



## ST. MARY'S HOSPITAL CENTER - ANNUAL REPORT 2007 - 2008



# Yesterday @ TOMORROW





Dr. Arvind K. Joshi, Director General & CEO

## Message from the President and the Director General & CEO

We are proud to present the annual report of St. Mary's Hospital Center (SMHC) for the year 2007-2008.

Known for its efficiency and exceptional performance, SMHC is continuously striving to achieve optimal use of resources, while maintaining a long-standing tradition of providing health care and services to the community.

A management agreement was concluded between SMHC and the *Agence de la santé et des services sociaux* (the Agency), which defines our objectives for 2007-2008 while fostering coherence between the actions of our institution and those of the health network. The objectives and targets of this agreement were closely and regularly monitored by the leadership team.

Once again this year, our financial results were in line with the targets set by the Agency, which had established the maximum deficit for the year at \$2.7 million. In addition, we were granted a recurring \$3-million increase in base budget, bringing our operating budget to \$115 million.

Thanks to everyone's unflagging efforts and collaboration, we also attained all of our targeted surgical volumes. Moreover, as part of the implementation of the new system to better manage elective surgery waiting lists and reduce waiting times, SMHC was chosen as the pilot site for the introduction of an information system for managing access to specialized services, more commonly known as SIMASS.

A hospital is a dynamic, constantly evolving entity. New technologies, advances in knowledge, and improved methods are all factors that influence and necessitate significant changes. With this in mind, the Campus Steering Committee reviewed the development of the hospital's facilities. A study conducted by the firm *Conseil en immobilisations et management inc.* enabled us to identify the major modifications required in order to meet future needs. On November 28, 2007, after a wide consultation, the Board of Directors unanimously approved the campus development project, which is presented further in this report. This exciting project marks the beginning of a new strategic planning cycle for our institution.

Concurrently with this important phase of change and growth, the Ministry of Health and Social Services (MSSS) gave the final approval to renovate and expand the Dialysis Unit. At a press conference held on March 17, 2008, Mr. Raymond Bachand, Minister of Economic Development, Innovation and Export and Minister of Tourism, announced the go-ahead for this major \$4.8 million project.

In addition, as part of its ongoing effort to enhance the care and services offered and to increase employee satisfaction, SMHC has been refurbishing its facilities on an ongoing basis. Among the projects completed or under way are the major transformation of the Cancer Care Day Centre, the renovation of the main building elevators (a one-year project) and the revamping of the Admitting Office and the Laboratories.

As far as equipment is concerned, funding was received to replace our generators. This major project, which is almost completed, will enable us to maintain all of our services under any circumstances.

In line with the high technology investment program, the MSSS confirmed a financial contribution of \$480,000 for the purchase of two anaesthesia machines and a monitoring system for the Recovery Room.

As is the case throughout the health network, SMHC faces a labour shortage. The problems caused by this shortage are very real: overtime and excessive workloads are still too frequent. Employee recruitment and retention are thus of the greatest importance. It is essential that we continue to attract talented hospital and medical staff and offer them a stimulating and fulfilling work environment.

In this spirit, brainstorming sessions were held to develop an innovative action plan for human resources development. The labour shortage is forcing us to review our ways of functioning. By positioning ourselves as an employer of choice, SMHC will be able to take up the big challenge facing all health institutions over the next few years.

*SMHC and its partners have a collective responsibility towards the population in their territory. We are assuming this responsibility by working together to ensure access to services and continuity of care.*

According to the population approach principle, SMHC and its partners have a collective responsibility towards the population in their territory. We are assuming this responsibility by working together to ensure access to services and continuity of care.

In addition to maintaining existing alliances and agreements, we have addressed and worked on many issues with neighbouring health and social services centres, i.e., CSSS Cavendish and CSSS de la Montagne. In the same spirit, SMHC is actively involved with the McGill University integrated health network (RUIS).

In order to keep the public's trust, we must, in addition to delivering quality health care and services, provide a safe environment. Risk and quality management, as well as infection prevention and control, are thus key priorities for the hospital's management and Board of Directors.

Our results for 2007-2008 testify to the efforts made by our hospital and medical staff, as well as our volunteers, to rigorously apply preventive measures, and to ensure prompt intervention at the onset of infections. One thing is certain: combating nosocomial infections requires constant vigilance on our part.

In keeping with the Montreal plan and ministerial orientations, rigorous preparations for a possible influenza pandemic continued throughout the year. This work, which requires considerable effort on the part of the coordinating team and the teams established to develop the different aspects of the local plan, will enable us to cope should an exceptional situation occur in the coming years.

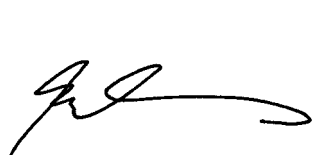
On March 4 and 5, 2008, representatives of the MSSS visited our institution to assess the quality of the services offered in our long-term care units, in terms of how the "living environment" concept is being applied. Although the report has not yet been received, a number of initiatives have already been taken to better integrate this concept.

We end this year proud of the enormous accomplishments of all our staff, despite a particularly challenging environment.

We wish to thank the members of our boards, as well as our managers, physicians, employees and volunteers, for their commitment and compassion. Thanks to the leadership they have demonstrated on strategic issues and their personal contribution to the numerous committees formed during the year, St. Mary's is strongly positioned in the Montreal health network.

We also wish to thank St. Mary's Hospital Foundation, which continues to play a crucial role in enabling us to continue our development.

We are confident that in the coming years we will affirm and enhance our role as a university-affiliated hospital and a leader in the delivery of healthcare and services on a human scale.



Richard J. Renaud  
President



Arvind K. Joshi, M.D.  
Director General & CEO



Richard J. Renaud, President

# Campus Development Project

As part of its development, St. Mary’s Hospital Center has entrusted the firm *Conseil en immobilisations et management inc.* (CIM) with the mandate of conducting a study to review the organization of some of the hospital’s facilities and examine the expansion options available.

