Centre de santé et de services sociaux
de la Montagne

Centre affilié universitaire

SUMMARY ACTIVITY REPORT

(Extract from Annual Report)

2010-2011

Centre de santé et de services sociaux DE LA MONTAGNE

Membre du
Réseau montréalais des CSSS
et des hôpitaux promoteurs de santé
Un réseau fondé par l'OMS

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Denis Sirois, Chairperson

Marc Sougavinski, Executive Director

MESSAGE FROM THE CHAIRPERSON OF THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR

Looking back at the accomplishments of the year 2010-2011, we feel a deep sense of gratitude to the members of the staff who were involved in the numerous CSSS projects. Often highly innovative, the projects were managed rigorously, enabling us to maintain a balanced budget, for which everyone can take pride.

While providing the services in the various programs, we focused in 2010-2011 on the objectives related to the directions set forth in the institution's master plan. CSSS management believes that open and regular communication with staff members inspires a sense of engagement and commitment in everyone to attain our organizational objectives and creates a favorable environment for collaboration. With this in mind, the Executive Director toured the CSSS teams last autumn to be in close contact with the staff, encouraging positive exchanges in small groups.

Among the year's achievements, we would like to mention the following. In June 2010, the CSSS implemented a process to digitize patient medical records "Electronic Patient Records" (DPN-Project OACIS). We wish to acknowledge the contribution of the CSSS teams who took an active part in this major project. We have already seen its impact on the quality of our services, and what's more, it was carried out within the established budgetary parameters.

It was also a year, in which mental health outreach services were set up throughout our territory. The deployment involved integrating professionals, a number of them from the hospital milieu, into new teams; devising new programming; and, above all, improving quantitatively and qualitatively the range of mental health services available to the population in the CSSS de la Montagne territory.

Similarly, optimizing the activities in the Intellectual Disability and Autism Spectrum Disorder (ID-ASD) program has made it possible to considerably increase our capacity to serve this clientele. The partnership agreement reached with the Côte-des-Neiges Community Development Corporation (CDC CDN) has underlined the importance of taking into consideration the inter-reliance of the actors, namely the CSSS and the community, in order to promote local social development and the wellbeing of the population.

Human resources development is a health-care system priority, given the difficult workforce situation. The measures taken by the CSSS de la Montagne in 2010-2011 give cause for optimism in meeting the challenge. Our CSSS reduced the costs incurred from using staff from private agencies by more than $800,000, increased the capacity to accommodate resident physicians from 16 to 24 in the Family Medicine Unit at the Côte-des-Neiges site and taken on four specialized nurse practitioners, who will shortly begin working at the institution. In addition, we have set up a program for retaining interns and new employees in addition to hiring young professionals thanks to events such as "Place à la relève." We have also had the honor of having our Research and Training Centre recognized as the principal training resource for personnel in the system in health intervention and social services in a cross-cultural context.

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We would be remiss if we failed to mention two other important agreements that were concluded during the year. A strategic agreement was reached with St. John Ambulance so that pre-established working protocols could be rapidly implemented to ensure our population's safety should emergency measures be required. In addition, a partnership agreement was signed with the YMCAs of Québec and the Northern Quebec Module to substantially improve the living conditions of Northern Québec residents while visiting Montréal to receive specialized care not available in their community.

Unfortunately, the board of directors is aware that the accomplishments of the CSSS have come despite budgetary cuts and the absence of developments in Montréal. The board remains vigilant about issues pertaining to the quality of client service and about the staff's capacity to absorb the additional work involved. As a CSSS, we are painstaking in pursuing the objectives of further developing the frontline services to the elderly, of avoiding putting patients on waiting lists, and of fulfilling our "populational" mission. Rest assured that we will take the necessary steps to ensure that the institution will maintain the quality of services that it presently offers.

The board of directors and management of the CSSS would like to thank all the members of the organization for their dynamism and commitment. Their work and effort are part of the process, whose ultimate objective is to enhance our population's wellbeing. Our thanks go out to our colleagues on the board of directors for their continued dedication.

