maintenance
- Transportation



This service is responsible for ensuring the continued delivery of quality services to clients and staff. Considering the renovation and expansion context, Plant Services had to surmount many challenges related to the building to support our frontline team and ensure continuity of services. The team is constantly working to improve clients/residents experience and safety by:

- Maintaining a safe and clean environment for the clients and residents,
- Ensuring the functionality of ventilation systems and the security system throughout the organization,
- Keeping our security staff up to date on training for all emergency measures,
- and many more



FOOD SERVICES

The top priority of Food Services is to serve high-quality meals to our residents and patients every day. Kitchen staff continued to serve a good variety of nourishing meals for residents, service was not affected in any major way from Phase III. A nice surprise this year was the additional budget which allowed increased staffing hours and the purchase of insulated food service equipment, which will prove invaluable with the increase in the number of beds in IPC.

PALLIATIVE CARE AND END-OF-LIFE CARE

As palliative care and end-of-life care is continuously evolving and is part of the natural life cycle, the team is always striving to stay up to date to with current practices and to offer the best quality of care. New ways of providing the best possible care to patients in our facilities and in their homes continue to be explored. Efforts in this area are to assist patients and their families through the patient's dying process in the comfort of their home.

KMHC has develop a great partnership with schools, such as John Abbott College, who will provide a training on Advanced Concepts and Principles in Palliative Care next summer to KMHC Inpatient and Homecare nurses.

ACTIVITY RELATED TO RISK MANAGEMENT AND QUALITY

Patient safety and quality of care are fundamental rights in health and social services. KMHC has structures in place to ensure safe and quality delivery of care and services. The Quality and Risk Management Team is formed of different healthcare professionals from all our services teams. Our team is committed to implement risk management assessment processes, promote the safety culture and bring support to client/patients/residents, families, and all personnel for all incidents or accidents.

ACCREDITATION

Since 2002, the law requires health establishments to obtain accreditation from an independent body to ensure compliance with quality and safety standards. The purpose of this practice is to develop and maintain a culture of safety and continuous improvement.

KMHC was accredited with Commendation at its last Survey in June 2016. The next survey was planned for June 2020.

All accreditation teams, including the Risk and Quality Management Committee (RQMC) and the Oversight Committee, continue their efforts in:

- Evaluating and identifying the risks and areas to improve,
- Developing holistic strategies to implement,
- Assessing the implemented actions and monitoring the practices,
- Re-evaluating the process and adjust the strategies if the standard isn't met,
- Planning and coordinating all the initiatives such as training and development to safe delivery of care and services,
- Reporting results to the appropriate stakeholders.

SAFETY AND QUALITY OF CARE

The Risk & Quality Management Committee (RQMC): There were many reminders on how to declare an event and how to disclose information related to an accident, which were all personalized to each service team. Twice a year, the RQMC Team would present updates and reminders to the staff annual meeting.

What is Safety Culture? In healthcare, safety culture is an essential component to Continuous Quality Improvement. It is part of our core values and behavioural characteristics at KMHC. It implies a transparency process where healthcare personnel and contributors feel safe and not judge for bringing forward risk situations without any reprisal. Safety Culture also involves using this information to evaluate and improve the gap between our quality standard and the current practice. That is why the reporting system is crucial. An increase of declaration is a good sign of safety culture, because it means the organisation is more informed of areas for improvement and will have the data to work on it. We also evaluate trends that could indicate a necessity to update our policy and procedure.

In comparison to last year, KMHC had a twenty-two percent (22%) decrease in reporting for the year 2019-2020. This drop seems to have been due to the many changes that the clinical teams had to face with the move by adapting to new practices and work environments.

One of our successes was to help lower preventable events related to medication especially during transfers or medication changes, by implementing and reinforcing the training of Medication Reconciliation and the independent double verification of high alert medication. Two (2) educational training sessions were given for all nurses and personalized support was offered to each service team's professional by our Quality Coordinator.