This project is in keeping with the objectives of the Ministry of Health and Social Services regarding access to care, hierarchization of services and continuity of care.

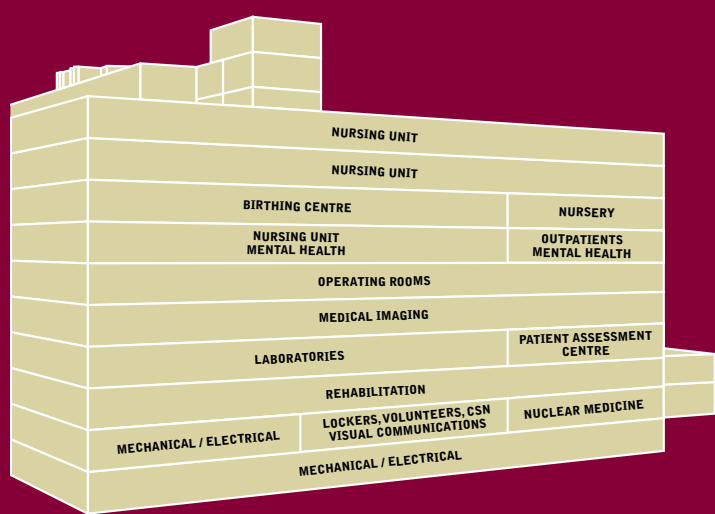
The imminent designation of our institution as a university-affiliated hospital was considered in the development of the project. With this new status, St. Mary’s will play a larger role in both medical teaching and clinical research, making the development of our campus infrastructure all the more important.

Throughout the process, consultations were held with various hospital stakeholders. From the outset, we have been working closely with our partners, including *Collège Notre-Dame* and *Paroisse Notre-Dame-des-Neiges*, both of which have key projects for our community.

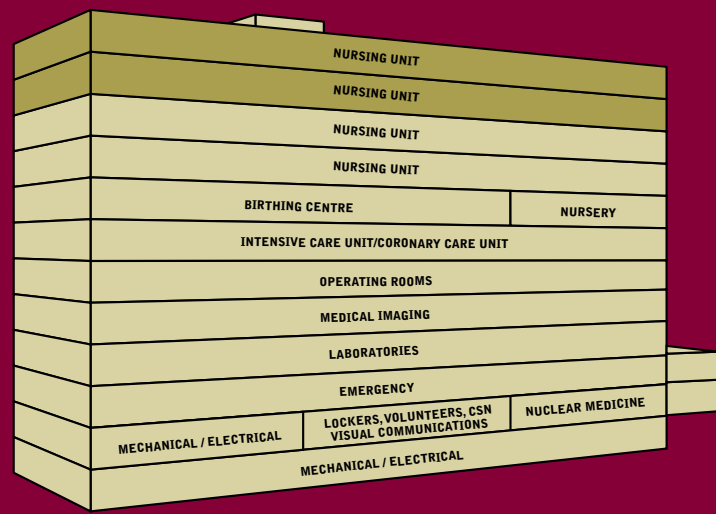
Population studies, clinical projections and an analysis of additional space needs were also performed before the project was elaborated. The project calls for:

- Construction of an ambulatory centre at 5300 Côte-des-Neiges dedicated primarily to women’s health, while offering other clinical and commercial services as well.
- Addition of new space with the construction of two floors above the West Wing of the hospital to respond to different needs:
  - Conversion of all standard rooms to private or semi-private rooms, thereby reducing the risk of nosocomial infections;
  - Upgrading of the Intensive Care Unit, Operating Rooms, Medical Day Centre and Surgical Day Centre;
  - Modernization of nursing units located in the main building (5<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> floors);
  - Provision of extra space dedicated to teaching and research.
- Relocation of the Emergency Department to the West Wing with entrance on Légaré Street. This will allow for added space and will enhance functionality by establishing a vertical link between the hospital’s acute care services and its technical support centres such as: the Operating Rooms, Birthing Centre, Medical Imaging, Laboratories and Pharmacy.
- Major refurbishing of the ground floor and main entrance to facilitate patient, visitor and staff traffic. The addition of an access corridor to the relocated Emergency Room is also planned.
- The building of an underground staff parking lot on the site of *Collège Notre-Dame* will enable us to achieve three objectives: provide more parking spaces for visitors on the campus site, foster the creation of green spaces, and improve pedestrian and vehicular traffic on the hospital campus and surrounding area.

Present West Wing



Proposed West Wing





1935 - St. Mary's Hospital

As a result of the studies conducted, the need to expand certain areas became apparent. For example, the number of stretchers in Emergency will increase from 13 to 18, and the number of intensive care beds will rise from 11 to 16. A four-bed intermediate care unit will also be put in place for a smoother transition to the nursing units.

To ensure that all of the hospital's needs would be taken into account during the planning process, the Board of Directors set up three committees to provide input and make recommendations throughout the exercise. The committees are responsible for examining operational costs, the order in which the different phases of the project will be carried out, and funding.

Needless to say, the campus development project is a major undertaking whose scenarios will have to be studied carefully before final decisions are made. The project will be carried out over several years and will take into account local and regional considerations. It will unquestionably enhance the quality of care and services offered to patients and improve the work environment of all hospital staff.

**One thing is certain: St. Mary's is sailing towards  
a promising future!**



1968 - Beginning of construction of the West Wing

# Council of Nurses



The Council of Nurses is responsible for assessing the quality of professional acts performed, making recommendations on the proper distribution of care and the rules of nursing care, as well as on ensuring maintenance of professional standards of care. Nursing makes a valuable and unique contribution to patient care and plays an integral role in maintaining and sustaining

St. Mary's culture of caring through excellence.

The Council of Nurses has once again been able to oversee and realize many projects over the past year. Through the implication of our members, many nursing activities were brought at the forefront of our institution, and unique opportunities were offered to our nurses.