Denis Sirois
Chairperson

Marc Sougavinski
Executive Director

BOARD OF DIRECTORS (March 31, 2011)

Ms. Josée Bédard
Mr. Mostafa Ben Kirane
Mr. Perry Calce
Mr. John D'Andrea
Ms. Jennifer Davos
Ms. Marleen Dehertog
Ms. Louise Gagné
Ms. Nirvsihi Jawaheer
Ms. Nicole Lacelle, *Vice-Chairperson*
Mr. Roderick Macdonald
Mr. François Paulin
Ms. Nicole Poulin
Mr. Abul Lais Sher
Mr. Denis Sirois, *Chairperson*
Mr. Marc Sougavinski, *Executive Director, Secretary*
Dr Nicolas Steinmetz
Mr. Daniel Tougas, *Treasurer*
Ms. Claire Tremblay
Mr. Albert Wener
Dr Jean Zigby

CODE OF ETHICS AND PROFESSIONAL CONDUCT FOR THE BOARD OF DIRECTORS

During the year 2010-2011, no complaint was received and no violation was indicated with respect to the above-mentioned code. The code is available on demand or can be consulted on the Web site (www.csssdelamontagne.qc.ca).

PRESENTATION OF THE INSTITUTION

The CSSS de la Montagne comprises the Côte-des-Neiges, Métro and Parc-Extension CLSCs. It has 1,049 employees and an experienced medical team. It offers front-line services to a population of 225,000 residents, characterized by its multi-ethnicity with immigrants and non-permanent residents constituting nearly 50% of the population. Thus, the institution is a trailblazer in providing immigrant services through its research and training centre. As a University Affiliated Centre (UAC), the CSSS de la Montagne integrates and accommodates many medical trainees and residents.

At the CSSS de la Montagne, managing the environment and sustainable development are at the heart of its guiding values.

MISSION

The mission of the CSSS de la Montagne is to improve the health and well being of the population on its territory. Enriched by the strength and diversity of its staff and the community, the CSSS finds its *raison d'être* in the population-based responsibility legislatively invested in it. The principal mandates of the CSSS may be summed up as follows:

- To understand and take charge of the health and well-being of its population;
- To coordinate and manage the use of services available to its population;
- To ensure optimal management of the array of services offered;
- To define the clinical and organizational project for its territory;
- To help achieve its primary mission by integrating a university teaching and research mission;
- To inform and consult the population in order to engage it and measure its degree of satisfaction.

The CSSS de la Montagne is a holder of regional mandates. It is thus responsible for delivering health and social services to asylum seekers (PRAIDA), front-line services by the midwives of the Côte-des-Neiges Birth House, occupational health services of other CLSC areas in Montréal and Info-Santé health hotline services for the entire Island of Montréal.

In carrying out its mission, the CSSS de la Montagne counts on the collaboration of local partners familiar with the milieu, enabling the institution to ensure the continuity of services and support users and their families at every stage of their progress through the health and social services network.

ORGANIZATIONAL CHART

In addition to reflecting our organizational values, the organizational chart indicates the priorities set forth in our clinical and organizational project, while facilitating the development of the local network (see below).

