

Our teams  
serving you for 90 years



# ANNUAL REPORT



ST. MARY'S HOSPITAL CENTER 2013 - 2014

# As of March 31, 2014

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Chief Executive Officer

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Vice-President  
Operations and Nursing

**Elisabeth Dampolias**  
Vice-President  
Human Resources

**Lucie Opatrny, M.D.**  
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## CLINICAL DEPARTMENT CHIEFS

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Dentistry

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Family Medicine

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# ANNUAL REPORT

ST. MARY'S HOSPITAL CENTER

2013 - 2014

# Our mission

St. Mary's Hospital Center is a university affiliated community hospital which serves a multicultural population. We seek to provide the highest level of safe patient and family-focused care.

# Our values

We believe in:

- Respect for dignity of life;
- Support and development of our people;
- Integrity and compassion.





# Message from the Chairman and the Director General and CEO

We are pleased to report on the activities of St. Mary's Hospital Center (SMHC) for the year 2013-2014.

As one of Montreal's finest hospitals, St. Mary's has a proud heritage of serving the community for nearly 90 years as an acute care teaching hospital.

From its humble beginning as a 45-bed institution, St. Mary's has grown into a dynamic 271-bed hospital. It offers primary and secondary care and is also a teaching hospital affiliated with McGill University.

St. Mary's enjoys serving a culturally diverse community. Its aim is to assure that every person coming through its doors truly receives the best possible care and service. The psychosocial well-being of our patients is an integrative part of their comprehensive medical care.

St. Mary's plays a leading role in the areas of teaching and research. It is responsible for the training of a large cohort of undergraduate and postgraduate students in Medicine and the allied health disciplines. It also contributes to the training of many high school and college students from a wide range of disciplines.

Plans to develop research and teaching at St. Mary's aim to create a leading health services research and teaching facility in collaboration with McGill University and other scientific and healthcare delivery organizations.

## Overcrowding in Emergency

A policy to relieve the overcrowding in the Emergency Department was approved by the Board of Directors. This policy provides measures to meet the following objectives: average length of stay of twelve hours or less on stretchers and no patients on stretchers

for 24 hours before being admitted. The percentage of patients on stretchers for more than 48 hours decreased from 6.4% to 4.2%, which is below the 4.3% target set by the Montreal Agency. A *plan de surcapacité* was also needed.

According to a report in *La Presse* published on May 14, 2014, St. Mary's is among the hospitals that have shown improvement in the average length of stay on stretchers; St. Mary's ranks first for the region of Montreal.

## Emergency room expansion project

The project is progressing well. The internal construction started in the early Fall and will last approximately 18 months. During the construction, the outpatient clinics were moved to the 7<sup>th</sup> floor to allow the use of this area by the Emergency Department. It is a very complex project conducted in four distinct phases. Our biggest challenge was to keep the Emergency functional throughout the project with no service interruption. And we did it!

Although the physical space was reduced, our request for a reduction in our ambulance quota was denied by the Montreal Agency. Instead, the Agency allowed us to open ten overflow beds. The situation is monitored closely by the Operations and Nursing team and bed management is being done on a daily basis.



James C. Cherry,  
président



Ralph Dadoun, Ph.D., M.B.A.  
Interim Director General and  
Chief Executive Officer

St. Mary's reached an agreement with Clinique Réseau Diamant to refer low acuity patients presenting to our Emergency, but the decision to go there remains with the patient. While reducing the waiting time for those patients, this measure enables redistribution of resources to the more severe cases.

### Senior Friendly Hospital Approach

This is a new hospital-wide initiative that will adapt hospital practices to better suit the needs of our elderly patients. This approach is mandated by the MSSS and will be implemented in all hospitals across Quebec. It promotes a senior-friendly environment and culture at St. Mary's by way of evidence-based interventions. The ultimate goal is to prevent functional decline in hospitalized elderly patients by providing tailored quality care. The risks associated with immobility have been widely documented. The lack of mobility for a prolonged period impacts on many body systems: namely musculoskeletal, cardiovascular, respiratory and gastrointestinal. The first phase, a Walking & Mobility Program, was implemented on patient units. Sensitization of staff, patients and caregivers to the benefits of remaining active was done through various tools such as communication boards, education sessions and pamphlets.

### OPTILAB

At the end of last year, the Montreal Agency presented a reorganization of laboratories on the Island of Montreal. This project

raises a fair amount of dissatisfaction in the healthcare network. Although our institution agrees with the need for reorganization, we did not agree with the impact of the proposal on St. Mary's.

According to the Montreal Agency's plan, the activities would be centralized in five major hospitals called the *centres serveurs*. Pathology, biochemistry, hematology and microbiology would be partly or totally centralized in these *centres serveurs*. St. Mary's would become a *centre associé*, which means that its laboratories would become STAT LAB (rapid response lab with a very limited menu). This would mean that we would lose more than 50% of our volume of activities, and not reaching the critical mass necessary to remain cost effective.

None of the *centres hospitaliers affiliés universitaires* (CHAU) in the province have a STAT LAB and St. Mary's Hospital Center is a CHAU. St. Mary's currently has specialists in various laboratory disciplines who are essential to meet our CHAU obligations. As such, St. Mary's has important responsibilities in terms of research and teaching.

St. Mary's laboratories have for years been recognized for their quality and cost effectiveness; they were the benchmark of the MSSS for the past fifteen years.

The Montreal Agency's proposal has triggered a lot of mobilization in the institution. The executive committee of the Council of Physicians, Dentists and Pharmacists discussed this issue and



addressed a letter to the Board of Directors. St. Mary's submitted a document to the Montreal Agency explaining why our laboratories differentiate themselves from other *centres associés*:

- As a CHAU we provide 1358 student-days for residents and medical students and 580 teaching days for lab technologists;
- We have the largest Family Medicine program within the McGill RUIS;
- Our laboratories are accredited by the College of American Pathologists, which is recognized for its high standards in terms of quality control and management;
- Our laboratories are among the most efficient in terms of productivity and unit cost in the province.

## Quality and performance

Although St. Mary's has an excellent reputation, it is always searching for new means to improve. To help us, we acquired a new database platform (MediaMed GPS), thus allowing us to increase quality by using indicators as well as by measuring clinical and financial performance.

## Budget

The projected deficit for 2013-2014 was about \$14.5 million, based on the exact same volume as last year and same expectations of services and care from the Montreal Agency with no variation in terms of activities. The Board of Directors of the Montreal Agency approved a recurrent \$5 million adjustment of the budget base for the fiscal year 2013-2014. We had monthly meetings with the Montreal Agency to follow-up on the budget situation. At the end of the fiscal year, the Board of Directors of the Montreal Agency approved an additional financial support of \$2 million (\$1 million recurrent and \$1 million non-recurrent) to St. Mary's in recognition of its performance, which was evaluated according to the efficiency model of the MSSS. An additional \$1.5 million was also awarded by the Montreal Agency to support a balanced budget.

The Montreal Agency recognized that St. Mary's is efficient. This year, we were asked to cut 1.39% of our budget, which represents \$1.8 million, as part of the optimization project. Following discussion, the Agency agreed to reduce our cuts to \$700,000.

St. Mary's received \$215,000 for the ten overflow beds that were opened during the overcrowding period in our Emergency Department.

The fiscal year ended with a deficit of \$5,325,573.

## Construction of two additional floors

Although there was no development, the construction of two additional floors is the main priority of St. Mary's. We continue to work in collaboration with the Montreal Agency to get the green light to start the project.

## Dialysis

When the Dialysis Unit was relocated in 2010 with twelve stations, it was agreed with the MSSS to build the necessary space to accommodate 24 stations. About a year ago, at the Montreal Agency's request St. Mary's submitted a proposal to expand its capacity to 24 stations. We were also asked to work with the McGill University Health Centre for the transfer of some of their patients following their move to their new facilities. We are now waiting for the formal authorization from the MSSS.

The Dialysis Unit is currently operating six days/week, three shifts/day, with patients coming for treatment three times/week.

## OACIS (Open Architecture Clinical Information system)

OACIS is the electronic medical record used by all Montreal health institutions. With OACIS clinicians can do their work more efficiently, with less paperwork, for the well-being of our patients and our environment. It was first implemented for Laboratory, Radiology and Pharmacy results. Medical charts are now included. The Montreal Agency also targeted St. Mary's to be the pilot for OACIS mobile on site. St. Mary's is in a leadership position on the Island of Montreal with the most complete OACIS application. Before it was made available, the project went through a high level security process. There are many steps to go through to get rights to have access to OACIS mobile, thus ensuring the confidentiality of patient information.

## Research

The Research Centre is working with Quality to clarify and improve the consultation services offered to staff and clinicians interested in doing research at St. Mary's Hospital Center. During the past year, the number of research projects led by St. Mary's investigators continued to increase. Numerous articles were also published as well as presentations made at various national and international conferences.

This year, St. Mary's held its 13<sup>th</sup> Annual Research and Quality of Care Symposium. It is an excellent opportunity to discover research results stemming from work by researchers at St. Mary's Research Centre and quality improvement projects performed by Quality teams, as well as to share knowledge with our partners in the healthcare network.



## Rossy Cancer Network

The Rossy Cancer Network (RCN) is a partnership of McGill's Faculty of Medicine, St. Mary's Hospital Center, the Jewish General Hospital and the McGill University Health Centre.