Some of the activities of the Council of Nurses were:

- The Council maintained its participation in the implementation of Bill 90, which modifies the professional code. In the coming year, the members will continue to participate, and the Bill will be further examined through the involvement of the registered nursing assistants who will take a closer look at their expanded role.
- In line with the process undertaken by the institution to prepare a Human Resources Development Plan, the Council was invited via the Professional Nursing Practice Committee (PNPC) to submit its comments and recommendations regarding the attraction and retention of nursing staff.
- The Council participated, through the PNPC, in the development of a hospital-wide policy and procedure on patient identification bracelets.
- In collaboration with Environmental Services, the Council worked to find ways in which nurses could contribute in creating a greener environment in the workplace.
- A total of ten Nursing Grand Rounds were held, in addition to a Tri-Council event entitled "Nutrition and Cancer Prevention", which was presented by Dr. Richard Béliveau.
- The 7<sup>th</sup> Annual Nursing Awards of Excellence ceremonies were held in May 2007. Awarded to nurses, nursing assistants and partners in practice, these prestigious awards are attributed in recognition to their outstanding performance.
- The Council has shown continual commitment to encourage professional development through the Tuition Reimbursement Program and the Professional Advancement Fund (PAF). This year, educational requests submitted to the PAF were geared toward enhancing knowledge and scope of practice around the theme "Patient empowerment in different clinical settings".

Essential to the provision of quality care is the delivery of professional nursing services that are integrated and aligned with interprofessional practice structures. Decision making is enhanced by the collective wisdom acquired through dialogue and discourse of various representations of council members. We feel honored and privileged to have contributed, through our actions, in improving not only the quality of life of our patients, but also of each and every one of us who exercise this profession.

Donna Robinson  
President



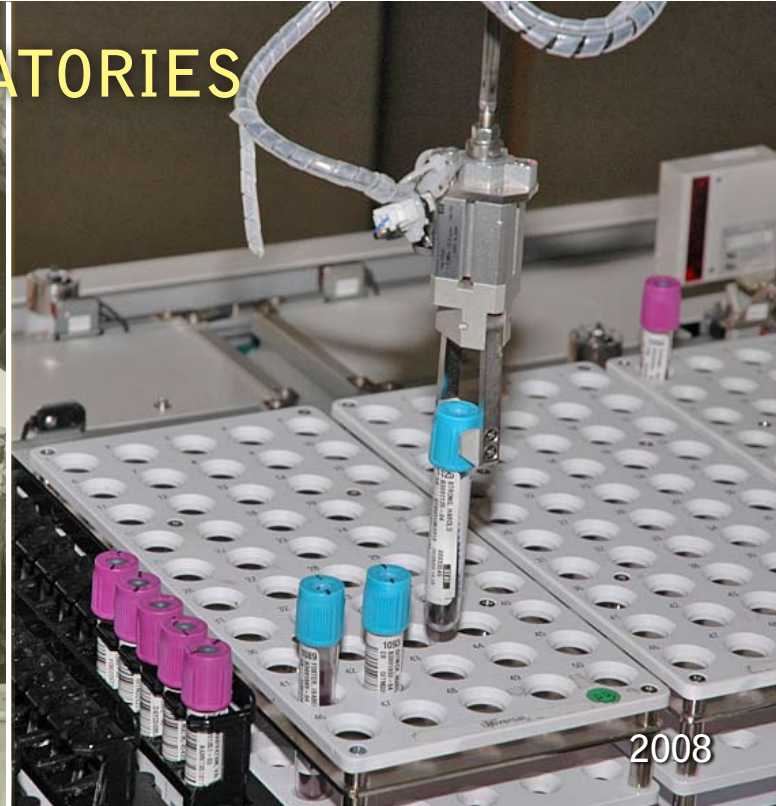
NURSING

1926



2008

# LABORATORIES



## Multidisciplinary *Council*

The members of the Multidisciplinary Council (MDC) practice collaboratively with other professionals within the hospital and are engaged with the university and college communities, with regional, provincial and national organizations, with other healthcare institutions, patient support services and the community as a whole. MDC members are also actively involved in teaching, research and learning activities.

The MDC, through its Executive, Interprofessional and Quality/Education Committees, was involved in the following activities:

- Results of a survey conducted by the Quality/Education Committee among members and the students under their supervision indicated a need to improve education in the area of infection control and prevention. An action plan will be prepared by the Infection Control Team and presented to the Executive Committee in the fall of 2008.
- Actions were undertaken to enhance collaboration between the Council of Nurses and the Multidisciplinary Council. The following topics, among others, were presented by MDC representatives at Nursing Grand Rounds, i.e.: "Everything you need to know about blood transfusions and blood drawing", "When a baby dies..." and "Best practice guidelines in the care of the diabetic foot".
- In order to provide educational opportunities to the MDC members, as well as to the entire hospital staff, six Grand Rounds were held in addition to one Tri-Council event.
- In collaboration with the professionals of their disciplines, the members of the Interprofessional Committee reviewed the "Bill 90 Request of a Reserved Activity" form and presented their comments.

- Members of the Interprofessional Committee participate on the Human Resources Development Committee mandated to establish the educational and professional development needs and priorities for the employees represented by the APTS (*Alliance du personnel professionnel et technique de la santé et des services sociaux*) and to determine the allocation of funds.

The members of two MDC disciplines successfully underwent their professional inspection. Physiotherapists were inspected by their Order, and Nuclear Medicine Services underwent an inspection by Atomic Energy Canada. Two other disciplines were submitted to the accreditation process. The Laboratory Department was granted a two-year accreditation by the College of American Pathologists and Occupational Therapy Services obtained a five-year fieldwork education site approval issued jointly by McGill University and the Canadian Association of Occupational Therapists University Program.

The MDC is a diverse group of healthcare professionals committed to the delivery of quality and patient-focused care in a timely, efficient, effective and safe manner.

