

ANNUAL report

2008
2009

ST. MARY'S HOSPITAL
CENTER

Compassionate
BEDSIDE CARE

24/7



our new university-affiliated hospital centre



We officially announced our new affiliated university hospital centre status at a press conference held on July 9, 2008. For this occasion, we also invited our colleagues and partners from the Montreal healthcare network.

From left to right: Richard I. Levin, Dean of the Faculty of Medicine of McGill University; Heather Munroe-Bloom, Principal of McGill University; Raymond Bachand, Minister, *Développement économique, de l'Innovation et de l'Exportation*; David Levine, President-Director General of the *Agence de la santé et des services sociaux de Montréal*; Richard J. Renaud, President of the Board of Directors; Arvind K. Joshi, Director General and Chief Executive Officer.

compassionate bedside care reflected in our teaching and research



"St. Mary's Hospital Center is a great theater for learning and we welcome an increasing number of students and residents to the stage."

Dr. Todd McConnell, responsible for advancing the teaching component of our university-affiliated hospital center status.



"Main research themes at St. Mary's Hospital Center are on clinical and health services research into improving patient-centered care."

Dr. Jane McCusker, Chief of the Department of Epidemiology and Community Studies

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.



From left to right: Marie-Hélène Sirois, Nursing Student; Georgie Kamateros, Nursing Student; Dr. M. Bonnycastle, Chief of the Department of Medicine; Dr. D. Ferrarotto, physician; Germain Pineau, Patient; Timothy Lussier, Medical Resident; Raquel Trattner, Medical Resident and Farah Cosmeus, Nursing Student.

MESSAGE from the president AND the director general & CEO

Fiscal year 2008-2009 was a period of major achievements, emphasized by important changes and projects that will have a significant impact on the healthcare services we offer to the population.

The leading project, which will determine the role our institution will play within the Montreal network, is undoubtedly the Affiliated University Hospital Center (CHAU) status granted by the Minister of Health and Social Services. Indeed, this designation will allow us to fully accomplish our academic mission. As such, we worked closely with all our partners, especially McGill University, in the elaboration of a development plan for teaching and clinical research.

Following this designation, three new members joined our Board of Directors. They are as follows: Dr. Maureen J. Simmonds, Director of the School of Physical and Occupational Therapy of McGill University; Dr. Marc Cotran, Resident of the Department of Family Medicine at St. Mary's Hospital Center (SMHC); and Mr. James C. Cherry, President and CEO of Montreal Airports.

The project introduced by the *Agence de la santé et des services sociaux de Montréal* (the Agency) to transform long term care units and to implement a new process for patients suffering from loss of autonomy linked to aging (PALV) has also required colossal work. SMHC was chosen by the Agency as one of the sites for this pilot project that consisted of many elements of difficulty. The quality of the team members involved in the achievement of this project and their efforts to make it a success deserve our sincere appreciation.

For many years, the retention of healthcare professionals has been a major challenge for most of the hospitals in the province, and for SMHC as well. In the last few years, we noticed a significant increase in volumes in various areas which, at the same time, creates personnel and space needs and makes this issue more complex.

Thus, a large part of our attention was dedicated to human resources. Over the years, various measures were put in place towards the improvement of the work environment and the recruitment and retention of personnel.

More recently, a human resources development plan was drawn up identifying the priorities of actions to be currently or imminently implemented.

As part of the expansion project to increase the number of places in daycares launched by the *Ministère de la Famille et des Aînés*, St. Mary's Child Care Centre will soon have a total of 179 places available for the personnel, thus increasing its current capacity by 60 places. Extended business hours will also be available in the fall of 2009.

In spite of the difficult economic context, we have pursued our campus development project and re-confirmed the priorities that were previously established. We have also pursued our collaboration with our partners for this project in order to bring this project to fruition as soon as possible to allow us to better serve the population and fully play our role as a CHAU.

Due to the exceptional collaboration of all our teams, many construction and renovation projects were initiated or completed in order to improve accessibility to care and services. Among them are the renovation and expansion of the dialysis unit, the renovation of the main building elevators and the modernization of our fire alarm systems.





DR. ARVIND K. JOSHI
DIRECTOR GENERAL & CEO

The MSSS granted an important financial contribution to the hospital through the asset maintenance national program for building maintenance, information system development, and replacement of medical and non medical equipment.

Through its teaching mission, SMHC helps train physicians and healthcare professionals in various disciplines

in order to maintain the quality of care offered to the present generation and those to come. We are also contributing to the technical training of a large number of high school and college students in a wide range of disciplines.

Being actively involved with the McGill Integrated University Health Network (RUIS) and participating in various working groups with the CSSS Cavendish and CSSS de la Montagne testifies to our desire to offer accessible services to our community while striving to provide seamless care and services.

Risk and quality management, infection prevention and control, as well as the preparation of an action plan for a possible surge of an influenza pandemic required our constant attention throughout the year. In spite of our continuous efforts to maintain a safe environment for all our patients, the maternal-child care unit experienced a MRSA outbreak. Our team has worked in close collaboration with the Public Health Department to prevent the spread of MRSA and put in place measures to resolve this issue. Once again, we wish to highlight the professionalism of our team members that were involved in this dossier.

The objectives and targets of the management agreement with the Agency were closely monitored by the leadership team. As such, we are happy to confirm that our financial results were in line with the targets set by the Agency, which had established the maximum deficit for the year at \$2.7 million. Once again, thanks to everyone's unflagging efforts, we also attained our targeted surgical volumes.

Since it first opened its doors almost a century ago, SMHC has evolved from a general community hospital to one of the most modern institutions with the following features:

- The Laboratory Department is the only one in the province that is certified by the College of American Pathologists since 1995.
- The Cataract Centre is among the largest and the most modern in the province. Last year it performed 5,255 surgeries.
- The Family Medicine training program is among the most important, the most popular and the most respected in Canada.
- The Birthing Centre is also one of the biggest on the island of Montreal with 4,666 births during 2008-2009.
- Due to its CHAU designation, SMHC is recognized as a site for university teaching and clinical research.

In addition to these remarkable results, SMHC, renowned for its high quality patient and family care, also provides compassionate bedside care.

The 2008-2009 annual report reflects this tradition of compassionate care, 24 hours/day, 7 days/week. Thanks to our benefactors, the members of our various boards (hospital, foundation, governors, auxiliary), our main partners and also to the unfailing collaboration of our managers, physicians, employees and volunteers, we are able to maintain our "caring through excellence".

Richard J. Renaud
President

Arvind K. Joshi
Director General & CEO

In addition to our reputation for providing quality and innovative care to our community, St. Mary's Hospital Center (SMHC) has come to be recognized for our tradition of providing compassionate bedside care, 24/7, to our patients and their families.

Expressed in the words of our own patients and staff, SMHC's annual report for 2008-2009 reflects this tradition and our *caring through excellence*.

dr. michael bonnycastle, **chief of the department of medicine**

"We at St. Mary's Hospital Center recognize and uphold the fundamental principle that healthcare is about treating the patients, not just the disease. We understand that being hospitalized can cause fear, stress, anxiety and depression for both the patient and their family and friends. This can even worsen the condition of the patient. Additionally, many of our patients come from a variety of diverse cultural backgrounds. The unfamiliar

setting and activities of the hospital can add to their distress. By just taking the time to communicate with the patient, not just through words, but through a smile, a comforting touch, a friendly and caring disposition, our staff members help our patients to feel more at ease and comfortable. SMHC is a high-tech, high-touch hospital: while we have the technology and medical expertise to treat our patients, we realize that simple human compassion and understanding are central to helping our patients."