In the past year, the RCN put in place a new governance structure that positions the chiefs of the oncology departments at the helm, bringing network decisions to the heart of the cancer missions. The cross-appointment of 109 oncologists in the network was

completed, allowing them to access the electronic health records of RCN patients regardless of their primary treating hospital. And finally, over \$120,000 in RCN Education Grants were awarded to medical and allied health professionals, allowing teams to integrate new skill sets where they are most needed.

## 5300 Côte-des-Neiges Road

The construction for this project has received the consent of the City of Montreal.

The current project will require a land assembly and a transfer of a parcel of the land by St. Mary's Hospital Center to the Foundation. However, multi-level governmental authorizations must be obtained to proceed. The whole construction process will take about four years.

The building will be the face of St. Mary's on Côte-des-Neiges and will reinforce the campus picture of the hospital. It will also have a significant impact from a recruiting perspective as clinical offices would be available on campus.

## End of life care

A committee was set up with wide representation in order to determine St. Mary's position on this issue. The committee was co-chaired by the Clinical Ethicist and the Chief of the Department of Medicine. The mandate of the committee was to review the issues brought forth in the Bill and their implications, and to make recommendations to Senior Management as to the direction the hospital should take. No consensus was reached after three meetings.

## Charter of Quebec values

A discussion took place at the Board of Directors to issue a statement in regards to the content of Bill 60, stating that it was incongruent with St. Mary's values and principles and that the organization was opposed to the Bill. St. Mary's promotes social and cultural inclusion and awareness with respect to patients, physicians, employees, residents, volunteers and students.



## Appointments

- Dr. Eric Tremblay was appointed as Director of Teaching. Dr. Tremblay is enrolled in a Master in Health Professions Education Program.
- Dr. Baqir Qizilbash was appointed as Chief of the Department of Anesthesia.
- Mr. Ralph Dadoun was appointed to the *Comité consultatif à la présidente-directrice générale de l'Agence*, representing the McGill institutions.
- Dr. Lucie Opatrny was appointed to the *Comité national de concertation des responsables de la qualité* at AQESSS, representing the institutions from the Island of Montreal.
- Dr. Alan Pavilanis was appointed as Representative of the Dean of the Faculty of Medicine of McGill to the *Département régional de médecine générale de Montréal*. He was also appointed as Member of the Board of Directors of the Research and Education Foundation and Member of the Honours and Awards Committee of the College of Family Physicians of Canada.
- Dr. Maxine Dumas-Pilon was elected President-Elect to the Board of Directors of the Quebec College of Family Physicians.

## Awards & prizes

Past Presidents of the Auxiliary "Bursary for Nursing" granted for continuing education for nurses was awarded to Ms. Helen d'Iorio and Ms. Margaret Kerr.

## Board members

We would like to sincerely thank Mr. Jean Aucoin, who diligently served on the Board of Directors as member designated by the Foundation, for his commitment and contribution. We welcome Mr. John Mancini who will be completing the unexpired portion of the mandate for the position left by Mr. Aucoin.

## In Memoriam

Mr. Donald McNaughton, devoted member of St. Mary's for decades, passed away in the Fall. He served as Chairman of the Board of Directors from 1987 to 1989 and was a member of the Board of Governors. He was also closely associated with the Foundation. We offer our sincere condolences to his family.

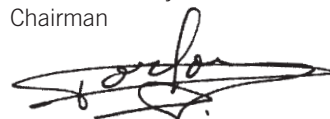
On behalf of the Board of Directors, we wish to thank our patients and their families for their confidence and for the privilege of serving them during this past year.

We also would like to thank our benefactors, our boards (Hospital Center, Foundation, Governors, and Auxiliary), the physicians, the managers, staff and volunteers for their continued support, which is essential to maintain our high standards of quality patient care and our teaching role within the Quebec healthcare network.

Respectfully submitted,



James C. Cherry  
Chairman



Ralph Dadoun, Ph.D., M.B.A.  
Interim Director General and  
Chief Executive Officer

# Our teams, serving you for 90 years

At the time of its inauguration in 1924, St. Mary's Hospital Center made an open commitment to provide the best possible care to its community. This remains true today, in 2014, as St. Mary's celebrates its 90<sup>th</sup> anniversary under the banner of *Caring Through Excellence*. For the past 90 years, our teams composed of skilled and compassionate healthcare professionals, support staff, and volunteers, have been working diligently towards this commitment. Through the acquisition of new technologies, recruitment, training and education of clinicians of various disciplines, and a forte in epidemiological research, St. Mary's continues to adapt to the changing needs of our diverse and multicultural community.

This annual report features just some of these many dedicated teams including some from the programs of Medicine and Mental Health, from Materials Management and Support Services Department, and our Auxiliary.



## The Auxiliary team celebrates 90 years of community commitment

From the earliest days, St. Mary's could rely on our multi-talented, hard-working and dedicated auxiliary members, who are also celebrating 90 years of commitment to our hospital and our patients. For the last nine decades the Auxiliary has raised and given millions of dollars and countless hours of volunteer work through their services in the Gift Shop, Coffee Shop, Book Corner and the organization of various events that have benefited our community. From much needed equipment, to layettes for needy mothers, to improvements around our hospital, their charity and benevolence can be found in every corner of St. Mary's. It goes without saying that our auxiliary team is part of the fabric and soul of St. Mary's and has contributed to the success of our hospital for close to a century.

For fiscal year 2013-2014, the Auxiliary donated:

- \$205,000.00 to acquire the following medical equipment: one washer decontaminator for Surgery and 25 vital signs monitors.
- \$3,500.00 to Social Services to subsidize public transportation costs, dentists and other personal expenses for patients in need of support.









**The Auxiliary has raised and given  
millions of dollars and countless hours of  
volunteer work!**



## Materials Management and Support Services Department Teams

The Materials Management and Support Services Department is responsible for numerous operations that serve as the structure to support the first line care givers across the hospital.

The teams under the Materials Management umbrella are: Emergency Measures, Housekeeping, Telecommunication, Centralized Conference Room Booking, Security, Environmental Management, Visual Communications, Laundry & Linen, Centralized Patient Transportation, Employee Availability Scheduling, Parking Facilities Management, Biomedical Engineering, Purchasing & Supply Chain Management, Inventory Management & Distribution.

The efficiency and effectiveness of these support teams ultimately lead to the quality of services conveyed to our patients. Featured below are just a few of the Materials Management and Support Services Department teams.

### The Housekeeping Special Projects Team

Housekeeping Services plays a pivotal role in the infection control process. The physical environment and its state of cleanliness is a key factor in controlling the spread of infection in a hospital setting. They are responsible for the cleanliness of over 50 000 square meters of patient and public areas across the hospital, and in the fiscal year 2013-2014, they have performed close to 2200 inspections to evaluate the effectiveness of cleaning processes and procedures.

Housekeeping special projects team members are responsible for the complete and intensive cleaning of rooms, floors, walls, windows and beds to provide the cleanest environment possible and ensure the best care for patients. This team is crucial in helping to prevent the spread of infections and maintaining hospitals grounds.

While the MSSS has established a minimum level of quality at 85% of cleanliness for isolation rooms, St. Mary's has achieved 93% for routine isolation cleaning and 95% for discharge isolation cleaning.







*Special Projects Housekeeping Team*

**Housekeeping Services are responsible for the cleanliness of over 50 000 square meters of patient and public areas across the hospital.**





**In the continuous battle of nosocomial outbreaks, the laundry team reprocesses and distributes 4 000 000 isolation gowns annually.**



### **The Laundry Department Team**

The Laundry Department Team processes an average of 1.2 million kilos of soiled linen annually with an average of 1.5% rewash, which is half the industry norm of 3%.

Universal precaution is practiced in the processing of soiled linen so as to ensure all linen is treated as if contaminated. In the continuous battle of nosocomial outbreaks, the team reprocesses and distributes 4 000 000 isolation gowns annually.

The laundry department team recently implemented a six-week rotation for the laundry attendants in order to distribute the various lighter and heavier tasks associated with each independent routine more evenly. This is known as a cross-training approach, and increases motivation and promotes productivity and task enhancement. Future projects include the expansion of the employee uniform project to include other job classifications in the clinical sector.

## Program of Medicine Teams

The Program of Medicine is one of the institution's largest multidisciplinary programs with more than 250 employees composed of various teams. They work in a dynamic, interesting, stimulating, challenging environment and are proud of perpetuating St. Mary's reputation of excellence in patient and family care.

The Medicine Program is composed of the following areas: two inpatient units (Stroke Unit and Clinical Teaching Unit); Emergency; Critical Care; Medical Day Centre; Medical Outpatient Clinics; Cardiology; EEG/EMG; Respiratory Therapy; Pulmonary Function Lab and Gastroenterology. The Medicine teams offer a wide range of care and services including: acute and chronic management of medical conditions focusing on cardiovascular, pulmonary and diabetic care; Emergency and Critical care

The teams in the Medicine Program provide patient-focused and timely medical care in ambulatory and in-patient care settings, participating in training, teaching and research activities. They also provide a full range of primary and secondary healthcare services to adult and geriatric clientele. Here are several of the medicine teams.

### The 8<sup>th</sup> Floor Stroke Unit Team

The 8<sup>th</sup> Floor Stroke Unit team is a multidisciplinary team which consists of registered nurses, nursing assistants, physicians, pharmacists, a social worker, physiotherapists, a dietician, an occupational therapist, a speech therapist, a liaison nurse, a clinical nurse counselor and patient attendants specialized in stroke care.

The dietician and the pharmacist are Certified Diabetes Educators (CDE). CDE is a registered trademark of the Canadian Diabetes Educator Certification Board. The certification is a rigorous process that requires knowledge and training in diabetes teaching to patients.

