



Tsi Tehsakotitsén:tha  
Kateri Memorial  
Hospital Centre

*Annual General Activities Report 2020-2021*



## Ohné:ka (water)

Ohné:ka ne iontiohnéhkwén, nè:'ek tsi ó:ni  
Water is the foundation but also

ne rononhnhéhkwén ronatiohkwá:nen tsi nihá:ti  
the foundation for many of them

shonatkwatakwenhátié nó:nen rontéweienstha  
on their path of healing when practicing

onkwarihwakaión:seron ononhkwa'shòn:'a.  
out traditional medicine.

Iohsennakarató:ton ne aionkwaiatahkariióhake tsi  
It represents a balance

tewanontónnion tánon tsi nó:n:we na'teionkwatawén:rie.  
Within ourselves (mind) and around ourselves.

Enionkwaia'tóhare tsi ia'tetewakà:nere thí:ken  
It cleanses vision that

Ionkwaienawà:se ne aetewanonhtonniónhsheke tánon  
helps us remain mindful and

aetewatahonhsatátsheke, iaesewatahsónteren tánon  
present

tóhsa ne wahón:nise tsi nitiawèn:'en  
not the past

taontaionkwarihwaké'tskwen, a'é:ren enhshá:wihite ne  
dwell wash away the

orihwa'shòn:'a tóka ó:ni tsi nahò:ten teka'nikónhrhare  
issues or what problems

ón:wa wenhniseraténion, tánon iéntewawe ne  
of today and bring us to

ensewenhniserá:se'ne ne enióhrhen'ne.  
the new day of tomorrow.

Ohné:ka iohsennakarató:ton tahsatteniún:Ko  
Water represents adaptability.

aesewatia'tahkariióhake tánon aesa'tste'niarónhake.  
Balance and perseverance

Ensaia'tóhare tánon ensá'tsen'te, iohní':ron tsi  
It cleanses and heals, it is a strong

Iohsa'tstehserá:ien nó:nen teiotonhontsióhon tánon  
force when it needs to be and

io'nhétska ion'wesen'ón:we sha'té:ioht.  
a gentle comfort at the same moment.

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## MESSAGE FROM KMHC LEADERSHIP

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Shé:kon,

It is a pleasure to present to you Tsi Tehshakotitsén:tha Kateri Memorial Hospital Centre's (KMHC) Annual Activities Report for 2020-2021. Our theme for this year's Annual Activities Report is, "Resilience, Innovation and Thankfulness".

The past year has been a special one. COVID-19 being primarily a public health emergency placed KMHC at the forefront of the pandemic response. The creation/implementation of the COVID-19 Testing Site, the Local Public Health Team and the Kahnawà:ke vaccination site were paramount in contributing to safety and saving lives within the community. KMHC's ability to maintain continuous, quality services despite the pandemic is a testament to the organization's resilience as well as to the character and heart of its employees.

Again, despite COVID-19, KMHC shined in its ability to innovate in line with our strategic objectives. Several projects were realized over the course of the year such as the implementation of Electronic Medical Records (MYLE), the creation of the Quality, Risk Management and Innovation Team, the on-boarding of a Director of Finance, increases in telemedicine, improvements to processes and best practices, implementation of several staff wellness initiatives, decentralization of budgets and development of key partnerships to name a few. This Annual Activities Report will highlight some of these projects as well as the past year's successes and challenges.

Above all else, we have much to be thankful for this past year. Our mission is to strengthen the health and well-being of Onkwehson:a and we have accomplished this through quality services provided by a dedicated, caring team. We are thankful for every one of our KMHC employees. We also thank our community, who continues to trust us with their health, their hearts, their spirits and their minds. We do not take this trust for granted. Niawenh'kó:wa for allowing us to learn and build together while making difficult decisions for your loved ones, always with health and safety as key decision factors. We are thankful for your trust and are happy to continue to serve Kahnawa'kehró:n throughout the years to come.

Happy reading!

Ioterihwahtentionhatie.

Iohsnoratie tánon atehiarontshera.



Lisa Westaway  
Executive Director



Joseph Styres  
Chair KMHC Board of Directors

## DECLARATION OF RELIABILITY OF DATA AND RELATED CONTROLS

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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 2020-2021 of Tsi Tehshakotitsén:tha Kateri Memorial Hospital Centre.

- 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, 2021.



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'kehá:ka 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'kehá:ka 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'kehá:ka 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

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As presented in our previous Annual Report, we have four main strategic orientations and two that will transcend throughout everything we do. The first transversal one, Deepening Kanien'kehá:ka 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. Our second transversal one, 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.

Here are some of this year's (2021) achievements related to each of our strategic orientations:

### **QUALITY & SAFETY**

- Implementation of Electronic Medical Record
- Development of Traditional Medicine Service (no longer Pilot project)
- Creation and implementation of Quality Improvement, Risk Management and Innovation team

### **STAFF WELLNESS AND ENGAGEMENT**

- Implementation of several initiatives to meet the mental health and wellness needs of employees (talking circles, Fitbits, debriefing sessions, offer of meals, reveal of billboard of thanks, Wellness Wednesdays, breathing sessions, etc)
- Dollars set aside to promote staff wellness and engagement
- Management coaching

### **STRUCTURES & PROCESSES ADAPTED TO REFLECT CHANGING NEEDS**

- Modification of organigram with implementation of Director of Finance
- Decentralization of budget planning processes
- Link between budget planning and community/clinical needs
- Upgrade of financial and HR systems allowing better management decisions
- Received additional provincial funding for COVID-19 related activities

### **ENHANCED PARTNERSHIPS FOR COMMUNITY WELLNESS**

- Increased collaborations with KSCS for joint programming in mental health and home care
- KMHC took on a leadership role for Public Health within the community in response to worldwide pandemic
- Increased collaborations with provincial entities (MSSS, CISSSMO) and community organizations

### **SOME AREAS FOR DEVELOPMENT IN COMING YEAR:**

- Development of birthing and midwifery services in Kahnawà:ke
- Further upgrade of administrative tools in Finance and HR
- Development of Human Resources strategic plan
- Updating and clarification of policies and procedures
- Creation of new committee for wellness and staff engagement
- Program evaluation and development of key clinical services: Outpatient services, Mental Health, Homecare

