



Centre hospitalier de St. Mary  
St. Mary's Hospital Center  
*L'excellence au coeur de nos soins*  
*Caring through excellence*

## A University-Affiliated Hospital Centre

# annual report

2009-2010



Centre hospitalier affilié universitaire  
A University-Affiliated Hospital Centre

## Quality of Care Symposium

2009-2010 has been an exciting year for our University-Affiliated Hospital Centre (CHAU). It was a year that marked the 10<sup>th</sup> anniversary of the Annual Research and Quality of Care Symposium of St Mary's Hospital Center (SMHC). Co-sponsored by the Department of Clinical Epidemiology and Community Studies (DCECS) and the Quality and Risk Management Unit, the theme of the event was "The Shift to Ambulatory Care". Lectures unfolded throughout the day on many different themes, amongst which the topics addressed were: Mental Health Action Plan, Patient Evaluation, and Rehabilitation After a Stroke. Ambulatory care health professionals from across the island of Montreal were able to share their experiences and voice their opinions. The event ended with an exciting debate on the pros and cons of ambulatory care.

The poster competition was also very successful, with 24 fascinating projects to see. The first prizes were presented to Dr. Maida Sewitch in the "Research" category and to Mrs. Annie Chevrier in the "Quality" category.

## 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.

(L. to R.) Zahoor Chughtai, Administrative Coordinator, Clinical Epidemiology and Community Studies; Marc Pineault, Coordinator, Quality & Risk Management, Head, Quality Improvement Unit; Dr. Maida Sewitch; Dr. Mark Yaffe; Dr. Susan Still; Marie-France Brizard, Program Manager, Maternal Child Care Program; Dr. Justine Farley, Director, Palliative Care Services; Dr. Todd McConnell, Director of Teaching and Liliana Perez, Administrative Agent, Quality & Risk Management.



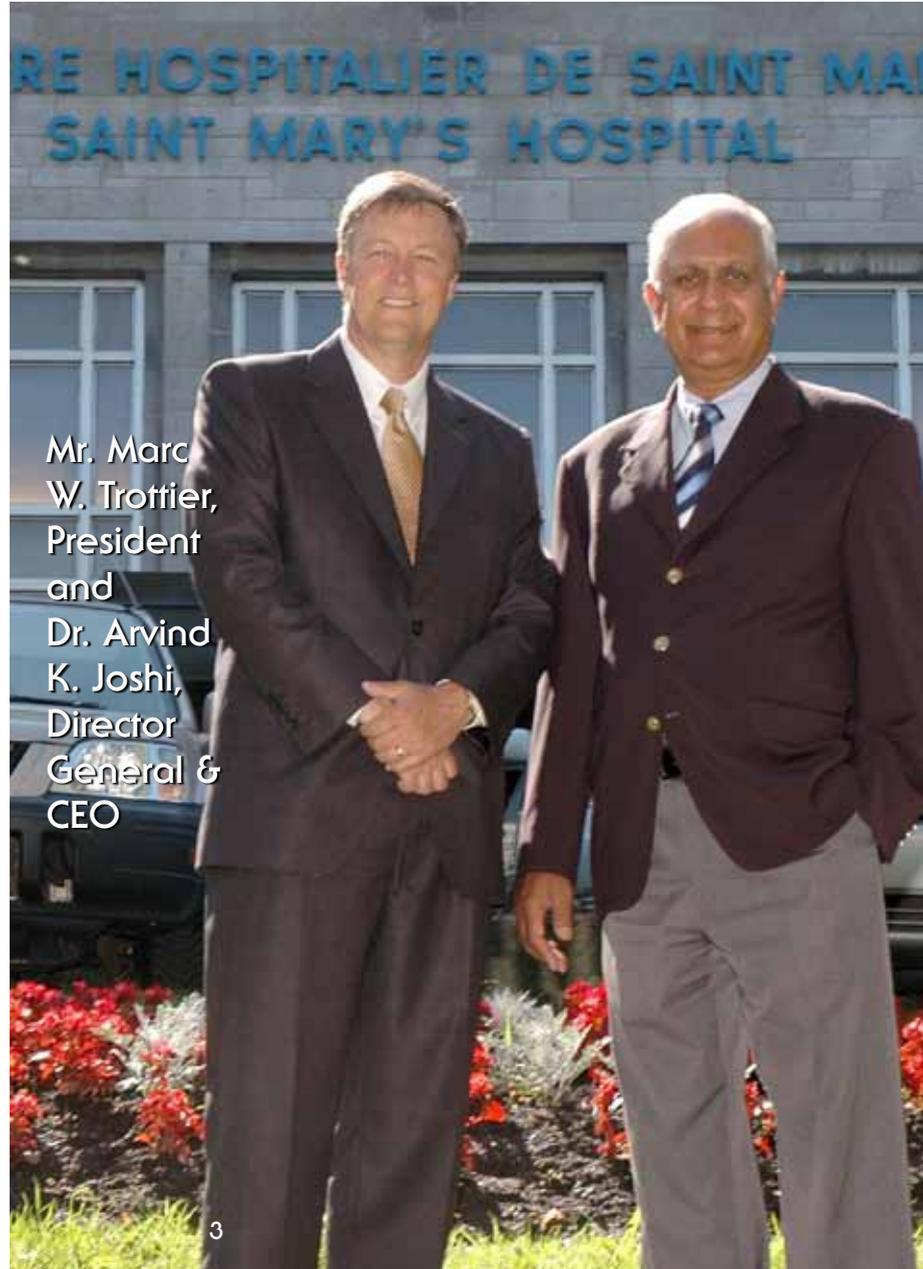
# Message from the President and the Director General and Chief Executive Officer

It is our pleasure to present to you the annual report of St. Mary's Hospital Center for the fiscal year 2009-2010.

Without a doubt, the A(H1N1) flu pandemic was at the centre of the health-care network's activities. St. Mary's Hospital Center was no exception. St. Mary's staff and volunteers exercised patience, understanding and collaboration to meet the additional demands that this pandemic had added to their already full plates. Their dedication to our patients and their cooperation with each other are the core elements that define St. Mary's as an institution of excellence even under unpredictable and challenging circumstances.

The Emergency Measures Response Team and the Flu Pandemic Planning Committee members, Infection Control, and Occupational Health and Safety staff must be commended for their work in implementing our pandemic action plan and for their quick response in setting up and vaccinating our high-risk patients, staff and volunteers. The Hospital also worked in close collaboration with all partners of the health and social services network.

From October 4 to 8, 2009, Accreditation Canada visited St. Mary's. The accreditation visit takes place every



Mr. Marc  
W. Trottier,  
President  
and  
Dr. Arvind  
K. Joshi,  
Director  
General &  
CEO

three years and Accreditation Canada promotes excellence in the provision of quality care. St. Mary's has been going through the accreditation process since the 1950's, thus showing its commitment to quality. Once again, St. Mary's passed this with flying colors and many of the recommendations identified were due to limitations of our physical plant. The entire hospital community must be congratulated for an excellent accreditation report.

St. Mary's is continually working at improving its building plant and this year four major projects were completed:

- **Renovations of the dialysis unit**  
This project allows patients to benefit from the most rigorous quality and standards of care and provides a more ergonomic work environment for the staff. Patience, understanding and collaboration were key to the successful completion of the project, which was co-funded by the

Ministry of Health and Social Services (MSSS) and St. Mary's Hospital Foundation.

- **Upgrade of the pharmacy**  
Thanks to the MSSS, the Montreal Agency and other partners, the pharmacy is now equipped with new state-of-the-art equipment and technology.
- **Replacement of the transformers in the main building**  
These transformers are more efficient and environmentally friendly because they do not contain polychlorinated biphenyls (PCB).
- **Replacement of the elevators in the main building**  
This project has been completed.