The 49-bed medical unit provides family focused care to a diverse group of medical patients with complex co-morbidities. The team's objective is to assist patients and their families achieve and maintain their optimum level of functioning through support, teaching, counseling and advocating from admission to discharge.



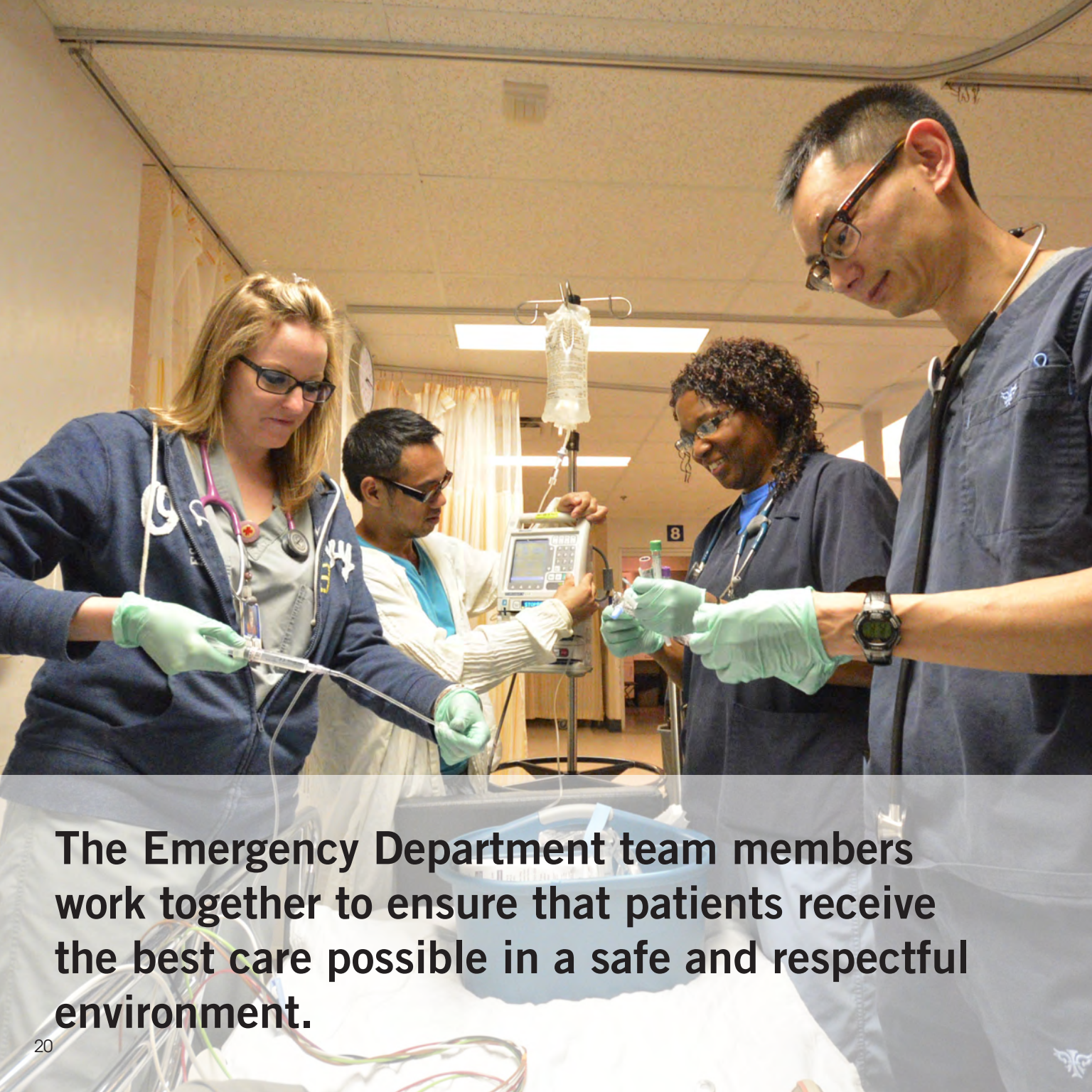




*The 8<sup>th</sup> Floor Stroke Unit Team*

**The teams in the Medicine Program participate in training, teaching and research activities.**





**The Emergency Department team members work together to ensure that patients receive the best care possible in a safe and respectful environment.**



## The Emergency Department Team

The Emergency Department (ED) is one of the most unpredictable environments in the hospital. The ED team provides high quality and compassionate care, 24/7, to an average of 110 patients daily presenting with a broad spectrum of illnesses and injuries.

The ED team possesses a wide range of medical expertise and skills to provide initial assessment and treatment to a diverse clientele. Ongoing education and learning opportunities for physicians and staff are prioritized to update knowledge and maintain quality care.

Equipped to respond to urgent health care needs, St. Mary's ED is composed of a dedicated and committed multidisciplinary team of doctors, nurses, respiratory therapists, and support staff working together to ensure that patients receive the best care possible in a safe and respectful environment.

The past year has been additionally challenging because of the construction and renovations in the ED, which will add seven stretchers, bringing the total to 22. The end result will be a better environment for infection control, privacy of the patients and a senior friendly environment to better serve our growing community. Our ED had the highest occupancy rate in the province with an average of 190 % for the current fiscal year.

## The Medical Day Centre Team

The Medical Day Centre (MDC) Team is led by nurses and physicians supported by a multidisciplinary staff who provide quality care to ambulatory patients in four main categories of intervention: investigation, post examination observation, therapeutic intervention as well as care and teaching.

Some of the objectives of the MDC team are to provide alternatives to hospitalization, decrease overcrowding of the Emergency Department, reduce waiting lists for inpatient care, provide follow-up care once patients are discharged, develop a liaison between the hospital and community services and provide health education to patients and their families.

As part of the Annual World Diabetes Day, last held on November 14, 2013, members of the community were invited to join the experts of St. Mary's Medical Day Centre to demystify this diagnosis, raise awareness and improve knowledge about the care and treatment of people living with diabetes.



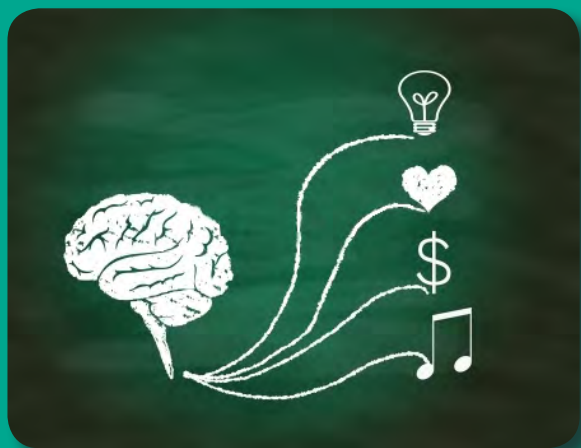
*The Medical Day Centre Team*

## Mental Health and Psychiatry Teams

The Mental Health Program and the Department of Psychiatry work in collaboration to provide second-line mental health services to a population living within the territory of the CLSC Côte-des-Neiges, of approximately 120,000 people.

Their interdisciplinary services are divided into four major components: an inpatient unit of 29 beds, outpatient clinics, an emergency room consultation and crisis service and a consultation-liaison service to hospitalized patients.

All components aim to be responsive to patients within their family networks, and within their particular cultural context.



### Clinical Team of the Mental Health Program

The mental healthcare teams comprise: psychiatrists, psychologists, nurses, social workers, occupational therapists and a recreational therapist. Mental health services are provided to patients and their families in keeping with the values of care accessibility, quality, safety, continuity, collaboration and efficiency. In addition to the clinical care provided to approximately 3000 patients and their families, professionals are involved in the training of undergraduate medical students; postgraduate family medicine and psychiatry residents; postgraduate fellows; nursing students; psychology interns; students in social work; occupational therapy, and recreational therapy. The Department of Psychiatry is also actively involved in a number of research projects in concert with the St. Mary's Hospital Research Centre.

Telepsychiatry, or the provision of psychiatric care through live videoconferencing, has been rapidly expanding in Quebec in recent years, allowing psychiatric care to be brought closer to patients within their communities, and allowing an increase in both the range and quality of available mental healthcare services. In January 2014, St. Mary's Hospital Center, in partnership with the McGill RUIS, began to offer second line psychiatric consultation services to the Abitibi region, in order to alleviate the waiting list for psychiatric services in that area. Future telepsychiatry initiatives will focus on complex care consultations in geriatric psychiatry, perinatal mental health, psychosomatic medicine and in dissociate disorders.

Last year, the adult psychiatry outpatient teams evaluated over 500 patients referred from a variety of sources, including CLSC Côte-des-Neiges; SMHC Family Medicine Centre; SMHC medical/surgical services; and family medicine group practices in the Côte-des-Neiges area.



*Mental Health Program Team*



**In January 2014, St. Mary's Hospital Center began to offer second line psychiatric consultation services to the Abitibi region, using telepsychiatry.**



The Mental Health Program's team of psychologists provides a variety of clinical services including: intake assessment, psychological and psychometric evaluation, crisis intervention, individual, couple, family and group therapies. The psychotherapeutic approaches are adapted to the needs of the clientele. Among the many schools of psychotherapies, Brief Psychodynamic, Cognitive-Behavioral, Humanistic-Existential and Cross-cultural psychotherapies are offered.

