Centre de santé et de services sociaux
du Haut-Saint-Laurent

Haut-Saint-Laurent Health
and Social Services Centre

ANNUAL MANAGEMENT REPORT

2010-2011

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Credits

This annual management report 2010-2011
is a production of the Haut-Saint-Laurent HSSC

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WORD FROM THE CHAIRMAN OF THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR

In accordance with the provisions of the Act respecting health services and social services, we are pleased to present our 2010-2011 annual management report indicating the major challenges and achievements of our organization.

Inauguration of the Barrie Memorial Hospital's new assets by Health Minister Bolduc

We were delighted and honoured when, on April 26th, 2010, the Quebec Minister of Health and Social Services, Mr. Yves Bolduc, accompanied by the Huntingdon MNA, Mr. Stéphane Billette, officially inaugurated the Barrie Memorial Hospital's new Emergency Room and Medical Imaging Department and scanner. This was an important step, in that it ensures the development and permanence of our hospital, while providing the population with quality services enhanced by the latest technology.

Medical Recruitment

In order to find permanent solutions to the problem of an acute shortage of physicians, which our HSSC faces every day, a request for differentiated compensation was made to the Ministère de santé in the fall of 2010. Access to medical services for the residents of the Haut-Saint-Laurent is, and will remain the absolute priority of our organization. It should be noted that, on November 17 and 18, for the very first time, we were obliged to reduce services at the Barrie Memorial Hospital Emergency for a few hours, due to the lack of doctors. Intensive recruitment initiatives were carried out to correct the situation.

Balanced budget

Thanks to a concerted effort by all, the fiscal year ending March 31, 2011 closed with a balanced budget.

A new health guide for our population

To inform the population of our extended service offer and continuously improve our services, last autumn 10,000 copies of our new health guide were distributed to all households in the Haut-Saint-Laurent territory.

Challenges for 2011-2012

As part of the Accreditation Canada process undertaken on March 31, 2011, implementing the recommendations issued will be vital in ensuring the continuous quality improvement of our services.

During 2011-2012, the institution will undertake a strategic planning exercise through which we intend to establish a vision for the next three years.

Lastly, the issue of medical recruitment will continue to be a hot topic for our HSSC as we seek a remedy for this chronic problem.

Acknowledgments

We would like to begin this report with a few words to express our gratitude, particularly to the staff of our HSSC who ensure that quality services are offered to our population. We would also like to point to the unfailing support of the individuals who work with us day after day, including the members of the HSSC Board of Directors, the Foundations and their committees, as well as our partners and volunteers.

Milton Reddick
Chairman, Board of Directors

Sophie Doucet
Executive Director

STATEMENT ON THE RELIABILITY OF DATA

The results and information contained in this annual management report fall within the scope of my responsibilities. These responsibilities have bearing on the exactitude, completeness and reliability of the data, information and explanations contained herein.

Over the course of the fiscal year, information systems and reliable control measures were maintained so as to support the present declaration. Additionally, I have made certain that the work required to provide reasonable assurance of the reliability of the results has been done, specifically with regard to the Management Agreement.

To my knowledge, the information presented in the Haut-Saint-Laurent HSSC 2010-2011 Annual Management Report, as well as the related controls, are reliable, and this information corresponds to the la situation as it was on March 31, 2011.

Sophie Doucet

Sophie Doucet
Executive Director

Centre de santé et de services sociaux
du Haut-Saint-Laurent

Haut-Saint-Laurent Health
and Social Services Centre

A SHORT PORTRAIT OF THE INSTITUTION

The Haut-Saint-Laurent HSSC is located in the south-west sector of the Montérégie, 45 minutes from Montreal. It comprises four facilities and a satellite centre.

Facilities:

ONE PHONE NUMBER: 450-829-2321

Haut-Saint-Laurent HSSC (head office)
28 Gale St., Ormstown
Quebec, J0S 1K0

Barrie Memorial Hospital
28 Gale St., Ormstown
Quebec, J0S 1K0

Ormstown CHSLD
65 Hector St., Ormstown
Quebec, J0S 1K0

Huntingdon CHSLD
198 Châteauguay St., Huntingdon
Quebec, J0S 1H0

Huntingdon CLSC
10 King St., Suite 200, Huntingdon
Quebec, J0S 1H0

Huntingdon CLSC (satellite centre)
21, rang St-Anne, St-Chrysostome
Quebec, J0S 1R0

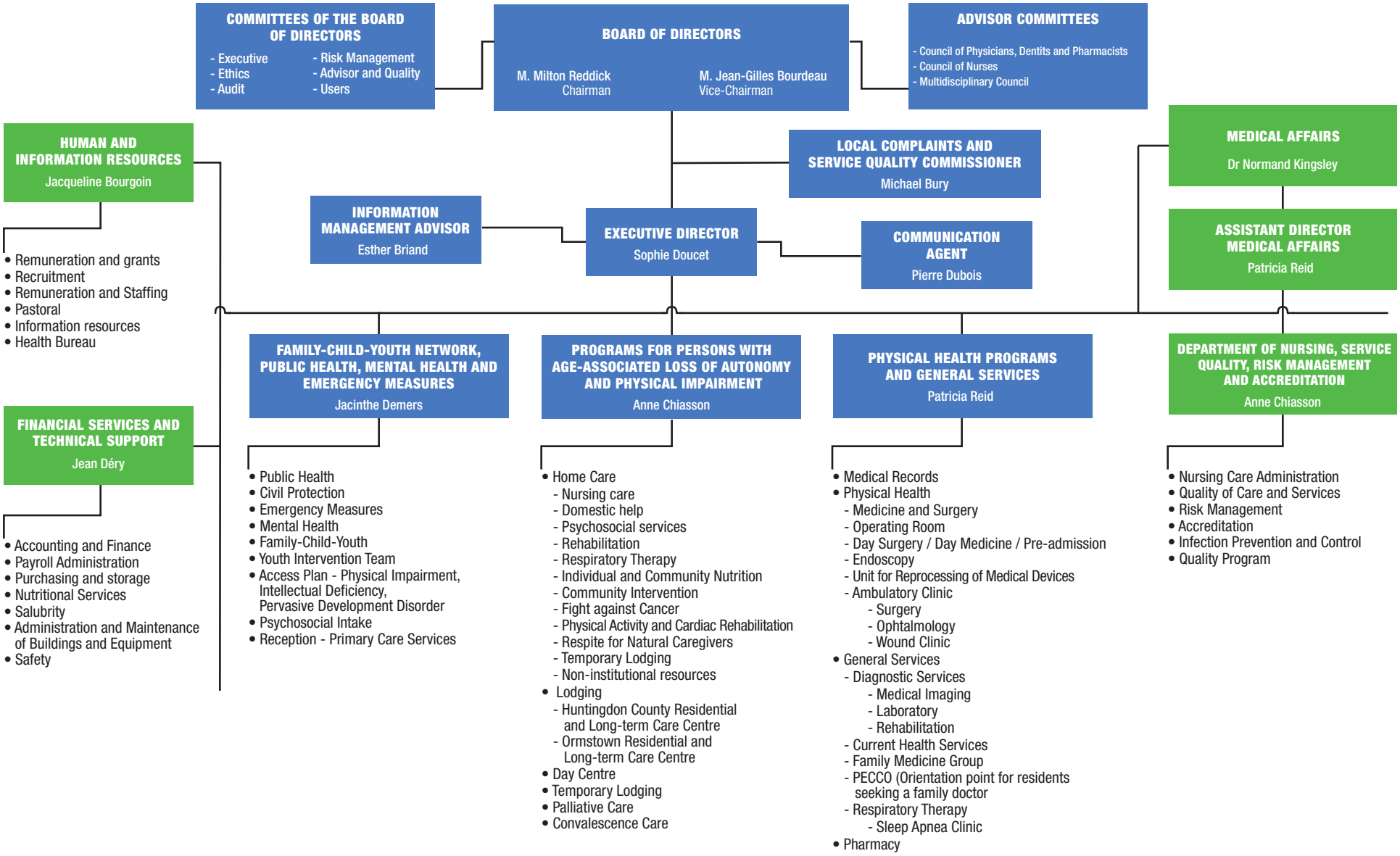
Number of employees

503

Number of beds

Acute care	49
Long-term	125
Temporary	9

ORGANIZATIONAL CHART



2012-2015 STRATEGIC ORIENTATIONS

Over the past year, the CSSS consolidated its resources and services by ensuring the continuous improvement of quality, safe services. On March 31, 2011, the organization finalized the issues raised during the strategic planning exercise for 2007-2010. During 2011, the institution will prepare new orientations for the upcoming years.

MISSION AND GUIDING PRINCIPLES

Mission

The mission of the Haut-Saint-Laurent HSSC is to **offer and promote the following services** to the local community:

- Ongoing preventative or curative health and social services, as well as rehabilitation and reintegration services;
- Diagnostic and Medical services;
- Temporary or permanent alternative living arrangements and various services including assistance, support and supervision, as well as rehabilitation, psychosocial, nursing, pharmaceutical and medical services for adults with a loss of autonomy.

The Haut-Saint-Laurent HSSC is the foundation of the health and social services network; it ensures its **users have safe access to services** through a local community service centre, two long-term care facilities, and a general and specialized care hospital.

Guiding principles

In pursuing its mission, the Haut-Saint-Laurent HSSC focuses on **serving the community** by offering:

- **A global approach** to health based on: prevention, diagnosis and treatment, social reintegration and social protection;
- **A multidisciplinary approach** by combining its expertise with its partners in order to maximize the quality of its services;
- **Ongoing services** through the actions of its stakeholders;
- **Services that are accessible**, both geographically and socially;
- **Safe** and **effective services** by optimizing its human, physical and financial resources;
- **Services adapted to the population** through our knowledge of the territory.

A SHORT PORTRAIT OF THE POPULATION

Communities served

The 13 municipalities of the MRC du Haut Saint-Laurent served are:

Dundee,
Elgin,
Franklin,
Godmanchester,
Havelock,
Hinchinbrooke,
Howick,
Huntingdon,
Ormstown,
Saint-Anicet,
Saint-Chrysostome,
Sainte-Barbe,
Très-Saint-Sacrement

*Akwasasne is also served by the HSSC

Demographics

According to the demographics of the Institut de la statistique du Québec (ISQ), the local services network of the population of the Haut-Saint-Laurent numbered approximately 25,000 in 2010, of which 3,100 reside in Akwesasne. Among the 11 territories in the Montérégie, it is the 11th largest in terms of population (1.7 %), the fifth largest in area and ranks 11th in population density. The population of the local service network is expected to increase by 6.6 % between 2010 and 2031, being an increase far lower than that of the Montérégie as a whole, estimated at 16.3 %.