Centre de santé et de services sociaux de la Montagne

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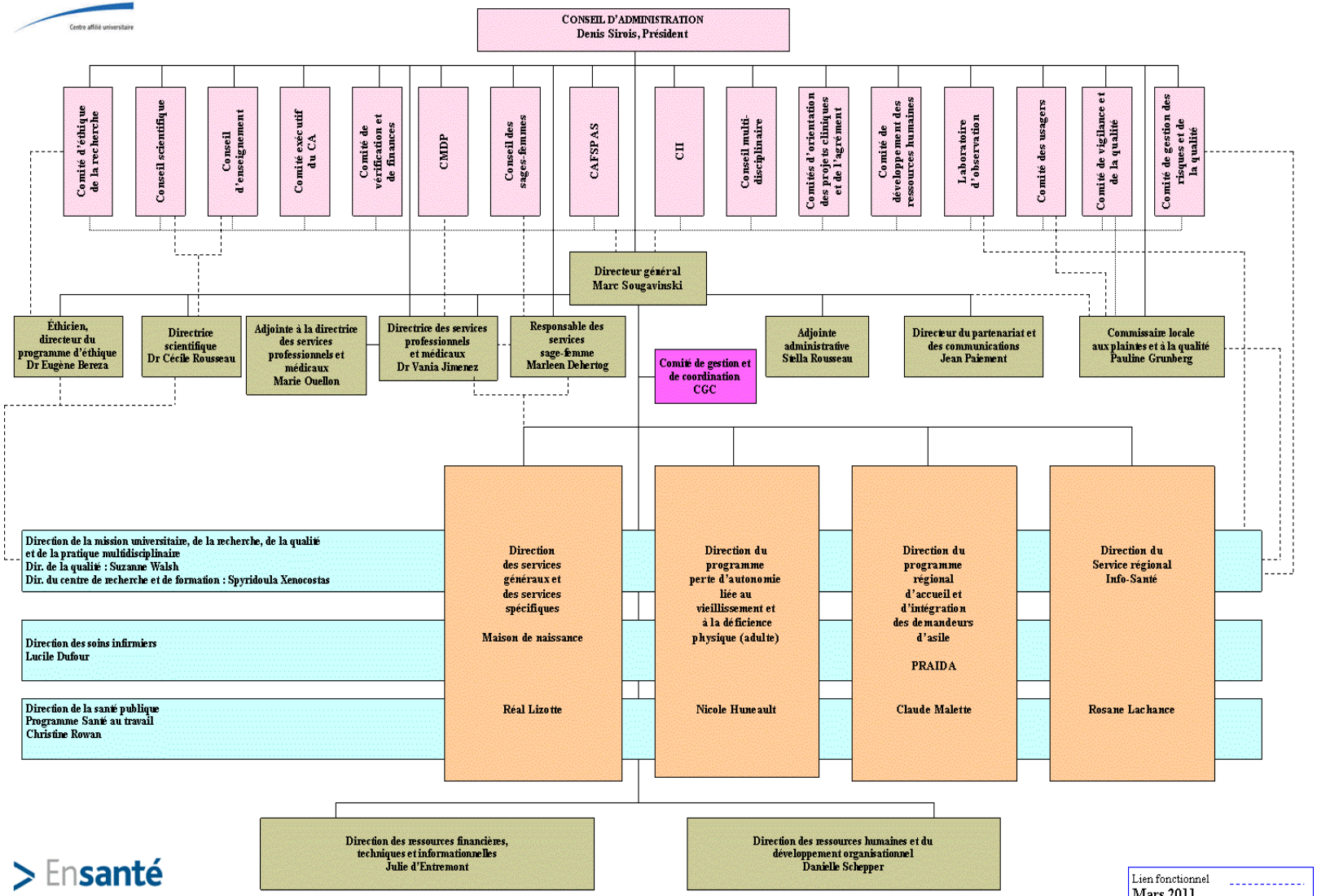
ORGANIGRAMME FONCTIONNEL DU CSSS DE LA MONTAGNE



> Ensanté

Lien fonctionnel

Mars 2011

PRINCIPAL POPULATION CARACTERISTISTICS

Population-based data are usually drawn from censuses published every five years. As the next data will be released in two years, the portrait is no different than it was last year. In short, what characterizes the CSSS de la Montagne population is that it is very heterogeneous and at the limits of the spectrum.

Poverty and wealth can hardly be said to live side-by-side, since their geographical distributions are different. The education level of people in eight neighbourhoods is higher than the Montréal average. These residents have higher incomes than Montrealers in general. However, they are less active in the labour market. The situation is partially attributable to the large share of university students. There are fewer single-parent families. On the other hand, many persons live alone.

Yet, what is most striking about the CSSS de la Montagne population is its territorial heterogeneity. There are relatively few children in the CLSC territory and in Côte-des-Neiges South, but there are a great many toddlers in the other territories, mainly in Côte-des-Neiges North and Parc-Extension. Moreover, these neighborhoods are similar in a number of respects. The Montréal part is mostly composed of young adults while the Westmount part consists of one of the highest proportions of seniors in Montréal. Immigration is very important, again with greater concentrations in the downtown core, in Côte-des-Neiges, Parc-Extension and Town of Mont-Royal.