In addition, psychologists are also involved in research and are university lecturers. Training and supervision to McGill Psychiatry Residents and Psychology doctoral candidates are offered, including those from Concordia University, University of Quebec in Montreal (UQAM), University of Montreal, and the University of Sherbrooke.





## Recreational Therapy Team

Among the various teams of professionals within the Mental Health Program is the team of recreational therapy staff, comprising of interns, students, and volunteers, who regularly organize various recreational events and activities for the patients. The goals of these recreational experiences include: normalization, socialization, empowerment, cultural awareness, and “quality of life” for the patients on the unit.

A number of recreational activities are organized throughout the year, from cultural events on the unit, to the Annual Mental Health Week messaging initiative, to health advocacy initiatives such as the Montreal Walk for Mental Health.



For the past 90 years, our teams have been working diligently towards providing the best care possible to our patients and our community.

# Statement of Financial Position as at March 31, 2014

For more information, please see the Annual Financial Report (AS-471) on our Website : [www.smhc.qc.ca](http://www.smhc.qc.ca)

	2014	2013
<b>FINANCIAL ASSETS</b>		
Cash	\$ 822,755	\$ 3,088,465
Accounts Receivable - Agency and MSSS	27,275,754	26,969,310
Accounts Receivable - Other	6,360,373	2,986,615
Funding Receivable - Accounting Reform	- 602,735	-1,180,033
Long Term Investments	1,400	1,400
Deferred Charges	146,474	110,501
Other Assets	470,752	499,438
<b>Total Assets</b>	<b>34,474,773</b>	<b>32,475,696</b>
<b>LIABILITIES</b>		
Short Term Loans	49,081,129	44,498,821
Other Liabilities and Accounts Payable	16,958,608	18,590,874
Cash Advance from the Agency - - <i>enveloppes décentralisées</i>	6,961,669	1,783,879
Accrued Interest Payable	326,306	348,000
Deferred Revenues	15,818,008	17,046,269
Long Term Debt	41,151,079	39,691,450
Liability for Future Social Benefits	11,634,356	11,263,918
Other Liabilities	278,481	281,250
<b>Total Liabilities</b>	<b>142,209,636</b>	<b>133,504,461</b>
<b>Net Financial Assets (Net Debt)</b>	<b>-107,734,863</b>	<b>-101,028,765</b>
<b>NON FINANCIAL ASSETS</b>		
Fixed Assets	77,891,309	76,519,352
Inventory	3,105,878	3,339,699
Prepaid Expenses	759,776	517,387
<b>Total of Non Financial Assets</b>	<b>81,756,963</b>	<b>80,376,438</b>
<b>Accumulated Surplus (Deficit)</b>	<b>\$ -25,977,900</b>	<b>\$ -20,652,327</b>

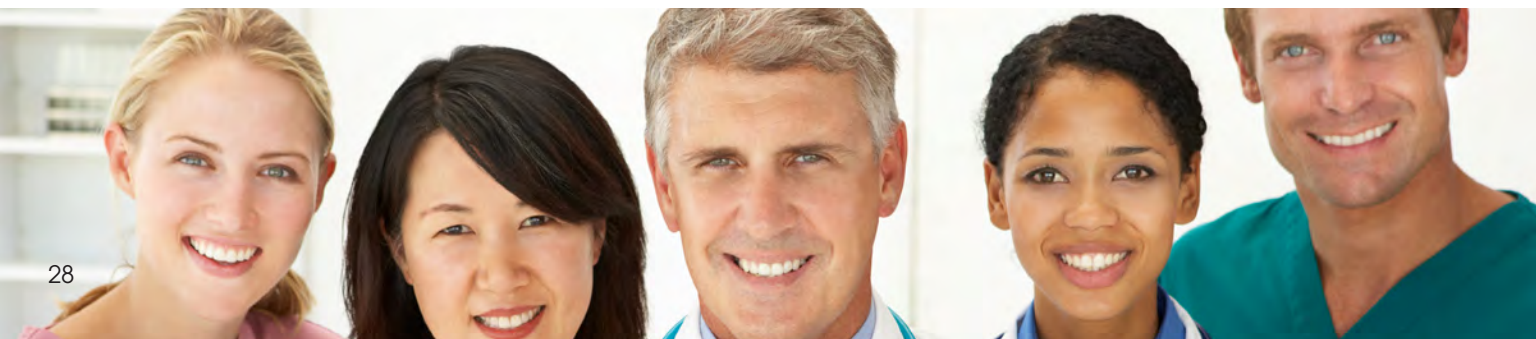
# Statement of Changes in Net Debt as at March 31, 2014

	2014	2013
<b>Net Financial Assets (Net Debt) at Beginning of Year Reported</b>	\$-101,028,765	\$ -96,345,681
Accounting Changes without Restatement of Prior Years		
<b>Adjusted Net Financial Assets (Net Debt) at Beginning of Year</b>	<b>-101,028,765</b>	<b>-96,345,681</b>
<b>Current Year Surplus (Deficit)</b>	<b>-5,325,573</b>	<b>-4,666,287</b>
<b>CHANGES RESULTING FROM CAPITAL ASSETS</b>		
Acquisitions	-7,041,282	-6,153,491
Amortization	5,669,324	5,653,982
(Gain) / Loss on Disposal	-	2,349
Proceeds on Disposal	-	-
<b>Total Change Resulting from Capital Assets</b>	<b>-1,371,958</b>	<b>-497,160</b>
<b>CHANGES RESULTING FROM INVENTORY AND PREPAID EXPENSES</b>		
Acquisition of Supplies Inventories	-	-
Acquisition of Prepaid Expenses	-242,389	-
Consumption of Supplies Inventories	233,822	365 966
Consumption of Prepaid Expenses	-	114 397
<b>Total Change Resulting from Inventory and Prepaid expenses</b>	<b>-8,567</b>	<b>480,363</b>
<b>Increase / (Decrease) in Net Financial Assets (Net Debt)</b>	<b>-6,706,098</b>	<b>-4,683,084</b>
<b>Net Financial Assets (Net Debt)</b>	<b>\$-107,734,863</b>	<b>\$ -101,028,765</b>



# Statement of Operation for the Year ended March 31, 2014

	2014	2013
<b>REVENUES</b>		
Agency and MSSS	\$ 130,360,385	\$ 128,547,760
Patient Services	4,496,406	4,274,864
Sale of Services and Recoveries	3,089,004	3,331,762
Donations	3,110,365	3,119,332
Commercial Revenue	934,372	851,097
Gain on Disposition	-	-
Other Revenues	3,759,888	3,770,500
<b>Total of Financial Assets</b>	<b>145,750,420</b>	<b>143,895,315</b>
<b>EXPENDITURES</b>		
Salaries and Benefits	97,418,192	94,842,359
Medication	7,252,047	7,339,783
Blood Products	2,751,751	3,185,787
Medical and Surgical Supplies	13,059,319	12,980,206
Food and Dietary	984,762	999,111
Financial Charges	1,809,178	1,747,233
Plant Operations and Maintenance Including Non Capitalized Expenses related to Capital Assests	2,780,561	2,524,974
Bad Debt Expense	375,034	373,887
Amortization	5,669,324	5,653,982
Loss on Disposal	-	2,349
Other Expenses	18,975,825	18,911,931
<b>Total</b>	<b>151,075,993</b>	<b>148,561,602</b>
<b>Current Year Surplus (Deficit)</b>	<b>\$ -5,325,573</b>	<b>\$ -4,666,287</b>



# Statistics

	2014	2013
Patient Days		
Short Term	89,621	89,038
Long Term	-	-
Newborn	10,501	9,979
Admissions		
Adults	11,418	11,253
Newborn	4,407	4,342
Deliveries	4,379	4,329
Average Length of Stay		
Short Term (days)	7.85	7.91
Long Term (days)	-	-
Occupancy (%)	87.07	86.50
Outpatient - Visits	128,492	129,157
Surgical Day Centre - Visits	10,143	10,573
Emergency - Visits	38,474	38,379
Audiology & Speech Therapy - Visits	2,171	2,147
Occupational Therapy - Visits	10,116	9,707
Physiotherapy - Visits	28,409	28,610
Psychiatry - Visits	13,060	12,950
Medical Imagery - Tests	89,953	86,479
Laboratory - Procedures	3,069,074	2,987,806

## HUMAN RESOURCES

### Full Time Equivalents

Management Personnel	72	71
Full Time Employees	1,006	984
Part Time Employees	331	338
Occasional Employees	171	172
Number of hours paid during fiscal year for occasional employees	311,523	313,560



# Declaration of Reliability

In my capacity as Interim Director General and CEO it is my responsibility to ensure reliability of the information contained in this annual management report and the controls relating to this data.

St. Mary's management report for 2013-2014:

- faithfully describes St. Mary's mission, mandates, responsibilities, activities and strategic orientations;
- presents objectives, indicators, targets and results obtained;
- presents accurate and reliable data.

I declare that the data contained in this annual management report, as well as the controls relating to this data are reliable and that they accurately reflect the situation for the year ended March 31, 2014.



Ralph Dadoun, Ph.D., M.B.A.  
Interim Director General and CEO

# The Council of Nurses 2013-2014

Throughout 2013-2014, the Council has remained very active and saw the launch of two sub-committees that is the Nursing Quality Committee and the Interdisciplinary Medication Management Committee, to address in a focused way, nursing quality issues. The creation of these committees is in line with one of the mandates of the Council, which is to assess the general quality of nursing acts performed in the hospital. One of the primary mandates of the Nursing Quality Committee is to ensure the continued assessment, planning, implementing and evaluation of nine clinical situations highlighted by the *Ordre des infirmières et infirmiers du Québec* (OIIQ) during professional inspection of 2012. In one of the clinical situations, the committee supported the teams on the units in their evaluation of patients at risk for falls as well as the management of the patient condition once a fall has occurred. The goal is to improve compliance with the identification of patients at risk of falls and the implementation of appropriate measures so as to reduce the risk of falls.