DR. MICHAEL BONNYCASTLE



"In fact, we take a comprehensive approach to treating our patients by taking into consideration their medical needs, their psychosocial needs, their need for supportive care. We also ensure that our patients are active participants in their health care plan: we respect and value their input from the simplest aspect of treatment to the most complex. Our goals extend beyond just getting the patient well and helping them to return home, our goals include helping our patients to maintain their health, their well-being and their independence. These elements of compassionate bedside care are at the core of our clinical practice, our teaching and our patient-centric research."

16,275

patients



**AUGUSTINO CARCONE,
PATIENT**

“ The care I get from
the staff at St. Mary’s
is A-one! ”

**DR. MICHAEL BONNYCASTLE,
CHIEF OF THE DEPARTMENT OF MEDICINE**

“SMHC is a high-tech, high-touch hospital: While we have the technology and medical expertise to treat our patients, we realize that simple human compassion and understanding are central to helping our patients.”

16,275 patients were admitted to St. Mary’s Hospital Center during fiscal year 2008-2009.

dr. isabelle girard,

obstetrician-gynaecologist

“At St. Mary’s Hospital Center we have a global concept of health care. We try to include the patient in the care team, to better assist him/her on the way towards wellness. We also try to include families in the care plan so that patients feel reassured.

In obstetrics, hospitalization means the birth of a child, which is a happy event, however, it also includes anxiety and worries. Additionally, many of our patients come from various cultural backgrounds. To provide the best care possible, our team takes all these factors into account.

We organize meetings where pregnant women and their husbands are invited to visit the department. This way, when they come back to give birth to their child, they feel they are in a safe and familiar place. By just taking the time to communicate with the patient, not just through words, but through a smile, a comforting touch, a friendly and caring disposition, our staff members help our patients to feel more at ease and comfortable.

We have the technology and medical expertise to treat our patients, but we realize that simple human compassion and understanding are central to helping our patients.”

We have changed our therapeutic approach in order to put the mother and child at the center of our care plan. This fosters the relationship between the mother and the baby. For example, in our “Baby-Friendly Hospital Initiative”, we focus on the relationship between the mother and child by encouraging skin to skin contact immediately after birth and breastfeeding. We also try to include spouses and close family as much as possible. That is to say, brothers or sisters, so that the family members have a positive experience during the birth of a child.



DR. ISABELLE GIRARD

Our goal is not just to heal our patients, but to make sure that they return home in a state of sufficient autonomy so that their health continues to improve. We also try to create links with community health services so that continuity of care is ensured.

In obstetrics, for example, we provide a link with the CLSC which is responsible for contacting women a few days after their return home to see if they need any support or a home visit. We also have a breastfeeding clinic where women can come every day of the week, up to two months after childbirth, where we offer them support during this sometimes challenging period.

These elements of compassionate bedside care, are integral to our clinical practice, our teaching and our patient-centric research.”



4,666 babies

JEFFREY CARDILLE, HUSBAND OF PATIENT ELENA BENNETT

“ Dr. Girard provided us with information on a clinical level, but she also made it a priority to relate to us on a personal level and helped us prepare for our roles as parents.”

ELENA BENNETT, PATIENT

“ This is the second baby I have given birth to at St. Mary's. As with the first, each experience we have had here has been warm and positive. Throughout my pregnancy, during my delivery and upon my return home, Dr. Girard and the staff at St. Mary's have provided me and my husband with the care, the knowledge and assistance to make us feel comfortable and well prepared to receive and to care for our newborn.”

DR. ISABELLE GIRARD, OBSTETRICIAN- GYNECOLOGIST

“We have the technology and medical expertise to treat our patients, but we realize that simple human compassion and understanding are central to helping our patients.”



4,666 babies were born at St. Mary's Hospital Center
in the fiscal year 2008-2009.

nursing care

614



ROSE DAVEY, NURSE

"The atmosphere here is one of harmony. We are seen as a big family, composed of our patients, nurses, doctors, medical students, student nurses, patient care attendants and our housekeepers. Given the various multiple diseases that we treat, the opportunity to enhance one's knowledge is

excellent. As nurses, we bring minute by minute real time care to our patients. The medicine heals the patients, but we, the nurses, heal their souls."

Rose Davey has been a nurse in Medicine /Telemetry, Clinical Teaching Unit at St. Mary's Hospital Center since 2004. She is also a mentor to multiple nursing students from various institutions across Québec.



TANIA PELLIZZARI, NURSE

"Caring for patients is a huge responsibility and an honor at the same time. This is my second year at St. Mary's. In my role, I am an advocate for both the physical and psychological well-being of our patients. My patient is not just a person in a bed, but more like a member of my family. My goal

is to help our patients get better."

IRMA ROTHMULLER, PATIENT

“ My nurses are really lovely and really helpful. I trust my healthcare team to get me better so I can go home. ”



Rose and Tania are part of the team of
614 NURSES at St. Mary's Hospital Center.

nursing Assistant



101



**LAURA McCARTY,
NURSING ASSISTANT**

"I love my job. For me, it's my recreation. It is a real pleasure to bring life in the world everyday. St. Mary's Birthing Center is a beautiful place to work."

SEBASTIAN STEFFY, PATIENT

“ Laura is really good. She takes very good care of my baby and me.”

Laura, one of the **101 nursing Assistants**, has been working at St. Mary's Hospital Center for 21 years.

patient CARE Attendant

88

RONALD COLBY, PATIENT

“The staff here are not just professionals who provide me with great care; they are always helpful and smiling. They’ve made me feel much better already.”



TAMMY LEE, PATIENT CARE ATTENDANT

“I am inspired by my patients and their families, and their common desire to see the patient get well. My goal is to do what I can to help my patient to improve, to heal, and to be healthy again. It fills me with great satisfaction and pride to be part of the dedicated health care team at St. Mary’s.”

Tammy Lee has been a patient care attendant at St. Mary’s Hospital Center for the past four years. Part of the multidisciplinary team in the Medicine and Cardiac Care Unit, Tammy aspires to become a nurse in the near future.



Tammy is one of **88 patient CARE Attendants** at St. Mary’s Hospital Center.

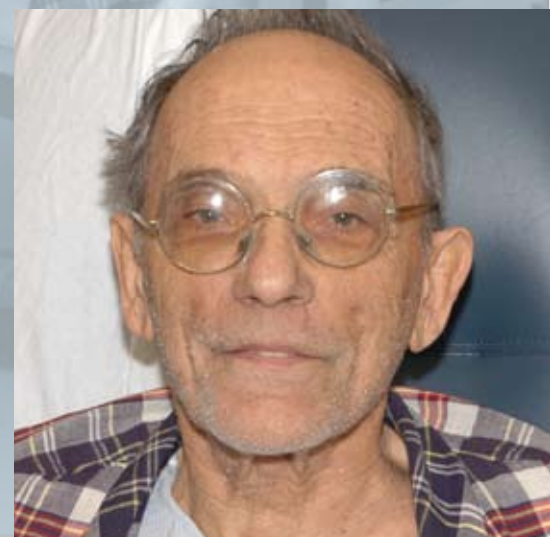
PETER VAVOUGIOS, PHYSIOTHERAPIST



“Providing my patients with bedside physiotherapy is both challenging and rewarding: challenging – because working with patients requires more than just maximizing their functional capacity, it also entails having a comprehensive understanding of the patients background, their lifestyle, social or family structure and ensuring that they will be able to manage their unique needs; rewarding – because as part of a strong interdisciplinary team, it is fulfilling to know that I have contributed to helping my patients and their families return to a level of normal activity.”

