



Tsi Tehshakotitsén:tha  
Kateri Memorial  
Hospital Centre

Annual General Activities Report 2021-2022





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## LIST OF ACRONYMS

In this report, you will come across several acronyms. For your convenience, all of the acronyms mentioned in this document are listed below in alphabetical order.

ALS – Assisted Living Services  
BSW – Breastfeeding Support Worker  
CAP – Comportements Agressifs et Perturbateurs (English: Preventive Management of Aggressive and Disturbing Behaviour)  
CDE – Certified Diabetes Educator  
Chem 9- urinalysis test  
CHPI- Community Health Plan Initiative  
CIUSSS – Integrated University Health and Social Services Centres  
CMR – Centre Montérégien de Réadaptation  
COHI – Children’s Oral Health Initiative  
CQI – Continuous Quality Improvement  
DNA – Did Not Arrive  
DPS – Director of Professional Services  
DSQ – Dossier Santé Québec (Quebec Health Record)  
ECCPDP – Executive Committee of the Council of Physicians, Dentists, and Pharmacists  
FIT- Fecal Immunochemical Test (RSO in French)  
FLS – Flu-Like Syndrome  
FWC – Family Wellness Centre  
GI – Gastrointestinal  
GIM – General Internal Medicine  
HCCS – Home & Community Care Service  
HHA – Home Health Aide  
HR – Human Resources  
ID – Identification  
ILC – Independent Living Center  
INR – International Normalized Ratio  
IV – Intravenous  
KMHC – Kateri Memorial Hospital Centre  
KSCS - Kahnawà:ke Shakotii’a’takehnhas Community Services  
KSDPP- Kahnawà:ke School Diabetes Prevention Program  
KSS - Kahnawà:ke Survival School  
LPN – Licensed Practical Nurse  
LTC – Long-Term Care  
MADO – Maladies à Déclaration Obligatoire (English: Diseases that must be Reported)  
MBP&C – MYLE Best Practice and Charting  
MRD – Medical Records Department  
NIHB – Non-Insured Health Benefits  
ODNQ – Order of Dieticians and Nutritionists of Quebec  
OPC – Outpatient Care  
OT – Occupational Therapy  
PAB - Préposé Aux Bénéficiaires (English: Orderly)  
PDSB – Principes des Déplacements Sécuritaires des Bénéficiaires (English: Principles for Moving Clients Safely)  
PPD – Post-Partum Depression  
PSP – Provider Service Plans  
QI – Quality Improvement  
QIRMI – Quality Improvement, Risk Management, and Innovation  
RIC – Respiratory Infection Clinic  
RM – Risk Management  
RSV – Respiratory Syncytial Virus  
SET – Staff Excellence Training  
SMBG – Self-Monitored Blood Glucose  
STBBI – Sexually Transmitted and Blood-Borne Illnesses  
STC – Short-Term Care  
TAR – Treatment Administration Record  
TBEL – Turtle Bay Elders Lodge  
WBC – Well Baby Clinic

## KEN'NIIHONTÉSHA (STRAWBERRIES)

Shonkwaia'tíson ionehrákwa oh nahò:tenk ne onkwehshòn:'a raotirihwà:ke nó:nen  
Shonkwaia'tíson remarkable something for the people when

tahshonkwá:ion iotihshnó:re kahihshòn:'a, tsi niká:ien tewana'tónhkhwa  
he gave us the early berries which we call

Ken'niihontésha.  
Strawberries

Tsi ratinákere ne Haudenosaunee, ken'niihontésha tsi niwakénhnhes kaieronni'tston  
Among the Haudenosaunee, strawberry season is a symbol

ne kakwitè:ne nikahá:wi á:se entsión:ni tsi kíónhne tánon tetewatenonhwará:tons.  
of spring time, renewal of life, and thanksgiving.

Tho nikahá:wi tenhshatenonhwará:ton enhsathró:ri tsi satshennón:ni tánon  
It is a time to express gratitude and

Kanoronkhwáhtshera akwé:kon tsi iohontsiatákie ne ionkhi'nisténha onhwéntsia.  
Love to every part of our mother the earth.

Tho nikahá:wi ensehsatenro'serón:ni tánon tenhshenonhwará:ton ne kahihshòn:'a,  
It is time to renew friendships and give thanks for the berries,

ne kiokierenhtáhkwen ne káhi enwatón:ni tsi niwakénhnhes.  
the first fruit it grows of the season

Ne kaieronni'tston aora'wísta ne káhi Shonkwaia'tíson raoweriáhsha tánon ne  
The symbolism of the flesh of the berry is part of the creator's heart and the

Kahnekinekénhton nè:'e ne Shonkwaia'tíson raonekwénhsha. Nè:'e aorì:wa  
Juice is part of the creator's blood. Therefore,

Nó:nen éntewake ne ken'niihontésha á:se entsikión:ni tsi na'tetewátere  
when we eat strawberries we are renewing our connection to

Shonkwaia'tíson  
Shonkwaia'tíson.

Nó:nen entewáttoke thí:ken ne kontatewenní:io ken'niihontésha  
When we notice that the wild strawberry

lonatateweiennentà:'on akaienthókwen, ionkwaterién:tare thí:ken ne  
is ready to be harvested, we know that the

tsi kionhnhékie ienwatahsón:teren. Ne káhi tsi niwakénhnhes són:wawe ne  
cycle of life will continue. The berry marks the seasonal return of

enhatiienthó:ko á:se kahihshòn:'a tánon kaieronni'tstha ne aotonhnhéhtshera tánon  
harvesting fresh fruits and is symbolic of life and

ata'karitéhtshera.  
health.

## MESSAGE FROM LEADERSHIP

Shé:kon tánon wa'tkwanonhwerá:ton sewakwé:kon,

Wakatshennón:ni tsi enwá:ton enkwa'nikonraientáhston né: tsi ní:ioht Tsi Tehsakotitsén:tha ionteriwahtétion ki:ken ontohserénhe'tste 2021-2022.

It is a pleasure to present to you Tsi Tehsakotitsén:tha Kateri Memorial Hospital Centre's (KMHC) Annual Activities Report for 2021-2022.

Our theme for this year's report is Strawberries – Kenniiohontéhsha. Among the Haudenosaunee, strawberry season signifies springtime and a renewal of life, while harvesting strawberries is a symbol of life and health.

In the Kanien'kehá:ka version of the Creation Story, the daughter of Sky Woman – lotsi'tsison, is laid to rest in Mother Earth's soil after giving birth to twin boys (Creator and his brother). From her heart, through the soil, grew Kenniiohontéhsha – the strawberry. Symbolizing the heart and blood, strawberries are often traditionally used for medicinal wellness, too (believed to protect heart and lower blood pressure).

This season allows us to focus our expression of gratitude and to renew our connection to Shonkwaia'tison while reflecting on all the strength symbolized in strawberries. Much like the strawberry, KMHC is excited to come out of the past year with a renewal of our mission: to strengthen the health and well-being of Onkwehshón:'a (the people) by delivering quality health services that respond to the needs of the community.

Once again, much of our work over the past year consisted of providing expertise and recommendations for Public Health Measures to ensure the health and safety of all Kahnawa'kehró:non. We are grateful for the trust of our community and are committed to continue to serve you through quality and innovation.

Despite COVID-19, KMHC met several key objectives over the past year, the most important of which was passing our Accreditation Survey with Exemplary Status. This major achievement is a testament to the dedication and sincere devotion of our staff to implementing best practices and delivering compassionate services with a client and family centered approach. We are happy to share this Annual Activities Report with you. It will highlight some of our accomplishments in 2021-2022, as well as our successes and challenges.

We move into the new year with great appreciation for one another and for our community, carrying forward a renewed gratitude for life and health. We are thankful for the connections that were created and strengthened this past year. The difficult times that COVID-19 brought to us has allowed us to demonstrate resilience, compassion, flexibility, teamwork, resourcefulness, and love. We begin our 2022-2023 year with an eagerness for renewal, health, and thanksgiving.





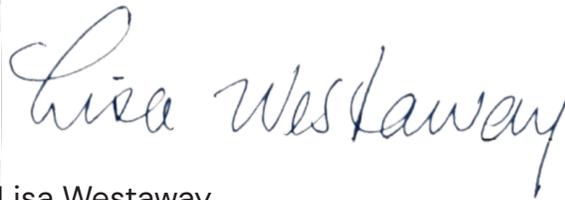
## DECLARATION OF RELIABILITY OF DATA AND CONTROLS

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 2020–2021 of Tsi Tehsakotitsén: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; and,
- 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 on March 31st, 2022.



Lisa Westaway  
Executive Director

## VISION, MISSION, & VALUES

### 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)

As presented in 2020, KMHC has four main strategic orientations, each founded in two orientations that transcend everything we do. These two foundational orientations are: Deepening Kanien'kehá:ka Ways of Working, which we see as the fabric of who we are and what we do, and secondly, Improving External and Internal Communications.

KMHC's four strategic orientations for 2020-2025 are as follows:

- **Quality & safety:** to develop and enhance services in line with community needs using a quality improvement and innovation approach.
- **Staff wellness & engagement:** foster and enhance partnership between staff and management, using a bottom-up approach.
- **Structures & processes adapted to reflect changing needs:** clinical needs addressed through budget planning, update administrative structures, systems, and processes, and update strategic funding development options based on community need.
- **Enhanced partnerships for community wellness:** increase integration of services with KSCS, provide a leadership role in community health, and solidify external relationships

This report, organized by service area, will highlight our accomplishments in each of these orientations.



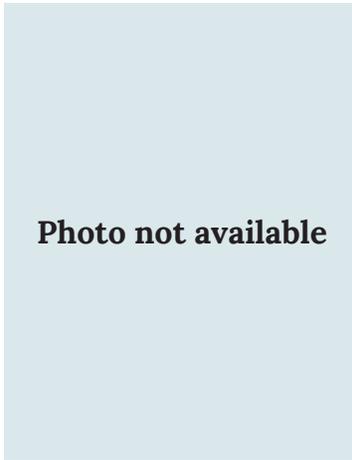
# The Board of Directors



**Rhonda Kirby**  
Chair



**Arnold Lazare**  
Vice Chair / Community  
Representative



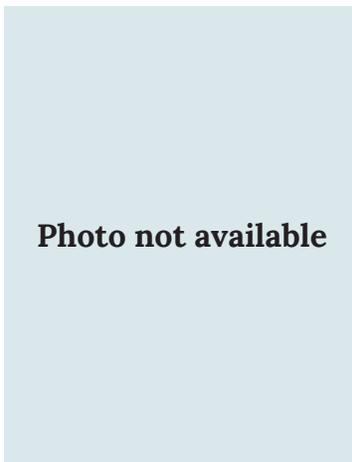
**Iohahi:io Delisle**  
Treasurer / Community  
Representative



