



SMHC: At the Heart of our Community



Centre hospitalier affilié
universitaire

A University-Affiliated
Hospital Centre



McGill



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.

SMHC: At the Heart of our Community

The 2010-2011 St. Mary's Hospital Center (SMHC) Annual Report seeks to provide a snapshot of our vibrant and culturally diverse community. Our community extends far beyond the borders of our Cote-des-Neiges neighbourhood and local community members, to the Montreal Health Network, to the far reaches of Quebec, and wider still to the international community where SMHC also devotes our skills to help other communities to be healthy and thrive. Our community transcends the boundaries of our walls, embracing our differences and celebrating our commonalities.

Over the years, SMHC has expanded and diversified, always gaining momentum but never neglecting our strong community roots.



Message from the President and the Director General & CEO

It is our pleasure to present to you the annual report of St. Mary's Hospital Center for the fiscal year 2010-2011.

As one of Montreal's finest hospitals, St. Mary's has a proud heritage of serving the community for over 85 years as an acute care teaching hospital. It provides numerous highly specialized services such as renal dialysis, oncology, geriatric assessment and psycho-geriatrics, nuclear medicine, CT scan, as well as MRI exams. It is one of the largest birthing centres in Montreal. Our Emergency Department has been recognized as one of the most efficient in the city. St. Mary's is also one of two designated cataract surgery sites in Montreal. We remain one of the busiest hospitals for cataract surgery, hip and knee replacement, day surgery and inpatient surgery. We are responsible for the training of a large cohort of undergraduate and post-graduate students in Medicine and the allied health disciplines.

In April 2010, St. Mary's appointed Dr. Susan Law as Vice-President of Academic Affairs. This new position was created to expand and strengthen the hospital's education and research activities as a designated university-affiliated hospital. After a thorough analysis and wide consultations, the Board of Directors approved the creation of a research centre. The Department of Clinical Epidemiology and Community Studies was abolished and the research teams and functions of that department were incorporated into the research centre as part of Academic Affairs, as well as all teaching components. The directorate has a well defined plan to develop health services research and further strengthen our role in teaching.

An Academic Affairs Committee of the Board was also established for oversight and advisory roles regarding research and teaching.

We are proud to announce that a search committee has been

set up for a McGill Chair in Community Cancer Care with a primary focus on breast cancer. It will be the second McGill Chair to be based at St. Mary's.

The term of office of the Board members was extended to 2011, as a new legislation for board governance was presented to the National Assembly. Many representations by various groups were made in the Parliamentary Commission. The hospital's position was well represented by the *Association québécoise des établissements de santé et de services sociaux (AQESSS)* and the Conference of rectors and principals of Quebec universities (CREPUQ) to make sure that there would be appropriate community and university representations in order to meet our mission with a strong Board of Directors.

In 2010-2011, three members resigned from the Board of Directors. We would like to sincerely thank Mrs. Ida Graniero, Maureen Simonds and Dr. Marc Cotran who diligently served on the Center Board, respectively as representative of Non-clinical personnel, University and Residents, for their commitment and contribution.

St. Mary's is responsible for the training of a large cohort of undergraduate and post-graduate students in Medicine and the allied health disciplines.



This year again, the financial situation of the healthcare system was at the forefront. Bill 100 was passed at the National Assembly, asking the healthcare institutions to cut 10% of their administrative costs, including 25% in costs for education, publicity and travel, up to 2013-2014. For St. Mary's the 10% administrative cut amounts to \$850,000. The following three elements must be considered to perform the cuts: 1) replacing 1 out of 2 employees who will be retiring – the Ministry decided to impose cuts of 2.4% of the *masse salariale* of administration personnel for all institutions. For St. Mary's this means one full time equivalent for this year; 2) reduction of 25% in education, publicity and travel – this amounts to \$24,000. The proportion is relatively high as it represents one quarter of our expenses in education; 3) as for the other measures, we have some flexibility as long as it does not affect the services to the population.

After negotiations with the Montreal Health and Social Services Agency, we ended the fiscal year with an authorized deficit of \$1.85 million. St. Mary's agreed to respect the targeted deficit for the next three years (until 2013-2014). This commitment is made in the light of the current volume of activities and does not take into account unpredictable events. Moreover, this commitment will be attainable only if the Agency grants to St. Mary's the same financial support as it did in the past. We are proud to tell you that the Ministry in its yearly evaluation of the efficiency of healthcare institutions showed that St. Mary's Hospital Center was by far the most performant and underfinanced hospital on the island of Montreal and one of the best in the province.

Following the visit from Accreditation Canada in the Fall of 2009, we received the final report confirming that we had met all requirements, as indicated in their 15 recommendations.

The *Collège des médecins du Québec* made a targeted inspection visit in May 2010. The objective of the Professional Inspection Committee is to improve the quality of medical care provided to patients. The *Collège* requested that actions be taken to ensure better and more timely charting in Urology and General Surgery, aiming for quality improvement. The Board of Directors mandated the *Comité de vigilance et de la qualité* to follow up on the timely implementation of the recommendations and to report back to the Board of Directors.

St. Mary's Hospital Center will continue to strive for excellence to further improve the patient care and quality of services it provides to our community.

Following the investigation that took place last year concerning the highly publicized receptor testing for breast cancer, St. Mary's had shown outstanding compliance and results. We have been invited to submit our candidacy to be designated as a regional centre for breast cancer testing.

The Family Medicine residency program remains one of the largest and most sought after in Canada. As such, all places were filled after first iteration in 2010. We also received the confirmation for the financing of the International Medical Graduate program and we are planning to have the first cohort in May 2011, as some construction work is required to accommodate this new program.

A certification visit by the Baby Friendly Hospital Initiative took place at St. Mary's on March 29, 30 and 31. This initiative was launched by Unicef and the World Health Organization in 1991. It is a worldwide initiative aiming to promote breastfeeding and it gives international recognition to institutions that are certified. To be recognized, the institution must protect, promote and support breastfeeding. The verbal report at the end of the visit was extremely positive and we are confident that we will receive written confirmation of this prestigious designation.

The construction of two additional floors over the West wing is our number one priority. It was approved by the Montreal

Health and Social Services Agency in February 2011 and the project is now under study at the Health and Social Services Ministry level. Information sessions with the Hospital's neighbours took place in March and they were very much appreciated. The purpose of these two additional floors is to provide space for private and semi-private rooms, thus reducing the risk of nosocomial infections and improving the quality of work life for our hard working staff. They will also provide facilities that meet the requirements for increased teaching activities as a university-affiliated hospital centre.

The nosocomial infection situation was followed closely throughout the year. Regular reports are given to the Board of Directors concerning *C-difficile*, MRSA and VRE. A large amount of resources have been used to contain the spreading of nosocomial infections. Also a number of in-service education sessions have been given to the hospital staff throughout the year.

St. Mary's has always worked hard at improving its physical plant to answer to the increasing demand for services in various areas of the hospital. Among the current and upcoming projects are:

- With its constant high volume of tests and the processing of samples from other institutions, the Blood Procurement Centre was upgraded to better serve our patients and our community.
- A plan was deposited to expand our Emergency as the number of ambulances has steadily increased to reach an average of 20 per day. The Ministry approved the proposed expansion project which will increase the Emergency capacity from 15 to 22 stretchers.
- Renovations of the front lobby are under way and should be completed during the Summer.



