



Building on a strong tradition



of **E X C E L L E N C E** in



teaching & education



Centre hospitalier affilié
universitaire

A University-Affiliated
Hospital Centre



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 & CEO

We are pleased to present to you the annual report of St. Mary's Hospital Center for the fiscal year 2011-2012.

As one of Montreal's finest hospitals, St. Mary's has a proud heritage of serving the community for over 85 years as an acute care teaching hospital. It provides numerous highly specialized services such as renal dialysis, oncology, geriatric assessment and psycho-geriatrics, nuclear medicine, CT scan, as well as MRI exams. It is one of the largest birthing centres in Montreal and its Emergency Department has been recognized as one of the most efficient in the city. St. Mary's is also one of two designated cataract surgery sites in Montreal.

As a university affiliated teaching hospital, St. Mary's plays a leading role in the areas of teaching and research. As a consequence of this important recognition, the research centre has been growing and attracting a number of national and international leaders in health services research. Through its teaching mission, St. Mary's contributes to the training of physicians, nurses and a variety of other healthcare professionals in various disciplines. It also contributes to the training of a large number of high school and college students from a wide range of disciplines.

International Medical Graduates (IMG) Program

Ninety percent of Canadians graduating from Medical School obtain a residency position, while, historically, only 30 to 40% of international medical graduates in Quebec are able to secure a residency. The IMG program aims to increase the number of applicants obtaining a residency position after having successfully completed the program. One other objective is to improve the success rate at the end of residency exams.

St. Mary's was chosen because of its recognized excellence in teaching and patient care, as well as for its caring on a human scale. As a microcosm of global cultures, it is the ideal place to train the IMG candidates and the entire community will benefit from their talents.



James C. Cherry,
Chairman



Marc W. Trottier,
Past Chairman



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

St. Mary's hosted its first cohort in May 2011 under the directorship of Dr. Eric Tremblay.

Budget

The management agreement (*entente de gestion*) for the fiscal year 2011-2012 was received at the end of September 2011 with a targeted deficit of \$2.7 million. The Audit & Finance Committee and Senior Management reviewed the content thoroughly and recommended that the Board could not authorize the Director General to sign the *entente* since some targets stipulated in the *entente* could not be realized due to events outside the Hospital's control.

After meeting with the Montreal Agency of the Ministry of Health and Social Services, an additional \$6 million of funding was granted and St. Mary's agreed to attempt to reduce its costs by first carrying out a thorough analysis of the following areas:

- People frequently coming back to Emergency
- PALV (*patients en perte d'autonomie liée au vieillissement*)
- Access to rehabilitation beds and
- Optimization projects.

Despite the fact that St. Mary's finished the fiscal year with an excess of costs over initially agreed funding levels deficit of \$8.2 million, which represents \$5.5 million over the expected shortfall of \$2.7 million, it remains one of the highest performing and

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underfinanced hospitals – not only on the Island of Montreal – but throughout the entire province.

The terms of reference of the Audit & Finance Committee of the Board were reviewed and amended to comply with the changes introduced by the *Act to improve the management of the health and social services network* (Bill 127). They expanded the mandate of the committee to review calls for tender, awards of contracts and the appropriation of funds regarding the approved capital budgets.

Rossy Foundation

This project to develop an integrated world class oncology program involves McGill University, the McGill University Health Centre, the Sir Mortimer B. Davis – Jewish General Hospital and St. Mary's Hospital Center. It will create a network that will produce outcomes that can objectively be measured and benchmarked against leading cancer centres around the world. This 10-year project requires each member hospital and McGill University to match the donation of the Larry and Cookie Rossy Family Foundation towards this initiative. The St. Mary's community welcomes and strongly supports this exciting initiative.

Designation of Research Ethics Committee

Amendments to the Regulatory Framework for the Conduct of Research at St. Mary's, requested by the Minister of Health and Social Services, were necessary for the renewal of the designation and an overall review was conducted to include the new research structure, as well as updates to the references in accordance with Tri-Council Policy Statement 2 (2010). Dr. Julie St-Cyr was appointed as the Chair of the Research Ethics Committee as of January 1, 2012 in

replacement of Dr. Michael Bonnycastle, who was the incumbent for the past four years. We extend our sincere thanks for his excellent services on the Committee.

Exciting projects

The construction of two additional floors over the West wing continues to be the Hospital's number one priority. Several meetings with representatives of the Ministry of Health and Social Services were held. The project has received considerable support and the dossier is progressing well. We are confident to obtain the go ahead at the beginning of the next fiscal year.

The Emergency room expansion project to increase the space for seven additional stretchers is in the process of hiring architects and engineers. The new stretchers will provide a better environment for infection control. Confidentiality and privacy of patients will be assured. The project also includes the addition of a CT scan. Furthermore, this project will include a separate area for patients with mental health problems, better adapted to their specific needs. Finally, the new facilities will be appropriate to serve as a designated area during a pandemic, with controlled access to the place of care and better conditions for the isolation of these patients. A special effort will be expended to limit the inconvenience to patients and staff during the construction period.

The hospital is currently planning the deployment of OACIS (Open Architecture Clinical Information System), a computerized system for providing integrated and structured information about patients within the institution. This clinical information tool can provide comprehensive patient information in a convenient and timely fashion. OACIS will gradually be implemented across the hospital. This innovative technology will require a period of learning and adaptation for our clinical staff. Once fully deployed, it will achieve a fully integrated electronic medical record which will enhance the delivery of patient care and transfer essential information more quickly and efficiently.

Access to obstetrical care on the Island of Montreal is an issue. The Ministry decided to take some actions and set up a working group that visited various institutions looking to solve this problem. St. Mary's was visited on June 10, 2011. Since Maternal-Child Care is one of the hospital's strategic priorities and the number of deliveries has risen by 30% over the past 10 years, St. Mary's

could be asked to handle more than the 4700 deliveries it is doing now. The Board of Directors supports the development project of the Maternal-Child Care Program and the steps taken by the senior management with the Ministry of Health and Social Services and the Montreal Agency for the project execution in a timely manner.

Baby Friendly Hospital Initiative

St. Mary's Hospital Center is the first on the Island of Montreal to obtain the Baby Friendly Hospital Accreditation. The certification was received and an announcement was made at the Public Information meeting in October 2011.

Quality Surveillance

The College of American Pathologists made an unannounced accreditation visit to our laboratories, which passed with flying colors.

Following the targeted inspection of *Collège des médecins du Québec* in May 2010, the Board of Directors had mandated the *Comité de vigilance et de la qualité* to follow up on the recommendations of the College and to report back to the Board. The Chairman of the Council of Physicians, Dentists & Pharmacists and the Vice-President of Professional Services presented a report to the committee on the actions undertaken in each of the six areas of improvement.

The nosocomial infection situation was followed closely throughout the year. Regular reports were given to the Board of Directors concerning *C-difficile*, MRSA and VRE. A substantial amount of resources were used to contain the spreading of nosocomial

infections and in-service education sessions were given to the hospital staff throughout the year.

Elections to the Board of Directors

The *Act to improve the management of the health and social services network* (Bill 127) was sanctioned on June 13, 2011 and elections held in the Fall. Meanwhile, three members resigned from the Board of Directors. We would like to sincerely thank Mr. Martin Cauchon, Ms. Anne-Marie d'Amours and Ms. Lina Palazzo who diligently served on the Board, respectively as a co-opted member, a representative from the population and the Council of Nurses.

After a long process leading to the renewal of the Board of Directors, the new Board took office on February 1, 2012. At their first meeting, members approved the appointment of Mr. James C. Cherry as Chairman. Mr. Cherry has been associated with St. Mary's for many years. Member of the Board since 2009, he served on the Executive Committee and as Chairman of the St. Mary's Campus Steering Committee. He also served as a member and then as Chairman of the Board of the Hospital Foundation. We wish to extend our sincere thanks to Mr. Marc W. Trottier, outgoing Chairman, for his tireless work and leadership throughout his tenure. Mr. Trottier, who has also been associated with St. Mary's for many years, will continue to serve on the Board of Directors.