Grace Biunno  
President



# Council of Physicians, Dentists and Pharmacists

The Council of Physicians, Dentists and Pharmacists (CPDP) is composed of approximately three hundred members. Four goals were established for the 2007-2008 mandate:

- Continue the examination and implementation of Bill 90;
- Revision of the CPDP by-laws;
- Establishment of a permanent solution for in-house coverage;
- Active involvement in the recruitment of physicians.

The following policies were approved by the Executive Committee:

- Policy on "Request of a Reserved Activity Form" (required under Bill 90);
- Collective Prescription for Antiemetics in Oncology;
- Protocol for Naloxone Use;
- Protocol for Bevacizumab (Avastin) Utilization - submitted to the Board of Directors.

Three committees report directly to the Executive Committee:

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

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

Three sub-committees report regularly to the MDPEC:

- Perinatal Morbidity and Mortality Committee

Monthly reports are submitted on intrauterine fetal and neonatal deaths. These reports include recommendations on management of future pregnancies, where applicable.

- Medical Records Committee

Over the year, the Medical Records Committee reviewed and approved 13 new forms that were integrated into hospital medical charts. Incomplete medical charts are also reported regularly to this Committee.

- Infection Control Committee

Issues and activities addressed included the following:

- Ongoing monitoring of MRSA, VRE, and *C-Difficile*;
- Active surveillance and control measures regarding asymptomatic MRSA positive cases, as well as conjunctivitis cases due to MRSA detected in the Intermediate Care Nursery;
- Hand washing audit performed and active "blitz" interventions to reinforce hand washing throughout the hospital;
- Surveillance of surgical wound infections.

## Pharmacology Committee

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

Formal drug utilization reviews performed:

- Narcotic prescriptions;
- Restricted antibiotic review;
- Non formulary drug usage;
- Steroid (Solu-medrol) usage.

The following guidelines were also approved:

- Protocol for monitoring patients on narcotics;
- Bevacizumab (Avastin) in metastatic colorectal cancer;
- Use of Dalteparin in general surgery patients for prevention of deep venous thrombosis.

In addition to the monthly review of adverse drug reactions reported to the Pharmacy on an ongoing basis, three cases of adverse drug reactions were reported to the Health Canada Adverse Drug Reaction Notification Program.

## Qualifications Committee

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

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 and reported to the MDPEC.

Paul Stephenson, M.D.  
Chair



# Quality and Risk Management

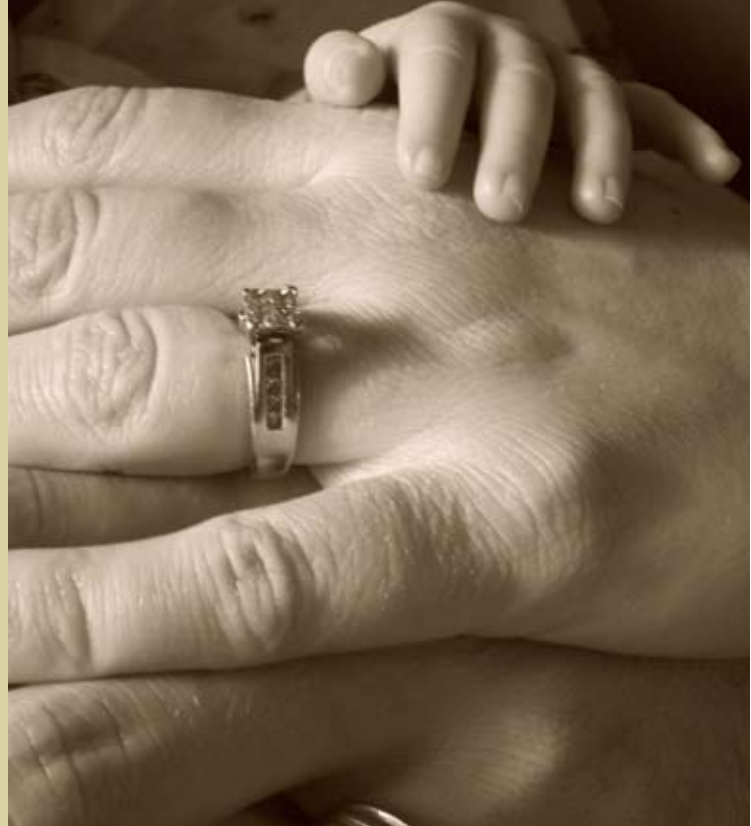
The ultimate goal of Quality and Risk Management at St. Mary's Hospital is the reinforcement of quality of patient care and safety in service delivery. The central focus is the support of programs and councils in their quality and risk management activities, placing emphasis for the overall quality and risk management at the program level. The Quality and Risk Management Coordinating Committee oversees the accreditation process conducted by Accreditation Canada (CCHSA).

Quality and Risk Management has been involved in several major activities in 2007-2008.

- **Follow-up to Accreditation Canada (CCHSA) visit**

The following outlines the action plan completed or in progress in response to the recommendation report subsequent to the 2006 CCHSA survey visit:

- Patient safety is now included in the hospital's mission statement.
- A strategic planning process for hospital leadership and human resource management has been initiated.
- Patient safety roles and responsibilities are being incorporated in job descriptions and into the staff performance appraisal process.
- Increased efforts are being made to keep records of all patient safety related in-service education sessions attended by staff.
- A policy and procedure for the storage and use of potassium phosphate in the Intensive Care Unit has been established.
- The Sterilization and Disinfection audit was finalized in collaboration with the surgical team in June 2007 with a follow-up action plan.
- A continuing program is in place for the reduction and elimination of reuse of single use devices.
- Clean and dirty utility rooms in Cancer Care have been reorganized to eliminate clutter in hallways.
- Fire safety and evacuation exercises have been increased.
- Construction will start in the fall of 2008 to address the reorganization of waiting and storage areas in the Laboratory Department.
- The work is in progress for other Laboratory related recommendations.