These projects, in addition to several smaller but as essential ones, will no doubt add greatly to patient care and staff satisfaction.

Meanwhile, the campus development project focused on the addition of two floors over the West Wing, the number one priority of the hospital. These two floors will provide space to build private and semi-private rooms, thus reducing the risk of nosocomial infections. They will also provide facilities that meet the requirements of our status of university-affiliated hospital centre.

In January, St. Mary's officially welcomed Dr. Jeannie Haggerty to our team. She is the first McGill University Chair in Family and Community Medicine Research, and the first Chair at St. Mary's. Her appointment reinforces our status of university-affiliated hospital centre, and further strengthens our research activities. Her patient-centred research aligns perfectly with our community-oriented goals.

We also hosted the press conference where the Minister of Health and Social Services, Dr. Yves Bolduc, and



Ms. Yolande James, Minister of Immigration and Cultural Communities; Dr. Vincent Échavé, President of the Working Group; Dr. Yves Bolduc, Minister of Health and Social Services; Dr. Arvind K. Joshi, Director General and CEO and Dr. Richard Levin, Dean of McGill University Faculty of Medicine.

Mrs. Yolande James, Minister of Immigration and Cultural Communities, presented the highlights of a report on the creation of a training program for foreign doctors, for which St. Mary's will be one of the training centres. This has been confirmed by the Ministry with the allocation of a budget and we are working hard to implement this in a timely fashion.

As part of the *Prix d'excellence du réseau de la santé et des services sociaux*, St. Mary's Hospital Center received the *Prix spécial du Ministre* for having maintained the occupancy indicators of its Emergency Department at the lowest level on the island of Montreal in 2008-2009. Our staff deserves our most sincere congratulations for achieving this and, once again, it is proof of our hospital-wide collaboration and our commitment to excellence.

The financial situation remains a constant challenge. With the closure of the long term care beds and the implementation of the PALV (loss of autonomy linked to aging) project, this year has been a transition year. With the collaboration of our teams and the Montreal Agency, we were able to end the fiscal year with the targeted authorized deficit of \$2.7 million. However, we are conscious that the province and the world financial situations are difficult and that we will continue to face financial challenges. We want to assure you that St. Mary's Hospital Center is recognized as a very efficient and underfinanced institution.

The Board of Directors is happy to announce that the Director General and CEO, Dr. Arvind K. Joshi, was unanimously re-appointed for another four-year mandate.

After seven years of hard work and dedication, Mr. Richard J. Renaud announced that he was stepping down as Board President. However, he will stay on as a member and will continue to bring his expertise to our Board of Directors. We wish to express our sincere appreciation for his commitment and leadership over those years as President.

Our new Board President, Mr. Marc W. Trottier, took office on October 1, 2009. Mr. Trottier has been involved with St. Mary's for several years. He has been a member and Chairman of St. Mary's Hospital Foundation Board. Since 2004, he is a member of the Center Board where he also served as Chairman on various committees. We welcome Mr. Trottier's leadership and look forward to working with him to further St. Mary's excellence in patient care, teaching and research.

We also would like to sincerely thank Dr. Isabelle Girard and Mrs. Paulette Morris who diligently served on the Center Board, respectively as representative of the Council of Physicians, Dentists and Pharmacists and the Council of Nurses. Mr. Conrad Sauvé, who has served on St. Mary's Board of Directors for many years, was appointed as Secretary General of the Red Cross in Ottawa. We wish to express our sincere appreciation for his contri-

bution during his term. We wish him well in his new appointment.

In the coming years, St. Mary's Hospital Center looks forward to playing an important role within the McGill and Quebec teaching network and contributing to research in order to further improve patient care and the quality of services we provide to our community.

Of course, this would not be possible without the continued support and commitment of our benefactors, volunteers and boards (Hospital Center, Foundation, Governors and Auxiliary). And we must not forget our caring employees and physicians who strive to sustain our high standards of quality and compassionate patient care.

Respectfully submitted,

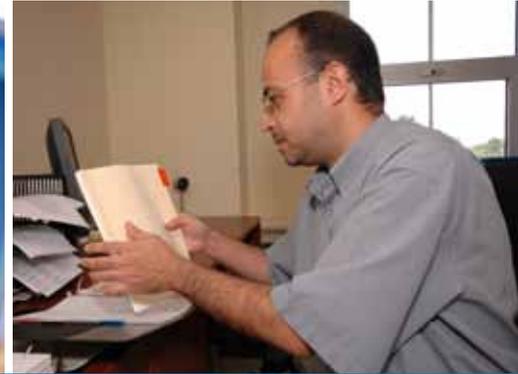


Marc W. Trottier  
President



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

# Spotlight on Research



**Research is an integral part and an increasingly important activity for SMHC. As we develop and expand our research activities, we envision that the knowledge created will eventually bring positive changes to every department in the hospital and to our community, improving both patients' outcomes and caregivers' working environment.**





The quality and importance of the research projects that are being led and developed at SMHC were highlighted in April 2008 when the hospital received its official designation as a University-Affiliated Hospital Centre (CHAU). Throughout the fiscal year 2009-2010 we worked to fulfill the conditions to make this designation a permanent one, thus reinforcing our commitment and our vision for the future.

#### Research themes at SMHC

Current research at SMHC focuses on clinical, epidemiological, and health services research related to improving the quality of health care and services provided in the hospital and in the community. Some research areas

of particular interest include the mental health of seniors, family medicine, emergency services, nursing, quality improvement, and clinical trials.

#### Research coordination at SMHC

Research at SMHC is coordinated through the Department of Clinical Epidemiology and Community Studies (DCECS). The DCECS houses both administrative and research staff, including epidemiologists, statisticians, graduate students, and other experts in research methods. They support hospital personnel in developing staff research projects, and also conduct DCECS own studies supported by various internal and external funding bodies.

#### Getting involved with research

The DCECS provides consultation and support to hospital staff who would want to launch their own research and quality assessment projects. Certain pilot projects can also be supported by the annual CARE (Competition Attracting Research Excellence) competition. For those who want to learn more about what is going on in research, bi-monthly seminars are organized by the DCECS throughout the year to showcase valuable work by both internal and external researchers.



# A CHAU: Developing and Expanding our Research and Teaching Activities

In 2008 the exceptional quality and strategic importance of our academic commitment in research and teaching was recognized when St. Mary's Hospital Center (SMHC) was officially designated as a University-Affiliated Hospital Centre (CHAU) by the *Ministère de la Santé et des Services Sociaux*. This status was delivered under specific conditions that

we have now fulfilled thanks to the dedicated work of our research group and teaching programs' staff.

With respect to research we even exceeded the conditions that we had to fulfill, thus proving our capacity to attract high-profile investigators and important federal and provincial funding, developing new venues through which we share knowledge with our community, and translating research findings into improved patients' care, as highlighted by our following list of major achievements in 2009-2010.

## **Our research team recruited high profile investigators**

Dr. Jeannie Haggerty joined our team on January 4, 2010, as the first McGill Chair in Family and Community Medicine Research, based at SMHC. The appointment of this high-profile researcher, recognized at an international level for her work on the evaluation of healthcare services, will strengthen our already well-established expertise in epidemiology and patient-centered research.

"I was impressed by the stated desire to make sure that research was responsive to the community served by St. Mary's. Over the next few years I

hope to contribute to the creation of structures to capture patients' and care-givers' concerns and to partner with clinicians in doing research on questions that occur in their day-to-day contact with patients," explains Dr. Haggerty.