# The Board of Directors

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**JOE STYRES**  
CHAIRPERSON  
COMMUNITY REPRESENTATIVE



**BRONSON CROSS**  
COMMUNITY REPRESENTATIVE



**STEPHANIE HORNE**  
KSCS REPRESENTATIVE



**LOIS MONTOUR**  
COMMUNITY REPRESENTATIVE



**ARNOLD LAZARE**  
TREASURER  
COMMUNITY REPRESENTATIVE

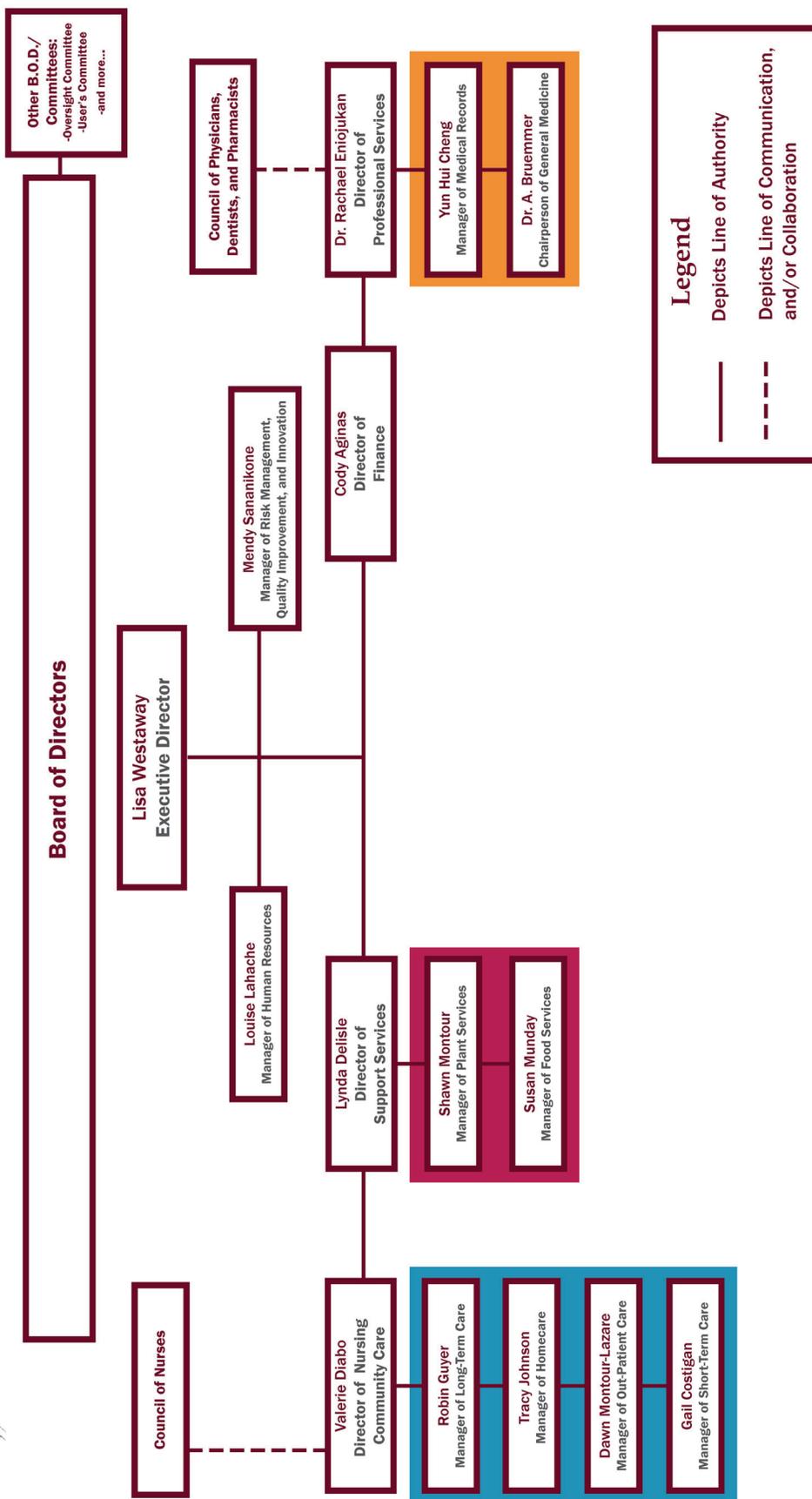


**RHONDA KIRBY**  
VICE CHAIRPERSON  
MOHAWK COUNCIL OF  
KAHNAWAKE REPRESENTATIVE



**KATHY JACOBS**  
KAHNAWAKE SHAKOTIIA'TAKEHNHAS  
COMMUNITY SERVICES REPRESENTATIVE

# Organizational Structure



# Directors



**LISA WESTAWAY**  
EXECUTIVE DIRECTOR



**LYNDA DELISLE**  
DIRECTOR OF  
SUPPORT SERVICES



**DR. RACHAEL  
ENIOJUKAN**  
DIRECTOR OF  
PROFESSIONAL  
SERVICES



**VALERIE DIABO**  
DIRECTOR OF  
NURSING AND  
COMMUNITY CARE



**CODY AGINAS**  
DIRECTOR OF  
FINANCE

# Managers



**LOUISE LAHACHE**  
MANAGER OF HUMAN  
RESOURCES



**ROBIN GUYER**  
MANAGER OF  
LONG-TERM CARE



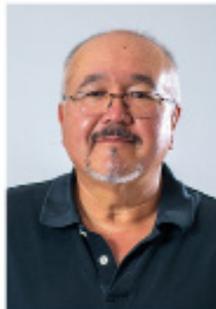
**GAIL COSTIGAN**  
MANAGER OF  
SHORT-TERM CARE



**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



**MENDY SANANIKONE**  
QUALITY  
IMPROVEMENT, RISK  
MANAGEMENT, AND  
INNOVATION

## 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 their hard work and dedication.

### INFECTION PREVENTION AND CONTROL COMMITTEE

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**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

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**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

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**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)*

## MYLE BEST PRACTICE AND CHARTING COMMITTEE

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### **Mandate:**

To ensure all documentation is done in compliance with health professional standards.

To ensure accuracy, consistency, and efficiency of documentation in Electronic Medical Record (EMR) system – MYLE. To centralize managing electronic and paper clinical forms.

### **Members:**

Yun hui Cheng, *Chairperson, Manager of Medical Records*  
Gail Costigan, *IPC Nursing Manager*  
Lisa Deer, *Medical Archivist*  
Krissi Delaronde, *OPC Assistant Manager*  
Marie-Ève Fiset-Morissette, *M.D., Physician*  
Vitaliy Korovyanskiy, *Physiotherapist*  
Randy Peterson, *MYLE Administrator*  
Oliver Reyes, *Home Care Nurse*

## INFORMATION MANAGEMENT COMMITTEE

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### **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)*  
Mendy Sananikone-Thavonekham, *Manager of Quality Improvement, Risk Management & Innovation*

## USERS' COMMITTEE

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### **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 they undertake, including the filing of a complaint.

### **Members:**

Celina Montour, *Treasurer*  
Terri Thomas, *Vice-President*  
Eleanor Rice, *Member Representative*

## DEPARTMENT OF GENERAL MEDICINE

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### **Mandate:**

The Department of General Medicine consists of medical professionals who work at KMHC 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. 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

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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. 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

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With the ongoing pandemic, this year has been challenging to say the least. The 2020-2021 Annual Report would like to acknowledge Tsi Tehsakotitsén:tha's employees' resilience and focus on all the innovative ways the teams had to adapt their practice and persevere through challenging times.

## COMMUNICATION STRATEGIES FOR COVID-19 TO THE COMMUNITY

At the beginning of the pandemic, our Executive Director, Lisa Westaway, implemented daily COVID-19 management update meetings to ensure clear communication of guidelines throughout our health organization. The COVID-19 KMHC website (<http://covid-19.kmhc.ca/>) became the central place for shared information about COVID-19 data, preventative measures, and related services. To ensure the most updated information was transferred to community members, Facebook Live videos were done with the goal to reach as many members of the community as possible. The frequency of COVID-19 update meetings varied depending on level of risk within the hospital at any given time.

## SUPPORT TO THE COMMUNITY

Tsi Tehshakotitsén:tha KMHC's healthcare professionals and Executive Director have been co-leading and offering their expertise to the community and the many organizations of Kahnawà:ke. The Kahnawà:ke COVID-19 Task Force had the mandate to ensure the community's safety during the state of emergency. Alongside our Executive Director, Lisa Westaway, the infection prevention and control (IPAC) specialists, Leslie Walker and Juanita Belanger (IPAC Nurses) and Dr. Annick Gauthier (Family Physician and Ph.D in Biochemistry and Molecular Biology) have been instrumental in the COVID-19 community-wide response, focusing on best practice and ensuring high standards and accurate, reliable scientific data to guide the community throughout the pandemic. Physical health needs were at the forefront of the pandemic response through the creation of the Local Public Health Team, the Testing Site, the Vaccination Site – all requiring significant implication of KMHC resources and support. The creation of these services during the pandemic contributed greatly to the success, health and safety of the community over the past year.