We also wish to thank and express our deepest gratitude to the outgoing members: Ms. Lorna Dowson, member appointed by the Multidisciplinary Council; Dr. Gail Goldman, member appointed by the Council of Physicians, Dentists and Pharmacists; Dr. Dominique Piper, member appointed by the residents; Mr. Richard J. Renaud and Mr. Murray Steinberg, co-opted members.



Appointments

- Dr. Arvind K. Joshi has been appointed to the Executive Committee of the *Association québécoise des établissements de santé et de services sociaux*.
- Mr. Ralph Dadoun, Vice-President of Corporate & Support Services, has been appointed on the *Comité consultatif sur le financement, la performance et l'optimisation* of the Montreal Health and Social Services Agency.
- Ms. Sarah-Beth Trudeau, our new Ombudsman appointed in November 2011, has been invited by the Ministry of Justice to sit on a working group to find alternate conflict resolution mechanisms for the elderly facing maltreatment. She was also invited to sit on the Executive Committee of the Quebec Health Law Section of the Canadian Bar Association.
- Dr. Mark Yaffe has been appointed a Full Professor at the McGill University, Department of Family Medicine.
- Dr. Michel Élie was appointed McGill Geriatric Psychiatry Program Director at McGill University.
- Dr. Miriam Boillat was appointed Associate Dean of Faculty Development at McGill University and she was elected Chair of the Section of Teachers of the College of Family Physicians in Canada.

On October 6, 2011, a fire occurred in the patients' smoking room in the Psychiatry unit located on the third floor. Sadly, one of our patients perished. As previously indicated in the public statements we released on the day of the fire, we are deeply saddened by the loss of our patient, and our sincere condolences go out to the patient's family. The safety of our patients and employees is, and always has been, of the utmost importance to us. St. Mary's is dedicated to its patients and its diverse community. We are committed to, and are continually reviewing and implementing processes and mechanisms to ensure their safety. The extraordinary circumstances surrounding the accident are not at all representative of the quality of care for which St. Mary's is renowned. After the accident, a thorough internal review of procedures and equipment was conducted. We identified areas for improvement and recommendations were made – most of which have been implemented.



Awards

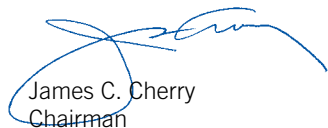
- Ms. Rita Le de Santis, one of our Board members, received the Concordia Award of Distinction.
- Dr. Bruce Brown, Vice-President of Professional Services, received an Award of Excellence for best practices in employee support as one of the physicians in the Department of Emergency was released to perform military services overseas.
- Dr. Martin Cole was the recipient of the 2011 Canadian Academy of Geriatric Psychiatry Award for his outstanding contribution in geriatric psychiatry in Canada.
- Dr. Mathieu Walker was granted the McGill University Osler Award for Teaching. He is the fourth recipient from St. Mary's.
- Dr. Anne Andermann, family physician at St. Mary's, was selected as one of the Canadian rising stars in global health for her innovative approach to breaking the cycle of entrenched intergenerational health inequities using child labour as an entry point.
- Ms. Lucie Surprenant, pharmacist in the Department of Oncology, was the recipient of the Annual Hingston Award given by the Council of Physicians, Dentists and Pharmacists.
- Ms. Leila Ramman-Haddad, Infection Prevention and Control Coordinator, received a letter of commendation from the World Health Organization regarding the participation of the team in an international movement to strengthen the critical role of hand hygiene in reducing health care associated infections.

St. Mary's Hospital Center continuously strives for excellence and to further improve patient care and the quality of service it provides to its community.

We extend our deepest appreciation to our benefactors, volunteers and boards (Hospital Center, Foundation, Governors and Auxiliary) for their continued support and commitment. Our heartfelt thanks to our employees and physicians for their contribution toward attaining the highest standards of quality and compassionate patient care.



Marc W. Trottier
Past Chairman



James C. Cherry
Chairman



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



SMHC: A strong tradition of academic excellence in teaching and education



Susan Law, PhD
Vice-President, Academic Affairs

St. Mary's enjoys a long and strong tradition of academic excellence in teaching and education. In recent years, we have had a substantial increase in the number and breadth of medical residents, as well as trainees in nursing and other disciplines. St. Mary's educators are also becoming more involved as trainers and educators with our many academic partners. An important dimension of our enhanced academic mission in partnership with McGill, is to build upon our current strengths, such as our flagship Family Medicine Training Program and new International Medical Graduate Program, and identify ways to support the continued excellence in clinical and non-clinical teaching across the hospital. This past year, work has begun, under the leadership of Dr. Todd McConnell, Director of Teaching, to identify ways to enhance our support for teaching at St. Mary's and explore ways in which we can contribute to the science of teaching - ultimately to the benefit of our patients and community in terms of improvements to the care and services we deliver. This is an exciting time in the development of St. Mary's role as a university-affiliated healthcare institution.

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By Todd McConnell, MD
Director of Teaching

It should be noted that all of the popular medical dramas on television – *Grey's Anatomy*, *House*, etc. – feature teaching hospitals. This is surely no coincidence. No one involved in teaching health sciences can fail to appreciate the excitement and anxiety that the hospital environment brings to students of the caring professions. They have endured years of classroom seclusion before walking on to the St. Mary's stage. As the curtain goes up new students are awash in enthusiasm and are almost akin to arriving in a new country. The spirit is contagious. Those of us in teaching roles see our patients with a new optic, a refreshing perspective which only the naïve can germinate. Our students, our “stagiaires”, remind us of the drama of real life, the stuff fiction is made of. We could be on television...

Let me say a few words about our supporting cast. No less than 24 physicians at St. Mary's are program directors or local site directors for university teaching programs. Our McGill framework has been significantly restructured over the past year. David Eidelman who fostered a close relationship with St. Mary's when he was Chair of Internal Medicine at McGill University has moved on to become Dean of the Faculty of Medicine. Robert Primavesi, a family physician and former attending at St. Mary's has replaced Joyce Pickering as Associate Dean of Undergraduate Medical Education. Howard Bergman, also a family physician, is soon to start as the new Chair of Family Medicine at McGill University, a very synergistic addition to research in Family Medicine at St. Mary's. Sarkis Meterissian, the current Associate Dean for Postgraduate Education, has worked closely with St. Mary's over the past year as we established the International Medical Graduate Program aimed at physicians trained outside Canada and the U.S. who have been unable to obtain a residency training program in Canada. We continue our long tradition of educating nurses and other health care professionals by working with numerous CEGEPs and vocational schools.

At the local level we are working to promote medical education as a discipline that needs its own particular expertise. It is for us an important area of faculty development. We will soon release our first annual report on Research and Teaching under the leadership of Dr. Susan Law. The reader is referred to this document to understand the accomplishments and ambitions of our program. Education is clearly a growth industry at St. Mary's as we welcome over 1,000 trainees this year. At any given time there are about 150 students and residents in the institution

varying from nursing students to residents to graduate students. Building the space and funding to support this small village is an important challenge for the future.

In addition to "Lunch and Lean" sessions on a variety of topics, lectures, workshops and conferences that are sponsored by our various professional councils, departments, committees and our hospital foundation, the following annual report provides a glimpse into some of the many aspects of teaching at SMHC.