In order to further reinforce our CHAU status, in February 2010 the Board of Directors also agreed on the nomination of a new Vice-President for Academic Affairs. This appointment will become effective in April 2010.

## **Our researchers received the support of federal and provincial institutions**

The team led by Dr. Jane McCusker received a grant of \$720,000 from the *Fonds de la recherche en santé du Québec* (FRSQ) in October 2009 for a project on depression associated with chronic diseases. In addition, the team led by Dr. Martin G. Cole was awarded close to \$400,000 by the Canadian Institutes of Health Research (CIHR) in February 2010, for a study on the different factors that can impact recovery from delirium. This support by two provincial and federal reference institutions prove the immense value of the research done in our institution to improve treatment for patients who are often older and frail.

A portrait of Dr. Jeannie Haggerty, a woman with dark hair, wearing a red jacket, smiling. She is positioned in the lower-left corner of the page.

Dr. Jeannie Haggerty,  
McGill Chair in Family and  
Community Medicine  
Research



Dr. Jane McCusker (front row, centre), Chief of Clinical Epidemiology and Community Studies Department with her colleagues

**Our Research Ethics Committee was granted the privilege to review additional types of studies**

*The Ministère de la Santé et des Services Sociaux (MSSS)* acknowledged the outstanding quality of our Research Ethics Committee (REC) in February 2010 by granting it the privilege of reviewing, approving, and monitoring research projects that involve incompetent adults and minors. This new designation caps many years of dedicated work by the members of this committee and the research group to make sure that the patients involved are appropriately protected and respected, as well as to ensure that the research projects done at SMHC respect the highest ethical standards.

“This new accreditation allows us to review internally some projects that had to be reviewed externally before. Beyond the recognition, which makes us very proud, this also represents an important

gain in time and efficacy for our research teams,” explains Dr. Michael Bonnycastle, Physician-in-Chief, Department of Medicine, SMHC and Chair of the SMHC Research Ethics Committee.

**Our Annual Research and Quality of Care Symposium was a mediagenic success for its 10<sup>th</sup> edition**

On November 18, 2009, for the 10<sup>th</sup> consecutive year, our Annual Research and Quality of Care Symposium attracted many partners from the healthcare sector for a day of learning and debating on the shift to ambulatory care. Over the years, the continuity of this networking and learning event for the whole medical community in the region of Montreal has rubber-stamped SMHC as a major institution involved in the training and improvement of healthcare.

“Once again the symposium has successfully allowed its participants to

meet, exchange and debate over a question that is crucial for everybody in the healthcare sector. For the first time the event was promoted in the media and has attracted extensive coverage that conveys the importance of St. Mary’s as one of the major healthcare institutions in Montreal,” explains Dr. Todd McConnell, Co-President of the organizing committee for the symposium.

**Our telehealth project was selected at a national level**

The research projects on telehealth led by Dr. Antonia Arnaert aim at bringing healthcare inside the home of some patients. One of these projects was selected during a national competition for presentation during the first symposium entitled “Optimizing the Cancer Workforce” organized by the Canadian Partnership against Cancer in January 2010. This special event attracted oncology experts from all over Canada and hundreds of

stakeholders in healthcare to Montreal, to learn about some of the most forward-thinking projects in this domain.

“Every member of our team feels very honored and proud about this selection. It proves that our work has a meaningful impact, both on the quality of life of our patients and on relieving the burden of overcrowding from very busy hospital departments,” explains Dr. Arnaert.

#### **Our bimonthly research seminars continue to ensure an efficient sharing of knowledge with our staff and healthcare colleagues**

The DCECS organizes bimonthly seminars where researchers from our hospital and other Canadian institutions present their latest results to our staff. These lunch-events last for one hour and allow the audience to get familiar with and discuss a specific research project or topic. They speak for SMHC’s proactive will to ensure the efficient diffusion of research results from the investigators to the clinical staff.

“The research seminars offer an important opportunity for hospital staff to learn about and provide input into research being conducted at St. Mary’s as well as research by outside researchers,” explains Dr. Jane McCusker, Chief of the DCECS.

#### **Teaching at SMHC**

Learning is a lifelong endeavor and this is particularly true in the field of healthcare. Much of what is taught today was not known a decade ago and for this reason education must be a daily investment for the St. Mary’s Hospital Center community. Teaching is everywhere at St. Mary’s, from the bedside to the conference room, from the social worker to the pathologist. It is conducted with stethoscopes and PowerPoints and posters. It is for CEGEP students and senior clinicians, for patients and families.

Given the rush to educate our way out of a healthcare shortage, teaching is a growth industry at St. Mary’s. The numbers of students in many health care fields have

increased significantly in the last several years and this means more clinical rotations for a wide variety of disciplines. For example, the McGill Medical School class will be about 175 students for the foreseeable future, compared to about 107 students a dozen years ago.

Such numbers require resources that match the infectious enthusiasm that abounds in our culture. Better funding from McGill and the Ministry of Education has been an important transfusion over the past year and reflects more equitably the work we do here. Physicians working at St. Mary’s with McGill appointments are important assets to our status as a university-affiliated hospital centre.

The planning for the hospital must also include addition of space, staff, and tools for teaching. And the teachers must be taught. Expertise in medical education is indispensable to university-affiliated teaching hospitals. It informs and enables us. We can never leave the classroom if we are to have confidence in our caring.



## Research by the numbers

- 44 new research protocols approved in 2009-2010
- 22 articles published in peer-reviewed journals by our researchers
- 9 research trainees contributed to research projects in the DCECS
- 9 new grants received by SMHC, including federal and provincial funding

# Combined Balance Sheet as at March 31, 2010

	2010	2009
<b>Assets</b>		
Cash	\$ 3,908,508	\$ 1,773,956
Accounts Receivable - Agency	4,960,619	6,645,771
Accounts Receivable - Others	3,017,234	3,762,331
Prepaid Expenses	478,869	502,627
Inventory	3,496,021	3,128,676
Other Assets	-	687
<b>Long term</b>		
Fixed Assets	63,372,856	63,310,846
Funding Receivable - Accounting Reform	(3,585,776)	(3,052,833)
Long Term Investments	1,400	1,400
Accounts Receivable - Deferred Leaves	604,981	615,958
<b>Total Assets</b>	<b>82,254,712</b>	<b>76,689,419</b>
<b>Short Term</b>		
Bank Overdraft	-	-
Bank Loan	50,998,893	34,200,000
Accounts Payable	23,625,598	22,456,612
Accrued Interest Payable	152,038	173,817
Deferred Revenues	659,639	480,806
Other Liabilities	14,109	24,235
<b>Long Term</b>		
Notes Payable - Capital Fund	16,350,508	18,044,809
Deferred Revenues	21,011,590	22,388,845
Temporary Financing - <i>Enveloppes décentralisées</i>	2,319,772	9,099,325
<b>Total Liabilities</b>	<b>115,132,047</b>	<b>106,868,449</b>
<b>Fund Balance</b>		
Operating Fund	(32,950,206)	(30,251,901)
Capital Fund	72,871	72,871
Special Purpose Fund	-	-
<b>Total Fund Balance</b>	<b>(32,877,335)</b>	<b>(30,179,030)</b>
<b>Total Liabilities and Fund Balances</b>	<b>\$ 82,254,712</b>	<b>\$ 76,689,419</b>

# Statement of Operations for the Year Ended March 31, 2010

## REVENUES

	2010	2009
Agency	\$ 113,748,403	\$ 107,618,785
Patient Services	4,893,047	5,780,618
Miscellaneous	6,940,906	6,781,420
	<hr/> 125,582,356	<hr/> 120,180,823

