

Strategic Plan Douglas Hospital 2001-2005

Final Report

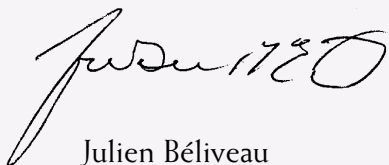
FOREWORD

In the spring of 2000, the Board of Directors provided the impetus for the Douglas Hospital to embark on a strategic positioning exercise for the period 2001 to 2005

Our strategic plan exercise took place in four main stages. During the first phase, members of the Strategic Plan Committee were invited to reflect on the vision of the Douglas Hospital, its organizational values and the actions to be taken in developing a world renowned scientific and academic centre of excellence. The second stage allowed us to produce a diagnosis of the situation at the Douglas Hospital and to identify current trends in the environment most likely to influence the future. This was followed by an internal and external consultation process, which served to validate the diagnosis. During the third phase, strategic and operational objectives were identified along with implementation strategies. The fourth and last phase took the form of an extended consultation, which served to validate strategies as well as to define actions for implementing these strategies. These allowed us to draft a global action plan, which will make it possible to follow our progress in implementing the objectives set for the next four years.

This consultation process also allowed us to mobilize personnel around identified priorities. The objectives that we arrived at are essential and affect all aspects of our mission. This exercise is composed of two main objectives: pursue objectives identified in the 1997-2000 strategic plan and consolidate the organizational model put in place in 1999 with the adoption of the Organizational Plan. Centred on clinical excellence and on our academic and scientific missions, the 2001-2005 Strategic Plan also aims to achieve excellence in management and to increase the recognition and influence of the Hospital.

In light of the numerous disruptions that have impacted not only the Hospital, but also the health network as a whole, it is important that each and every one adheres to the vision and mission of the Hospital. It is with the strength of this support that the Hospital will be able to achieve the goals set in the Strategic Plan and to fully carry out its role as an Institute for the advancement of knowledge and practices in mental health.



Julien Béliveau
President



Jacques Hendlisz
Director General

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INTRODUCTION

Strategic Plan Committee

The Strategic Plan is the product of intensive work over several months by the Strategic Plan Committee. This Committee was composed of the following people, representing both the Board of Directors and Senior Management. The members of the Committee were:

Mr. James W. Tremain
Chairman of the Strategic Plan Committee and
Vice-President of the Board of Directors

Mr. Julien Béliveau
President of the Board of Directors

Mr. Jacques Hendlisz
Director General

Ms. Robyne Kershaw-Bellemare
Director of Nursing

Ms. Martha Bishop
Member of the Board of Directors and
Secretary-Treasurer of the Beneficiaries'
Committee

Ms. Janet Casey
Secretary of the Board of Directors

Dr. Hélène Fortin
Member of the Board of Directors
representing the CPDP¹ (until November 2000)
and President of the CPDP

Ms. Nicole Germain
Assistant to the Director General

Dr. Natalie Grizenko
Director of Professional and Hospital Services

Ms. Jocelyne Lahoud
Administrative Director of the Research Centre

Mr. Marc-Paul Lasnier
Member of the Board of Directors representing
the Council of Nurses

Dr. Johanne Martial
Chief of the Department of Psychiatry

Mr. Carlos R. Martinez
Director of Human Resources

Dr. N.P. Vasavan Nair
Member of the Board of Directors representing
the CPDP (since November 2000)

Mr. Robert Roy
Treasurer of the Board of Directors

Ms. Dorita Shemie
Member of the Board of Directors representing
the Multidisciplinary Council

Ms. Hélène St-Jacques
Director of Financial and Technical Services

Ms. Marsha Yelin
Member of the Board of Directors

1. CPDP: Council of Physicians, Dentists and Pharmacists

INTRODUCTION

Consultation

Other than the members of the Strategic Plan Committee, a large number of people representing the Douglas Hospital and its partners were consulted throughout the Strategic Plan exercise, whether to produce the diagnosis, to identify the main objectives and the principal strategies or, finally, to validate the process and the different findings contained in the Plan. The Strategic Plan Committee wishes to thank the following persons who took part in the process leading to the 2001-2005 Strategic Plan.