The Haut-Saint-Laurent local services network is characterized by a slightly older population than that of the Montérégie and will continue to age. Between 2010 and 2031, the percentage of persons 65 years of age will increase from 16 to 28%. Nonetheless, aging of the population is occurring at a slightly slower rate in the Haut-Saint-Laurent territory than in the Montérégie as a whole.

Socio-Economic and Cultural Conditions

In general, our local services network presents a less advantageous socio-economic profile than that of the region. Compared with the Montérégie, our local services network has proportionately more individuals living below the low-income threshold and more adults who are recipients of social assistance programs.

The proportion of English-speaking people in the Haut-Saint-Laurent local services network is the highest in the Montérégie. According to the 2006 Census, close to 6,600 people or 5% of the Montérégie population is English-speaking.

Life Expectancy

In 2003-2007, life expectancy at birth for persons residing on the Haut-Saint-Laurent territory was 77.8 ans. Life expectancy for both women and men of the local services network at birth was significantly lower than that of the province of Quebec; in 2003-2007, the gap was 1.9 years for women (80.8 vs. 82.7 years) and 2.5 years for men (75.2 vs. 77.7 years).

Physical Health

Tumours

In 2004-2007, 30% of deaths registered in the Haut-Saint-Laurent local services network were attributed to tumours. With an average of 68 deaths per year, tumours were the leading cause of death. Over the past 20 years, the number of new cases of cancer has been on the rise, mainly due to the population increase and aging. There are an average of 188 hospitalizations per year due to tumours, which represented close to 12% of all hospitalizations in 2006-2009 in acute physical care.

Diseases of the circulatory system

Death due to diseases of the circulatory system has greatly decreased over the past few decades. Death rates for both men and women have regressed, however mortality rates for men continue to be higher than those for women. Since 1995-1999, the local services network has had a significantly higher death rate due to diseases of the circulatory system than that of the province of Quebec. In 2006-2009, 23% of hospitalizations of the local services network population in acute physical care - an average of 365 hospitalizations per year - were attributable to diseases of the circulatory system. They are not only one of the leading causes of death but also of hospitalization. For the same period, the hospitalization rate for diseases of the circulatory system was significantly higher in the local services network than the provincial rate.

Diseases of the respiratory system

According to the latest data available, diseases of the respiratory system are responsible for 7% of deaths and 8% of hospitalizations in the local services network population. The latter has a significantly lower hospitalization rate than that of the province.

Diabetes

En 2006-2007, 1,746 people of 20 years of age and over suffered from diabetes, that is, 7.9% of the population in this age group. This proportion is significantly higher than the provincial average. Aging of the population along with the decrease in mortality of diabetics contributed to the increase in the prevalence of diabetes. This disease has serious consequences on the state of health (cardiac problems, renal failure, blindness, amputation, etc.) and adults suffering from this disease often die prematurely.

Some risk factors

In 2009, adults in the Haut-Saint-Laurent local services network living at home had the following risk factors:

- Approximately 55% of adults eat less than five portions of fruit and vegetables per day. This proportion is statistically higher that that of the Montérégie;
- Approximately 40% of adults practice a daily physical recreational activity less than once a week;
- Approximately 29% of adults smoke every day or occasionally. This proportion is statistically higher than that of the Montérégie;
- Approximately 57% of adults have excess weight, 40% are overweight and 18% are obese;
- The average number of suicides per year is five persons on the Haut-Saint-Laurent territory. The suicide mortality rate is five times higher for men than for women;
- In 2009-2010, the Centre jeunesse de la Montérégie received 217 reports concerning children in the local services network - an increase of 28% over 1999-2000. Physical and sexual abuse, as well as negligence, constitute the two main motives for the reports.

INSTITUTION HIGHLIGHTS PROGRAMS AND SERVICES

This section provides an overview of activities in the departments which make up the Haut-Saint-Laurent HSSC.

MEDICAL AFFAIRS

Medical Affairs is responsible for all medical activities in the Haut-Saint-Laurent HSSC.

Objective:
To recruit physicians and thereby ensure the accessibility of general and specialized medical services for our population.

Highlights:

- The recruitment of new general practitioners beginning their practice in July 2011;
- A request was submitted to the ministère de la Santé et des Services sociaux for differentiated compensation for physicians practicing in the Haut-Saint-Laurent territory;
- Participation in the resident physicians' Career Day in October 2010;
- Continuity of work to implement an FMG in Ormstown;
- Optimization of the process of taking charge of clients who have no family physician.

Dr. Normand Kingsley
Director, Medical Affairs

PHYSICAL HEALTH PROGRAMS, GENERAL SERVICE MANAGEMENT AND MEDICAL RECORDS

PHYSICAL HEALTH PROGRAMS

This Department is responsible for services for persons who require medical care. It groups together all clinical services at the Barrie Memorial Hospital, including Emergency, the operating area, hospitalization and various clinics such as Ophthalmology and Wound Care.

Objective:
To ensure quality and safe services without a waiting period.

Emergency Department

Visits to the Emergency
2009-2010 : 16 779
2010-2011 : 17 204

Highlights:
- Stays of 48 hours and over were closely followed;
- Triage operations were reorganized according to the Triage Acuity Scale (TAS);
- A suicide prevention procedure was introduced in collaboration with the Mental Health Department;
- An automated medication storage and retrieval system was established to improve medication management;
- The position of a respiratory technician was created to support the medical and nursing team.

Statistics:

Indicators	Years	Annual average	Target
Average patient stay on a stretcher (in hours)	09-10 **10-11**	14.0 **19.1**	12 **11**
Average stay of patients 75 years and over on a stretcher (in hours)	09-10 **10-11**	17.7 **23.1**	12 **11**
Percentage of patients on a stretcher (over 48 hours)	09-10 **10-11**	1.7 **3.9**	0 **0**
Percentage of patients on a stretcher (over 48 hours among those 75 years and over)	09-10 **10-11**	2.7 **5.1**	0 **0**
Average length of stay for patients on a stretcher - Mental Health (in hours)	09-10 **10-11**	13.2 **18.9**	12 **11**
Percentage of patients on a stretcher - Mental Health - over 48 hours	09-10 **10-11**	1.2 **1.9**	0 **0**

Endoscopy

Highlights:
- The waiting period was reduced to a maximum of six months;
- The number of endoscopies carried out was increased.

Statistics:
Number of endoscopies carried out
2009-2010 : 1086
2010-2011 : 1194

Operating area

Highlights:
- No waiting list in surgery;
- Operational procedures were reorganized and updated;
- A position for a respiratory technician was created;
- The use of the operating area was optimized.

Statistics:

Intervention	09-10	**10-11**	Target	Difference
Surgery with hospitalization	137	**111**	136	-25
Day surgery	283	**236**	319	-83

Medecine and Surgery

Highlights:
- The number of persons admitted increased;
- A single-dose medication system was implemented for hospitalized patients;
- The number of patients waiting for placement increased.

Statistics:
The average length of stay for hospitalized patients
2009-2010 : 11.5
2010-2011 : 12.8 (52 users waiting for placement in a residence)

Wound Care Clinic

Highlight:
- Continuous training on new forms of treatment and techniques to ensure the best client service quality.

Statistics:
Number of users
2009-2010 : 649 users were followed
2010-2011 : 439 users were followed

Ophthalmology Clinic

Highlight:

- No waiting list with the current client service offer maintained.

Statistics:
Number of users
2009-2010 : 1023
2010-2011 : 882

GENERAL SERVICES

The General Service Department offers a wide range of services such as the CLSC Ambulatory Nursing Clinics, with or without an appointment, for taking blood pressure, wound care, contraception, intravenous therapy, diabetes, blood specimen collection, screening for blood borne and sexually transmitted diseases, etc. Other services grouped together in this Department include diagnostic services, rehabilitation, respiratory therapy and the Huntingdon FMG. This year the Guichet d'accès pour la clientele orpheline (PECCO) was integrated into this department.

Objective:
To ensure the provision of safe, quality services to meet the various needs of ambulatory clients in an optimal manner.

Current Health Services and Family Medicine Group

Highlights:

- Harmonious integration of the centres of activity of routine health services and the Family Medicine Group;
- Implementation of standard practices and improved service coverage;
- A travel health vaccination clinic was introduced in the autumn of 2010 one day a week in collaboration with the CSSS du Suroît.

Statistics:

	2009-2010	**2010-2011**
Number of different users:	1636	**1644**
Number of interventions:	6663	**6157**
Number of blood specimen collections:	7425	**7565**

PECCO (Prise En Charge de la Clientèle Orpheline) gate of entry:

Highlights:

- A gate of entry for clients without a family physician (PECCO) was implemented in the autumn of 2010;
- A clinical nurse was hired;
- The list of clients was up-dated.

Statistics:
Percentage of cases taken on in:

2009-2010 : 52 users and 73% who were assigned « Priority 1 »

2010-2011 : 162 users and 61% assigned « Priority 1 »

Respiratory Therapy Services

Highlights:

- Material and practices involved in respiratory care for all sectors of general and physical health services were standardized and up-dated;
- Visit of the Ordre des inhalothérapeutes du Québec to the HSSC.

Statistics:
Number of interventions
2009-2010 : 1473
2010-2011 : 1974

Rehabilitation Services

Highlights:

- Service offer maintained in spite of the acute shortage of physiotherapists;
- Creation of a perineal and pelvic re-education program.

Statistics:

Hours of service provision	2009-2010	**2010-2011**
Physiotherapy sector:	6630	**9113**
Occupational therapy sector:	2998	**2851**

Diagnostic services

Highlights:

- Significant increase in the consumption of services by the population;
- Development of the virtual endoscopy service;
- Improvements to the equipment in the imaging room;
- Inspection visit of the Ordre professionnel des technologists médicaux du Québec in February 2011;
- Significant increase in specimen collection.