## EXPENDITURES

Salaries and Benefits	84,188,894	80,019,182
Medication	7,814,130	7,304,191
Blood Products	2,924,987	2,246,387
Medical Supplies	12,402,643	11,844,103
Food and Dietary	816,814	959,082
Bad Debt Expenses	772,681	454,472
Change in General Fringe Benefits Payable	-	370,045
Loan Interest	268,493	877,884
General Administration	3,909,113	3,922,053
Plant Operation and Maintenance	5,859,939	5,671,294
Other Expenses	9,322,967	9,196,064
	<hr/> 128,280,661	<hr/> 122,864,757
Excess of Revenues over Expenditures (of Expenditures over Revenues)	 \$ (2,698,305)	 \$ (2,683,934)

## Gross Expenditures of Admissible Activities

Physical Health Program	\$ 68,058,914	\$ 63,294,873
Administration and Support Services	19,870,588	18,708,700
Non Exclusive Services to a Program	19,659,646	17,747,622
Building and Equipment Management	10,959,873	10,273,264
Loss of Autonomy Linked to Aging (PALV)	-	3,057,089
Mental Health Program	2,929,742	2,627,717
Generic Services Program - Clinical Services	2,242,043	2,368,057
Public Health Program	71,899	27,266
Employees Benefiting from Stability of Employment	 19,039	 21,399
Total Gross Expenditures	<hr/> \$ 123,811,744	<hr/> \$ 118,125,987

# Statistics

	2010	2009
Patient Days		
Short Term	89,055	82,719
Long Term	-	23,305
Newborn	11,412	11,638
Admissions		
Adults	11,639	11,609
Newborns	4,783	4,666
Deliveries	4,763	4,649
Average length of Stay		
Short Term (days)	7.65	7.28
Long Term (days)	-	95.91
Occupancy (%)	90.03	91.92
Outpatient Visits	113,681	103,592
Surgical Day Centre - Visits	10,332	10,204
Emergency - Visits	38,047	36,412
Audiology & Speech Therapy - Visits	1,935	2,175
Occupational Therapy - Visits	10,093	12,397
Physiotherapy - Visits	26,982	25,484
Psychiatry - Visits	12,638	12,673
Medical Imaging - Exams	90,100	90,127
Laboratories - Procedures	3,016,345	3,080,527
<b>HUMAN RESOURCES</b>		
<b>Full Time Equivalent</b>		
Management Personnel	74	67
Full Time Employees	938	954
Part Time Employees	346	283
Occasional Employees	157	204

## 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 2009-2010:

- 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, 2010.



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

# Council of Nurses

The mission of the Council of Nurses (CII) is to provide exemplary health care to patients and their families in accordance with the professional nursing standards of practice.



Margaret Simon  
President

The provision of holistic health care is accomplished in collaboration with other members of the health care team. This is demonstrated through practice, education and research. The CII proudly consists of Registered Nurses (RNs) and Licensed Practical Nurse (LPNs). The CII is responsible for maintaining the professional standards of nursing care at St. Mary's Hospital Center (SMHC). The Council also makes recommendations on the distribution of care which consists of rules governing nursing care. Its members play an integral role in developing, delivering and maintaining safe, effective care at SMHC.

The CII executes its goals through the Professional Nursing Practice Committee (PNPC). The PNPC is a sub-committee of the CII and it focuses on specific annual goals. Its members provide the link between RNs and

LPNs on their respective units and within the hospital. This incomparable position gives the CII the opportunity to take stance on major professional issues while ensuring and maintaining the professional standards of nursing care at SMHC.

## Goals

- Standardize the nursing documentation at SMHC
- Strengthen the recruitment and retention strategies
- Administer medication safely

## Activities

A draft for fast and efficient movement of patients through the hospital was developed and submitted to the Vice-President of Operation and Nursing for review.

In keeping with its goal of strengthening recruitment and retention of employees, four foreign nurses have successfully completed a six-week integrated training program and have since joined our team at St. Mary's Hospital.

The Council maintains its representation and participation in the Bill 90 committee.

Intravenous therapy training for LPNs started in March 2010 with a projected completion date of May 2010. Upon completion, all LPNs will be certified to perform IV insertion at SMHC.

The Council of Nurses collaborated with the Multidisciplinary Council and the Council of Physicians, Dentists and Pharmacists in the presentation of a Tri-Council round which took place on February 10, 2010. Dr. Marcel Fournier presented on "Smoking cessation: A country cardiologist's perspective."

Nursing Grand Rounds continue to be a great success. The CII presented a total of ten times this year. Topics presented from various units included titles like "Pain management in the post-operative context", "Seriously... laughter matters" and others.

The Council of Nurses actively participated in the preparations for, and the visit from Accreditation Canada in October 2009.

May 5 and 6, 2009, members of the Council attended the CII Annual Symposium. This is an annual event organized by the Quebec Order of Nurses. The symposium was very well attended and these members were able to network and share knowledge and expertise with fellow CII members from all over the country.

May 14, 2009, a Nurses Day celebration was held in recognition of all RNs and LPNs. Nursing awards of excellence were awarded to individuals who were nominated by their colleagues in recognition of their remarkable performances in their field of practice.

The Council has exhibited its continued commitment to education by encouraging and assisting RNs, LPNs and partners-in-practice to enhance their knowledge and scope of practice by offering the Tuition Reimbursement Fund. This allows nurses to pursue educational goals. Reimbursement for an amount equivalent to up to 50% of their tuition fees may be granted. The Professional Advancement Fund (PAF) provides funding geared towards enhancing knowledge and self development for health care professionals. This year several members of our nursing staff received funding from

the PAF for conferences related to the theme “Innovative approaches to patient care”.

The Council of Nurses is honored to be an essential and valuable partner who participates on a daily basis with other members of the health care team. The CII contributes in the delivery of safe, effective and compassionate care, not only to patients and their families, but also to each other.

Margaret Simon, RN  
President

## Launching of a first Intranet website to better serve SMHC community



January 15, 2010 was a day to remember at SMHC: our first intranet was launched. This internal website, reserved strictly for the hospital's personnel, focuses on useful tools and information for their work. It is accessible only through an exclusive internal network, such as the one here at SMHC. As well as featuring up to date information, latest news releases, and other relevant documentation, the intranet includes a calendar of events, an electronic bulletin board and a powerful search engine.

## Earthquake in Haiti

The news of the devastating earthquake in Haiti on January 12, 2010 hit close to home for many of our family, friends, staff, colleagues and members of our community. In addition to receiving and caring for many of the injured survivors, our hospital community also generously donated funds to help support the victims of this disaster through a fundraising campaign organized by the SMHC Department of Social Services.



# Multidisciplinary Council

The role of the Multidisciplinary Council (MDC) 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 and Education Committees (Q&E Committee) to achieve its mandate. The IPC serves as liaison between the Executive and the member disciplines while the Q&E Committee promotes education and quality improvement through projects and presentations, thus sharing and communicating the activities of the MDC disciplines.

## Objectives

- Provide education focusing on infection control and pandemic planning.
- Review and update the MDC by-laws.
- Continue to encourage Peer Review/Quality Improvement activi-



Judy Surette  
President

ties within all member disciplines.

- Help in recruitment and retention strategies of MDC professionals.

Members of several MDC disciplines successfully underwent their professional inspections this year. Laboratories were successfully inspected by both the College of American Pathologists and Accreditation Canada. Clinical Nutrition and Occupational Therapy were also successfully inspected by their Orders.

The Multidisciplinary Council actively participated in the preparations for, and the visit from Accreditation Canada in October 2009.