FROM THE DOUGLAS HOSPITAL

Dr. Jean-Claude Armand	Dr. Maurice Dongier	Dr. Martine Lalinec	Dr. Willine Rozefort
Ms. Barbara Arseneau	Dr. Suzanne Dongier	Ms. Brenda Laow	Dr. Marie-Hélène Scott-Fleury
Dr. Tony Assouline	Ms. Velma Dorais	Mr. Michel Laverdure	Mr. Ronald Sehn
Dr. Lydia Balingao	Ms. Andrée Dupuis	Dr. Raymond Lemieux	Mr. Daniel Sirois
Dr. Chantal Baron	Dr. James Farquhar	Ms. Carol Mahoney	Dr. George Subak
Dr. Serge Beaulieu	Dr. Catherine Fleury	Dr. Bertrand Major	Ms. Christiane St-Jean-Timmins
Mr. Sylvain Bernier	Ms. Amparo Garcia	Dr. Jose Mejia	Dr. Howard Steiger
Dr. Joëlle-Hellen Beuzeron	Dr. Catherine Giguère	Ms. Michelle Mercier	Ms. Anne-Marie Tardif
Dr. Luc Bisailon	Dr. Michel Girard	Dr. Michel Messier	Ms. Hélène Tardif
Dr. David M. Bloom	Ms. Francine Giroux	Dr. Pierre Migneault	Dr. Joseph Thavundayil
Dr. Marianne Boisvert	Dr. Zinab Gouda	Dr. Monroe Miller	Mr. Jean Thibaudeau
Dr. Jean-Marc Bourque	Dr. Jean-Marc Guilé	Dr. Helmut Mohelsky	Dr. Pierre Thibodeau
Dr. Barbara Suranyi Cadotte	Dr. Agnes Hak	Dr. Gert Morgenstern	Dr. Jacques Tremblay
Ms. Sheilagh Cahill	Dr. Hélène Héту	Dr. Luc Morin	Dr. Sonia Trudeau
Dr. Charles H. Cahn	Dr. Hani Iskandar	Dr. Nabil Nasri	Dr. Gustavo Turecki
Dr. Euphrosine Casimir	Dr. Mimi Israël	Dr. Eric Pauyo	Mr. Howard Turner
Mr. Allan Counter (Consultant)	Dr. George Jipa	Dr. John C. Pecknold	Dr. Achla Virmani
Ms. Alexandra Court	Dr. Claude Jolicoeur	Mr. Angelo Perna	Dr. Michel White
Dr. Helen Cvejic	Dr. Rhida Joobar	Dr. Bay Pham	Mr. Steve Wohl
Dr. John Cvejic	Ms. Jennifer Jumoorty	Ms. Franca Pieropan	Dr. Marc-Alain Wolf
Mr. Michel Dalton	Dr. Samuel Kernisant	Mr. Rémi Quirion	Mr. Camillo Zacchia
Dr. Trang Dao	Mr. Richard LaBranche	Dr. Pierre Racicot	
Dr. Sylvia Monti DeFlores	Dr. Philippe Lageix	Mr. Joseph Rocheford	
Dr. René Desautels	Dr. Ruby Lake-Richards	Dr. Peter Roper	
Dr. Vincent Di Nicola	Dr. Samarthji Lal	Dr. Mario Roy	

DOUGLAS HOSPITAL PARTNERS

Ms Geneviève Alarie	CLSC ² Verdun/Cote-St.Paul
Dr. Pierre Assalian	Montreal General Hospital
Dr. Paul Beaudry	Allan Memorial Institute
Mr. Roy Bhimepaul	CADRE
Ms. Christiane Brazeau-Patenaude	CLSC Verdun/Cote-St.Paul
Dr. Michael Bond	Jewish General Hospital
Mr. Tom Burne	Lucien-L'Allier Residence
Ms. Venise Calluzzo	CLSC LaSalle
Ms. Martine Carrier	Neighborhood Police Station # 16
Ms. Danielle Cayer	CLSC LaSalle
Ms. Lucie Côté	Impact
Mr. Alain D'Amour	<i>Projet Suivi Communautaire</i>
Ms. Céline Desjardins	OASIS
Ms. Marie-Claude Desjardins	<i>L'Entre-Toit</i>
Mme Affric Eustace	St.Mary's Hospital
Mme Gisèle Forget	<i>Parents et Amis du malade mental</i>
Dr. Abraham Fuks	Dean of the Faculty of Medicine of McGill University
Ms. Marie Galarneau	CLSC Pierrefonds
Ms. Diane Gauthier	Regional Board of Montreal-Centre
Ms. Marie Gibeau	CLSC Verdun/Cote-St.Paul
Mr. Claude Girouard	<i>Centre de Jeunesse de Montréal</i>
Mr. Mike Godman	Batshaw Youth Centre
Mr. François Héon	<i>Le Ressort</i>
Dr. Khalil Jeajea	Jewish General Hospital
Ms. Linda Jessop	Centre Batshaw
Dr. Fiona Key	Montreal Children's Hospital
Mr. Peter Leblanc	Simon Residence
Ms. Claude Laurendeau	Batshaw Youth Centre
Captain Bertrand Lessard	Booth Centre (Salvation Army)
Ms. Diane Mahoney	<i>CLSC Vieux Lachine</i>
Ms. Josée Malette	<i>CLSC Vieux Lachine</i>
Ms. Diane McLean	Lester B. Pearson School Commission
Ms. Lucie Montpetit	CLSC LaSalle
Ms. Julia Moses	<i>Groupe d'entraide Lachine</i>
Dr. Edward Naltchayan	St-Mary's Hospital
Ms. Julia Olivier	Expression LaSalle
Ms. Antonella Orsini	<i>L'Entre-Toit</i>
Dr. Joel Paris	Department of Psychiatry – McGill University
Ms. Josée Piro	Pal and Logipal
Mr. Pierre Poulin	<i>L'Autre Maison</i> and CLSC Verdun/Cote-St.Paul
Mr. Ralph Ross	Angrignon School
Ms. Micheline Roy	<i>Action-Santé</i>
Mr. Louis-Paul Thauvette	CLSC St.Henry
Ms. Julie Therrien	<i>Le Ressort</i>
Mr. Michael Udy	Batshaw Youth Centre
Ms. Claude Villeneuve	Point-St.Charles Community Clinic
Ms. Julia Yung	Booth Centre (Salvation Army)

2. CLSC: *Centre local de Services communautaires* (Local Community Service Centre)

HISTORICAL PERSPECTIVE

Founded in 1881 by Alfred Perry, the Protestant Hospital for the Insane, named Douglas Hospital in 1965, was built on the site it still occupies to this day. The first patient was admitted in July 1890 and the Hospital has continued to devote itself to the treatment of mental illness ever since.