**Bronson Cross**  
Secretary / Community  
Representative



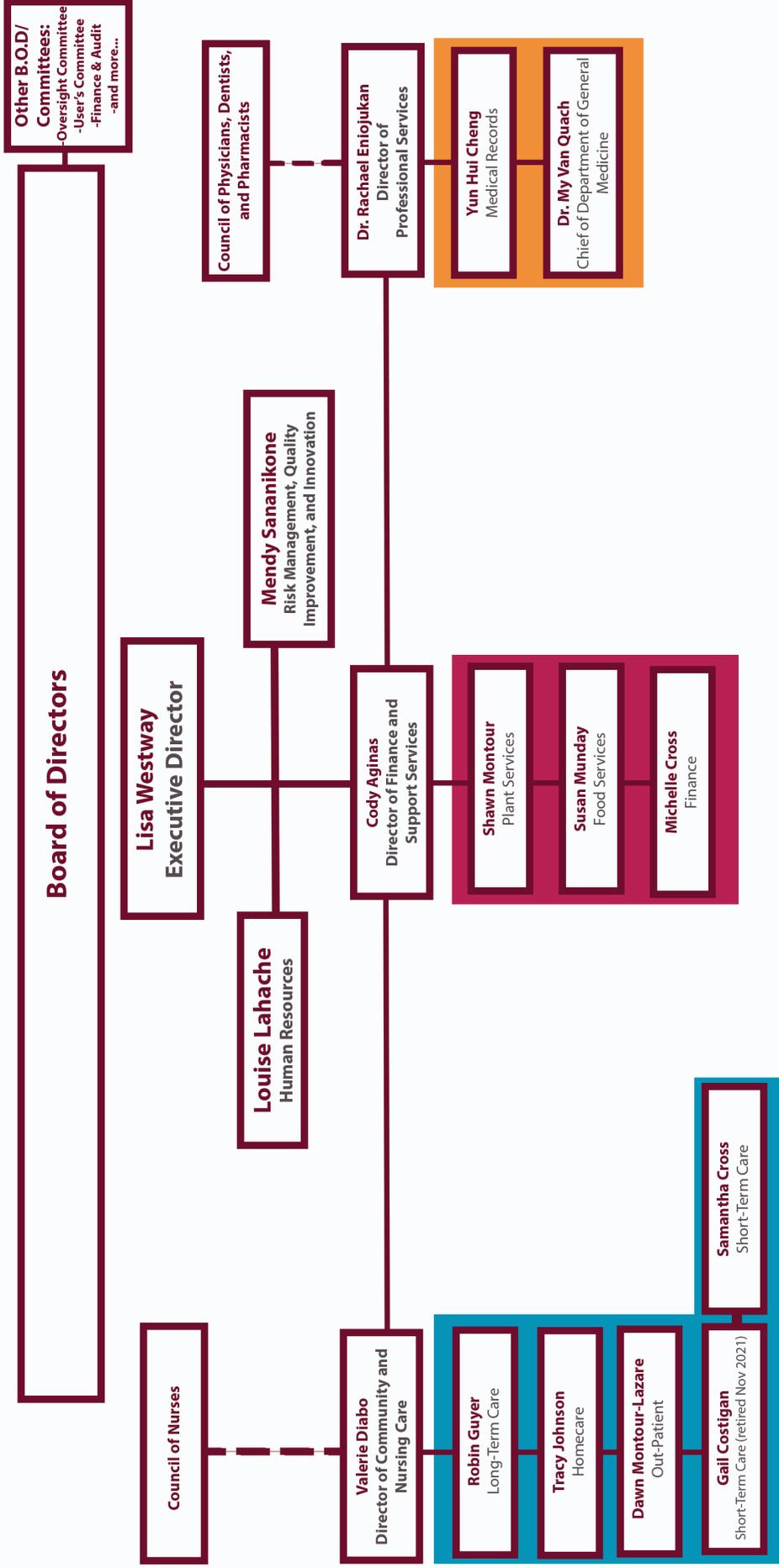
**Kawennaroroks Montour**  
KSCS Representative



**Bart Goodleaf**  
MCK Representative



**Lois Montour**  
Community Representative



# Directors



**Lisa Westaway**  
Executive Director



**Valerie Diabo**  
Director of  
Nursing and Community Care



**Cody Aginas**  
Director of  
Finance and Operations



**Dr. Rachael Eniojukan**  
Director of  
Professional Services

# Managers



**Louise Lahache**  
Manager of Human  
Resources



**Robin Guyer**  
Manager of  
Long-Term Care



**Gail Costigan**  
Manager of  
Short-Term Care



**Samantha Cross**  
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**  
Manager of Quality  
Improvement, Risk  
Management, and  
Innovation



## CARE SERVICES

### LONG-TERM CARE SERVICES

The Long-Term Care (LTC) Unit is able to accommodate a total of 47 residents and one respite client at full capacity across two units.

A schedule was made for performance appraisals to be completed for all staff starting in January 2022, however it had to be adjusted due to an Inpatient COVID-19 outbreak. Overall, 7% of performance appraisals were completed this fiscal year. It remains a goal for 75% of performance appraisals to be completed within the next year.

The “Life History” project informs staff on who residents in LTC were during their lifetimes (their occupation, children, interests, etc.), facilitating the individualization of care. For this project, a pilot study was conducted to assess which profession would be most successful in obtaining the life history, and social workers were found to be the most appropriate. Three out of nine new LTC admissions had their life histories completed this year. It remains a goal to complete the Life Histories for 100% of LTC admissions.

The Treatment Administration Record (TAR) was implemented and is being used in LTC, however, trainings for Licensed Practical Nurses (LPNs) and Registered Nurses (RNs) on proper use have not yet been completed. It is a goal for the next fiscal year to complete these trainings to ensure that the TAR is being used correctly.

The objectives that were not met in 2021-2022, mostly due to constraints resulting from the COVID-19 pandemic, are as follows:

- To adequately staff LTC in order to open the final 10 beds and admit the last 10 LTC residents. Despite multiple postings, KMHC continues to have a number of vacant positions due to a lack of applications or staff on leave. For next year, the LTC unit hopes to integrate the positions of PAB Team Leader, Evening Ward Clerk, and Inpatient Care Assistant Manager.
- To provide Comportements Agressifs et Perturbateurs (CAP) (also known as Preventive Management of Aggressive and Disturbing Behaviour) training to at least 75% of staff and provide refresher sessions to those who need it. CAP training would instruct staff on methods to prevent and manage responsive behaviours in the Long-Term Care unit. This did not take place due to restrictions and staffing challenges.
- To provide PDSB (Principes des Déplacements Sécuritaires des Bénéficiaires (PDSB) (also known as Principle for Moving Clients Safely) training for at least 50% of LTC staff. PDSB training informs workers on how to protect themselves from injury while assisting clients with travel or movement. The LTC unit has two active PDSB trainers, who are set to complete their recertification in May 2022. Dates for all PABs to complete PDSB training will be determined in the new fiscal year.

- To finalize the Falls Protocol revision and develop a Post-Fall Assessment form so nurses can identify causes and determine preventative measures. The Falls Committee plans to resume meetings in the new fiscal year to work on the revision of the Falls Protocol.
- To integrate new staff via team building activities. Staff were asked to suggest team building activities, but no response was received. It is a challenge to find appropriate activities for such a large number of staff who work different schedules. It has been suggested that team building activities could be done on a smaller scale, such as for each shift rather than as a whole.

These remain goals for the upcoming fiscal year.

In total, there were nine new residents admitted across both LTC units this year, while 10 were discharged. See Table 1 for reasons for admission and discharge. Sadly, nine out of 10 discharges were due to the resident passing away. See the “In Memoriam” section of this report for more information

Table 1

Number of Admissions and Discharges to Long Term Care	
Admissions/Discharges	# of Residents
Total Admissions	9
Admissions from Short-Term Care	8
Admission(s) from Respite Care	1
Admissions Directly from Home	0
Respite Admissions	0
Total Discharges	10
Discharge(s) due to Death	9
Discharge to Home	1

For information on risk events (medication errors, falls, etc.) that occurred this year in LTC, see the “Quality Improvement, Risk Management, and Innovation” section of this report (page 39).





## SHORT-TERM CARE SERVICES

STC transitioned to new management this year: Samantha Cross took over for Gail Costigan as the Manager of Short-Term Care after her retirement in November 2021. There are 18 permanent employees, seven of which are Kahnawa'kehró:non. This year, 100% of STC staff had their performance appraisals completed, surpassing the goal of 85%.

For the time being, due to COVID-19, STC continues to be combined with the LTC unit. A goal for the next fiscal year is for STC to move back to its own unit, with hopes to be operating at full capacity by 2023. Jobs have been posted to ensure the unit is well-staffed.

COVID-19 booster doses were administered to patients on October 28th, 2021, followed by staff on December 9th and 10th, 2021.

To address red flags brought up during the Accreditation process, the STC social worker and nurses perform quarterly audits on identification (ID) bracelets, medication reconciliation, and environmental safety. A double identification audit was performed in February 2022 and found a compliance rate of 11%. It was discovered that several patients were missing ID bracelets. To address this, an admissions envelope was created containing the ID bracelet and a paper copy of the medication reconciliation sheet, as a reminder to staff upon admission.

The STC social worker continues to conduct OMECs and/or Evolutives to determine the client's needs on admission. They meet with patients and follow up with their families regularly, on top of conducting OMECs for discharge planning. Of the 21 admissions to STC this fiscal year, 15 had an OMEC and/or Evolutive completed. Of those patients who did not have an OMEC/Evolutive completed, four came in for end-of-life care, one was transferred to another hospital, and one was admitted towards the end of the fiscal year. This remains an area of ongoing quality improvement for the future.

The STC Social Service Program admitted 23 new clients, a decrease of eight from last year since admissions were put on hold due to COVID-19. The social worker held 725 interventions, accumulating 28,795 total minutes. This is only a small change from last year (800 interventions and 29,814 minutes).

A satisfaction survey was created for the patient or their family to complete upon discharge. The survey asks about the quality of care the patient received and helps staff identify problem areas. Overall, eight surveys were received this fiscal year. The Continuous Quality Improvement (CQI) team and the STC Manager have not yet met to compile the data and draft an action plan but continue to work on the procedure to determine the best method for receiving feedback.

Intravenous (IV) pump training was completed in April 2021 for all clinical staff. Additionally, four out of six clinical staff and three out of five non-clinical staff attended the Staff Excellence Training (SET) Days organized by the Quality Improvement Team. Some staff did not have the opportunity to attend due to COVID-19.

Plans and protocols were developed to smoothly transition to normal visitation schedules after COVID-19 restrictions were lifted. STC opened up to visitors in three phases:

- First phase: visitation for natural caregivers and two family members per day, one at a time.
- Second phase: visitation for natural caregivers and four family members per day, two at a time, for a period of two weeks.
- Third phase: visitation open to all, with no limit and no schedule. Patients were able to leave the hospital grounds with family and staff.

Soon after the third phase of visitation began in March 2022, a COVID-19 outbreak occurred in STC and LTC, with patients and staff alike affected. The majority of residents who tested positive experienced only mild cases of COVID-19. All visitation was put on hold except for clients who had recognized natural caregivers. With many staff affected by COVID-19, the contingency plan came into effect. Outside resources were called such as agency staff, Outpatient nurses, and The Red Cross.

COVID-19 created many challenges for the activity program again this year, including prohibiting group outings, limiting the size of activities, and prohibiting performances from outside entertainment. Despite these challenges, the activity staff improvised by having entertainers perform on Zoom or on the street outside of KMHC during the warmer months. Additionally, more one-on-one visits between clients and activity staff took place, while staff also arranged for clients to FaceTime often with their families. Overall, with admissions on hold and activities limited, there was a decrease in both the number of participants and the total amount of time dedicated to activities this fiscal year, as can be seen in Table 2.

Table 2

STC Clients Time and Participation for Activities		
Year	Time (Minutes)	Participation
2020-2021	138,656	1557
<b>2021-2022</b>	<b>94,730</b>	<b>1118</b>

It was noted that medication errors were more frequent when being prescribed in MYLE, KMHC’s recently-implemented electronic medical records system, so the STC Unit reverted to paper medication orders. For more information on risk events (medication errors, falls, etc.) that occurred this year in STC, as well as information related to MYLE, see the “Quality Improvement, Risk Management, and Innovation” section of this report (page 39).





## HEMOCARE SERVICES

The Homecare Nurses of KMHC along with the Homecare Program of Kahnawà:ke Shakotiiá'takehnhas Community Services (KSCS) together form the Home & Community Care Service (HCCS), which includes KMHC's Mental Health Nursing and Palliative Care programs. HCCS provide services either in-home or in Kahnawà:ke's two residential facilities (Turtle Bay Elders Lodge [TBEL] and the Independent Living Center [ILC]).

Nurses received both Flu and COVID-19 vaccine training, and some were able to participate in Staff Excellence Training (SET) days. Staff also received training on the new Penelope database, which has replaced the Access database at KSCS. Due to the pandemic, some training sessions were cancelled or had to be moved to a virtual setting, thus not all staff were able to participate.

The HCCS team continues to liaise and collaborate with community partners to ensure coordinated care is provided to patients. This year, meetings were put on hold and only resumed near the end of the fiscal year: there were therefore no TBEL meetings and one HCCS meeting held. Meetings will resume on a regular basis in the new fiscal year.

The implementation of MYLE greatly improved the coordination of care and enhanced collaboration between providers, especially since HCCS is a satellite site. It facilitated charting, the sharing of information, and the scheduling of follow-ups. Training and optimization of MYLE to better suit the needs of HCCS is ongoing, with challenges and gaps being addressed as they arise.

Moral and peer support was crucial for staff during the height of the pandemic. Staff made time to talk with one another to offer support. In the future, HCCS hopes to organize team-building activities among KMHC staff and the various community partners.

For the next fiscal year, the HCCS team has two major priorities:

- To revamp the Medication Reconciliation process, which will help to ensure that a patient's medication information is communicated consistently and accurately during care transitions.
- To enhance recruitment strategies and fill all available nursing positions. HCCS is looking into an HR Specialist who specializes in outreach to schools.