PRINCIPAL HEALTH DATA

The CSSS de la Montagne territory is also interesting and heterogeneous with respect to the socio-sanitary data concerning both health services use and the population's health conditions. Poverty does not necessarily correlate with disease in our territory. For example, Parc-Extension, the poorest Island of Montréal area has by far the highest life expectancy on the Island, for men and for women. The phenomenon is explained by the high proportion of immigrants and new immigrants who are young and in good health when they arrive in Canada.

In general, the CSSS de la Montagne population displays sound health conditions compared with other Island of Montréal residents. However, caution should be employed in interpreting the data. For example, the CSSS de la Montagne registers the lowest diabetes rate of the 12 CSSS on the Island. But it is important to note that this is the average for a large population. For example, the CLSC Métro has the lowest diabetes rate among the 29 CLSCs in Montréal, but sadly Parc-Extension has the highest rate of this disease.

On the other hand, the proportion of low-birth-weight babies is the other blemish in the portrait of the population's state of health. In 2006-2008, the percentage of low-birth-weight babies stood at 4.8%, placing the CSSS de la Montagne 10th among the 12 CSSS in Montréal. Parc-Extension finished in 27th place. Côte-des-Neiges North's profile was similar to that of Parc-Extension.

In health services, what characterizes the CSSS population is an overutilization of specialist physicians for both very young children and the public in general. The underutilization of the frontline health network can be attributed to the large supply of specialists due to the considerable number of university hospitals. For example, toddlers tend to use pediatric services for health problems that could be treated by general practitioners, and in many cases, by nurses.

STRATEGIC DIRECTIONS 2010-2011

Objective 1: Implementing and adapting the Montréal case management model to the CSSS de la Montagne

- To develop the first network-clinic on the territory (the Herzl Family Practice Centre of the Jewish General Hospital), in association with the other two FMGs in the territory and McGill University;
- To finalize and communicate the clinical mental health project (for adults and youth);
- To transfer resources and services as set forth in the implementation project;
- To have the clinical project approved by the board of directors, to sign the agreement and inform the population and the partners;
- To carry out a project setting up a network of integrated services for chronic diseases. The CSSS project: Depression;
- To establish the first steps in the "populational membership" concept;
- To adopt the orientations document.

Objective 2: Prevention – Promotion in health, sustainable development and partnership

- To develop a local public health action plan for 2009-2012 in partnership with the local network;
- To adopt a sustainable development policy in conjunction with the populational approach of the CSSS;
- To design an action plan that is an integral part of the public health plan;
- To pursue the process of redefining the modes of partnership with the organizations in the milieu.

Objective 3: Priority "Child"

- To continue the analysis of the results of the "school readiness" survey and propose concrete measures;
- To promote the development of a new social pediatrics centre;
- To systematically follow up the service requests for all issues concerning children 0-5 years and ensure that there are no delays.

Objective 4: Support for clinical activities

- To begin the accreditation process for 2009;
- To immediately implement the new policy concerning the conditions of practice for intern supervisors and the training policy;
- To conduct an internal assessment of our university mission and put forward new ways of articulating it;
- To finalize and implement the new code of ethics of the CSSS;
- To set up pilot projects encouraging the use of nursing assistants and nurse practitioners;
- To put in place the TNP (Therapeutic Nursing Plan);
- To establish a process to engage community pharmacies with the CSSS;
- To mobilize the CSSS staff and offer training for a greater openness towards the requests and needs of the organizations in the community.

Objective 5: Administrative support

- To support the new project management approach by providing training for the entire management team;
- To set up and communicate the redeployment plan of the CSSS;
- To carry out a work organization optimization study for the archive services;
- To assess the performance of the CSSS (budget and services report) in the targeted programs;
- To put in place a policy to appreciate the contribution of the staff throughout the CSSS;
- To update the IT projects and the master plan, emphasizing the optimization of these resources to increase the efficiency of the programs and improve the quality of life in the workplace.