IRVING FINKELBERG, PATIENT

“ After all those years of running marathons, I developed osteoarthritis in both knees and just had this total knee replacement surgery done. There’s no doubt that the physiotherapy is helping. Peter, my physiotherapist, is very gentle. He also has me in an exercise program and helps me to gradually build up my strength every day. The whole system at St. Mary’s, the protocol, it puts me first, gives me confidence, and most of all, my entire health care team respects my input as well.”



Peter is one of **16 physiotherapists** at St. Mary’s Hospital Center. He also shares his 21 years of experience by training two to three new physiotherapy students per year.

medical technologists

57



**LILLY CANNELLA,
MEDICAL
TECHNOLOGIST**

"I want the patients to have a smile on their face when they see me. I treat every

arm as if it was my own. I take my time and try to minimize the pain. It is very important to preserve the integrity of the specimen. The doctor's diagnosis is based on this integrity."

**KALLIOPE ANASTAS,
PATIENT**

“Lilly is terrific and very gentle. She comes to my bedside regularly and she treats me very well. She is taking excellent care of me.”



Lilly is one of the **57 medical technologists** who work at St. Mary's Hospital Center. She completed her training at St. Mary's in 2003 and has been working here since then.



LYNE MONFETTE, PATIENT

“ What I have noticed the most in Lucie is that she is humane. She is easy to talk to and genuine. I appreciate her presence very much. ”



**LUCIE SURPRENANT,
PHARMACIST**

“In addition to medication verification, my role is to explain the treatment and the side effects to the patient. I also do a lot of educating and give them moral support, which is very rewarding.”



Lucie is one of the **13 pharmacists** working at St. Mary's Hospital Center.

occupational therapy

14



DALLAS WARREN, OCCUPATIONAL THERAPIST

“My role involves educating and teaching patients, to help them to return to, and participate, in the everyday activities of life. For this reason it is important to establish a good relationship with my patients, so that they can understand and apply

what I teach them. I love to work in acute care. We work as a close team. I get to meet a lot of people from different backgrounds and there is a new challenge everyday.”

GLORIA SORENSEN, PATIENT

“ I had surgery in both knees. Since Dallas is with me, I have improved my abilities to move and walk. She really helped me to get back on track!”



Dallas is one of our **14 occupational therapists**.
There were **12,397 treatment-days** for Occupational Therapy in fiscal year 2008-2009.

speech pathology

1



BERTHA SWAINARD, PATIENT

“ Helena takes good care of me. She is a nice person. She is helping me to improve my ability to communicate again.”



HELENA KISILEVSKY, SPEECH PATHOLOGIST

“Communication is very important. It’s what makes us human. My role as a speech pathologist is very rewarding. I help my patients to regain their sense of control and autonomy by teaching them new communication skills.”

Helena has 35 years of experience as a speech pathologist. She has been working at St. Mary’s Hospital Center for 25 years, where she is the only speech pathologist.



our only speech pathologist has about 1,200 visits per year
with patients requiring this specialized type of therapy.

recreational therapy

1



**FLORA MASELLA,
RECREATIONAL THERAPIST**

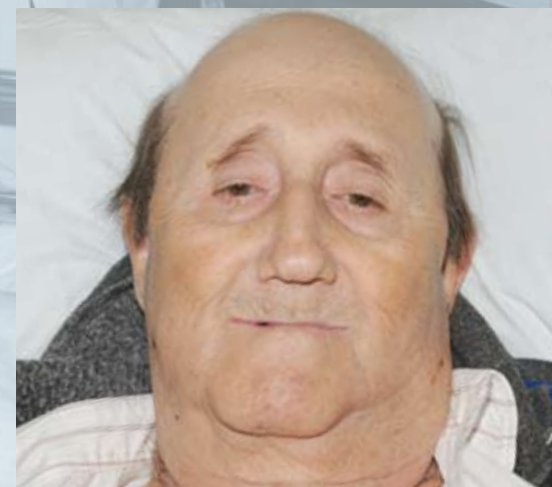
"My role is to offer hospitalized patients therapeutic recreational, leisure activities designed to stimulate them. I try to create an atmosphere aimed at enhancing the patient's self-esteem and providing a feeling of accomplishment

thus enriching his / her quality of life."

Flora, the only Recreational Therapist at St. Mary's Hospital Center, has been working here for 27 years. She has received two awards from the Canadian Therapeutic Recreation Association.

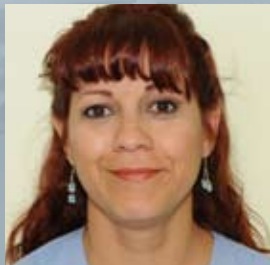
SAUL ARKEN, PATIENT

"I have known Flora for years. We have had a lot of fun together. She ensures that I have stimulating and interesting activities to do when I come for my dialysis three times a week."



There were **6,086 Attendances** in Recreational Therapy in fiscal year 2008-2009.

housekeeping 107



**DIANALICIA
SANTELIZ,
HOUSEKEEPER**

"I have been working at St. Mary's Hospital for the past 10 years. I learn

something new every day. I like to be in contact with the public, see the newborns and talk with the new mothers. We are lucky here. We are working as a team, all together."



**PANNA PATEL,
PATIENT**

"I appreciate the cleanliness of my room; it is a healthy environment for me and my baby. Danalicia has been very nice to me. She smiles all the time."

At St. Mary's Hospital Center, there are **107 housekeepers** working diligently to provide our patients, staff and volunteers with a clean and proper environment.

spiritual and religious care

4

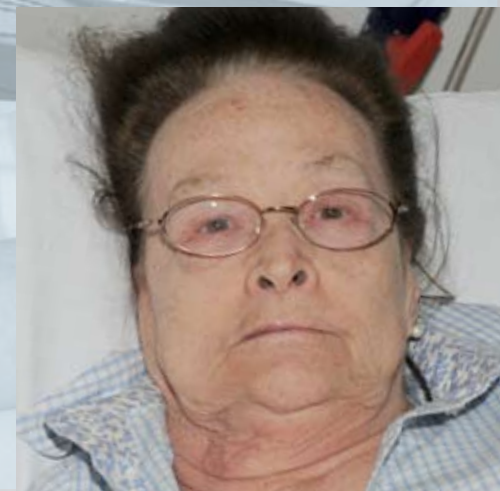
YVONNE LEIGH, PATIENT

“ Bruno listens to me attentively and understands what I am saying and what my needs are. He reflects his understanding and compassion by answering me and comforts me by saying a prayer. I have received excellent care from him and all the staff. ”



BRUNO SYNNOTT, SPIRITUAL CARE PROFESSIONAL

“When I give support to a patient, I accept him as he is. Illness is a difficult challenge in their life. For many patients, it shatters their points of reference and values. So I try to reconnect the patients with their inner force in order to give them hope and help them to cope with their stay at the hospital with confidence.”



Bruno is one of the **4 members** of the Spiritual Care team.

volunteer resources

446



**GHISLAINE PARADIS,
PATIENT**

“ I have received some good care at St. Mary's. If I had the energy, I would be a volunteer here too! ”



**BRUCE PRENTICE,
VOLUNTEER**

“Having cancer is very upsetting for both the patient and the family. As a volunteer, I can help make them both feel a little more comfortable. Sometimes a plain chat is best. But sometimes I tell them about my cancer, and they tell me about their situation, the treatments and the ways it affects their family.”

