

ANNUAL REPORT

ST. MARY'S HOSPITAL CENTER 2012 - 2013



STATE OF THE HEART TECHNOLOGY



Centre hospitalier affilié
universitaire

A University-Affiliated
Hospital Centre



UN HÔPITAL UNIVERSITAIRE
AFFILIÉ À MCGILL
A MCGILL UNIVERSITY
TEACHING HOSPITAL

As of March 31, 2013

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Chief Executive Officer

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Vice-President
Operations and Nursing

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

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

Lucie Opatrny, M.D.
Vice-President
Professional Services

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and Pharmacists

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Anæsthesia

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

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Family Medicine

Julie St-Cyr, 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

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Pharmacy

Santokh Singh, M.D.
Psychiatry

Jack Gray, M.D.
Radiology

Donna Tataryn, M.D.
Surgery

ANNUAL REPORT

ST. MARY'S HOSPITAL CENTER

2012 - 2013

STATE OF THE HEART

TECHN♥LOGY

Our mission

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

Our values

We believe in:

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



Message from the Chairman and the Director General and CEO



James C. Cherry,
Chairman



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

We are pleased to present to you the annual report of St. Mary's Hospital Center for the fiscal year 2012-2013.

As one of Montreal's finest hospitals, St. Mary's has a proud heritage of serving the community for nearly 90 years as an acute care teaching hospital. St. Mary's is a full service institution providing high quality care essentially at the primary and secondary levels. It is one of the largest birthing centres in Montreal and 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. It is responsible for the training of a large cohort of undergraduate and post-graduate students in Medicine and the allied health disciplines. It also contributes to the training of a large number of high school and college students from a wide range of disciplines.

Overcrowding in Emergency

Patient flow was very high during the fiscal year. Our stretcher capacity is 15, but the Emergency Department was often

operating at double its capacity. It continued to be very busy throughout the year but in the Winter, it peaked at 40 to 45 patients on stretchers for many weeks. We were therefore forced to open ten overflow beds for a period of time with the consent of the Montreal Health and Social Services Agency (Agency) but with no additional resources.

St. Mary's has traditionally had one of the most efficient Emergency departments in the city, but in recent years it has come under great pressure due to increased demand. In view of the above, we welcome the Emergency Room expansion project.

Emergency room expansion project

The emergency room decongestion and expansion project is underway. The construction started in October 2012 and the shell for the expansion is completed. Next phases are more complex and challenging as they will be done inside the Emergency Department, while maintaining the activities on a 24/7 basis. While all effort will be expended to minimize the impact of the construction work, this project remains challenging and will require the patience, understanding and collaboration of all at St. Mary's.

Thanks to the collaborative efforts of St. Mary's, the Ministry of Health and Social Services (MSSS), and the Agency, once completed, the expanded emergency room will be a community-minded medical installation offering access to compassionate and comprehensive care. The project includes the addition of seven stretchers, bringing the total to 22.

Rosby Cancer Network

St. Mary's is a key and a proud partner in the Rosby Cancer Network. This unique initiative supported by the Larry and Cookie Rosby Family Foundation brings together McGill University, the McGill University Health Centre, the Jewish General Hospital and St. Mary's Hospital Center to improve cancer care. The Rosby

Cancer Network aims to complement and leverage the strengths of each institution to promote the highest quality of care to oncology patients in our community, using common tools and information technology. The gift agreement was signed by all parties, and is spread over ten years including matching components by all the parties concerned. The objective is that at the end of the 10-year term, we would be able to compare to the best in the world on cancer data, treatment, outcomes, as well as patient experience.

Accreditations

Following the visit of Accreditation Canada in the Fall of 2012, we received an **accreditation with commendation**. With an overall conformity rate of over 95%, we can be proud of the quality of care that is given daily at St. Mary's.

Following the visit of the College of Family Physicians of Canada, McGill University and St. Mary's Family Medicine Department received an accreditation for a full six years.

Strategic Plan

In October 2012 the strategic planning process was started. The new process, which is in compliance with the new Ministry's requirements, has provided us with an opportunity to reflect on who we are and will allow us to align ourselves, to articulate our values and to focus and explore our opportunities.

There was very active participation that led to a solid consensus. Even though we knew we had a strategic core, each session allowed us, not only to learn more, but also to refine and strengthen our position. The four strategic pillars are:

- Retain and invest into St. Mary's anchors in Family Medicine and a range of specialties
- Continue to invest in our people and our distinctive culture
- Develop St. Mary's as a dynamic and networked system of activity, partnerships and productivity
- Enhance the academic mission of the Hospital.

The next step to complete our strategic planning exercise will be to have external consultations with our various partners within the healthcare network.

Budget

The budget is an ongoing challenge for our hospital, which has been recognized, year after year, by objective criteria as *performant* and underfinanced. This year, there were additional efforts required by all the hospitals on Island of Montreal with the optimization projects, and St. Mary's share was \$1.4 million. We wish to thank all our managers for helping us to achieve our share.

This was also the first year that there was no authorized deficit. Our base budget was adjusted by \$2.7 million, which represents our authorized deficit for the last few years.

Over the year, we had regular meetings with the Agency to discuss our budget situation. At the end of the fiscal year, the Board of Directors of the Agency approved a non-recurrent financial support of \$1 million to St. Mary's in recognition of its performance, which was evaluated according to the efficiency model of the MSSS. We ended the fiscal year with a deficit of \$4,666,287.

Construction of two additional floors

On April 2, 2012 the then Minister of Health and Social Services, Dr. Yves Bolduc and Outremont MNA, Mr. Raymond Bachand, met with the media and the community of St. Mary's to announce that expansion work will be carried out at St. Mary's. Mr. Lawrence Bergman, MNA for d'Arcy-McGee was also present. This project, valued at \$38.5 million, involves the construction of two additional floors to Block D. The first six floors and elevator shaft to an eventual seventh and eighth floors were constructed in 1970. Since then, we have been waiting for the completion of the last two floors. Once completed, this work will offer private and semi-private rooms with bathrooms. These two floors will allow patients to benefit from the highest quality standards of care and offer a more ergonomic work environment for our staff.

However, during the last year the new provincial Government decided to put all the major construction and renovation projects on hold and re-evaluate the priorities. St. Mary's expressed its position as to the need for this construction to ensure patient safety. A meeting was held with the Agency, the MSSS and

Infrastructure Quebec on this subject. St. Mary's management representations will continue while waiting for the government's official decision. We submitted our functional and technical plan in late Fall and it is being looked at by the *Direction de l'expertise et de la normalisation* at the Ministry. The Agency assured us that this project is still on their priority list.

Telehealth

Telehealth is becoming one of the solutions to ensure access to specialized care for patients who live outside major urban centres. A joint program of the Ministry of Health and Social Services of Quebec and Health Infoway of the Government of Canada has allowed the four RUIS (*Réseau universitaire intégré de santé*) networks to acquire high-end multimedia equipment that establish secure communications on networks linking all healthcare facilities across Quebec. McGill RUIS hospitals, which include St. Mary's Hospital Center, provide care to the population living in 63% of the entire territory of Quebec. The Telehealth program serves two purposes, firstly, to ensure faster and easier access to specialized care for clients in remote areas and, secondly, to realize significant economies of time and money.

Telehealth is growing at St. Mary's. Our hospital has three audio-visual units for holding or attending telehealth activities. The implementation of this new convenient technology will be gradual. This method of providing care requires adaptation and training in the use of the equipment, for both health professionals and patients.

OACIS (Open Architecture Clinical Information System)

The healthcare institutions of the entire region of Montreal will now be using OACIS. An important step has been taken at St. Mary's and OACIS is now deployed throughout the institution. More than 800 clinicians have now access to the impressive data bank and perform some 600 working sessions daily. Thanks to OACIS, caregivers are able to make informed decisions more efficiently. Ultimately, it is the patients who reap the benefits. Phase 2 will begin in the Fall with clinical documentation systems, radiology orders and vital signs.