- **Clinical Epidemiology & Community Studies**

- There were no instances of scientific or ethical misconduct in research for the 2007-2008 fiscal year.

- **Promotion of incident/accident reporting**

Reporting of incidents/accidents is being promoted through ongoing in-service education provided to all new staff during the bi-annual general orientation sessions, to all managers and supervisors, to all specific clinical and support unit staff by visiting the units, as well as through multiple noon-hour Quality Forum presentations.

The development of interactive audiovisual training materials for incident/accident reporting is also being planned.

- **Incident/Accident reporting and identified risks:**

- Incidents and accidents are reported on the AH-223 incident/accident report form. The 2007-2008 fiscal year saw an overall increase of 1.3% in reported incidents and accidents, with a total of 2,512 reports. Of these, 326 (13%) were accidents (resulting in consequences to the patient) and 2,186 (87%) were incidents (no consequences to the patient).
- Medication related incidents have remained the most frequently reported type of event, of which 662 were reported. A Medication Management Team was established to address areas for improvement identified through the Qmentum accreditation process.
- The second most frequently reported type of event is patient falls, with 576 reported. A fall prevention program is being developed.
- Patient identification was also identified as an area of concern. A new hospital-wide policy and procedure for the management of patient ID bracelets is being developed.

- **Annual audit of restraint use**

Each year, during the month of July, a restraint audit is conducted to evaluate the prevalence of restraint use at St. Mary's and restraint documentation practices. The need for ongoing education was identified for the following:

- Proper restraint application;
- Alternatives to restraint use in keeping with the philosophy of least restraints;
- The policy and procedure for restraint use and documentation.

- **Follow-up on coroner's recommendation**

The following outlines the action plan completed in response to the coroner's recommendation report and subsequent directives received October 18, 2007, from the *Agence de santé et des services sociaux de Montréal* regarding the *Protocole d'utilisation des analgésiques opiacés par voie parentérale* to all health and social services centres, hospital centres and long-term care centres:

- The development of a protocol for narcotics/opiates use at St. Mary's Hospital Center in accordance with the directives of the Ministry of Health.
- The development of a vital signs graph and opioids observation record for use in all patient care units.

- **Risk Management recommendations and priorities for 2008-2009**

- Establish a permanent Medication Safety Committee;
- Continue the development of the Medication Reconciliation Program;
- Develop an evidence based fall prevention and fall related harm reduction program for high risk areas;
- Disseminate the new Policy and Procedure for patient ID bracelets;
- Reinforce the pressure sore prevention program for high risk areas;
- Conduct a Failure Mode and Effect Analysis (FMEA) for patients transported on oxygen;
- Reinforce disclosure of accidents;
- Reinforce incident/accident reporting with the use of the AH-223 form;
- Reinforce sentinel events reporting and follow-up.

- **Infection Prevention & Control activities and results**

- Continue the *Clostridium difficile* surveillance and report findings to the Department of Public Health and the hospital's management. In 2007-2008, a total of 33 nosocomial cases were reported, compared to 55 in 2006-2007; a decrease of 60%.
- Continue the (Methicillin-Resistant Staphylococcus Aureus (MRSA) and Vancomycin-Resistant Enterococci (VRE) surveillance and report findings to the hospital's management. The number of nosocomial MRSA cases was 63 in 2007-2008 compared to 57 in 2006-2007. No VRE transmissions were reported during this fiscal year. One of the major challenges was to keep the MRSA transmission under control in the Intermediate Care Nursery (ICN) following an MRSA outbreak in June 2007. From June 2007 to March 2008, out of the more than 2,000 screening tests performed in the ICN, 22 asymptomatic MRSA positive newborns were identified, and 3 with conjunctivitis due to MRSA. Because of the absence of a baseline, it was not possible to compare the numbers to the previous year.
- Continue ongoing Surgical Site Infection (SSI) surveillance for inpatients for general surgeries, orthopedics, gynecology and post c-sections. A total of 62 SSI cases has been reported in 2007-2008, compared to 65 in 2006-2007.
- Since the beginning of 2006-2007, St. Mary's started a new provincial surveillance of Staphylococcus Aureus Bacteremia. A new baseline is now available to compare the hospital's rates and benchmark with same size hospitals. St. Mary's rate is similar to that of comparison hospitals.
- The Blood Culture (BC) contamination rate has been decreasing steadily since 2002. Acceptable BC contamination rates are generally 3% or less, and St. Mary's is below that threshold.
- A Hand Hygiene audit was performed in April 2007 showing a general compliance rate of 48%. A Handwashing Blitz was also done in June 2007.
- In compliance to the recommendations of 2006 accreditation visit (CCHSA), a Sterilization and Disinfection audit was finalized in collaboration with the surgical team in June 2007.



1963



2008

# Report from the *Comité de vigilance et de la qualité*

This was a year of consolidation for the newly formed *Comité de vigilance et de la qualité*, which met on three occasions. During the year, the by-laws were approved by the Committee and adopted by the Board of Directors.

In order to have a better understanding of the already existing quality structure within the hospital, the Vice President of Professional Services, the Quality & Risk Management Coordinator and the Chair of the Medical, Dental and Pharmaceutical Evaluation Committee were invited by the Committee to present the functioning and reporting mechanisms in place.

The Committee requested to be informed concerning the follow-up to the recommendations of the various accreditation bodies and their state of implementation. Consequently, an update of the recommendations following the visit by Accreditation Canada in 2006 was presented to the Committee.

The visit conducted by the Ministry of Health and Social Services in March 2008 to survey the quality of services on the hospital long-term care units was brought to the Committee’s attention.

Throughout the year, the Committee was also kept abreast of the evolution of complaints reported to the Local Service Quality and Complaints Commissioner.