Bruce has been a volunteer at St. Mary's Hospital Center for almost two years.



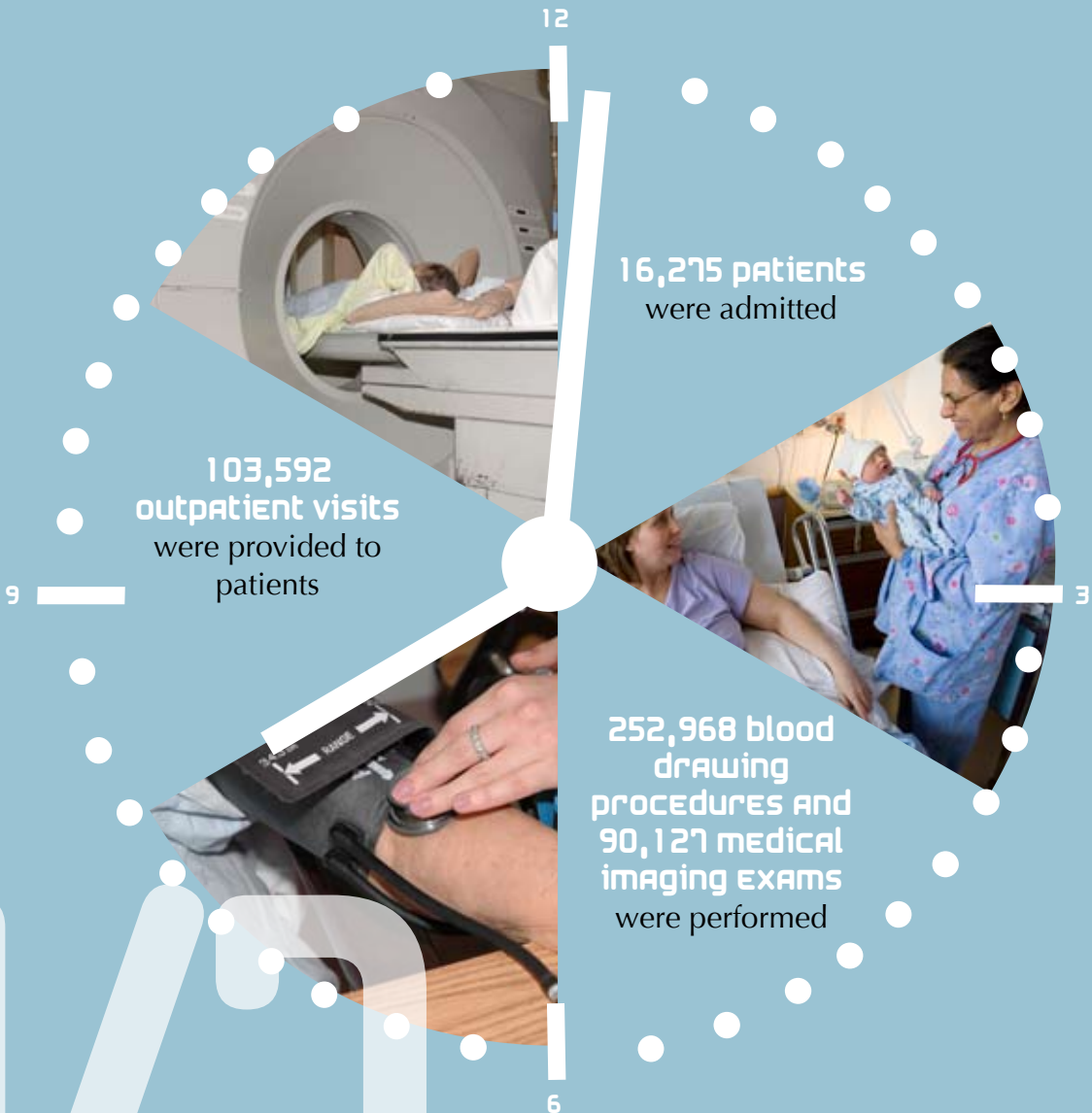
During the fiscal year 2008-2009, **446 volunteers** have dedicated **over 50,000 hours** of service to St. Mary's Hospital Center.

Acknowledgements

This annual report is a condensed portrait of some of our healthcare workers. We recognize that there are many other members of our staff and volunteers who, although not portrayed here, work just as diligently to provide our community with excellent and compassionate care. We would like to take this opportunity to thank our entire staff and volunteers for their unwavering dedication and commitment to our patients.

in the
fiscal year
2008-2009,
st. mary's
hospital
center:

24/7



combined balance sheet

as at March 31, 2009

	2009	2008
ASSETS		
Short Term		
Cash	\$ 1,773,956	\$ -
Accounts Receivable - Agency	6,645,771	9,185,267
Accounts Receivable - Other	3,762,331	3,194,199
Prepaid Expenses	502,627	528,072
Inventory	3,128,676	3,227,822
Other Assets	687	1,301
Long Term		
Fixed Assets	63,310,846	115,167,891
Funding Receivable - Accounting Reform	(3,052,833)	-
Long Term Investments	1,400	1,400
Accounts Receivable - Deferred Leaves	615,958	735,477
Total Assets	76,689,419	132,041,429
LIABILITIES		
Short Term		
Bank Overdraft	-	2,750,123
Bank Loan	34,200,000	26,716,000
Accounts Payable	22,456,612	14,685,596
Accrued Interest Payable	173,817	-
Deferred Revenues	480,806	342,561
Other Liabilities	24,235	121,425
Long Term		
Notes Payable - Capital Fund	18,044,809	19,739,110
Deferred Revenues	22,388,845	-
Temporary Financing - <i>Enveloppes décentralisées</i>	9,099,325	5,800,676
Total Liabilities	106,868,449	70,155,491
FUND BALANCES		
Operating Fund	(30,251,901)	(27,267,596)
Capital Fund	72,871	88,726,624
Special Purpose Fund	-	426,910
Total Fund Balances	(30,179,030)	61,885,938
Total Liabilities and Fund Balances	\$ 76,689,419	\$ 132,041,429

statement of operations

for the year ended March 31, 2009

REVENUES

	2009	2008
Agency	\$ 107,618,785	\$ 102,379,911
Patient Services	5,780,618	5,184,012
Miscellaneous	6,781,420	5,494,059
	120,180,823	113,057,982

Expenditures

Salaries and Benefits	80,019,182	75,776,664
Medication	7,304,191	6,221,858
Blood Products	2,246,387	1,855,737
Medical Supplies	11,844,103	10,331,639
Food and Dietary	959,082	862,570
Bad Debt Expenses	454,472	447,241
Change in General Fringe Benefits Payable	370,045	-
Loan Interest	877,884	1,262,583
General Administration	3,922,053	3,943,077
Plant Operation and Maintenance	5,671,294	6,284,297
Other Expenses	9,196,064	8,764,813
	122,864,757	115,750,479
Excess of Revenues over Expenditures (of Expenditures over Revenues)	\$ (2,683,934)	\$ (2,692,497)

gross expenditures

of Admissible Activities

Physical Health Program	\$ 63,294,873	\$ 57,773,182
Administration and Support Services	18,708,700	17,917,289
Non Exclusive Services to a Program	17,747,622	16,119,861
Building and Equipment Management	10,273,264	10,650,210
Loss of Autonomy Linked to Aging (PALV)	3,057,089	3,319,684
Mental Health Program	2,627,717	2,661,484
General Services Program - Clinical Services	2,368,057	2,416,133
Public Health Program	27,266	1,095
Employees Benefiting from Stability of Employment and Job Security	21,399	40,500
Total Gross Expenditures	\$118,125,987	\$110,899,438

statistics

Patient Days

Short Term
Long Term
Newborn

2009	2008
82,719	78,325
23,305	26,472
11,638	11,333

Admissions

Adults
Newborns

11,609	11,071
4,666	4,422
4,649	4,400

Deliveries

Average Length of Stay

Short Term (Days)
Long Term (Days)