All nursing staff working in close collaboration with members of the multidisciplinary team have been very active in the implementation of the autonomy and mobility component of the Senior Friendly Hospital Approach framework endorsed by the MSSS to prevent functional decline in elderly patients. They have also been involved in the development of a high risk screening process for frail elderly patients presenting in the Emergency Department.

The topics of education and quality improvement remain very important to the Council and foster a “leading by example” approach by encouraging and supporting the individual units who present at Nursing Grand Rounds. The topics presented are pertinent, researched and easily accessible. Attendance is constantly increasing and the presence of nursing students is welcomed.



Crystal Côté

Again this year, members of the nursing staff worked in close collaboration with nursing students from the Ingram School of Nursing in several nursing quality and nursing research projects. This close partnership and joint effort benefits students, nurses and patients.

We were proud to welcome the first two nurse practitioners into the Family Medicine Department after having successfully completed their required training and licensing exams. Their contribution to providing patients with access to care while working in close partnership with physicians is noteworthy.

The Council supported the OIIQ's resolution recommending the baccalaureate degree as the entry level to the nursing profession and letters of support to this effect were sent to several members of the National Assembly. Unfortunately, the decision of the government mandated committee set up to address the issue did not support the position of the OIIQ and has requested that further work be done.

Once again this year nurses and licensed practical nurses have gone above and beyond their responsibilities and have provided compassionate, safe care to our patients.

Chrystal Côté,  
President



# Multidisciplinary Council

The Multidisciplinary Council (MDC) represents 326 members spanning 22 different professional disciplines working in over 40 different job titles.

The Executive Committee of the MDC acts through its Inter-Professional Committee (IPC) and the Quality, Education and Research Committee (QE&R) to achieve its mandate.

The IPC serves as liaison between the Executive and the member disciplines. This year the IPC held eight meetings and played an active role in planning and presenting MDC Grand Rounds and the Annual General Meeting, and had excellent attendance. Again, the MDC Grand Rounds were interesting and well attended. Special thanks go out to the IPC, Stephanie lasenza and Flora Masella for their contribution to this popular activity.

The QE&R Committee promotes education, research and quality improvement through projects and presentations. They held seven meetings and were involved in discussion and initiatives that included follow-up on recruitment and retention, Senior Friendly Hospital Approach, Psychosocial Committee in Cancer Care, Malnutrition Prevention Committee, and the Breakfast Club on 5 South. The QE&R will undergo a review of its role to ensure better participation to its activities as attendance had been dropping this year. As for the IPC, it was well attended.

Again our role in teaching students was active with 280 students, accounting for nearly 6000 days of teaching by MDC members.



Marc Pineault

## Objectives for 2014-2015

- Review of the mandate of the Quality, Education and Research Committee;
- Continue the Multidisciplinary Grand Rounds;
- Maintain the visibility and recognition of the professions under the Multidisciplinary Council.

Special thanks to Marcela Hidalgo and to Melanie Sterner who have completed their terms of office on the Executive Committee this year.

Marc Pineault  
President



# Council of Physicians, Dentists, and Pharmacists

The Executive Committee represents the Council of Physicians, Dentists, and Pharmacists (CPDP), which is composed of approximately three hundred members. Four goals were established for the 2013-2014 mandate:

- Action plans for Urology
- Continuing support for the International Medical Graduate Program (IMG Program)
- Recruitment and renewal of physicians in key positions
- OACIS Project.

## 1. IMG Program

The program is moving along with much success.

## 2. Recruitment of Physicians

Recruitment of new physicians is restricted by a long and complicated process, hampered by various levels of governmental requirements.

## 3. OACIS Project

Dr. Howard Stuart is actively involved in the OACIS project. The program has been fully implemented as of April 2013 and continues to be improved.

Three committees report directly to the Executive Committee:

- Medical, Dental, and Pharmaceutical Evaluation Committee;
- Pharmacology Committee;
- Qualifications Committee.



Marcel Fournier, M.D.

## Events and awards

- 61<sup>st</sup> Annual Hingston Dinner was held on May 7, 2014. The recipient of the Annual Hingston Award was Dr. Donna Tataryn, Chief of the Department of Surgery.
- Recipients of 25 years of service at St. Mary's Hospital Center and recognized at Annual Hingston Dinner:
  - Dr. Derek DaCosta, Emergency
  - Dr. Marino Discepola, Ophthalmology
  - Dr. Benjamin Gordon, Family Medicine
  - Dr. Margaret Hughes, Family Medicine
  - Dr. Gaetano Morelli, Medicine
  - Dr. Benjamin Schiff, Family Medicine
  - Dr. Paul Stephenson, Orthopedic Surgery
- The 2014 Hingston Grant for Medical Leadership Development, funded by the Council of Physicians, Dentists, and Pharmacists and the Foundation of St. Mary's, was awarded to three recipients this year:
  - Dr. Fadi Habbab, Radiology
  - Dr. Peter Steinmetz, Medicine
  - Dr. Sangeeta Sandhu, Pathology
- A new award was introduced by Dr. Lucie Opatrny Vice-President of Professional Services, for excellence in teaching. The award is the "The David S. Kahn Award in recognition of outstanding teaching". The recipient was Dr. Ronald Onerheim, Pathologist, Department of Laboratories.



## Medical, Dental, and Pharmaceutical Evaluation Committee (MDPEC)

The goal of the committee is to discuss specific cases and bring forth solutions for patient care, rather than having each department present their reports in person, as has been done in previous years. The departments/divisions continue to submit their Mortality and Morbidity reports and quality activities directly to the Chair of the MDPEC, whereby the Chair reviews the reports and if there are any cases that need specific review by the committee, they would be signed out and discussed at the MDPEC meetings to make recommendations to the appropriate areas concerned.

The following sub-committees report to the MDPEC:

- Perinatal Morbidity and Mortality
- Medical Records
- Infection Control
- Surgical Review.

### *Perinatal Morbidity and Mortality Committee*

The committee looks at intrauterine fetal and neonatal deaths. The reports include recommendations on management of future pregnancies, where applicable.

### *Medical Records Committee*

The Medical Records Committee reviews and approves new/ revised forms which are integrated into hospital medical charts. Incomplete medical charts are also reported regularly to the committee.

### *Infection Control Committee*

Issues and activities addressed included the following:

- On-going monitoring of Methicillin resistant *Staphylococcus aureus*, Vancomycin resistant *Enterococcus*, and *C-Difficile*
- Audits on basic infection control practices are continually taking place
- Surgical wound infection report.

### *Surgical Review Committee*

Surgical Review Committee is now under new chairmanship and will be holding at least four meetings per year.



### Pharmacology Committee

One of the Committee's main responsibilities is to monitor drug use within the hospital, according to established policies and guidelines.

The committee looks at the following:

- New additions to SMHC Formulary
- Deletions from SMHC Formulary
- Adverse Drug Reactions Monitoring
- Guidelines for Drug Utilization
- Drug Utilization Reviews.

### Qualifications Committee

Through the active participation of the Qualifications Committee, applications from physicians wishing to pursue their career at St. Mary's Hospital Center were reviewed and submitted to the CPDP Executive Committee.

This year a reappointment process was conducted for all members of the CPDP, whereby each member must meet certain criteria in order for their privileges to be renewed for the years 2014 to 2016. Each file is reviewed by the Qualifications Committee and the Chief of the Department. Final approval is granted by the Board of Directors.

The Qualifications Committee also reviews any change of status, leaves of absence and maternity leaves.

### Quality Improvement Activities

Members of the CPDP also participate in the Quality Improvement activities of the various hospital teams. These activities are presented to the Quality and Risk Management Coordinating Committee.

Respectfully submitted by,

Marcel Fournier, M.D.  
Chair



# Quality and Risk Management

The ultimate goal of Quality and Risk Management (QRM) at St. Mary's Hospital Center is to maintain and improve upon the quality of patient care and safety in service delivery. The main function of QRM is the support of programs and councils in their quality and risk management activities and maintaining the responsibility for the overall quality and risk management throughout all of the services provided at SMHC.

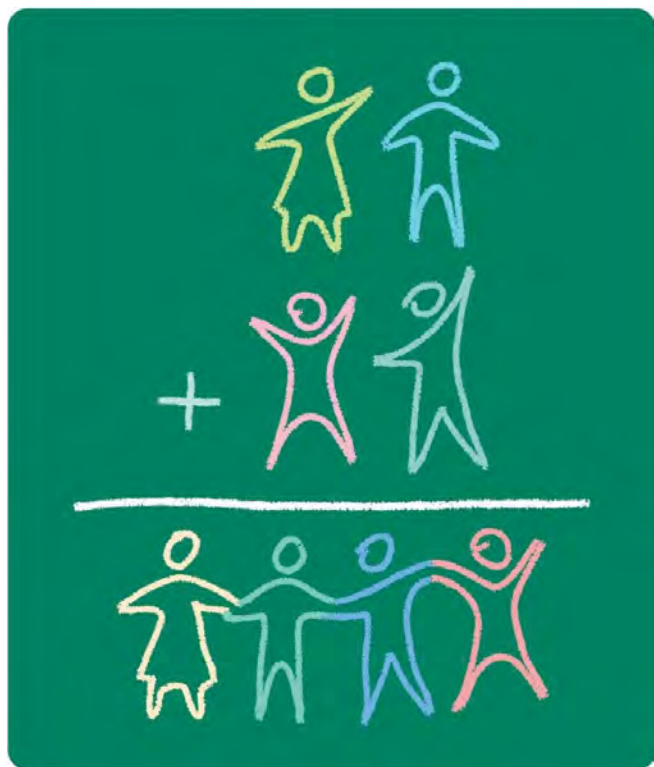
The Quality and Risk Management Coordinating Committee (QRMCC) is the central feature of the structure and serves as a reporting body for the teams. In 2012-2013, the QRMCC met nine times and reviewed presentations of annual reports on quality and risk management from the following teams: Mental Health, Rehabilitation Services, Laboratories, Dialysis, Cancer Care, Geriatrics, Pharmacy, Maternal-Child Care, Medicine, Critical Care, Emergency, Surgery, Operating Room, Medical Device Reprocessing, Multidisciplinary Council, Council of Nurses, Information Technology, and Human Resources.