## LOCAL PUBLIC HEALTH

With the objective of offering personalized services, a Local Public Health Team was developed at Tsi Tehshakotitsén:tha Kateri Memorial Hospital Centre and was led by The Executive Director, Lisa Westaway and the Director of Nursing and Community Care, Valerie Diabo. Medical experts were Dr. Annick Gauthier and Dr. Colleen Fuller. The Local Public Health Team, predominantly composed of Dawn Montour and Juanita Belanger, was trained to support the contact tracing initiative to help the community follow the safety measures if they were directly or indirectly exposed to COVID-19. Their role was to give the appropriate information in regard to testing, isolation measures, and reassurance on information related to COVID-19. The ability to respond within 24-48 hours for the majority of identified COVID-19 cases minimized COVID-19 transmission within the community.

## TESTING SITE

The COVID-19 testing center opened March 29, 2020 to accommodate Kahnawakero:non and all the employees of the organizations in the community. This made it easier for the COVID-19 Task Force and the Public Health Team to follow-up with patients who were tested whether due to exposure, having symptoms or being screened. Screening proved to be huge factor in protecting our elders as outbreaks only occurred with staff and no residents were directly affected. Those found to be positive through screening were either asymptomatic or minimized symptoms and noted them during the contact tracing questionnaire.

Testing for COVID-19 was really important to evaluate the adequate responses and measures for our community. Many of KMHC's health care professionals and Mohawk Council of Kahnawà:ke (MCK) staff were reassigned to the Testing Site to offer enough HR coverage, especially during the peak of the pandemic. Dale Beauchamp was instrumental in getting this service going at the onset of the pandemic. By the end of March 2021, a total of 3 157 COVID-19 tests were performed and a total of 2 574 screenings on unvaccinated employees were performed.



Testing Center numbers of Test and Screening		
Wave	Tests	Screening
First Wave	580	172
Second Wave	1658	1755
Third Wave	19	30
Totals	2257	1957

Positives COVID-19 cases			
Wave	Number of cases that		
First Wave	22	Hospitalizations	2
Second Wave	86	ICU	0
Third Wave	0	Deaths	0

Demograph of Positive COVID-19 Tests done at KMHC												
Gender		Age (Years)										
M	F	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+	Unknown
46	52	6	14	17	15	12	16	10	3	3	0	2

## VACCINATION SITE

KMHC had a huge role in vaccinating Kahnawà:kehró:non as well as employees within Kahnawà:ke organizations. Up until the creation of this Annual Report, a total of 10 000 COVID-19 vaccines have been administered. A collective effort was required to make the vaccination campaign a success – many community organizations assisted KMHC throughout the process.

## SYMPTOM LOG

In addition to all the safety measures, our organization developed symptom logs for all staff and visitors and provided this to community organizations and businesses. Tracking of self-reported symptoms helped predict potential COVID-19 outbreaks and facilitated the contact tracing process to validate exposure. The algorithm allows the staff or visitors to know when it isn't safe for them to be on-site according to their symptoms. The symptom log has been implemented since the very beginning

of the pandemic and is instrumental in identifying self-reported symptoms and minimizing spread of the virus within the workplace. Our Communications Officer, Raymond Montour, created the online form which helped facilitate further the tracking of self-reported symptoms daily.

### **ELECTRONIC MEDICAL RECORD (EMR)**

Aside from the pandemic, one of our biggest innovation projects this past year was the implementation of the new Electronic Medical Record throughout KMHC. We have traded our paper charts for electronic charts within Outpatient Care, Homecare, and Inpatient Care Services, with the exception of Long-Term Care. In partnership with MEDFAR Clinical Solutions and the CGI consultant firm, our Innovation Team has been helping the clinical and administrative teams in assessing the processes and needs to safely implement the EMR in each service area. Training was offered in stages, starting with generic online training, then more specific training according to the service and practices of each professional.

Sectors and professionals	Go-Live Implementations Day
Outpatient Clerial	November 30, 2020
Outpatient Clinicial	Decemeber 7, 2020
Homecare Clinical	December 7, 2020
Impatient Care Clerical and Clinical	January 27, 2021

The implementation of our new Electronic Medicial Records (EMR), MYLE, was a huge undertaking in the midst of COVID-19 but was a long time coming. All staff needed training to start. We had plenty of support for all staff throughout our stepped approach, with support staff then clinical staff the week later. MYLE, our electronic Health record, was implemented in November 2020. Work was done with the Quality Improvement team and MYLE team to adapt processes to the new systems for charting, referrals, etc. It continues to evolve.





## INPATIENT CARE

### COVID-19

Encompassing Long-Term and Short-Term Care Services, the Inpatient Care (IPC) Services had a very difficult year, their practice being heavily altered by the pandemic.

At the beginning of the pandemic, KMHC was quick to limit movement of their employees from one organization to another as well as from any other area of the hospital to inpatient floors. This is one of the most important decisions that ensured the safety and well-being of our residents throughout the pandemic. Other institutions who did not implement this one measure lived through various outbreaks and several deaths of their patients. Human resources that chose to stay with KMHC were compensated with the hours lost from other establishments. Other important measures were quickly implemented, requiring team work and collaboration of all staff from management, to clinical and administrative teams, to housekeeping, to security, to kitchen staff. Finally, in accordance with best practice, KMHC developed a contingency plan in the event that COVID-19 entered our inpatient walls. This included contingency for human resources and the creation of a 'hot zone' / COVID-19 Unit.

A COVID-19 Unit was set up on Unit 3 and was equipped with the supplies and equipment needed to fully operate. Staff were designated to work on the COVID-19 Unit and a schedule was put in place, a contingency plan was developed and training was provided to other disciplines in the following areas: Infection Prevention and Control, hygiene care, Principes de déplacement sécuritaire des bénéficiaires (PDSB), and safe feeding. To prepare for the transfer of potential positive patients to the COVID-19 Unit, four mock transfers took place with the assistance of our Infection Prevention and Control Nurse, maintenance, housekeeping, Nurses, Préposé aux Bénéficiaires (PABs) and unit clerks. This training was led by the Manager of Quality Improvement, Risk Management and Innovation.

Communication between families and KMHC was strained during the first wave, after which KMHC implemented Family Zoom Meetings, where families were able to share their emotions, ask questions and provide feedback. Feedback from families enabled us to implement new measures, and adjust existing ones. Weekly update calls were placed to residents' families, in addition to sending several updates by mail; iPads were donated so residents could have video calls with their families; visitation procedures were updated based on family and resident needs, while keeping safety measures at the forefront; an existing software, ClassDojo, was adapted to give families updates on their resident's social activities. The implementation of the natural caregivers initiative prioritized patients that required the most clinical support and helped reduce decompensation of physical and emotional well-being amongst residents. KMHC had the very difficult responsibility to limit the amount of people on each unit to decrease possibility of transmitting the virus to patients. This implementation was very difficult on staff and families but was so important in keeping KMHC patients COVID-free.

## LONG-TERM CARE SERVICES

The objectives for the 2020-2021 fiscal year were:

- Adequately staff Long-Term Care (LTC) in order to open the final 10 LTC beds
- Provide Placement Déplacement Sécuritaire des Bénéficiaires (PDSB) training to PABs, which sensitizes workers to risks, and provides preventative measures and safe working methods
- Have 50% of performance appraisals completed within a period of 2 years
- Complete a “Life history” document for all new LTC admissions
- Provide Comportements Agressifs et Perturbateurs (CAP) also known as Preventive Management of Aggressive and Disturbing Behavior training to all staff
- Finalize the falls protocol revision
- Do team building activities
- Implement the Treatment Administration Record for all LTC residents

These objectives were not met as the COVID-19 pandemic required many hours to coordinate and follow new policies and procedures. In addition, there was a challenge with staffing as LTC staff were not permitted to work in two facilities.