The action plan implemented in 2008-2009 continues to improve infection control knowledge and prevention for the membership and their students in collaboration with the Infection Prevention & Control Service.

We collaborated with the Council of Nurses and the Council of Physicians, Dentists and Pharmacists in the presentation of a Tri-Council Conference on Smoking Cessation. The MDC held six Grand Rounds conferences on such varied subjects as cardiovascular health, infection control, the situation at SMHC following the closure of the long term beds, issues and pressures

that impact caregivers, patients experiencing shame, and celebrating food from field to table. At the MDC Annual General Assembly in 2009 Dr. Gilles Julien, a Social Pediatrician, presented on “Social Pediatrics in the Community”.

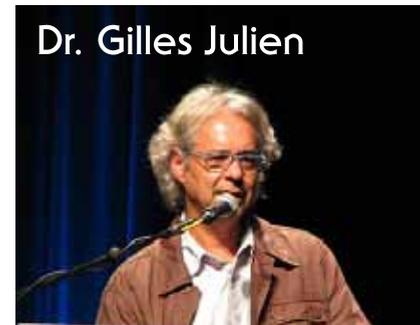


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The MDC strives to assure the delivery of patient-focused, quality care in a timely, efficient and safe manner, within and beyond the constraints of our healthcare system. We practice collaboratively with other professions. Our membership is actively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

Judy Surette  
President

# St. Mary's sensitizes high school students about cardiovascular health

As CBC TV's news report indicated, "St. Mary's is a hospital with heart." In recognition of February's Heart month, St. Mary's physicians Dr. Indrojit Roy, Director of the division of Pathology and Dr. Mathieu Walker, Cardiologist, gave high school students from Lauren Hill Academy a first hand look at what poor life style choices can do to the human heart. Doctors Roy and Walker were part of a St. Mary's media event called «The Heart Exposed»,

an initiative to sensitize our community about cardiovascular health. As one student expressed: "After seeing what bad habits can do to the heart, I am glad to learn that it is never too late to start improving your heart health by following a healthy diet that is low in fat and cholesterol, exercising regularly and avoiding bad habits like smoking." This story was also covered by CTV news, Metro newspaper and Actualités Côte-des-Neiges.





Dr. Marcel Fournier  
President

# Council of Physicians, Dentists and Pharmacists

The Council of Physicians, Dentists, and Pharmacists (CPDP) is composed of approximately three hundred members.

- Collective order for “Treatment of Anthracyclines Extravasation for Patients Receiving Chemotherapy”
- Collective prescription “Initiate the administration of Ibuprofen (Motrin, Advil...) to adults”
- Collective prescription “Initiate the administration of Acetaminophen (Tylenol, Atasol...) to adults”
- Collective prescription “Assure the patency of a central venous catheter inserted peripherally (PICC Line) with a Groshong valve”.

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 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 15 new forms that were integrated into hospital medical charts. Incomplete medical charts are also reported regularly to the Committee. The number of incomplete charts increased to 1800 (January 2010) with one department accounting for 1000 of these incomplete charts.

### Infection Control Committee

Issues and activities addressed included the following:

- Ongoing monitoring of bacterial infections due to Methicillin-Resistant Staphylococcus Aureus (MRSA), Vancomycin-Resistant Enterococci (VRE), and Clostridium Difficile (C-Difficile);
- MRSA outbreaks in the Intensive Care Nursery: the last case was in December 2008. The source was identified. Screening was continued until July 2009. Outbreak was officially declared over in July 2009. A new policy for outbreak management was developed for the hospital;
- Hand washing audit was completed. Compliance rate has increased since the last audit in 2007.
- Overall acceptable number of surgical site infections. One third of these infections occur in general surgery. There is also a cluster in Orthopaedics. Audits have been done and recommendations formulated.

Six goals were established for the 2009-2010 mandate:

- OACIS Project support/implementation
- Preparation for the *Collège des médecins du Québec* professional inspection
- Recruitment of physicians – the Executive of the CPDP to be actively involved in promoting and recommending physicians to SMHC
- Physician Satisfaction Survey completion and follow-up
- Bill 90 – continue implementation
- Follow-up with members who do not honor their reservation at the Annual Hingston Dinner

The following policies were approved by the Executive Committee:

- Collective prescription for employees who are suspected of A (H1N1)
- Policy for access to Medical Records for physicians to complete charts

- Documentation of the time of administration of prophylactic antibiotics. This is a required organization of practice. Audits have been carried out and compliance has improved.
- A (H1N1) pandemic planning and monitoring.
- The following rules of drug utilization were also approved:
  - Computerized Oncology Prescriptions;
  - High Alert Medications
  - ICU Pre-Printed Prescription for Diabetic Ketoacidosis
  - Modification of Cancer Care Admission Pre-Printed Prescription
  - Orthopaedic Prescription for total hip and knee arthroplasties
  - Ophthalmology Nursing OR Record
  - Rules of Drug Utilization for Antiemetics in Oncology
  - Revision of Collective Prescription of Antiemetics
  - Use of Decitabine for the Treatment of MDS (Patient d'exception)
  - Medication that can be crushed and administered by tube

#### **Surgical Review Committee**

- Committee reinstated as of February 10, 2010.
- Mini projects on rectal cancer will be conducted with the collaboration of the Director of Pathology.

#### **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 review performed
  - Medication Reconciliation Outcome

Begun this year by pharmacist Marie Botrus, a one-page bulletin of new drugs on the formulary and drugs of special interest is being issued to all physicians.

#### **Qualifications Committee**

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

#### **Quality Improvement Activities**

Members of the CPDP also participate in the Quality Improvement activities of the various hospital teams. These activities are presented to the Quality and Risk Management Coordinating Committee and are reported to the Executive Committee of the Council of Physicians, Dentists, and Pharmacists.

The CPDP actively participated in the preparations for, and the visit from Accreditation Canada in October 2009.

Marcel Fournier, M.D.  
Chair

# Quality and 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 service delivery. The main functions of QRM are to support the programs, services and councils in their quality and risk management activities and maintain the responsibility for the overall quality and risk management at the program level.

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 2009-2010, the Committee met on 13 occasions and reviewed presentation of annual reports on quality and risk management from the following teams: Family Medicine, Mental Health, Geriatrics, Pharmacy, Medicine, Critical Care, Emer-

gency, Human Resources, Information Management, Infection Prevention and Control, Maternal-Child, Surgery, Laboratories, Council of Nurses, Multidisciplinary Council, Rehabilitation Services, and Diagnostic Imaging.



## Accreditation Canada

For 2009-2010, QRM has been involved in preparing for the accreditation visit which took place October 4 to 8, 2009. Accreditation Canada surveyors reviewed 11 clinical areas and 12 administrative and support areas over the four-day survey. Using the tracer methodology, surveyors followed patients through their episode of care from start to finish and examined issues such as communication, safety, continuity, effectiveness, efficiency, and transition points. They also reviewed administrative processes from start-to-finish.

Preparation of the Accreditation visit was organized through the QRM and accounted for a number of activities from presenting the video, meeting with the teams, completing the action plans for a number of critical items that were identified through the self-assessment process, and by doing mock visits in the clinical areas.

Accreditation visit results were excellent with over 95% conformity with Accreditation Canada standards. Surveyors were very impressed with St. Mary's Hospital overall. Specifically, they identified our strengths as being our stable leadership team, positive community relations, access to services, recently acquired university affiliation, a dynamic and engaged board, attention to previous accreditation visit recommendations, campus development plan and staff morale. Among our challenges, the surveyors mentioned significant volume increases associated with our financial reality and that we needed to review some of our quality performance indicators.