Types of events	2018-19	2019-20
Abuse, Aggression, Harassment	4	4
Building	1	0
Diet	2	3
Equipment	4	3
Falls, quasi-falls	84	97
Lab Tests & Imaging	10	5
Material	2	3
Medication	122	66
Other	42	28
Personal Belongings	3	1
Treatments	7	7
Total	281	217

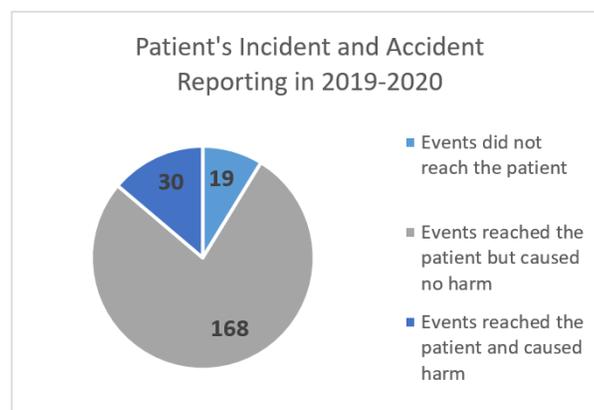
Three Clinical Quality Improvement Days were held which included forty-five (45) participants that were nurses, LPNs, and multidisciplinary professionals. The presented topics were:

- “Patient Safety as a Health Priority emphasized” by the World Health Organization,
- “Speak Up” Campaign by the Canadian Patient Safety Institute (CPSI),
- “Vanessa’s Law” from the Unsafe Drug Act by CPSI,

Other Patient Safety work included the efforts to standardize forms and produce multidisciplinary Clinical Practice Documents. The obligations of reporting Elder abuse as per Quebec law was also reviewed. A session on Code Blue was presented outside of general orientation. Presentations were done on clinical practice subjects specific to nursing including post opioid monitoring, early signs of deterioration, high alert medication.

Three general orientation sessions were provided for a total of thirty-nine (39) staff members. About fifty percent (50%) of new staff members have participated in the general orientation. one hundred three (103) staff members completed the Patient Safety Culture Survey. A work plan was elaborated by the Leadership Quality Improvement Team.

Each event has different levels of servery, in general the levels are categorized by the following:



MANAGEMENT OF USER’S COMPLAINTS

In 2019 - 2020, KMHC received fifteen (15) formal users’ complaints. The client did not follow through in the process in five cases and the other 10 are categorized as follows:

Category	Number
Rights	0
Process Deficiency	0
Accessibility	0
Clinical & Professional Aspects	10

Four (4) of the complaints were responded to in the normal delay of forty-five (45) days and clients were made aware of the delay in seven (7) of the cases. The delay in responding to the complaints was due to the timing of the beginning of the pandemic. No appeals were made.

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

- Nurses were re-educated about what requires an incident report.
- Housekeeping staff were instructed to clean bathrooms more frequently.
- Re-enforcement to staff regarding professional behavior, courtesy and respect.
- There was a review of our patient registration process.
- There was a review of PAB care groups, resulting in improved resident supervision.



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

March 31	2020	2019
Financial assets		
Cash	\$ 116,476	\$ 2,629,670
Due from Kateri Memorial Hospital Centre - Operating Fund, non-interest bearing, due on demand	108,217	96,901
	224,693	2,726,571
Liabilities		
Short-term credit facility (Note 2)	24,758,000	23,978,000
Accounts payable and accrued liabilities (Note 6)	3,747,341	1,921,087
Interest payable - short-term credit facility (Note 2)	1,594,241	1,085,994
Deferred contributions (Note 3)	49,149	62,849
	30,148,731	27,047,930
Net debt	(29,924,038)	(24,321,359)
Non-financial assets		
Tangible capital assets - construction in progress	34,923,130	29,457,056
Tangible capital assets - medical equipment	1,708,666	1,430,220
Tangible capital assets - furniture and fixtures	592,220	578,910
	37,224,016	31,466,186
Accumulated surplus		
Invested in tangible capital assets	\$ 7,299,978	\$ 7,144,827

On behalf of the Board



Director

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

For the year ended March 31	2020	2019
Revenue		
Government transfers		
Agence de la Santé et Services Sociaux de la Montérégie	\$ -	\$ 930,145
Contributions		
Kateri Memorial Foundation	13,700	114,734
Other	74,100	-
Kateri Memorial Hospital Centre	45,883	-
	<u>133,683</u>	1,044,879
Interest income	21,468	80,041
	<u>155,151</u>	1,124,920
Expenditures		
Building construction	1,736,949	4,007,475
Equipment	291,756	827,310
Interest on short-term credit facility	508,247	486,256
Architect, engineering, planning and design	516,103	458,327
Project management	374,956	293,692
Office and general	658	72,008
Other professional fees	503,657	31,630
Site decontamination	25,504	-
Construction project settlement (Note 6)	1,800,000	-
	<u>5,757,830</u>	6,176,698
Total expenditures incurred	5,757,830	6,176,698
Total expenditures capitalized	<u>(5,757,830)</u>	(6,176,698)
Expenditures after capitalization	-	-
Annual surplus	155,151	1,124,920
Accumulated surplus - invested in tangible capital assets, beginning of year	<u>7,144,827</u>	6,019,907
Accumulated surplus - invested in tangible capital assets, end of year	<u>\$ 7,299,978</u>	\$ 7,144,827