7.28	7.23
95.91	108.94

Occupancy (%)

91.92	90.61
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Outpatient Visits

Surgical Day Centre - Visits

Emergency - Visits

Audiology & Speech Therapy - Visits

Occupational Therapy - Visits

Physiotherapy - Visits

Psychiatry - Visits

Medical Imaging - Exams

Laboratories - Procedures

103,592	100,305
10,204	10,004
36,412	35,356
2,175	2,171
12,397	12,730
25,484	23,155
12,673	10,458
90,127	84,139
3,080,527	2,948,761

HUMAN RESOURCES

Full Time Equivalents

Management Personnel
Full Time Employees
Part Time Employees
Occasional Employees

67	55
954	953
283	269
204	200

declaration of responsibility

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

St. Mary's management report for 2008-2009:

- Faithfully describes St. Mary's mission, mandates, values and strategic orientations.
- Presents the indicators, targets and results obtained.
- Presents accurate and reliable data.

I declare that the data contained in this annual management report, as well as the controls relating to this data, are reliable and that they accurately reflect the situation for the year ended March 31, 2009.



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

council of nurses

The Council of Nurses (CII), whose membership includes all nurses and nursing assistants working at St. Mary's Hospital Center (SMHC), plays a central role in all professional nursing activities and nursing decisions in the institution. This unique position gives its members the opportunity to take position on major professional issues and ensure and maintain the professional standards of nursing care in this institution. Nurses and nursing assistants play an important role in delivering safe, effective, compassionate and quality care in accordance with SMHC's culture of "Caring through Excellence".

Activities of the Council of Nurses

The Therapeutic Nursing Plan (TNP) is a new form of documentation requirement of the Order of Nurses of Quebec (ONQ). This new document is legal and its aim is to ensure continuity of patient care, tracking of nurses' clinical decisions and accountability in nursing care. A full day of training was given by the ONQ in October for nurse managers and nurse educators. All nurses have since been fully trained and the new document is being used in all patient care areas. An in-hospital "Documentation Work Group" was mandated to review nursing documentation practices at SMHC. Work has begun and the aim is to bring uniformity in nursing documentation throughout the hospital.

The Council maintained its representation and participation in the Bill 90 Committee. The committee has now completed the processes needed to be in place for any professional group requesting the privilege of performing a new reserved activity. In-house training and certification was offered to all nursing assistants in order to prepare them for safe medication administration.

The Council participated through the Professional Nursing Practice Committee (PNPC), a sub-committee of the CII, in the development of a hospital wide policy and procedure on patient identification in line with Accreditation Canada's Standard.

The Council collaborated with the Environmental Services to find different ways in which nurses could contribute in creating a greener environment in the workplace. This was done with the "Dump the Junk Contest" and the "Go Green Campaign" wherein each unit took part in recycling their paper and batteries, etc.

Grand Rounds are learning sessions wherein nurses and nursing assistants have the opportunity to learn new information and share nursing knowledge. This year a total of nine Nursing Grand rounds

were held. Some of the topics presented were "OUCH! Pain Management in the Post Operative Context", and "Falls... A review of Falls in Fall Prevention Initiatives". In addition there were two Tri-Council Rounds entitled "Building Interprofessional Approaches in Healthcare" and "Transfusion Related Acute Lung Injury".

May 7 and 8 some of the members of the executive committee participated in the Order of Nurses 13th CII Annual Symposium. This provided nurses with a unique opportunity to network and share with fellow CII members.

Once again this year, the Council of Nurses has demonstrated its commitment to enhancing nursing knowledge by encouraging nurses and nursing assistants to avail themselves of funds for professional development or academic training. Funds are available through either the Professional Advancement Fund (PAF) for CII and Multidisciplinary Council members or through the Tuition reimbursement program available hospital wide. This year, 10 nurses were selected to receive funding from the PAF for conferences related to the theme of "Communication and Implementation of a Safety Culture in our Daily Practice". A total of 37 nurses received tuition reimbursement for the fiscal year 2008-2009. Also many members attended the in-house workshops and teaching sessions given, such as: Cardio Pulmonary



Resuscitation (CPR), Error Training (teaching team work), and Quality Forums. These numerous activities ensure that nurses are well prepared and effective in delivering quality patient care.

Members of the CII participated actively in the Open House held for nursing and nursing assistant students in teaching institutions in the Montreal area. SMHC was successful in recruiting 4 Registered Nurses, 4 Graduates Pending License and 4 Registered Nursing Assistants.

More than 15 years ago, all health care facilities established their own CII in order to increase nurses' influence in the delivery of quality nursing care. The Council must therefore be accessible and visible to all nurses in the institution. In order to address this need, a pamphlet was created, which includes information about

the Council and contact numbers for the executive members of the Council. They are distributed across the hospital and are given to all newly hired nursing employees.

Nurses Day celebration was held on May 8, 2008 to recognize the valuable contribution of all nurses and nursing assistants. It was a resounding success.

The Council of Nurses feels very honored and privileged to have contributed, through our actions, in improving not only the quality of life of our patients, but also of each and everyone of us who exercise this profession.

Margaret Simon
President



(L. to R. Standing): Paulette Morris, Nurse Clinician, Outpatient Clinic; France Desjardins, Program Manager, Surgery; Jennifer Somera, Clinical Nurse Specialist, Maternal Child Care Program; Arris Pavico, Nurse, Surgery Program; (L. to R. sitting): Linda Bambonye, Vice President, Operations and Nursing; Margaret Simon, President of the CII and Angela Williams, Nursing Assistant, President of the Nursing Assistant Committee (Lyne Barry absent on the photo).

multidisciplinary council



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

An action plan was implemented in the 2008-2009 year to improve infection control knowledge for the membership and their students in collaboration with the Infection Control Department. We continued to collaborate with the Council of Nurses and the

Council of Physicians, Dentists and Pharmacists in the presentation of two Tri-Council conferences on *"Transfusion Related Acute Lung Injury (TRALI)"* and *"Building Inter-professional Approaches in Healthcare"*. The MDC held five Grand Rounds conferences on such varied subjects as *"When Culture and Religion Clash with Ethics"*, *"Infection Control"* and *"Communicating with Patients with Dementia"*. At the MDC Annual General Assembly in 2008, Me Christine Baudouin, LL.B, presented on *"Confidentiality in Health Care Institutions"*.

Members of several MDC disciplines successfully underwent their professional inspections this year. Clinical Nutrition (dieticians) and both the Physical Medicine and Mental Health sections of Occupational Therapy were inspected by their orders.

We practice collaboratively with other professions. Our membership is actively involved in teaching, research and continuing education activities. Members are engaged with university and college communities, with their professional orders, participate in regional, provincial and national organizations, community support services and the community at large. 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.

Judy Surette
President



JUDY SURETTE

council of physicians, dentists and pharmacists

The Council of Physicians, Dentists, and Pharmacists (CPDP) is composed of approximately three hundred members. Four goals were established for the 2008-2009 mandate:

- Continue the examination and implementation of Bill 90;
- Revision of CPDP By-Laws;
- Redress and implement sanctions to decrease incomplete charts;
- Active involvement in the recruitment of physicians.