BOMA BEST Certification



St. Mary's Hospital Center was awarded the 2012 BOMA BEST (Building Environmental Standards) Certification level 1 from BOMA Québec (Building Owners and Managers Association) for demonstrating superior management in energy and environmental performances of its buildings. St. Mary's is proud to receive the prestigious BOMA BEST Award. This is another example of caring through excellence that benefits our patients and our community.

Policy for a healthy diet

A few years ago, the Government made public an action plan for the promotion of healthy lifestyles and prevention of weight-related problems. This plan included the development of a food policy for the healthcare network institutions. Our Nutrition Service has developed a food policy which was approved by the Board of Directors in December.





Appointments

- Dr. Lucie Opatrny was appointed Vice-president of Professional Services on July 9, 2012. Dr. Opatrny has been at St. Mary's for approximately five years and was responsible for the medical quality for the last year. Her specific interests are quality of care and patient safety, and medical problems related to pregnancy.
- Dr. Santokh Singh was appointed as Chief of the Department of Psychiatry on January 1, 2013. Dr. Singh has worked as a psychiatrist at our hospital since 2001. In addition to his role as consultant in the emergency room and outpatient clinic settings, he also served as *psychiatre répondant* at CLSC Côte-des-Neiges and at the Family Medicine Centre at St. Mary's. Since 2004, he held the positions of Medical Examiner and Training Director, Postgraduate Psychiatry at our hospital. He continues to hold the latter and is an Assistant Professor at McGill University as well.
- Dr. Julie St-Cyr was appointed Chief of the Department of Laboratories as of February 27, 2013. Dr. St-Cyr has worked at St. Mary's since 1990 as a medical biochemist. She also holds a position as Assistant Professor in the Department of Pathology at McGill University.
- Dr. Peter Steinmetz was appointed Medical Examiner as of January 1, 2013. Dr. Steinmetz has worked as a physician at St. Mary's since 1995. He was the Director of the Critical Care Division between 2005 and 2012. He is also the Course Coordinator for the Undergraduate Bedside Ultrasound Teaching at St. Mary's and a Faculty Lecturer at McGill University.
- Dr. Stéphanie Morel, family physician at the Family Medicine Centre, was appointed as Quebec representative to the Institute for Healthcare Communication Canada Advisory Committee. The Institute is a nationally accredited, non-profit organization, whose mission is to enhance the quality of healthcare by improving communication through education, advocacy and research.
- Dr. Sandra Morris was appointed Chair of the Postgraduate Family Medicine Common Core Curriculum Committee for the McGill Department of Family Medicine.
- Dr. Benjamin Schiff was appointed to the Hospital Medicine Program Committee of the Section of Special Interests or Focused Practices of the College of Family Physicians of Canada.

Awards and Prizes

- Ms. Dulce Costa received the Linda Smith Award of the Quebec Association of Lactation Consultants Graduates from the International Board of Lactation Consultant Examiners. This was in recognition of her outstanding contribution in the field and for her actions to promote and support breastfeeding as well as for her efforts to promote excellence within the International Board Certified Lactation Consultants profession.
- Mr. Bruce Garland and his wife Anne, volunteers for more than 20 years at SMHC, received the Governor General's Caring Canadian Award.
- Dr. Leonora Lalla received the Certificate of Merit Award from the Canadian Association of Medical Education for her contribution to undergraduate medical education.
- Dr. Jessica Lee is the recipient of the College of Family Physicians of Canada Family Medicine Resident Award for scholarship for McGill University.
- Ms. Susan Merrifield received the Award for the nurse who has offered the highest level of support to the residents of the McGill Faculty of Medicine at St. Mary's.
- Dr. Indrojit Roy received the McGill Pathology Residents Award for Teaching. This is the second time he has been honoured with this award, which speaks to the high quality of teaching in the Division of Pathology.
- Dr. Makeda Semret, Infection Control Officer, received the Haile T. Debas prize which recognizes McGill faculty members who help promote diversity.

- The Occupational Therapy and Physiotherapy departments received a recognition prize from the McGill's School of Physical and Occupational Therapy for their support, creativity and flexibility in terms of student placement. Each year, these two departments accommodate more than 35 students.

Board members

In 2012-2013, three members resigned from the Board of Directors. We would like to sincerely thank Ms. Rita Le de Santis, Danielle Corbeil and Stéphanie Moncion who diligently served on the Center Board, respectively as representative of the Montreal Health and Social Services Agency, the Council of Nurses and the Multidisciplinary Council, for their commitment and contribution. We are delighted to report that Ms. De Santis was elected in the Bourassa-Sauvé riding in the September 4, 2012 provincial election. At the same time, we welcome Ms. Janet Ferrier, Francine Labrecque and Mr. Marc Pineault who will be completing the unexpired portion of the mandate for the vacant positions.

On behalf of the Board of Directors, we are proud to say that St. Mary's Hospital Center strives to continually improve the quality of its services and to promote patient and family-centered care. To our patients and their families, we thank you for your confidence and for the privilege of serving you during this past year.



With the help of our benefactors, our boards (Hospital Center, Foundation, Governors, Auxiliary), the physicians, the managers, staff and volunteers, we continue to carry our motto of "Caring through excellence". Everyone's continued support is essential and of great value in helping us sustain our high standards of quality patient care and our teaching role within the Quebec healthcare network.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "James C. Cherry".

James C. Cherry
Chairman

A handwritten signature in blue ink, appearing to read "Arvind K. Joshi".

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

At the regular meeting of the Board of Directors of January 30, 2013, Dr. Joshi announced that he would not be seeking renewal of his mandate as CEO. It is with a great deal of regret that the Board accepted his decision. Under Dr. Joshi's leadership, St. Mary's became a progressive and outstanding institution. On behalf of the Board, we thank him for his exceptional dedication to our hospital and our community.

James C. Cherry
Chairman



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

STATE OF THE HEART
TECHNOLOGY

While it is true that innovations in medical technology are increasingly vital for delivering efficiencies in healthcare systems, at St. Mary's we are also very focused on the **humane** aspects of how these technologies can benefit the lives of our patients. At SMHC, we have what I like to call "state of the heart technology" – patient-focused, compassionate use of technology that, while being safer, faster and more accurate in treatment and diagnosis, also helps to preserve the dignity, privacy, comfort and confidentiality of our patients. In the past, we had to bring the patients to the technology. Now, more and more, our latest technologies such as bedside ultrasound, V-scans and portable x-ray machines, can be brought to the patient's bedside.

Our latest cataract surgery techniques are also performed with high-resolution, precision guided technology that is minimally invasive, faster, and safer for our patients, resulting in speedier recovery times, and allowing our patients to resume a normal level of activity the day after surgery.

In terms of innovation, quality and efficiency, St. Mary's Hospital laboratories rank among the best in Quebec and throughout North America. Our comprehensive laboratory facilities are the only hospital labs in Quebec to have been accredited by the College of American Pathologists since 1995 – the highest level of accreditation attainable in this field. Our standards are always one notch ahead. Quality assurance has permitted us to structure and position ourselves to be able to fulfill and provide the quality of care so deserving of our patients.

In 1996, our laboratories were among the first in North America to implement the CoreLab concept, which has since been adopted by more than 80% of North American laboratories. In 1998, SMHC laboratories were the first pilot site in North America to implement automation in the pre-analytical phase in a hospital setting. In 2003, once again, SMHC was the first to implement a total laboratory automation chain in

Quebec. The outstanding performance achieved by the introduction of this particular technology, both in terms of quality and efficiency, has been widely published locally and internationally. Today, hundreds of laboratories across North America are equipped with this technology.