Principal follow-ups were conducted on the following issues:

- need to implement more structured risk assessment and follow-up for two clinical areas;
- establish data collection process for anaphylactic antibiotic administration;
- process for communicating information on blood transfusions;
- implement a time out process in the OR;
- extension of conservation calendar for laboratory equipment;
- plan to have a hand washing station with hands-off mechanism;
- ensure the access to radiation monitoring devices for OR staff;
- systematic quarterly reports on incident/accident reporting to the Board;
- establish real-time practices of emergency measure training;
- formalize policies and procedures in written form for medication management.

We are awaiting final decision of Accreditation Canada officials as to the outcome of our first accreditation cycle with the new Qmentum program in early 2010-2011.

## Clinical Epidemiology and Community Studies

There was no instance of scientific or ethical misconduct in research for the 2009-2010 fiscal year.

## Incident/Accident Reporting

The statistical profile of incidents/accidents for the 2009-2010 fiscal year is incomplete as delays in the full implementation of the SSSS program has continued to postpone data entry. Implementation of the new SSSS program has started with the data entry of Incident/Accident reports being entered as of the end of the 2009-2010 fiscal year. The main focus of this implementation is to ensure consistent coding of events so as to be able to extract valid data for trending purposes. For 2009-2010, there were 1934 incidents/accidents reported. This is a 17% decrease from 2008-2009. One of the main reasons for this decrease was the closure of the long-term unit on April 1st, 2009.

While specific analysis of type of error reported is not possible, specific studies completed during the year have not shown significant change. We hope to refine the statistical analysis in order to show trends in severity of incident/accidents reported.

## Risk Inventory

Quality and Risk Management monitors various risk management functions in all areas of the hospital. The following list indicates the risk inventory monitoring systems that are in place at St. Mary's Hospital Center.

- Patient complaints
- Law suits
- Claims against the hospital
- Insurance Claims against the Hospital.

- Labour grievances
- Radioactive Isotopes
- Council quality / risk management activities (Council of Physicians, Dentists and Pharmacists, Multidisciplinary Council, Council of Nurses)
- Infection Control activities
- Employee work accidents, occupational diseases & CSST
- Unsafe work conditions
- Hazardous materials related risks
- Work place violence
- Biomedical equipment related risks
- Biomedical related Alert & Recalls
- Non-biomedical equipment risks
- Information systems risks
- Research risks (res. ethics annual report)
- Emergency measures and other security related incidents
- Incident / Accidents ( AH-223 )
- Restraints related risks
- Sentinel Events

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

## Risk Management Initiatives for 2009-2010

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

- Monitoring of incident/accidents to ensure appropriate action is taken by the appropriate areas involved;
- Completion of Federal Emergency Management Agency (FEMA) on nar-

otics management in the hospital.

- Ad hoc Sentinel Event Committees have reviewed a number of situations with corrective measures being taken in all to prevent repetition of the accident.
- Patient Safety Week that included 3 lunchtime presentations (Risk Management, Infection Prevention and Control and Medication Reconciliation), ErroMed (Human Factors and Patient Safety) training given to 20 staff members, and a contest that involved finding risks in a staged patient room with participation prizes drawn among the participants.

## Quality Assessment (QA) Projects Completed in Support of Quality Improvement (QI) Teams

Eleven projects were completed by the Quality Assessment Unit in support of the Quality Improvement Teams. The QA Unit also started seven new projects in 2009-2010, with two projects started in 2008-2009 that were ongoing. One important initiative that was completed in 2009-2010 was the patient satisfaction survey in preparation for the accreditation visit. Responses from a sample of patients in all areas of the hospital were sought. Over 800 patients responded to the survey for a response rate of 34%.

## 10<sup>th</sup> Annual Symposium on Research and Quality of Care

The goals of the Annual Symposium on Research & Quality of Care are to disseminate information and to stimulate discussion about the following:

- Quality improvement activities conducted at the hospital, that demonstrate the application of research evidence to practice;
- Research being conducted at the hospital that is relevant to quality improvement;
- Important research and/or quality improvement initiatives conducted outside the hospital that are relevant to care and services provided at SMHC.

While the primary audience for the Symposium is SMHC staff, it is open to a limited number of outside participants, space permitting.

The 10th anniversary of this event, gathered 91 registered participants around the theme on Shift to Ambulatory Care where 10 speakers gave their evaluation of how this shift affected quality of care. A debate closed the day around an animated discussion on pros and cons of the way health care has changed over the past decade. 25 posters were also submitted and showcased research and quality projects that were ongoing or had been completed by the research teams and the QI teams.

## Annual Audit Regarding Restraints Use

Due to the Accreditation Visit this year, no audit on restraints use was conducted. Last year the third consecutive study, conducted annually, showed that the proportion of restraints did not differ greatly over the three years. It also showed improvements in the documentation of the use of restraints. We will redo an audit in 2010-2011 to see if the trends have changed significantly.

## Follow-up to Coroner's Report Recommendations

There were no recommendations that needed a follow-up from Coroner's reports in 2009-2010.

## Infection Control and Prevention Activities

### QI Initiatives & Projects

- An audit to evaluate compliance to hand hygiene (HH) was done over three weeks in August 2009. In the number of observed opportunities, our overall compliance with hand hygiene was 65% in 2009 compared to 48% of a similar

study done in April 2007. Results were presented to various groups throughout the hospital.

- The Staph aureus Bacteremia surveillance, established by Public Health, since 2006/2007 is ongoing. Our Intervention is based on results. Our overall rate of SA Bacteremia that is MRSA is respectively 32%, 43%, 36% and 28.13% for the four last fiscal years. Our rate improved in the 2009-2010 fiscal year: we are now lower compared to the same size hospitals in the province.
- The rate of the provincial Central line Associated Bacteremia (CLAB) surveillance in Intensive Care Unit (ICU) was 2.33% for the first fiscal

year 2009-2010. We will be able to benchmark with same size ICUs in the province by 2010-2011.

### Surveillance and Control of Nosocomial Infections

- Surveillance and containment of multi-resistant organisms such as MRSA and VRE continues. Methicillin resistant Staphylococcus (MRSA) containment continues to be an important focus of the Infection Control department. Even though the number of nosocomial MRSA patients is lower than the previous year, the total number remains high placing a large burden on all resources. Since starting the MRSA



Over 25,000 square feet of renovations and upgrades were effected in this past fiscal year in order to improve the services to our patients and our community as well as to ameliorate the work environment for our dedicated employees. Official inaugurations were held for the new and improved pharmacy, and dialysis unit.

## Inauguration of the renovated pharmacy

The official inauguration of the renovated pharmacy of St. Mary's Hospital Center took place in July of 2009. The renovations include the installation of state-of-the-art equipment.

These renovations were made possible thanks to the financial support of the Ministry of Health and Social Services, the Montreal Health and Social Services Agency (SARDM project), and other partners



## New Dialysis Unit

Just in time for National Kidney Month, SMHC officially inaugurated its new dialysis unit in March 2010.



discharge screening in September 2008 many of the newly identified MRSA positive patients are found on discharge. We had 132 nosocomial MRSA cases in 2009-2010 compared to 155 in 2008-2009.