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

March 31			2020	2019
	Operating, donation and Development and Innovation Funds	Capital Fund	Total	Total
Assets				
Current				
Cash	\$ 4,817,316	\$ 116,476	\$ 4,933,792	\$ 6,973,641
Cash in trust	49,802	-	49,802	49,802
Accounts receivable				
Patients and other	193,942	-	193,942	227,528
Provincial government (Note 3)	97,530	61,659	159,189	332,188
Inventories of drugs and supplies	102,119	-	102,119	90,787
Prepaid expenses	21,521	-	21,521	69,641
Due from Tsinitisi Aiēsatakariteke	115,222	-	115,222	-
Due from Capital Fund	247,391	-	247,391	529,236
	<u>5,644,843</u>	<u>178,135</u>	<u>5,822,978</u>	<u>8,272,823</u>
Capital assets (Schedule 1)	-	45,479,221	45,479,221	39,617,474
	<u>\$ 5,644,843</u>	<u>\$ 45,657,356</u>	<u>\$ 51,302,199</u>	<u>\$ 47,890,297</u>
Liabilities and Fund Balances				
Current				
Short-term credit facility (Note 4)	\$ -	\$ 24,758,000	\$ 24,758,000	\$ 23,978,000
Accounts payable and accruals				
Suppliers	275,472	3,747,342	4,022,814	2,125,251
Accrued wages	837,739	-	837,739	512,666
Interest payable (Note 4)	-	1,594,241	1,594,241	1,085,994
Patients' deposits	49,802	-	49,802	49,802
Deferred revenue	9,915	-	9,915	9,915
Deferred contributions				
Renovation and expansion	-	49,149	49,149	62,849
Capital asset additions (Note 5)	-	122,816	122,816	122,816
Due to Operating Fund	-	247,391	247,391	529,236
Due to Tsinitisi Aiēsatakariteke	-	-	-	51,155
	<u>1,172,928</u>	<u>30,518,939</u>	<u>31,691,867</u>	<u>28,527,684</u>
Fund balances				
Donation	-	-	-	27,478
Capital	-	15,138,417	15,138,417	14,879,351
Development and innovation (Note 6)	1,000,000	-	1,000,000	-
Operating	3,471,915	-	3,471,915	4,455,784
	<u>4,471,915</u>	<u>15,138,417</u>	<u>19,610,332</u>	<u>19,362,613</u>
	<u>\$ 5,644,843</u>	<u>\$ 45,657,356</u>	<u>\$ 51,302,199</u>	<u>\$ 47,890,297</u>

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	2020	2019
Principal activities		
Revenue		
Provincial government	\$ 10,637,077	\$ 8,843,612
Patient charges, net	715,020	527,570
Miscellaneous	50,692	314,317
Meals	42,793	86,702
Interest	11,319	9,108
	<u>11,456,901</u>	<u>9,781,309</u>
Expenditures		
Salaries and fringe benefits (Schedule 2)	9,366,807	8,015,617
Administration	549,606	305,214
Utilities, insurance and other	269,452	267,472
Dietary	282,251	267,454
Medical, surgical and other supplies	325,363	228,588
Drugs	273,089	201,955
Homecare	19,819	75,083
Premises maintenance	78,311	61,709
Reception and communications	54,259	54,560
Housekeeping	55,294	37,528
Transportation of patients	44,174	29,058
Physiotherapy and ergotherapy	6,646	20,679
Medical files	19,414	14,825
Laboratories	6,522	10,143
Patients' activities	6,983	6,698
Laundry and linen services	4,679	6,492
Covid-19 emergency programs	97,530	-
Adult day center	3,537	-
	<u>11,463,736</u>	<u>9,603,075</u>
(Deficiency) excess of revenue over expenditures for the year	\$ (6,835)	\$ 178,234
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	\$ (6,835)	\$ 178,234
Secondary activities	-	-
(Deficiency) excess of revenue over expenditures for the year	\$ (6,835)	\$ 178,234

Tsinitsi Aièsatakari'teke
Statement of Financial Position

March 31 **2020** **2019**

Assets

Current

Cash	\$ 1,470,237	\$ 1,231,421
Accounts receivable	191,537	83,813
Due from Kateri Memorial Hospital Centre (Note 2)	-	51,155
Prepaid expenses	15,111	16,389