Additionally, with our investments in Telehealth, we are able to bring our clinical knowledge and care to patients and health care professionals in remote areas of the province via videoconferencing. With the implementation of OACIS, we have arrived at the electronic medical record era, where critical medical information about our patients is available to our clinicians at the touch of a key.

It is important to underscore that while St. Mary's strives to be high-tech, we are also renowned for our high-touch level of care: technology is important in the diagnoses and treatment of our patients, but it is only as effective as the medical expertise and compassion of our health care professionals that guide it. This annual report features just some of the many pieces of technology and the experts who have mastered these complex pieces of equipment to treat our patients and community more efficiently, quickly and safely, while maintaining our patients' privacy, dignity and confidentiality.

St. Mary's is more than just bricks and mortar; it is a beacon of compassion and caring. This being the final annual report that I am submitting in my capacity as Director General and CEO, I want to salute the exceptional talents and dedication of all those who work and volunteer in our hospital : they represent the true heart and soul of St. Mary's.

Technology helps keep SMHC patients healthy

V-Scan

Technology is part of everyday medicine practices. Dr. Mathieu Walker, cardiologist, uses a pocket-sized ultrasound device called a V-Scan that allows him to see the heart muscle and valves of his patients during a cardiac exam. "The V-Scan does not replace a full echo examination but it gives me the answers I need to help a patient quickly and efficiently. It is the stethoscope of the future," says Dr. Walker. This is another example of caring through excellence at SMHC that benefits our patients and our community.



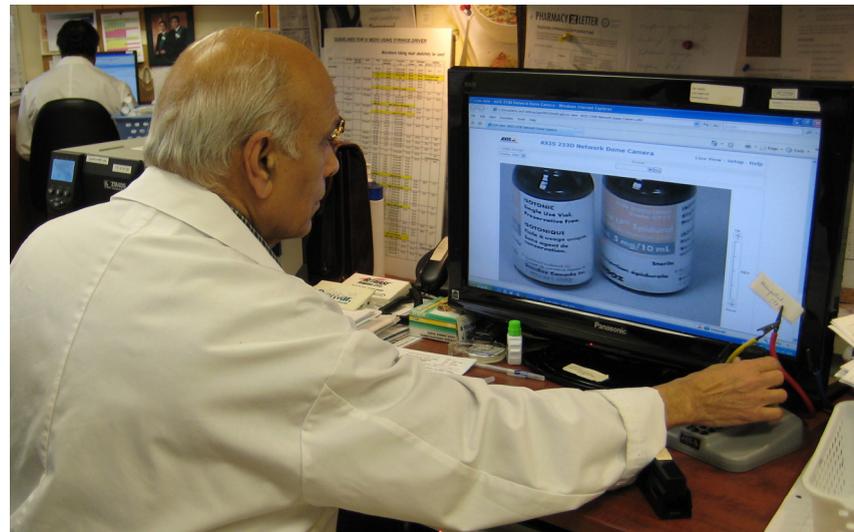
Unidose wrapping machine Frost Pak 320

The unidose wrapping machine Frost Pak 320 packages medication according to patient's medication administration time. It is safe, reduces the handling of tablets and avoids dosing errors. "The Frost Pak 320 allows us to treat more than 346,000 new prescriptions and 489,000 renewals annually. Ultimately, it is our patients and our community who benefit," said Scott Robertson, chief pharmacy technician.



Sterile room verification camera

The sterile room verification camera allows the pharmacist to see everything the pharmacy technician prepares in the sterile room without it being necessary to enter. "In addition to preserving the sterility of drugs and patient safety, the camera allows us to be more efficient and save time," says Ghiasuddin Malik, Pharmacist in charge of sterile preparations.



AcuDose McKesson

The AcuDose McKesson is an automated medication dispensing system that improves patient safety by reducing the risk of errors. “The cabinet is connected to and dispenses according to the patient’s medical record. It allows the nurse to get the drugs quickly and to keep an eye on our inventory,” says Marie Iskandar, Chief Pharmacist.

Virtual colonoscopy

Virtual colonoscopy is a very sophisticated screening exam that detects polyps or colon neoplasia. Patients who are at risk because of their age, their record or their family background, are primarily targeted by this new method of investigation. No anesthesia is required and the risk of perforation of the intestinal wall is almost nonexistent. «The advantage of virtual colonoscopy for our patients and our community is to be able to have an exam more quickly and comfortably than conventional colonoscopy,” says Dr. Fadi Habbab, radiologist.

Dr. Fadi Habbab, radiologist, looks at the results of a virtual colonoscopy.



Roberta Silvian, Assistant Chief Technologist, prepares to introduce samples in the automation chain.

Laboratories automation chain

This fully automated piece of equipment allows the analysis of more than two million procedures per year. Samples are placed on the chain, centrifuged, decapsulated, aliquoted if necessary, and routed to the various instruments of biochemical and immunological analyses (diabetes, cholesterol, thyroid, pregnancy test, etc.) to finally be stored in a refrigerator. “The automation chain is efficient, provides excellent response time and allows accurate results. It avoids the routine work and allows technologists to focus on more complex tasks. In the end, it is our patients and our community who benefit,” says Regina Zver, Coordinator of the Medical Biology Department.



Rosetta Antonacci, Head Nurse on 5 South, and Dr. Howard Stewart consult the OACIS terminal on 5 South.

SMHC is moving forward with OACIS

OACIS is a computerized system providing integrated and structured information about patients within an institution. This clinical information tool can provide comprehensive patient information such as laboratory results, images and reports of medical imaging, list of medications, and much more important patient information, in a convenient and timely fashion.

ADT systems, appointments, transcription, Emergency, diagnostic imaging, PACS system, laboratories, microbiology and pharmacy systems are connected to OACIS. "Thanks to OACIS, caregivers are able to make informed decisions more efficiently. Ultimately, it is the patients who reap the benefits," says Jean-François Brunet, Director of IT. Phase 2 begins this Fall with clinical documentation systems, radiology orders and vital signs.

More than 800 clinicians now have access to the impressive data bank and perform some 600 working sessions daily.

Telehealth is growing at SMHC

Telehealth is becoming one of the solutions to ensure access to specialized care for patients living outside major urban centres. A joint program of the Ministry of Health and Social Services of Quebec and Health Infoway of the Government of Canada, has allowed the four RUIS to acquire high-end multimedia equipment that establish secure communications on networks linking all healthcare facilities across Quebec. McGill RUIS hospitals, including St. Mary's Hospital Center, provide care to populations living on 63% of the entire territory of Quebec. The territory covered is huge. The telehealth program serves two purposes, firstly, to ensure faster and easier access to specialized care for clients in remote areas and, secondly, to realize significant economies of time and money.



Telehealth is growing at SMHC. For approximately the last 16 months, our hospital has three audio-visual units for holding or attending telehealth activities. Whether for consultations with patients, teaching sessions or to hold business meetings, this equipment is a convenient alternative to taking many trips, which represents saving a lot of time and travel expenses for health professionals. Clinical consultations with patients outside the major centres will facilitate access to specialized care to patients from remote areas served by the McGill RUIS.

The implementation of this new convenient technology will be gradual. This method of providing care requires adaptation, be it by training in the use of this equipment, both for health professionals who provide care and for patients who receive them.

Cataract surgery



According to Dr. Conrad Kavalec, Chief of the Department of Ophthalmology at St Mary's and Assistant Professor at McGill University, "We are visual creatures. About 50% of brain anatomy is dedicated to vision, and sooner or later everyone needs to consult an eye doctor." As Dr. Kavalec explains, eventually, everyone will end up with a cataract, a vision-impairing eye disease caused by the clouding of the normally clear lens of the eye. Cataract surgery, once a complex surgical procedure, is now a needle-free and pain free procedure that can be done in under ten minutes, with patients ready to return to a normal life style by the next day. Under local anesthesia, the cataract surgeon uses a high tech ultrasound to remove the older, cloudy lens of the eye, and replaces it with a new, man-made lens that restores the patient's vision. The new lens is permanent and requires no maintenance. "This patient friendly technology means more precision in the treatment of the cataract, minimally and less invasive surgical techniques and overall better outcomes and quicker recoveries for our patients," says Dr. Kavalec. St. Mary's cataract surgery team can perform up to 40 procedures per day – or 5500 procedures per year – thanks to the patient friendly technology and training of the cataract surgery experts.