One can note that, from the start, the Hospital insisted on values based on ethics and respect of patients' rights and adopted a number of strict rules of conduct inspired from the principle "Do as you wish to be done by". These rules impress upon each one's sense of honor and professional conscience and are the basis of the Code of Ethics currently in force at the Douglas Hospital.

From the time of its foundation to this day, the Hospital has had to constantly depend on the community's support in order to secure its development. As it was not administered by a religious organization, as was the case for most hospitals, it had to depend even more on the generosity of the public and on volunteerism. These traditions still hold true today and they account for one of the Hospital's fundamental values of openness to the community. This openness continues to intensify to this day, whether through the Foundation, the Auxiliary or through the links established with its numerous partners. It is also because of this openness that the Hospital was able to secure the development of resources in the community and, hence, successfully implement the deinstitutionalization process.

The Hospital has always been at the forefront of modern psychiatry. It was the Douglas who, in 1953, introduced on the continent, the pharmacological treatment of psychoses which gave rise to the development of novel and decreasingly restrictive approaches. This allowed patients to be increasingly autonomous and to have more responsibilities as their state progressively improved. The Douglas pioneered the implementation of post-treatment clinics in the community as well as the creation of a halfway house for the social rehabilitation of patients.

It was approximately around that same time that was born the Hospital's philosophy to want to understand the brain's biological mechanisms in order to explain, in some way, the major mental illnesses. The importance given to scientific life constitutes an historical constant. A leader in the field of research in mental illnesses, the Douglas Hospital Research Centre is world-renowned. Recognized as a center of excellence, the Hospital was affiliated with McGill University in 1946. Its training programs are recognized and continue to welcome an increasing number of students in all disciplines related to mental health.

Wishing to provide cutting edge treatments which are decreasingly intrusive and as normalizing as possible, the deinstitutionalization process began at the Douglas around the mid-sixties. This community shift continues to this day having as a main goal to provide a greater autonomy and a better quality of life for those suffering from mental illness. In order to ensure success in achieving this goal, the Hospital also invested in the community in providing seed moneys to different organizations involved in alleviating the plight of the mentally ill. These organizations have evolved and still continue to take an important part in the success of the social reintegration of patients in their natural milieu. Accompanied by a significant increase in out patient services and rehabilitation services, the hospitalized population continues to decrease: while it reached a peak of more than 1700 hospitalized patients in 1966, there are now only 254 in-patients while there are 4000 external patients.

Reference centre in mental health, Hospital members are recognized for their expertise as witnessed by their numerous participations on different provincial committees, parliamentary commissions, commissions set up by the Regional Board or the South-West Mental Health Discussion Table. The Hospital's Research Centre also plays a major role with the government and university authorities and its Scientific Director was recently appointed, for a four-year mandate, as the Scientific Director of the Institute for Neurosciences, Mental Health and Addictions of the CHRI³. The Hospital is recognized as a Centre of Excellence by the FRSQ⁴, as well as by the World Health Organization, who granted the Hospital the designation of "W.H.O.⁵ Collaborating Centre for Research and Training in Mental Health".

Because of its scientific progress, its leading-edge treatment, its high caliber professional resources, its values based on openness to the community, its respect for patients and its continued search for excellence, the Hospital was able to reach its goals.

The Douglas Hospital's history has been sculpted from values that highlight excellence in clinical practices, innovation in teaching and training programs and the significant contribution of research to the advancement of knowledge in the field of psychiatry and mental health. It also bears witness to the participation of patients and their families, and to the contribution of caregivers and community partners in struggling with mental illness. These shared values constitute the fabric of the Hospital, the basis of its organizational culture. They guide our orientations and our actions.

3. CHRI: Canadian Health Research Institutes

4. FRSQ: *Fonds de la recherche en santé du Québec* (Quebec Health Research Fund)

5. W.H.O.: World Health Organization

EXTERNAL ENVIRONMENT

According to the World Health Organization, neuropsychiatric illnesses accounted for 23% of years lived with an incapacity in 1998 while it was only 15% in 1990. These illnesses are among the main causes of incapacity and dysfunction and constitute an increasingly significant burden on the resources in the milieu.