Awards

- McGill Psychiatry Resident Association – Dr. Michel Élie, Best teacher of the year and Dr. Santokh Singh, Best clinical supervisor of the year.
- College of Family Physicians of Canada – Dr. Marc Cotran, former Board member, has been granted the CFPC Family Resident Leadership Award.
- Mrs. Claire Mullins-Kruyt, Board member, received the Award for outstanding volunteer of the year on National Philanthropy Day.
- Mrs. Marie Iskandar, Chief of the Pharmacy Department, was named the “Arab Woman of Quebec for the year 2010 – Healthcare” for her exceptional contribution to health improvement in Quebec.

St. Mary's Hospital Center will continue to strive for excellence to further improve the patient care and quality of services it provides to our community.

We would like to acknowledge the continued support and commitment of our benefactors, volunteers and boards (Hospital Center, Foundation, Governors and Auxiliary). We also would like to underline the contribution of our employees and physicians towards the high standards of quality and compassionate patient care.

Respectfully submitted,

Marc W. Trottier
President

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

Portrait of the SMHC Community

First established in May 1924 in the Shaughnessy House, in downtown Montreal (now the Canadian Centre for Architecture), St. Mary's Hospital originated in the Irish community of Montreal. At that time, the Irish Catholic hospital had 45 beds. In November 1934, St. Mary's Hospital moved to Lacombe Street. During this period, it was the most modern hospital in the city.



Affiliated with McGill University, St. Mary's Hospital Center (SMHC) now has 271 beds. It is a community hospital serving a multicultural population and which seeks to provide the highest level of safe patient and family focused care.

SMHC is an integral part of the *Réseau universitaire intégré de santé (RUIS)* McGill.

Today, SMHC is located in the heart of Montreal, in the borough of Cote-des-Neiges-Notre-Dame-de-Grace. It serves a community located in the territory covered by two health and social services centres: the *Centres de santé et de services sociaux (CSSS)* Cavendish and CSSS de la Montagne. With its 338 696 inhabitants, this territory is one of the most populous of the city and represents 18.3% of its population and it is also one of the most culturally diverse. Nearly one out of two (43.2%) of its residents is born outside Canada and just over one out of ten (12.3%) is newly arrived in the country. It has the largest Filipino, Chinese and Romanian communities of the island of Montreal.

The CSSS Cavendish and de la Montagne territory has a significantly higher number of families with children (64%) than all 12 CSSS territories in the Montreal area (62.7%) combined. In contrast, people aged 65 and over living alone represent more than the Montreal average.

From our humble beginnings as the first Irish Catholic hospital on the island to the incredibly diverse facility we are today, SMHC has grown with generations of our community. The St. Mary's team truly understands what it means to be at the heart of a community, and is devoted to serving our community with great passion and respect.



Although 59% of people living in the territory are from English or French mother tongue, English remains the language used commonly in everyday life. Nearly one in three (26.5%) still speaks a language other than English or French at home.

The CSSS Cavendish and de la Montagne territory has a high concentration of university graduates. If 44.8% of the population aged 25 and over have a university degree, this average is 28.6% throughout the Montreal area. The average

income after tax of the population aged 15 years and over is also higher, reaching \$31,943 versus \$26,793 for the whole island of Montreal.

Besides manufacturing, men are working mainly in professional, scientific or technical jobs, while the female population is mainly specialized in health care and education. These concentrations are explained by the proximity to several hospitals, the *Université de Montréal* and several other educational institutions.

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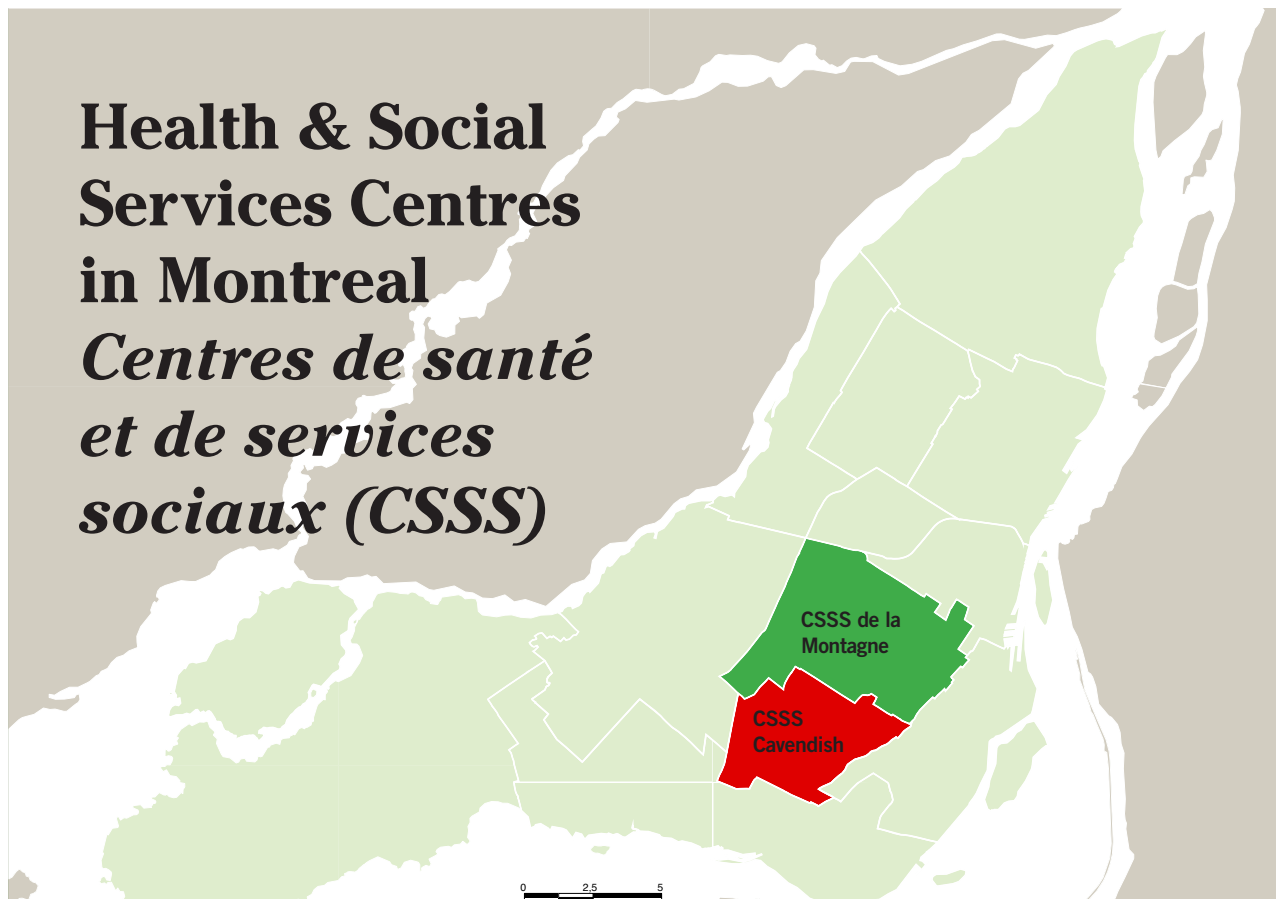
Sources :

Agence de la santé et des services sociaux (2009) : Principales caractéristiques de la population du CSSS Cavendish, Direction de la santé publique, 12 pages.