Bedside ultrasound

Clinical examination at the bedside of the patient is advancing rapidly due to the availability of portable diagnostic technologies like bedside ultrasound. This type of portable ultrasound machine provides excellent image quality which can be used by clinicians for procedural guidance and rapid bedside diagnosis of critically ill patients. As Dr. Peter Steinmetz, Course Coordinator of Bedside Ultrasound Teaching, explains: "Bedside ultrasound is used as an adjunct to clinical assessment. It can be used, for example, to facilitate venous access or to view and assess the condition of key organs. It improves the clinical accuracy and speed at which diagnoses are made; it is also more comfortable for the patient as it can be performed at the bedside."





Laboratories

In 1995, the St. Mary's Hospital Center Department of Laboratories became the only hospital laboratory in Quebec to be accredited by the College of American Pathologists (CAP), and we have remained accredited since then. This level of accreditation ensures excellence in the practice of pathology and laboratory medicine, including the highest standards of inspection, quality control, proficiency testing and multiple levels of verification.

“Our commitment to our patients combined with the acknowledged analytic and diagnostic capability of our laboratory team, allows us to achieve the highest laboratory standards and contribute to excellent patient care. Our patients can rest assured that all the pathology tests conducted in our laboratories meet the most rigorous standards of analysis and diagnosis,” states Dr. Indrojit Roy, Director of the Pathology Division. Our CAP accreditation also gives confidence in the test results we provide to our health care partners that use our laboratory services.

Statistics

We prepare approximately 550 slides each working day. This is a combination of routine histology and cytology slides, as well as special stains slides, including immunohistochemistry.

- 3,015,712 tests were analyzed during the year in the Laboratories
- 132,746 patients had their blood drawn during the year in our newly renovated blood procurement centre (an average of 400 patients a day)
- An average of 1,700 blood samples are analyzed on a daily basis in the Corelab
- Up to 3,000 tubes can be processed in a day in the Corelab
- More than 33,000 “PAP” slides were read in Cytology
- More than 21,000 surgical cases were diagnosed in Pathology



Statement of Financial Position

as at March 31, 2013

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

	2013	2012
FINANCIAL ASSETS		
Cash	3 088 465 \$	2 571 340 \$
Accounts Receivable - Agency and MSSS	26 969 310	30 258 085
Accounts Receivable - Other	2 986 615	2 093 159
Funding Receivable - Accounting Reform	-1 180 033	-3 073 545
Long Term Investments	1 400	1 400
Deferred charges	110 501	116 408
Other Assets	499 438	588 743
Total Assets	32 475 696	32 555 590
LIABILITIES		
Short Term Loans	44 498 821	37 738 234
Other Liabilities and Accounts Payable	18 590 874	23 405 526
Cash Advance from the Agency - <i>Enveloppes décentralisées</i>	1 783 879	3 250 001
Accrued Interest Payable	348 000	175 119
Deferred Revenues	17 046 269	16 971 251
Long Term Debt	39 691 450	36 243 587
Liability for future social benefits	11 263 918	10 842 838
Other Liabilities	281 250	274 713
Total Liabilities	133 504 461	128 901 269
Net Financial Assets (Net Debt)	-101 028 765	-96 345 679
NON FINANCIAL ASSETS		
Fixed Assets	76 519 352	76 022 190
Inventory	3 339 699	3 705 665
Prepaid Expenses	517 387	631 784
Total of Non Financial Assets	80 376 438	80 359 639
Accumulated Surplus (Deficit)	-20 652 327 \$	-15 986 040 \$

Statement of Changes in Net Debt as at March 31, 2013

	2013	2012
Net Financial Assets (Net Debt) at Beginning of Year Reported	-96 345 681 \$	-86 729 503 \$
Accounting Changes without Restatement of Prior Years	-	0
Adjusted Net Financial Assets (Net Debt) at Beginning of Year	-96 345 681	-86 729 503
Current Year Surplus (Deficit)	-4 666 287	-8 245 027
CHANGES RESULTING FROM CAPITAL ASSETS		
Acquisitions	6 153 491	6 557 605
Amortization	5 653 982	5 545 613
(Gain) / Loss on Disposal	2 349	4 400
Proceeds on Disposal	-	8 851
Total Change Resulting from Capital Assets	-497 160	-1 007 592
CHANGES RESULTING FROM INVENTORY AND PREPAID EXPENSES		
Acquisition of Supplies Inventories	-	-333 278
Acquisition of Prepaid Expenses	-	-30 279
Consumption of Supplies Inventories	365 966	-
Consumption of Prepaid Expenses	114 397	-
Total Change Resulting from Inventory and Prepaid expenses	480 363	-363 557
Increase / (Decrease) in Net Financial Assets (Net Debt)	-4 683 084	-9 616 176
Net Financial Assets (Net Debt)	-101 028 765 \$	-96 345 679 \$

Statement of operation for the year ended March 31, 2013

	2013	2012
REVENUES		
Agency and MSSS	128 547 760 \$	125 121 894 \$
Patient Services	4 274 864	4 355 921
Sale of Services and Recoveries	3 331 762	3 700 511
Donations	3 119 332	3 366 742
Commercial Revenue	851 097	857 969
Gain on Disposition	0	20
Other Revenues	3 770 500	3 370 524
Total of Financial Assets	143 895 315	140 773 561
EXPENDITURES		
Salaries and Benefits	94 842 359	94 564 865
Medication	7 339 783	8 080 520
Blood Products	3 185 787	3 251 401
Medical and Surgical Supplies	12 980 206	13 332 849
Food and Dietary	999 111	984 400
Financial Charges	1 747 233	1 651 593
Plant Operation and Maintenance Including Non Capitalized Expenses related to Capital Assets	2 524 974	2 538 415
Bad Debt Expense	373 887	640 006
Amortization	5 653 982	5 545 613
Loss on Disposal	2 349	4 400
Other Expenses	18 911 931	18 424 526
Total	148 561 602	149 018 588
Current Year Surplus (Deficit)	-4 666 287 \$	-8 245 027 \$

Statistics

	2013	2012
Patient Days		
Short Term	89 038	90 250
Long Term	-	-
Newborn	9 979	10 037
Admissions		
Adults	11 253	11 403
Newborn	4 342	4 264
Deliveries	4 329	4 237
Average Length of Stay		
Short Term (days)	7,91	7,91
Long Term (days)	-	-
Occupancy (%)	86,50	91,24
Outpatient - Visits	129 157	129 137
Surgical Day Center - Visits	10 573	10 656
Emergency - Visits	38 379	38 342
Audiology & Speech Therapy - Visits	2 147	2 225
Occupational Therapy - Visits	9 707	10 862
Physiotherapy - Visits	28 610	28 524
Psychiatry - Visits	12 950	13 436
Medical Imagery - Tests	86 479	90 903
Laboratory - Procedures	2 987 806	3 015 712

HUMAN RESOURCES

Full Time Equivalent

Management Personnel	71	72
Full Time Employees	984	987
Part Time Employees	338	351
Occasional Employees	172	160
Number of hours paid during fiscal year for occasional employees	313 560	293 619





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 2012-2013 :

- 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, 2013.



Arvind K. Joshi
Director General & CEO

Council of Nurses



The Council of Nurses is as an official advisory body in accordance with the *Act respecting health and social services*. The Council is accountable to the Board of Directors for assessing the quality of nursing acts performed in the 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 to the by-laws of the institution, the Council is also accountable to the Director General for giving its opinion on the scientific and technical organization of the 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.