1,676,885 1,382,778

Capital assets (Note 3)

83,376 82,609

\$ 1,760,261 **\$ 1,465,387**

Liabilities and Net Assets

Current

Accounts payable and accrued liabilities	\$ 31,630	\$ 35,875
Due to Kateri Memorial Hospital Centre (Note 2)	115,222	
Deferred contributions (Note 4)		
Moveable asset replacement	32,183	32,183
Kahnawake Shakotii'a'Takehnhas Community Services (KSCS)	144,059	196,229

323,094 264,287

Net assets

Internally restricted - Consolidated Contribution Agreement (CCA) (Note 5)	159,432	171,742
Internally restricted - other (Note 5)	1,007,376	140,609
Unrestricted	270,359	888,749

1,437,167 1,201,100

\$ 1,760,261 **\$ 1,465,387**

On behalf of the Board



Director

Tsinitsi Aièsatakariteke Statement of Operations

For the year ended March 31

2020

2019

Revenue

Kahnawake Community Funding - Consolidated Contribution Agreement (Schedule 1)

- Clinical and Client Care	\$ 1,319,887	\$ 1,271,899
- Children's Oral Health Initiative	111,000	93,000
- Accreditation	53,777	52,778
- Prenatal Nutrition	46,104	49,128

	1,530,768	1,466,805
--	-----------	-----------

Other Programs

Kahnawake Community Funding - Homecare Nursing Services and Activity Aides	419,368	-
Kahnawake Community Funding - Health Management	235,562	254,701
Kahnawake Community Funding - Aboriginal Diabetes Initiative	119,255	110,517
Kahnawake Community Funding - Student Programs	7,171	29,179
Kahnawake Community Funding - Activity Aids	-	20,322
Other contributions	5,488	3,115

	786,844	417,834
--	---------	---------

	2,317,612	1,884,639
--	-----------	-----------

Expenditures

Consolidated Contribution Agreement Programs (Schedule 1)

Expenditures funded from current year contributions

Clinical and Client Care and Communicable Disease Control	969,077	938,459
Children's Oral Health Initiative	75,045	57,253
Accreditation	49,159	51,191
Prenatal Nutrition	34,418	27,593
General and administrative	129,094	166,984

	1,256,793	1,241,480
--	-----------	-----------

Expenditures funded from prior year surpluses

	12,310	69,657
--	--------	--------

	1,269,103	1,311,137
--	-----------	-----------

Other Programs (Schedule 2)

Homecare Nursing Services and Activity Aides	419,071	-
Health Management	263,738	241,455
Aboriginal Diabetes Initiative Programs	120,583	110,537
Student Programs	7,171	27,207
Activity Aids	-	20,322
Special Projects	1,879	-

	812,442	399,521
--	---------	---------

	2,081,545	1,710,658
--	-----------	-----------

Excess of revenue over expenditures for the year

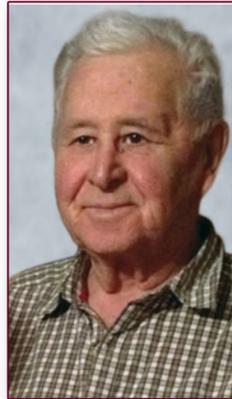
	\$ 236,067	\$ 173,981
--	------------	------------

In Memorium

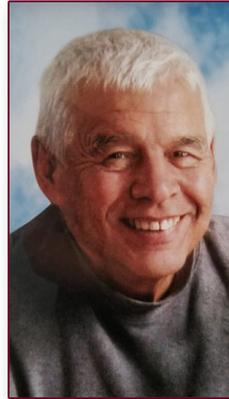
Kateri Memorial Hospital Centre becomes the long-term care resident's home for the last years of their life. It is easy to understand that attachments between residents, families and staff are strong. Each year, we remember and pay tribute to those residents that have passed away and acknowledge how dear they were to us.



AGNES THOMAS



RONALD GOODLEAF



ROBERT SNOW



VALERIE MONTOUR



MICHAEL WALKER



MARILYN HORNE



JOSEPH DEER



ESTHER MYIOW



CHARLENE DEERE



CECILIA CUROTTE



ANDREW DELISLE

Niá:wen/Thank you to all contributors!

Photography

Luke McGregor

Information and Kanien'keha Translations

Calvin Jacobs

Editorial and Production Assistance

Shawnee Jacobs

Mendy Sananikone

Dawn Marquis

Raymond Montour