As families were not permitted to come in to visit, the social workers, activity staff, and PABs would assist residents with FaceTime calls. A community member generously donated several iPads to In-patient. The social workers also made weekly calls to family members to keep them updated on their loved one’s status. Throughout the pandemic, when the status was low risk, we coordinated controlled visits with residents and their families. These visits began in a room off of the unit, with a two-meter distance and personal protective equipment. As the risk decreased, visitors were able to go into resident’s rooms with just a mask, and were able to hold hands if comfortable. For the duration of the pandemic end of life visits were always permitted with limitations. In the height of the pandemic when families were not permitted in IPC, drop offs were organized every few weeks so families could bring in snacks, clothing, and gifts for their loved ones.

### Quality and Safety:

- Frequent meetings with staff to update the changing guidelines and protocols due to COVID-19
- Training for all staff on infection prevention and control measures, and the infection control nurse being present on the unit often to offer support
- Staff required to complete a symptom log daily before coming into work
- Symptoms of COVID-19 are harder to recognize in the elderly; assessments were done weekly on all LTC residents to ensure there were no signs and symptoms of COVID-19 that were being missed

### Staff Wellness and Engagement:

- Frequent meetings with staff to see how they were coping with the pandemic and offering support through the Employee Assistance Program (EAP) and KSCS
- Keeping an “open door” as a manager, and scheduling days that manager would be in-office to meet with staff
- Staff appreciation activities, gifts, and bonuses

### Structures and Processes Adapted to Reflect Changing Needs:

- Policies changing frequently for family visits, end of life visits, and resident appointment

## SHORT-TERM CARE SERVICES

The mission and philosophy of the Short-Term Care (STC) service is to provide the highest level of care using a multidisciplinary approach. Presently, we have ten Short-Term Care beds which will increase to fifteen beds in the future. Services for Short-Term Care clients are directed toward treatment of acute medical conditions, end of life care, and discharge planning; whether it be to their home, to Turtle Bay Elder's Lodge, or to Long-Term Care placement at Tsi Tehshakotitsén:tha Kateri Memorial Hospital Centre (KMHC).

<b>Short Term Care Service: Number of Admissions and Discharges in 2020</b>	
Number of patients admitted	31
Number of patients discharged	23
Number of patients discharged Home or to Homecare Services	13
Number of patients discharged to Long Term Care Services	12
Number of patient(s) discharged to another hospital	1
Number of patients signed out against medical advice	2

One of the main objectives was to ensure the nurses receive education in early warning signs and end-of-life care. We met the objective by organizing Advanced Palliative and end-of-life care training for our STC nurses with John Abbott College, via Zoom. Refreshers on early warning signs did not take place this year.

Plans on how to resume services were put in place, and protocols were developed to ensure a smooth transition. STC opened up to visitors in three phases:

- First phase visitation was in a large room and the chairs were spaced 15-feet apart with families wearing masks.
- Second phase visitation took place closer together, with families and residents/patients sitting across a table from each other. Family members wore a gown, everybody visiting wore masks, and were able to hold hands
- Third phase outdoor visitation was allowed off the grounds

A COVID-19 Unit was set up on Unit 3 and was equipped with the supplies and equipment needed to fully operate. Staff were designated to work on the COVID-19 Unit; a schedule was put in place, a contingency plan was developed, and training was provided to other disciplines in the following areas:

- Infection Prevention and Control
- Hygiene care
- PDSB
- Safe feeding

A plan was put in place to prepare for potential COVID-19 positive patients. Four mock transfers took place with the assistance of the Infection Prevention and Control Nurse, Maintenance, Housekeeping, Nurses, PABs, and Ward Clerks. STC did not return to unit 3 as it is still the designated COVID-19 Unit.

Maintaining client and family centered care, while keeping visitation restrictions in mind during the pandemic prompted STC care to reach out to families with weekly updates. They also assisted clients in

connecting to FaceTime to see their loved ones. This is reflected in the graph below.

The Inpatient Activity Program is geared toward providing fun leisure activities to clients. The program provides activities on a daily basis which include: morning exercises, card games, bingo, and memory word games. There were many challenges for the activity program this year due to the pandemic; outside entertainers were no longer allowed to be admitted to the hospital, all new admissions to Short-Term Care had to be placed in isolation for fourteen days, and activity staff were not allowed to go between units as they were designated to work in one area. This fiscal year there was an increase in participation, as staff encouraged clients to be involved in activities once their isolation period was completed, in order to prevent loneliness and feelings of depression due in large part to missing their families.

<b>Short Term Care Clients Time and Participation Analysis for Activities</b>				
	<b>2019-2020</b>	<b>2020-2021</b>	<b>2019-2020</b>	<b>2020-2021</b>
	Time	Time	Participation	Participation
<b>Total</b>	93,350	138,656	900	1557

This fiscal year our volunteer program was not functional due to the pandemic. Our volunteer coordinator was re-assigned to work with the activity staff on a designated unit and to provide one-on-one social visits to clients under isolation.

To continue integrating Kanien'kehá:ka Culture within Short-Term Care, the following has been instituted:

- All agendas, minutes of meetings, and memos are written with the date and greetings in Kanien'keha
- Staff members are encouraged to attend the Monthly Tobacco Burnings
- Signs on the units are written in Kanien'keha, to identify the areas

**Occupancy Rate:**

The occupancy rate was 85 per cent this year for Short-Term Care beds. One of the challenges was the directive from the Ministry stating there were to be no admissions to CHSLDs. Once we were able to admit, another challenge was waiting list patients refusing admission because either they or their family were not comfortable with the visitation protocols in place. Many palliative patients opted to stay at home with support from families and Homecare Services rather than being admitted and not seeing family. The COVID-19 pandemic has been and continues to be an enormous challenge.

## HEMECARE SERVICES

### Quality & Safety:

Safe, quality care is always paramount in Homecare. Services provided by Homecare, Mental Health, and the Activity programs are based on the needs of the community, always keeping the top health priorities in mind. Staff continue to participate in Quality Improvement Activities, and the implementation of the MYLE Electronic Medical Record System was an example of an innovative approach. Staff ensured the care provided is in line with current best practices and continue to see that staff receive adequate training and refreshers when new devices or methods are introduced.

### Staff Wellness and Engagement:

Staff always encouraged to participate in cultural activities inside and outside of KMHC, as well as monthly tobacco burnings at KMHC. Staff are also encouraged to participate in Health and Wellness activities within and outside of KMHC, especially during the last year, when self-care was very important but very difficult to participate in.

### Structures and Processes:

Structures and processes have been developed to support the care we provide in Homecare Nursing, Mental Health, and our Activity Program. These include the improvement of communication, the use of Medication Reconciliation, and the use of the TNP (Therapeutic Nursing Plan). We have incorporated these into our use of the MYLE EMR (Electronic Medical Record). We are still working with the QI Team to develop a Kardex in MYLE and to ensure that the nurses always remember to schedule pts. for their next visit, when they are being seen by another nurse other than their regular nurse. We will also continue to develop, guidelines and protocols in relation to COVID-19 when indicated.

Collaboration with our community partners will be a priority in the coming year, as rebuilding relationships and trust will be very important if we are going to return to our pre-pandemic state. Our team will continue to use their knowledge, experience and expertise in leading our team in clinical decision making moving forward. Using the strengths of the entire team and learning from our challenges and successes of the past year, should enable us to continue to provide well-coordinated care to our clients.

## OUTPATIENT

Because of COVID-19, the clinic has been operating mostly by telemedicine i.e. phone consultations. Patients continue to come in for treatments by the nurses i.e. dressings, injection, IV medications, etc. Most emergency assessments are being done by phone consultation with some patients sending pictures as needed via cell phone.