In his report on mental health, the United States Surgeon General noted that 20% of adults are affected by a mental health problem within one year, that 9% experience functional limitations caused by mental illness, that 5.4% suffer from a significant mental illness, while 2.6% have severe and persistent mental disorders. There are approximately 150,000 Quebec citizens suffering from severe and persistent mental disorders⁶ such as schizophrenia, psychoses and severe personality disorders. These people used to be hospitalized for long periods of time in psychiatric institutions, but, because of deinstitutionalization, this is no longer the case.

Quebec's suicide rate reaches 18 per 100 000 population. It is the highest in Canada and is double that found in Ontario. It is a problem particularly significant in men aged between 15 to 39 as it represents the first cause of death for this segment of the population.

Mental health problems affect all periods of life and the number of homeless suffering from mental illness continues to increase. In recent years, we have also noticed a marked increase in the number of people suffering from mental illness associated with other disorders such as alcoholism, drug addictions and violence.

Provincial Orientations and the Clair Commission

Ministerial orientations in the field of mental health have promoted, for a number of years, the idea that we should support and maintain persons suffering from severe mental illness in their natural milieu. This constituted the main goal of the Government's orientations for the transformation of services in mental health (*Les orientations pour la transformation des services de santé mentale*), published in the spring of 1997. In line with these orientations, services provided must lead to the social reintegration of persons suffering from severe and persistent mental disorders and to improving their quality of life.

6. Anne Gauthier (1998) *Organisation des services de santé mentale dans la communauté: enseignements à tirer de la recherche évaluative*. MSSS, Collection Études et analyses

Ministerial orientations therefore aimed particularly at providing mental health services in the community and focussed mainly on people with severe and persistent mental disorders and on mentally ill children and adolescents.

According to the evaluations conducted by different government organizations, the transformation experiences in the field of mental health have always proven to be quite difficult. In its *Plan d'action pour la transformation des services de santé mentale*⁷, published in 1998, the pilot committee mandated to implement the action plan in mental health noted the difficulty in implementing a mental health reform which would bring together everyone involved in order to develop a shared project. As for the Quebec Mental Health Committee, it commented that "In fact, the regional planning of mental health services has met so many obstacles that the true stakes have been bypassed. The rare deinstitutionalization plans that have been developed have met with never-ending approval delays and have been implemented in solo, with no regional concertation."⁸

The Clair Commission report gives the same diagnosis: "since publishing the Mental Health Policy in 1989, many intentions have been announced, but very few actions have been taken."⁸

In its report published in December 2000, the Clair Commission recommended that, to help people suffering from mental illness, we should:

- *Strengthen the basic mental health services in CLSCs and in the community network, provide the CLSCs with a clear role in managing the continuity of services, in providing psychosocial services insisting on the importance of the community network in the field of mental health.*
- *Create, with the impetus of the Regional Board, integrated networks of services for people suffering from severe and persistent mental disorders or suffering from significant mental disorders, mandate the regional boards to start implementing these networks.*
- *Ensure that these networks be under the responsibility of the institution recognized for its experience and expertise in order to assume the leadership, implement a multidisciplinary team that would assume the leadership in developing these networks. The establishment assuming the leadership would have to be the one, in each region of sub-region, which is recognized for its expertise and which has the resources to fulfil this leadership role while also recruiting the expertise of community organizations in order to allow the mentally ill to remain as long as possible in their community.*

7. Translated as "Action plan for the transformation of services in mental health"

8. Liberal translation by the author

Regional Orientations

The Regional Board essentially reaches the same conclusions in its “1998-2002 Accent on Acces – Choosing Solutions for the Future to Improve our Services”, but differs, however, on the mechanisms to implement in order to achieve the objectives. While the Clair Commission recommends a greater leadership role for organizations recognized as experts in the field, the Regional Board promotes a greater centralization of powers at the level of the Regional Board.

The Douglas Hospital has a dual mandate: 1) a specialized sectorized mandate being responsible for a defined Catchment population and 2) an ultraspecialized academic and scientific role. Affiliated with McGill University, it provides ultraspecialized services for the entire region as well as at the supra-regional and provincial levels.

We have noted that there was a certain amount of pressure applied from McGill network hospitals and the Regional Board to bring back a more asylum-type mandate to the Douglas Hospital. Our analysis of the situation would tend to show that this would put both the patients and the Hospital in jeopardy. The strategy would rather be to strengthen both sectorized and academic/scientific mandates. The challenge therefore lies in achieving a balance, which would promote a harmonious development of our mandates.

Whether for reasons of effectiveness or efficiency, the Hospital must focus its role and activities on clients needing more specialized care in psychiatry and refer those needing first line services to the more appropriate resources while providing the necessary support so these resources can fulfil the demand. The Hospital not only met the provincial and regional orientations, but even preceded them by implementing its shift to ambulatory care as part of the objectives set in the 1997-2000 Strategic Plan. In fact:

- We have closed more than 300 beds;
- From April 1998 to June 2000, we have created and financed 79 places in 16 family type residences for Douglas Hospital patients, some of which are located outside our sector;
- From April 1998 to June 2000, we have created and financed 29 places in 5 family type residences in response to regional needs;
- We have placed close to 70 patients in our PACT⁹ team;
- We have developed 6 sector teams in the community affiliated with the 5 CLSC territories of our Catchment area;

9. PACT: Program for Assertive Community Treatment

- We treat in excess of 500 patients suffering from severe and persistent disorders in our rehabilitation programs of which more than 10% are referred from other establishments.