The following policies were approved by the Executive Committee:

- “Tech-Check-Tech” protocol validating medication prescriptions for the Pharmacy;
- Policy for access to Medical Records for physicians to complete charts;
- Collective Order for “Treatment of Anthracyclines Extravasation for Patients Receiving Chemotherapy”.

Three committees report directly to the Executive Committee:

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

Medical, Dental, and Pharmaceutical Evaluation Committee (MDPEC)

Three sub-committees report regularly to the MDPEC:

- Perinatal Morbidity and Mortality Committee

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

- Medical Records Committee

Over the year, the Medical Records Committee reviewed and approved 17 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 from 2819 (September 2008) to 1287 (January 2009).



DR. PAUL STEPHENSON

A policy facilitating the completion of charts by physicians was approved. Electronic signatures for operative reports are under review.

- Infection Control Committee

Issues and activities addressed included the following:

- On-going monitoring of bacterial infections due to Methicillin-Resistant Staphylococcus Aureus (MRSA), Vancomycin-Resistant Enterococci (VRE), and Clostridium Difficile (C-Difficile);
- Active surveillance and control measures regarding asymptomatic MRSA positive cases, as well as conjunctivitis cases due to MRSA in the Intermediate Care Nursery were resolved by December 2008 and no new cases were detected. Communications about the outbreak were sent to all parents who delivered at St. Mary's Hospital Center (SMHC) between June 2007 and December 2008. A pamphlet explaining the MRSA situation was distributed to parents, as well as to all pediatricians and CLSCs. A telephone “hotline” was also set-up for parents who had questions;
- Infection control practices have been reinforced on all floors;
- A hand washing audit will be conducted and benchmarked with other hospitals in the McGill University network. The goal is to conduct this audit yearly.

Pharmacology Committee

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

- Formal drug utilization reviews performed:
 - Restricted antibiotic review;
 - Non-formulary drug usage;
 - Solu-Medrol usage;
 - G-CSF usage;
 - Narcotic prescriptions review.
- The following guidelines were also approved:
 - Protocol for Alcohol withdrawal in the Emergency Department;
 - Use of Dalteparin in Deep Venous Thrombosis prevention for General Surgery Patients;
 - Dexrazoxane in the treatment of Anthracycline Extravasation;
 - Collective Prescription for the Treatment of Anthracycline Extravasation for Patients Receiving Chemotherapy;
 - Revision of Collective Prescription for Anti Emetic use in Oncology.

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

Qualifications Committee

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

Quality Improvement Activities

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

Paul Stephenson, M.D.
Chair



quality and risk management

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

The Quality and Risk Management Coordinating Committee is the central feature of the structure and serves as a reporting body for the teams. In 2008-2009, the committee met on eleven occasions and reviewed presentation of annual reports on quality and risk management from the following teams: Geriatrics, Mental Health, Family Medicine, Medicine (Inpatient units), Intensive Care, Emergency, Human Resources, Laboratory, Surgery, Maternal/Child Care, Council of Physicians, Dentists and Pharmacists, Council of Nurses/Professional Nursing Practice Committee, Multidisciplinary Council, Diagnostic Imaging, Cancer Care, and Rehabilitation Services.

Accreditation Canada

Quality and Risk Management has been involved in preparing for the accreditation visit. The main activity was to introduce the new QMENTUM accreditation program developed by Accreditation Canada. The main changes in the program were the introduction of surveys to support the self-assessment process, as well as introducing the tracer methodology for the accreditation visit.

The surveys were conducted in September 2008 and resulted in over 1600 questionnaires completed by SMHC staff covering nearly 1000 standards. The accreditation teams then worked on responses to critical flags based on the self-assessment questionnaires in preparation for the accreditation visit in October 2009. Training sessions were given to staff on the new QMENTUM program, the self-assessment process, and on the upcoming accreditation visit.

Five new Required Organizational Practices (ROP) were also introduced in 2008-2009 bringing the total number of ROP's to 31. The five new ROP's are:

- The organization has identified and implemented a list of

abbreviations, symbols, and dose designations that are not to be used in the organization (Communication).

- Evaluate and limit the availability of heparin products and remove high-dose formats (Medication use).
- Evaluate and limit the availability of narcotic (opioid) products and remove high-dose, high-potency formats from patient care areas (Medication use).
- The organization evaluates compliance with accepted hand hygiene practices (Infection control).
- The organization assesses each client's risk for developing a pressure ulcer and implements interventions to prevent pressure ulcer development (Risk assessment).
- The organization assesses and monitors client for risk of suicide (Risk assessment).

Clinical Epidemiology and Community Studies

There were no instances of scientific or ethical misconduct in research for the 2008-2009 fiscal year.

Incident/Accident Reporting

Promotion of the reporting of incidents/accidents has continued throughout the year. Major changes have been implemented with the revision of the Ministry of Health and Social Services (MSSS) reporting form (AH-223) and the addition of two new forms – one to assist in detailed analysis of events and the other to document the disclosure of accidents to patients and families. The publication of articles in the *Info-Flash*, in-service sessions and a number of quality forums were organized to disseminate information on these changes. In total 15 in-service education training sessions were given to 300 participants.

Another change in this area was the implementation of a new computerized tool (SISSS) for the recording of incidents/accidents. The SISSS program was developed by the MSSS in association with a user group to enable the Ministry to create a central registry of incidents/accidents. Full implementation of the SISSS program will be completed in 2009-2010.

The statistical profile of incidents/accidents for the 2008-2009 fiscal year is incomplete as delays in the availability of the SISSS

program postponed data entry. For 2008-2009, there were 2,323 incident/accident reports filed. This is a decrease of 9% from 2007-2008.

Medication errors remain the most frequent type of incident/accident reported with a little over of a quarter of reports (30.8%). This represents an increase from 26.2% from last year. Patient falls come in second and represent a little over a fifth of the reports (22.6%). This is a slight increase of 0.3% from last year.

Risk Inventory

Quality and Risk Management monitors various risk management functions in all areas of the hospital. The following list indicates the risk inventory monitoring systems that are in place at SMHC.

1. Patient complaints
2. Law suits
3. Claims against the hospital
4. Insurance claims against the Hospital
5. Labor 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 2008-2009

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

- Review of incident/accident, disclosure of accident and sentinel event policies and procedures with reinforcement of process to staff and managers.
- Review of the policy and procedure regarding patient identification.
- Medication reconciliation at admission and at transfer of patients has been reinforced in many clinical areas.
- Completion of the Failure Mode and Effect Analysis (FMEA) on patients transported on oxygen.
- Start of FMEA on narcotics management in the hospital.

Quality Assessment projects completed in support of Quality Improvement teams

Ten projects were completed by the Quality Assessment unit in support of the Quality Improvement teams. Eight quality assessment projects were completed in 2008-2009. The Quality Assessment unit also started 17 new projects in 2008-2009, with three projects started in 2007-2008 that were ongoing. One important initiative that began in 2008-2009 was the patient satisfaction survey in preparation for the accreditation visit. Responses from a sample of patients in all areas of the hospital are sought. The target number of responses is over 700 patients.

Annual audit regarding restraints use

An annual audit on use of restraints is done in July of each year to evaluate the prevalence of their use at SMHC and the documentation of these practices. The 2008-2009 study is the third consecutive study and results showed that the proportion of restraints did not differ greatly over the three years. It also showed improvements in the documentation of the use of restraints.

Follow-up to Coroner's report recommendations

There were no recommendations that needed a follow-up from Coroner's reports in 2008-2009.