The strength and importance of the Council is based on the fact that all nurses, including licensed practical nurses within the institution are members of the Council giving all nurses direct access to a recognized entity for communication, sharing and discussion of nursing sensitive topics.

Throughout the past year, the Council focused its attention on the identified goals of promoting professionalism and communication. The Council took the lead by ensuring that all activities under its mandate had an educational component. Also, the promotion of the Council within the institution continues to be of primordial importance and the Council decided to restructure its subcommittees so as to ensure safe and quality nursing care to our patients and families. Once accomplished,

along with a better understanding of the quality issues and concerns of the nursing staff, the Council will be better organized in order to address these issues.



Crystal Côté

Another way that the Council identified to enhance professionalism was to create a working group of nurses in order to develop a plan of action for two clinical situations highlighted by the OIIQ during the professional inspection held in 2011-2012. The Council expects that once the blueprints have been established for these two clinical situations, the development of further actions plans for the remaining seven clinical situations will be mandated to the Nursing Quality Committee or the Interdisciplinary Medication Management Committee, depending on their focus.

The Council wishes to consolidate its relationship with all licensed practical nurses by actively engaging them in the activities of the Council, reinforcing their role as a member of the multidisciplinary team and addressing their concerns.

This year the Council highlighted the dedicated work of nurses of SMHC who participated in a total of 29 quality improvement and quality assessment projects. The Council has also drawn attention to nurses who teach at the post-secondary, CEGEP or university levels, as well as nurses who have memberships in more than 30 associations outside of the hospital.

The major areas of work during the past year were the elaboration and approval of three collective prescriptions, the creation of the Nursing Quality Committee and the Interdisciplinary Medication Management Committee and the completion of the OIIQ professional inspection.

Crystal Côté,
President

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, 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.



Marc Pineault

Objectives achieved and accomplishments in 2012-2013 include:

- Adoption of the updated By-Laws of the Multidisciplinary Council at the 2012 Annual General Assembly and adopted by the Board of Directors in the Fall of 2012.
- 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 Telehealth, Energy Psychology, Recreation and Leisure services, Massive Transfusion Protocol, The Speech Language Pathologist's role in an acute hospital setting, OACIS implementation and Nutrition.
- At the MDC Annual General Assembly in 2012, Mr. Lewis Letteroff, Managing Principal at Opus Solutions LLC, gave a presentation entitled: "Lean Lessons Learned – Operational Excellence in Healthcare".
- Occupational Therapy, and Physiotherapy were inspected this year with a successful outcome.

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 2013-2014

- Continue participating in the activities of the Recruitment and Retention Committee of Human Resources to enhance learning opportunities for MDC members through hospital rounds and explore other possibilities.
- Continue to work on improvements in quality of care for patients awaiting placement (AAPA, PHPE, etc.).

- Continue to improve MDC membership participation in quality, education, research, and interprofessional activities in order to ensure an optimal experience for SMHC patients.

Marc Pineault,
President



Council of Physicians, Dentists, and Pharmacists

The Executive Committee represents the Council of Physicians, Dentists, and Pharmacists (CPDP), which is composed of approximately three hundred members.

Seven goals were established for the 2012-2013 mandate:

- Revisions to the CPDP By-Laws
- Incomplete charts and surgical reports
- Action plans for General Surgery and Urology
- Continuing support for the International Medical Graduate (IMG) Program
- Recruitment and renewal of physicians in key positions
- OACIS Project
- Accreditation: College of Family Physicians and Accreditation Canada.

Executive Committee Priorities 2012-2013

1. CPDP By-Laws

Draft revisions of the Council of Physicians, Dentists, and Pharmacists By-Laws were completed, reviewed by the hospital counsel, presented at the Quarterly CPDP meeting in March, and approved. The By-Laws will be ready for distribution in September 2013.

2. IMG Program

The program is moving along with much success.

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.



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 subcommittees 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 44 new/revised forms, which were integrated into hospital medical charts. Incomplete medical charts are also reported regularly to the committee. The number of incomplete charts was 1038 (September 2012), and increased to 1061 (May 2013).

Infection Control Committee

Issues and activities addressed included the following:

- On-going monitoring of MRSA, VRE, and *C-Difficile*
- Occurrence of VRE outbreak on 5 South. Weekly management meetings were held to monitor the outbreak
- Audits on basic infection control practices are continually taking place
- Nosocomial outbreak in Surgery
- Surgical wound infection report
- Report from Accreditation Canada – red flagged was the tagging of information going through CSR. No bar-code system exists.

Surgical Review Committee

A meeting took place in October. Dr. K. Bakdounes, Pathologist, joined the committee. Dr. Bakdounes presented some of his preliminary assessment of the review of all breast cancer operations at SMHC in 2011, which required more than one trip to the OR. Due to the complex nature of the study, Dr. Bakdounes and Dr. D. Anderson, Committee Chair, will be analyzing the data in more detail before making a final report and recommendations. This study is still ongoing.

Pharmacology Committee

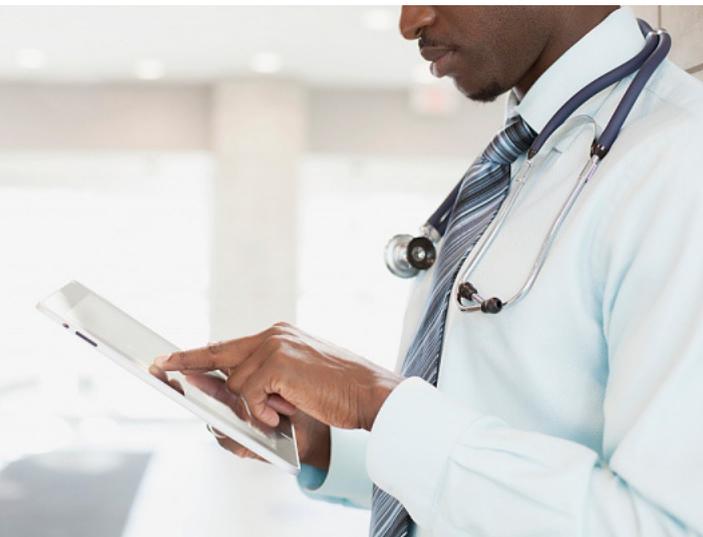
One of the Committee's main responsibilities is to monitor drug use within the hospital, according to established policies and guidelines.

Formal drug utilization review performed:

- Audit on Prescription Discrepancies at Triage
- Concurrent daily restricted antibiotic review
- Concurrent daily G-CSF (filgrastim) usage
- Concurrent daily CIVA (centralized IV admixture) products usage
- Concurrent weekly narcotic prescriptions review.

The following guidelines were also approved:

- Nursing Policy – Cathflo in Dialysis
- Collective Prescription – Erythromycin Ophthalmic Ointment in Newborns
- Collective Prescription – Vitamin K in Newborns
- Antimicrobial Prophylaxis Policy and Procedures
- Orthopedic Pre-Printed Prescription – modified availability of OxyNEO
- TPA Protocol
- Dabigatran (PRADAXA) Bleeding Protocol
- Revised Pre-Printed prescriptions in Surgery:
 - Continuous Epidural Infusion
 - Continuous Peripheral Nerve Infusion
 - Post-Operative Prescriptions: Total Hip Arthroplasty
 - Post-Operative Prescriptions: Hip Pinning
 - Post-Operative Prescriptions: Total Knee Arthroplasty
 - Post-Operative Prescriptions: Total Hip Arthroplasty Anterior Approach



- Post-Operative Prescriptions: Hip-Hemi Arthroplasty
- Post-Operative Prescriptions: Hip-Hemi Arthroplasty Anterior Approach.