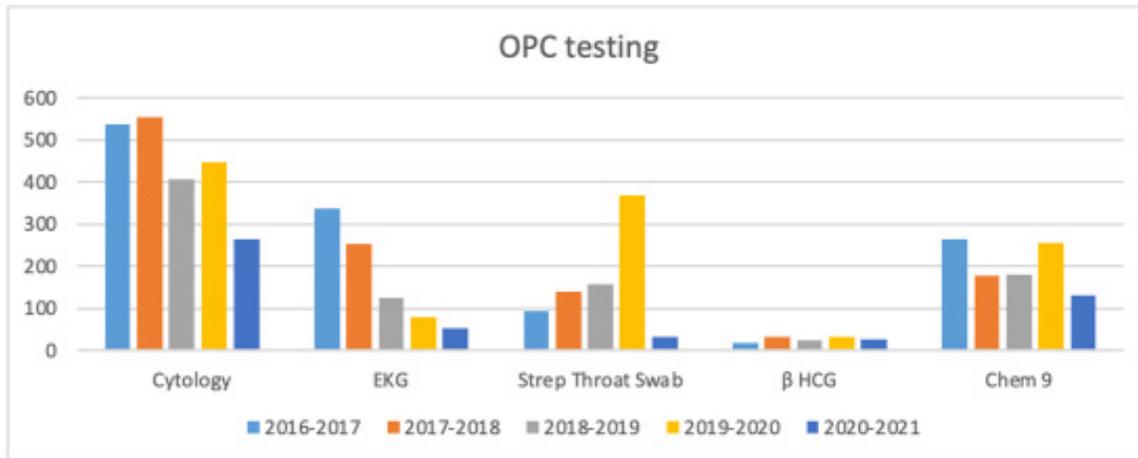
Due to COVID-19, many services in Out-patient Care had to adjust their practice. Many staff were reassigned based on priority needs. Most services are caring for patients via phone consultation with some in person consultation as needed. Everyone entering the building is required to be screened by security prior to entering. All patients and staff must wear mask and perform hand hygiene. Staff have to be sure to clean their area between patients. There are limited numbers of people in the building/clinic to ensure physical distancing is adhered to. Chair and workspaces have been distanced to try and maintain a safe environment for staff and patients.



The COVID-19 testing center opened March 29, 2020 to accommodate Kahnawakero:non and all the employees of the organizations in the community. This made it easier for the COVID-19 Task Force and the Public Health Team to follow-up with patients who were tested whether due to exposure, having symptoms or being screened. Screening proved to be huge factor in protecting our elders as outbreaks only occurred with staff and no residents were directly affected. Those found to be positive through screening were either asymptomatic or minimized symptoms and noted them during the contact tracing questionnaire.

### OPC Testing

The following table describes statistics for the in-house testing performed throughout the year in comparison to previous years.



## COMMUNITY HEALTH

### Newborn - Post-partum home visit:

With COVID-19, there have been some adjustments in the post-partum visits. Initially, the nurses would do everything over the phone and bring the scale to the parents to weigh their child. Now, with increased Personal Protective equipment (PPE), i.e., mask, gown, and face shield, we are able to complete home visits as we did pre-pandemic.

Birthrates 2020	Initial Home Visits	Total Follow- ups	Reason for Follow-up				
			Weight	Breastfeed ing Issues	Tongue Tie	Referral	Other
91	196	87	176	51	3	7	12

Three nurses provide newborn home visits. High risk notices are also received in this manner from birthing hospitals. All birth mothers are contacted as soon as possible and either given a home visit or are seen in clinic within the first week of newborn life.

- 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 Well Baby Clinic (WBC) for first month visits and vaccinations

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 and subsequent visits as needed.

The referral process to get help for these moms is smoother working with KSCS and the physicians. Seventeen moms were identified/followed for risk of/or confirmed post-partum depression.

- Four were referred to Psychiatry, and
- Eight referred to KSCS for support.

### Well Baby Program:

Several staff tested positive for COVID-19 at the beginning of the pandemic. This impacted how safe patients felt coming to KMHC. A video was developed to show how we screen patients, adhere strictly to masking, hygiene, and distancing, and clean our areas prior to patients coming into the Well Baby Clinic (WBC).

### Well Baby Clinics:

Well Baby Clinics are held on Tuesday, Wednesday, Thursday, and Friday all day. Some clients are still seen outside these clinic hours for weighings and vaccines. The clinic is staffed with three regular and one availability nurse.

Referrals are made based on need to several services including:

- Ophthalmology
- Dentist or dental hygienist
- Step by Step Child and Family Center
- Pediatrician
- Montreal Children's Hospital
- Audiologist for routine newborn screening or older children where there is a concern, etc

**The Literacy Program:**

Books are given to all babies 2-months to 4-years at their WBC appointment, including books in Kanien'kéha. 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 teaching literacy, and how to read to their children.

**Prenatal Clinics & Classes:**

Prenatal classes cover topics such as:

- Labor support
- Relaxation and breathing techniques
- Stages of labor
- Breastfeeding
- Community resources
- How to develop a birth plan<sup>1</sup>

Vanessa Rice (Breastfeeding Support Worker) attended the second class and gave short presentations on the Baby Friendly Support Group.

Calvin Jacobs (Traditional Medicine Services), contributed to most classes with a segment on:

- Traditional medicines
- Welcoming ceremonies for the newborn
- Naming ceremonies
- Traditional teachings

In addition, five private sessions were offered during the COVID-19 pandemic when formal prenatal classes were not taking place due to restrictions on gatherings.

Two moms-to-be came to the Labor & Delivery session, while three moms-to-be attended both Labor & Delivery, breastfeeding, and new baby sessions

								Pre-Natal Classes		
# of Pre-Natal Visits seen by CHU Nurse	# of Pre-Natal Clinics	3 of Pre-Natal Moms	↑ 35 Visits	↓ 19 Visits	Win Rho Given	GDM Visits/patients	Type 2 DM	Sessions of two (2) classes	Moms (with their partners)	Individual sessions
694	53	78	50	29		153/23		2	6	5

**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 (Vanessa Rice), it is the mothers who primarily support each other, helping to find solutions for their breastfeeding and parenting issues. There has also been a lot of peer support through a Facebook group, as well as personally among the new moms in the group.

Baby Friendly Support groups had to evolve with the COVID-19 pandemic. Once allowed to have in-home groups with a maximum of four mom-baby groups, six sessions took place. Six additional Zoom sessions took place when in-home sessions were not allowed due to gathering restrictions.

Well Baby Clinic Support					
# of Moms	Phone calls	Texts	Home Visits	Hospital Visits	Hours
11	4	11	18	0	1305

**Adult Prevention:**

Due to COVID-19, the Adult Prevention Nurse (Leslie Walker-Rice) who is also the Infection Prevention and Control (IPC) Nurse, was prioritized to IPC measures for the hospital and the community.

She retired in September 2020 and was replaced in IPC by Juanita Belanger, and Nikki Canadian in Adult Prevention. Nikki Canadian was reassigned to the COVID-19 Testing Center.

**Cancer Care:**

Due to the COVID-19 pandemic, major fundraising efforts were ceased; other plans were developed to have smaller fundraising activities for a few months, but ceased again as COVID-19 restrictions increased.

**The Purple Ribbon Walk:**

The Annual Purple Ribbon Walk that takes place in the summer was cancelled, so Luminaries were sold and posted in Iori:wase’s August 20th edition. The committee met through Zoom meetings, and replaced the Purple Ribbon Walk with a week of activities for the week of August 17th - 22nd, 2020, which did not require the gathering of people.

August 17th - Noon Hour Talk Show, K103.7

August 18th - Kids Coloring Contest and Purple Ribbon Scavenger Hunt

August 19th - Purple Day, wear purple to show your support for all those fighting cancer

August 20th - Sun Up to Sun Down Step Challenge

**Smoking Cessation Referrals:**

A total of 15 smoking cessation referrals were received, all from doctors at KMHC.

The majority of folks who were referred stated that they know they need to quit smoking but did not feel ready, especially with the pandemic happening. Clients were encouraged to arrange meetings where they could discuss strategies for cutting down instead of outright quitting.