In order to improve the link between the Hospital's objectives and those of the Regional Board, regular discussions have been held for two years between the two establishments. These discussions have resulted in the drafting of a tripartite agreement between the Ministry, the Regional Board and the Hospital, which was signed in the Spring of 2001.

As a mental health institute and in agreement with the recommendations of the Clair Commission, we feel it is essential to maintain our leadership and our expertise role based on cutting edge research and teaching. One cannot overlook the Hospital's forward-thinking as witnessed in the objectives set forth in the 1997-2000 Strategic Plan and in being a pioneer in implementing the shift to ambulatory care. The Douglas continues to assert its leadership, not only in the excellence of the care it provides, but also, with the cooperation of its partners, in the organization of an integrated network of services for the population.

The objective of being designated as a University Institute is critical and the Hospital must face a number of constraints in achieving this goal. Despite these constraints, the Hospital has been successful in favorably positioning itself in preparation for designation as a University Institute. The excellent services provided by the Hospital, the world-wide reputation of the Research Centre, the high caliber of clinicians and researchers, its financial health, its strong links with the McGill Faculty of Medicine, the recognition of McGill University and the FRSQ, undeniably put the Hospital in a favorable position. This position is made even stronger because it is based on strong links with its partners who support the Hospital in this project.

MAIN EVENTS OF RECENT YEARS

Recent years have been marked by a number of significant changes. Certain of them are felt to be particularly strategic, if we take into account their long-term impact on the future.

Since 1996, the Hospital has had to face a budget reduction of approximately \$10 million as well as having had to invest \$4 million in external services. With a starting budget of \$72 million, this reorganization of \$14 million constitutes a restructuring of 20% of its resources while, at the same time, maintaining a balanced budget. The Hospital chose to deal with this situation by developing a Strategic Plan (1997-2000). This Plan has allowed the Hospital to define its objectives, to reorganize service delivery along the principles of the shift to ambulatory care and to review its functioning model as defined in the Organization Plan.

This success is even more impressive because it was accompanied by an increase of 47% in the Hospital's Catchment population and by significant changes in human resources following massive retirements of employees and the transfers and changes they implied.

The 1997-2000 Strategic Plan

The strategic objectives set in the 1997-2000 Strategic Plan exercise have been fulfilled or are almost completed. A first example of this could be the identification of priorities in clinical programs and services. This objective has allowed us to retain seven National Programs and to have them recognized by the Quebec Hospital Association Technical Group. We have also been able to identify other priorities in services and programs in consultation with our partners.

This process also allowed us to successfully implement our Sector Teams objective, which, within the framework of the shift to ambulatory care started in 1994, constituted the chosen model of services to our Catchment population. These teams have now been in place for nearly three years and, in line with the shift to ambulatory care, have allowed us to absorb the 47% increase in our population while avoiding overburdening the Emergency and in-patient units.

The Hospital also improved the integration of research and teaching activities with clinical activities. Clinical and evaluative research activities have increased considerably. The Douglas Hospital Research Centre is the most important in Canada in the field of mental health and was the highest performing research centre in Canada for all categories in 2000, in terms of grants.

Efforts invested in recruiting bore fruit, in that a number of new psychiatrists and residents joined the Hospital and, because of our university affiliation, a number of them were M.Ds., Ph.Ds. Measures dealing with improving the quality of the working environment have also been implemented and these improvements are continuing as part of the Learning Centre project, regrouping Reed Pavilion and the Douglas Hall.

Operational objectives, dealing with the evaluation of the satisfaction of patients and the effectiveness of services provided, have been achieved. Achieving these objectives does not however constitute an end, but efforts in this area must be maintained and even improved. Conscious of this fact, the Hospital relies more and more on evaluative research, on the development of performance indicators and on the commitment of each and everyone in pursuing this continued objective.

The Emergency Department represents an undeniable nerve centre for the Hospital and considerable efforts have been invested in improving the functioning of the Department and its links with the Crisis Team, External Services and welcoming mechanisms (*système d'accueil*). Steps announced in the last Strategic Plan have been implemented and a Balanced Scoreboard is currently being developed. However, the Hospital's goal is to implement a true welcoming culture and, to this end, the current strategic plan introduces additional initiatives that will allow us to reach our objective of constantly reaching for an increasing level of excellence.

The last Strategic Plan also aimed at correcting certain internal operation problems; the drafting of the Organization Plan, adopted by the Board of Directors in December 1999, constituted the main tool in achieving this objective. This plan allowed us to clarify roles, the new clinical organization structure, and lines of authority as well as of accountability.

The Hospital has always depended on the excellence of its human resources in achieving its goals. It is with this in mind that one of the objectives of the last Strategic Plan was geared towards stimulating the development of human resources, giving value to their contribution and increasing their level of satisfaction in the workplace. These objectives have been reached within the framework of the Human Resources Development Plan. Training programs have also been implemented in order to provide managers with the tools necessary to ensure good management. The charter of competencies has been developed for nursing staff and represents an excellent tool for development and excellence. Other charters are being developed and are directly linked with the performance evaluation program and the Hospital's strategic objectives. It is important to note that achieving this objective has been instrumental in markedly increasing the caliber of human resources, both at the clinical and administrative levels.