Statistics:

Laboratory

	2009-2010	**2010-2011**
Procedures:	357 348	**438 815**
Weighted value:	643 447	**956 463.3**
Specimen collection:	21 656	**27 025** (BMH et CLSC)
Electrophysiology:	71 160	**76 668**

Medical imaging

		2009-2010	**2010-2011**
General radiology	Procedures	13 972	**13 462**
	Weighted value	163 430	**155 581**
Ultrasonography	Procedures	3 067	**2 989**
	Weighted value	84 015	**80 955**
CAT scan	Procedures	135	**2 109**
	Weighted value	3 026	**46 896**

Diabetes Clinic

Highlights:

- New working tools were developed to ensure that patients acquire the knowledge required to enable them to take charge of their diabetes;
- Information sessions were introduced, with ten sessions in French and three in English.

Statistics:

Number of users 2009-2010 : 167
Number of sessions offered 2009-2010: 14

Number of user 2010-2011 : 134
Number of sessions offered 2010-2011: 13

MEDICAL RECORDS

The Medical Records Department is responsible for preserving medical and psychosocial records and their accessibility in compliance with the laws in force.

Objective:

To centralize management of the HSSC Records Department under the responsibility of a single manager.

Highlight:

- Digitized dictation was introduced (leading-edge technology).

Statistics:

New files opened
2009-2010 : 2455
2010-2011 : 2602

We thank the community for their financial support which enables the Hospital to continue to maintain leading-edge equipment.

Pat Reid
Director, Physical Health Programs, General Services, Medical Records and Assistant Director, Medical Affairs

DEPARTMENT OF NURSING, SERVICE QUALITY, RISK MANAGEMENT AND ACCREDITATION

The Department of Nursing at the Haut-Saint-Laurent HSSC is responsible for the entire component related to service quality, including risk management and accreditation. This Department plays an "advisory role" for the entire HSSC, with a mandate to monitor and control care quality, supervise professional practices and oversee skill development.

Nursing Governance

Objectives:

To ensure the standardization and harmonization of practices within the HSSC in a safe and quality manner, as well as revising clinical programs.

Highlights:

- Evaluation and revision of clinical programs concerning the continuous quality and safety of care and services, prevention of falls and injuries, prevention and treatment of pressure ulcers and prevention and control of nosocomial infections;
- A local joint clinical ethics committee was established;
- Policies and procedures were prepared concerning risk management, integrated quality management and the prevention and control of infections;
- Training positions were centralized and coordinated under the responsibility of the specialized care advisor;
- Collective prescriptions and nursing protocols were prepared.

Risk Management

Highlights:

- Revision of the integrated risk quality and management program;
- Reinforcement of a pro-active approach to risk management through meetings with the teams of managers;
- Writing, revision and distribution of several policies and procedures related to management of risks, quality and safety;
- Management and follow-up of incident and accident reports for all programs.

Prevention and Control of Infections

Highlights:

- Reinforcement of the importance of hand hygiene through training, posters and memorandums;
- Writing, revision and distribution of policies and procedures related to the prevention and control of infections.

Nosocomial infections in the hospital
MRSA: 39
VRE: 0
C.difficile: 6

Outbreak of viral gastro-enteritis
Barrie Memorial Hospital: 15 cases
Huntingdon CHSLD: 10 cases
Ormstown CHSLD: 0

« Quality » Program

Highlights:

- The integrated quality and risk program was revised;
- Policies and procedures related to integrated quality management were drawn up, revised and distributed;
- With the participation of the laboratory team, a quality and safety program for the medical biology laboratory was drawn up.

Accreditation Program

Highlights:

- Recommendations made by Accreditation Canada during the visit in March 2008 were coordinated and followed-up in order to retain the accreditation status in August 2010 (plans of action were implemented);
- Coordination and preparation for the visit by Accreditation Canada in April 2011;
- Support was provided to all the teams to assist them during the accreditation process;
- Seven quality surveys required by Accreditation Canada and the conseil Québécois d'agrément were organized and supervised;
- Implementation of the organizational practices required and a poster was designed and distributed to the entire HSSC;
- Policy and procedure folders were designed and distributed to all HSSC departments and services.

CLIENT SATISFACTION

A satisfaction survey was carried out using a telephone questionnaire for clients who had received care and services at the Hospital and the CLSC. In addition, for the residential programs, a satisfaction survey was carried out through interviews with residents and their families.

Overall result for indicators covering all active care programs

Indicators	HSLHSSC	HSSC Comparables
Relations with client	88.77	89.37
Provision of professional services	85.63	86.38
Organization of services	82.58	83.38

Overall result for indicators covering the residential programs

Indicators	HSLHSSC	HSSC Comparables
Relations with client	83.20	82.11
Provision of professional services	83.84	82.00
Organization of services	81.33	81.74

Anne Chiasson
Director of Nursing, Service quality, Risk Management and Accreditation

PROGRAMS FOR PEOPLE WITH AGE-ASSOCIATED LOSS OF AUTONOMY OR A PHYSICAL IMPAIRMENT

Whether in the home, a private residence, residential centre or day centre, this Department intervenes with persons experiencing a loss of autonomy related to aging as well as those with a physical impairment and clients with an acute health care profile, such as home support or palliative care.

Objective:
Revise and integrate the new organisational practices from Accreditation Canada in order to maintain and enforce quality and security of care and services bor a better quality of life for our residents.

CHSLD Mission

Highlights:

- Continuity of the loyalty-building file to maintain the quality of care and services provided to our residents;
- Maintenance and reinforcement of the program to reduce the use of restraints for our residents;
- Continuity in training for orderlies, *Agir auprès de la personne âgée* (intervening with the elderly), in all residential centres;
- Introduction of a new medication distribution system;
- Presentation of the results of the departmental visit in February 2010 to the residents, families and employees.

CLSC Mission

Highlights:

- Tight follow-up of management agreements and implementation of measures to attain targets;
- Pursuit of approaches with the municipalities to reduce user transportation problems;
- Pursuit and development of new participative actions with partners in the local network to carry out the plan of action;
- Development of a partnership with emergency, medicine/surgery and rehabilitation teams in order to provide an appropriate response to case management of clients who no longer require hospitalization;
- Exhaustive follow-up of case management of clients waiting for residential placement and/or their return home.

Struggle against cancer

Highlights:

- A personalized and specialized exhaustive follow-up with clients who have cancer;
- Introduction of an action plan designed to attain improvement objectives in order to better respond to the needs of oncology patients;
- Implementation of a position for a nurse-consultant in palliative care for the entire HSSC to transfer knowledge to the professionals.
- Revision of current practices for an appropriate safe practice in using medication in palliative care.

Anne Chiasson
Director of Programs for People with Age-associated Loss of Autonomy or Physical Impairment

PUBLIC HEALTH, FAMILY-CHILD-YOUTH, MENTAL HEALTH AND PUBLIC SAFETY PROGRAMS

This Department groups together preventive and curative health and social services, for a variety of clienteles including families, children and youth as well as offering the wider population mental health and public health services (healthy life-style, quit smoking centre, breast cancer screening, etc.). This Department coordinates civil security in the event of a natural disaster in the Haut-Saint-Laurent region. Community organizations are also part of its jurisdiction. Psychosocial services were integrated into this directorate.

Family-Children-Youth

These professionals are recognized for being very involved in improving services to youth and families. Their work is interdisciplinary and they seek the best intervention practices. Their work with organizations in the community improves accessibility and ensures better continuity of services.

Objectives:
Promoting the breast-feeding policy was the main objective for Early Childhood services, consolidate work as an inter-disciplinary team as well as consolidate partnerships.

Early Chilhood

These services cover all the activities offered to families with children up to school age.

Highlight:

- More than 70 at-risk families in the region (low income, incomplete secondary education), including 30 mothers who gave birth during the year, have benefited from integrated perinatal services for very young children (services intégrés en périnatalité pour la petite enfance - SIPPE).

5-18 years

These services are designed for clients from 5 to 17 years inclusively and their families.

Highlights:

- 488 children in difficulty and their families benefited from a psychosocial follow-up and some received psycho-educational services;
- 36 children between the ages of 3 and 16 benefited from a weekend of respite at Camp OUF! This service allows families to avert situations of crisis and exhaustion which could lead to placement;
- The HSSC sits on the committee for the educational and social success of youth in the Haut-Saint-Laurent (Comité pour réussite éducative et sociale des jeunes du Haut-Saint-Laurent). This body comprises over a dozen organizations and institutions and is currently working on creating an action plan.

Vaccination

The vaccination sector is comprised of several components and vaccination campaigns.

Highlights:

- Over 4857 doses were administered in our territory during the mass vaccination campaign against seasonal flu from November 1 to December 11, 2010;
- 89.9% of secondary three students have complete vaccination coverage for their age group;
- Clinics were offered every week in order to reach young children under the age of five;
- A project to optimize vaccination services was developed with a view to improving vaccination coverage and respect vaccination schedules.

Some supporting numbers:

Vaccination	Grade 4 elementary	Secondary three
HPV	77.4%	80.0%
Hepatitis B	87.3%	88.9%
Chickenpox	94.7%	90.5%
Meningitis	-	85.5%
Diphtheria/Tetanus	-	85.9%
Whooping cough	-	85.9%
Polio	-	86.3%
Measles	-	85.9%
Rubella	-	86.3%
Mumps	-	86.3%

Physical Impairment, Intellectual Impairment and Pervasive Developmental Disorders (PI-II-PDD)

This service allows children with an intellectual impairment (II) or a pervasive developmental disorder (PDD) and their families to receive support and accompaniment services.

Objectives:
To apply the departmental access plan and regional guidelines facilitating access to services and their continuity for clients with a physical or intellectual impairment or pervasive developmental disorder. Preparation of a local plan to facilitate access to services for this clientele.

Highlights:
- Elimination of waiting lists in each of these sectors for clientele requiring high priority emergency services;
- 23 children with an PDD and 40 with an II were reached;
- Allocations for purchasing respite or sitting services were also granted to over 60 families.

Some supporting numbers:

PI	Number of people with a physical impairment receiving services 120	Total number of interventions 5018
II	Number of people with an intellectual impairment receiving services 61	Total number of interventions 1010
PDD	Nombre de personnes ayant un TED recevant des services 31	Total number of interventions 132

Psychosocial Services

Psychosocial services are services offered to the entire population to prevent, resolve or reduce the majority of psychosocial problems. They are designed to accompany people during crisis situations such as bereavement, separation, drug addiction, dependencies, loss of employment, suicidal ideation, etc.