Infection control and prevention activities

1. Continue the *Clostridium difficile* surveillance and report findings to the Department of Public Health and the hospital's management. In 2008-2009, a total of 35 nosocomial cases were reported compared to 33 in 2007-2008.
2. Continue the Methicillin-Resistant Staphylococcus Aureus (MRSA) and Vancomycin-Resistant Enterococcus (VRE) surveillance and report findings to the hospital's management:
 - The number of nosocomial MRSA cases was 152 in 2008-2009 compared to 63 in 2007-2008. This increase can be attributed to the discharge screening initiated with a pilot project aimed at evaluating the impact of our screening and isolation policy on bed management; it started September 2008 and ended March 31, 2009 (from the 49 patients identified MRSA positive on discharge, 22 had a negative baseline). One of the major challenges was to stop the MRSA outbreak in the Maternal/Child Care unit which started in June 2007 and ended in December 2008. After rigorous investigation and a case control study, we identified the source of the MRSA. All precautions have been taken to prevent patients from any further exposure to the source and to provide treatment to any infected patient.
 - Five VRE transmissions were reported during this fiscal year.
3. Continue ongoing Surgical Site Infection (SSI) surveillance for inpatients for general surgeries, orthopedics, gynecology and post c-sections. A total of 73 SSI cases have been reported in 2008-2009, compared to 62 in 2007-2008.
4. Since the beginning of 2006-2007, SMHC started a new provincial surveillance of Staphylococcus Aureus bacteremia. A two-year data is now available to compare the hospital's rates and benchmark with same size hospitals. SMHC rate is similar to that of comparison hospitals.
5. The blood culture contamination rate has been decreasing steadily since 2002. Acceptable blood culture contamination rates are generally 3% or less, and SMHC rate is 0.86, far below that threshold.
6. Two hand washing blitzes were done in June 2008 and January 2009. Another hand hygiene audit is planned for July 2009.

Quality and Risk Management recommendations and priorities for 2009-2010

- Complete the accreditation visit and initiate any follow-up process on recommendations after the accreditation visit.
- Consolidate implementation of the SISSS data collection tool.
- Encourage post-event debriefings for staff within the clinical programs and the support service teams for incidents/accidents and sentinel events.
- Continue the following functions:
 - In-service education of staff and managers on patient safety and risk management;
 - Organizing a Patient Safety Week, including a special two-day training for staff and managers on human factors and patient safety;
 - Supporting Quality Initiative and Quality Assessment teams across the hospital;
 - Supporting the annual symposium on quality and research.



local service quality and complaints commissioner

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

Breakdown of complaints

Completed without corrective measures	40%
Completed with corrective measures	49%
Refused or interrupted	3%
Abandoned	8%

Summary of complaints

Complaints carried over from previous year	35
Complaints received during the current year	304
Complaints concluded during the current year	323
Complaints carried over to the next period	16

Originator of complaints

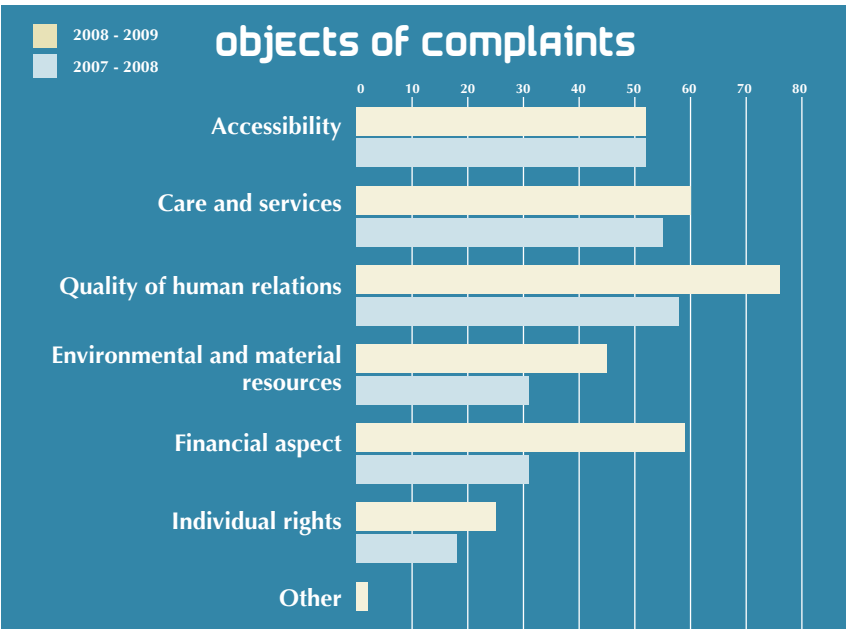
Patients	49%
Family/Other	51%

Filing of complaints

Verbal	73%
Written	27%

Processing time

- 45 days	78%
+ 46 days	22%



report from the *comité de vigilance et de la qualité*

The *Comité de vigilance et de la qualité* was created two years ago. Its role is mainly to make sure that follow-up is given to the main recommendations of the Local Service Quality and Complaints Commissioner that have been ratified by the Board of Directors. The Committee also makes sure that its conclusions concerning the reports on quality, safety or efficiency of services rendered are presented to the Board of Directors and are followed up.

During the year 2008-2009, the Committee met three times. In order to have a better understanding of the medical complaint process, the medical examiner was invited by the Committee to present his role and the management process of a medical complaint.

The Committee also reviewed the conclusions of the report from the Ministry of Health and Social Services following the quality assessment visit of the long term care unit in March 2008. The Committee was also interested by the MRSA episode that affected the Maternal/Child Care unit in the fall of 2008.

The Montreal Health and Social Services Agency set up a pilot project in the fall of 2008 with the objective of closing the long term care beds in the acute care hospitals. St. Mary's Hospital Center was one of the institutions selected to participate in this process. The course of operations during the closure of the long term care unit in the spring of 2009 also got the attention of the Committee.

As well, the Committee was kept abreast of the evolution of complaints throughout the year.

USERS' COMMITTEE ANNUAL report

The Users' Committee has been active at St. Mary's Hospital Center since the early nineties.

In accordance with article 212 of the Act respecting health services and social services, the functions of the Committee are as follows:

- To inform users of their rights and obligations;
- To foster the improvement of the quality of the living conditions of users and assess the degree of satisfaction of users with regard to the services obtained from the institution;
- To defend the common rights and interests of users or, at the request of a user, his or her rights and interests as a user before the institution or any competent authority;
- To accompany and assist a user, on request, in any action he or she undertakes, including the filing of a complaint in accordance with the Act respecting the Health and Social Services Ombudsman.

The Committee meets monthly from September to May. It is composed of eight members. The Committee is a member of the *Regroupement provincial des comités des usagers*. An English sector of this organization has been established and meetings are held at the various institutions every three months. A web site has been set up which enables us to connect to other committees.

The users are represented on various hospital committees. Promoting the existence and functions of the Users' Committee throughout the hospital is an ongoing effort. This is achieved by being a presence on the floors. The Committee members interact with patients and staff. Our posters and pamphlets are displayed throughout the hospital. Improving the quality of life and living conditions of the users is of utmost importance.