## OUTPATIENT CARE SERVICES

The clinic is open 6 days per week:

- Monday – Friday from 9:00 a.m. to 4:30 p.m.
- Saturday from 9:00 a.m. to 12:00 p.m. based on physician availability
- Evening clinics were not held this year due to COVID-19.

Laboratory services are available Monday to Friday from 7:00 a.m. – 9:00 a.m.. There is one dedicated full-time Lab Secretary, who spends most of their day booking lab appointments for patients. Since the adoption of MYLE, the Lab Secretary is no longer required to log all tests, except for Papanicolaou tests (Pap tests). Table 3 demonstrates the total number of patients seen and number of lab tests done.

Table 3

Laboratory Services Provided		
Year	# Patients Seen	# Lab Tests Done
2017-2018	8460	62900
2018-2019	8683	64125
2019-2020	8276	71101
2020-2021	7943	73405
<b>2021-2022</b>	<b>7856</b>	<b>70874</b>

Tests performed include Pap tests, electrocardiograms (EKGs), swabs for Chlamydia, strep throat swabs, Fecal Immunochemical Test (FIT, or RSO in French), Chem 9, and Human Chorionic Gonadotropin (HCG), among others.

Due to COVID-19, the clinic operated mostly by telemedicine and patients visited in person if they required any treatments (dressings, injections, IV medications, etc.). Unfortunately, many Kahnawa'kehró:non do not have a family physician so the Access Clinic was established to address this gap. OPC also established the Respiratory Infection Clinic (RIC) to treat COVID-positive patients and any person with respiratory symptoms. See the Professional Services section of this report for more information on KMHC's Access Clinic and Respiratory Infection Clinic.

See Table 4 on page 19 for statistics on OPC physician visits for 2021-2022. Totals include all outpatient clinics, including Saturday clinics, the Well Baby Clinic, and the Access Clinic per period.



Table 4

Outpatient Care Visits										
Financial Period	Total # of Appointments	Total # of Patients	Appointment Type							
			In-Person Consult	Saturday Clinic	Evening Clinic	Well Baby Clinic	Phone Consult	Access Clinic	Respiratory Emergency	Emergency
1	744	652	64	11	ON HOLD	37	576			56
2	1153	935	118	0		63	886			86
3	617	558	61	0		36	462			58
4	1273	1258	242	28		62	852			89
5	886	882	184	11		46	539			106
6	930	788	284	11		47	522			66
7	977	823	250	9		56	577		11	74
8	1083	906	265	19		52	626		45	76
9	882	876	326	0		62	402		38	54
10	860	764	311	21		53	401		18	56
11	1004	845	262	2		63	596	14	31	36
12	1010	869	380	11		60	483	2	23	51
13	1206	1015	491	2		86	504	5	31	87
<b>TOTAL</b>	<b>12625</b>	<b>11171</b>	<b>3238</b>	<b>125</b>	<b>N/A</b>	<b>723</b>	<b>7426</b>	<b>21</b>	<b>197</b>	<b>895</b>

A review of OPC's processes and overall functioning was set to take place this fiscal year but was postponed due to COVID-19. To help with this review, consultants are scheduled to begin their work in August 2022.

The COVID-19 Testing Site continued to accommodate Kahnawa'kehró:non and employees of community organizations for the majority of this year. However, in December 2021, a surge in COVID-19 cases due to the Omicron variant strained available resources, and testing was restricted solely to staff, patients, and residents of KMHC, TBEL, and the ILC, as well as staff of other community organizations. Regional public health teams halted PCR testing and contact tracing, but the KMHC Testing Site was kept open (with the above-mentioned restrictions) to facilitate local contact tracing. In total, 6447 tests were administered at the testing site this year.



## OUTPATIENT CARE: COMMUNITY HEALTH

### NEWBORN POST-PARTUM HOME VISITS

There are two nurses that provide newborn home visits. Due to COVID-19, most newborn visits occurred over the phone unless there were any issues. Weights were often completed by the parents and newborns were seen for measurement until they regained their birthweight. Nurses administered the Edinburgh Post-Partum Depression (PPD) Scale to all mothers at their one-month visit. Working with KSCS and the physicians of KMHC has facilitated the referral process for new mothers experiencing PPD. This year, 17 mothers were identified as having PPD or at-risk of developing PPD.

- One was referred to Psychiatry,
- Five were referred to KSCS for support, and
- One self-referred to a therapist.

The total number of home visits and various reasons for follow-up are shown in Table 5.

Table 5

Newborn Post-Partum Home Visits							
Birth Rate	Initial Home Visits	Total Follow-Ups	Reason for Follow-Up				
			Weight	Breastfeeding Issues	Tongue Tie	Referral	Other
89	201	477	347	73	19	12	56

### WELL BABY PROGRAM

Well Baby Clinics (WBCs) are held all day on Tuesday, Wednesday, Thursday, and Friday, but clients can also be seen outside of regular clinic hours for weights and immunizations. The WBC is staffed with two regular nurses, one availability nurse, and had one nurse on leave this year.

See Table 6 for the total number of children seen by the WBC (including outside of regular clinic hours). The cancellation rate includes any rescheduled appointments.

Table 6

Well Baby Clinic Appointments			
Year	# Visits	DNA*	Cancelled
2018-2019	1114	165 (12%)	141 (10%)
2019-2020	1138	146 (10%)	127 (9%)
2020-2021	459	42 (8%)	32 (6%)
<b>2021-2022</b>	<b>1127</b>	<b>129 (9%)</b>	<b>143 (10%)</b>

\*DNA = Did not arrive





The WBC immunization rate is excellent. The number and type of vaccines administered in the WBC can be seen in Table 7. This winter, one baby required the Synagis vaccine, which is given to children at high risk for complications from Respiratory Syncytial Virus (RSV).

As part of the WBC Literacy Program, books in English and in Kanien'kéha were given to all babies aged two months to four years-old at their clinic appointment. An effort has been made to purchase more books by First Nations authors. Nurses continue to inform parents about the importance of literacy and how to read to their children.

The nurses also contacted a program that establishes literacy programs in First Nations communities. After meeting with the program members several times, it was determined that KMHC's Literacy Program is well-developed, and our nurses felt that we would be taking resources away from communities that require more support than we do. KMHC offered to help by sharing experiences and suppliers with the program, as well as encouraging them to contact the Montreal Children's Hospital and the Canadian Pediatric Society for resources.

## PRENATAL CLINICS AND CLASSES

Prenatal clinics take place on Mondays and Thursdays according to physician availability. The Community Health Nurse screens clients and promotes healthy behaviours relevant to the stage of pregnancy and infant feeding choice.

The nurse also provides the following:

- Recruits participants for prenatal classes or 1-on-1 education
- Encourages prenatal attendance at Iontstaronhtha (Breastfeeding Program)
- Develops a therapeutic relationship with future parents.

See the statistics for the Prenatal clinics and classes in Table 8.

Table 7

Well Baby Clinic Immunizations	
Vaccine	# Administered
Infanrix-hexa	177
Pediacel	96
Adacel-Polio	99
Prevnar-13/Synflorix	271
Pneumovax-23	0
Neisvac-C	100
Proquad	197
MMR	4
Varivax	90
Rotarix	161
Twinrix Jr	99

Table 8

Prenatal Clinics and Classes		
Type		Total #
# of Prenatal Visits done by the Community Health Nurse		599
# of Prenatal Clinics		57
# of Prenatal Moms		63
>35 Visits		92
<19 Visits		24
Win Rho given		4
Gestational Diabetes Patients		15
Type 2 Diabetes Management		1
Prenatal classes	Sessions of 2 classes	2
	Moms (with their partners)	7
	Individual sessions	0

## PRECONCEPTUAL HEALTH

This program is currently limited to counselling on preconceptual health issues, which clients may access either by self-referral or through referral by a healthcare professional. A future goal for Preconceptual Health is for 10% of all pregnancies to follow the 12-month plan. At this time, it is unknown how many clients go directly to their physicians for preconceptual advice.

## IONTSTARONHTHA: BREASTFEEDING PROMOTION PROGRAM AND BABY-FRIENDLY SUPPORT GROUP

The breastfeeding promotion program promotes and supports breastfeeding as the number one choice for newborn feeding and aims to increase the breastfeeding initiation rate to 80% (as well as the duration to at least six months of age).

When in-person gatherings were allowed, Baby-Friendly Support Group meetings were held at the home of the Breastfeeding Support Worker (BSW), Vanessa Rice, with a maximum of four mother-child pairs. Once restrictions on gatherings were implemented, meetings took place over Zoom. There were a total of two in-person gatherings and three Zoom meetings, with attendance ranging from five to 12 pairs of mothers and their babies.

Thirty-five moms participated in the support program. Home Visits were provided from both the Registered Nurse (RN, totalling 73 visits) and the Breastfeeding Support Work (BSW, totalling 36 visits). Overall, 2990 hours were put into the program by staff.

## SCHOOL HEALTH

There are two nurses (Dawn Lazare and Juanita Belanger) who cover all elementary schools within Kahnawà:ke. Due to COVID-19, the nurses were reassigned but continued to provide phone support to schools.

Classes that nurses would typically provide at Kahnawà:ke's elementary schools, such as: Handwashing and Infection Prevention, Sexual Abuse Prevention & Boundaries (Grade 1), Anaphylaxis (Grade 4), Puberty (Grade 5), and Sexuality (Grade 6), did not occur this year due to COVID-19. Additionally, in-school consultations (for illness and injury), Health and Safety Meetings, vision screenings, and communicable disease discussions did not occur.

Epilepsy/Seizure First Aid and CPR Training did not occur at any school except Step by Step due to COVID-19 restrictions. At Step by Step, 49 staff attended the Epilepsy/Seizure training and 100% of staff received CPR training.

Table 9 on page 23 shows how many staff and students were reached for each program area.





Table 9

School Health Procedures in Kahnawake Elementary Schools					
Program Area	Karonhianonhnha	Indian Way	Karihwanoron / Avery's	Kateri	Step By Step
STAFF-IN-SERVICE					
Bloodborne Diseases / Medication Policy	1 class	10 staff	11 staff (7 at Avery's)	60 staff	50 staff
EpiPen	1 class	5 staff	11 staff	1 staff	50 staff
STUDENT HEALTH					
CSMRs* Processed	161/221	22/40	30/100	250/280	Collected by staff
	SAR* - 4	SAR - 0	SAR - 1	SAR - 8	SAR - 4 children & 6 staff
First Aid Kits Restocked	5 kits	1 kits	1 kit	3 kits	
VACCINES (to complete missed group from 2019-2020)					
Twinrix	9	0	0	14	N/A
Engeriz/ Recombivax	21 (1 refused)	0	2	24	
Gardasil	9	5	0	18	N/A
Cervarix	19	5	1	25	
Complete	20/29	5/6	2/2	18/50	

\*SAR = Severe Allergic Reaction

\*CSMR = Confidential School Medical Record

There were no Youth Wellness Clinics or vaccination sessions held at Kahnawà:ke Survival School (KSS) this year due to COVID-19. At KSS, 140 out of 240 CSMRs were processed. Six students with severe allergic reactions were recorded, one requiring the use of an Epi-pen. Twenty-six staff members were trained in the identification of Blood Borne Diseases. Four first aid kits were restocked due to use. No meetings were held by Social Services due to COVID-19 restrictions.

### YOUNG ADULTS PROGRAM / TEEN SOCIAL CLUB

No programming occurred this fiscal year due to COVID-19.

### STAFF HEALTH

There is one dedicated Staff Health Nurse, Aileen Faron, who typically works three days per week but took on extra shifts to accommodate higher rates of flu vaccination during flu season, to provide staff-health assessments for the many new employees hired during the expansion process, and to assist with additional tasks resulting from the pandemic. The Staff Health Committee also met four times this year.

This year, the staff health nurse saw 67 new staff to review their pre-employment medical questionnaire and to train them regarding needle stick injury and bodily fluid policies, Commission des normes, de l'équité,

de la santé et de la sécurité du travail (CNESST), and Workplace Hazardous Materials Information System (WHMIS). New staff were also instructed on how to complete a Staff Accident Form and encouraged to report any and all workplace accidents. The Staff Health nurse saw 72 people to update their immunizations, administering a total of 74 vaccines.

Staff vaccination clinics for the flu began on October 29th, 2021. One hundred and eighty-nine staff received their flu vaccine, accounting for 60% of staff on payroll. Included in that total are non-payroll staff, volunteers, expansion project staff, and nursing students. Our Staff Health Nurse made the clinics easily accessible by hosting them in multiple locations across multiple days throughout the hospital. Only four staff members were screened for flu-like syndrome (FLS/SAG); of those, three tested positive for Influenza type A. These positive staff members were screened at various times between the months of January and February 2022.