Objectives:
Improve access to services by increasing the number of persons served and ensuring that all their needs are met.

Highlights:
- An increase in the number of interventions and users;
- Optimization of established intersectoral coordination groups: conjugal violence, sexual assault and social distress;
- Creation of new information tools on services and distribution throughout the territory.

Some supporting numbers:

	2009-2010	**2010-2011**
Total number of interventions	1020	**1126**
Number of users served	273	**298**
Average number of interventions	3.74	**3,78**

Mental Health

These services are intended for a clientele with persistent mental health problems who require a regular follow-up.

Objectives:
To prevent hospitalization by reducing the duration, when necessary; to maintain clients in their home environment and to reach the population for assessment and treatment services and first-line follow-up.

Highlights:
- Consolidation of variable intensity services (services d'intensité variable - SIV);
- Implementation of intensive team follow-up services in the community (suivi intensif dans le milieu en équipe - SIME);
- Creation of several positions to form a multidisciplinary team;
- Services available four evenings per week, as well as on Saturdays;
- An increase in suicide prevention initiatives in the territory, including a presentation on suicide prevention to the Howick UPA;
- A series of courses on stress management for adolescents was set up in the Châteauguay Valley Regional (CVR) in the spring of 2010;
- Results were achieved in regard to the management agreements for 2010-2011.

Some supporting numbers:

Number of youth and their families followed in mental health	117
Number of people followed in adult mental health	271
Number of people followed by variable intensity services and intensive team follow-up services	75

Public Health

Public health is an extensive domain designed to improve the health of the population and prevent chronic diseases such as diabetes, cardiovascular diseases, respiratory diseases, cancer, obesity.

Objective:
To promote a healthy life style throughout the entire population.

Highlights:

- The concept of the HSSC as health promoter was launched in March 2011, more specifically for health personnel, as an effective means of connecting promotion and prevention to health intervention;
- A kinesiologist was hired as a promotions officer with the Healthy Lifestyle team;
- The Haut-Saint-Laurent HSSC dietary offer was portrayed as part of the adoption of a healthy eating policy by the HSSC;
- Promotion officers participated in advancing the PIED Program (preventing falls among senior citizens) and the PQDCS Program (Quebec program for breast cancer screening in women aged 50 and over);
- Sentinels were recruited within the scope of the suicide prevention program.

Public Safety

Every health institution must be able to respond effectively to various disaster situations that could arise in its territory. The preparation of a plan facilitates a quality, efficient, effective, coordinated and coherent response to any situation requiring emergency measures during a disaster. Such a plan reduces morbidity, mortality and psychosocial impacts on the population affected by such an event.

Objective:
Training of personnel in emergency measures.

Highlights:

- 72% of the staff attended training throughout the year in order to be able to intervene according to a plan during an emergency;
- In June 2010, 20 managers were trained on the application of civil security intervention plans and emergency measures;
- Folders containing information on how to respond in an emergency were distributed to all the facilities;
- The psychosocial intervention team was consolidated in the event of a disaster;
- Lists of at-risk clientele in the region were regularly up-dated.

Jacinthe Demers
Director of programs in Public Health, Family-Children-Youth, Mental Health and Public Safety

HUMAN RESOURCES AND INFORMATION RESOURCES

This Department assumes a double mandate. On one hand, the Department of Human and Information Resources is responsible for recruiting, staffing, labour relations, health and occupational safety, assignments and training. On the other hand, the Department is also responsible for managing information assets with a view to optimizing the HSSC's activities and services.

Objectives:
To improve the work environment and respond to issues related to the manpower shortage.

Highlights:

- Recourse to external manpower was improved, but the situation concerning nurses has increased;
- A significant reduction of close to 20% in overtime in regard to absenteeism in wage-loss insurance compared to last year;
- Improved links between the health and social telecommunications network to the integrated multimedia telecommunications network to ensure greater availability and improved performance.

Statistics:

overtime (average rate) target:	**2.71%**
HSSC Haut-Saint-Laurent	2.63%
Average for HSSCs in the Montérégie	3.75%

Institution staff	Current year	Previous year
Management: (as of March 31)		
Full time (excluding those with job stability)	28	27
Part time	1	2
Number of people: Equivalent to full time (a) (excluding those with job stability)		
Number of managers with job stability	0	0
Regular employees: (as of March 31)		
Full time (excluding those with job security)	144	154
Part time	269	250
Number of people: Equivalent to full time (a) (excluding those with job security)		
Number of employees with job security	0	0
Casual employees:		
Number of paid hours during the current year	152,067	102,390
Equivalent to full time (b)	83	54

Jacqueline Bourgoin
Director of Human Resources and Information Resources

FINANCIAL SERVICES AND TECHNICAL SUPPORT

Financial Services ensure the efficient use of financial resources assigned to the HSSC for operating budgets, payroll and supplies, and plays an advisory and support role for managers concerning budget matters. It also offers a functional, safe, comfortable and practical environment for all the people within the HSSC facilities. Technical Support services include hygiene and cleanliness, laundry, food and safety.

Financial component

Objectives:
Budget follow-up and maintenance of a balanced budget.

Highlights:
- A balanced budget was maintained;
- The purchasing policy was implemented;
- A procedure to analyse the performance of the various activity sectors in the organization was prepared with the person responsible for managing the HSSC's performance.

Technical service component

Objective:
To improve services provided to the population and employees in the various HSSC facilities.

Highlights:
- Implementation of an interdisciplinary committee to improve food quality in residences;
- Purchase and implementation of a computer program to handle work orders on equipment and ways to plan for preventative maintenance;
- Harmonization and standardization of suppliers between the various HSSC facilities;
- Harmonization of cleaning and disinfecting products for all HSSC facilities;
- A new roof for the Barrie Memorial Hospital;
- Major renovation of the kitchen in the centre d'hébergement d'Ormstown (air-conditioning and renovation of the work area);
- Replacement of the floor in the hospital laboratory.

Jean Déry
Director of Financial Services and Technical Support

2011-2012 MAIN OBJECTIVES OF THE HAUT-SAINT-LAURENT HSSC

- Intensify medical recruitment activities specifically targeting case management in the community;
- Maintain a balanced budget;
- Increase recruitment and retention of personnel;
- Reduce the numbers of external manpower;
- Implement the recommendations made by Accreditation Canada following the visit in April 2011;
- Develop a transition clinic for clients without a family physician - PECCO (prise en charge de la clientele orpheline);
- Integrate a nurse practitioner specializing in general services sectors -FMG and PECCO as of the autumn of 2011;
- Develop a walk-in medical service at the CLSC satellite centre in St-Chrysostome as of September 2011;
- Reduce time spent on a stretcher in the Emergency Department;
- Optimize medication carts for all HSSC facilities;
- Reduce the use of relief physicians in the Emergency;
- Install videoconferencing to facilitate communications;
- Purchase equipment for radioscopy and mobile imaging;
- Implement the approach adapted for seniors in hospital environments;
- Reorganize work in the residential sectors;
- Implement the HSSC health promotion concept in the health personnel component.

REPORT OF THE LOCAL SERVICE QUALITY AND COMPLAINTS COMMISSIONER

The Local Service Quality and Complaints Commissioner reports to the Board of Directors in regard to users' rights and the diligent treatment of their complaints.

Complaint examination and promotion of rights - means of access for the population

A specific tab on the home page of the institution's website has been set up to allow rapid access, in particular, to the annual report and complaint examination procedure, user satisfaction and respect of their rights. Posters and brochures have been placed in strategic locations in order to make these issues better known so that users can contact the Commissioner when needed.

Highlights:

- 15 complaints were recorded during the financial year covered in this report, none of which is in process;
- Of these 15 complaints, 9 came from users and 6 from third parties;
- The sensitive points affect the accessibility of services and interpersonal relations (psychological abuse, attitude, lack of information).

Our sincere thanks to the entire Haut-Saint-Laurent HSSC team as well as the members of the residents', users' and vigilance committees.

Michael Bury
Local Service Quality and Complaints Commissioner

HSSC FOUNDATIONS

Barrie Memorial Hospital Foundation

Highlight:

- A fund raising golf tournament was organized in May 2010 to raise funds for kidney failure treatments.

The Quebec Foundation for the Barrie Memorial Hospital

Highlight:

- The Foundation participated in raising funds to purchase various equipment for the Barrie Memorial Hospital.

Huntingdon CHSLD Foundation

Highlight:

- A golf tournament was organized in August 2010 to purchase a four-season sun room for the residents of this residential centre.

Women's Auxiliary of the Barrie Memorial Hospital Foundation

Highlight:

- The Auxiliary maintained its principal fund-raising activities including the Christmas bazaar in order to offer various services to patients and to equip and furnish the new Emergency Department.

The Ladies' Auxiliary of the Huntingdon CHSLD

Highlight:

- The Auxiliary continued its fund-raising activities in order to improve the residents' quality of life through the purchase of equipment and by setting up a variety of activities.

COUNCILS AND COMMITTEES OF THE HAUT-SAINT-LAURENT HSSC

This section contains highlights of the activities of the committees and councils in the Haut-Saint-Laurent HSSC.

Users' Committee

The role of the Users' Committee is to inform users of their rights and obligations and to promote improvements in the quality of their lives.

Highlights:

- Increased awareness raising activities for users on their rights and obligations using awareness-raising tools distributed during various occasions;
- Representation of the Users' Committee at the convention of the Regroupement provincial in St-Hyacinthe in the autumn of 2010.

Council of Physicians, Dentists and Pharmacists

On March 31 2011, there were 40 physician members of the Council of Physicians and Dentist and Pharmacists. The Council reports to the Board of Directors in regard to controlling and assessing the quality and relevance of acts posed by the physicians and pharmacists practicing within the HSSC. Eight regular meetings and three general meetings were held to study nomination requests from professionals and to make recommendations to the Board of Directors on the qualifications and competence of new physicians coming to practice in the HSSC.

Highlight:

- New regulations and care protocols were adopted.

Multidisciplinary Council

The Multidisciplinary Council, comprised of 84 members from 22 different professions, reports to the Board of Directors. As required, it forms the peer committees necessary for assessing and improving the quality of professional practice of all their members in all centres operated by the institution, and makes recommendations.

Highlight:

- Various reflection processes were initiated on several topics, including the pastoral service and the decree to integrate physical rehabilitation technicians.