Dr. Alexander Marcus, pathologist, surrounded by medical students during a course taking place in the laboratory in February 2012.

locally

Local education / teaching for our staff

Nursing education workshop at SMHC

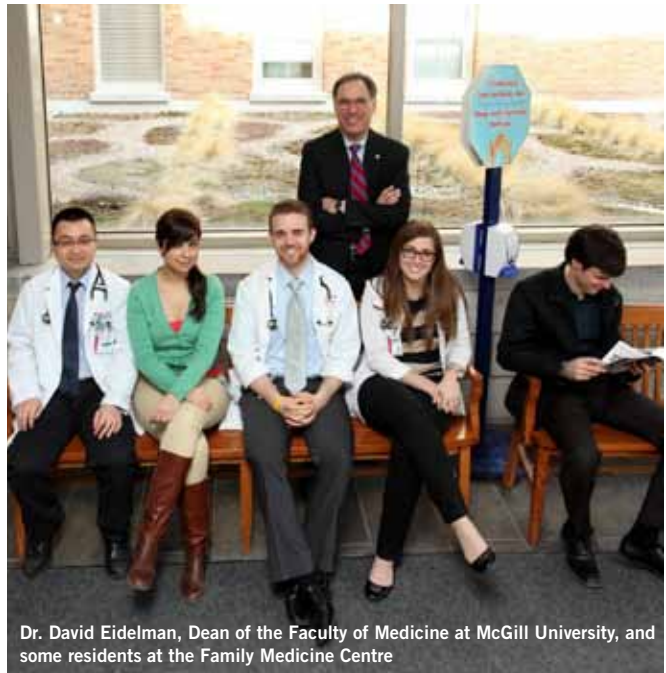
Nurses were invited to a one-day workshop on advanced nursing practices by the Nursing Education and Development Committee. The objective of the workshop was to provide stimulating topics for nurses. Among these topics were oncological emergencies, suicide risk, smoking cessation tools and techniques, and more. The event took place in the Auditorium and more than 30 nurses from all departments participated.

SMHC infection prevention and control workshop

The Infection Prevention and Control Service held their interactive workshop in the Auditorium. All nursing, multidisciplinary and support staff were invited to participate in a day of learning about hand hygiene, personal protective equipment, wound care management and collection and handling of specimens. All four sessions welcomed a total attendance of 164 staff members.



Frank Miesnikowicz & Caroline Launois, laboratory technologists with Michael Gliserman.



Dr. David Eidelman, Dean of the Faculty of Medicine at McGill University, and some residents at the Family Medicine Centre

Family Medicine Teaching Day 2011 at SMHC

The SMHC annual scientific day was held on May 18. Organized every year by the Family Medicine Centre, the annual scientific day highlighted the research of our Family Medicine residents, as well as the research of the Family Medicine Centre teaching staff. It was a great success, attracting health professionals and researchers from SMHC and the McGill University network, as well as our own residents and staff. The morning was devoted to a plenary session in the auditorium that started with the keynote address from Dr. Jeannie Haggerty, McGill Chair in Family and Community Medicine Research based at SMHC, about the implications of patient-centered care beyond the clinical encounter. She discussed the notion of “patient-centered medical home”, which will likely become pre-eminent in the near future. Her presentation was followed by those of four research staff of the Family Medicine Centre who introduced some of their most recent findings. The afternoon was devoted to workshops that covered 19 different research projects, providing the audience with a variety of scientific topics to learn about and discuss.

Bruno Synnott, Spiritual and Religious Care Department, and Stéphanie Moncion, Occupational Therapy Professional Practice Leader, participating in a workshop



SMHC: always striving to maintain and improve quality of patient care and safety

At SMHC, we are always striving to maintain and improve quality of patient care and safety. One such initiative is “ErroMed”, a two-day educational seminar and workshop is designed to sensitize health care workers from all areas of the hospital about patient safety. The sessions are led by Marc Pineault, Coordinator of Quality and Risk Management, and various health care experts. The workshop, open to staff from all departments of the hospital, allows participants to improve their communication skills, team work, and how to identify and prevent risks and errors in their environments.



Marc Pineault

Teaching our community / network

SMHC participates in the “Valorisation Jeunesse” program

For a second year, SMHC participated in the “Valorisation Jeunesse” program by welcoming two high school students. The goal of this program, which was developed by the Ministry of Immigration and Cultural Communities, is to support high school students who come from a disadvantaged area and who are interested in pursuing a career in the health care network. The Human Resources team would like to thank the following teams who participated in the program: Maternal/Child Care, Physiotherapy, Occupational Therapy, PAB, Nutrition and Bio-Med.



Members of the Human Resources Department with participants in the “Valorisation jeunesse” program.

in the community

(L. to r.) : Georges Loussin, Oreste Galli, Peter Raptis, Ross Cardazzi and Andrea Ross



The *Festival 24 heures de science* at St. Mary's was a great success!

More than 30 visitors got an insider's look at the Radiology Department of SMHC as part of the 2011 edition. SMHC radiologists explained and demonstrated to the public how X-rays, fluoroscopy, and ultrasound work. The quality of their explanations, their willingness to answer questions, and their passionate interest in the topic captivated the young scientists and their families.

The first St. Mary's Research Centre *Café scientifique* is a great success

The first *Café scientifique*, organized by St. Mary's Research Centre, took place in the *Maison de la culture Côte-des-Neiges*. The theme was on the difficulty of finding a family doctor in Montreal. The public attended the event and asked many questions to the panel of experts. This panel was composed of Jean- Frédéric Lévesque, Scientific Director at *Institut national de santé publique du Québec*; Jeannie Haggerty, McGill Chair in Family and Community Medicine Research, based at St. Mary's; Gérald Van Gorp, emergency physician at St. Mary's Hospital Center and Medical Director of the McGill Nurse Practitioner Program; Elizabeth Robinson, family physician at *CLSC Saint-Louis-du-Parc* and specialist in Public Health and Preventive

Medicine. They spoke about the reasons causing this problem and discussed some possible solutions. If a quarter of the population of Quebec does not have a family doctor, this number increases up to 40% on the island of Montreal, while the remainder of Canada is closer to 15%.

Developing teaching materials for our patients

SMHC stresses the importance of developing education material for patients

Educating our patients and providing them with meaningful information has always been a main concern at SMHC. During a meeting of the Psychology journal club, Dr. Nathalie Dinh and the multidisciplinary team of SMHC professionals, including psychologists, quality analysts and public relations specialists studied the results of a qualitative evaluation of the Mental Health Psychology Services pamphlet developed by the team and used since 2008. The study involved 75 patients who participated in a survey, which took place between June and October 2011.



Teaching / sharing knowledge on an international level

Quebec Delegation to India

Dr. Arvind K. Joshi (second from the left in the photo below), Executive Director and CEO of SMHC, participated in a mission of knowledge exchange and sharing as part of a Quebec trade mission to India being led by Quebec Minister of Health, Dr. Yves Bolduc (on the right).

Potential areas of collaboration under discussion included women's health and telemedicine. This prestigious international



mission represented an exceptional opportunity to support the creation of strategic partnerships that will benefit both the Québec and Indian health care systems. Quebec delegates took part in international conferences held in Mumbai and Delhi. This is another example of how St. Mary's endeavors to share our knowledge and expertise with the international communities.



(L. to r.): Dr. Rami Ali, Palestine; Dr. Nabila Al Sawaf, Syria, Dr. Éric Tremblay, head of the IMG program at SMHC; Dr. Anna Kan, Russia; Dr. Elena Dorobantu, Romania and Dr. Jean Edward Cayard, Haiti.

New program to integrate International Medical Graduates

A new internship program is now available at SMHC to facilitate a better integration of physicians who graduated outside Canada and the United States (IMG). Each year this four-month course allows 20 foreign-trained physicians to obtain enhanced support for their professional integration in Quebec.