A total of 66 N95 Fit Tests were done on staff from various service areas. The Staff Health Nurse has their own office which made it easier to provide this service. Due to low supply and a current global shortage of N95 masks, a fair number of Inpatient staff could not be re-fit-tested this year.

For the first time in many years, there was a decrease in the number of back injuries to staff. Unfortunately, there was an increase in the total number of abuseabuses to staff events, proportional to the increase in the total number of all staff accidents (see the “Quality Improvement, Risk Management, and Innovation” section of this report for more information regarding staff accidents, page 39).

## ADULT PREVENTION

No programming occurred this year because the Adult Prevention worker was reassigned due to COVID-19.

## CANCER CARE SUPPORT GROUP AND FUNDRAISING

The Cancer Support Group was unable to hold meetings or major fundraising events due to the pandemic. The Cancer Support Nurse called group members every few months, and more often as needed for clients who requested it. An advertisement was put in the newspaper to provide community members with the names and phone numbers of three group members and people were encouraged to call them for information or support. For any medical-related questions, the community was advised on how to contact the KMHC Support Nurse. The number of clients helped is shown in Table 10.

Table 10

Cancer Support Group Attendance			
Year	# of Clients	# of Interactions	# of Hours
2018-19	44	316	206
2019-20	35	359	176
2020-21	56	429	262.75
2021-22	37	194	100.5





## **TOBACCO REDUCTION STRATEGY**

The Tobacco Reduction Prevention worker, Sirjirick Phillipp Gibson, was temporarily reassigned to the COVID-19 Testing Site until August 2021.

A total of ten referrals for smoking cessation were received this year. Half of the referred clients stated they knew they needed to quit smoking but were not ready. Two clients refused to meet with the Prevention worker; four clients had one session, two clients had two sessions, and two clients had three to four sessions. Some participants were successful in decreasing the total number of cigarettes smoked per day, but none were able to completely quit smoking.

## **HIV/AIDS AWARENESS AND PREVENTION**

No initiatives took place this year.

## **CHILD INJURY PREVENTION**

The Child Injury Prevention worker, Cayla Patton, provided Babysitter Certification courses at the Kahnawà:ke Youth Center and 28 children took part.

Elementary school staff were concerned about their students' safety while walking to school, so the prevention worker provided support to teach children how to walk safely.

The prevention worker also educated several mothers on proper car seat installation and distributed materials at the schools about the importance of seat belts.

## **REPORTABLE DISEASES**

Maladies à Déclaration Obligatoire (MADO, also known as Diseases that must be Reported) reports show that most diseases in Kahnawà:ke are rare and cases are often not related to one another, apart from chlamydia. The rate of infectious diseases in Kahnawà:ke remains relatively low. Due to COVID-19, any MADOs related to Sexually Transmitted and Blood-Borne Illnesses (STBBI) MADOs were handled by Montérégie.

## **ADULT IMMUNIZATIONS**

Immunizations were once again limited this year due to COVID-19. See Table 11 for the number and type of vaccines administered.

Table 11

<b>Adult Immunizations</b>	
<b>Vaccine</b>	<b># Administered</b>
Hib	3
dTap	39
dTap-IPV	2
Hep A	0
Hep B	8
Hep A&B	7
HPV	13
MMR	2
MMR-Var	0
Men-B	1
Men-C-C	1
Men-C-ACYW135	2
Pneu-C	2
Pneu-P	9
PPD	4
Rabies	0
Td	26
Varicella	6
Shingles	11

The number of Hep A & Hep B vaccines administered was directly related to the number of Kahnawà:kehró:non who travelled. Physicians began referring more immunosuppressed clients for vaccines such as Prevnar-13, Men-B, Act-Hib, and Hep A&B. Lastly, the schedule for adult vaccines changed: Tetanus is now only given at age 50, not every 10 years as previously done.

### CHILDREN’S ORAL HEALTH INITIATIVE

The Children’s Oral Health Initiative (COHI) was put on hold due to COVID-19 when the Dental Hygienist, Susan Montour, was reassigned to the COVID-19 testing site. Susan left the position in June 2021.

### DIABETES EDUCATION – “AT PEACE WITH DIABETES”

This service is accessed by referral and provides interdisciplinary counseling, education, and support for clients living with diabetes. The wellness nurse, Tanya Diabo, works closely with the nutritionist, Joëlle Emond, to provide a coordinated approach to diabetes education. As in the previous year, most appointments this year were held over the phone. See Table 12 for appointment statistics.

Table 12

Number and Type of Client Contact for Diabetes Education Sessions								
Year	Scheduled	Unscheduled	In-patient	Home visit	Phone calls	DNA <sup>†</sup>	Cancelled	Total Clients Seen
2018-19	1003	428	1	7	778	148	192	1431
2019-20	1238	511	0	4	750	149	236	1751
2020-21*	1073	394	1	4	1417	20	105	50
2021-22*	725				Exact number not available	102	138-185 (313)	168

\*A majority of client sessions were done over the phone due to COVID-19.

<sup>†</sup>DNA = Did not arrive

The prevalence (all cases) and incidence (new diagnoses) of diabetes cases is summarized in Table 13. There were 20 new diagnoses of Type 2 Diabetes this year and no new diagnoses of Type 1 Diabetes.

Table 13

Incidence and Prevalence of Diabetes Cases				
Incidence (New Diagnosis)				
Year	Type 1	Type 2	Transfer*	<sup>†</sup> IFG
2018	0	20	2	0
2019	0	10	0	2
2020	0	27	0	0
2021	1	29		2
2022	0	20		0
Prevalence (All Cases)				
End of 2021	12	774	N/A	138

\*Transfer = clients previously with IFG

<sup>†</sup>IFG = Impaired Fasting Glucose



## OUTPATIENT NUTRITION SERVICES

The outpatient dietician saw 711 clients out of the 1046 originally scheduled this year (see Table 14). The dietician saw fewer clients compared to last year because they were temporarily reassigned to the COVID-19 Testing Center. The demand for outpatient nutrition services decreased this year, again most likely due to the limited services available during COVID-19. Next year, an increase in the total number of referrals is expected as outpatient activities slowly return to normal and new physicians begin working at KMHC. The majority of nutrition services continue to be offered over the phone or by email with informed consent from clients.

Table 14

Outpatient Nutrition Services							
Year	Referrals	Scheduled	Seen	In person	Phone	Cancelled	DNA
2017-18	316	828	504 (61%)	N/A	N/A	196 (24%)	128 (15%)
2018-19	310	1088	688 (63%)	N/A	N/A	237 (22%)	161 (15%)
2019-20	301	1197	704 (59%)	684	20	267 (22%)	158 (13%)
2020-21	302	1169	812 (69%)	30	782	149 (13%)	134 (11%)
<b>2021-22</b>	<b>262</b>	<b>1046</b>	<b>711 (68%)</b>	<b>19</b>	<b>692</b>	<b>166 (16%)</b>	<b>116 (11%)</b>

\*DNA = Did not arrive

In total, there were 262 referrals received as of March 31st, 2022. More clients are being referred for obesity (20% of referrals) and GI issues (10% of referrals) compared to last year (11% and 4% of referrals, respectively). Most clients are referred for diabetes management, which made up 40% of new referrals this year. Other reasons for referral include cardiovascular issues (19%) and pediatric patients (5%).

The wait time for nutrition services continues to be a challenge, and the wait once again increased this year. As of March 31st, 2022, 143 people were waiting for a nutrition evaluation and the wait for an appointment ranged from zero to 1133 days. See Table 15 for comparisons to previous years.

Table 15

Wait Times for Nutrition Services		
Year	# of People Waiting	Oldest Referral Date (Wait Time)
2019-20	63	2018-10-24 (524 days)
2020-21	88	2019-01-11 (810 days)
<b>2021-22</b>	<b>143</b>	<b>2019-02-22 (1133 days)</b>

New requests are ranked by priority. The fact that the majority of clients are referred for chronic conditions requiring long-term nutritional care and regular follow-up remains a challenge. Administrative personnel are set to begin working later in the spring of 2022, and it is hoped that this will provide the clinician with extra time to provide services and to help minimize the waitlist.

The dietician successfully obtained the Certified Diabetes Educator (CDE) certification in June 2021, which will help to improve the diabetes care program.

To explore the possibility of using Remote Patient Monitoring Software/Apps, the diabetes care nurse and the dietician began using Abbott Libre View to track the Self-Monitoring Blood Glucose (SMBG) for clients who wear the FreeStyle Libre device. Clients reported that they were grateful for this initiative.

## COMMUNITY NUTRITION

Due to COVID-19 restrictions, nutritional activities for school children and clients of Assisted Living Services (ALS) were put on hold. Community cooking workshops were adapted to a virtual format, called the “What’s for Lunch?” program. This was done in collaboration with the KSCS Parenting group. All logistics and participant activities were managed by KSCS staff, while food aspects of the activity were handled by KMHC.

The “What’s for Lunch?” program featured cooking demonstrations on Facebook Live. Twenty-three food preparation videos (all under 30 minutes) were recorded between May 2021 and March 2022 at the KSCS Family & Wellness Centre (FWC). Registered participants received a weekly kit containing the ingredients necessary to prepare each recipe at home; they had the option of following along in real time (Facebook Live) or to view and prepare the recipe at any other time. Videos, recipes, and participant photos can be viewed on the KSCS Kahnawà:ke Facebook page or by searching the hashtag: #fwcletsgetcooking.

To increase community involvement and include more cultural content, participants and guest speakers from the community were invited to appear on the show. In December, groups were allowed; there were three groups of parents and children who demonstrated the recipes themselves. To promote gardening activities in the community, participants received one tomato and one basil plant for their own homes.

Nine participants provided feedback in an online survey. Participants said they enjoyed the choice of recipes and free ingredient kits, and those who watched the Facebook video said it was helpful and easy to follow. The free ingredient kit seemed to be an important factor for the program; only two participants stated they would continue to take part if the kits were not provided.

There were 16–23 registered participants per recipe. Video “views” on Facebook varied enormously between 81 and 651, with an average of 311 views. A detailed list of recipes, guests, and statistics is shown in Table 16 on page 29.





Table 16

"What's For Lunch?" Weekly Recipe Videos				
Date	Recipe Demonstrated	# Kits	# Facebook Views	Comments (Guests, Special sessions)
2021-05-12	Roasted Vegetable Pasta	18	605+	Tomato & Basil plants give away
				Guest: Trudy Jacobs, herb garden
2021-05-19	Salad Meal 1: Quinoa & White Bean Salad	19	651+	
2021-05-26	Tofu fried rice	20	198+	
2021-06-02	Salad Meal 2: Mexican Salad	20	252+	
2021-06-23	No Bake Granola Bars	17	465+	
2021-06-30	Strawberry Banana Smoothie Bowl	16	316+	
2021-07-07	Corn Salad (salsa)	17	424+	
2021-07-14	Overnight Oats	16	370+	
2021-10-06	Stuffed Acorn Squash (turkey)	19	327+	
2021-10-13	Apple Salad & Apple Dessert	19	270 +	
2021-10-20	Zucchini Boats (Sausage & Chickpea)	19	190+	Guest: Bea Taylor, Iroquois garden
2021-10-27	Black Bean Monster Burgers	19	244+	Last session outdoors
2021-11-17	Kid's Favorite Meatballs	21	324+	Guests: Kaniet'ha & baby Hawk
2021-11-24	3 Sisters Tacos	22	250+	Guests: Kyla and Nyla & Mom Candice
2021-12-01	Sweet Potato & White Bean Chili	22	278+	Chili cookoff, Guests/judges: Lisa & Derek
2021-12-08	Cranberry Oatmeal Cookies	22	243+	Guests: Cheston & Candice

The program was awarded the "Coup de Coeur Innovation" prize from the Order of Dietitians and Nutritionists of Quebec (ODNQ) in the Fall of 2021, awarded to nutrition programs that adopted new and innovative approaches in the context of COVID-19. This prize was awarded by popular vote, attesting to the support received from participants, colleagues, and community members. The team was then interviewed by local media (lori:wase, Eastern Door, K103 radio) and the Canadian Broadcasting Corporation (CBC).