- Most clients had two sessions and then stated they really were not ready to quit, stopping the sessions.
- One client had four sessions, there was a crisis in the family, and they ceased support services.
- Some managed to cut down on the number of cigarettes per day they smoked but unfortunately, no one was successful in totally quitting smoking.

Smoking Cessation	Accepted Services	Declined Services	Total
Female	8	3	11
Male	2	2	4

**Tobacco Reduction Strategy:**

Sirjirick Phillip Gibson is our Tobacco Reduction Prevention worker. He has been reassigned to the COVID-19 Testing Center. During quieter periods, Phillip prepared some educational Facebook postings regarding the effects of smoking and vaping in relation to COVID-19. Role model posters for Sacred Tobacco and Smoking Cessation were posted on the KMHC Facebook page.

**Child Injury Prevention:**

The goal is to reduce the morbidity and mortality associated with childhood injuries. The above goal was reached by developing and delivering relevant monthly/seasonal safety campaigns. Cayla Patton was reassigned from her position in Child Injury Prevention to the COVID-19 Testing Center due to restrictions within the school. She did develop some promotional material related to summer safety that were used through Facebook.

**Adult Immunization:**

Adult immunizations were limited this year due to COVID-19. A flu vaccination campaign occurred outside the building at the Legion Hall to assure that COVID-19 restrictions were maintained: hygiene, distancing, and masking.

**Children’s Oral Health Initiative (COHI):**

Due to COVID-19, COHI was put on hold and Susan Montour and Elise Mathieu were reassigned to the COVID-19 Testing Center.

**Diabetes Education – Wellness Nurse/Nutrition “At Peace with Diabetes”:**

Tanya Diabo is the Wellness Nurse (four days per week with one extra day through the CHPI project) “At Peace with Diabetes” along with Joëlle Emond, who works on the project two days per week.

Due to COVID-19, most appointments were by phone consultations. Tanya works closely with the nutritionist Joëlle Emond with the clients living with diabetes.



Type of Client	2019-2020	2020-2021*
Scheduled	1238	1073
Unscheduled	511	394
Clinic (FMU)		45
In-patient	0	1
Home visit	4	4
Total patients	1751	50
Phone calls	750	1417
Did not arrive	149	20
Cancellation	236	105

\*due to pandemic, most patients had telephone consultations

They have a more coordinated approach to diabetes education. They now try to plan diabetes education sessions with clients, either together or one after another. This has also led to a better understanding of how each Tanya and Joëlle have a part to play in diabetes education, and that there is a team ready to work with the client to help them reach their goals.

This year, they also started booking appointments when clients are coming for appointments with other services, i.e., ophthalmology, footcare, physicians, rehab, etc.

### **Nutrition:**

OPC nutrition counseling statistics for the past year reveal a total of 704 clients seen out of 1,197 appointments scheduled. Compared to last year, this represents 16 additional client consultations and 109 additional appointments scheduled. As in recent years, this increase in OPC appointments was, unfortunately, at the expense of time spent on community activities as well as additional OPC dietitian time provided temporarily by Chantal Haddad before being reassigned to STC as part of KMHC restructuring.

Several changes occurred that helped improve Joëlle's time use: administrative support to schedule client evaluations and make confirmation calls, and she moved to her own office with less scheduling issues. The scheduling support did not have an impact on the cancellation or did not arrive rates as expected.

The current COVID-19 pandemic sparked a few ideas that could help to maximize clinical time. The combined use of telephone appointments and email communications with clients, who verbally gave their informed consent for tele-practice, for example, helped the dietitian to convey more follow-ups in a day than usual.

Less time spent with the Diabetic Nurse Educator (DNE) also helped to increase the number of new clients evaluated. If continued to be allowed after the pandemic, a mixed approach of in-person and tele-practice seems like an opportunity worth exploring for 2021-2022.

In early March, delivery of school nutrition classes had begun with two full days of activities at Kateri School. Students engaged in preparing a strawberry salsa with baked cinnamon tortilla chips. The chips were prepared in class using a small toaster oven, basting brush, and scissors. Class discussion was around recognizing individual signals of hunger and fullness, and the role of snacks in satisfying that hunger while also providing good nutrition. A parent handout was posted on ClassDojo for reference.

Unfortunately, the COVID-19 crisis struck and all school activities were abruptly suspended. Two more days at Kateri School were cancelled along with one day at Indian Way School and Karihwanó:ron schools, four days at Karonhianónhnhha Tsi Ionterihwaienstákhkwa and two days at Step by Step.

### **Foot Care:**

The Foot Care nurse has advanced foot care training (through a previous ADI project). Clients are referred to the program by the physicians, nurses, DNE, and rehabilitation specialists.

He sees clients two days per week. He provides thorough foot assessments, nail care, callous care, care of ingrown toenails, etc. He teaches clients about proper ways to care for their feet (i.e., washing, drying, moisturizing, cutting nails, etc.). He also refers clients to the orthotics clinic.

Due to COVID-19, foot care services were put on hold for several weeks.

### **Rehabilitation Services:**

#### **Physiotherapy:**

In the context of COVID-19, the physiotherapy outpatient services will have to adapt ways of assessing and addressing client needs, while respecting restrictions and limitations:

- Learning more about telerehabilitation
- Deciding on the most appropriate software
- Develop policies concerning the use of telerehabilitation
- Policies on prioritization: face-to-face versus telerehabilitation services
- Physiotherapy and infection prevention and control measures

#### **Occupational Therapy (OT):**

Improvement in the new intake process where the Administrative Assistant will perform screenings over the phone if the person needs in-person OT services.

### **School Health:**

We presently have two nurses who cover all the elementary schools: two days/week at Kateri, one day/week at Karonhianónhnha Tsi Ionterihwaienstákhwa, half day/week at Indian Way & Karihwanoron, and one nurse who covers a half day every other week at Step by Step.

Due to COVID-19, one of our nurses was reassigned but continued to provide support to the schools by phone. She helped the schools prepare to have students at the beginning of the school year.

In an effort to protect staff and the children from influenza, we continue to offer influenza vaccination clinics at the Kahnawà:ke Education Center.

The pandemic prompted the closure of the schools and all school-based activities. Vision screening, sexuality classes, and vaccinations did not occur and will have to be given in the new school year. Infection Prevention and Control classes were given at the beginning of the school year to help the staff adapt to using PPE, hand hygiene, social distancing, and all other requirements set forth from INSPQ.

The Public Health Team made themselves available to the schools and the Kahnawà:ke Education Center to answer any questions the staff may have about COVID-19.

Sessions were held again for any new staff including summer students at Step by Step.

#### **Kahnawà:ke Schools Attendance Rates:**

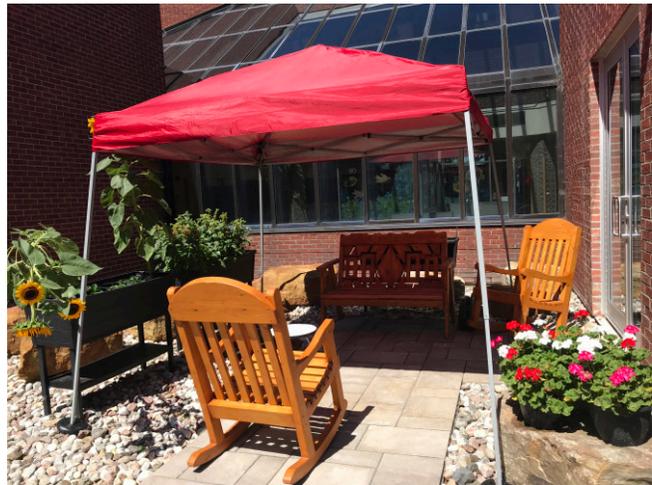
- 50.2 per cent of students were registered for in-class learning (111/221), leaving 49.7 per cent (110/221) registered for home learning.
- For Kahnawà:ke Survival School and the Youth Wellness Clinic, no vaccination clinics were held this year due to COVID-19, and as schools closed, all remaining vaccines will be given next school year.