- We have seen an increase in our VRE prevalence compared to the previous year where we had very few, leading to increase nosocomial cases; we had 23 nosocomial VRE cases in 2009-2010 compared to six in 2008-2009.
- Surveillance of Surgical Site Infections (SSI) includes admitted patients only (day surgeries are excluded), and for the following surgical services:
  - General
  - Orthopædic
  - Gynæcology
  - Post C-section
- Reporting is done to individual surgeons and by code to the chief of surgery and the chief of service. There have been two clusters of SSIs in orthopedics over the last fiscal year, one in August and one in October/November. Based on the results of 2 audits done in April 2009, recommendations were instituted and the situation has improved.
- The on-going Clostridium difficile surveillance system established by Public Health (INSPQ) in 2004-2005 throughout the province, is giving us the opportunity to benchmark with same sized hospitals. We are almost back to our baseline of 45 nosocomial cases for the 2009-2010 fiscal year compared to 39 in 2008-2009.

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

### Outbreak Investigations

- During the fiscal year 2009-2010, two VRE outbreaks occurred on 6North. A vast amount of resources have been used for containment.
- We also had a few outbreaks of Norwalk Virus which necessitated isolation of many patients, increased housekeeping activities and sometimes exempting ill personnel from work.

This is a routine situation that was resolved, and infection control measures were reinforced in this area.

### Education

There is on-going education to staff, students, new employees and volunteers on basic infection control practices and Hand Hygiene. In-services during outbreaks and Infection Control (IC) emerging issues such as Influenza A (H1N1) are addressed on time. Since April 2009, 560 employees of all disciplines had training on Influenza A (H1N1) IC practices. Education sessions on IC measures held in 2007-2008 covered 1018 employees of all disciplines.

## Completed Projects

- On-going revision of the Infection Control Manual (June 2009).
- Infection Control Posters, signs, pamphlets and information are updated and made available via the Audio-Visual Department.
- Snap shot audits to evaluate Infection Control practices and hand hygiene are done when an outbreak is identified. Intervention is based on findings (a total of 10 were done since 2009-2010)
- Our department participates at the Regional and National tables for nosocomial infections, with the INSPQ, national and provincial infection control associations and the Infection Control McGill Working group.
- The hospital has had a pandemic plan for the institution since 2006. The Flu Pandemic management team proved to be very functional in a time of crisis. Members and the heads of each section worked in harmony each following their written guidelines. The team exchanged ideas and discussed common issues during daily debriefing meetings. During the first wave of the A (H1N1) outbreak that erupted in the Spring of 2009, the Infection Control team had to rapidly address the information gaps and questions raised by personnel, transmit and ensure the implementation of the interim national and provincial guidelines to limit the spread of the virus within the hospital. The Infection Control team issued recommendations for

the hospital relating to patient triage, and viral testing methods, case definition and case management, the use of personal protective equipment, and antiviral prophylaxis. Although our recommendations occasionally had to precede those of the ministry or Public health, they were in accordance with those of other institutions and were made after consultation with colleagues and experts from public health. Frequent and regular information sessions were provided to employees and doctors.

## Upcoming Projects 2009-2010

- Surveillance of Dialysis Central Venous Line associated BSI (started April 2010)
- Surveillance of Central Venous Line associated BSI in ICU (started April 2009)
- Revise screening policy for MRSA & VRE (universal screening with the CPSI bundle)
- Continue hand hygiene blitz and audits
- Work with the surgical team to timely report pre-operative prophylaxis antibiotics
- Quality control for compliance with Infection Control measures in targeted areas.

## Quality and Risk Management Recommendations and Priorities for 2010-2011

- Ensure QI team follow-ups on their recommendations from the accreditation visit, if necessary.
- Complete evaluation and transition to new incident-accident data entry and report generator *Système d'information sur la sécurité des soins et des services* (SISSS).
- Evaluate quality improvement follow-up and examine process to support QI teams
- In an effort to help integration of quality initiatives, include accreditation criteria into QA project submissions
- Continue the following functions:
  - In-service education of staff and managers on patient safety and risk management
  - Organize Patient Safety Week, including a special two-day training for staff and managers on human factors and patient safety
  - Supporting QI teams across the hospital
  - Support the Annual Symposium on Research and Quality of Care.

# 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 .....	43%
Completed with corrective measures .....	50%
Refused or interrupted .....	1%
Abandoned .....	6%

## Summary of complaints

Complaints carried over from previous year .....	9
Complaints received during the current year .....	193
Complaints concluded during the current year .....	193
Complaints carried over to the next year .....	9

## Originator of complaints

Patients .....	60%
Family/Others .....	40%

## Processing time

- 45 days .....	91%
+ 46 days .....	9%



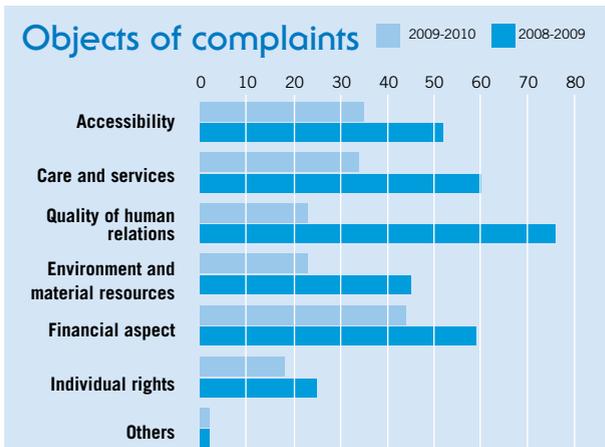
## Report from the Comité de vigilance et de la qualité 2009-2010

The Committee met three times during the fiscal year 2009-2010. At the heart of its mandate the Committee makes sure 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. Although it must be noted that the commissioner did not present any recommendation to the Board of Directors this year.

The Committee also makes sure that its conclusion concerning the reports on quality, safety or efficiency of services rendered are presented to the Board of Directors and are followed up.

Incidentally, the Committee was especially interested in the management of the A (H1N1) flu pandemic within the hospital in the Fall of 2009. Following the visit of Accreditation Canada in October 2009, the Committee ensured that the recommendations presented by this Canadian organization were followed up.

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



# Users' Committee

The mandate of the Users' Committee is to defend, protect and ensure respect for collective users (patients) rights.

It is one of the guardian of these rights and must ensure that users are treated with respect for their dignity in recognition of their rights and freedoms. It is also an important voice for users to communicate with the various bodies within the institution.

Respect for users' rights, quality of services, are the foundation which guides the actions of the committee. It specifically monitors the care provided to the most vulnerable patients and works to maintain and improve the institution's provisions of services.

Users' Committee functions are those determined by An Act respecting health services and social services and are as follows:

- 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 in the institution
- To defend the common rights and interests of users or, at the request of a user, his/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 health services and social services Ombudsman.

The Committee is composed of nine members and a resource person. Elections are held every three years. The Committee has appointed members to represent the users on certain committees in the hospital.

Monthly meetings are held from September through May. Department heads are often invited thus providing an open dialogue where problems and concerns are discussed. Solutions are worked on to the satisfaction of those involved.



The Committee is a member of the *Regroupement provincial des comités des usagers* (RPCU). An English sector of this group has been established. The organization encompasses all user committees in the province of Quebec. We meet regularly and discuss the activities and concerns of the committees. We participated in the first RPCU conference. A second one is planned for October 2010.

All users' committees receive an annual budget which is somewhat restricted. The users' committees of the acute care hospitals are working at the moment to obtain some flexibility in the spending of said budget.

The Committee continues to work on its mandate by working closely with patients and staff.

Our goals for 2009-2010 were realized. We, the committee, together with Recreational Therapist succeeded in bringing more socialization to the patients in Psychiatry. Again, with the Recrea-



tional Therapist, we hosted a holiday party for patients, family members and staff in Dialysis. Our first "St. Mary's has Talent Show" proved to be a big success.