SARDM (Systèmes Automatisés Robotisés de Distribution des Médicaments) - Related Topics :

- GesPhar: New pharmacy computer system as of April 1, 2012
- AcuDose-Rx Project (cabinets for Intensive Care Unit, 6 North, 6 South, Emergency)
- OACIS Project – interface functional between Gesphar and OACIS. Prescription column available in OACIS.

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.

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.

Marcel Fournier, M.D.
Chair



Quality and Risk Management

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

The Quality and Risk Management Coordinating Committee (QRMCC) is the central feature of the structure and serves as a reporting body for the teams. In 2012-2013, the QRMCC met 9 times and reviewed presentation of annual reports on quality and risk management from the following teams: Mental Health, Rehabilitation Services, Laboratories, Dialysis, Cancer Care, Geriatrics, Pharmacy, Maternal-Child, Medicine, Critical Care, Emergency, Surgery, Operating Room, Medical Device Reprocessing, Multidisciplinary Council, Council of Nurses, Information Technology, and Human Resources.

Accreditation Canada

St. Mary's Hospital Center has received an almost perfect score of over 95%, and was granted accreditation "with commendation" for the formal evaluation of its performance by Accreditation

Canada, an independent nonprofit organization that evaluates the quality of hospital services.

Accreditation Canada stated that this achievement demonstrates the commitment and determination shown by SMHC towards continuous improvement of the quality of care and services to the community.

These results stem from a thorough and rigorous investigation of SMHC's performance, in terms of Accreditation Canada's national standards of excellence.

"The hospital and all its members are very respectful of the different cultures of their clients and their respective needs,"

says the report from Accreditation Canada. "Many efforts are dedicated to meet these needs, and this, beyond the linguistic needs."

Finally, Accreditation Canada stressed the strength of partnerships with McGill University and other institutions in the education system. They also noted the excellent positioning of the hospital in its own niche, despite its limited financial resources.

Research Centre

There was no instance of scientific or ethical misconduct in research for the 2012-2013 fiscal year.

Incident/Accident Reporting

For 2012-2013, as of June 10, 2013, the QRM Department had received 2251 incident/accident reports. Of these, 38 events were



flagged for additional follow-up and 7 were dealt with through the sentinel event review process.

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

The MSSS published two semestrial reports on incidents/accidents and the trends observed at St. Mary's are similar to those in other health institutions in the province.

Risk Inventory

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

- Patient complaints
- Lawsuits
- Claims against the Hospital
- Insurance claims against the Hospital
- Labour grievances
- Radioactive isotopes
- Council quality/risk management activities (Council of Physicians, Dentists and Pharmacists, Multidisciplinary Council, Council of Nurses)
- Infection Control activities
- Employee work accidents, occupational diseases & CSST
- Unsafe work conditions
- Hazardous materials related risks
- Work place violence
- Biomedical equipment related risks



- Biomedical related alert & recalls
- Non-biomedical equipment risks
- Information systems risks
- Research risks (research ethics annual report)
- Emergency measures and other security related incidents
- Incident/Accidents (AH-223)
- Restraints related risks
- Sentinel Events.

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

Risk Management initiatives for 2012-2013

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, 38 were reviewed more in-depth and seven 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 three lunchtime presentations: ErroMed – Evidence for improving the safety culture, Promising Practices and Indicators for Caregiver Education and Support Programs, and Questions and Answers regarding emergency measures. In addition to these presentations, the User's Committee actively participated in Patient Safety Week and organized a walkabout through the hospital where they met patients and provided them with information regarding the role patients can have in their own safety.
- ErroMed training (Human Factors and Patient Safety) was given to 51 staff members in two sessions. An additional session was provided jointly with the CHU Ste-Justine where ten SMHC staff attended. This session is now being offered twice a year given the interest generated for this training within the hospital.

Quality Assessment projects completed in support of Quality Improvement Teams

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

Follow-up to Coroner's report recommendations

One Coroner's report needed follow-up and this was assured by the Council of Physicians, Dentists and Pharmacists.

Quality and Risk Management recommendations and priorities for 2013-2014

- Follow-up on Accreditation 2012 visit
- Develop clinical performance indicators that each clinical program and department can use for monitoring of quality
- 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 User's Committee
 - Provide Human Factors and Patient Safety training program at least twice a year to staff

- Supporting QI teams across the hospital
- Support and organize the Annual Symposium on Quality of Care and Research.

Infection control (IC) and prevention activities

QI Initiatives & Projects:

1. The provincial *Staphylococcus aureus* Bacteremia surveillance is on-going. Our intervention is based on results. Our overall rate of SA Bacteremia that is MRSA, in the last five fiscal years has been respectively: 36.59%, 28.13%, 34.62%, 11.11% and 26.41%. 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.
2. The rate of the Central Line-Associated Bacteremia (CLAB) surveillance in ICU was 1.88% in 2010-2011, 1.78% in 2011-2012 and 0% in 2012-2013 compared respectively to the provincial rate of 2.06%, 1.48% and 1.17%.
3. Our baseline rate of the provincial CLAB surveillance in dialysis was 0.13% in 2011-2012 compared to 0.26% in 2010-2011 and 0% in 2012-2013.
4. The main objective of the blood culture (BC) contamination rate surveillance is to identify changes in the blood culture contamination rate and to recommend changes when needed.

Implications of BC contamination are:

- Unnecessary antibiotic use
- Increased length of stay
- Additional cultures which will lead to increased cost.

Acceptable BC contamination rates are generally 3% or less. For periods 1, 5 and 10 of 2012-2013, BC contamination rates were respectively 1.34%, 3.13% & 0.95%. For period 5, we have seen an increase in our BC contamination rate, exceeding the 3% threshold. Nine out of 15 BC contamination cases, during the three periods, were noted in Emergency.

Surveillance and control of nosocomial infections

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

1. Methicillin resistant *Staphylococcus* (MRSA) containment continues to be an important focus of the IC department. Even though the number of MRSA transmission is lower than previous years, the total number of admitted patients remains high, placing a large burden on nursing units. We had 118 nosocomial MRSA cases in 2010-2011 compared to 81 in 2011-2012 and to 77 in 2012-2013.
2. Since period 7 of 2010-2011, we started a provincial VRE surveillance; the revision of the provincial guidelines will be based on results of 2-year surveillance. We have seen a major increase in our nosocomial VRE cases compared to previous years; we had 130 nosocomial VRE cases in 2012-2013 (no infections identified) compared to 102 in 2011-2012 and to 12 in 2010-2011. Our prevalence point is much higher than previous years, leading to increased risk for nosocomial transmission and outbreaks. This significant increase in the number of nosocomial cases has been noted across the McGill hospitals.
3. The on-going *Clostridium difficile* surveillance system established by Public Health (INSPQ), throughout the province in 2004-2005, is giving us the opportunity to benchmark with same sized hospitals. After being stable for the last few years going back to our baseline of 2003, we had 67 nosocomial cases in the 2012-2013 compared to 35 in 2011-2012.
4. Surveillance of Surgical Site Infections (SSI) includes admitted patients only (day surgeries are excluded), and for the following surgical services: General, Orthopaedics, Gynaecology, Post C-section.

Reporting is done to individual surgeons and by code to the chief of surgery and the chief of service. Comparative SSI rate in the last five fiscal years by service is as follow:

Surgical Service	Rate 2007/08	Rate 2008/09	Rate 2009/10	Rate 2010/11	Rate 2011/12
Obstetrics	2.14 %	1.47 %	1.32 %	2.40 %	2.48 %
Gynaecology	1.48 %	0.58 %	2.42 %	2.12 %	2.12 %
General	3.13 %	5.38 %	5.47 %	5.79 %	4.94 %
Orthopaedics	1.90 %	1.53 %	2.39 %	2.18 %	1.10 %

The 2012-2013 SSI report has not yet been finalized.