Despite the success of the program, there were challenges with the video and audio quality of the recordings. In the next fiscal year, it has been approved at KSCS for their communications team to take on all technical aspects of the "What's for Lunch?" program to hopefully improve recording quality. Another challenge was the availability of fresh ingredients. With as many as 23 kits to prepare weekly, the sheer volume of groceries needed was challenging, despite ordering online and having fresh produce delivered locally. The nutrition team is exploring ordering some ingredients from Frutta Si in LaSalle to meet the demand. There were also challenges with COVID-19 restrictions, overall cleanliness of the cooking environment, and finding guests that wanted to appear on the show.

Other community nutrition activities that took place include:

- Two presentations given to youth at the Onake Paddling Club and three presentations given to members of the Kahnawà:ke CrossFit Training Gym. There were six to ten participants in each session. Presentation topics included sports nutrition, hydration, and nutritional self-assessment.
- Participation in lori:wase's "Movement is Medicine" podcast to discuss the role of nutrition in overall health and fitness.
- Participation in the KSCS Parenting Round Table Talk to discuss common

nutrition myths and parenting with regard to feeding children. There were 119 total views.

- Consultation provided to the KSDPP on nutrition content for their website and support provided to KSDPP Intervention workers for their “Good Sparks” program.

## FOOTCARE

Footcare aims to prevent foot ulcers and assess for risk factors such as neuropathy in people living with Type 2 Diabetes. There were fewer clinics held this year, however, there was an increase in the total number of patients receiving care and the total number of patient visits, as shown in Table 17.

Table 17

Type 2 Diabetes Footcare Clinic Statistics							
Year	# of Clinics	# of Patients Receiving Care	Total # of Visits	Average # of Visits/Clinic	Average # of Visits/Client/Year	DNA*	Cancellations <sup>†</sup>
2016-17	94	202	845	8.9	4.2	91	85
2017-18	94	257	917	9.7	3.5	76	192
2018-19	99	257	861	8.7	3.4	87	124
2019-20	89	277	834	9.3	3	68	248
2020-21	79	157	304	3.8	3.8	3	12
2021-22	68	194	568	8.3	2.9	39	99

\*DNA = Did not arrive

<sup>†</sup>Includes patients who rescheduled appointments.

## ADI DIABETIC EYE SCREENING PROJECT

This project was implemented to provide eye screening for diabetic retinopathy in patients living with Type 2 Diabetes. Due to COVID-19 and the move back to the optometry office, optometry appointments were put on hold. Additionally, there were issues with the equipment. The optometrist was able to see 159 out of the 300 clients allotted by Community Health Plan Initiative (CHPI) funding.

## REHABILITATION SERVICES: PHYSIOTHERAPY

The waiting list for Physiotherapy services increased again this year. Due to COVID-19, there was a lack of staff and there were a limited number of patients allowed to be in the gym at the same time. Equipment also could not be shared between the Inpatient and Outpatient departments. Prior to the pandemic, the Outpatient physiotherapist was able to see 16-20 clients per day, but now sees about six per day.

As of March 31st, 2022, there were 334 clients on the waitlist, an increase of 120 clients compared to last year. It remains a goal for the upcoming fiscal year to minimize the size and length of time spent on the waiting list by continuing to assess new referrals. In total, 221 new assessments were completed this year, 193 (87%) of which were done by Marla Rapoport, the Physiotherapist and Rehabilitation Team Leader. The other 13% of assessments were completed by Isabelle Barreira, a part-time physiotherapist who temporarily worked with





Marla during the year. See Table 18 for more information on physiotherapy referrals and visits.

Table 18

Physiotherapy Rehabilitation Referrals and Assessments					
Year	# of Clients on Wait List at End of Year	# of New Referrals Received	Total # of New Assessments Completed	Total # of Patient Visits	# of Clients Discharged Without Treatment*
2017-2018	205	430	355 (Marla: 182)	3104 (Marla: 1766)	66
2018-2019	132	359	328 (Marla: 221)	2102 (Marla: 1452)	100
2019-2020	216	407	349 (Marla: 271)	1887 (Marla: 1798)	117
2020-2021	214	382	323 (Marla: 283)	1105 (Marla: 1066)	51
<b>2021-2022</b>	<b>334 (318)</b>	<b>349</b>	<b>221 (Marla: 193)</b>	<b>1429 (Marla: 1271)</b>	<b>Unavailable</b>

\*Problem resolved, client refused, or client did not respond to messages (phone calls and letters).

Physiotherapy aimed to develop an online Chronic Pain Management program in collaboration with KMHC’s Mental Health nurse. This goal was not achieved, as there were many other priorities that required the attention of the Physiotherapy team and the Mental Health nurse. However, in June 2021, Marla completed McGill’s Chronic Pain Management Certificate program and continues to incorporate what was learned into practice.

The Physiotherapy team continues to collaborate with the McGill School of Physiotherapy and Occupational Therapy to train students and expose them to the community. Two students joined the team for the Fall 2021 term, but team was unable to accept more than that last year due to the continuously changing COVID-19 policies and restrictions.

To improve delivery of care, many modifications to procedures and processes are ongoing. The annual equipment calibration was done in February 2022. Initial assessment forms were modified to incorporate the biopsychosocial model of care and to contain specific questions about falls. Lastly, Marla was granted approval this year to access the Dossier Santé Québec (DSQ, translated to Quebec Health Record), which gives her direct access to radiology results.

The Outpatient Physiotherapy team successfully adapted their ways of assessing and addressing client needs while adhering to restrictions and limitations imposed by COVID-19. Some examples include:

- Clinical history taken by phone prior to the appointment. This has had a very positive impact on clients – most appreciated having the opportunity to discuss their issues in detail. This also made it easier for the clinician to chart in real-time.
- Decreased number of times a client is seen per week. Patients were encouraged to follow their treatment regimen at home.
- Developed home exercise programs that were sent electronically to clients (or picked up). This was well-received, although it became clear that some clients were not following their programs at-home.

A major challenge for the Physiotherapy team is the lack of adequate office space. It is hoped that in the next fiscal year, new office space will be made available for physiotherapy assessments. Another challenge this year was the adjustment to MYLE. Although it made charting in real-time and collaboration

with other service providers easier, it became more time consuming to find relevant patient information and past medical history because clinician notes must be viewed one at a time.

## REHABILITATION SERVICES: OCCUPATIONAL THERAPY (OT)

Home and out-patient Occupational Therapy (OT) received the same number of referrals as last year but OT staff were able to address more referrals this year (an increase from 60 addressed in 2021 to 70 addressed in 2022). Despite 101 new referrals, the waitlist only increased from 95 to 101 people. See Table 19. For the upcoming fiscal year, it remains a goal to continue addressing the size and wait-time of the OT Waiting List.

Table 19

Occupational Therapy Referrals and Wait List								
Year	# of Clients on Wait List				# of Referrals Received			
	Home	Out	Splint	Total	Home	Out	Splint	Total
2017-2018	61	15	4	80				
2018-2019	56	14	5	75	81	4	3	88
2019-2020	73	18	4	95	111	11	1	123
2020-2021	77	11	7	95	93	5	4	102
<b>2021-2022</b>	<b>87</b>	<b>11</b>	<b>3</b>	<b>101</b>	<b>99</b>	<b>1</b>	<b>1</b>	<b>101</b>

This year, there was an increase in the total number of patient visits and total patient care minutes. Time spent with home patients increased while time spent with outpatient clients decreased, as seen in Table 20.

For continued professional development, OT staff attended the course “Ergothérapie, soins palliatifs et de fin de vie” (translated to “Occupational therapy, palliative, and end-of-life care”) on February 3rd and 4th, 2022. There

Table 20

Occupational Therapy Visits		
Year	Total	Total
	# of Patient Visits	Total Patient Care Minutes*
2017-2018	Home: 114	Home: 35,935
	Out/Splint: 7	Out/Splint: 2710
	<b>Total: 121</b>	<b>Total: 38,645</b>
2018-2019	Home: 127	Home: 50,750
	Out/Splint: 6	Out/Splint: 1330
	<b>Total: 133</b>	<b>Total: 52,080</b>
2019-2020	Home: 131	Home: 38,300
	Out/Splint: 12	Out/Splint: 3440
	<b>Total: 143</b>	<b>Total: 41,740</b>
2020-2021	Home: 145	Home: 48,090
	Out/Splint: 13	Out/Splint: 2540
	<b>Total: 158</b>	<b>Total: 50,630</b>
<b>2021-2022</b>	<b>Home: 232</b>	<b>Home: 60,330</b>
	<b>Out/Splint: 3</b>	<b>Out/Splint: 980</b>
	<b>Total: 235</b>	<b>Total: 61,310</b>

\*Includes phone calls as of 2020.

remains a need for education on the role of OT in end-of-life-care and a need for earlier OT involvement in palliative care. For next year, OT would like to lobby for Homecare to obtain a PDSB instructor, especially in the context of palliative and end-of-life care.

Prefab splints are now provided by Orthèses Creighton or Sporthotec (in Châteauguay), rather than from KMHC’s pharmacy. For the upcoming year, it will be important to remind physicians to refer outpatient clients in need of Prefab splints directly to one of these two companies.





Despite continued difficulties brought on by COVID-19 and other challenges, OT saw many accomplishments this year in addition to those mentioned above, including:

- Medicare walkers: OT and Physiotherapy are now permitted to prescribe Medicare walkers, supplied by Centre Montréalien de Réadaptation (CMR).
- Work Evaluation and Orientation: OT successfully researched a public clinic available for Work Evaluation and Orientation at Lethbridge-Layton-Mackay Rehab Centre through the Guichet d'Acces CIUSSS West Central Montreal.
- Quality Improvement (QI): The QI team submitted OT forms to the Home Care Team in June 2021 and a debrief with the QI team was held in December 2021.
- Immunizations: Staff received their second COVID-19 dose in May 2021 and their COVID-19 booster dose as well as their Flu vaccine in December 2021. Fit tests for N95 masks took place in January 2022.

Challenges this year included:

- A lack of home physiotherapy visits: Physiotherapists were unable to complete home visits due to COVID-19. OT assessments, interventions, and documentations take longer when there is no physiotherapist allowed in the home setting.
- Equipment delivery: The equipment supplier no longer delivers weekly and instead only delivers when there are a certain number of items ready to deliver. Clients wait months due to this and due to equipment back-order.
- Non-Insured Health Benefits (NIHB) range of cost and prior approvals: Many pieces of equipment (for example: hospital beds for home patients) are no longer within NIHB's range of cost, so choices are limited. The OT and supplier must complete various documents and forms for purchase approval, which is quite time consuming and takes time away from direct client care. Only Sporthotec (the supplier) agreed to help with this but they do not sell some products and the client must personally pick up the equipment. As a result, there are long delays before the client actually receives the equipment they need. OT is now in contact with an NIHB liaison nurse who has been helpful when issues arise.
- Staff shortages: Despite recommendations by OT, some homecare clients did not have access to Home Health Aide (HHA) services for personal care this year due to staff shortages. This greatly increases the risk of falls and injuries.
- Space: There continues to be a lack of storage and office space for OT equipment and personnel.

For the next fiscal year, OT plans to lobby for: the purchase of hospital beds (three total) and a variety of therapeutic surfaces, a service contract with a company to handle the storage, transport, installation, cleaning, and maintenance of the beds, as well as the purchase of equipment for home- and out-patients.

## TEKANONHKWATSHERANÉ:KEN (TWO MEDICINES WORKING SIDE BY SIDE)

This year, Tekanonhkwashterané:ken evolved from a pilot project to a full-time program with three full-time positions and an operating budget. The team includes Calvin Jacobs and Candida Rice, who became full-time in October 2021, and Dale Beauchamp, who was hired as the Traditional Medicine Support Worker in the beginning of November 2021.

Tekanonhkwashterané:ken's long-time supervisor, Lynda Delisle (Director of Support Services), retired in December 2021. She was instrumental in the birth, growth, and development of the program. She supported the purchase of a retractable awning to provide a shaded seating area to meet with clients and helped coordinate the



installation of a Turtle art piece in the courtyard by Megan Kanerahtenha:wi Whyte. Tekanonhkwashterané:ken continues to flourish under their new supervisor, Valerie Diabo, Director of Community and Nursing Care.

There were 60 referrals to access Traditional Medicine services this year. A majority (40) of the clients referred were women between the ages of 25-64. Along with providing healing and support sessions for clients, Tekanonhkwashterané:ken holds specialized ceremonies depending on need. For example, Calvin performed two End of Life ceremonies with palliative clients this year. See Table 21 for information on the number of client-specific activities provided by the Traditional Medicine staff this year.