Agence de la santé et des services sociaux (2009) : Principales caractéristiques de la population du CSSS de la Montagne, Direction de la santé publique, 12 pages.

Dr. J.J. Dinan, St. Mary's Hospital – The Early Years, Optimum publishing international, Ottawa 1987, 111 pages.

Health & Social Services Centres in Montreal *Centres de santé et de services sociaux (CSSS)*



SMHC serves a community located in the Centres de santé et de services sociaux (CSSS) Cavendish and CSSS de la Montagne. With its 338 696 inhabitants, this territory is one of the most populous of the city and represents 18.3% of its population

Our Internal Community

SMHC staff appreciation day 2010 – celebrating our internal community

The SMHC Department of Human Resources organizes annually, a day to recognize and demonstrate appreciation for the dedication and efforts of our entire hospital staff and volunteers. Everyone is treated to a variety of tasty dishes and musical entertainment throughout the day.



Dr. Howard Stuart and his band entertained our staff and our patients.

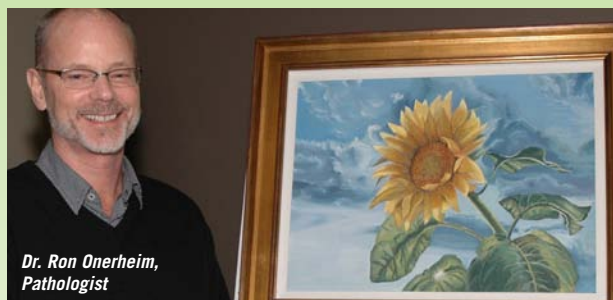
SMHC Users' Committee talent show

For the third time, the SMHC Users' Committee organized a fun-filled and entertaining fair that featured the artistic talents of both patients and hospital staff. In addition to colorful and attractive exhibits of arts and crafts, such as costume jewelry and paintings, patients, visitors and staff were treated to vibrant dance routines, delightful vocals and soothing musical performances by the talented artists. This event not only served to lift the spirit of the hospital staff and harmoniously unite the SMHC community, but any proceeds generated were directed towards patient-oriented projects, mostly in the Mental Health Program. This year, CTV news covered the event. Congratulations to the talented artists and performers!

Our internal community of hospital staff, volunteers and patients combine their talents to help our Mental Health Program.



Lyne McCready, administrative coordinator for mental health and Diane Lapointe (white coat), kitchen supervisor, who retired after 40 years of service to SMHC, displaying a wide smile in front of the delicious buffet.



Dr. Ron Onerheim, Pathologist



Marie Iskandar, Chief, Pharmacy Department



David Bérubé, Head Nurse, Psychiatry In-Patient Unit

Our Local Community

The generous spirit of our SMHC community is also seen by our willingness to help out our local community by contributing nonperishable goods of all kinds to Multicafe, a community-based food resources centre located in the heart of our Côte-des-Neiges neighborhood and by donating to the Entraide Campaign to help the needy across Québec.



From left to right: Yves Perreault, Avmor; Carlo DeStefano, Manager of Housekeeping Department; Melissa Peneycad, EcoLogo; Mike Kamel, Director of Materials Management and Support Services.

SMHC continues its green initiative with the Allégo program. St. Mary's Hospital Center is constantly looking for ways to improve the hospital environment for its patients and community, staff, physicians and volunteers. After receiving the EcoLogo Environmental Stewardship Award, the first healthcare facility in Canada to receive this recognition for using environmentally friendly cleaning products, we have embarked on yet another green initiative: the Allégo program. This program, initiated by the *Agence métropolitaine de transport (AMT)*, aims to promote the use of sustainable modes of transportation (public transit, active transportation like biking or walking, carpooling, etc.).

The objectives of the Allégo program are to facilitate and improve accessibility to the hospital for our patients and our community, employees and volunteers; to find alternative means of transportation and reduce single occupant vehicular use; to allow SMHC to continue its green initiative by reducing the greenhouse gases in our environment, and to help reduce traffic congestion around SMHC.



SMHC celebrates our community at “Côte-des-Neiges en fête”

The 8th edition of the community event “Côte-des-Neiges en fête” took place at Kent Park. This was an occasion for everyone to celebrate the rich cultural, artistic, and social diversity of our community. The event was also a great opportunity to spend an afternoon filled with fun and entertainment for the whole family. SMHC joined the celebrations by hosting an information booth.

St. Mary's brings its healthcare expertise to the community

Again this year, St. Mary's was the only hospital to help the “Taste of the Caribbean” community event celebrate its 11th anniversary at Place Bonaventure. The focus of the St. Mary's kiosk was on cardiovascular health. Our nurse clinician, Paulette Morris, encouraged everyone to be vigilant with their cardiac health. Many visitors stopped by to have their blood pressure checked, to learn about their BMI (body mass index) and to pick up literature about maintaining a healthy heart. Over 2000 people attended this successful event.

Gemma Raeburn-Baynes (left), president of “A Taste of the Caribbean” Festival and Paulette Morris, a nurse at SMHC, all smiles after the results of the blood pressure test.



“24 heures de science” at SMHC

In collaboration with the Quebec-wide “24 heures de science” which aims at promoting Québec’s scientific community, and under the guidance of Dr. Indrojit Roy, Director of Pathology at SMHC, members of our community were presented the unique opportunity to take a journey through the human body, from the organ to the cellular level. Participants in the event included teachers and students from James Lyng High School, our own SMHC staff and the general public. The students also participated in an interactive game that involved reconstructing the digestive system organs on a teaching mannequin. They all expressed their appreciation to SMHC for providing them with a first-hand look at the inner workings of the human body - which now helps them to understand the real impact of our habits on our bodies!

In yet another initiative to share our knowledge with the precious, young members of our community

SMHC supported a new initiative called *Programme d'intéressement aux métiers et professions de la santé et des services sociaux*, developed by the Montreal Health and Social Services Agency, in collaboration with the Ministry of Immigration and Cultural Communities (MICC). The objective of the program was to support high school students wishing to pursue careers in the health sector. Fifty students across the island of Montreal participated in the program. SMHC had the pleasure of welcoming three of them.

The three students completed a seven-week stage at St. Mary’s where they had the opportunity to learn about the many careers that are available in the hospital. They had the chance to visit various departments and to observe our employees in action. Thanks to all the departments who participated in providing an amazing learning opportunity for the three students!

“24 heures de science” participants reconstruct the digestive system organs on a teaching mannequin.



**Front row, High school graduates from the Côte-des-Neiges sector.
Back row, SMHC personnel.**





Our Community Health Care Partners

The 11th Research and Quality of Care Symposium and First Research Colloquium at SMHC

St. Mary's annual Research and Quality of Care Symposium is the ideal occasion for healthcare professionals across the island of Montreal to gather around to discuss controversial issues in health care. Every year, this event provides our health care network with a variety of lectures, debates, discussions and networking opportunities to exchange knowledge and share good practices from everywhere. The theme of 2010 was on emotion management: "From Tears to Laughter: Confronting the Emotional Gamut".

Additionally, in order to reach the research community, St. Mary's Hospital Center launched its first research colloquium in September 2010. This conference promises to become an annual event which will focus on a different innovative topic for every edition; the first edition focused on virtual wards, a British innovation to reorganize health care services that combines electronic capacities with human organization in order to predict and avoid unforeseen hospitalizations. Experts came from the United Kingdom, New Zealand, Toronto and our own hospital to share their experiences and perspectives.