Outbreak Investigations

1. During the fiscal year 2011-2012, we had seven VRE outbreaks, three of which occurred on 8 Main, three on 5 South and one on 6 North. In 2012-2013 we had three VRE outbreaks: one on 5 South, one on 8 Main and one in ICU. As in most of the outbreaks, a vast amount of resources has been used for containment.
2. In June & September 2011 we also had, two MRSA outbreaks on 8 Main and one on 5 South, which necessitated isolation of many patients & increased housekeeping activities. In 2012-2013 we had one MRSA outbreak on 8 Main.
3. After being stable for the last five years, in 2012-2013 we had two major *Clostridium Difficile* Associated Disease (CDAD) outbreaks: one on 6 North and another one on 5 North, this contributed to the highest fiscal year rate since the 2004 CDAD outbreak.

Education

A number of in-services were given to the hospital staff throughout the year 2011-2012. The IC team committed a total of 178 hours in rendering educational in-services to 917 attendees, including students and employees compared to 625 attendees and 80 hours in 2012-2013.

A total of 232 hours and 200 hours were dedicated, in 2011-2012 and 2012-2013 respectively, to the training of the Infection Prevention and Control Department staff: one Infection Control Coordinator, two Infection Control Practitioners have undergone educational trainings (five on-line courses, weekly Teleclasses, CPR certification and a conference day), which have equipped the team with an in-depth knowledge of Infection Control practices, as well as enabling them to sharpen necessary skills to accomplish their job properly.

Completed Projects

- On-going revision and updates of the Infection Control Manual (April 2011-March 2013).
- Infection Control posters, signs, pamphlets and information are updated and made available via the Visual Communications Department.
- Snapshot audits to evaluate IC practices and Hand Hygiene are done when an outbreak is identified. Intervention is based on findings (a total of five were done on various nursing units in 2012-2013).
- Our department participates at the Regional table for nosocomial infections with the INSPQ, national and provincial IC associations and the IC McGill working group.
- Completion of an audit on Infection Control practices in the GI lab; results were optimal in most of the audited areas.
- The signage 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.
- In November 2012, the Infection Control Coordinator presented on Shingles to the Community Health and Social Services Network. The same topic was presented again at SMHC quality forum in January 2013.
- Completion of the Equipment Disinfection Chart pilot project, which identified the appropriate disinfectant solution for the cleaning of various items of medical equipment.

On-going Projects 2012-2013 and 2013-2014

- Continue Hand Hygiene blitz.
- Broader Community Hand Hygiene Campaign with collaboration and support from Public Relations at the Taste of the Carribean in May 2013.
- Local Community Hand Hygiene Campaign with collaboration and support from Public Relations at the *Côte-des-Neiges en fête* Community Festival in September 2013.
- Hand Hygiene Audit across the hospital to be done in October 2013.
- On-going quality control for compliance with Infection Control measures in targeted areas.
- Continue following up on results of two audits done in OR April 2009; most of the recommendations were instituted throughout 2010-2011 & 2011-2012. Follow-up is on-going.
- Zones Grises Pilot Project leading to a potential research study:
 - To test the effectiveness of adding a new housekeeping position to clean “grey zone” items on a medical unit and its impact on containing nosocomial transmission.
 - To determine effectiveness of cleaning of surfaces/equipment contaminated with microorganisms, specifically MRSA and VRE, after cleaning by either housekeeping, PABs or by the new employee assigned to clean “grey zones” items.



Local Service Quality and Complaints Commissioner

Breakdown of complaints

Completed without corrective measures.....	60 %
Completed with corrective measures	37 %
Withdrawn	3 %

Summary of complaints

Complaints carried over from previous year	33
Complaints received during the current year.....	161
Complaints concluded during the current year.....	173
Complaints carried over to the next year	21
Complaints carried over to Quebec Ombudsman	6

Categories of complaints

Accessibility.....	11 %
Care.....	26 %
Interpersonal relations.....	30 %
Environment and material management	15 %
Financial aspect.....	8 %
Special (patient) rights	11 %
Other	0 %

Originator of complaints

Patients	69 %
Family/Others.....	31 %

Processing time

- 45 days	57 %
+ 46 days	43 %



Report from the *Comité de vigilance et de la qualité* 2012-2013



The Committee met twice during the course of 2012-2013. At the core of its mandate, the Committee ensures that adequate follow-up is given to the key recommendations made by the Local Service

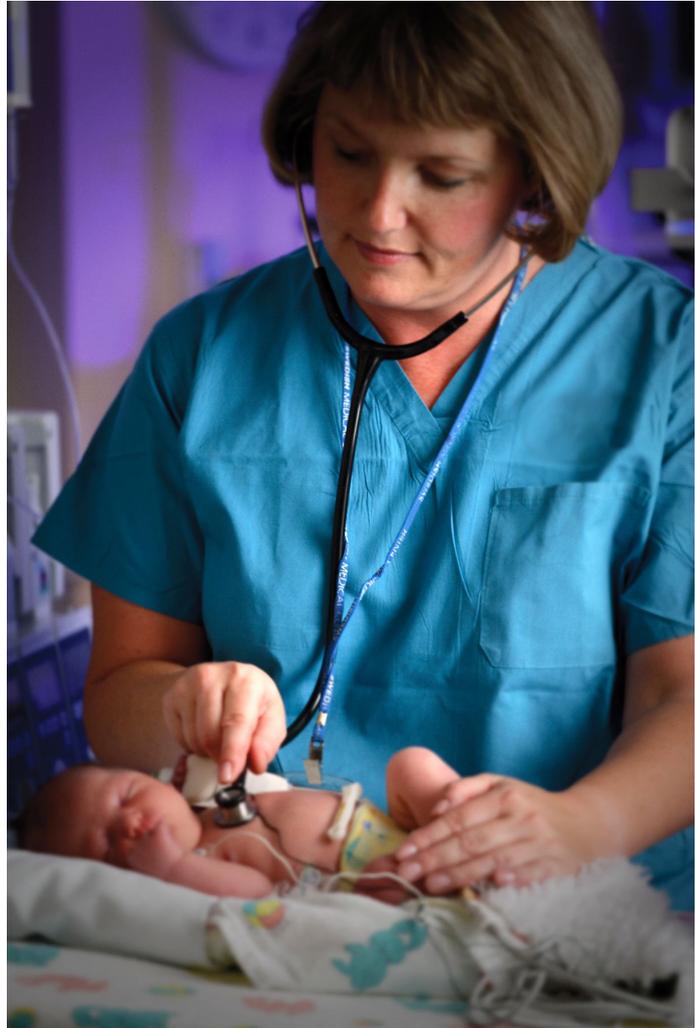
Quality and Complaints Commissioner (Ombudsman) that could be retained by the Board of Directors. Of note, there were no recommendations made to the Board this past year.

The Committee also ensures that the conclusions made in various reports concerning the quality, safety or effectiveness of services are presented to the Board and followed-up adequately.

This past year, the Committee reviewed the recommendations made in the coroner's report dated May 2012. Furthermore, it focused on the conclusions presented by Accreditation Canada following their visit at St. Mary's in October 2012. In addition, the Committee reviewed the recommendations made by the *Collège des médecins du Québec* following their inspection in May 2010 and ensured adequate follow-up of these.

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

Suzanne Guoin,
Chair



Users' Committee Report



The Users' Committee of St. Mary's Hospital Center works to defend, protect and ensure respect for patients' rights. Respect for users' rights, quality of life, the living conditions and quality of services for our patients are the foundation which guides the actions of the Committee.

The Committee is there to assist both in-patients and out-patients. The user (patient) can ask to be accompanied and assisted when filing a complaint. This is one of the responsibilities of the committee according to the Act respecting health services and social services Ombudsman.

For the year 2012-2013, the Committee consisted of eight elected members, one new member and a resource person. The resource person also acts as secretary for the Committee. Two of the members represent the Committee on the Center Board of the hospital.