The Committee received approximately eighty calls in 2009-2010, which were related, for example, to long waits, postponement of surgery and communication problems. The majority of calls are easily settled. In many cases the patient is frustrated and needs to be heard. Each patient is asked if he or she would care to lodge a formal complaint. If so, we direct them to the local service quality and complaints commissioner. All complaints regarding doctors are also referred to the commissioner.

In the past year we accompanied a patient to a patient/family meeting. We assisted a patient in writing a letter of complaint and we accompanied a patient in his journey of making a decision regarding a life threatening situation. Our role is to listen and show compassion.

We now have a small library with portable DVD players, iPod and reading material.

## Goals 2010 – 2011

- To host an Open house to celebrate the opening of the new Dialysis wing. Families of patients will be invited as well as staff.
- To work to improve the access to the hospital for patients using *Transport Adapté*. They are restricted as to where they can be dropped off which is causing a problem for some.
- To work with the staff in the Emergency Department to help ease the overcrowding.
- To host the second "St. Mary's has Talent Show" involving patients and staff.

Patricia McDougall  
President

# Code of Ethics

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

## General Responsibilities

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

## Specific Responsibilities

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

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

## Disciplinary procedures

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

request his or her resignation. It may also decide to initiate appropriate civil or penal legal proceedings. The Board's decision shall be communicated in writing to the director concerned.

5. Members of the committee and the Board shall be immune from legal process in consequence of exercising their responsibilities in good faith pursuant to this Code.

#### **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, 2010, the Board of Directors has not received any complaints or indication in regards to the non-respect of this code.



# As at March 31, 2010

## 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

## COUNCIL OF PHYSICIANS, DENTISTS & PHARMACISTS

**Marcel Fournier, M.D.**  
President

**Chryssi Paraskevopoulos, M.D.**  
1st Vice President

**Paul Stephenson, M.D.**  
2nd Vice President

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

**Balbina Russillo**  
Secretary

## COUNCIL OF NURSES

**Margaret Simon**  
President

**Lynn Barry**  
Vice President

**Chrystal Côté**  
Treasurer

**Megan Fournier**  
Public Relations Officer

## MULTIDISCIPLINARY COUNCIL

**Judy Surette**  
President

**Marcela Hidalgo**  
Vice President

**Filomena Novello**  
Treasurer

**Marc Pineault**  
Secretary

**Flora Masella**  
Public Relations Officer

## BOARD OF DIRECTORS

### EXECUTIVE COMMITTEE

**Marc W. Trottier**  
President  
Foundation

**Rafik Greiss**  
1st Vice President  
Population

**Suzanne Gouin**  
2nd Vice President  
Users' Committee

**James C. Cherry**  
Treasurer  
Legal Person (Governors)

**Richard J. Renaud**  
Past President  
Legal Person (Governors)

## MEMBERS

**Samuel Benaroya, M.D.**  
University

**Martin Cauchon**  
Cooptation

**Marc Cotran**  
Residents

**Anne-Marie d'Amours**  
Population

**Rita Le de Santis**  
Montreal Agency

**Lorna Dowson**  
Multidisciplinary Council

**Gail Goldman, M.D.**  
Council of Physicians, Dentists  
and Pharmacists

**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

**Claire Mullins-Kruyt**  
Cooptation

**Lina Palazzo**  
Council of Nurses

**Vacant Position**  
Foundation

**Maureen J. Simmonds**  
University

**Murray Steinberg**  
Cooptation

## CLINICAL DEPARTMENT CHIEFS

**Molly McHugh, M.D.**  
Anæsthesia

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

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

**Rick Mah, M.D.**  
Emergency

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

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

**Michael Bonnycastle, M.D.**  
Medicine

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

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

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

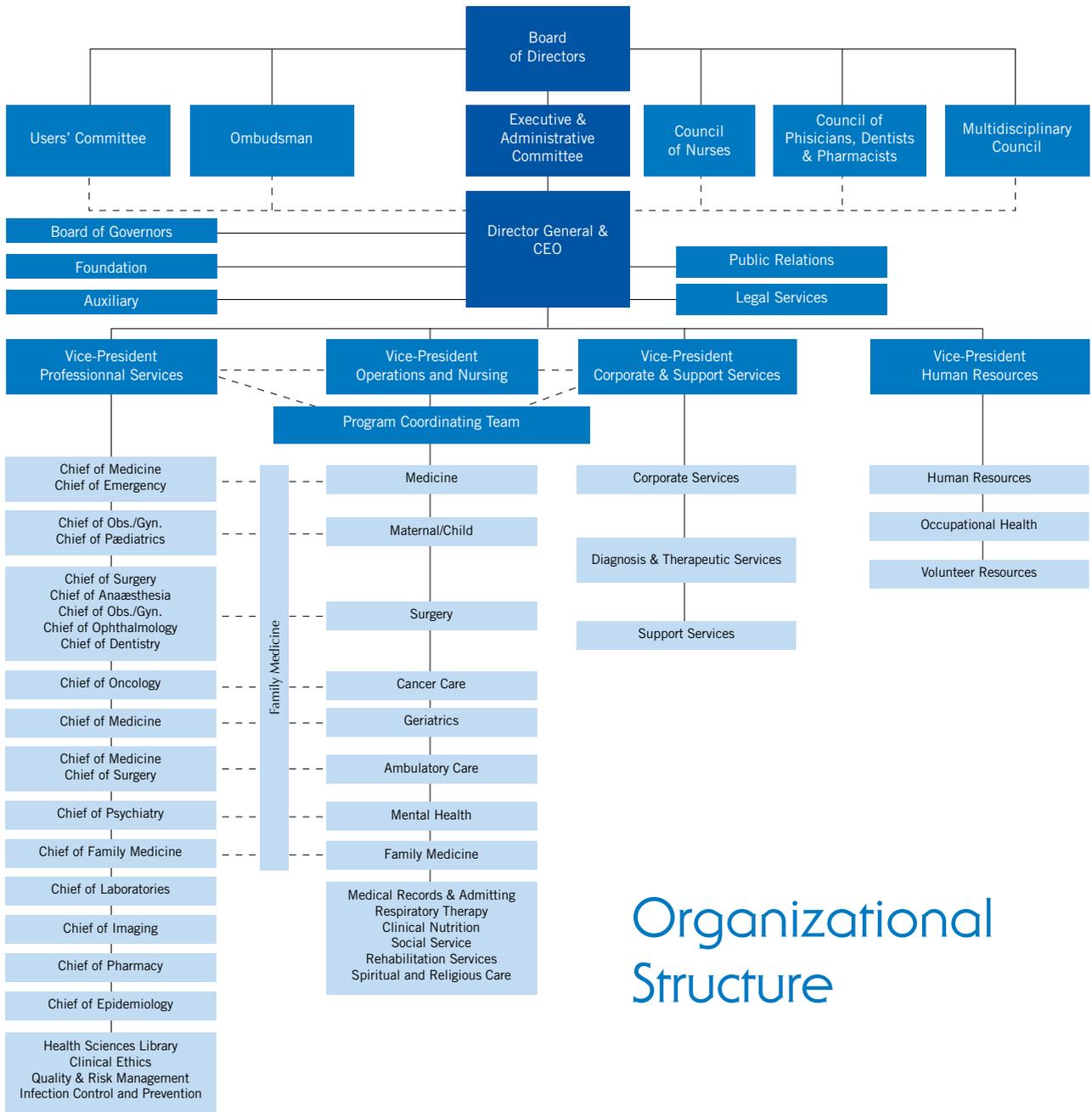
**Apostolos Papageorgiou, M.D.**  
Pædiatrics

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

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

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

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



# Organizational Structure



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A University-Affiliated  
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