## Local Service Quality and Complaints Commissioner

The Act respecting health services and social services provides for a complaint examination system. If you are dissatisfied with the care and services you received or if you believe your rights were not respected, the Local Service Quality and Complaints Commissioner is there to deal with your complaint, promote the quality of services and ensure respect for your rights.

### Breakdown of complaints

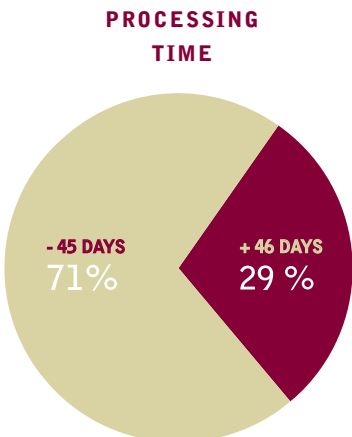
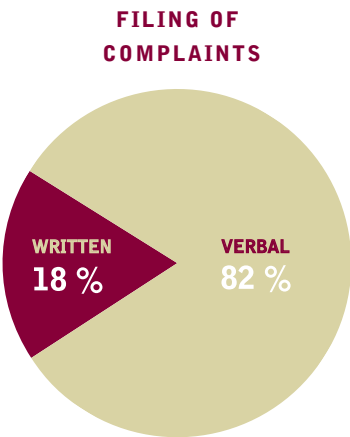
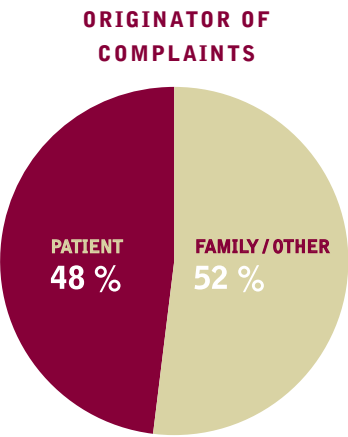
Completed without corrective measures.....	44 %
Completed with corrective measures .....	48 %
Refused or interrupted .....	1 %
Abandoned .....	7 %

### Summary of complaints

Complaints carried over from previous year .....	31
Complaints received during the current year .....	272
Complaints concluded during the current year .....	268
Complaints carried over to the next period .....	35

### Object of complaints

Accessibility .....	52
Care and services .....	55
Quality of human relations .....	58
Environment and material resources .....	31
Financial aspect .....	63
Individual rights .....	18
Other .....	–





## Users' Committee

The Users' Committee has been active at St. Mary's Hospital Center since the beginning of the 1990's. With the advent of Bill 83, it is now required that all healthcare institutions have a Users' Committee in place. In accordance with article 212 of the Act respecting Health and Social Services, the functions of the Committee are:

- To inform users of their rights and obligations;
- To foster the improvement of the quality of the living conditions of users and assess the degree of satisfaction of users with regard to the services obtained from the institution;
- To defend the common rights and interests of users or, at the request of a user, his or her rights and interests as a user before the institution or any competent authority;
- To 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;
- To ensure the proper operation of the In-Patients Committee (long-term care patients) and see that it has the resources necessary to exercise its functions.

The Committee, which meets monthly, is composed of nine members, two of whom represent the In-Patient Committee. It is also part of the *Regroupement provincial des comités des usagers*. An English sector of this organization has been established and holds meetings every three months. The Users' Committee has two representatives on the St. Mary's Hospital Center Board of Directors and the members also play an active role on various committees of the hospital.

Considerable efforts are made to promote the existence and functions of the Committee throughout the Hospital. The Committee works in collaboration with the Program Managers and other staff members to help improve the quality of life of the patient. During the past year, Psychiatry, Dialysis and Cancer Care were the main focus. Following are some of the initiatives undertaken by the Committee over the last year to improve the quality of life of the patients:

- Hosting various "Get Together" celebrations at Christmas, Valentine's Day and Easter for Psychiatry patients, as well as a Christmas Party for the long term care patients and family members;
- Funding an Afternoon Tea once a week to patients and their families in Palliative Care;
- Providing small gifts at Christmas for Cancer Care, Dialysis and Psychiatry patients;
- Placing a small gift on each patient's food tray on Christmas morning;
- Providing turbans for the Cancer Care patients;
- Providing toiletries for patients in need.

Fifteen requests for assistance were received from patients over the past year. Ten of these requests, mainly in regard to waiting time in the Blood Procurement Centre and the Emergency Room, as well as staff/patient relations issues, were handled by the Committee. The remaining five were referred to the Local Service Quality and Complaints Commissioner.

The objectives of the Committee for 2008-2009 are as follows:

- Concentrate efforts in the Palliative Care Service;
- Follow up with the recommendations pursuant to the visit performed by the Ministry of Health to assess the quality of life of the patients on the long-term care units;
- Hold a "Get Together" with the patients in the Dialysis Unit and their families;
- Continue to work with Psychiatry in order to improve the quality of life of the patients;
- Continue active involvement in ongoing projects.

# Combined Balance Sheet

as at March 31, 2008

<b>ASSETS</b>	<b>2008</b>	<b>2007</b>
<b>Short Term</b>		
Accounts Receivable - Agency	\$ 9,185,267	\$ 4,963,634
Accounts Receivable - Other	3,194,199	1,851,921
Prepaid Expenses	528,072	711,502
Inventory	3,227,822	3,073,728
Other Assets	1,301	1,771
<b>Long Term</b>		
Accounts Receivable - Deferred Leaves	735,477	637 229
Long Term Investment	1,400	1 400
Fixed Assets	115,167,891	106,335,636
<b>Total Assets</b>	<b>132,041,429</b>	<b>117,576,821</b>
<b>LIABILITIES</b>		
<b>Short Term</b>		
Bank Overdraft	2,750,123	1,167,624
Bank Loans	26,716 000	19,878,000
Accounts Payable	14,685,596	15,149,491
Deferred Revenues	342,561	394,701
Other Liabilities	121,425	32,644
<b>Long Term</b>		
Notes Payable - Capital Fund	19,739,110	14,392,635
Bank Loans - Capital Fund	-	249,056
Temporary Financing - <i>Enveloppes décentralisées</i>	5,800,676	6,889,048
<b>Total Liabilities</b>	<b>70,155,491</b>	<b>58,153,199</b>
<b>FUND BALANCES</b>		
Operating Fund	(27,267,596)	(24,605,246)
Capital Fund	88,726,624	83,778,511
Special Purpose Fund	426,910	250,357
<b>Total Fund Balances</b>	<b>61,885,938</b>	<b>59,423,622</b>
<b>Total Liabilities and Fund Balances</b>	<b>\$ 132,041,429</b>	<b>\$ 117,576,821</b>