The issue of communications constituted one of the major concerns during the exercise leading to the 1997-2000 Strategic Plan and still represents a priority in the current strategic plan. The focus on internal communications bore fruit and the biweekly

publication of the *douglas.comm* is now the main internal communications tool. While consolidating the achievements of the last strategic plan, the current one gives a priority to external communications with the aim extending the reputation of excellence and the influence of the Hospital.

Securing the designation as a University Institute has held a major place in the life of the Hospital in recent years and no efforts were spared in trying to obtain the ministerial designation. The Hospital is recognized for excellence in the care it provides to patients, for its teaching programs in all disciplines related to psychiatry and, finally, the Research Centre enjoys an outstanding reputation.

In fact, the Douglas Hospital is an Institute in psychiatry/mental health. This is recognized by McGill University, the FRSQ¹⁰ as well as by the Minister of Research, Science and Technology, who support the Hospital's bid for official designation.

The Douglas Hospital intends to accentuate its efforts to ensure an ever-increasing level of excellence in terms of care, teaching and research. The revised mission, as well as the strategic and operational objectives retained by the Strategic Plan Committee as part of the present exercise, confirm the intent of the Douglas Hospital to attain excellence.

Other Achievements since the 1997-2000 Strategic Plan

Accreditation Survey

The Canadian Council for Health Services Accreditation conducted an accreditation survey in the Spring of 1999. This survey resulted in a three-year accreditation, ending in 2002.

The Shift to Ambulatory Care

During the course of the past four years, the Hospital has faced a number of changes. Its Catchment population increased from 155,000 to over 270,000 population. In spite of this increase and the significant budget cuts imposed upon it, the Hospital was able to succeed in implementing its objectives related to the shift to ambulatory care. In fact, the number of hospital beds decreased from 614 to 254. Sector Teams, introduced in the last Strategic Plan have constituted the main force behind the implementation of the shift to ambulatory care as more than 90% of the Hospital clients are now followed on an outpatient basis.

10. FRSQ: *Fonds de la recherche en santé du Québec* (Quebec Health Research Fund)

The Organization Plan

The Hospital developed an Organization Plan, which was adopted by the Board of Directors in December 1999. This plan describes the new organizational structure by divisions and programs, the new clinical management model based on principles of shared governance, and the patient-centred clinical approach. Innovative, the plan also introduces the notion of a learning organization as well as the concepts of case management, principal caregiver and interdisciplinarity. This Organization Plan brought with it significant changes in the way of doing things and in the structural links between the different decisional and consultative bodies. The implementation of the plan is well under way and the 2001-2005 Strategic Plan aims to clarify different novel concepts contained in the Organization Plan.

Following the last Strategic Plan, and in conformity with the Organization Plan, the clinical structure is now headed by a Divisions Directorate and clinical services are provided within the framework of the following four divisions:

- Child Psychiatry Division;
- Adult Sectorized Services Division;
- Adult Ultraspecialized Services Division;
- Psychogeriatric Division.

In the divisions, the last four years have been marked by the implementation of the Organization Plan which brought a greater decentralization of resources and of the decision-making process, as well as the identification of managers and physicians who are jointly responsible for clinical services and programs.

Without minimizing the challenges the Child Psychiatry and Psychogeriatric Divisions dealt with, there is no doubt that the adult services divisions experienced the greatest changes.

Sectorized services have been regrouped under the aegis of the Adult Sectorized Services Division. In order to fulfil the increased demand brought about by the expansion of our Catchment area, the Hospital opted, in its last Strategic Plan, for the implementation of sector teams based on a case management model. This objective was made possible through a major reorganization of services. This reorganization has translated into significant bed closures in order to finance the implementation of the sector teams and to transfer resources from an internal to an external setting. The Division depends on strong links with its partners in the network in a constant effort to support first-line organizations.

With regards to regional and supra-regional services, these have been regrouped under the new Adult Ultraspecialized Services Division. Contrary to the other divisions, this Division has no sectorized mandate. One of the main changes in this Division stemming from the 1997-2000 Strategic Plan was the implementation of the Severe and Persistent Disorders Program, which involved the complete reorganization of services provided to this patient population. Since 1996, an in-depth review of services and of each patient's needs has allowed us to review our services. The following changes were made to the gamut of services provided:

- Closure of four units;
- Creation of more than 120 places in 21 family-type residences between 1998 and 2000, for patients both from the Douglas Hospital and from other hospitals of the McGill network;
- Implementation of Ward-in-a-House, a new model closely linking care and rehabilitation;
- Implementation of a critical care path;
- Creation of a PACT team in order to ensure intensive follow-up for the most difficult patients living in the community; the New Directions program was incorporated into the PACT team. This treatment model allows for a reduction of the revolving door syndrome, and the length of stay when hospitalization is needed following a crisis episode. A research project on the economic value of this care delivery model is currently under way and is financed through Health and Welfare Canada;
- Creation of a residential team, which has made it possible to consolidate services provided to residences by introducing the case management model;
- Out-patient follow-up of 59 patients in pavilions and of 150 other patients living in their natural milieu;
- Creation of SPECTRUM, which includes the Newman Centre rehabilitation services, rehabilitation and social reintegration workshops, day centres and programs as well as the Durost Residence, whose mandate was changed from a hospitalized unit to a intermediate-type resource for deinstitutionalized patients. The Durost Residence is composed of 16 beds and ensures follow-up for 100 external patients.