Our International Community

SHMC helping out our local and international communities

Haiti

When Phil Carpenter, journalist with *The Gazette*, was assigned to cover the cholera outbreak in Haiti, he approached several hospitals to see if they had any medical supplies that they could donate to help both the people of Haiti and the dedicated medical teams and volunteers stationed there. St. Mary's was quick to respond and Mr. Carpenter explained that he was "impressed and touched by St. Mary's desire to help and generous spirit. The supplies that were donated were of immeasurable help to both the patients and the medical crews in managing this medical crisis".

Nepal

Rebecca Dyck, who teaches nursing at Dawson College and is a nursing instructor at SMHC, went to Tansen, Nepal, to teach nursing last Fall. She brought some electronic vital sign monitors that were donated by SMHC with her. "The first day we came to the hospital, the monitor was used during surgery on a 6 day-old infant. The surgeon credited the monitor with saving the baby's life! It is amazing to see what we can do with things that we discard as old here but which can have a whole new life somewhere else," she says.

Some of the donated medical supplies that Phil Carpenter and The Gazette team brought to Haiti.



PHOTO: COURTESY OF THE GAZETTE, PHIL CARPENTER



Rebecca Dyck and Ganga Jirel, Director of Nursing at Tansen's Hospital in Nepal.



SMHC exports its expertise as far as Africa

Marie-France Brizard, Manager of the Maternal/Child Program at SMHC, went as far as Kinshasa, Democratic Republic of the Congo, to help with the implementation of a reference team in obstetrics. From September 24 to October 9, 2010, she traveled to the N'Galiéma clinic with a McGill colleague to train the staff and visit the infrastructures. In the other direction: Mrs. Odette Mwamba, Director of care at the N'Galiéma clinic, and Mrs. Marianne Atambutubobale, chief-nurse in obstetrics in the same clinic, both came to SMHC in April 2011 to observe the organization of our team and exchange about the important administrative and clinical protocols.

This exchange took place as part of a project from the *Secrétariat international des infirmières et infirmiers de l'espace francophone (SIDIEF)* and the *Unité de santé internationale* of the *Université de Montréal*, with funding from the Canadian International Development Agency (CIDA).



From left to right: Nurse at the health and maternity centre of the Haut-commandement Kinshasa/Gombe, Marie-France Brizard, Program Manager of Maternal/Child Care, Nurse at the health and maternity centre of the Haut-commandement Kinshasa/Gombe, Luisa Ciofani, nurse-clinician at McGill University.

Combined Balance Sheet as at March 31, 2011

	2011	2010
ASSETS		
Short Term		
Cash	\$ 6,036,132	\$ 3,908,508
Accounts Receivable - Agency	33,812,267	4,960,619
Accounts Receivable - Others	3,721,865	3,017,234
Prepaid Expenses	601,505	478,869
Inventory	3,372,286	3,496,021
Other Assets	2,112	-
Long term		
Fixed Assets	75,014,599	69,372,856
Funding Receivable - Accounting Reform	(3,300,414)	(3,585,776)
Long Term Investments	1,400	1,400
Accounts Receivable - Deferred Leaves	615,264	617,086
Total Assets	119,877,116	82,266,817
LIABILITIES		
Short Term		
Bank Loan	62,222,961	50,998,893
Accounts Payable	26,661,351	23,625,498
Accrued Interest Payable	194,196	152,038
Cash advance from the Agency - <i>Enveloppes décentralisées</i>	4,003,879	2,319,772
Deferred Revenues	1,324,884	659,639
Other Liabilities	6,162	14,109
Long Term		
Notes Payable - Capital Fund	14,656,207	16,350,508
Deferred Revenues	17,917,236	21,011,590
Other Long Term Liabilities	631,253	12,105
Total Liabilities	127,618,129	115,144,152
FUND BALANCE		
Fund Balance		
Operating Fund	(7,813,884)	(32,950,206)
Capital Fund	72,871	72,871
Special Purpose Fund	-	-
Total Fund Balance	(7,741,013)	(32,877,335)
Total Liabilities and Fund Balances	\$119,877,116	\$ 82,266,817

Statement of Operations for the Year Ended March 31, 2011

REVENUES

	2011	2010
Agency	\$ 117,923,414	\$ 113,748,403
Patient Services	4,703,098	4,893,047
Miscellaneous	7,506,448	6,940,906
	130,132,960	125,582,356

EXPENDITURES

Salaries and Benefits	86,718,373	84,188,894
Medication	8,133,663	7,814,130
Blood Products	2,820,292	2,924,987
Medical Supplies	12,749,500	12,402,643
Food and Dietary	941,353	816,814
Bad Debt Expenses	636,930	772,681
Loan Interest	463,946	268,493
General Administration	4,417,166	3,909,113
Plant Operation and Maintenance	5,904,479	5,859,939
Other Expenses	9,200,237	9,322,967
	131,985,939	128,280,661
Excess of Revenues over Expenditures (of Expenditures over Revenues)	\$ (1,852,979)	\$ (2,698,305)

Gross Expenditures of Admissible Activities

Physical Health Program	\$ 69,216,147	\$ 68,058,914
Administration and Support Services	20,643,955	19,870,588
Non Exclusive Services to a Program	20,624,772	19,659,646
Building and Equipment Management	10,847,808	10,959,873
Mental Health Program	2,968,064	2,929,742
Generic Services Program - Clinical Services	2,510,499	2,242,043
Public Health Program	17,009	71,899
Employees Benefiting from Stability of Employment	19,046	19,039
Total Gross Expenditures	\$ 126,847,300	\$ 123,811,744

Statistics

	2011	2010
Patient Days		
Short Term	90,630	89,055
Long Term	-	-
Newborn	10,158	11,412
Admissions		
Adults	11,449	11,639
Newborns	4,395	4,783
Deliveries	4,370	4,763
Average Length of Stay		
Short Term (days)	7.92	7.65
Long Term (days)	-	-
Occupancy (%)	91.62	90.03
Outpatient Visits	124,844	113,681
Surgical Day Centre - Visits	10,364	10,332
Emergency - Visits	37,445	38,047
Audiology & Speech Therapy - Visits	2,329	1,935
Occupational Therapy - Visits	10,612	10,093
Physiotherapy - Visits	28,724	26,982
Psychiatry - Visits	12,934	12,638
Medical Imaging - Exams	89,148	90,100
Laboratories - Procedures	2,967,715	3,016,345

HUMAN RESOURCES

Full Time Equivalent

Management Personnel	74	74
Full Time Employees	969	938
Part Time Employees	343	346
Occasional Employees	165	157
Number of hours paid during fiscal year for occasional employees	301,356	287,254

Statement of Data and Controls Reliability Contained in the Annual Management Report

The information contained in the annual management report is under my responsibility. This responsibility concerns the accuracy, comprehensiveness and reliability of the data, the information and the explanations submitted in the report.

Throughout the fiscal year 2010-2011, information systems and reliable control measures were maintained to support this statement. Moreover, I ensured that work was carried out in order to provide reasonable assurance of the reliability of the results, and specifically regarding the management agreement.

To my knowledge the data contained in the 2010-2011 annual management report of St. Mary's Hospital Center, as well as the controls relating to this data are reliable and accurately reflect the situation for the year ended March 31, 2011.