## Accreditation Canada

Having received an almost perfect score of over 95% and granted accreditation "with commendation" for the formal evaluation of our performance by Accreditation Canada, follow-up had to be done to maintain this status. With the accreditation cycle now being of four years, closer follow-up and the submission of action plans between visits will be part of the normal process.

## Research Centre

There was no instance of scientific or ethical misconduct in research for the 2013-2014 fiscal year.



## Incident/Accident Reporting

As of July 1<sup>st</sup>, 2014, the QRM Department had received 2620 incident-accident reports for the fiscal year 2013-2014. Of these, 19 events were flagged for additional follow-up and two were dealt with through the sentinel event review process.

St. Mary's Hospital Center encourages reporting of events by its staff and promotes the fact that by reporting, it enables us to implement preventive measures. St. Mary's also promotes a learning culture that continuously strives to improve the quality of care it gives patients. Clinical teams are encouraged to openly discuss adverse events in order that all can learn from them and that we continuously improve the quality of care to patients.



## Risk Inventory

QRM monitors various risk management functions in all areas of the hospital. The following list is the Risk Inventory Monitoring Systems that are in place at St. Mary's Hospital Center.

- Patient complaints
- Lawsuits
- Claims against the Hospital
- Insurance claims against the Hospital.
- Labour grievances
- Radioactive isotopes
- Council quality/risk management activities (Council of Physicians, Dentists and Pharmacists, Multidisciplinary Council, Council of Nurses)
- Infection Control activities
- Employee work accidents, occupational diseases & CSST
- Unsafe work conditions
- Hazardous materials related risks
- Work place violence
- Biomedical equipment related risks
- Biomedical related alert & recalls
- Non-biomedical equipment risks
- Information systems risks
- Research risks (research ethics annual report)
- Emergency measures and other security related incidents
- Incident/Accidents (AH-223)
- Restraints related risks
- Sentinel events.

For each identified risk domain, there is a defined reporting system, including annual reports and defined pathways of reporting to the Senior Management team, committees of the Board of Directors or directly to the Board of Directors.

## Risk Management Initiatives for 2013-2014

Among many risk-related activities, the main hospital-wide initiatives were:

- Monitoring of incident/accidents to ensure appropriate action is taken by the appropriate areas involved; 19 were reviewed more in-depth and two were reviewed through the sentinel event review process;

- Review of the transportation of patients on oxygen and creation of a tracking sheet to ensure an adequate supply of oxygen during the transport;
- ErroMed training (Human Factors and Patient Safety) was given to 70 staff members in three sessions. This session is now being offered three times per year given the interest generated for this training within the hospital.

## Quality Assessment Projects Completed in Support of Quality Improvement Teams

Twenty one projects were initiated by the Quality Assessment Unit in support of the Quality Improvement teams. The Quality Assessment Unit offers assistance and expertise on evaluating quality of care and services within the hospital.

## Follow-up to Coroner's Report Recommendations

One coroner report needed follow-up. A thorough internal investigation was performed and showed that the quality of the medical acts in this case was satisfactory.



## Quality and Risk Management Recommendations and Priorities for 2014-2015

- Follow-up on 2012 Accreditation visit.
- Implement MediaMed-GPS with the clinical teams and support the teams involved with optimization projects;
- Maintain the following functions:
  - Continue in-service education of staff and managers on patient safety and risk management
  - Organize Patient Safety Week, in collaboration with the Users' Committee
  - Provide ErroMed training program at least two or three times per year to staff
  - Support Quality Improvement teams across the hospital
  - Support and organize the Annual Symposium on Quality of Care and Research

## Infection Control (IC) and Prevention Activities

Healthcare associated infections (HAI) develop in patients as a result of their exposure to a hospital environment or procedures. They include Methicillin-resistant *Staphylococcus aureus* (MRSA), Vancomycin-resistant *Enterococcus* (VRE), *C-difficile* and other infections caused by bacteria viruses or fungi. HAI can cause unnecessary suffering and death and increase the cost of a hospital stay.

- One in nine hospitalized patients in Canada gets a healthcare associated infection.
- Infections are the fourth leading cause of death in Canada.

The incidence of healthcare associated infections is on the rise and their direct costs in Canada are estimated to be \$1 billion annually.

The Infection Prevention & Control Department at St. Mary's is committed to reducing HAI in compliance with best practices guidelines as issued by Accreditation Canada.

## Quality Improvement Initiatives & Projects

- The provincial *Staphylococcus aureus* Bacteremia surveillance is on-going since 2006. Our Intervention is based on results. Our overall rate of SA Bacteremia, that is MRSA, in the last five fiscal years has been respectively: 28.13%, 34.62%, 11.11%, 26.41% and 0%. Our rate was always comparable to the same size hospitals in the province; however, we had the lowest rate in the province in the fiscal year 2013-2014.
- The rate of the Central Line-Associated Bacteremia (CLAB) surveillance in the Intensive Care Unit (ICU) was 1.88% in 2010-2011, 1.78% in 2011-2012, 0% in 2012-2013 and 2013-2014 compared respectively to the provincial rate of 2.06%, 1.48%, 1.17% and 1.6%.
- The rate of the provincial Central Line-Associated Bacteremia (CLAB) surveillance in dialysis was 0.13% in 2011-2012 compared to 0.26% in 2010-2011, 0% in 2012-2013 and 0.3% in 2013-2014.
- The main objective of the blood culture (BC) contamination rate surveillance is to identify changes in the blood culture contamination rate and to recommend changes when needed. Implications of BC contamination are:
  - Unnecessary antibiotic use
  - Increased length of stay
  - Additional cultures which will lead to increased cost.

Acceptable BC contamination rates are generally 3% or less. For periods 1, 5 and 10 of 2013-2014, BC contamination rates were respectively 0.32%, 3.19% and 2.6%. For period 5, we have seen an increase in our BC contamination rate, exceeding the 3% threshold. Nine out of 15 BC contamination cases, during the three periods, were noted in Emergency.

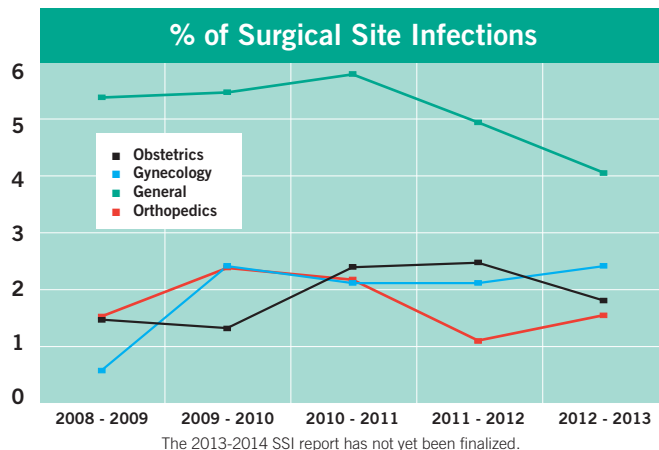
## Surveillance and Control of Nosocomial Infections

Surveillance and containment of multi-resistant organisms such as MRSA and VRE continues.

- MRSA containment continues to be an important focus of the IC Department. Even though the number of MRSA transmission is much lower than previous years, the total number of admitted patients remains high placing a large burden on nursing units. We had 118 nosocomial MRSA cases in 2010-2011 compared to 81 in 2011-2012, to 77 in 2012-2013 and 53 in 2013-2014.
- Since period 7 of 2011-2012, we started a provincial VRE surveillance; the revision of the provincial guidelines is based on results of two-year surveillance. We have seen a major increase in our nosocomial VRE cases compared to previous years; we had 12 in 2010-2011 compared to 102 in 2011-2012, 130 in 2012-2013 and to 169 nosocomial VRE cases in 2013-2014 (no infections identified). Our prevalence point is much higher than previous years, leading to increased risk for nosocomial transmission and outbreaks. This significant increase in the number of nosocomial cases has been noted across the McGill hospitals.
- The on-going *Clostridium difficile* (CDAD) surveillance established by Public Health (INSPQ) throughout the province in 2004-2005 gives us the opportunity to benchmark with same sized hospitals. We have been stable for the last few years; however we had an increase of 67 cases in 2012-2013 compared to 35 in 2011-2012. After an aggressive intervention across the hospital we went back in 2013-2014 to our baseline of 39 cases.
- Surveillance of Surgical Site Infections (SSI) includes admitted patients only (day surgeries are excluded), and applies to the following surgical services: General, Orthopedic, Gynecology and Post C-section. Reporting is done to individual surgeons and by code to the Chief of the Department of Surgery and the Chief of Division. Comparative SSI rate in the last five fiscal years by service is as depicted in the following graph.