VOLUME OF ACTIVITIES IN THE PROGRAMS

VOLUME OF ACTIVITIES IN THE PROGRAMS 2010-2011

Montreal Info-Santé Regional Service			
Calls handled:			438 229
General Services			
	Different users	Visits or interventions	Number of visits / Interventions per user
Midwife practice	453	N/D	N/D
Psychosocial services (others)	886	5,392	6.1
Normal health services (excluding medical)	13,015	39,582	3.0
Nutrition G.S. (general services)	345	765	2.2
Parent/child health	8,788	19,745	2.2
Dental and preventive services - follow-up	1,326	1,989	1.5
Dental and preventive services - oral health screening	2,155	2,155	1.0
School health	239	645	2.7
School vaccination	6,814	7,978	1.2
Nutrition C/F	722	1,857	2.6
Youth in difficulty	2,261	16,779	7.4
PPALV			
Nursing care in the home	5,109	58,558	11.5
Homecare	2,049	179,878	87.8
Psychosocial services in the home	2,989	27,974	9.4
Drop-in psychogeriatric services	117	1,046	8.9
Occupational therapy in the home	1,839	7,206	3.9
Physiotherapy in the home	1,331	5,736	4.3
Day Centre	1,534	197	0.1
Nutrition	462	1,773	3.8
Palliative care sercices	316	7,370	23.3
Health Promotion / Prevention			
Public health	8,191	8,343	1.0
CAT (Quit Smoking Centre)	149	474	3.2
SIDEP - follow-up (nursing care)	406	773	1.9
SIDEP - follow-up (psychosocial)	42	606	14.4
SIDEP - anonymous screening (nursing care)	130	130	1.0
SIDEP - anonymous psychosocial counselling	1,021	1,021	1.0
Specific Services			
Intellectual disability and Autism Spectrum Disorder	887	10,358	11.7
Physical disability	97	870	9.0
Youth mental health	404	2,997	7.4
Support for families living with a disabled person	553	N/D	N/D
Mental health	908	9,969	11.0
PRAIDA			
Social services for refugees	3,493	13,768	3.9
Health services for refugees	784	1,212	1.5

COMPLAINTS AND SERVICE QUALITY COMMISSIONER REPORT

The number of complaints received by the Local Commissioner dropped by 21.9% compared to last year. The main reasons for complaints were:

SUBJECTS OF COMPLAINTS OR INTERVENTIONS	Number	%
Accessibility: Refers to the denial of care or services as well as to delays in obtaining appointments or care and services.	35	31
Care and services delivered: Refers to inadequate services or resources, lack of follow-up, premature ending of services, staff instability or movement.	28	24.5
Interpersonal relationships: Refers to a lack of empathy, lack of courtesy shown by the staff towards the clientele, to inappropriate nonverbal attitudes.	30	26.2
Specific rights: Refers to the selection of a professional, right to information concerning rights and remedies, to free and informed consent, to the refusal of services offered, to the selection of a residential care facility.	11	9.6
Other: Refers to the organization of the environment and material resources and to financial aspects.	10	8.7
Total:	114*	100