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





Council of Nurses

Crystal Côté

The Council of Nurses is accountable to the Board of Directors for assessing the general quality of nursing acts performed in the hospital centre, making recommendations on the rules of nursing care, making recommendations on rules governing medical care and medication use policy, making recommendations on the appropriate distribution of care and assuming any function entrusted to it by the Board of Directors. In accordance with the by-laws of the institution, the Council of Nurses is also accountable to the Director General for giving its opinion on the scientific and technical organization of the hospital centre, the means to be used to assess and maintain the competency of nurses and any other questions brought to its attention by the Director General.

In the past fiscal year the Council of Nurses decided to refocus its energies on topics that have been surfacing on an ongoing basis: issues of professionalism and issues of communication from the Council of Nurses to its members. The Council wanted to send a strong message to its members in relation to developing a culture of professionalism that promotes patient focused care, collaboration and accountability. Throughout the year, the Council worked on several projects with the overall goal of redefining the culture of nursing and the importance of an ongoing nursing assessment with an emphasis on continuity of care.

The Council of Nurses also worked on internal restructuring and development of the Council in order to promote proper channels of communication from members to the Council. This, additionally, would allow the Council to better gauge needs of the frontline staff and assume the guidance necessary for its members. In order to refocus on quality nursing care the Council of Nurses has developed several committees which will report to the Council.

The Council was advised of a professional inspection in January and has been working under the guidance of the Vice-President of Operations and Nursing in preparation for a self evaluation in October of 2011.

Topics of interest during the year were: implementation of collective prescriptions, the auditing of the therapeutic nursing plan, recruitment and retention of nurses, professional advancement of staff, Nurses Day and awards of excellence.

The Council continues to work in collaboration with the Licensed Practical Nurses committee and would like to highlight the considerable extent of work executed by their committee and is aiming to expand their collaborative working relationship within the upcoming year.

Crystal Côté,
President







Judy Surette

Multidisciplinary Council

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

The Executive Committee of the MDC acts through its Inter-Professional Committee (IPC) and the Quality and Education Committee (Q&E) 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 Achieved and Accomplishments in 2010-11

A sub-committee of the MDC Executive Committee was formed to update the bylaws of the Multidisciplinary Council, taking into consideration our new status as a University Affiliated Hospital Center and changes in legislation and will complete its mandate by the fall of 2011.

The MDC through its Executive Committee presented the Vice-President of Human Resources with recruitment, retention and recognition suggestions for its membership.

In collaboration with Infection Prevention & Control, the MDC continued to promote vigilance and education for infection control and pandemic planning.

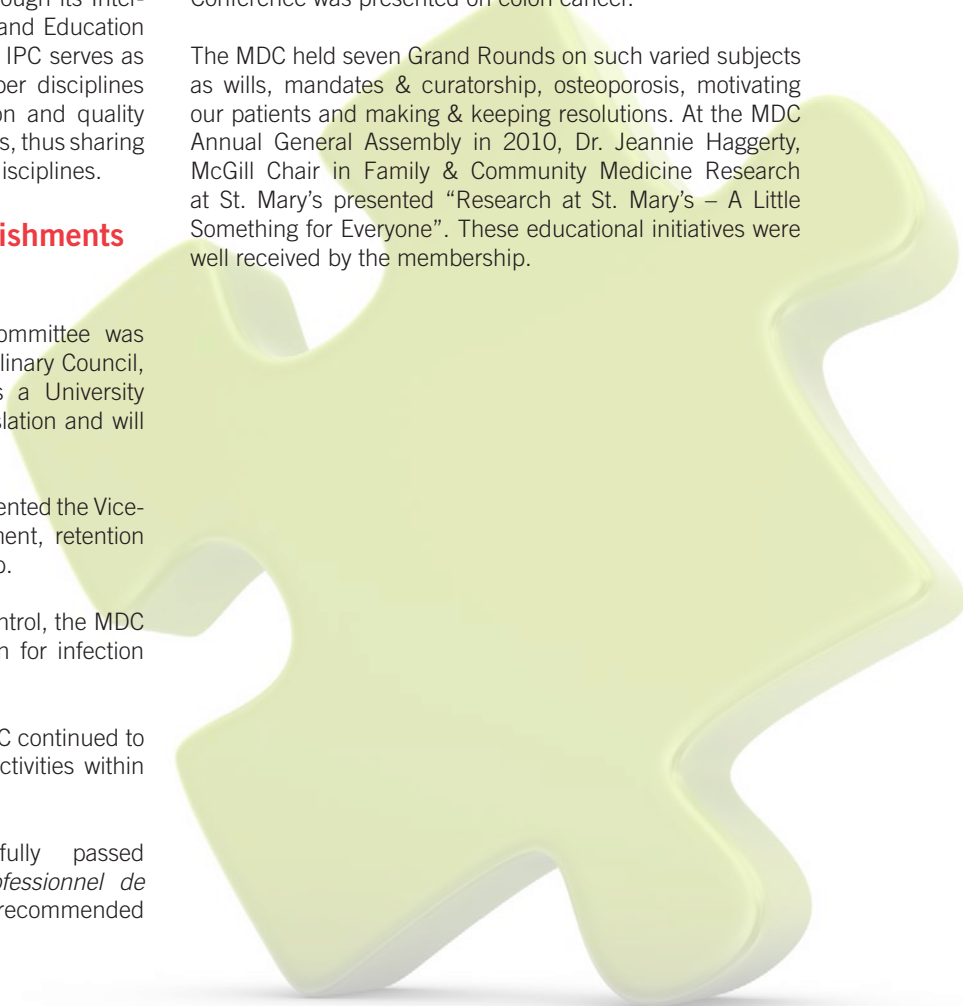
Through the IPC and Q&E Committees the MDC continued to encourage peer review/quality improvement activities within all member disciplines.

The physiotherapy department successfully passed inspection in July 2010 by the *Ordre professionnel de la physiothérapie du Québec (OPPQ)* on recommended

practices and guidelines for maintenance of equipment and products, with no recommendations and professionally inspected in December 2010 with results pending. Medical imaging successfully passed inspection in February 2011 with recommendations.

In collaboration with the Council of Nurses and the Council of Physicians, Dentists and Pharmacists, a Tri-Council Conference was presented on colon cancer.

The MDC held seven Grand Rounds on such varied subjects as wills, mandates & curatorship, osteoporosis, motivating our patients and making & keeping resolutions. At the MDC Annual General Assembly in 2010, Dr. Jeannie Haggerty, McGill Chair in Family & Community Medicine Research at St. Mary's presented "Research at St. Mary's – A Little Something for Everyone". These educational initiatives were well received by the membership.





Anne Lacourse, Music Therapist with one of her patients.



Jeanne Wong, Physiotherapist with a patient.

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 of the MDC for 2011-2012

- Promote patient safety within the MDC disciplines and professions.
- Complete the process of updating the MDC bylaws, taking into consideration our new status as a University Affiliated Hospital Center and changes in legislation.
- Encourage and facilitate patient empowerment in all member disciplines.
- Continue to encourage quality improvement activities within all member disciplines.

Judy Surette,
President



Dr. Marcel Fournier

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.