A number of things were accomplished this past year:

- We continued to host social gatherings to celebrate the holidays;
- The afternoon tea held in Palliative Care for patients and families continues to be funded by the Users' Committee;
- A small gift was placed on each patient's tray on Christmas morning;
- The patients in Cancer Care, Dialysis and Psychiatry, received a small gift at Christmas;

- Turbans are still being given to cancer patients;
- Toiletries are given throughout the hospital for patients in need;
- Layettees are given to needy moms;
- We purchased pagers to be used in Day Surgery;
- We work with Day Surgery to help ease the anxiety of a child and parents by providing a stuffed puppy called Spotty to keep them company through the surgery;
- We purchased 4 DVD players for the Cancer Care treatment center;
- We purchased two breast pumps to be used as a teaching tool in maternity.

Everything we provide to the departments has our name and logo on it.

The biggest undertaking last year was the closure of long term beds on 7th floor. The Committee was represented on a sub-committee. Meetings were organized between staff and family/patients to keep them updated with how things were progressing and, more importantly, to hear their concerns. The Committee received many phone calls. It received requests to be interviewed by reporters but declined.

Approximately 50 telephone calls were received during 2008-2009. The caller is always asked if he/she would like to lodge a formal complaint. If the caller says no, we do what we can to assist. If we feel it is out of our jurisdiction we will go to the Local Service Quality and Complaints Commissioner.

The objectives for the year 2009-2010 are as follows:

- To continue all projects in place;
- To work with Psychiatry unit to bring more socialization and activity to the patients;
- To keep up the morale in Dialysis;
- To help improve the quality of life on the 8th floor;
- To host a talent show to bring staff, patients and family together for a fun day. We will have a perfect opportunity to promote our committee.

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, 2009, the Board of Directors has not received any complaints or indication in regards to the non-respect of this code.

AS At March 31, 2009

Administration

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

Linda Bambonye
Vice President
Operations and Nursing

Bruce Brown, M.D.
Vice President
Professional Services

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

Elisabeth Dampolias
Vice President
Human Resources

council of physicians, dentists and pharmacists

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2nd Vice President

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Secretary

council of nurses

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Marcela Hidalgo
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Filomena Novello
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Flora Masella
Public Relations Officer

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1st Vice President
Cooptation

Marc W. Trottier
2nd Vice President
Foundation

Rafik Greiss
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Population

Suzanne Gouin
Secretary
Users' Committee

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University

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Cooptation

James C. Cherry
Legal Person (Governors)

Marc Cotran
Residents

Anne-Marie d'Amours
Population

Rita Le de Santis
Montreal Agency

Lorna Dowson
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Council of Physicians, Dentists
and Pharmacists

Ida Graniero
Non-clinical personnel

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Director General and
Chief Executive Officer

Michael Macchiagodena
Users' Committee

Nancy Margaret Marrelli
Montreal Agency

Paulette Morris
Council of Nurses

Claire Mullins-Kruyt
Cooptation

Conrad Sauvé
Foundation

Maureen J. Simmonds
University

clinical department chiefs

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Anæsthesia

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

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

Raymond Sorge, M.D.
Emergency

Alan Pavilanis, M.D.
Family Medicine

Joe Dylewski, M.D.
Laboratories

Michael Bonnycastle, M.D.
Medicine

Robert Hemmings, M.D.
Obstetrics and Gynæcology

Jaroslav Prchal, M.D.
Oncology

Conrad Kavalec, M.D.
Ophthalmology

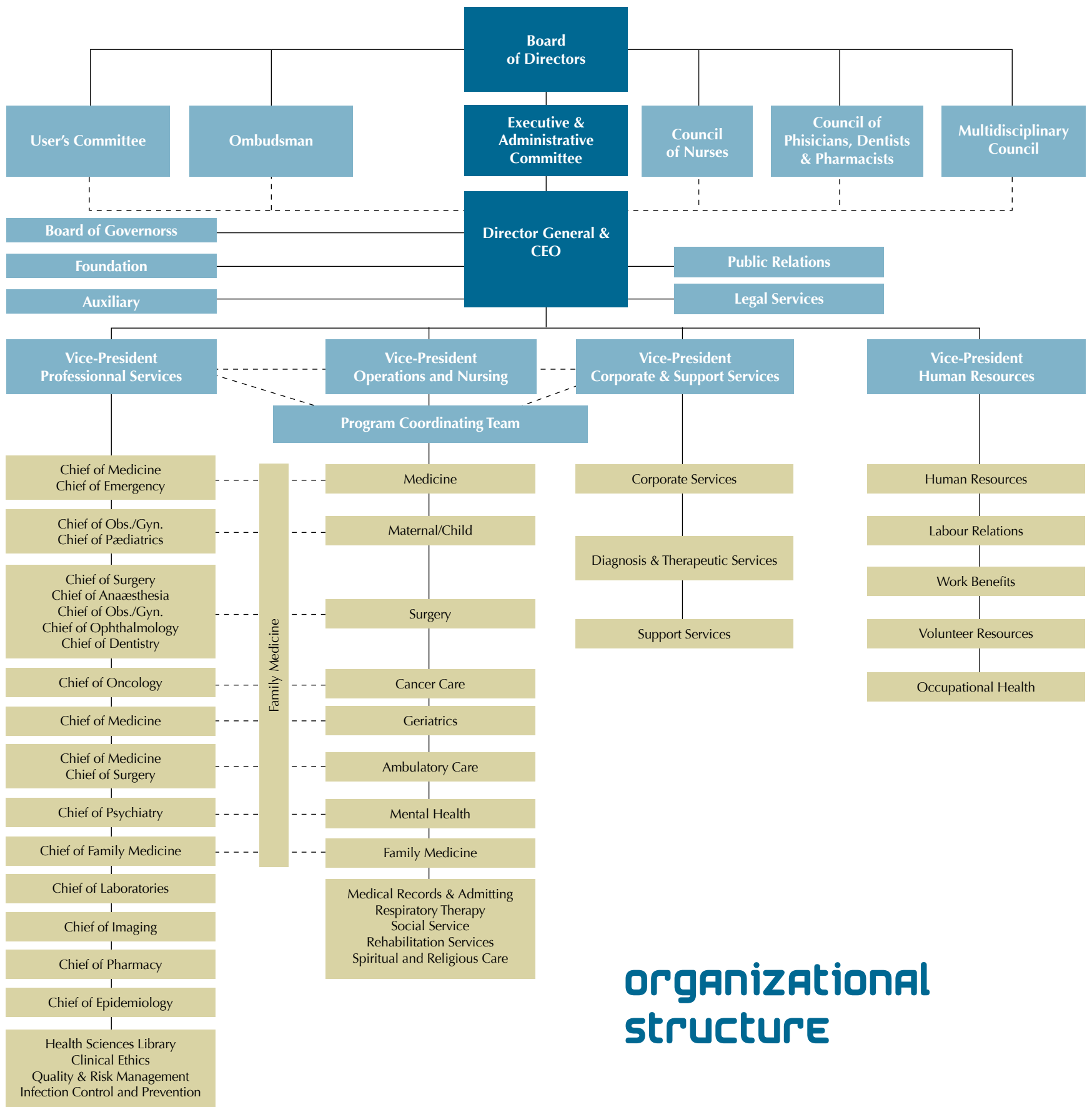
Apostolos Papageorgiou, M.D.
Pædiatrics

Marie Iskandar, M.Sc.Pharm.
Pharmacy

Suzanne Lamarre, M.D.
Psychiatry

Jack Glay, M.D.
Radiology

John R. Sutton, M.D.
Surgery





Centre hospitalier de St. Mary
St. Mary's Hospital Center

L'excellence au cœur de nos soins
Caring through excellence



McGill

Centre hospitalier affilié universitaire
A University-Affiliated Hospital Centre



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Tel.: (514) 345-3511
Fax: (514) 734-2692
www.smhc.qc.ca

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