SMHC was the host of a Chinese delegation of physicians from Shenzhen

This event took place upon the initiative of Dr. Alan Pavilanis, Chief of the Family Medicine Department. Members of the delegation toured the various departments of the hospital and expressed their gratitude to our staff. The members of the delegation said they appreciated the opportunity to come and observe the latest techniques and medical technologies used at SMHC.

internationally

Statement of Financial Position as at March 31, 2012

2012

2011

FINANCIAL ASSETS

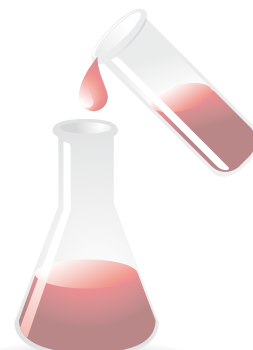
Cash	\$ 2,571,340	\$ 6,036,132
Accounts Receivable - Agency and MSSS	29,334,325	33,812,267
Accounts Receivable - Other	2,093,159	3,721,865
Funding Receivable - Accounting Reform	-3,073,545	-3,300,414
Long Term Investments	1,400	1,400
Other Assets	588,743	617,376
Total Financial Assets	31,515,422	40,888,626

LIABILITIES

Short Term Loans	37,738,234	62,222,961
Accounts Payable and Accrued Liabilities	33,324,604	26,661,351
Cash Advance from the Agency - <i>Enveloppes décentralisées</i>	3,250,001	4,003,879
Accrued Interest Payable	175,119	194,196
Deferred Revenues	16,971,251	19,242,120
Long Term Debt	36,243,587	14,656,207
Other Liabilities	274,713	637,415
Total Liabilities	127,977,509	127,618,129
Net Financial Assets (Net Debt)	-96,462,087	-86,729,503

NON FINANCIAL ASSETS

Fixed Assets	76,022,190	75,014,599
Inventory	3,705,665	3,372,386
Prepaid Expenses	748,192	601,505
Total of Non Financial Assets	80,476,047	78,988,490
Accumulated Surplus (Deficit)	\$ -15,986,040	\$ -7,741,013





Statement of Changes in Net Debt for the year ended March 31, 2012

	2012	2011
Net financial assets (Net Debt) at Beginning of Year	\$ -86,729,503	\$-106,231,183
Accounting Changes without Restatement of Prior Years		26,989,301
Adjusted Net Financial Assets (Net Debt) at Beginning of Year	-86,729,503	-79,241,882
Current Year Surplus (Deficit)	-8,245,027	-1,852,979
CHANGES RESULTING FROM CAPITAL ASSETS		
Acquisitions	6,557,605	10,642,231
Amortization	5,545,613	4,979,411
(Gain) / Loss on Disposal	4,400	18,328
Proceeds on Disposal	-	8,851
Total Change Resulting from Capital Assets	-1,007,592	-5,635,641
CHANGES RESULTING FROM INVENTORY AND PREPAID EXPENSES		
Acquisition of Supplies Inventories	-333,278	-
Acquisition of Prepaid Expense	-146,687	-122,636
Consumption of Supplies Inventories	-	123,635
Total Change Resulting from Inventory and Prepaid expenses	-479,965	999
Increase/(Decrease) in Net Financial Assets (Net Debt)	-9,732,584	-7,487,621
Net Financial Assets/(Net Debt)	\$ -96,462,087	\$ -86,729,503

Statement of Operation for the Year Ended March 31, 2012

	2012	2011
REVENUE		
Agency and MSSS	\$125,071,941	\$120,560,028
Patient Services	4,355,921	4,703,098
Sale of Services and Recoveries	3,700,511	3,800,801
Donations	3,366,742	3,375,685
Commercial Revenue	857,969	881,742
Gain on Disposition	0	2,750
Other Revenues	3,370,524	2,823,905
Total of Financial Assets	140,723,608	136,148,009
EXPENDITURES		
Salaries and Benefits	94,564,865	86,718,373
Medication	8,080,520	8,133,663
Blood Products	3,251,401	2,820,292
Medical and Surgical Supplies	13,332,849	12,749,500
Food and Dietary	984,400	941,353
Financial Charges	1,651,593	1,478,506
Plant Operation and Maintenance Including Non Capitalized Expenses related to Capital Assets	2,538,415	2,231,604
Bad Debt Expense	640,006	636,930
Amortization	5,545,613	4,979,411
Loss on Disposal	4,400	21,078
Other Expenses	18,374,573	17,290,278
Total	148,968,635	138,000,988
Current Year Surplus (Deficit)	\$ -8,245,027	\$ -1,852,979



Statistics

	2012	2011
Patient Days		
Short Term	90,250	90,630
Long Term	-	-
Newborn	10,037	10,158
Admissions		
Adults	11,403	11,449
Newborn	4,264	4,395
Deliveries	4,237	4,370
Average Length of Stay		
Short Term (days)	7.91	7.92
Long Term (days)	-	-
Occupancy (%)	91.24	91.62
Outpatient - Visits	129,137	124,844
Surgical Day Center - Visits	10,656	10,364
Emergency - Visits	38,342	37,445
Audiology & Speech Therapy - Visits	2,225	2,329
Occupational Therapy - Visits	10,862	10,612
Physiotherapy - Visits	28,524	28,724
Psychiatry - Visits	13,436	12,934
Medical Imagery - Tests	90,903	89,148
Laboratory - Procedures	3,015,712	2,967,715

HUMAN RESOURCES

Full Time Equivalents

Management Personnel	72	74
Full Time Employees	987	969
Part Time Employees	351	343
Occasional Employees	160	165
Number of hours paid during fiscal year for occasional employees	293,619	301,356

As of March 31, 2012

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

Elisabeth Dampolias
Vice-President
Human Resources

Susan Law, Ph.D.
Vice-President
Academic Affairs

COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS

Marcel Fournier, M.D.
Chairman

Chryssi Paraskevopoulos, M.D.
1st Vice-Chairman

Paul Stephenson, M.D.
2nd Vice-Chairman

Marie Iskandar, M.Sc.Pharm.
Treasurer

Balbina Russillo, M.D.
Secretary

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Crystal Côté
President

Cindy Marchand
Vice-President

Michelle Brazier
Treasurer

Mandy Humphries
Public Relations Officer

MULTIDISCIPLINARY COUNCIL

Judy Surette
President

Marcela Hidalgo
Vice-President

Filomena Novello
Treasurer

Marc Pineault
Corresponding Secretary

Flora Masella
Public Relations Officer

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Family Medicine

Joe Dylewski, M.D.
Laboratories

Michael Bonnycastle, M.D.
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Obstetrics and Gynæcology

Jaroslav Prchal, M.D.
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Pædiatrics

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John R. Sutton, M.D.
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Declaration of Reliability

In my capacity as 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 2011-2012:

- 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, 2012.



Arvind K. Joshi
Director General & CEO



Council of Nurses

The Council of Nurses is accountable to the Board of Directors for assessing the quality of nursing acts performed in the hospital center, making recommendations on the rules of nursing care, on the appropriate distribution of care and assuming any other function entrusted to it by the Board of Directors. In accordance with the bylaws of the institution, the Council of Nurses is also accountable to the Director General for giving its opinion on the scientific and technical organization of the hospital center, the means to be used to assess and ensure adherence to the professional standards of care and any other questions brought to its attention by the Director General.

Throughout the past fiscal year, the Council has had the opportunity to work closely with the OIIQ in order to complete the professional inspection. A working group was assembled which included the Vice-President of Operations and Nursing, the President of the Council of Nurses and nursing representation from each of the clinical programs. The self-evaluation period ran for four weeks and was launched as a chart audit performed by our own nurses and submitted to the OIIQ for analysis on November 22, 2011. There were nine clinical situations audited: application of physical restraints, application of seclusion measures, suicidal emergency, administration of opiates, pain, risk for falls, client who has had a fall, risk for pressure sore and presence of a pressure sore. Therapeutic nursing plans (TNP) were also audited for each of the nine clinical situations and two TNPs chosen at random for auditing regarding the format. The OIIQ presented the results of the analysis on January 24, 2012; following that, action plans were developed and are currently unfolding.