Five goals were established for the 2010-2011 mandate:

- *Collège des Médecins du Québec* Inspection
- International Medical Graduate (IMG Program)
- Recruitment of Physicians – the Executive of the CPDP to be actively involved in promoting and recommending physicians to SMHC
- Bill 90
- OACIS Project

Executive Committee Priorities 2010-2011

1. *Collège des médecins du Québec* Inspection

The Executive Committee unanimously agreed to act upon the following:

- Revisions of the Departmental by-laws with respect to the CMQ recommendations.
- Review of the Council of Physicians, Dentists, and Pharmacists by-laws.
- Incomplete charts and surgical reports.
- Quality assessment audits.
- Establish an action plan specific to the CMQ recommendations for the Divisions of General Surgery and Urology.
- Review criteria and necessary forms for reappointment of physicians.

2. International Medical Graduate Program

With much hard work and dedication, a formal educational program with dedicated space, was established and the first candidates commenced their training in May 2011, under the directorship of Dr. Eric Tremblay.

3. Recruitment of Physicians

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

4. Bill 90

Bill 90 i.e. Collective Prescriptions – most of the year was involved in establishing a working paradigm for the evaluation and acceptance of prescriptions by the various committees involved in their oversight.

5. OACIS Project

Dr. Howard Stuart is actively involved in the OACIS project. A presentation is tentatively scheduled for next Fall.

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 16 new forms that were integrated into hospital medical charts. Incomplete medical charts are also reported regularly to the committee. The number of incomplete charts decreased to 902 (October 2010); increased to 1105 (January 2011); and decreased to 859 in April 2011.
- **Infection Control Committee**
Issues and activities addressed included the following:
 - On-going monitoring of MRSA, VRE, and *C-Difficile*;
 - Year end rates were presented for 2009 and were slightly higher due to VRE;
 - OR rate of infections was overall less. Most recommendations are being followed such as “skin prep kits”;
 - Policy on Pandemic Flu is now complete and is part of the Infection Control Manual;
 - Compliance rates for recording of pre-op antibiotics have increased. Rates began at 45%, now up to 93%. Audit was carried out on the 6th floor Surgery.
- **Surgical Review Committee**
 - 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:
 - Review of Hyperalimentation;
 - Total Parenteral Nutrition – implementation of screening prescriptions for non-medically justifiable prescription. Intervention of ICU physician to support dietician.
- The following guidelines were also approved:
 - Hyperemesis Gravidarum pre-printed prescription & exit prescription;

- Parathyroidectomy pre-printed prescription;
- ICU pre-printed prescription for Septic Shock;
- Diabetic ketoacidosis – ICU pre-printed prescription;
- Hypothermia post-cardiac arrest – ICU pre-printed prescription;
- Collective Prescription – Ibuprofen (for Triage Nurses in ER);
- Collective Prescription – Acetaminophen (hospital wide);
- Collective Prescription M-003 for Scopolamine butylbromide in Medical Imaging, new increased dosage;
- Temporary discontinuation of Warfarin (Coumadin) before surgery – bridging with Fragmin;
- Pre-printed prescription for Chemotherapy Hypersensitivity;
- Automatic substitution of meropenem to imipenem;
- Intralipid protocol;
- Policy for Oncology drug use (Revision);
- Pre-printed prescription for cervical catheter induction;
- Automatic switch from Timentin to Tazocin.

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, Council of Physicians, Dentists, and Pharmacists

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 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 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 2010-2011, the QRMCC met on 13 occasions and reviewed presentation of annual reports on quality and risk management from the following teams: Geriatrics, Mental Health, Family Medicine, Critical Care, Emergency, Cancer Care, Human Resources, Information Management, Infection Prevention and Control, Dialysis, Maternal-Child, Surgery, Laboratories, Nurses' Council, Multi-disciplinary Council, Council of Physicians, Dentists and Pharmacists, Rehabilitation Services, and Diagnostic Imaging.

Accreditation Canada

For 2010-2011, QRM has been involved in responding to a number of recommendations following the accreditation visit which took place October 4 to 8, 2009.

Principal follow-ups to be completed were on the following issues:

- need to implement a 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.

All of these follow-ups were completed and accepted by Accreditation Canada who also recognized SMHC's continuous engagement in improving quality of care to its patients.

Research Centre

There was no instance of scientific or ethical misconduct in research for the 2010-2011 fiscal year.

Incident/Accident Reporting

The statistical profile of incidents/accidents for the 2010-2011 fiscal year is incomplete as delays in the full implementation of the SISSS program has continued to postpone data entry. Implementation of the new SISSS program has started with the data entry of Incident/Accident reports being entered as of the end of the 2010-2011 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 the 2010-2011, there were 1791 incidents/accidents reported¹. This is a 9.5% decrease from 2009-2010.

While a specific description of type of error reported is not possible yet, due to limitations and challenges with the implementation of the SISSS software, specific reviews of all reports have not shown a significant change in type of incident-accident or severity. While waiting for this function to be available, the QRM Department does request further follow-up on a selection of adverse events and these are closely monitored in terms of corrective measures that are put in place. We hope

1. Received by the Quality and Risk Management Department as of June 2, 2010

to be able to obtain statistical analysis from SISSS 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 is the risk inventory monitoring systems that are in place at St. Mary's Hospital Center.

1. Patient complaints
2. Law suits
3. Claims against the hospital
4. Insurance Claims against the hospital
5. Labour grievances
6. Radioactive Isotopes
7. Council quality / risk management activities (Council of Physicians, Dentists and Pharmacists, Multidisciplinary Council, Council of Nurses)
8. Infection Control activities
9. Employee work accidents, occupational diseases & CSST
10. Unsafe work conditions
11. Hazardous materials related risks
12. Work place violence
13. Biomedical equipment related risks
14. Biomedical related alert & recalls
15. Non-biomedical equipment risks
16. Information systems risks
17. Research risks (research ethics annual report)
18. Emergency measures and other security related incidents
19. Incident / Accidents (AH-223)
20. Restraints related risks
21. 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 2010-2011

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;
- Presentation of the results of Failure Mode Events Analysis (FMEA) on narcotics management to the internal community.
- 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 on how to do a quality cycle on the job, infection prevention and control, and preventing identification errors, ErroMed (Human Factors and Patient Safety) training given to 23 staff members.

Quality Assessment Projects Completed in Support of Quality Improvement Teams

Eleven projects were completed by the Quality Assessment Unit in support of the Quality Improvement Teams. The QA Unit completed 6 projects in 2010-2011 and started 11 new projects in 2010-2011. One project started in 2008-2009 and three from 2009-2010 were still ongoing.



Research Activities

With the support of the C.A.R.E. program, an evaluation of the ErroMed training program was conducted in 2010-2011. This project will be completed in 2011-2012. Also, the QRM Department is involved in the Patient Engagement Project in supporting the Users' Committee and the QI teams involved in the project.

11th Annual Symposium on Research and Quality of Care

The goals of the Annual Symposium on Research & Quality of Care are to disseminate information and 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.

The 11th edition of this event, gathered 138 registered participants around the theme "From Tears to Laughter:

Confronting the Emotional Gamut" where a number of speakers gave attendees different perspectives on dealing with patient, family and professional's emotions within the context of healthcare. Fifteen 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

There were no audits conducted on restraints use in 2010-2011 due to the revision of the policy and procedure on restraints. The last study conducted in 2008-2009 showed that the proportion of restraints did not differ greatly over the three years and also showed improvements in the documentation of the use of restraints. We will redo an audit in 2011-2012 to see if the trends have changed significantly.