Table 21

Number of Client Services Provided by Traditional Medicine				
Month	Sessions	Ceremonies	New Intake	Case Consult or Discussion
Apr 2021	6	4	2	1
May 2021	3	2	1	0
Jun 2021	7	1	0	0
Jul 2021	4	1	0	0
Aug 2021	5	0	1	0
Sep 2021	8	1	0	0
Oct 2021*	14	0	0	0
Nov 2021 <sup>†</sup>	12	2	3	8
Dec 2021	14	0	1	10
Jan 2022	27	0	1	4
Feb 2022	24	0	1	11
Mar 2022	20	0	3	8
<b>TOTAL</b>	<b>144</b>	<b>11</b>	<b>13</b>	<b>42</b>

\*Calvin and Candida became full-time staff.

<sup>†</sup>Dale began her position as the Traditional Medicine Support Worker.





In addition to providing services directly to clients, Traditional Medicine also holds activities, trainings, and workshops for community members, staff, and various external groups. Calvin Jacobs recites the Ohén:ton Karihwatéhkwén (Opening Prayer) over the hospital intercom each morning Monday through Friday. The team holds a monthly Tobacco Burning Ceremony, which all staff are invited to attend. Each ceremony was attended by seven staff on average this year. They also held tobacco burnings to commemorate Orange Shirt Day and to honor the children of Kamloops Indian Residential School.

The team hosted and co-facilitated 35 sessions of the Reawaken Body, Mind, and Spirit workshop with Emmy Mitchell, a traditional healer. Attendance ranged from three to 12 participants per session.

Tekanonkwatsherané:ken continued to attend KMHC's Prenatal Class organized by Caireen Cross to provide six community members (per session) with cultural prenatal and birthing teachings. There were four sessions held throughout the year.

To sensitize healthcare workers and students to the realities of Indigenous people and to teach them our ways, Tekanonkwatsherané:ken provides cultural orientation and traditional medicine training. Trainees this year included:

- Second year McGill medical students: four sessions with 60+ participants per session (done in partnership with Dr. Kent Saylor through the Indigenous Health Professions Program).
- Dawson College nursing staff and students: one session specifically on traditional End-of-Life Care with 25 participants.
- McGill occupational therapy students: one session with 68 participants at the Mohawk Trail Longhouse
- Three Bear Words condolence teachings to the KSCS Grief Group. There were three sessions total.
- McGill nursing students, McGill physiotherapy students, NOVA PAB stage students, Champlain College nursing students, and staff of the Montreal Children's Hospital also all received cultural orientation and traditional medicine training.

Lastly, Tekanonkwatsherané:ken works to incorporate our language and culture in all areas of the hospital through the development of the KMHC Language and Culture Program. Calvin opens and closes certain meetings, events, and trainings with the Ohén:ton Karihwatéhkwén and the team provides Kanien'keha translations for people as needed. The team also created a Quizlet to help staff learn Kanien'keha and 41 staff have been enrolled in the program so far.



## SUPPORT SERVICES

### PLANT SERVICES

Plant Services includes six departments with a total of 41 employees, who all fall under the Manager of Plant Services. The six departments are: Laundry, Housekeeping, Security, Plant Maintenance, Transportation, and Receiving. The Laundry and Housekeeping departments are directly supervised by Team Leaders.

The transportation team had the goal of finding a funding source for the purchase of a new van. While this goal was not met, a source was found to cover 50% of the purchase cost. Finding a source for the remaining 50% is a goal for the upcoming year.

The 2nd Shift Laundry pilot project was a success and at the end of this fiscal year, it was solidified as a permanent, full-time position.

Housekeeping hoped to increase the number of staff and shifts available, but this objective was not complete due to COVID-19-related staffing shortages, as well as retirement and resignations. Currently, Plant Services is looking for permanent employees for the Receiving department. A permanent employee was hired this year but was relocated to the Maintenance department.

COVID-19 delayed the release of the final draft of KMHC's new emergency response plan, so Security was unable to adapt their roles according to the anticipated new emergency codes. This remains a goal for the upcoming year.

Maintenance achieved an important objective in the Fall of 2021 by successfully restarting the Medical Preventative Maintenance Program. This program aims to make sure that all of KMHC's medical equipment is working properly, is in its proper place, and is kept in good condition.

In order for Maintenance to complete their many renovation projects more quickly, an outside project management firm was hired and began their work in January 2022. The firm was also tasked with finding a permanent solution to the extreme temperatures in the Receiving Bay. Having an external project manager helped Plant Services focus on their general day-to-day operations, which improved efficiency and quality.

### FOOD SERVICES

This year, 63,089 meals were served to inpatients and 7,475 meals were served to cafeteria customers. According to the Inpatient Care survey, residents were quite satisfied with their meals and appreciated the printing of an illustrated menu.

New equipment purchased this year includes: tray wagons and meal trays,





dinnerware and cutlery, a commercial coffee maker, a conveyor toaster, a kitchen mixer, four Microsoft Surface Pro 7 Plus tablets, and two printers.

Quality improvement projects this year included meal observation and intervention for vulnerable residents, monitoring of snack distribution, research on food service management, and research on clinical nutrition software.

A pilot project was conducted on dining room meal service in LTC. As a result, LTC Unit 1 now has dining room service for breakfast. A survey showed that the majority of residents on Unit 1 liked eating breakfast in the dining room and were satisfied with the meal service. Milieu de Vie Committee members agreed that, while partially complete at the moment, the project will be successful in allowing Food Services to provide client-centered care. Milieu de Vie (also known as Living/Homelike Environment), a concept many long-term care centres are trying to adopt in order to make residents feel more at home and to step away from the impersonal feel that hospitals tend to have.

### **MEDICAL RECORDS DEPARTMENT**

This year, many of the Medical Records Department's (MRD) policies and procedures had to be reviewed and/or revised in order to reflect the many changes of practice that came with transitioning from a paper-based system to MYLE in 2020. The number of policies and procedures affected after review can be seen in Table 22. MRD staff successfully adapted to the changes and provided service in good quality.

Table 22

<b>Changes in MRD's Policies and Procedures</b>	
<b>Changes</b>	<b># of Policies</b>
Rendered obsolete	11
To be revised	7
Developed	3

The new policies and procedures developed include:

- An MRD procedure on "Obtaining a copy of KMHC Medical Records," and
- Two MYLE policies and procedures on
  - Auditing scanned documents, and
  - Auditing chart access

To re-start the tagging and purging of inactive documents from deceased patients' medical files, the MRD Manager scheduled a file clerk to work on this for four days per month using the surplus time available. In total, 168 charts were tagged and 74 were purged.

The transition to MYLE improved the workflow and efficiency of the MRD. The MRD Secretary must now only transcribe notes for two doctors, compared to 12 prior to the implementation of MYLE. With this transition, the MRD Secretary is now able to dedicate more time to other tasks such as scanning OPC charts (for Scanning Phase II), transcribing minutes for MRD meetings and related committees (Info Management, MPB&C), booking appointments for the

Access Clinic, and taking phone messages to put clients on KMHC’s waitlist for a new family doctor.

Table 23 shows the recent decrease in MRD activities since the transition to MYLE.

Table 23

Percent Decrease in MRD Activity		
MRD Activity	2021-2022	% Decrease*
# of Charts Pulled (All Clinics)	10,674	↓74.6%
# of Incoming Documents Scanned	36,003	↓22.1%
# of OPC Chart Transcriptions	4107	↓65.1%

\*Compared to the average of the three fiscal years prior to the implementation of the MYLE EMR (2017-18 to 2019-20)



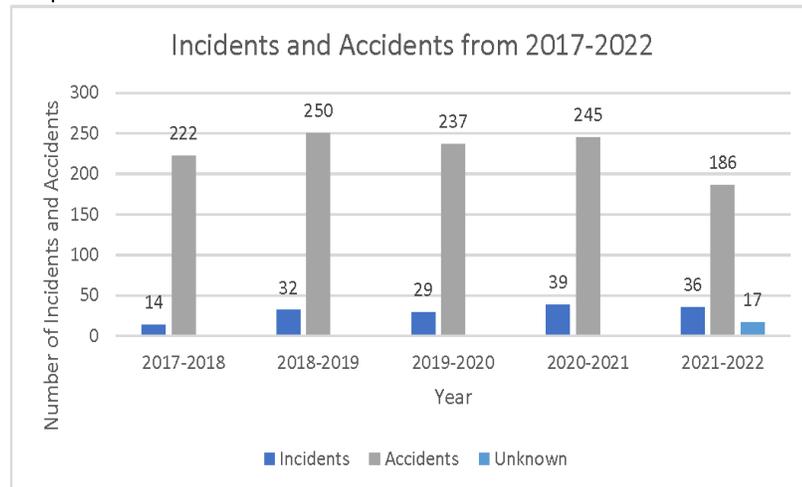
## QUALITY IMPROVEMENT, RISK MANAGEMENT, AND INNOVATION

### CLIENT-RELATED EVENTS

There were 239 client-related events reported across all service areas at KMHC this year using the AH-223 Client Incident/Accident Forms. Of these 239 events, 36 were incidents and 186 were accidents, while 17 were of unknown origin. An *incident* is a “near-miss,” which is a risk situation that did not directly affect a client but could have if not noticed in time. An *accident* is any event that reaches the client, regardless of whether or not they experience any consequences (ex.: injury, hospitalization) as a result of the event.

The total number of events reported (incidents + accidents + unknown) is less than the previous four fiscal years. See Graph 1.

Graph 1



The majority of events were related to falls and medication errors, followed by “other” and lab-related events. Overall, a majority (110) of the events had no consequences for the client, while clients experienced temporary consequences in 76 of the events. There were no sentinel events this year. See Table 24 for the number and types of events that were reported across all service areas at KMHC.

Table 24

Type and Severity of Incidents and Accidents Reported to QIRMI in 2021-2022						
Type of Event	Incident	Accident			Unknown	Total
		Without Consequence	Temporary Consequence	Sentinel Event		
Medication	23	46	18	0	1	88
Fall	2	44	35	0	1	82
Other	3	5	10	0	6	24
Lab	2	3	7	0	7	19
Treatment	1	4	3	0	0	8
Equipment	4	1	1	0	1	7
Physical Abuse	0	6	1	0	0	7
Material	1	0	0	0	1	2
Diet	0	1	0	0	0	1
Belongings	0	0	1	0	0	1
<b>Total</b>	<b>36</b>	<b>110</b>	<b>76</b>	<b>0</b>	<b>17</b>	<b>239</b>

All falls except one and all medication errors except three took place in Inpatient care (on the LTC and STC units). This was expected because these are the two most common client-related events in all Long-Term Care facilities across Quebec. The LTC unit had 67 medication errors and 60 falls, while the STC unit had 18 medication errors and 21 falls. There were more events in LTC than STC because they have more patients. These rates are similar to last year, except for falls on the STC unit, which tripled from seven to 21 this year. This has been attributed to staffing shortages brought on by COVID-19 as well as the clientele that were admitted during this time.

## STAFF EVENTS

Staff are encouraged to fill out the “Staff Accident Declaration” form for any injuries or accidents, no matter how minor, that occur in the workplace. There were 83 reported staff accidents in 2021-2022, which is the most over the past ten years (totals range from 53 to 80 accidents over those ten years).

Of the 83 accidents reported, 23 were abuse to staff by LTC residents, 16 were back injuries, and 15 were falls. Other staff accidents reported include strains (7), needle-stick injuries (6), cuts (5), eye injuries (2), fume events (2), and other (7).

## CONTINUOUS QUALITY IMPROVEMENT

We held our fifth Accreditation Survey with Accreditation Canada from November 29th – December 2nd, 2021. KMHC was Accredited with Exemplary Standing, the highest possible designation. There were 1,193 standards evaluated, and KMHC met or exceeded the requirements for 98.99% of them. The surveyors commended our staff and board for being “truly motivated by community, [and] focused on quality.” We are moving forward with the feedback from the surveyors and using it to continue to improve KMHC’s processes and policies.



Continuous Quality Improvement is, as written, a continuous process towards improving our services. This is done through assessments which highlight gaps in our services or areas with room for improvement. Our teams then develop action plans to decide how to move forward. The QIRMI team organized two planning days for managers and directors to review these action plans and make sure they are in line with KMHC’s objectives. The planning days are scheduled for June 2nd and 3rd, 2022.