The Council of Nurses continues to endorse and advance quality nursing care while working closely with all its members to create and maintain open lines of communication. The Council is also pursuing advanced nursing assessments and professionalism. Additionally, the Council has highlighted the importance of continuing education and the maintenance of acquired competencies. The Council promotes a culture of advanced education combined with quality patient focused care.

Activities of interest throughout the year included a presentation of the CII annual report at Nursing Grand Rounds, approval and dissemination of four collective prescriptions and a very timely presentation given by guest speaker - Dr. Sean Clark - on Nurses' Day. The topic of his presentation was "University education and research: Directions for the future of the nursing profession".

The Council looks forward to begin work in the Quality Nursing Committee and the Interdisciplinary Medication Management Committee.

Crystal Côté,
President



Crystal Côté



Multidisciplinary Council

The Multidisciplinary Council's role is to assess the quality of professional activities engaged in by its members and the continuous improvement of care and services dispensed by these members. It is comprised of a diverse group of healthcare professionals who share a commitment to provide quality and compassionate care to a clinical population that is also remarkably diverse.

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 while the QE&R Committee promotes education, research and quality improvement through projects and presentations.



Judy Surette

Objectives achieved and accomplishments in 2011-12 include:

- A sub-committee of the MDC Executive Committee continued to update the bylaws of the Multidisciplinary Council that are to be adopted by the membership and presented to the Board of Directors for approval in the coming fiscal year.
- The MDC, through the QE&R Committee, continued to promote recruitment, retention and recognition via membership in the Recruitment and Retention Committee of the Human Resources Department.
- Through the IPC and QE&R Committees the MDC continued to encourage Quality Improvement activities within all member disciplines.
- The MDC held eight Grand Rounds on such varied subjects as glucometers, youth protection, dieting, neonatal hearing screening, medical imaging, stroke management, patient malnutrition and relocation of long term patient care.
- At the MDC Annual General Assembly in 2011, Dr. Yoram Shir, Director of the Allan Edwards Pain Management Unit, McGill University, presented "Chronic Pain Management: Current Challenges and Future Hopes".
- Respiratory Therapy was inspected by the *Ordre professionnel des inhalothérapeutes du Québec* in February 2012 with results pending. The Laboratories were successfully inspected by the College of American Pathologists in June 2011.
- The MDC established an Intranet site under Corporate & Support Services with a calendar of events, schedules, minutes of meetings as well as dates of MDC Grand Rounds and links to sites of interest to the membership.





The MDC strives to assure the delivery of patient-focused, quality care in a timely, efficient and safe manner, within and beyond the constraints of our healthcare system. We practice collaboratively with other professions. Our membership is actively involved in teaching, research and continuing education activities. Members are engaged with University and College communities, with their Professional Orders and participate in regional, provincial and national organizations, community support services as well as the community at large.

Objectives for 2012-2013

- Continue following up on, and participating in, the activities of the Recruitment and Retention Committee of Human Resources.
- Continue to work on improvements in quality of care for the patients awaiting placement.
- Improve MDC membership participation in quality, education and research activities at SMHC.

Judy Surette,
President

Council of Physicians, Dentists & Pharmacists

The Executive Committee represents the Council of Physicians, Dentists, and Pharmacists (CPDP), which is composed of approximately three hundred members. Five goals were established for the 2011-2012 mandate:

- Follow-up of implementation of *Collège des médecins du Québec (CMQ)* recommendations from May 2010 inspection
- Continuing support for the International Medical Graduate Program (IMG Program)
- Recruitment and renewal of physicians in key positions
- OACIS Project
- Accreditation: Royal College of Physicians of Canada; College of Family Physicians of Canada; and Accreditation Canada.

Executive Committee Priorities 2011-2012

1. Collège des médecins du Québec inspection

The Executive Committee unanimously agreed to act upon the following:

- Revision of the departmental by-laws with respect to the CMQ recommendations
- Review of the Council of Physicians, Dentists, and Pharmacists by-laws
- Incomplete charts and surgical reports
- Quality assessment audits
- Follow-up on action plans established by the divisions of General Surgery and Urology specific to the recommendations of the CMQ
- Review criteria and necessary forms for reappointment of physicians.

2. IMG Program

With much hard work and dedication, a formal educational program with dedicated space was established and the first candidates commenced their training in May 2011, under the Directorship of Dr. Eric Tremblay. The first cohort completed its training with positive feedback and a new cohort of

four began at the end of October and six during the month of January. The program has been very successful.

3. Recruitment of Physicians

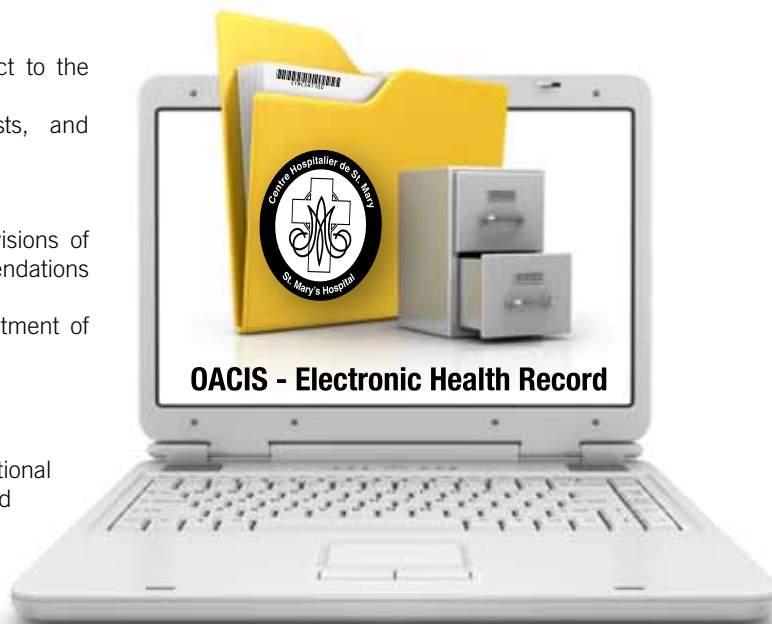
Recruitment of new physicians is restricted by a long and complicated process, hampered by various levels of governmental requirements.

4. OACIS Project

Dr. Howard Stuart is actively involved in the OACIS project. The project began in mid-December on 5South and implemented gradually in other areas.



Marcel Fournier, M.D.



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)

Four sub-committees report regularly to the MDPEC:

- **Perinatal Morbidity and Mortality Committee**
Monthly reports are submitted on intrauterine foetal 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 21 new/revised forms that were integrated into hospital medical charts. Incomplete medical charts are also reported regularly to the committee. The number of incomplete charts was 992 (September 2011), increased to 1040 (February 2012), and decreased to 763 in April 2012.
- **Infection Control Committee**
Issues and activities addressed included the following:
 - On-going monitoring of MRSA, VRE, and *C-difficile*
 - Several VRE outbreaks on 8Main have occurred. Procedures were put in place to deal with the situation and/or prevent reoccurrence.
 - Audits on basic infection control practices are continually taking place
 - Educational day held on “Hand Washing” was very well attended.
- **Surgical Review Committee**
Dr. Dawn Anderson conducted an audit on the completeness of excision in cases of rectal cancer with the collaboration of the Director of Pathology. Dr. Anderson presented the following report to our committee:



- Thirty-two rectal cancer resections were performed at St. Mary's in 2010.
- Documented inadequate TME (Total Mesorectal Excision) is only 6% (2 cases). In one of the 2 cases the response to pre-op treatment was such that no compromise of patient outcome is expected.
- The consistency of information provided by the surgeon to the pathologist is less than optimal and requires improvement.
- The consistency, completeness and organization of pathology reporting are also sub-optimal and can be improved upon.