Follow-up to Coroner's Report Recommendations

There was one request for follow-up by the Coroner. An internal and in-depth investigation in the specific case was done and it was deemed that the inter-institution communication tools in place were used appropriately and were satisfactory.

Infection Control and Prevention Activities

QI Initiatives & Projects

1. The *Staph aureus Bacteremia* (SA) 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 43.75%, 36.59%, 28.13% and 34.62% (rates following corrections) for the four last fiscal years. Our rate improved in the 2009-2010 fiscal year, we are comparable to the same size hospitals in the province.



2. The rate of the provincial Central Line Associated Bacteremia (CLAB) surveillance in ICU was 2.33% for the 2009-2010 fiscal year and 1.88% for 2010-2011.
3. Our baseline rate of the provincial Central Line Associated Bacteremia (CLAB) surveillance in dialysis was 0.26% for the 2010-2011 fiscal year. We will be able to benchmark with same size dialysis in the province by the end of the 2011-2012 fiscal year.

Surveillance Activities 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 IC department. Even though the number of nosocomial MRSA patients is lower than previous years, the total number remains high placing a large burden on all resources. We had 118 nosocomial MRSA cases in 2010-2011 compared to 132 in 2009-2010.

We have seen a decrease in our nosocomial VRE cases compared to the previous year; we had twelve nosocomial VRE cases in 2010-2011 compared to 23 in 2009-2010. However our prevalence point is higher than previous years, leading to increase risk for nosocomial transmission.

Surveillance of Surgical Site Infections (SSI) includes admitted patients only (day surgeries are excluded), and for the following surgical services: General, Orthopaedic, Gynaecology & Post C-section.

Reporting is done to individual surgeons and by code to the chief of surgery and the chief of service.

The on-going *Clostridium difficile* surveillance system established 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; we had 38 nosocomial cases in the 2010-2011 fiscal year compared to 45 in 2009-2010.

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.

Acceptable blood culture contamination rates are generally 3% or less. For the three periods audited this year, blood culture contamination rates were respectively 0.59%, 0.91% and 0.90% – far below the 3% threshold. Blood culture contaminations during the three periods were noted mainly in ER and ICU.

Outbreak Investigations

- During the fiscal year 2010-2011, two VRE outbreaks occurred on 8 Main and 5 Main in February and November 2010. A vast amount of resources have been used for containment.
- We also had in May and April 2010, three MRSA outbreaks on 5 Main, 5 South and ICU which necessitated isolation of many patients and increased housekeeping activities.

Education

A number of in-services have been given to the hospital staff throughout the 2010-2011 fiscal year. The IC team has committed a total of 36 hours in rendering educational in-services to 545 attendees, including 129 students and 416 employees.

During the 2010-2011 fiscal year, a total of 150 hours were dedicated to the training of the Infection Prevention and Control Department staff: two infection control practitioners, one secretary and one manager have undergone educational trainings (three on-line courses, weekly teleclasses, two in-class computer courses and the manager's Infection Control

Board recertification) which have equipped the team with an in-depth knowledge of infection control practices, as well as enabling them to sharpen the necessary skills to accomplish their job properly.

Completed Projects

- On-going revision of the Infection Control Manual (April 2010–March 2011).
- Infection Control posters, signs, pamphlets and information are updated and made available via Visual Communications Services.
- 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 five were done in 2010-2011).
- 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.

Based on the results of two audits done in the operating room (OR) in April 2009, recommendations were partly instituted throughout 2010-2011, follow-up is still on-going.

Upcoming Projects 2010-2011

- Continue hand hygiene blitz
- Hand hygiene audit scheduled for August 2011; we will be able to benchmark with similar audits done in 2007 and 2009
- Work with the surgical team to complete the implementation of the 2009-2010 OR audit recommendations.
- The goal of the signage project is to standardize all infection control precautions signs across the McGill teaching hospitals. A working group composed of infection control practitioners from various McGill hospitals looked at the research and written guidelines available, and made changes to the infection control signs accordingly. The aim is to make it easier for health care professionals and support staff who work at various health care institutions to be able to easily recognize the infection control signage, thereby increasing compliance. Following the same ratio-

nale, the standardization of these signs will also be beneficial for patients and family members who visit different McGill hospitals. The first step started with a pilot project on 5 South in mid-May and lasted three weeks.

- Quality control for compliance with infection control measures in targeted areas is still on-going.

Quality and Risk Management Recommendations and Priorities for 2011-2012

- Prepare and organize the self-assessment process in preparation for the 2012 Accreditation Canada visit.
- Reduce the backlog in data entry for incident-accident in SISSS.
- Track Quality Assessment projects and links with accreditation standards
- Continue the following functions:
 - Continuous in-service education of staff and managers on patient safety and risk management;
 - Organize Patient Safety Week, including a special 2-day training for staff and managers on human factors and patient safety (ErroMed);
 - Provide an additional ErroMed training session to staff every year as of 2011-2012;
 - Support QI teams across the hospital;
 - Support the Annual Symposium on Research and Quality of Care.



Report from the Local Service Quality and Complaints Commissioner

Breakdown of complaints

Completed without corrective measures.....	54%
Completed with corrective measures	43%
Refused or interrupted	1%
Abandoned	2%

Summary of complaints

Complaints carried over from previous year	9
Complaints received during the current year	189
Complaints concluded during the current year	191
Complaints carried over to the next period	7

Objects of complaints

Accessibility	35
Care and services	52
Quality of human relations	47
Environment and material resources	30
Financial aspect	24
Individual rights	28
Other	0

Originator of complaints

Patients	64%
Family/Other	36%

Processing time

- 45 days	84%
+ 46 days	16%

Report from the *Comité de vigilance et de la qualité* 2010-2011

The Committee met three times during the fiscal year 2010-2011. At the heart of its mandate, the Committee makes sure that adequate follow-up is given to the main recommendations of the local service quality and complaints commissioner that could be retained by the Board of Directors. The Board of Directors accepted the recommendation of the commissioner for the revision of the process related to telephone access to the various clinics.

The Committee reviewed the report on legal suits against the hospital in recent years.

Incidentally, the Committee was interested by the conclusions of Accreditation Canada following the visit of the organization in October 2009. The Committee also received the recommendations following the inspection visit of the *Collège des médecins* and will ensure their follow-up in the Fall of 2011. Recommendations from the Committee, if any, will be addressed to the Board of Directors.

An updated version of the Code of Ethics was presented to the Committee following its adoption by the Board of Directors.

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



Users' Committee

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

The Users' Committee of St. Mary's Hospital Center is comprised of nine members. One of the members represents the committee on the Board of Directors of the hospital. We also have a resource person who acts as secretary of the committee.

Meetings are held the last Friday of the month, September through May. There were two emergency meetings held this past year. Department heads are invited to speak at some meetings.

The Committee is a member of the *Regroupement provincial des comités des usagers*. An English sector has been set up and we met three times.

An annual budget is received and is used according to the directives issued by the Montreal Health and Social services Agency.

The Committee is part of the Patient Engagement Project (PEP). This is a two-year research project involving three areas in the hospital: Mental Health, Emergency and Cancer Care. This project aims to strengthen the patient voice in quality improvement initiatives.