To improve KMHC’s internal and external communication, the QIRMI team plans to implement several initiatives that will engage the greater community and





facilitate cooperation between hospital departments. These include:

- Hiring a Communications/QI Agent, who will work within the QIRMI team and support the Communications Officer.
- Developing a “Did You Know” ad campaign that will be published on social media and in local newspapers to inform community members on KMHC’s various services, policies, and procedures.
- Continuing with the Television (TV) Project, and installing TVs in high-traffic areas to communicate information to staff and clients.
- Continue to produce “Coffee With QI” videos that provide all staff with updated information on QIRMI services and projects.

Work on all of these objectives is ongoing and the goal is to achieve them within the next fiscal year. Unfortunately, “Coffee With QI” was temporarily discontinued due to a lack of resources but may be reassigned when new QIRMI staff are hired.

A major goal is to improve patient and family experience through the development of patient and family centred initiatives. To achieve this, QIRMI is currently working on the following, which are all ongoing:

- Supporting the Users’ Committee,
- Hiring an Ombudsman,
- Developing a Patient-Family Advisory Council within KMHC,
- Expanding on the Mistreatment policy,
- Reviewing the Complaints process to make it more accessible, and
- Expanding the Volunteers program.

## **MYLE**

Although the implementation of MYLE has been successful for KMHC’s Outpatient Services, it is currently insufficient to meet the needs of Inpatient Care. On September 15th 2021, the LTC unit reverted to paper charting. The STC unit still charts directly in MYLE but reverted to paper for all medication-related documentation (prescriptions, administration records, etc.), to decrease the risk of error. The QI Team is working closely with MEDFAR (the MYLE application company) to adapt MYLE to better suit the needs of each service area. The paper system will remain in place until the MYLE Support Team can safely implement these changes and train staff appropriately. Issues with MYLE in other service areas are being investigated and issues are addressed as they arise.



## **CONTINUOUS EDUCATION**

The QIRMI team planned and coordinated the Staff Excellence Training (SET) days, made up of both clinical and all-staff sessions. These sessions were planned for August, September, and December 2021. All-Staff SET Day topics included: Accreditation, The Strategic

Plan, Reporting Risks & Disclosure, Communication, Falls, and Staff Health & Wellness. Clinical SET Day topics included: Provider Service Plans (PSPs) on IV Iron, Point of Care Risk Assessments, Anaphylaxis, Disclosure, Mental Health, and Traditional Perspectives on Palliative Care. Due to COVID-19, the December sessions were cancelled, but the QIRMI team were still able to reach 102 All-Staff and 34 Clinical staff in the August and September sessions. The remaining Clinical SET days were completed in March 2022 (28 staff reached). New All-Staff and Clinical SET Days are scheduled to be completed in September and October 2022, implementing staff feedback received from the 2021 sessions.

## COMPLAINTS REPORT

In 2021 – 2022, KMHC received 14 formal complaints from KMHC users. The client did not follow through in the process in three cases and the other 11 are categorized in Table 25:

Table 25

Complaints Report	
Category	# of Complaints
Rights	1
Process Deficiency	1
Accessibility	0
Clinical & Professional Aspects	9

Five of the complaints experienced a delay in response outside of our normal 45-day timeframe. The delay in responding to the complaints was due to extra demands on staff as a result of the pandemic. Measures taken with regard to client concerns are summarized as follows:

- Processes were reviewed,
- Care plans were updated,
- A laundry pilot project was instituted after several family members reported items damaged by the laundry process,
- New positions were created, and
- Education was provided to both staff and users.





## **PROFESSIONAL SERVICES**

### **SERVICE PROVIDER RECRUITMENT AND DEPARTURE**

Three new family physicians began providing services this year: Dr. Jean-Simon Deveault, Dr. Emilie Gagnier-Marandola, and Dr. Yanara Hernandez-Jaime. Additionally, an Optometrist (Dr. Tara Mahvelati), a pilot Pharmacist for the Access Clinic (Rim Lebbar), and a Radiology Technologist (Jennifer Julien, who provided free consultation services for one week) were recruited. For next year, two family physicians (Dr. Si Wen Jin and Dr. Nathalie Gans), two internal medicine physicians (Dr. Romina Pace and Dr. Patrick Willemot), and one psychiatrist (Dr. Nancy Low) have already been recruited. They are set to begin providing services within the next fiscal year.

Three service providers departed from KMHC this year: family physicians Dr. Gordon Rubin and Dr. Annick Gauthier, and optometrist Dr. Lyne Simon. We thank them for their service and dedication to KMHC.

### **RESPIRATORY INFECTION CLINIC**

The KMHC Respiratory Infection Clinic (RIC) was developed in response to a directive from the Quebec Ministry of Health and Social Services indicating that all primary care clinics should start managing clients with COVID-19-like symptoms in anticipation of the closure of all Cliniques Désignées d'Évaluation (CDEs, non-emergency clinics for people with respiratory symptoms) on September 6th, 2021.

KMHC began seeing COLD clients (those with COVID-19 like-symptoms who had a negative test result) in mid-August of 2021 by assigning three slots at the end of the day to the designated RIC physician. After the closure of all CDEs on September 6th, 2021, Primary Care began seeing WARM clients (those with COVID-19 symptoms who had not yet been tested or were awaiting results) and HOT clients (those who were COVID-19 positive). Due to potential exposure to symptomatic patients, immunocompromised individuals were (and continue to be) required to sit in a separate space from the usual waiting area.

To accommodate the RIC, KMHC increased seating capacity in the Outpatient waiting room and modified physician schedules. Additionally, designated parking spots for RIC clients were reserved from 3:00 p.m.-4:30 p.m. Clients were instructed to remain in their vehicle until called by security. When called, clients were directed to an isolation room where they were then seen by the physician. If necessary, all prescriptions and referrals for RIC clients were faxed by the physician to minimize the clients' contact with others.

### **ACCESS CLINIC**

The Access Clinic is a pilot multidisciplinary outpatient service that was developed this year for community members with chronic health conditions

(for example: diabetes, heart disease, chronic lung disease, mental illness, etc.) who do not have a family physician. The Access Clinic is made up of one nurse, physician, pharmacist, and secretary, and is coordinated by a multidisciplinary team of ten people. This year, the information and consent forms were developed with consultation from Dr. Rubin. Importantly, the Access Clinic Questionnaire was developed to include the following:

- The integration of Situation, Background, Assessment, Recommendation (SBAR)
- Triage document
- Advanced Practice Partnership Agreement
- Access Nurse referral form
- Access Pharmacist referral form

## **RADIOLOGY**

The radiology technologist consultant produced the required equipment list and began to develop a radiology manual for KMHC. They also joined the DPS on site visits to the Anna Laberge Radiology Department and the Imagix Radiology Suite.

## **OPTOMETRY**

Began discussions with Dr. Benoit Tousignant, an Associate Professor at the University of Montreal School of Optometry, regarding the expansion of the Integrated Eye Care Services at KMHC.

## **PSYCHIATRY**

Began discussions with Dr. Nancy Low, a Psychiatrist and the Co-Director of the Post-Graduate Program for the McGill Department of Psychiatry, to create a psychiatry residency rotation at KMHC.

## **PRIMARY CARE PEDIATRIC SERVICES**

Dr. Si Wen Jin was recruited and intends to support the development of this service.

## **PEER-PARTNERSHIP PROGRAM**

A program was designed to help KMHC's new medical recruits navigate Kahnawà:ke's particular healthcare system and social service delivery model, as well as to refine their clinical skills if needed. Originally, the program was designed for new graduates, but a plan has been put in place to modify and extend the program to all incoming physicians. Dr. Gagnier-Marandola was the first physician to participate in this program and provided positive feedback.

## **INTERNAL MEDICINE SERVICES**

Began discussions with Dr. Romina Pace, an Internist and the Assistant Director





of the Indigenous Health Professions Program at McGill University, about the creation of a General Internal Medicine (GIM) clinic and residency rotation at KMHC. The clinic has been proposed to be held one half day per week within the KMHC Access Clinic, with 10–14 clients expected per session. Clients would be seen by MUHC specialists (Dr. Kanji, Dr. Morin, and Dr. Willemot) as well as medical residents who will be able to provide consults for a variety of medical specialties including Cardiology, Endocrinology, Gastroenterology, Hematology, Infectious Disease, Nephrology, Respirology and Rheumatology. Clients would initially be referred to the GIM clinic by their family doctor and would then be triaged by Dr. Pace. Administrative support would be provided by the Access Clinic personnel. The addition of an onsite GIM clinic will complement KMHC’s efforts by providing onsite specialty care, improving access to services, and minimizing the need for referrals outside the community. Further, the GIM clinic will introduce medical residents to the social, political, and historical context of healthcare delivery to Indigenous peoples.

### **MEDICAL RECORDS DEPARTMENT (MRD)**

The DPS oversees the MRD. See the Medical Records Department section of this report on page 37 for detailed information.

### **TEACHING SITE DEVELOPMENT**

KMHC is affiliated with McGill and serves as a Family Medicine teaching site for medical students and residents. This year, the mini-Indigenous Health Curriculum was developed by KMHC in conjunction with the GMF-U Jardins-Roussillon. This program aims to help the 16 GMF-U medical residents become better acquainted with the realities of caring for people in Indigenous communities by providing them with longitudinal exposure throughout their two-year program, including a full two days of orientation with KMHC’s Traditional Medicine department at the very start of their training. The first year of the program is running smoothly. It is hoped that this program will improve physician recruitment at KMHC by having regular contact with locally-trained doctors.

KMHC’s teaching physicians (Dr. Deveault, Dr. Quach, Dr. Fiset-Morrisette, Dr. Banoub, Dr. Fankam, and Dr. Eniojukan) obtained McGill Faculty status and are participating in formal Faculty Development training at McGill.

Objectives for the next fiscal year include:

- Make the Mini-Indigenous Health Curriculum a permanent program.
- Support the KMHC teaching team and make sure all obtain McGill Faculty Status.
- Continue offering elective and rural rotations to medical trainees.
- Train approximately 20 individuals.

## COMMITTEE UPDATES

### INFECTION PREVENTION AND CONTROL (IPAC)

The IPAC committee met seven times this year. Activities / achievements include:

- Several objectives were met this year including gathering data and updating action plans to prepare for Accreditation.
- Two policies and procedures were updated in the IPAC manual.
- Two department audits were achieved (Sterilization and Laundry). Formal reports and recommendations were submitted.
- A survey looking at how clients view KMHC's infection prevention measures, a survey was handed out to visitors but it had a low participation rate.
- A hand hygiene self-assessment survey was completed by 100 staff but the data has not yet been analyzed.
- Began a formal review and re-organization of the IPAC Manual and IPAC Program. This is ongoing and more structured goals and objectives will be set in the upcoming year.

### FIRE AND SAFETY

The Fire and Safety Committee will begin meeting regularly again in May of 2022. The main topic of discussion will be the implementation of the new Safety Plan through trainings, the creation of Code Response Teams, and the development of plans specific to each service area. The new Safety Plan will be implemented in the spring/summer 2023.

### STAFF HEALTH

The Staff Health Committee met two times this year. Achievements / activities include:

- The Staff Health Wellness Initiative, an online survey, was sent out by Cody Aginas. A paper copy was also distributed during SET days.
- Lisa Westaway temporarily took over for Lynda Delisle as committee member after Lynda announced her retirement. The committee will need to find a permanent replacement in the upcoming year.

### MYLE BEST PRACTICE & CHARTING (MBP&C)

The MPB&C Committee met four times this year. This year's objectives were: (1) to review/revise all documentation related to MYLE policies and procedures on a regular basis (ongoing), (2) to oversee the development of clinical forms (ongoing), and (3) to create an inventory list of clinical working tools uploaded in MYLE. Achievements /activities include:

- The committee decided that paper copies of all documents scanned and uploaded to MYLE will be kept for a period of three months, and PDF versions will be kept for a period of six months.
- Dr. Fiset-Morrisette created clickable text for Admission Notes in MYLE, per the committee's recommendation.





- The MYLE Administrator created digital stickers to advise clinicians of “Same Name” and “Hearing/Visually Impaired” Alerts when opening a patient’s file.
- MYLE’s “share” feature allows multiple healthcare professionals to collaborate on a single form, but does not identify the author of each note within the form. To minimize the risk of information loss and medical liability, the committee agreed to create two lists (one for physicians and one for nurses) of acceptable forms to use with MYLE’s “share” feature.
- The committee reviewed and approved the following clinical forms: PSP Iron IV, Admission Data Base – Nursing (LTC), LTC Vital Signs Sheet, Admission Order, OPC COVID-19 Questionnaire, and the Edinburgh PPD Scale. All new or updated forms were uploaded by the MYLE administrator.
- The MRD manager created an inventory of clinical working tools in MYLE based on the relevant list generated by the MYLE administrator.
- In the next fiscal year, the MPB&C committee hopes to continue working on their ongoing objectives as well as to create a full list of acceptable clinical forms to use with MYLE’s “share” feature.