Council of Nurses

The mandate of the Council of Nurses is to draw up recommendations to the Board of Directors on all issues that directly involve nursing practice.

Highlights:

- Revision of clinical programs on continuous improvement of the quality and safety of care and services, prevention of falls and injuries, prevention and treatment of pressure ulcers and prevention and control of nosocomial infections;
- A recognition activity was held for nurses and nursing assistants in all the HSSC facilities as part of the International Nurses Day in order to point to the excellence of the work of the care teams.

Service Quality and Risk Management Committee

The principal mandate of the members of the Risk Management and Quality Committee is to identify elements resulting from an event (accidents/incidents) in order to make recommendations to prevent similar situations.

Highlights:

- Revision of the regulations and policies related to risk management;
- Reinforcement of the culture of safety among the HSSC teams;
- Meetings were held in compliance with the requirements of Bill 113;
- Analyses and follow-ups were made of "sentinel" events and incident and accident reports.

FOLLOW-UP ON THE MANAGEMENT AND ACCOUNTABILITY AGREEMENT

Performance Report

2011 target	Network and ministry staff
5.96%	Improve management of absenteeism

Indicators	*2009-2010 results*	*2010-2011 targets*	*2010-2011 results*	*Evaluation*	*Comments*
Ratio of the number of hours on salary insurance to the number of hours worked	6.18%	5.96%	4.99%	↑	*Significant Improvement*

2011 target	Prevention and control of nosocomial infections				
100% of ratio	P.1 Number of nurses (FTE) assigned to the nosocomial infection prevention program				
100% of ratio		0.6 ETP	0.82	0.91	↑
Hospital		0.35 ETP	0.35 ETP	0.36 ETP	↑
CHSLD		0.25 ETP	0.47ETP	0.55 ETP	↑
100%	P.2 The institution has a functional nosocomial infection prevention and control (IPC) committee				
		100%	*100%*	100%	↑
100%	P.3 The institution has a structured nosocomial infection prevention and control (IPC) program				
		100%	100%	100%	↑
100%	P.4 The institution applies health and safety guidelines				
		100%	100%	100%	↑

2011 target	General psychosocial services				
Outcome objectives	Improve access to general psychosocial services in each local territory by increasing the number of users served and by offering more complete services while maintaining the intensity of services.				
Increase	1.2.2 Number of users served by psychosocial services in HSSCs (CLSC mission)				
		273	370	298	↓
Increase	1.2.3 Average number of interventions per user carried out by psychosocial services in HSSCs (CLSC mission)				
		3.74	2.80	3.78	↑

Legend:	↑	100% and more of the target reached
	-	Between 80% and 99.9% of the target reached
	↓	Less of 80% of the target reached

Performance Report

Indicators	*2009-2010 results*	*2010-2011 targets*	*2010-2011 results*	*Evaluation*	*Comments*
2011 target	**Homecare services**				
Outcome objectives	Improve the delivery of home-based support services by increasing the proportion of users with an age-related loss of autonomy served in the community, while maintaining the intensity of services				
Serve 16% of the population (681 people)	1.3.1 Number of individuals with a loss of autonomy receiving home-based support services from the HSSCs (CLSC mission)				
	541	575	522	-	
24 inter/ user	1.3.2 Average number of home-based support interventions per individual with a loss of autonomy				
	20.97	24.00	26.15	-	
2011 target	**Services offered to individuals living in an alternative living environment**				
Outcome objectives	The average number of hours worked per day-of-stay should correspond to the needs of the individuals in these environments.				
3 h/d-o-s	1.3.3 Average number of hours worked per day-of-stay in nursing and support care in residential and long-term care facilities				
	3.59	3.47	3.43	-	
0.23 h/d-o-s	1.3.4 Average number of hours worked per day-of-stay in professional services in residential and long-term care facilities				
	0.25	0.20	0.18	-	
2011 target	**Physical disability – Home-based support offered to individuals and their families**				
Outcome objectives	Improve the delivery of home-based support services for individuals with disabilities, based on needs and while maintaining the intensity of services, by increasing the number of individuals with a physical disability served, and offer more complete services adapted to individual needs, while maintaining the intensity of services.				
16.8% of people (182 people)	1.4.1 Number of individuals with a physical disability receiving home-based support services from the HSSCs (CLSC mission)				
	114	126	120	-	
21.47 inter/ user	1.4.2 Average number of home-based support interventions carried out by the HSSCs (CLSC mission) per user (PD)				
	42.71	21.91	41.75	↑	
2011 target	**Physical disability – Home-based support offered to individuals and their families**				
Outcome objectives	Improve access to support services for families of people with disabilities by increasing the number of individuals with a physical disability whose family is receiving support services through direct allocation.				
6.5% of families 38 families	1.4.3 Number of individuals with a physical disability whose family receives support services (respite, eldercare, other assistance) through direct allocation				
	1	16	5	↓	

Legend:		
	↑	100% and more of the target reached
	-	Between 80% and 99.9% of the target reached
	↓	Less of 80% of the target reached

Performance Report

Indicators	*2009-2010 results*	*2010-2011 target*	*2010-2011 results*	*Evaluation*	*Comments*
2011 target	**Intellectual disability (ID) and pervasive developmental disorders (PDD) – Home-based support offered to individuals and their families**				
Outcome objectives	Improve the overall availability and maintain the intensity of home-based support services for individuals with disabilities, based on needs and while maintaining the intensity of services, while increasing the number of individuals with an intellectual disability served, and offer more complete services adapted to individual needs, while maintaining the intensity of services.				
Serve 6.11% of people 34 users	1.5.11 Number of individuals with an intellectual disability or pervasive developmental disorder receiving home-based support services from the HSSCs (CLSC mission)				
	76	52	62	↑	
28 users. with ID (1.5.1)	48	35	40	↑	
6 users with PDD (1.5.4)	28	17	23	↑	
12 inter/ user	1.5.12 Average number of home-based support interventions carried out by the HSSCs (CLSC mission) per user: intellectual disability or pervasive developmental disorder				
	14.11	10.88	16.08	↑	
13 inter/user. with ID (1.5.2)	18.40	13.00	23.30	↑	
8 inter/ user with PDD (1.5.5)	6.25	6.53	4.90	↓	
2011 target	**Intellectual disability (ID) and pervasive developmental disorders (PDD) – Home-based support offered to individuals and their families**				
Outcome objectives	Improve access to support services for families of people with disabilities by increasing the number of individuals with a physical disability whose family is receiving support services through direct allocation.				
Serve 19.2% of families 35 families	1.5.13 Number of users with an intellectual disability or pervasive developmental disorder whose family receives support services (respite, eldercare, other assistance) through direct allocation.				
	35	32	40	↑	
27 users with ID (1.5.3)	14	16	20	↑	
8 users with PDD (1.5.6)	21	16	20	↑	
2011 target	**Primary care services – Youth in difficulty and their families**				
Outcome objectives	Increase the access to and intensity of youth psychosocial services in local areas serving youth in need, as well as their families				
Serve 7.5% of users and families 487 families	1.6.1 Number of users (youth and their families) served by the HSSCs (CLSC mission)				
	445	487	489	-	
7 inter/user	1.6.2 Average number of interventions per user (youth and their families) in HSSCs (CLSC mission)				
	7.78	7.00	7.15	-	
2011 target	**Emergency services – Mental Health**				
Outcome objectives	Maintain or reduce the length of stay of stretcher patients in the ER consulting for mental health problems				
11 hours	1.8.7 Average length of stay of stretcher patients in the ER consulting for mental health problems				
	13.25	11.00	18.90	↓	
0%	1.8.8 Percentage of stays lasting 48 hours or more for patients on gurneys in the ER consulting for mental health problems				
	1.23	0,00	1.89	↓	

Performance Report

Indicators	*2009-2010 results*	*2010-2011 targets*	*2010-2011 results*	*Evaluation*	*Comments*
2011 target	**Primary care services – Mental Health**				
Outcome objectives	Reach the population under age 18 and the adult population by offering assessment, treatment and follow-up services as part of the primary care mental health services offered in the HSSCs, in combination with existing primary care resources.				
505 users	1.8.9 Number of users with mental disorders having received first-line mental health services in HSSCs (CLSC mission)				
	385	385	400	↑	
Under 18 years of age 100 users	1.8 C Number of users under age 18 with mental disorders having received primary care mental health services in HSSCs (CLSC mission)				
	109	113	117	-	
Over age 18 405 users	1.8 D Number of users age 18 and over with mental disorders having received primary care mental health services in HSSCs (CLSC mission)				
	276	272	271	-	
2011 target	**Emergency Services – Physical Health**				
Outcome objectives	Maintain or reduce length of stay for patients on gurneys in the ER				
11 hours	1.9.1 Average length of stay for patients on gurneys				
	14.01	11.00	19.10	↓	
11 hours	1.9.2 Average length of stay for patients on gurneys age 75 and over				
	17.72	11.00	23.11	↓	
0%	1.9.3 Percentage of stays lasting 48 hours or more for patients on gurneys				
	1.72	0.00	3.90	↓	
0%	1.9.4 Percentage of stays lasting 48 hours or more for patients on gurneys age 75 and over				
	2.70	0.00	5.10	↓	
2011 target	**Palliative Care**				
Outcome objectives	Improve access to home-based palliative care services while maintaining the intensity of services				
60% of people 96 users	1.9.5 Number of users having received home-based palliative care services				
	54	79	70	↓	
16 inter/user	1.9.6 Average number of interventions per user of home-based palliative care services				
	11.94	16.00	13.37	↓	

Legend:		
	↑	100% and more of the target reached
	-	Between 80% and 99.9% of the target reached
	↓	Less of 80% of the target reached

Performance Report

Indicators	*2009-2010 results*	*2010-2011 targets*	*2010-2011 results*	*Evaluation*	*Comments*
2011 target	**Surgery – Production volume for certain surgical activities**				
Outcome objectives	Increase intervention capacity for patients requiring surgery				
Increase	1.9.14 Number of day surgeries performed (excluding cataract surgery)				
	283	319	236	↓	
Increase	1.9.15 Number of in-patient surgeries performed (excluding total hip and knee replacement surgeries)				
	137	136	111	↓	
2011 target	**Balanced budget**				
Outcome objectives	Ensure services are delivered in compliance with the budget, while continuing efforts to maintain a balanced budget as per the objectives of the health and social services network				
Operating outcome		Balanced	Balanced	↑	**Balanced budget achieved.**