Other Notable Events

Since the last strategic plan exercise, other significant changes have impacted on the Hospital's organization. Other than the implementation of the 1997-2000 Strategic Plan, here are some of the most significant examples:

- In-depth review of the management of financial services which brought the amalgamation of Financial and Technical Services under one directorate; the management structure and services were reorganized;
- Massive number of long standing employees retired, which caused severe losses in terms of corporate know-how and experience (more than 150 out of a total of 1200 employees left);
- Implementation of a major bumping process. The significant number of retirement leaves, the closing of units and the implementation of the sector teams as part of the shift to ambulatory care caused a bumping process involving more than 500 employees.

The present overview does not constitute an exhaustive review of the events, which took place since the last Strategic Plan. We hope, however, that it will be instrumental in setting the stage, for the reader, and provide a better appreciation of the objectives set in the present 2001-2005 Strategic Plan.

MISSION, VISION, VALUES

Mission

The Douglas Hospital is an Institute for the advancement of knowledge and practices in mental health. Affiliated with McGill University and the World Health Organization, it is recognized, both at the national and international levels, as an integrated centre of excellence in specialized and ultraspecialized care, teaching and research.

Vision

- To be the reference centre of excellence in the field of mental health.
- To provide our patients with quality of care and services based on the highest international standards.
- To be, with our partners, the model of collaboration and organization for an integrated network of services in mental health.
- To be, for McGill University, a principal site for research and training in all disciplines related to mental health.
- To be an evaluation and development site for new technologies in mental health in Quebec.
- To be a learning organization model based on continued training and promoting the value of our human resources.

Values

To accomplish its mission the Hospital Administration is intent on promoting and respecting the fundamental values which will be the basis for implementing the 2001-2005 Strategic Plan. These values are:

- To be committed to the patients' well-being;
- To respect ethics and each person's role;
- To show willingness to work in a team environment;
- To be committed to excellence;
- To provide efficient and effective management;
- To value human resources;
- To desire to learn and to progress;
- To be open to the community and to the world.

Elements of the Mission

- **Care:** Douglas Hospital provides specialized and ultraspecialized clinical services in psychiatry for a population suffering from severe mental illness. The Douglas adheres to a bio-psychosocial philosophy of care and an interdisciplinary approach.
- **Teaching:** Centre of expertise, the Douglas Hospital is a preferred teaching, training and continued education setting for physicians and professionals in all disciplines related to psychiatry and for students from different universities and colleges in Quebec or elsewhere.
- **Research:** Leader in research in the field of psychiatry in Quebec, the Douglas Hospital initiates fundamental, clinical, psychosocial or evaluative research projects in all clinical programs and ensures the development and the evaluation of new technologies in mental health.
- **Integration of the three elements:** As a result of the integration of the three elements, the Douglas Hospital strengthens its leadership role as a preferred partner in mental health in Quebec:
 - It ensures the promotion of the health and welfare of people with mental health problems through information, training and teaching;
 - It takes an active part in improving the health and quality of life of the population;
 - It contributes to the discovery of new therapeutic approaches and to the advancement and transfer of knowledge among the caregivers and its partners in the network.

Mandate

The Douglas Hospital provides services to all age groups. In accordance with the sectorization policy, specialized clinical ambulatory and hospital services are offered to a population of children and adolescents (0 to 17 years of age) from the sectors of Verdun/Cote-St.Paul, LaSalle, Point-St.Charles, Pierrefonds and Dollard-des-Ormeaux and to a population of adults and elderly from the sectors of Verdun/Cote-St.Paul, LaSalle, Point-St.Charles, Old-Lachine and St.Henry.

Ultraspecialized services are provided to clients from its Catchment area and to those referred from institutions of the Montreal-Centre region and elsewhere in the province.

Translating our values into action

To put these values into practice, the Douglas Hospital is committed to implementing the following actions, which constitute the basis of the attached Action Plan.

1. TO BE COMMITTED TO THE PATIENTS' WELL-BEING

Actions:

- A clinical approach centred on patient empowerment;
- An improvement of the health and quality of life of the patient;
- A continued evaluation of the satisfaction of patients with regard to services received;
- A support for patients, their families and friends in order to reintegrate and maintain patients in their natural milieu.

2. TO RESPECT ETHICS AND EACH PERSON'S ROLE

Actions:

- A respect for the role of each group;
- Patients' informed consent;
- An integrated approach based on the participation of the patients, of their family and friends, of community caregivers and of network partners.