## Outbreak Investigations

During the fiscal year 2012-2013 we had three VRE outbreaks: one on 5 South, one on 8 Main and one in ICU. In 2013-2014 we had six outbreaks: two on 5 South, two on 8 Main, one in ICU and one on 6 North. As in most of the outbreaks, a vast amount of resources has been used for containment.



There were no official MRSA outbreaks during the 2013-2014 fiscal year. However, 6 South and 5 South did have an increase of transmissions from January 26 to March 3, 2014 and January 27 to March 2, 2014, respectively, but both situations were soon stabilized.

After a difficult year in 2012-2013 where we had two major *C-difficile* outbreaks: one on 6 North and another one on 5 North contributing to the highest fiscal year rate since 2004, we went back in 2013-2014 to our baseline of 39 cases.

## Education

Education is a major activity in the IC Department; we provide consultation and educational services to all hospital employees and students. We have formal teaching sessions (such as general/nursing orientations, in-services on the unit, and presentations) and we regularly have in-services given to staff concerning practices to reduce the risk of transmissions of HAI.

We had a total of 95 hours in formal educational sessions to 1027 attendees (students and employees).

In addition 252 hours of informal in-services were held on various units during hospital rounds where IC practitioners assist staff with infection control concerns mainly during outbreaks or increased activity on units.



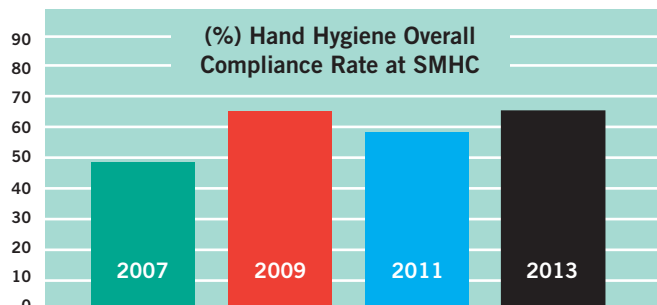
Staff Education: during the 2013-2014 fiscal year, a total of 152 hours were dedicated to the training of the Infection Prevention staff: one IC Coordinator and two IC Practitioners have undergone educational training (three on-line courses, weekly Teleclasses, CPR certification) which equipped the team with an in-depth knowledge of IC practices and necessary skills to accomplish their jobs efficiently.

### Completed Projects

- On-going revision and updates of the Infection Control Manual (April 2013 – March 2014).
- Updates of Infection Control posters, signs and information pamphlets are made available via the Visual Communications Department.
- Snapshot audits to evaluate IC practices and Hand Hygiene are done when an outbreak is identified. Intervention is based on findings (a total of five were done on various nursing units in 2012-2013).
- Results of the Hand Hygiene Audit across the hospital done in December 2013 are as in the adjacent graphic.
- Participation to the Regional table for nosocomial infections with the Quebec Public Health, the national and provincial IC associations and the IC McGill Working group.
- Updates of the Equipment Disinfection Chart pilot project, which identified the appropriate disinfectant solution for the cleaning of various medical equipments.

### On-going Projects 2013-2014 and 2014-2015

- Continue Hand Hygiene blitz.
- Patient empowerment strategy to encourage patients to ask their healthcare providers to wash their hands before touching them.



- On-going quality control for compliance with Infection Control measures in targeted areas.
- Grey Zones (items not clearly assigned to be cleaned by any group of healthcare workers) Pilot Project leading to a potential research study is on-going and will finish by the end of September 2014, its aim:
  - To test the effectiveness of adding a new housekeeping position to clean “grey zone” items on a medical unit and its impact on containing nosocomial transmission.
  - To determine effectiveness of cleaning of surfaces/ equipments contaminated with microorganisms, specifically MRSA and VRE, after cleaning by either housekeeping, PABs or by the new employee assigned to clean “grey zones” items.
- In order to start an Antibiotic Stewardship program, a committee has been established with the Pharmacy to optimize the use of antimicrobials, reduce the risk of multidrug resistance organisms and promote patient safety.



# Local Service Quality and Complaints Commissioner

## Breakdown of complaints

Completed without corrective measures.....	55 %
Completed with corrective measures .....	41 %
Refused or interrupted .....	2 %
Abandoned .....	2 %

## Summary of complaints

Complaints carried over from previous year .....	21
Complaints received during the current year .....	194
Complaints concluded during the current year.....	198
Complaints carried over to the next year .....	17
Complaints carried over to Quebec Ombudsman .....	2

## Categories of complaints

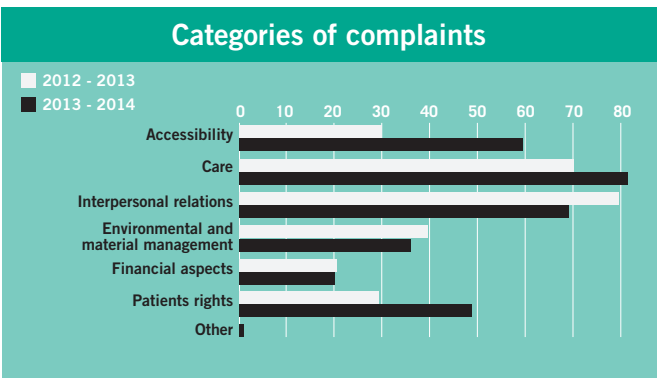
Accessibility .....	59
Care.....	83
Interpersonal relations.....	69
Environment and material management .....	36
Financial aspect.....	20
Special (patient) rights .....	48
Other .....	1
Total .....	316

## Originator of complaints

Patients .....	61 %
Family/Others.....	39 %

## Processing time

- 45 days .....	82 %
+ 46 days .....	18 %



# Report from the *Comité de vigilance et de la qualité* 2013-2014

The Committee met twice during the course of 2013-2014. At the core of its mandate, the Committee ensures that adequate follow-up is given to the key recommendations made by the Local Service Quality and Complaints Commissioner (Ombudsman). It must strive to insure that the Board of Directors fulfills its obligations when recommendations are made. The *Comité de vigilance* must also insure follow-up of systemic measures to improve quality of healthcare services and social services.

Moreover, within the scope of his mandate, the *Comité de vigilance* must be informed of the conclusions contained in various reports concerning the quality, safety or effectiveness of services (i.e. accreditation reports, coroner's recommendations, Public Curator's recommendations, report of inspection from a professional order, etc.). The *Comité de vigilance* analyses these reports to establish systemic links between the reports and recommendations in order to be able to present to the Board of Directors recommendations that are incorporated into a global plan on the follow-up to be given to these reports.

The Committee reviewed the recommendations made by the *Collège des médecins du Québec* following their inspection in May 2010 and ensured adequate follow-up of these.

The Committee was kept abreast of the evolution of complaints filled throughout the year.

Suzanne Gouin,  
Chair

# Users' Committee Report

Respect for users' (patients) rights and quality of services are the foundation which guide the Users' Committee of St. Mary's Hospital Center. It monitors the care provided to the most vulnerable patients and works to maintain and improve the institution's services. The Committee is the voice for users to communicate with the various bodies within the hospital.

The functions of the Users' Committee are determined by the Act respecting health services and social services:

- Inform users of their rights and obligations
- Foster the improvement of the quality of the living conditions of users and assess the degree of satisfaction of users with regard to the services obtained in the institution
- Defend the common rights and interest of users or, at the request of a user, his/her rights and interests as a user before the institution or any competent authority
- Accompany and assist a user, on request, in any action he or she undertakes including the filing of a complaint in accordance with the Act respecting the health and social services ombudsman.

There are nine members of the Committee and a resource/secretary person. Meetings are held the last Friday of each month September to May.

Each member represents a unit in the hospital: Mental Health, Cancer Care, Palliative Care, Emergency, Maternal-Child Care, Dialysis and Geriatric Assessment. Two members sit on the Board of Directors of the hospital. One member sits on the Quality and Risk Management Coordinating Committee (QRMCC). The Committee is a member of the *Regroupement provincial des comités des usagers* (RPCU) and the *Conseil pour la protection des malades* (CPM).

All calls are handled with confidentiality. We try to the best of our ability, to follow through with the patient/spokesperson until the problem is solved. When a situation is beyond our mandate, we ask the caller's permission to contact the Ombudsman.

We had approximately 100 calls this past year. Some of the calls we received dealt with long wait times, unanswered phones and appointments cancelled without informing patients. We worked throughout the year with the appropriate individuals and there has been a marked improvement. Many calls deal with information regarding patient files, how to find a doctor and rudeness of staff.

We involved ourselves with Family Medicine in setting up a Patient Voice group. One meeting has been held.

Our total involvement in Mental Health continues. We are in constant communication through our representative and the Recreational Therapist.

We are also very involved in Emergency. As throughout the hospital, toiletries are available for those in need. We supply care packages for the homeless as well as collect used clothing for them. We support the staff with coffee and cold drinks on occasion.

We work closely with the Recreational Therapy Service. We are well recognized throughout the hospital and are called upon by units for our help when they organize an event, thus ensuring visibility of the Users' Committee.

The Users' Committee realized that many patients/visitors had difficulty navigating their way through the hospital. In order to improve their experience in the hospital, last September the Users'





Committee began the distribution of directional maps through the Information desk at the main entrance. This is a project that was more than two years in the making with the assistance of the Visual Communications Department and the Quality Assessment analysts.