Legend:		
	↑	100% and more of the target reached
	-	Between 80% and 99.9% of the target reached
	↓	Less of 80% of the target reached

FINANCIAL STATEMENT

SUMMARY OF RESULTS

MAIN ACTIVITIES		Current year 1	Previous year 2
INCOME			
Agence and MSSS	01	27,340,549	26,993,542
Users	02	2,546,562	2,526,874
Sales of services	03	58,995	51,799
Recoveries	04	112,742	138,784
Donations	05		323
Federal governement subsidies	06		
Other	07	21,812	27,134
TOTAL (L.01 to L.07)	08	30,080,660	29,738,456
	09	xxxx	xxxx
	10	xxxx	xxxx
	11	xxxx	xxxx
EXPENSES			
Salaries	12	16,119,670	15,758,965
Fringe benefits	13	4,368,490	4,307,956
Payroll taxes	14	2,442,003	2,343,748
Medications	15	385,472	397,435
Blood products	16	146,781	147,827
Medical and surgical supplies	17	670,132	598,640
Food	18	453,990	446,195
Doubtful debts	19	9,455	25,022
	20	xxxx	xxxx
	21	xxxx	xxxx
	22	xxxx	xxxx
	23	xxxx	xxxx
	24	xxxx	xxxx
Loan interests	25		
Maintenance and repairs	26	354,741	389,362
Other expenses	27	5,146,462	5,416,938
TOTAL (L.12 to L.27)	28	30,097,196	29,832,088
INCOME SURPLUS OVER EXPENSES (INCOME EXPENSES) FOR MAIN ACTIVITIES (L.08 to L.28)	29	(16,536)	(93,632)

Information only :

CONTRIBUTIONS ORIGINATING FROM EQUITY OR OR INTERFUND (net):			
Originating from equity	30	25,040	xxxx
Fixed assets funds	31	(38,041)	xxxx
Allocated funds	32		xxxx
Parking funds	33		xxxx
INCOME SURPLUS OVER EXPENSES (INCOME EXPENSES) FOR ANCILLARY ACTIVITIES AFTER CONTRIBUTIONS ORIGINATING FROM EQUITY AND INTERFUND (L.29 to L.33)	34	(29,537)	xxxx

ANCILLARY ACTIVITIES		Current year 1	Previous year 2
INCOME			
Public and parapublic funding :			
Agence and MSSS	01	11,819	
Fonds de recherche en santé du Québec	02		
Régie d'assurance maladie du Québec	03		
Federal Governement	04	16,335	16,335
Other	05		
Commercial income	06	213,649	210,799
Other sources of revenue and unrestricted revenue	07	xxxx	
Other sources of revenue :	08		
Donations			xxxx
Other revenue from other sources	09		xxxx
Unrestricted revenue	10		
Agence and MSSS			xxxx
Investment revenue	11		xxxx
Donations	12		xxxx
Other unrestricted revenue (specify)	13		xxxx
TOTAL (L.01 TO L.13)	14	241,803	227,134
EXPENSES			
Salaries	15	64,422	55,176
Fringe benefits	16	14,226	13,373
Payroll taxes	17	9,726	8,296
	18	xxxx	xxxx
Other charges	19	123,892	124,346
TOTAL (L.15 TO L.19)	20	212,266	201,191
INCOME SURPLUS OVER EXPENSES (INCOME EXPENSES) FOR ANCILLARY ACTIVITIES (L.14 TO L.20)	21	29,537	25,943

Information only :

Contributions originating or allocated to other funds :			
Originating from equity	22		xxxx
Fixed assets	23		xxxx
Allocated funds	24		xxxx
Parking funds	25		xxxx
Income surplus over expenses (income expenses) for ancillary activities after contributions originating from equity or interfund (L.21 to L.25)	26	29,537	xxxx

OPERATING FUND - MAIN AND ANCILLARY ACTIVITIES			
INCOME SURPLUS OVER EXPENSES (INCOME EXPENSES) OF THE OPERATING FUND	27	13,001	(67,689)

Information only :

Operating fund - main and ancillary activities			
Income surplus over expenses (income expenses) for the operating fund after contributions from equity or interfund.	28	0	

Haut-Saint-Laurent HSSC

Independent Auditor's Report — Year ended March 31, 2011

To the members of the Haut-Saint-Laurent HSSC Board of Directors:

In compliance with Article 293 of the Québec Act respecting health services and social services and Appendix 1 of the Institutions and Regional Councils Financial Management Regulation, we have proceeded with the audit of the units of measurements and the hours worked and paid for the year ended March 31, 2011. The information compiled by the Haut-Saint-Laurent Health and Social Services Centre, in accordance with the specifications and explanations contained in the "Manuel de gestion financière", published by the "Ministère de la Santé et des Services sociaux du Québec", are included in this Financial Report on pages 330, 352, 650 and 660. The management of the Institution is responsible for the compilation of the units of measurements and hours worked and paid according to the specifications and explanations included in the "Manuel de gestion financière" (MGF). Our responsibility is to express our opinion on the given information, based on our audit.

We conducted our audit in accordance with generally accepted Canadian auditing standards. These standards require that we plan and perform the audit to obtain reasonable assurance that the information stated is free of material misstatement. The audit includes examining, on a test basis, evidence supporting the disclosure of the units of measurement and the hours worked and paid. It also includes assessing the principles used and significant estimates made by management, as well as evaluating the overall presentation of the information.

In our opinion, with the exclusion of the items mentioned in the Auditor's Report Appendix, the units of measurement and the hours worked and paid compiled by the Haut-Saint-Laurent Health and Social Services Centre presents fairly, in all material aspects, the Institution's financial activity for the year ended March 31, 2011 in accordance with the specifications and explanations contained in the MGF issued by the "Ministère de la Santé et des Services sociaux du Québec"

Société de comptables agréés
Vaudreuil-Dorion, June 14, 2011

1 CA auditeur permis nº 12746

APPENDIX 1

Information on the safe delivery of health services and social services

Identification of the agency: Agence de la santé et des services sociaux de la Montérégie

Name of institution: Haut-Saint-Laurent Health and Social Services Centre

Respondent's last name: Chiasson **First name:** Anne
Respondent's position title: Director, Nursing, Service Quality, Risk Management, Accreditation and Age-related Loss of Autonomy

1. RISK MANAGEMENT AND QUALITY COMMITTEE

1.1. Adoption of the regulation creating the committee: Yes ☒ No ☐

1.2. Committee implementation date: **February 2007**

1.3. Number of members: **13**

1.4. Members:

NAMES	POSITION
Mireille Benoit	Administrative Head, General Services program
Stéphanie Bougie	Head, Health and Hygiene Services
Debbie Clément	Administrative Head, PALV programs
Manon Tardif	Clinical Administrative Head, Physical Health and General Services program
Louise Champagne	Nurse, Infection Prevention
Anne Chiasson	Director, Nursing, Service Quality, Risk Management and Accreditation
Johanne Chouinard	Member, Board of Directors
Sophie Doucet	Executive Director
Sophie Goneau	Pharmacist
Heather L'Heureux	Member, Board of Directors
Dr Normand Kingsley	Director, Medical Affairs
Michel Carignan	Manager, Laboratories and Medical Imaging
Jean Déry	Financial Services and Technical Support

1.5. Number of meetings held by the committee during the current fiscal year: **3 of 4**

1.6. Issues the committee will prioritize next year:

- **Management of medication errors**
- **Review of the disaster plan and upcoming fiscal year**

1.7. Two risk management programs (implementation or assessment) that will be implemented next year:

- **Communication of the disaster plan, appropriation and end-of-year reports**
- **Reinforcement of risk management/disclosure training using a "safety culture" approach**

2. REPORTING OF ALL ACCIDENTS

2.1. Adoption of the by-laws by the Board of Directors concerning:

- the disclosure of all necessary information in the event of an accident: Yes ☒ No ☐
- support measures, including appropriate care: Yes ☒ No ☐
- measures to prevent the recurrence of such an accident: Yes ☒ No ☐

2.2. If yes, effective date of the by-law: **January 2007 - Revised February 2011**

2.3. Disclosure rules are observed:
Never ☐ Sometimes ☐ Most of the time ☒ Difficult to know ☐

2.4. An analysis is done to determine the root causes in the event of an accident with serious consequences:
Never ☐ Sometimes ☐ Most of the time ☒ Difficult to know ☐

2.5. Solutions to avoid a recurrence are implemented following a thorough analysis:
Never ☐ Sometimes ☐ Most of the time ☒ Difficult to know ☐

2.6. During the current year, disclosure training was given to the appropriate individuals within your organization: Yes ☒ No ☐

3. REPORTING OF ALL INCIDENTS/ACCIDENTS AND ESTABLISHMENT OF A LOCAL REGISTRY

3.1. Number of incidents reported for the current fiscal year: **419**

3.2. Number of incidents reported that underwent an analysis: **419**
20 % ☐ 40 % ☐ 60 % ☐ 80 % ☐ 100 % ☒

3.3. Number of incidents reported for which measures were taken to prevent a recurrence: **419**
20 % ☐ 40 % ☐ 60 % ☐ 80 % ☐ 100 % ☒

3.4. Number of accidents reported for the current fiscal year: **221**

3.5. Number of accidents reported that underwent an in-depth analysis: **221**
20 % ☐ 40 % ☐ 60 % ☐ 80 % ☐ 100 % ☒

3.6. Number of accidents reported for which measures were taken to prevent a recurrence: **221**
20 % ☐ 40 % ☐ 60 % ☐ 80 % ☐ 100 % ☒

Percentage disclosure of reported accidents: **100%**

3.7. Number of accidents declared involving death: **0**

3.8. Average number of additional days of hospitalization (extended) due to reported accidents: **8**

3.9. Implementation of a local incident/accident registry: Yes ☒ No ☐

3.10. If yes, implementation date: **March 2007**

3.11. Number of reports sent to the Agence on reported incidents or accidents in the current budget year: **N/A**

4. ACCREDITATION OF SERVICES OFFERED

4.1. Solicitation of an accreditation agency: Yes ☒ No ☐

4.2. If yes, name of the agency solicited: **Accreditation Canada Council and Conseil Québécois d'agrément**

4.3. If no, name of the agency that will be solicited: **N/A**

4.4 Date on which the agency was solicited: **March 2011 (next visit: January 2014)**

4.5 Accreditation obtained: Yes ☒ No ☐

4.6 If yes, type of accreditation obtained: **Conditional with follow-up report**

4.7 Summary accreditation report(s) issued: **Yes**

- to the Ministère: Yes ☒ No ☐
- to the Agence: Yes ☒ No ☐
- to the appropriate professional orders: Yes ☐ No ☒