## TRADITIONAL MEDICINE

Traditional Medicine Services has provided medicine walks, palliative and end-of-life support to families and clients, and traditional teachings to KMHC employees.

Tekanonhkwatsherané:ken now provides a comprehensive traditional medicine program within KMHCs continuum of care, ensuring a work environment that honours the wisdom of Kanien'kehá:ka beliefs, language, culture, and traditions.



### **Language and Culture Network:**

In Kahnawà:ke's continuing efforts to revive, restore, perpetuate, and protect our language and culture, a language and culture network was formed. The meetings have generated much discussion and many, many ideas about different ways to incorporate the Kanien'kehà:ka culture within Tsí Tehsakotitsèn:tha. Not only does the physical environment reflect this effort, but also the mindsets with which KMHC staff approach their work.

Regular meetings consisting of health and social service representatives from Kahnawà:ke, Kanehsatà:ke, and Akwesasne have been revived with a mandate to jointly address technical and global health and social-service needs, and to enhance activities and services by learning from each other and by sharing advice and knowledge. This collection of representatives has a new name: Quebec Kanien'kehá:ka Health and Social Services Roundtable.

### **Kanien'kehá:ka - Name Room Identification:**

The Management Team has agreed that this decision is to be made by our Council of Elders. A meeting will be scheduled with the Elders' Council to further discuss.

## SUPPORT SERVICES

Support Services had the following objectives:

- To fully implement Traditional Medicine within KMHC - on the cusp of this implementation
- To identify the effects of the pandemic on utilization of the IT infrastructure - met
- To ensure that IT has the tools necessary to manage new post-pandemic practices - ongoing
- To revise KMHC's Emergency Response Plan - imminent, summer of 2021

## PLANT SERVICES

There were increased demands put on Plant Services to meet COVID-19 directives and policies, as well as the operational needs of the service.

- The Laundry Service pilot project status was renewed until September 2021.

## MEDICAL RECORDS

The biggest change in the Medical Records Department (MRD) is the implementation of the new Electronic Medical Record (EMR), switching from paper to electronic databases and information.

- The EMR changed the work manner within MRD, and it decreases the workload of MRD file clerks and secretaries.
- MYLE improves the information accessibility and work efficiency. After the MYLE go-live date, monthly dictated jobs are decreased as well.

<b>MRD activity</b>	<b>Average last 4 years</b>	<b>2020-2021</b>
Charts pulled out	41,947	31,733
Transcribed charts	11,923	9,137
Copies made	472	124
Typed letter	383	195
Dictation job	873	430

There is no evening clinic scheduled during COVID-19 pandemic. There were less Saturday clinics. By using the surplus from walk-in clinics that were not fully scheduled, the Manager was able to schedule an extra clerk to support secondary duties, Manager scheduled extra clerk to support secondary duties, i.e. to make new chart volume, to thin the chart, to repair charts, etc.

New registration forms of babies are filled by Well Baby Clinic (WBC) nurses by collecting information from babies' parents over the phone. MRD file clerks open new medical files in eClinibase.

## FOOD SERVICES

Restrictions resulting from the COVID-19 pandemic had a profound impact on Food Service operations and work methods. Starting in March 2020, all meals were served on individual trays

and delivered to clients' personal rooms. Extra food supplies and a stock of prepared meals were kept on hand in preparation for any possible food or staff shortage. Protective Plexiglas barriers were installed in our cafeteria and Interac payment was made available to our clients. Since families have not been allowed to bring in food for residents, the Food Services team has been providing occasional treats and has helped to celebrate our residents' birthdays by baking individual birthday cakes.

Traditional foods have always played a prominent role in our menu; our meals are prepared from scratch using fresh wholesome ingredients and keeping our client's preferences at the forefront. As suggested by the Users' Committee, pictures were provided for illustrated weekly menus for our residents, which have been appreciated. A menu satisfaction survey was conducted with residents, with an excellent response rate and many positive comments; suggestions will be taken into account during our menu revisions. Due to the COVID-19 pandemic, all meals have been served on individual trays.



## QUALITY IMPORVEMENT, RISK MANAGEMENT, AND INNOVATION (QIRMI)

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 implementing risk management assessment processes, promoting the safety culture, and bringing support to client/patients/residents, families, and all personnel for all incidents or accidents.

### NEW CHAPTER

In August 2020, Lidia DeSimone retired from a 27-year career at KMHC. Lidia worked as a Community Health Nurse and the Director of Nursing before becoming the Quality Improvement (QI) Coordinator in 2007. She brought knowledge, passion and dedication to her work and was the force behind developing the patient safety and quality improvement programs within KMHC. Those who had the opportunity to work with Lidia are thankful to have had the opportunity to learn from her, and the new Quality Improvement Team will continue her work building the patient safety, quality improvement, risk management and innovation initiatives at KMHC.

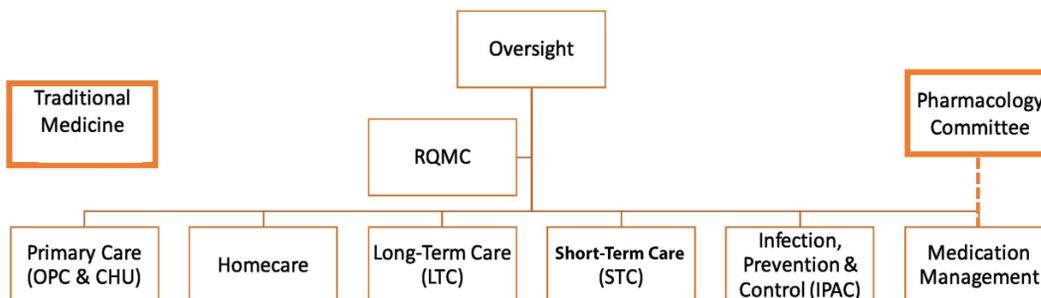
The new coordinator role has been transformed into a manager position to ensure the integration of the continuous quality improvement initiatives through all layers of the organization. This year, we welcome the new Quality Improvement, Risk Management and Innovation (QIRMI) Manager, Mendy Sananikone. Mendy graduated with a Masters in Healthcare Administration and is a first-year doctorate candidate in Public Health. She previously worked as a Quality, Risk Management and Patient Safety Advisor for multiple services. Within this new chapter at KMHC, she had the great honor and opportunity to develop and grow a whole new QIRMI team to support our organization.

### CONTINUOUS QUALITY IMPROVEMENT & ACCREDITATION

We have maintained two Risk and Quality Management Committees and have them developed it into services teams that we renamed Continuous Quality Improvement Committee (CQIC) to put emphasis on the continuous effort and initiative of each professional in their service area and collaborated area.

In April, via Zoom, the QIRMI Manager presented an introduction to Accreditation, highlighting each member's role in the process. This session served as a refresher for the ones who were already acquainted, and an orientation for new members involvement.

At the beginning of the year, the QIRMI Manager met with all the different services: Long-Term Care, Short-Term Care, Homecare, Mental Health, Rehabilitation, Food Services, Traditional Medicine, Outpatient, IT, Housekeeping, etc. As the QIRMI team grew, we were able to dedicate an advisor for each CQIC following the Accreditation Standards Manual:



Our team coordinated with John Abbott College to provide training in Advanced Palliative Care to both our Inpatient and Homecare clinical teams. Our service also helped coordinate a presentation for 20 visiting McGill students. Our presenters included members of our Traditional Medicine Team, our primary Homecare Physician, the Homecare Manager, the Long-Term Care Manager, and our Director of Nursing & Community Care.

This year we held 11 meetings with the Users' Committee and developed newsletters that included reminders of users' rights and celebrated our residents' birthdays. Also, Chantal Haddad, Nutritionist, and Luke McGregor, Senior IT Agent, collaborated to develop a colourful menu with pictures for our residents.