Recommendations

- Standardize a way of conveying relevant information by surgeon on pathology form should be considered.
- Standardize synoptic pathology report to accurately assess adequacy of surgery, staging, response to neoadjuvant treatment, and final Tumor Nodes Metastases (TNM).
- Develop a well-organized informatics system to allow complete documentation of all relevant investigation and treatment parameters.

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:

- Review of Haloperidol use (regular vs. PRN)
- Trastuzumab in treatment of early breast cancer in HER2 positive patients
- Audit on VTE prophylaxis
- Concurrent daily restricted antibiotic review
- Concurrent daily G-CSF usage
- Concurrent daily CIVA products usage
- Concurrent weekly narcotic prescriptions review.

The following guidelines were also approved:

- GesPhar – Changes to Prescription Validity
- Switch to Pre-Filled Syringes of Fragmin
- VTE Prophylaxis – Pre-Printed Prescription
- Magnesium Sulfate Administration – Pre-Printed Prescription, MAT/Child Care

- Constipation Algorithm – Cancer Care
- Epinephrine Collective Prescription for Allergic Reaction During Vaccination
- Total Shoulder Arthroplasty, Post-Op – Pre-Printed Prescription
- Continuous Peripheral Nerve Infusion – Pre-Printed Prescription
- Sliding Scale – Decrease of Validity (28 to 7 days).

Qualifications Committee

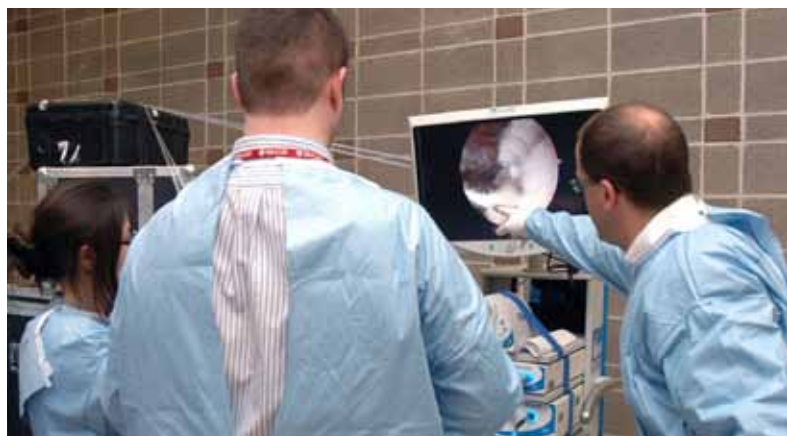
Through the active participation of the Qualifications Committee, applications from physicians wishing to pursue their career at St. Mary's Hospital were reviewed and submitted to the CPDP Executive Committee.

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 are reported to the Executive Committee of the Council of Physicians, Dentists and Pharmacists.

Marcel Fournier, M.D.,
Chairman



Telecardiology consultation: Dr. Mathieu Walker (at a distance) of St. Mary's Hospital in Montreal, Mrs. Manon Tardif, Clinico-administrative Head of Physical Health Programs at the Haut-Saint-Laurent HSSC, Dr. Jean Buithieu at the Barrie Memorial Hospital in Ormstown as well as the user, Mr. Gérald Duncan.



Surgical residents attended an arthroscopic knee & shoulder course in the auditorium in March 2012.

Quality & Risk Management

The ultimate goal of Quality and Risk Management (QRM) at St. Mary's Hospital is to maintain and improve upon quality of patient care and safety in the delivery of services. 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 2011-2012, the QRMCC met on 10 occasions and reviewed presentation of annual reports on quality and risk management from the following teams: Dialysis, Surgery, Operating Room, Critical Care, Emergency, Medicine, Cancer Care, Geriatrics, Maternal-Child, Council of Physicians, Dentists and Pharmacists, Multidisciplinary Council, Council of Nurses, Human Resources, Information Management, Infection Prevention and Control, Diagnostic Imaging.

Accreditation Canada

For 2011-2012, QRM has been preparing the Quality Improvement teams for the upcoming accreditation visit which will take place in 2012-2013.

All of the issues needing follow-up were addressed in 2010-2011.



Research Centre

There was no instance of scientific or ethical misconduct in research for the 2011-2012 fiscal year.

Incident/Accident Reporting

With the full implementation of the SSSS program (*Système d'information sur la sécurité des soins et des services*) and a targeted effort to reduce the delays in data entry, SMHC managed to maintain its local registry of incidents/accidents up-to-date. For 2011-2012, as of June 8th, 2012, the QRM Department had received 2166 incident/accident reports. Of these, 44 events were flagged for additional follow-up and 5 were dealt with through the sentinel event review process.

SMHC encourages reporting of events by its staff and promotes the idea that reporting enables us to implement preventive measures. SMHC also promotes a learning culture that continuously strives to improve the quality of care it offers its patients.

The first biannual report of incidents/accidents was issued by the MSSS. While the MSSS reported that nearly 25% of events had an undetermined severity, at SMHC 99.4% had a determined severity which is significantly higher than average. All reports received at the QRM Department are reviewed for quality of information regarding the type, location, and severity of the event. SMHC staff also reports significantly more events that are less severe than the average, which demonstrates an excellent reporting culture since the staff does not wait to report only the more severe events. This helps to prevent more serious events from occurring. As for the types of events, SMHC has a similar distribution to the rest of the institutions with the most frequently reported events being falls and medication errors.

One death was reported this year which led to an extensive review of the clinical process involved as well as the review of our emergency measures. The review produced 10 recommendations to ensure that the circumstances surrounding the unfortunate event would be prevented in the future.

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:

- Patient complaints
- Lawsuits
- Claims against the hospital
- Insurance claims against the hospital
- Labor grievances
- Radioactive isotopes
- Council quality/risk management activities (Council of Physicians, Dentists & 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 Alerts & Recalls
- Non-biomedical equipment risks
- Information systems risks
- Research risks (Research Ethics Annual Report)
- Emergency measures and other security related incidents
- Incidents/Accidents (AH-223)
- Restraints related risks
- Sentinel events.

Each identified risk domain has a defined reporting system, including annual reports and defined channels of reporting to the Senior Management Team, Committees of the Board of Directors or directly to the Board of Directors.

Risk Management Initiatives for 2011-2012

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

- Monitoring of incident/accidents to ensure appropriate action is taken by the areas involved; 44 were reviewed more in-



depth and 5 were reviewed through the sentinel event review process.

- Review of the cardiac monitoring process through the FMEA review process, a prospective method to analyze potential failures in a process.
- Patient Safety Week that included 3 lunchtime presentations (Incident/Accident Severity Rating: Finding the right target, Infection Prevention and Control and Promoting Communication tools for patients). In addition to these presentations, the User's Committee actively participated in Patient Safety Week and organized a walkabout through the hospital where it met patients and provided them with information regarding the role patients can have in their safety.
- ErroMed training (Human Factors and Patient Safety) was given to 23 staff members. An additional session was provided in partnership with the CHU Ste-Justine where 8 SMHC staff attended a joint session of ErroMed. Given the interest generated for this training within the hospital, this session will be provided a minimum of twice a year as of 2012-2013.

Quality Assessment Projects Completed in Support of Quality Improvement Teams

Eleven projects were completed by the Quality Assessment Unit in support of the Quality Improvement Teams. The QA Unit completed 6 projects begun in 2010-2011 and started 10 new projects in 2011-2012. One project from 2009-2010 and 6 projects from 2010-2011 were still ongoing.

Research Activities

With the support of the CARE program, an evaluation of the ErroMed training program that began 2010-2011 is in progress. This project should be completed in 2012-2013.