APPENDIX 2

Listing of the members of the Haut-Saint-Laurent HSSC Board of Directors and Committees

AS AT MARCH 31, 2011
Members of the
HAUT-SAINT-LAURENT HEALTH AND SOCIAL SERVICES CENTRE COMMITTEE

BOARD OF DIRECTORS

Bourdeau, Jean-Gilles	Population
Chouinard, Johanne	Para-clinical
D'Aoust, David	Agency Representative
Doucet, Sophie	Executive Director
Dupuis, François	Multidisciplinary Council
Greig, Madeleine	Population
Lachance-Legault, Louise	Cooptation
Lafrenière, Renée	Council of Physicians, Dentists and Pharmacists
Laliberté, Ilse	Legal person
Latour, Marco	Multidisciplinary Council
Leclerc, Marcel	Population
L'Heureux, Heather	Users Committee
Ouimet, Céline	Agency Representative
Reddick, Milton	Population (Chair)
Richard, Suzanne	Users Committee
Therrien, René	Foundation
Tremblay, Nicole	Cooptation
Vandor, Tom	Regional General Medicine Department
Villeneuve, Alain	Council of Nurses

COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS

Dr. Vandor, Tom	Interim Chair
Doucet, Sophie	Executive Director
Dr. Aikin, Ken	
Dr. Beaudry, Daniel	
Dr. Geukjian, S.K.	
Dr. Kingsley, Normand	
Dr. Lemieux, Raymond	

MULTIDISCIPLINARY COUNCIL

Latour, Marco	Chair
Doucet, Sophie	Executive Director
Dagenais, Paulette	
Lemieux, Marie-Christine	
Maheu, Sylvie	
Primeau, Nathalie	
Richer, Line	

COUNCIL OF NURSES

Houle, Nathalie	Chair
Chiasson, Anne	
Viau, Martine	

EXECUTIVE COMMITTEE OF THE BOARD DIRECTORS

Reddick, Milton	Chair
Doucet, Sophie	Executive Director and Secretary
L'Heureux, Heather	Treasurer
Bourdeau, Jean-Gilles	Member, Board of Directors
Dupuis, François	Member, Board of Directors

AUDIT COMMITTEE OF THE BOARD OF DIRECTORS

L'Heureux, Heather	Committee Chair
Doucet, Sophie	Executive Director
Reddick, Milton	Chair, Board of Directors
Lachance-Legault, Louise	
Therrien, René	

ADVISORY AND QUALITY COMMITTEE

Bury, Michael	Complaints Commissioner
D'Aoust, David	Representative, Board of Directors
Doucet, Sophie	Executive Director and Secretary
Ouimet, Céline	Chair
Richard, Suzanne	Representative, Users Committee

RISK MANAGEMENT AND QUALITY COMMITTEE

Benoit, Mireille	Administrative Head, General Services program
Bougie, Stéphane	Head, Health and Hygiene Services
Carignan, Michel	Manager, Laboratories and Medical Imaging
Champagne, Louise	Nurse, Infection Prevention
Chiasson, Anne	Director of Nursing, Service Quality, Risk Management and Accreditation
Chouinard, Johanne	Member, Board of Directors
Clément, Debbie	Administrative Head, PALV programs
Déry, Jean	Director, Financial Services and Technical Support
Doucet, Sophie	Executive Director
Goneau, Sophie	Pharmacist
Dr Kingsley, Normand	Director, Medical Affairs
L'Heureux, Heather	Chair, Users Committee
Tardif, Manon	Clinical Administrative Head, Physical Health and General Services

USERS' COMMITTEE

Anderson, Penny	
Bourdeau, Jean-Gilles	
Bourdeau, Mariette	
Giguère, Mireille	
Himbeault Greig, Madeleine	Secretary
Hope, Ginette	Treasurer
l'Heureux, Heather	Chair
Pilon, Dolorès	
Reddick, Milton	

ETHICS AND CONDUCT COMMITTEE

Laliberté, Ilse
Tremblay, Nicole
Villeneuve, Alain

APPENDIX 3

Code of ethics and professional conduct

For directors

HAUT-SAINT-LAURENT HEALTH AND SOCIAL SERVICES CENTRE
(Resolution n° 1 de 2005)

DECLARATION OF PRINCIPLES

WHEREAS article 174 of the Act respecting health services and social services (S.R.Q., c. S-4.2) provides that the directors of the institution shall act within the scope of the powers conferred on them, with care, prudence, diligence and skill as a reasonable person would in similar circumstances, with honesty, loyalty and in the interest of the institution or, as the case may be, of the group of institutions administered by them and of the population served;

WHEREAS article 3.04 of the Act respecting the Ministère du Conseil exécutif (S.R.Q., c. M-30) sets out the obligation for directors of the institution to adopt a code of ethics and professional conduct according to certain parameters;

WHEREAS the directors must identify priorities in regard to the needs of the population to be served and the services to be offered;

WHEREAS they must also draw up orientations taking into account the state of health and well-being of the population in the region, the socio-cultural and linguistic specificities of this population and the sub-regional and socio-economic particularities of the region;

WHEREAS exercising the duties of director shall take into account rules of effectiveness, efficiency, morality, credibility, loyalty and confidentiality;

The directors of the Haut-Saint-Laurent Health and Social Services Centre agree to respect the following orientations in the decision making-process in which they will be called on to participate:

- **Primacy of the interests of the population to be served**

- **Efficient and equitable use of the institution's resources**

Consequently, the directors also agree to respect each provision of this Code of Ethics and Professional Conduct applicable to each of the directors of the Haut-Saint-Laurent Health and Social Services Centre.

I. SUBJECT AND FIELD OF APPLICATION

1. The purpose of this Code is to define the standards of ethics and professional conduct to which the directors of the Haut-Saint-Laurent Health and Social Services Centre declare they conform. These standards and their application are designed to preserve and strengthen the citizens' confidence in the integrity and impartiality of the institution's directors, promote transparency within the institution and make the directors accountable personally and as a group.

2. A director of the institution shall respect the ethical principles and rules of professional conduct provided by the laws, regulations and this Code. In the event of a variance, the most exacting principles and rules shall apply.When in doubt, a director shall act according to the spirit of these principles and rules. He shall organize his personal affairs in such a way that they cannot interfere with the exercise of his duties. A director is subject to the same obligations when, at the institution's request, he carries out the duties of director in another organization, enterprise or association, or is a member of such.

3. A director shall demonstrate a constant concern for the respect of human life, fundamental human rights, the needs of individuals and groups for services as close as possible to their living environment and the efficient management of the resources made available to the institution.

4. A director shall act within the scope of the powers conferred on him, exercise the care, prudence, diligence and skill that a reasonable person would exercise, with honesty, loyalty and in the interest of the Haut-Saint-Laurent Health and Social Services Centre and of the population served.

   In exercising his duties, a director shall also act in accordance with the law, with effectiveness, diligence and equity.

II DEFINITIONS

5. In this Code, unless the context indicates otherwise, the following words and expressions signify:

   a) **"Director"** designates a member (including the Executive Director) of the Board of Directors of the Haut-Saint-Laurent Health and Social Services Centre;

   b) **"Association or enterprise"** designates any form that the organization of the production of goods or services may take, or any other business of a commercial, industrial or financial nature, or any group designed to promote certain values, interests or opinions or to exercise an influence on the authorities of the institution;

   c) **"Code"** designates this Code;

   d) **"Conflict of interest"** designates, in particular, without limiting the legal scope of this expression, a situation or the appearance of a situation in which the direct or indirect interest of a director is such that it risks compromising the objective execution of his duties because his judgement may be influenced and his impartiality affected by the existence of this interest;

   e) **"Board of Directors"** designates the Board of Directors of the Haut-Saint-Laurent Health and Social Services Centre;

   f) **"Relative"** designates the legal or common-law spouse, child, father, mother, brother and sister of a director. This concept also includes the spouse and children of the above-mentioned persons as well as the director's associate;

   g) **"Institution"** designates the Haut-Saint-Laurent Health and Social Services Centre.

III DUTIES AND OBLIGATIONS OF A DIRECTOR DURING HIS TERM OF OFFICE

A DIRECTOR SHALL ACT IN THE INTEREST OF THE INSTITUTION AND THE POPULATION TO BE SERVED

To this end:

6. A director shall be sensitive to the needs of the population and give special weight to taking fundamental human rights into account. He shall also promote the collective interests of the population of the region rather than the interests of a sector, a resource or a person.

7. A director shall contribute to the performance of the duties of the institution and the healthy administration of public funds within the rule of law, with honesty, loyalty, prudence, diligence, effectiveness, assiduity and equity;

8. A director shall ensure the pertinence, quality and effectiveness of the services dispensed;

9. A director shall ensure the economic and efficient use of human, material and financial resources;

10. A director shall ensure the participation, motivation, enrichment, skill maintenance and development of the human resources.

A DIRECTOR SHALL ACT WITH CARE, PRUDENCE, DILIGENCE AND SKILL

Availability and active participation

11. A director makes himself available to fulfill his duties, particularly by agreeing to do his best to attend the meetings of the Board of Directors or other meetings which he should attend in regard to his duties and by taking an active part in the decisions of the Board of Directors.

Care and skill

12. A director ensures he is aware of and follows developments in the affairs of the institution; he gathers information before making decisions and avoids making decisions prematurely.

    He respects all the regulations, policies, management frameworks or rules in force in the institution and contributes to ensuring they are respected.

Neutrality

13. Subject to the applicable rules concerning conflicts of interest, a director shall exercise his right to vote when required during meetings of the Board of Directors. A director expresses his opinion on motions by exercising his right to vote or by exercising his powers in the most objective manner possible, without taking into account political or partisan considerations. To this end, he may not make a commitment to a third party or provide any guarantee concerning a vote or any decision whatsoever.