## RISK MANAGEMENT

Patient Safety Week was held in October, focusing on our reporting system. Our team rolled out a campaign to explain the different reporting forms for each type of event. The types of events are risks related to patients, staff, and "non-clinical" events (i.e., events involving neither clients nor staff).

When an incident or accident involves a patient, it is required to complete an AH-223 report, a Ministerial form developed for this purpose. We have had an increase of 68 AH-223 reports compared to last year. We attribute this increase to the training offered by the QIRMI Team, and the vision of including everyone in the reporting process, not just the clinical team. The more reported risks, the more we can mitigate them before they become accidents.

Type of events	2019-2020	2020-2021
Abuse, Aggression, Harassment	4	4
Building	0	0
Diet	3	7
Equipment	3	5
Falls, quasi-falls	97	76
Lab Tests & Imaging	5	37
Material	3	2
Medication	66	70
Treatments	7	5
Personal Belongings	1	5
Other	28	74
<b>Total</b>	<b>217</b>	<b>285</b>

The increase in reports of events may be related to the development of our Local Public Health Team located on-site at the COVID-19 testing site, where they tracked any incidents or accidents. This number is encouraging as it shows vigilance from our staff and a willingness to work to mitigate these risk events.

## PANDEMIC SUPPORT

The QIRMI team helped Inpatient Care to coordinate mock transfers to our COVID-19 Unit, where residents would be transferred if they tested positive. With help from the Infection, Prevention and Control (IPAC) nurse, the team learned and practiced how to correctly put on and remove PPE if a resident received a positive result. Mock transfers included the entire team (RNs, LPNs, PABs, and housekeeping professionals) and helped them feel more comfortable transferring these patients.

We had one consultation and one mediation session with an Ethicist on a case related to a COVID-19 risk situation. Additionally, we held family meetings, using Zoom, with residents' families to give updates on changes to policies and procedures due to the pandemic. The QIRMI Team also found an innovative way to update families on their loved ones' social activities through the ClassDojo app, an app generally used in elementary schools. This project was piloted in partnership with the KMHC Activity and Recreation workers.

## ELECTRONIC MEDICAL RECORD (EMR) - MYLE FROM MEDFAR

The Manager of QIRMI was asked to manage the project during the development and deployment stages of the MYLE EMR. To help facilitate the implementation process and communication between us and MEDFAR, two new roles were created on the QIRMI team. These roles are the MYLE Project Administrator, and the MYLE Pilot. In addition, the QIRMI team was trained to provide support in the EMR's administrative process and analytics. In the future, we will introduce "Champions", team members with extra training who can assist colleagues, and create a dashboard for each service, which will highlight pertinent information at a glance.

In partnership with our Medical Records Department, we hired and trained a Scanning and Indexation team to support the EMR implementation. Their role was to scan the physical paper charts into the EMR and categorize them correctly for ease of access.

As implementation of the MYLE project continued, our team coordinated training sessions for all MYLE users (Clinical and Clerical) across Inpatient Care, Outpatient Care, the Community Health Unit, Homecare, Mental Health, and Administration. As the MYLE EMR was mainly developed for usage in an Outpatient Care environment, we evaluated the processes and procedures alongside our Homecare and Inpatient teams and adjusted them to fit their specific needs and practices. Finally, at launch, our project team offered personalized support to each service on their go-live date.



**Tehsakotitsén:tha**  
**Kateri Memorial Hospital Centre**  
**Statement of Financial Position**  
*As at March 31, 2021*

	<b>2021</b>	<b>2020</b>
<b>Financial assets</b>		
Cash (Note 4)	4,088,755	4,933,793
Cash in trust (Note 4)	24,963	49,802
Accounts receivable (Note 5)	208,259	353,131
Due from Tsinitisi Aièsatakariteke (Note 6)	479,486	115,222
<b>Total financial assets</b>	<b>4,801,463</b>	<b>5,451,948</b>
<b>Liabilities</b>		
Short-term credit facility - Mohawk Council of Kahnawake (Note 7)	30,573,267	26,352,241
Accounts payable and accruals (Note 8)	560,551	4,920,268
Deferred contributions related to capital assets (Note 9)	939,005	171,965
<b>Total liabilities</b>	<b>32,072,823</b>	<b>31,444,474</b>
<b>Net debt</b>	<b>(27,271,360)</b>	<b>(25,992,526)</b>
<b>Commitments (Note 20)</b>		
<b>Non-financial assets</b>		
Tangible capital assets (Note 10) (Schedule 1)	44,422,423	45,479,221
Inventories of drugs and supplies	89,353	102,119
Prepaid expenses	20,402	21,519
<b>Total non-financial assets</b>	<b>44,532,178</b>	<b>45,602,859</b>
<b>Accumulated surplus (Note 11)</b>	<b>17,260,818</b>	<b>19,610,333</b>

Approved on behalf of the Board

  
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Director

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Director

**Tehsakotitsén:tha  
Kateri Memorial Hospital Centre  
Capital Fund - Renovation and Expansion Project  
Statement of Financial Position**

*As at March 31, 2021*

	<i>2021</i>	<i>2020</i>
<b>Financial assets</b>		
Cash	991,858	116,476
Advances to a related party <i>(Note 4)</i>	108,217	108,217
<b>Total of financial assets</b>	<b>1,100,075</b>	<b>224,693</b>
<b>Liabilities</b>		
Short-term credit facility - Mohawk Council of Kahnawake <i>(Note 5)</i>	30,573,267	26,352,241
Accounts payable and accrued liabilities <i>(Note 6)</i>	-	3,747,341
Deferred contributions related to capital assets <i>(Note 7)</i>	939,005	49,149
<b>Total of financial liabilities</b>	<b>31,512,272</b>	<b>30,148,731</b>
<b>Net debt</b>	<b>(30,412,197)</b>	<b>(29,924,038)</b>
<b>Non-financial assets</b>		
Tangible capital assets <i>(Note 8)</i>	37,714,332	37,224,016
<b>Accumulated surplus</b>	<b>7,302,135</b>	<b>7,299,978</b>

Approved on behalf of the Board

  
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Director

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Director

*The accompanying notes are an integral part of these financial statements*

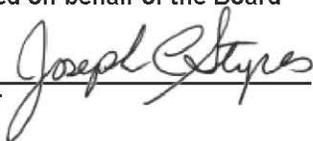
# Tsinitsi Aièsatakari'teke Statement of Financial Position

*As at March 31, 2021*

	2021	2020
<b>Assets</b>		
<b>Current</b>		
Cash	1,814,740	1,470,237
Accounts receivable (Note 4)	280,606	191,537
Prepaid expenses and deposits	93,914	15,111
	2,189,260	1,676,885
<b>Capital assets (Note 5)</b>	553,148	83,376
	2,742,408	1,760,261
<b>Liabilities</b>		
<b>Current</b>		
Accounts payable and accruals	39,049	31,630
Due to Kateri Memorial Hospital Centre (Note 6)	479,486	115,222
Deferred contributions (Note 7)	353,882	176,242
	872,417	323,094
<b>Commitments (Note 11)</b>		
<b>Net assets</b>		
Internally restricted (Note 8)	1,199,322	1,166,808
Unrestricted	670,669	270,359
	1,869,991	1,437,167
	2,742,408	1,760,261

Approved on behalf of the Board

Director



Director

*The accompanying notes are an integral part of these financial statements*

# In Memoriam

Tsi Tsi-ekwitsiiretha 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.



WALTER BEAUVAIS



MILDRED DIABO



MARY ALBANY



JULIETTE BOYER



JOSEPHINE PEARL  
MITCHELL



GERTRUDE  
PERREAULT



ESTHER CANADIAN



ETHEL W. PHILLIPS



ALICE AND STUART PHILLIPS

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