### **INFORMATION MANAGEMENT (INFO MGMT)**

The Info MGMT Committee met seven times this year. This year’s objectives were: (1) to identify policies and procedures pertinent to data and health information management (ongoing), to constantly improve information management hardware and software (ongoing), and (3) to identify best practice on usage of data and information (ongoing). Achievements / activities include:

- Approved auditor access to patient files in MYLE for the purpose of auditing uploaded documents. Document and access audits are performed regularly.
- Recommended that Microsoft Outlook training be provided to staff. Trainings were organized and provided by the Information Technology Technician (ITT).
- Documents created, revised, and reviewed this year include: Administrative Policy IM – 25.1 Patient Information Database Access, Administrative Policy PS – 2.0 KMHC Client Identification System, and a user guide on Obtaining a Copy of KMHC Medical Records for clients.
- Two OPC clients requested to not have their physical charts scanned into MYLE. After consulting with other health facilities, it was decided that no exceptions would be made at this time. The MRD Manager drafted a formal letter to deny all such requests from clients, as there are many risks and no clear benefits to opting out of the EMR system. The committee approved the letter. Clients were invited to send a letter in writing if they had any concerns regarding a particular healthcare professional accessing their medical files.
- The QIRMI Manager discussed the implementation of the Thinkific platform for new staff orientation.
- The Sharing Information Pilot Project was approved by Senior Management and aims to reduce the gap in communication between staff and clients.

## USERS'

Due to member resignation the Users' committee was unable to meet as often as previous years. Achievements / activities include:

- Continuation of the Inpatient Care Newsletter. This letter reminds hospital users of their rights and also has fun elements like games and birthday announcements.
- Worked with the QIRMI team to create an advertisement campaign to recruit new members.
- When new members are recruited, meetings will resume on a regular schedule.

## MEDICAL ACTS

Meetings and activities resumed in April 2021 after a long pause due to COVID-19. The focus was put on reviewing and assessing critical events from the past year. Achievements / activities include:

- Dr. Stanley Kwan and Dr. Rachael Eniojukan were welcomed as new members of the committee.
- Created a plan to offer Continuous Medical Education (CME) sessions over a two-year period and decided on specific topics (improvement areas identified during case review, the priorities of Kahnawà:ke's Community Health Plan, etc.). The goal is to offer at least one session every two months beginning in the fall of 2022.
- Five case events were reviewed. From this, it was recommended that the Inpatient Care subcommittee develop a clear set of criteria for admission to and scope of care in the STC unit. Frequent family meetings with the care team were identified as a strength in decision-making processes. Three events that occurred close in time to one another were determined to have no relationship, and good quality care was provided in each case.
- No specific quality improvement projects were undertaken this year due to lack of staff and high clinical demands.

## EXECUTIVE COMMITTEE OF THE COUNCIL OF PHYSICIANS, DENTISTS, AND PHARMACISTS (ECCPDP)

Achievements / activities include:

- New member recruitment: See page 43. In addition to those previously mentioned, access to General Surgery services has been facilitated through the approval of status and privileges for Dr. Lee.
- Access Clinic: Three hundred-and-ninety patients lost their family doctor to retirement in 2021, and the ECCPDP responded by developing the Access Clinic (see the "Professional Services" section of this report).
- Inappropriate behaviour amongst colleagues and co-workers: An incident involving a co-worker was brought to the attention of the ECCPDP, prompting a serious dialogue about disruptive behaviours and identifying barriers to coming forward without fear of recrimination. Various feedback tools were discussed and considered.
- New protocols for medications: The new PSPs for IV iron and alcohol





withdrawal, as well as Collective Prescriptions for Naloxone and anaphylactic reactions, were presented by the Pharmacology Committee and unanimously accepted by the ECCPDP.

Objectives for next year include:

- Develop a standardized approach to physicians leaving to ensure that their patients are properly informed of their departure and of the leaving physician's remaining responsibilities towards them. This would also include identifying the leaving physician's most vulnerable patients and ensuring continuity of care for them, to the best of KMHC's ability, in the context of limited physicians and resources.
- Hold an election in 2022 to decide the next members of the ECCPDP.
- Improve service access for patients with no family physician through the continual development of the Access Clinic, the Pediatric & Maternity wing, as well as improving access to specialist care with the future integration of GIM clinic at KMHC and the continuous recruitment of other specialists.
- Improve access to physiotherapy services through either the recruitment of new physiotherapists or the formation of a partnership with a physiotherapy clinic.
- Continue overseeing the development of the radiology department.
- Continue to follow the developments made by MedFar in regards to a potential MYLE module specific to the LTC setting.

**Tehsakotitsén:tha**  
**Kateri Memorial Hospital Centre**  
**Statement of Financial Position**  
*As at March 31, 2022*

	<b>2022</b>	<b>2021</b>
<b>Financial assets</b>		
Cash (Note 4)	3,247,072	4,088,755
Cash in trust (Note 4)	26,026	24,963
Accounts receivable (Note 5)	4,850,816	208,259
Due from Tsinitsi Aièsatakariteke (Note 6)	-	479,486
Government grant receivable (Note 7)	30,898,789	-
<b>Total financial assets</b>	<b>39,022,703</b>	<b>4,801,463</b>
<b>Liabilities</b>		
Loan payable - Mohawk Council of Kahnawake (Note 7)	30,898,789	30,573,267
Accounts payable and accruals (Note 8)	483,188	560,551
Due to Tsinitsi Aièsatakariteke (Note 6)	58,000	-
Deferred contributions related to tangible capital assets (Note 9)	31,819,154	939,005
<b>Total liabilities</b>	<b>63,259,131</b>	<b>32,072,823</b>
<b>Net debt</b>	<b>(24,236,428)</b>	<b>(27,271,360)</b>
<b>Commitments (Note 20)</b>		
<b>Non-financial assets</b>		
Tangible capital assets (Note 10) (Schedule 1)	43,183,369	44,422,423
Inventories of drugs and supplies	96,875	89,353
Prepaid expenses	19,809	20,402
<b>Total non-financial assets</b>	<b>43,300,053</b>	<b>44,532,178</b>
<b>Accumulated surplus (Note 11)</b>	<b>19,063,625</b>	<b>17,260,818</b>
<b>Approved on behalf of the Board</b>		
<b>e-Signed by Lisa Westaway</b> <u>2022-08-01 15:26:10:10 GMT</u>	Director	<b>e-Signed by Cody Aginas</b> <u>2022-07-29 19:05:42:42 GMT</u>
		Director

The accompanying notes are an integral part of these financial statements

**Tehsakotitsén:tha**  
**Kateri Memorial Hospital Centre**  
**Statement of Operations and Accumulated Surplus**  
*For the year ended March 31, 2022*

	<i>Schedules</i>	<i>2022 Budget</i>	<i>2022</i>	<i>2021</i>
<b>Revenue</b>				
Government funding				
Provincial government		10,984,616	11,863,684	11,069,416
COVID-19 <i>(Note 12)</i>		-	5,225,594	1,345,514
Other revenue <i>(Note 13)</i>		877,333	898,219	917,038
		<b>11,861,949</b>	<b>17,987,497</b>	<b>13,331,968</b>
<b>Program expenses</b>				
Principal activities	3	6,983,390	8,984,730	8,740,723
Secondary activities	4	3,864,105	3,673,539	3,602,416
Administration	5	1,815,435	1,731,539	1,810,406
Tangible capital assets - related expenses	6	-	1,794,882	1,527,938
<b>Total expenditures</b> <i>(Schedule 2)</i>		<b>12,662,930</b>	<b>16,184,690</b>	<b>15,681,483</b>
<b>Surplus (Deficit)</b>		<b>(800,981)</b>	<b>1,802,807</b>	<b>(2,349,515)</b>
<b>Accumulated surplus, beginning of year</b>		<b>17,260,818</b>	<b>17,260,818</b>	<b>19,610,333</b>
<b>Accumulated surplus, end of year</b>		<b>16,459,837</b>	<b>19,063,625</b>	<b>17,260,818</b>

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

**Tsinitsi Aiesatakariteke**  
**Statement of Financial Position**  
*As at March 31, 2022*

	<i>March 31</i>	<i>March 31</i>
	<b>2022</b>	<b>2021</b>
<b>Assets</b>		
<b>Current</b>		
Cash	1,853,826	1,814,740
Accounts receivable (Note 4)	2,159,031	280,606
Prepaid expenses and deposits	-	93,914
Due from Kateri Memorial Hospital Centre (Note 6)	58,000	-
	4,070,857	2,189,260
<b>Capital assets (Note 5)</b>	<b>439,501</b>	<b>553,148</b>
	4,510,358	2,742,408
<b>Liabilities</b>		
<b>Current</b>		
Accounts payable and accruals	28,951	39,049
Deferred contributions (Note 7)	2,295,721	353,882
Due to Kateri Memorial Hospital Centre (Note 6)	-	479,486
	2,324,672	872,417
<b>Commitments (Note 11)</b>		
<b>Net assets</b>		
Internally restricted (Note 8)	1,359,351	1,199,322
Unrestricted	826,335	670,669
	2,185,686	1,869,991
	4,510,358	2,742,408

Approved on behalf of the Board

  
 Director

  
 Director

**Tsinitsi Aiesatakari'teke**  
**Statement of Operations**  
*For the year ended March 31, 2022*

	<i>March 31</i> <b>2022</b>	<i>March 31</i> <b>2021</b>
<b>Revenue</b>		
Kahnawake Community Funding - Consolidated Contribution Agreement (CCA)		
Clinical and Client Care	1,547,686	1,444,941
Children's Oral Health Initiative	136,000	114,000
Accreditation	55,155	53,777
Prenatal Nutrition	48,890	47,483
	<b>1,787,731</b>	<b>1,660,201</b>
Kahnawake Community Funding - Other		
Homecare Nursing Services and Activity Aides	464,695	474,416
Health Management	216,784	398,953
Aboriginal Diabetes Initiative	140,649	105,691
Special Program - Float Nurse	81,520	29,389
Special Project - Other	15,340	-
	<b>918,988</b>	<b>1,008,449</b>
<b>Other revenues</b>	<b>6,538</b>	<b>23,161</b>
<b>Total revenues</b>	<b>2,713,257</b>	<b>2,691,811</b>
<b>Administrative Expense</b>	<b>197,544</b>	<b>134,688</b>
<b>Clinical and Client Care and Communicable Disease Control</b>	<b>1,010,941</b>	<b>991,012</b>
<b>Children's Oral Health Initiative</b>	<b>7,124</b>	<b>76,072</b>
<b>Accreditation</b>	<b>55,155</b>	<b>53,777</b>
<b>Prenatal Nutrition</b>	<b>30,957</b>	<b>33,161</b>
<b>Homecare Nursing Services and Activity Aides</b>	<b>441,845</b>	<b>474,416</b>
<b>Health Management</b>	<b>271,981</b>	<b>363,628</b>
<b>Aboriginal Diabetes Initiative Programs</b>	<b>110,371</b>	<b>86,771</b>
<b>Special Projects</b>	<b>-</b>	<b>16,073</b>
<b>Special Project - Float Nurse</b>	<b>81,520</b>	<b>29,389</b>
<b>Special Programs</b>	<b>190,124</b>	<b>-</b>
<b>Total expenses</b>	<b>2,397,562</b>	<b>2,258,987</b>
<b>Excess of revenue over expenses</b>	<b>315,695</b>	<b>432,824</b>

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

# In Memoriam

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



Doris Diabo



Lise Gaudet



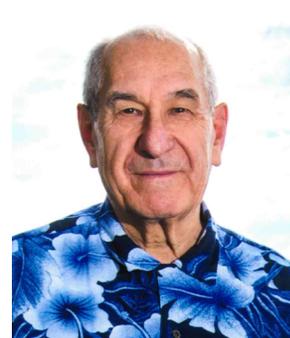
Frank Stacey



Nadine Whitebean



Angus Goodleaf



Edward Cross



Nancy Montour



Peter Cross



Dolores Delisle



# Thank you

Niá:wen/Thank you to all contributors!

## **Photography**

Luke McGregor

## **Kanien'keha Translations**

Calvin Jacobs

Sha'teiohseri:io Patton

## **Editorial and Production Assistance**

Cameryn Meloche

Mackenzie Casalino

Mendy Sananikone