Also, the QRM Department is involved in the Patient Engagement Project in supporting the User's Committee and the QI teams involved in the project. The project aims to reinforce patient participation in contributing their perspective in navigational tools through the continuum of care in order to improve their experience with the care they receive.

The QRM Department has strong links to the Research Centre and is represented on the Research Centre Executive Committee thus ensuring communication. This link has always been unique to SMHC and continues to be an important one that creates interesting quality and research opportunities.

Annual Audit Regarding Use of Restraints

There were no audits conducted on the use of restraints in 2011-2012 due to the revision of the policy and procedure. With the implementation of the new restraints policy and procedure to be adopted in 2012-2013, we will be able to conduct an audit based on the new policy. The last study, conducted in 2008-2009, showed that the proportion of restraints did not greatly differ over a period of three years and also showed improvements in the documentation of the use of restraints.

Follow-up to Coroner's Report Recommendations

There were no Coroner's report recommendations to follow-up for the year 2011-2012.

Quality and Risk Management Recommendations and Priorities for 2012-2013

- Prepare and organize the 2012 Accreditation Canada visit.
- Refine analysis of quality of data provided in the incident/accident reports
- Increase capacity of support for QI teams in terms of project management skills
- Continue the following functions:
 - Continuous in-service education of staff and managers on patient safety and risk management
 - Organize Patient Safety Week, in collaboration with the Users' Committee
 - Provide Human Factors and Patient Safety training program at least 2 times per year to staff
 - Supporting QI teams across the hospital
 - Support and organize the Annual Symposium on Quality of Care and Research

Infection Prevention and Control Initiatives & Projects

- The provincial *Staph aureus bacteremia* surveillance, established since 2006-2007 is on-going. Our intervention is based on results. Our overall rate of *SA Bacteremia* (MRSA) was respectively 36.59%, 28.13%, 34.62% and 14.28% for the 4 last fiscal years. Our rate was always comparable to the same size hospitals in the province; however, we had the lowest rate in the fiscal year 2011-2012.
- The rate of the Central Line-Associated Bacteremia (CLAB) surveillance in ICU was 2.33% in 2009-2010, 1.88% in 2010-2011 and 1.78% in 2011-2012 compared respectively to the provincial rate of 2.06%, 1.48% and 1.17%.
- Our baseline rate of the provincial Central Line-Associated Bacteremia (CLAB) surveillance in dialysis was 0.13% in 2011-2012 compared to 0.26% the previous year.

Surveillance and Control of Nosocomial Infections

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



- Methicillin-resistant *Staphylococcus aureus* (MRSA) containment continues to be an important focus of the IC department. Even though the number of MRSA transmissions is lower than in previous years, the total number of admitted patients remains high, placing a large burden on nursing units. We had 81 nosocomial MRSA cases in 2011-2012 compared to 118 in 2010-2011.
- Since the Fall of 2010 we joined a provincial VRE surveillance; the revision of the provincial guidelines will be based on results of a 2-year surveillance. We have seen a major increase in our nosocomial VRE cases compared to previous years; we had 102 nosocomial VRE cases in 2011-2012 compared to 12 in 2010-2011. Our prevalence point is much higher than previous years, leading to increased risk for nosocomial transmission and outbreaks. This large increase in the number of nosocomial cases has been noted across the McGill hospitals.
- Surveillance of Surgical Site Infections (SSI) includes admitted patients only (day surgeries are excluded), and for the following surgical services: General Surgery, Orthopaedics, Gynaecology and Post C-section. Reporting is done to individual surgeons and by code to the chief of surgery and the chief of service.
- The on-going *Clostridium difficile* surveillance system established throughout the province by Public Health (INSPQ) in 2004-2005, is giving us the opportunity to benchmark with same-sized hospitals. St. Mary's has been stable for the last few years going back to our baseline of 2003. We had 35 nosocomial cases in the 2011-2012 fiscal year compared to 38 in 2010-2011.

- The main objective of the Blood Culture Contamination Rate (BCC) surveillance is to identify changes in the blood culture contamination rate and to recommend changes when needed. Implications of BCC are:
 - Unnecessary use of antibiotics
 - Increased length of stay
 - Additional cultures which will lead to increased cost.

Acceptable BCC rates are generally 3% or less. For the 3 periods audited this year, BCC rates were respectively 2.84%, 3.54% & 0.84%. For periods 1 & 5 we have seen an increase in our BCC rate, exceeding the 3% threshold in period 5. Ten out of 15 BCC cases, during the 3 periods, were noted in ER.

Outbreak Investigations

During the fiscal year 2011-2012, there were 7 VRE outbreaks, 3 of which occurred on 8Main, 3 on 5South and 1 on 6North. As in most of the outbreaks, a vast amount of resources were used for containment.

In June & September 2011, we also had 2 MRSA outbreaks on 8Main and 1 on 5South which necessitated isolation of many patients and increased housekeeping activities.

Education

A number of in-services were given to the hospital staff throughout the fiscal year. The IC team committed a total of 178 hours in rendering educational in-services to 917 attendees, including students and employees.

Additionally, a total of 232 hours were dedicated to the training of the Infection Prevention and Control Department staff: 1 Coordinator, 2 Practitioners have undergone educational trainings (5 on-line courses, weekly teleclasses, CPR certification and a conference day) all of which equipped the team with an in-depth knowledge of IC practices, as well as enabling them to sharpen the necessary skills to accomplish their jobs effectively.

Completed Projects

- On-going revision and updates of the Infection Control Manual (April 2011- March 2012).
- Infection Control Posters, signs, pamphlets and information were updated and made available via the Visual Communications Department.
- Snap shot audits to evaluate IC practices and hand hygiene (HH) are conducted when an outbreak is identified. Intervention is based on findings (a total of 10 were done on various nursing units in 2011-2012).
- Hand Hygiene Audit across the hospital was conducted in August 2011; we were able to benchmark with similar audits done in 2007 and 2009. Compliance rates were 48% in 2007, 65% in 2009 and 58% in 2011.
- A full day workshop held in December 2011 was a big success; 164 staff members of all disciplines attended. Four topics were covered during the day: Hand Hygiene, Personal Protective Equipment, Specimen collection & Transport and Wound Care.

- The department participates at the Regional Table for Nosocomial Infections with the INSPQ, national and provincial IC associations and the IC McGill Working group.
- An audit on Infection Control practices in the GI lab was completed; results were optimal in most of the audited areas.
- The project to standardize all Infection Control precautions signs across the McGill teaching hospitals has been completed at St-Mary's. A survey conducted with the users was satisfactory in terms of accessibility, format and placement.

Upcoming Projects 2012-2013

- Continue the hand hygiene blitz
- On-going quality control for compliance with Infection Control measures in targeted areas.
- Follow-up on results of 2 audits conducted in the OR in April 2009; most of the recommendations were instituted throughout 2010-2011& 2011-2012. Follow-up is still on-going.