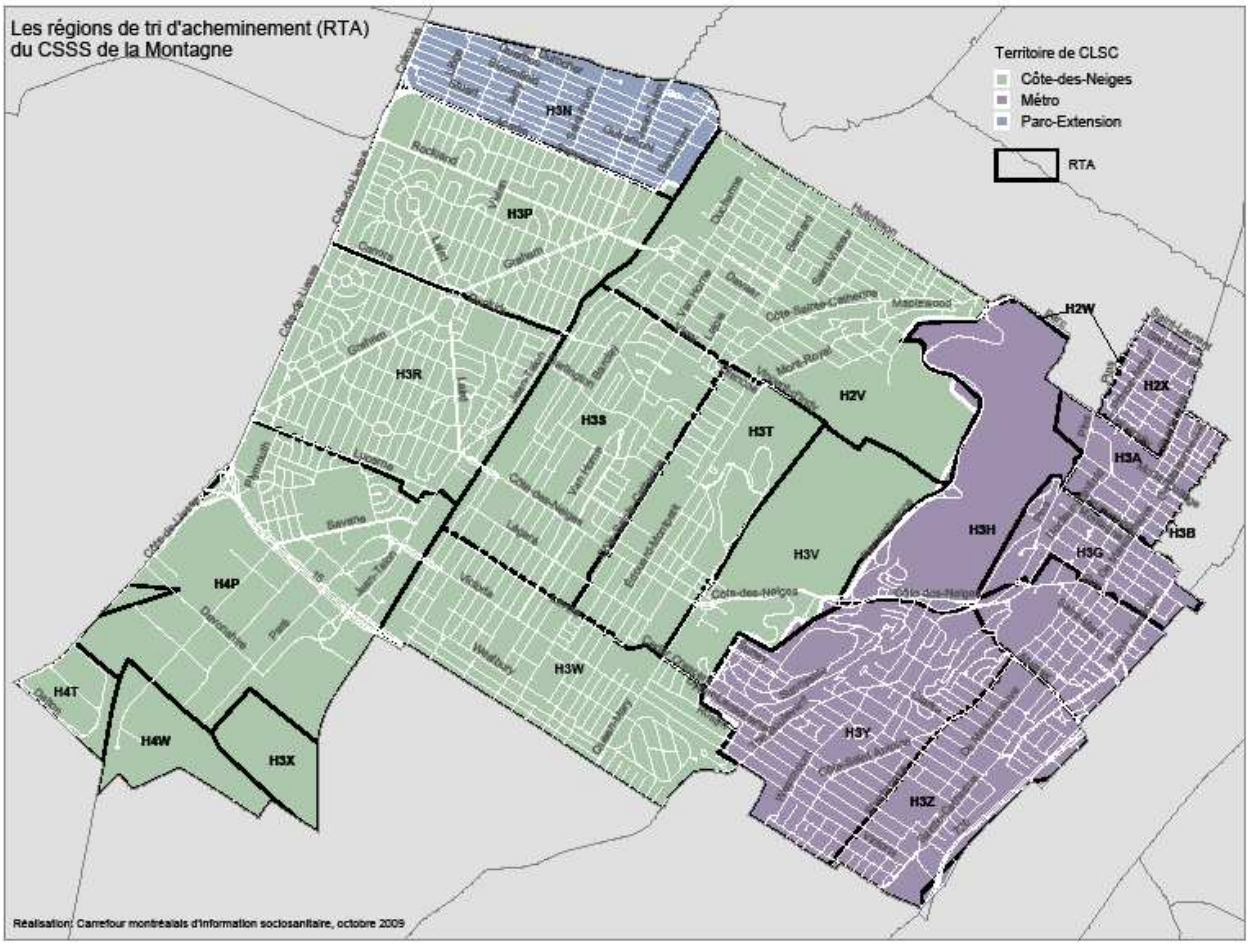
* 7 complaint cases were dropped by users during the complaint process.

APPENDIX 1

OPERATING FUND SUMMARY

Operating fund Summary		
PRINCIPAL ACTIVITIES		
REVENUES	2009 – 2010	2010-2011
Agence de Montréal and MSSS	80 245,158	82 431 521
Users	363 807	360 903
Collections	430 034	327 071
Others	77 089	238 722
TOTAL	**81 116 088**	**83 358 217**
NATURE OF EXPENSES		
Salaries	45 413 355	44 811 908
Fringe benefits	10 313 918	10 699 858
Social security expenses	4 949 447	5 250 183
Medical and surgical supplies	817 919	667 935
Other costs:		
Maintenance and repairs	270,379	397 850
Other expenses	19 401 952	21 083 481
TOTAL	**81166 970**	**82 911 215**
Excess of revenues over expenses of the principal activities	**(50 882)**	**447 002**
SECONDARY ACTIVITIES		
REVENUES		
Public and parapublic funding	3 139 206	2 810 481
Revenues from other sources		
TOTAL	**3 139 206**	**2 810 481**
EXPENSES		
Salaries	1 212 283	1 338 123
Fringe benefits	359 200	422 086
Social security expenses	229 225	264 485
Provision for vacations and sick leave		785 787
Others	1 338 498	**2 810 481**
TOTAL	**3 139 206**	**447 002**
Excess of revenues over expenses of secondary activities	**0**	0
Excess of revenues over expenses of the operating fund	**(50 882)**	**447 002**

APPENDIX 2
TERRITORY SERVED



IN OUR FACILITIES:

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514 731-8531

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Montréal (Québec) H3N 1Y9
514 273-9591

CLSC Métro
1801, Maisonneuve Ouest
Montréal (Québec) H3H 1J9
514 934-0354

This document is a summary of our annual report 2010-2011.
The original document is available through our Communication Service or on our Web site:

www.csssdelamontagne.qc.ca

Version française disponible