Seven meetings were held throughout the year. Members from the Administration, Program Managers, Head Nurses, Research Department and Quality and Risk Management were invited to speak at the meetings.

The Committee is represented on various hospital committees. We had representation on the Patient Engagement Project (PEP), Clinical Ethics and the Quality and Risk Management Coordinating committees.

We are members of the RPCU (*Regroupement provincial des comités des usagers*). An English sector has been organized and there are approximately four meetings a year. One member from the Committee along with the resource person attend all meetings of the Users' Committee at the Agency. Out of town conferences are attended by the resource person.

An annual budget is received and used according to the guidelines set by the Ministry of Health and Social Services.

Approximately 120 calls were received from the users this past year. Most deal with waiting time for appointments, phones not being answered, rudeness of staff, patient rights and patients asking to be accompanied to a meeting with his/her healthcare staff.

The past year saw the end of the PEP project. The two years the Committee was involved in this project proved very beneficial. Contacts with various organizations such as the Ottawa Children's Hospital and the Patient's Association of Canada opened new doors for us. Being part of PEP allowed us the opportunity to discuss our concerns and share ideas. We participated in the "wind up" held at the Atwater Club.

The Committee partnered with Quality and Risk Management in Patient Safety Week and two symposiums.

A Patient Information Day was held. Some of those participating were the CLSC Côte-des Neiges, SPVM, and Occupational Therapy.



In keeping with our role to foster quality of life and the living conditions of the patients, we worked closely with the Head Nurses, Program Managers, Recreational Therapist, Physiotherapists and patient representatives in the different units. It is those who are hands on day by day who know the needs of our patients. As an example, social time is important for our Mental Health patients. Once a week, we have organized an hour where healthy snacks are served by a volunteer. Patients can chat with the volunteer and each other, while enjoying a treat. We also sponsor an “afternoon tea” once a week in Palliative Care for patients and family.

Two years ago we addressed the problem of navigating throughout the hospital by patients/visitors with language barriers. Pictorial maps have been designed and we are now working on the dynamics of having them distributed.

We continue to sponsor pamphlets, posters and materials that will benefit the patient. Providing toiletries for patients in emergency situations, layettes for babies in need, turbans for cancer patients, continues.

Goals for 2013-2014

- Continue to assist staff in improving the quality of life of our patients in Dialysis, Mental Health, and Emergency.
- Work to help improve the quality of life and living conditions of our PALV patients.
- Participate in the Patients’ Voice group, when needed in Family Medicine.

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.

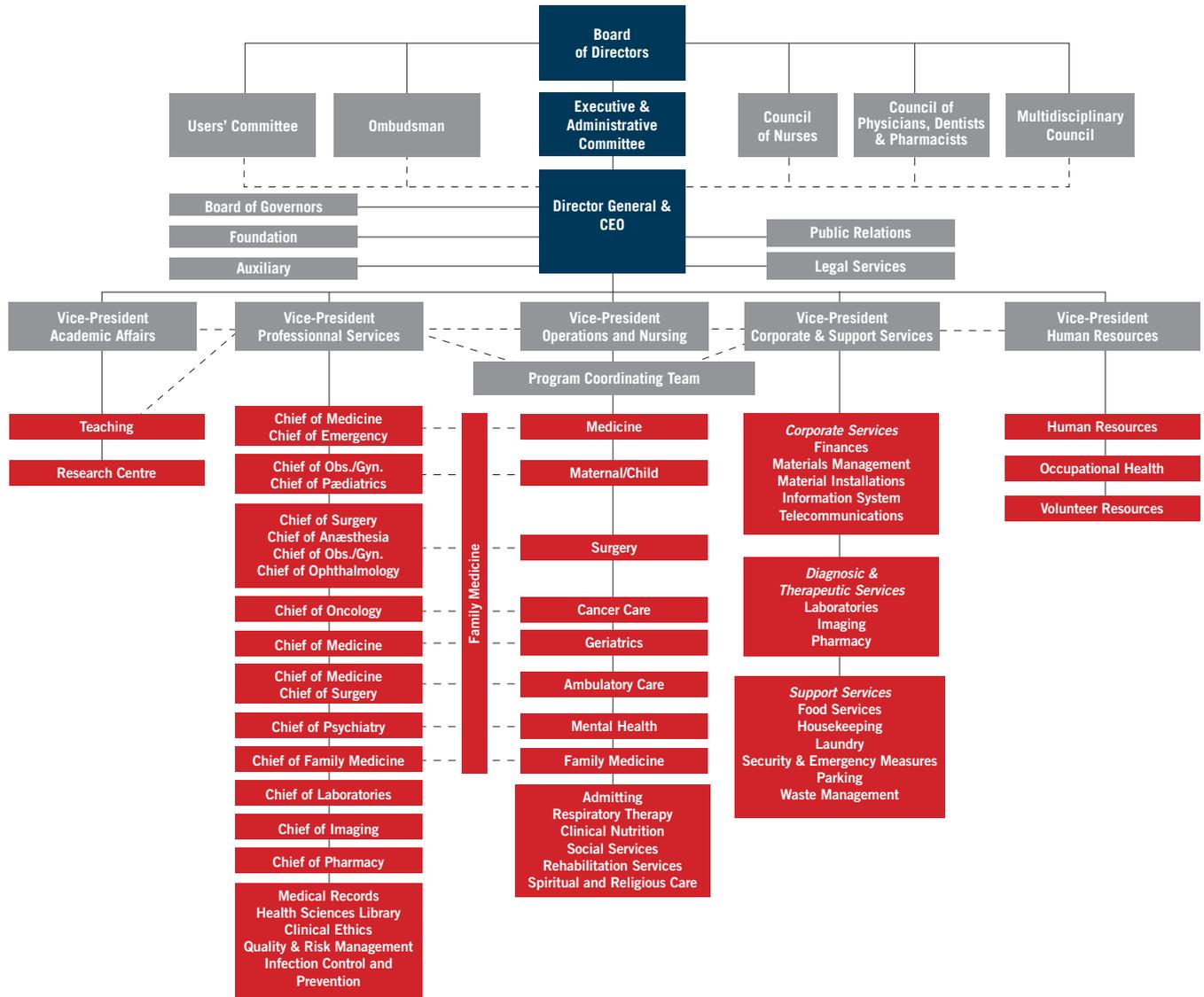
Dissemination of the Code

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, 2013, the Board of Directors has not received any complaints or indication in regards to the non-respect of this code.



Organizational Structure



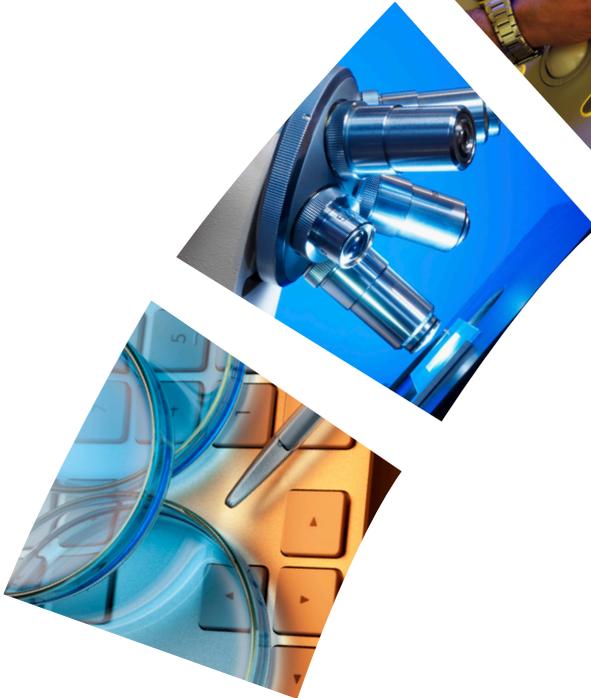


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