# Statement of Operations

for the year ended March 31, 2008

<b>REVENUES</b>	<b>2008</b>	<b>2007</b>
Agency	\$ 102,379,911	\$ 98,855,735
Patient Services	4,736,771	4,425,668
Miscellaneous	5,494,059	5,125,700
	<b>112,610,741</b>	<b>108,407,103</b>
<b>EXPENDITURES</b>		
Salaries and Benefits	75,776,664	68,496,704
Medication	6,221,858	5,953,363
Blood Products	1,855,737	2,278,661
Medical Supplies	10,331,639	8,576,253
Food and Dietary	862,570	863,771
General Administration	3,943,077	3,577,998
Plant Operation and Maintenance	6,284,297	5,745,864
Other Expenses	10,027,396	15,599,189
	<b>115,303,238</b>	<b>111,091,803</b>
Excess of Expenditures over Revenues	\$ (2,692,497)	\$ (2,684,700)

# Gross Expenditures

## of admissible activities

	2008	2007
Nursing	\$ 21,978,204	\$ 19,686,996
Ambulatory Services	9,093,911	7,486,499
Diagnostic and Therapeutic Services	50,751,871	46,015,561
Education	760,542	767,965
Support Services	5,366,551	5,077,312
Administrative Services	7,279,073	6,788,463
Technical Services	15,628,786	14,748,089
Employees benefiting from stability of employment or job security	40,500	10,000
<b>Total Gross Expenditures</b>	<b>\$ 110,899,438</b>	<b>\$100,580,885</b>

# Statistics

	2008	2007
<b>Patient-Days</b>		
Short Term	78,325	77,292
Long Term	26,472	25,454
Newborn	11,333	10,025
<b>Admissions</b>		
Adults	11,071	10,608
Newborns	4,422	3,758
<b>Deliveries</b>	4,400	3,727
<b>Average Length of Stay</b>		
Short Term (days)	7.23	7.57
Long Term (days)	108.94	106.06
<b>Occupancy (%)</b>	90.61	89.08
<b>Outpatient - Visits</b>	100,305	100,676
<b>Surgical Day Centre - Visits</b>	10,004	9,903
<b>Emergency - Visits</b>	35,356	35,584
<b>Audiology &amp; Speech Therapy - Visits</b>	2,171	2,179
<b>Occupational Therapy - Visits</b>	12,730	11,790
<b>Physiotherapy - Visits</b>	23,155	22,630
<b>Psychiatry - Visits</b>	10,458	12,757
<b>Medical Imaging - Exams</b>	84,139	85,584
<b>Laboratories - Procedures</b>	2,948,761	2,833,605
<b>HUMAN RESOURCES</b>		
<b>Full-Time Equivalents</b>		
Management Personnel	55.0	35.0
Full-Time Employees	953.0	946.0
Part-Time Employees	269.0	277.0
Occasional Employees	200.0	159.0

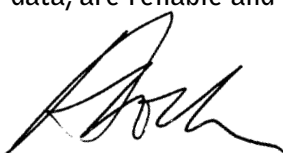
## Declaration of responsibility

The information contained in this annual management report is under my responsibility. This responsibility concerns the reliability of the data contained in the report and the related controls.

St. Mary's management report for 2007-2008:

- Faithfully describes St. Mary's mission, mandates, values and strategic orientations.
- Presents the 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, 2008.



Arvind K. Joshi, M.D.  
Director General and CEO

# 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.

## 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.
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, 2008, the Board of Directors has not received any complaints or indication in regards to the non-respect of this code.