Local Service Quality and Complaints Commissioner

Breakdown of complaints

Completed without corrective measures.....	54 %
Completed with corrective measures	43 %
Withdrawn	3 %

Summary of complaints

Complaints carried over from previous year	8
Complaints received during the current year	198
Complaints concluded during the current year	172
Complaints carried over to the next year	34
Complaints carried over to Quebec Ombudsman	3

Originator of complaints

Patients	72 %
Family/Others	28 %

Processing time

- 45 days	70 %
+ 46 days	30 %

Categories of complaints

Accessibility	27
Care	67
Interpersonal relations	66
Environment and material management	32
Financial aspect	17
Special (patients) rights	22
Other	1

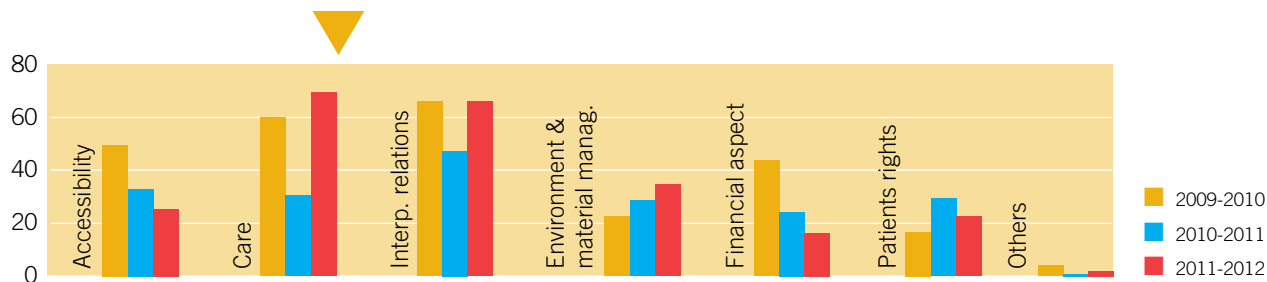
Report from the *Comité de vigilance et de la qualité*

The committee met three times during the course of 2011-2012.

At the core of its mandate, the Committee ensures that adequate follow-up is given to the recommendations of the local service quality and complaints commissioner that could be retained by the Board of Directors. Despite a change of staff in the course of the year, the committee was kept abreast of developments in the processing of complaints.

The committee reviewed the report concerning lawsuits involving St. Mary's as well as being given a presentation by the CPDP regarding the conclusions/recommendations made by the *Collège des médecins du Québec* following their professional inspection in May 2010. Monitoring of these matters is ongoing.

Suzanne Guoin
Chairman



Users' Committee Report

The Users' Committee mandate is to defend, protect and ensure respect for patients' rights. Respect for the users' rights and quality of services are the foundation which guides the actions of the committee. It is the committee's responsibility, upon request of a user, to accompany and assist the user in any action he or she undertakes including the filing of a complaint in accordance with the Act respecting health services and social services.

Meetings are held the last Friday of the month, September through May. Emergency meetings are called when necessary.

Some of the members represent the Users on committees in the hospital.

There are eight members on the committee. Two members represent the committee on the Center Board. There is also a resource person on the committee who also assumes the role of secretary. The Ombudsman is invited to each meeting. A member of the administration, department head or head nurse is invited to attend a meeting throughout the year.

The Committee is a member of the *Regroupement provincial des comités des usagers (RPCU)*. An English sector has been set up and we meet four times a year at different health care institutions.

The Committee completed the first year of a two year commitment to the Patient Engagement Project (PEP). This research project involved three areas in the hospital – Cancer Care, Mental Health and Emergency. It hopes to strengthen the patients' voice in quality improvement initiatives.

Activities in 2011- 2012

- Participation with Risk Management in Patient Safety Week
- Patient Engagement Project end-of-year meeting – Atwater Club, June 6 & 7
- Training by RPCU
- Training – Part of PEP project.

The number of calls received was approximately the same as last year (100). Problems range from staff manners, files lost, waiting time, to appointments cancelled without notification.

The goals for 2011-2012 were not all met to our satisfaction. We continue to work on them.

Goals for 2012-2013

- Continue working on a way to improve the telephone answering problem in some units
- Continue working on the “hand out” maps with Mr. Brisson (Director, Facilities and Projects Management) and Visual Communications Department
- Working with Geriatrics to improve the quality of life of our PALV patients who are spread throughout the hospital
- Update our pamphlet and poster.

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.
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.

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.
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

Disciplinary Procedures

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

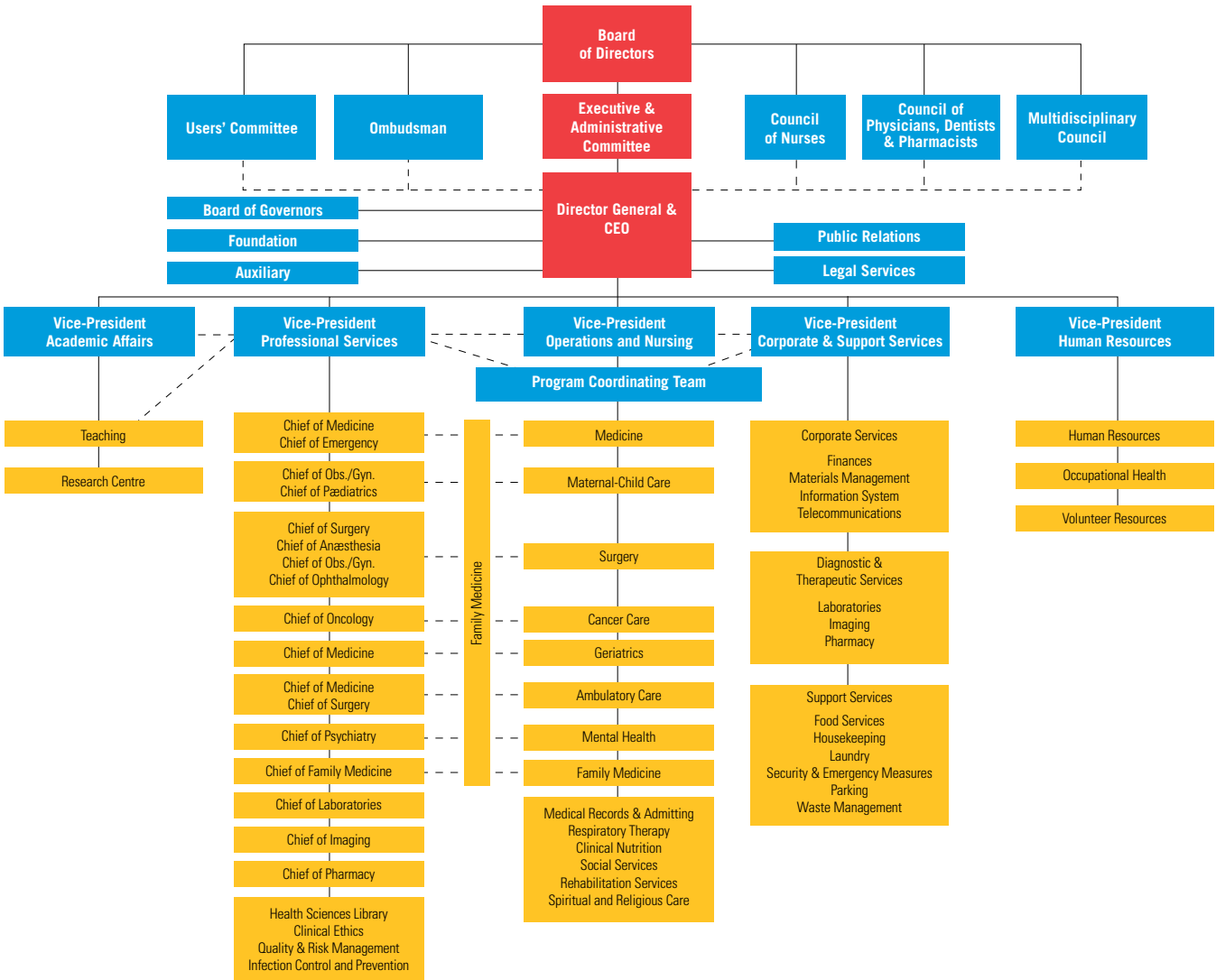
1. A copy of this Code shall be provided to each member of the Board upon the commencement of his or her mandate with a request that he or she take cognizance of it and comply with it.
2. A copy of this Code shall be made available by the Hospital to all individuals who request it and shall be published 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, 2012, the Board of Directors has not received any complaints or indication in regards to the non-respect of this code.



Organizational Structure





Centre hospitalier affilié
universitaire

A University-Affiliated
Hospital Centre



McGill

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The data / statistics contained herein reflect the information available at the time of publication.