We received approximately one hundred calls this year. Some examples of calls were regarding phones not being answered for patients to make appointments, appointments being cancelled without notifying patients, rudeness by staff, files lost, and unclean patient areas. Patients are asked if he/she wishes to lodge a formal complaint. Any complaint about a doctor automatically is referred to the ombudsman.

All goals set for the year 2010-2011 were met.

Goals for 2011- 2012

- Partnering with Risk Management in Patient Safety Week.
- Starting a "Speak Out" campaign for patients.
- Find a solution to the problem of making appointments by phone.
- Assist patients with language difficulties acclimate themselves to the hospital.

Respectfully submitted,

Patricia McDougall
President



Code of Ethics

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

General Responsibilities

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

Specific Responsibilities

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

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

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

Disciplinary Procedures

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

her representative a reasonable opportunity to be heard and to make written submissions if desired. The deliberations of the committee shall be confidential.

4. The committee shall make a written report to the Board as soon as practicable. Should the report recommend the imposition of a disciplinary sanction, the Board may in its discretion decide to reprimand the director who has been found to contravene this Code or it may decide to request his or her resignation. It may also decide to initiate appropriate civil or penal legal proceedings. The Board's decision shall be communicated in writing to the director concerned.
5. Members of the committee and the Board shall be immune from legal process in consequence of exercising their responsibilities in good faith pursuant to this Code.

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, 2011, the Board of Directors has not received any complaints or indication in regards to the non-respect of this code.



As of March 31, 2011

ADMINISTRATION

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

Linda Bambonye
Vice President
Operations and Nursing

Bruce Brown, M.D.
Vice President
Professional Services

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

Elisabeth Dampolias
Vice President
Human Resources

Susan Law, Ph.D.
Vice President
Academic Affairs

COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS

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President

Chryssi Paraskevopoulos, M.D.
1st Vice President

Paul Stephenson, M.D.
2nd Vice President

Marie Iskandar, M.Sc.Pharm.
Treasurer

Balbina Russillo, M.D.
Secretary

COUNCIL OF NURSES

Crystal Côté
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Cindy Marchand
Vice President

Natalie D'Aoust
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Megan Fournier
Public Relations Officer

MULTIDISCIPLINARY COUNCIL

Judy Surette
President

Marcela Hidalgo
Vice President

Filomena Novello
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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

Bonnie Cuthbert
Non-clinical personnel

Anne-Marie d'Amours
Population

Rita Lc de Santis
Montreal Agency

Lorna Dowson
Multidisciplinary Council

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

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

Liette Lapointe
University

Michael Macchiagodena
Users' Committee

Nancy Margaret Marrelli
Montreal Agency

Claire Mullins-Kruyt
Cooptation

Lina Palazzo
Council of Nurses

Dominique Piper
Residents

Murray Steinberg
Cooptation

Marcel Villeneuve
Foundation

CLINICAL DEPARTMENT CHIEFS

Molly McHugh, M.D.
Anaesthesia

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 Gynaecology

Jaroslav Prchal, M.D.
Oncology

Conrad Kavalec, M.D.
Ophthalmology

Apostolos Papageorgiou, M.D.
Paediatrics

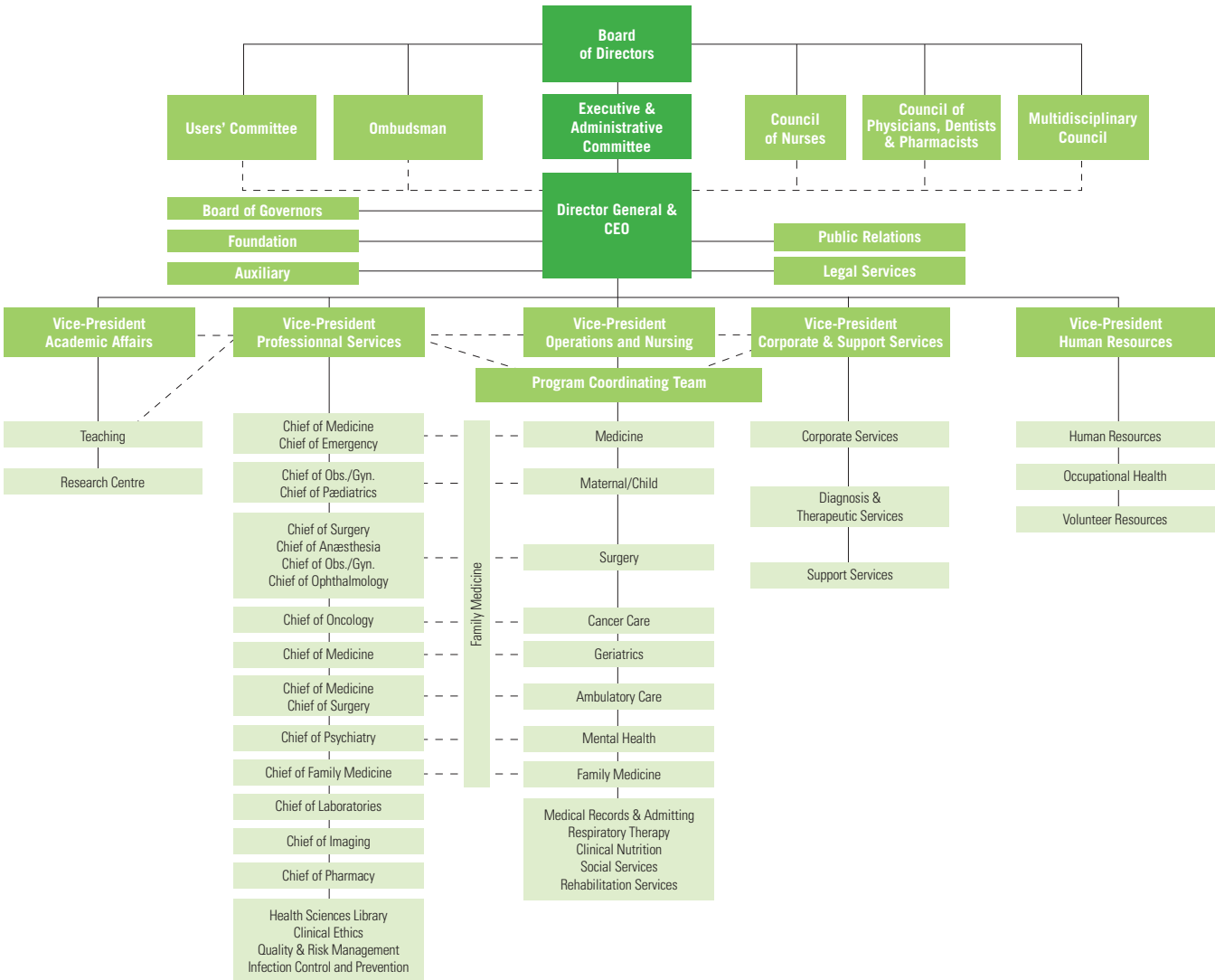
Marie Iskandar, M.Sc.Pharm.
Pharmacy

Suzanne Lamarre, M.D.
Psychiatry

Jack Glay, M.D.
Radiology

John R. Sutton, M.D.
Surgery

Organizational Structure



At SMHC, we have our
community
at heart!



Centre hospitalier affilié
universitaire

A University-Affiliated
Hospital Centre



McGill

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Certain information contained in this Annual Report reflect forward-looking expectations or statements.
The data / statistics contained herein reflect the information available at the time of publication.