# As at March 31, 2008

## Administration

**Arvind K. Joshi, M.D.**  
Director General and  
Chief Executive Officer

**Linda Bambonye**  
Vice President  
Operations and Nursing

**Bruce Brown, M.D.**  
Vice President  
Professional Services

**Ralph Dadoun, Ph.D.**  
Vice President  
Corporate and Support Services

## Council of Physicians, Dentists and Pharmacists

**Paul Stephenson, M.D.**  
President

**Marcel Fournier, M.D.**  
1<sup>st</sup> Vice President

**Dominic Ferrarotto, M.D.**  
2<sup>nd</sup> Vice President

**Marie Iskandar, M.Sc. Pharm.**  
Treasurer

**Chryssi Paraskevopoulos, M.D.**  
Secretary

## Council of Nurses

**Donna Robinson**  
President

**Martin Chicoine**  
Vice President

**Jennifer Somera**  
Treasurer

**France Desjardins**  
Public Relations Officer

## Multidisciplinary Council

**Grace Biunno**  
President

**Richard Neto**  
Vice President

**Filomena Novello**  
(April-November 2007)  
**Diana Valentini**  
(December 2007 - March 2008)  
Treasurer

**Gilles Teasdale**  
Secretary

**Lucie Champagne**  
Public Relations Officer

## Board of Directors

### EXECUTIVE COMMITTEE

**Richard J. Renaud**  
President  
Legal Person (Gouvernors)

**Murray Steinberg**  
1<sup>st</sup> Vice President  
Cooptation

**Marc W. Trottier**  
2<sup>nd</sup> Vice President  
Foundation

**Rafik Greiss**  
Treasurer  
Population

**Suzanne Gouin**  
Secretary  
Users' Committee

### MEMBERS

**Samuel Benaroya, M.D.**  
Cooptation (University)

**Martin Cauchon**  
Cooptation

**Anne-Marie d'Amours**  
Population

**Rita Le de Santis**  
Montreal Agency

**Lorna Dowson**  
Multidisciplinary Council

**Isabelle Girard, M.D.**  
Council of Physicians,  
Dentists and Pharmacist

**Ida Graniero**  
Non-clinical personnel

**Arvind K. Joshi, M.D.**  
Director General and  
Chief Executive Officer

**Michael Macchiagodena**  
Users' Committee

**Nancy Margaret Marrelli**  
Montreal Agency

**Paulette Morris**  
Council of Nurses

**Claire Mullins-Kruyt**  
Population

**Conrad Sauvé**  
Population

## Clinical Department Chiefs

**Molly McHugh, M.D.**  
Anæsthesia

**Jane McCusker, M.D.**  
Clinical Epidemiology and  
Community Studies

**Roni Barbari, D.M.D. (acting)**  
Dentistry

**Raymond Sorge, M.D.**  
Emergency

**Alan Pavilanis, M.D.**  
Family Medicine

**Joe Dylewski, M.D.**  
Laboratories

**Todd McConnell, M.D.**  
Medicine

**Robert Hemmings, M.D.**  
Obstetrics and Gynæcology

**Jaroslav Prchal, M.D.**  
Oncology

**Conrad Kavalec, M.D.**  
Ophthalmology

**Apostolos Papageorgiou, M.D.**  
Pædiatrics

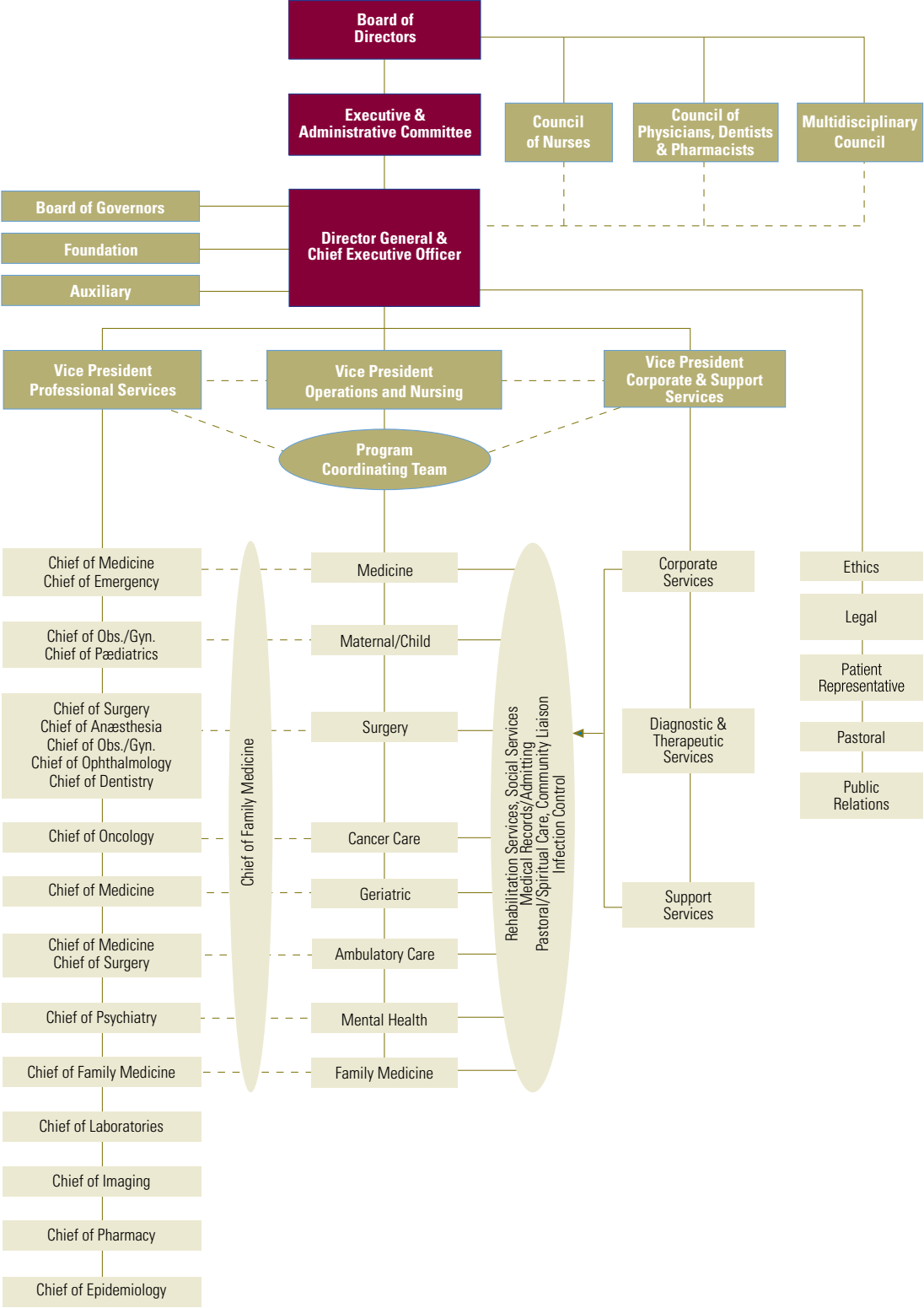
**Marie Iskandar, M.Sc. Pharm.**  
Pharmacy

**Suzanne Lamarre, M.D.**  
Psychiatry

**Jack Glay, M.D.**  
Radiology

**John R. Sutton, M.D.**  
Surgery

# Organizational Structure



# *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.

## RESPIRATORY THERAPY



# *Our* VALUES

We believe in:

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