Four areas were chosen and a short questionnaire was added on the back of the maps in order to test their efficiency and usefulness.

The overall results were overwhelmingly positive: 99% of respondents were satisfied with the maps, the maps were clear and they had no difficulty reaching their destination.

The Users' Committee is very proud of this project.

The following projects continue:

- Toiletries for those in need
- Layettes for newborns (requested by social worker)
- Health Snack for Mental Health Program (Tuesday)
- Flowers for patients completing chemo
- Flowers for patient admitted to Palliative Care
- Wednesday tea party on Palliative Care Unit
- Slushies for patients in Palliative Care
- Care package for homeless patients
- Updating pamphlet of Maternal-Child Care Program
- Dialysis Unit Holiday Party
- Mental Health Program Holiday Party
- Sponsoring pamphlets
- Stuffed animals for our pediatric patients undergoing surgery.



***Information Agent at the information booth in the main entrance.***

### Goals for 2014- 2015

- Setting up communication board for patients (white board) on 5<sup>th</sup> South
- Along with the Social Work Department and Visual Communications Department, creating a long-term information toolkit for patients awaiting transfer to a long-term care facility, and their families
- Improving our Website
- Continuing our projects
- Finalize the strategic plan document.

Respectfully submitted,

Patricia McDougall  
President

# Code of Ethics

This Code of Ethics governs the members of the Board of Directors in the exercise of their responsibilities.

## General Responsibilities

1. Members of the Board shall demonstrate respect for the dignity of human life and for the equal right of individuals to health and social services regardless of race, colour or religious background.
2. Members of the Board shall demonstrate a spirit of cooperation and actively participate in the development and implementation of the Hospital's general policies.
3. Members of the Board shall attend Board meetings and shall vote on all matters submitted to them unless doing so would represent a conflict of interest.
4. Members of the Board shall act with care, integrity, honour, dignity, honesty, impartiality, loyalty and objectivity.
5. Members of the Board shall respect the confidentiality of debates, exchanges and discussions.

## Specific Responsibilities

1. Members of the Board shall not directly or indirectly solicit, accept or require from anyone any gift, reward, or benefit sufficiently material to give rise to a reasonable apprehension that it would compromise their impartiality, judgment or loyalty as directors of the Hospital.
2. Members of the Board shall act within the limits of the powers vested in them.
3. Members of the Board who have a direct or indirect interest in any enterprise or endeavour that places them in a conflict of interest with the Hospital or that creates a reasonable apprehension of such a conflict shall notify the Board of such interest in writing as soon as practicable after they become aware of it.
4. Any member of the Board obliged to disclose an interest contemplated in the preceding paragraph shall abstain from participating in deliberations or decisions relating to such interest.
5. Members of the Board shall notify the Board in writing of any contracts for the provision of goods or services concluded

with the Hospital by any enterprise in which they are employed or in which they hold a pecuniary interest as soon as practicable after they become aware of such contracts.

6. Written notification of the Board shall be deemed to have taken place when the Executive Director has thus been notified. The Executive Director shall communicate the notification to the other members of the Board at the first opportunity.
7. Members of the Board shall not use confidential information for the purpose of deriving direct or indirect personal benefits therefrom. Following their mandate, members of the Board shall respect the confidentiality of all information of any nature to which they were privy in the exercise of their functions while members of the Board unless such information has entered the public domain.

## Disciplinary Procedures

1. A breach of a duty prescribed in this Code or by law constitutes a derogatory act and may give rise to a disciplinary sanction.
2. Any person who has reason to believe that a director has contravened this Code shall so advise the Executive Director in writing in sufficient detail to identify the alleged contravention, when and where it allegedly took place and the proof that has led the complainant to conclude that it has taken place. If the complaint concerns the Executive Director, the notice shall be addressed to the President. The members of the Board shall be provided with a copy of the complaint at the first opportunity.
3. After hearing the representations of the director who is the subject of the complaint, the other members of the Board may appoint a committee of three of their number to investigate the complaint, to report to the Board as to whether the committee concludes that it is well-founded, and whether it recommends further investigation by the Board or others, or a disciplinary sanction in consequence. The committee shall notify the director who is the subject of the complaint of its sessions and give such director or his or her representative a reasonable opportunity to be heard and to make written submissions if desired. The deliberations of the committee shall be confidential.



4. The committee shall make a written report to the Board as soon as practicable. Should the report recommend the imposition of a disciplinary sanction, the Board may in its discretion decide to reprimand the director who has been found to contravene this Code or it may decide to request his or her resignation. It may also decide to initiate appropriate civil or penal legal proceedings. The Board's decision shall be communicated in writing to the director concerned.
5. Members of the committee and the Board shall be immune from legal process in consequence of exercising their responsibilities in good faith pursuant to this Code.
3. The annual report of the Hospital shall state :
  - a) the number and nature of complaints received;
  - b) the number of cases handled and their disposition;
  - c) the number and nature of penalties imposed; and
  - d) the names of the directors, if any, whose resignations have been requested.

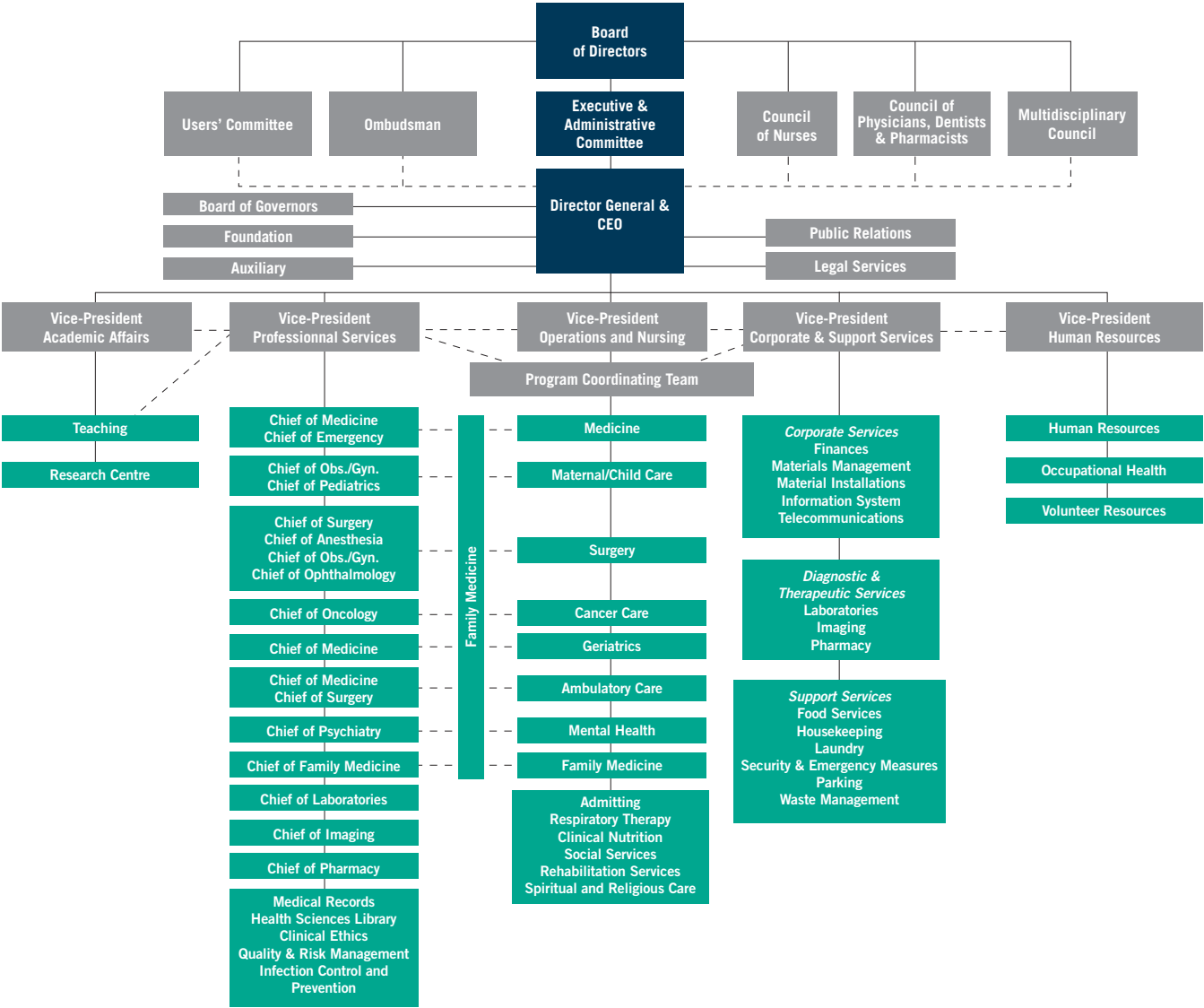
For the fiscal year ended March 31, 2014, the Board of Directors has not received any complaints or indication in regards to the non-respect of this code.

#### Dissemination of the Code

1. A copy of this Code shall be provided to each member of the Board upon the commencement of his or her mandate with a request that he or she take cognizance of it and comply with it.
2. A copy of this Code shall be made available by the Hospital to all individuals who request it and shall be published in the Hospital's annual report.



# Organizational Structure



Published by:  
Public Relations and Communications Department, SMHC

Graphic design, photography and production:  
Visual Communications Services, SMHC

3830 Lacombe Avenue, Montreal, Qc H3T 1M5  
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Disclaimer:  
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