14. A director shall consider each motion on its own merits when he expresses his position on an issue and, consequently, shall abstain from any unlawful exchange with his colleagues on the Board of Directors or with any other person, and shall not be influenced by offers of employment.

Political activities

15. The chairman of the Board of Directors and the executive director shall avoid publicly proclaiming their partisan political allegiance.

16. A chairman of the board of directors and an executive director who intend to run for elective public office shall inform the Board of Directors.

    A director who intends to run for elective public office shall inform the chairman of the Board of Directors.

17. A chairman of the board of directors and an executive director who wish to run for elective public office shall leave office.

18. An executive director who wishes to run for office in the National Assembly, the House of Commons of Canada or another elective public office, whose duties will probably be full time, shall request and is entitled to an unpaid leave as of the day on which he announces his candidacy.

19. An executive director who wishes to run for public elective office, whose duties will probably be part-time, but whose candidacy will be liable to interfere with the duties of his position, shall request and is entitled to an unpaid leave as of the day he announces his candidacy.

20. An executive director who obtains an unpaid leave in accordance with article 18 or article 19, shall be entitled to return to his duties no later than the 30th day following the date of close of nominations if he is not a candidate or, if he is a candidate, no later than the 30th day following the date on which another person is proclaimed elected.

21. A director who is elected to a full-time public office and who accepts his election shall immediately leave his duties of director.

Discretion

22. A director shall be generally discrete in regard to the information he receives through the exercise of his duties. In addition, he shows prudence and restraint in regard to confidential information, the communication or use of which could harm the interests of the institution, the private life of individuals or provide a private person or corporate body with an undue advantage.

    This obligation shall not have the effect of preventing a director who is a representative or belongs to a special interest group from consulting or reporting to such group, unless the information is confidential according to the law, or the Board of Directors requires its confidentiality be respected.

    A director recognizes the importance of protecting the confidentiality of personal information and shall ensure that the decisions and activities of the institution respect this confidentiality as well as the applicable legislation.

Public relations

23. A director shall be polite and courteous in his relations with the public or individuals and avoid any form of discrimination or harassment prohibited by law.

24. When required, a director shall give a citizen the information he requests and that he is entitled to obtain; if he cannot do so himself, he refers the citizen to the executive director.

25. A director shall be dignified, reserved and discrete in publicly announcing his opinions.

26. A director shall recognize that the chairman of the Board of Directors is the representative of the Board and that the executive director or the person designated by him acts as the spokesperson for the institution vis-à-vis the public or during representations to a third party.

A DIRECTOR SHALL ACT WITH HONESTY AND LOYALTY

To this end:

27. A director shall act in good faith in the best interests of the institution and the population served without taking into account the interests of another person, enterprise or association.

    A director shall contribute to the performance of the institution's mission in its best interest. Within this scope, he utilizes his knowledge, aptitude and experience to promote the efficient, equitable and effective accomplishment of the institution's mandates and the administration of all the assets it owns or keeps.

    In particular, a director shall disassociate the promotion and exercise of his professional or business activities from the exercise of his duties on the Board of Directors of the institution.

28. A director shall oppose any form of abuse of power such as conflicts of interest, violation of the rules, inefficient management, wastage, disclosure of confidential information, distribution of favours, camouflaging of errors or deceiving the public.

29. A director shall respect the decisions of the Board of Directors or other authorities in the institution and, under no circumstances, shall he take a public position against such decisions.

30. A director shall behave in such a way as to avoid placing himself in a situation in which he cannot objectively fulfill his duties. To this effect, he refuses to become the representative of a person or group in such a way that his loyalty to the institution could be questioned. For example, the legislator did not consider that every group interested by the administration of health services and social services should be represented on the board of directors of an institution or that a director should be able to exercise pressure to obtain services.

Conflicts of duty or interest

31. A director shall avoid and denounce conflicts of interest or duty.

A director and conflicts of interest

32. On penalty of removal from office, a director shall denounce, in writing, to the Board of Directors a direct or indirect interest, whether real or apparent, that he has in an enterprise, organization or association which places his personal interests in conflict with that of the Board of Directors or the institution.

    In addition, this director shall abstain from sitting and participating in any deliberation or decision when an issue concerning the enterprise, organization or association in which he has this real or apparent interest is debated.

    Nevertheless, the fact that this director is a minority shareholder of a body corporate that operates such a company shall not be considered a conflict of interest if the shares of this corporation are traded on a recognized stock exchange and if the director concerned is not an insider of this body corporate within the meaning of article 89 of the Securities Act (S.R.Q., c. V-1.1).

A director and role conflicts

33. Under threat of penalty ranging from a reprimand to removal from office, a director shall denounce, in writing, to the Board of Directors, any other responsibility or function he occupies in an enterprise, organization or association if the interests of this enterprise, organization or association are in real conflict with those of the Board of Directors or the institution.

In addition, the director shall abstain from sitting and participating in deliberations when an issue places the interests of the Board of Directors or the institution in real conflict with the enterprise, organization or association in which he has a responsibility or function.

The executive director and conflicts of interest

34. The executive director may not, under penalty of removal from office and dismissal, have a direct or indirect interest in an enterprise which puts his personal interests in conflict with those of the institution. However, this removal shall not take place if such an interest comes to him through an inheritance or donation, provided that he gives it up or that, after having informed the Board of directors, he disposes of it within a period set by the Board.

If the Board of Directors learns that the executive director is in conflict of interest, it shall immediately take measures to institute an action for forfeiture of office against him. In addition, within the following 10 days, it shall inform the Agence de développement de réseaux locaux de services de santé et de services sociaux de la Montérégie (ADRLSSSSM), in writing, indicating the nature of the case and the measures taken.

Within 60 days following his appointment, the executive director shall submit to the Board of Directors a written declaration mentioning the existence of monetary interests that he has in corporate bodies, companies or enterprises liable to conclude contracts with an institution or a regional board. This declaration shall be up-dated within 60 days of the acquisition of such interests by the executive director.

The executive director shall also submit to the Board of Directors a written declaration mentioning the existence of any professional service contract concluded with an institution or development agency by a corporate body, company or enterprise in which he has monetary interests, within 30 days following the conclusion of this contract.

35. A director who sits on a committee or a commission reporting to the Board of Directors shall declare situations of conflict of interest or role conflict for any decision that the committee makes by virtue of a delegation of the Board of Directors or for any recommendation or notice transmitted to the Board of Directors.

Exclusivity of the executive director's duties

36. The executive director, under penalty of removal from office or suspension without pay or dismissal, and subject to the exceptions provided for by law, shall exclusively take care of the work of the institution and the duties of his position.

He may, however, occupy another employment, responsibility or function or provide another service if no remuneration or direct or indirect advantage whatsoever is assigned to him.

With the authorization of the Board of Directors, the executive director may also, occupy another employment, responsibility or function, or provide another service for which remuneration is paid or a direct or indirect advantage is assigned to him, providing it is outside the health and social service field.

With the authorization of the Agence and the Board of Directors, he may also occupy another employment, responsibility or function or provide another service for which remuneration is paid or a direct or indirect advantage is assigned to him in the health and social service field. However, only the authorization of the Board of Directors is required if it is a responsibility or function within an association grouping most of the institutions exercising the activities related to the mission of centres of the same character or within an association of executive directors of health and social services recognized by decree for the purposes of labour relations or within an organization which certifies institutions.

He may also ask the Minister for permission to exercise a mandate that is assigned to him.

He may also occupy an elective public responsibility

If the Board of Directors learns that the executive director is violating one of the rules provided in this article, it shall immediately suspend him without pay or take measures to institute an action for forfeiture of office against him, depending on the gravity of the violation. In addition, within the following 10 days, it shall inform the Agence de développement and the Minister, indicating the nature of the case and the measures taken. A suspension imposed by virtue of this paragraph may vary from three to six months.

Property of the institution

37. A director shall use the property, resources or services of the institution according to the methods in force in the institution. He shall not confuse the property of the institution with his own and shall not, without authorization, use the property of the institution for his personal needs.

Undue advantages or benefits

38. A director shall behave in such as way that he does not take undue advantage, for himself or for another party, from his duties as a director.

39. A director shall not, for himself or for a third party, directly or indirectly, accept or solicit an advantage or benefit from a person or enterprise doing business with the institution, or acting on behalf of or for the benefit of such a person or enterprise, if this advantage or benefit is designed or liable to influence him in exercising his duties or generate expectations in this sense.

    Among others, prohibited advantages are considered to be a gift, sum of money, loan at a preferential rate, remission of a debt, offer of employment, special favour or other item with an appreciable monetary value which could compromise or appear to compromise the director's attitude in making fair and objective decisions.

40. A director shall receive no wages or other monetary advantages, with the exception of his remuneration and reimbursement of his expenses carried out in exercising his duties on the conditions and in the measure determined by the Government or the Minister of Health and Social Services..

41. The executive director may not, under penalty of suspension or removal from office, accept a direct or indirect sum of money or advantage from a foundation or a body corporate which solicits from the public the payment of monies or donations in the health and social service field.

42. A director who receives an undue advantage in violation of this Code or the laws and regulations shall be accountable for repaying the institution the amount of the value of the advantage received.

Transparency

43. A director shall reveal any information or fact to the other directors if he knows that the communication of this information or fact could have a significant impact on a decision to be made or an action to be taken.

Abusivee interventions

44. With the exception of the executive director, a director shall abstain from intervening in the personnel hiring process, except for the hiring of the executive director or a senior manager.

45. A director shall abstain from manoeuvring to promote friends or relatives.

46. A director shall abstain from acting as an intermediary, even free of charge, between an organization or a person and the institution.

47. A director shall agree to respect the regulations governing the meeting procedure; to this end, he recognizes the authority of the chairman of the Board of Directors in his entire legitimacy and also recognizes the sovereignty of the Board of Directors or any other authority in the institution.

48. A director shall respect the rights and privileges of the other directors.

49. A director shall respect the integrity and good faith of the directors and the personnel of the institution; in the event he wishes to express a doubt concerning the integrity or good faith of a colleague or any other person, he shall request an in camera meeting to do so.

50. During a meeting, a director shall avoid expressing his position by using exterior signs; he waits for his turn in the debate to express his position and is respectful and dignified in the presence of various publics.

51. A director may, specifically, have his dissension noted in the minutes.

52. A director shall avoid harming the reputation of the institution, the persons who work there or any other person by making immoderate remarks.