3. TO SHOW WILLINGNESS TO WORK IN A TEAM ENVIRONMENT

Actions:

- Linking individual contributions with achieving results;
- A contribution of the expertise of each discipline in a context of interdisciplinarity;
- A work setting that integrates the development of human resources to daily work with patients.

4. TO BE COMMITTED TO EXCELLENCE

Actions:

- A consolidation of services in line with the objectives of the transformation of the mental health network;
- Clinical services at the forefront of knowledge based on the integration of research and teaching to clinical activities at all levels of the organization;
- Clinical programs based on research results;
- Clinical efficiency verified through the evaluation of results;
- A quest for quality and continued improvement.

5. TO PROVIDE EFFICIENT AND EFFECTIVE MANAGEMENT

Actions:

- A decision process centred on patients' well being and on results;
- Closely linking the activities of the Foundation with the development of research, clinical services and university teaching;
- Values and a management style which are mobilizing and ensure the respect of each one's role, transparency, communication, accountability, responsibility and recognition of excellence;
- A continued improvement of quality.

6. TO VALUE HUMAN RESOURCES

Actions:

- Taking charge and being responsible for developing one's own skills;
- Commitment from the entire staff to the objectives of the Strategic Plan using mobilizing strategies;
- An environment conducive to motivation, cooperation and the development of skills by stimulating creativity and initiative;
- A transparent, active and continued internal communication.

7. TO DESIRE TO LEARN AND TO PROGRESS

Actions:

- A place conducive to creativity, research, transfer of knowledge and sufficiently flexible to adapt its way of doing things to newly acquired knowledge;
- A milieu which questions itself, which reviews itself on a continuous basis in order to adapt to changes in the environment;
- A commitment to the learning process from clinical, support and administrative staff and from physicians.

8. TO BE OPEN TO THE COMMUNITY AND TO THE WORLD

Actions:

- An external communication that ensures an improved scope of influence of the Hospital, the Research Centre and the Foundation;
- Links with the business community and the media;
- Increased number of publications written by clinicians in scientific magazines;
- Support from governmental and university authorities for the Hospital's Institute project;
- A centre of expertise for network and community partners;
- A network that ensures accessibility, continuity and complementarity of care;
- A continued support for community and hospital network partners with whom the Hospital is linked for sectorized, regional and supra-regional services.

STAKES

The major stakes are defined as the major concerns the Douglas Hospital will have to address during the next few years in order to achieve its goals. Following are the main strategic and operational concerns identified during the process:

Strategic Stakes

- Distinctive expertise;
- Improving clinical excellence;
- Strong links with McGill University;
- Teaching infrastructure;
- Financial support for specialized and ultraspecialized supra-regional and national services;
- Motivation of staff and strengthening their commitment;
- Support from the Government and its agencies.

Operational Stakes

- A common vision on the elements of the Organization Plan;
- Improved care processes;
- The availability of qualified manpower;
- Networking with partners;
- External scope of influence.

2001-2005 OBJECTIVES

The 2001-2005 objectives can be divided into two categories. There are strategic objectives which, when reached, will help the Hospital be successful in fulfilling its goal of becoming a University Institute. As for the operational objectives, their aim is to consolidate the organizational structure, which has undergone a major restructuring in response to changes in both the internal and external environments.

Strategic Objectives

1. Continue Improving Clinical Excellence;
2. Obtain Designation as a University Institute: Consolidating Scientific and Academic Excellence;
 - 2.1 Excellence in Teaching;
 - 2.2 Excellence in Research;
 - 2.3 Integration of Research and Teaching with Clinical Activities;
3. Increase the Synergy Between the Objectives of the Foundation, the Hospital and the Research Centre;
4. Reposition the Hospital's External Image.

Operational Objectives

5. Consolidate Key Elements of the Organization Plan;
6. Consolidate and Link the Objectives Dealing with Human, Financial and Technical Resources with Strategic Objectives;
7. Consolidate Relations with our Partners;
8. Continue Improving Communications and Consolidate Communications and Management Information Mechanisms.

The Douglas of 2005

The 1997-2000 Strategic Plan introduced a number of changes in the organization of services and the Organization Plan brought major changes in the organizational structure, which gave rise to a renewed organizational culture. The present Strategic Plan aims to consolidate the elements that make the Douglas Hospital an Institute for the advancement of knowledge and practices in mental health.

The Douglas of 2005 is therefore a Centre of expertise based on excellence in clinical care made possible through ground breaking research and teaching. It is an academic setting where research and teaching are integrated with all clinical activities thereby creating an environment conducive to the transfer and advancement of knowledge. It is a dynamic organization which questions itself, where each one lives the principles of a learning organization and is devoted to improving the well-being of individuals suffering from mental health problems.

OBJECTIVE 1

Continue Improving Clinical Excellence

The Douglas Hospital has a strong culture of excellence, which translates into patient-centered care, innovative therapeutic models, a strong tradition of humanistic care, strong comprehensive links with key partners and hubs of expertise supported by research. Known for the excellence of the services it provides and for the high caliber of its clinicians and personnel, the Hospital was able to set itself apart, with the support of McGill University, in the fields of abnormal aging of the brain, eating disorders, severe and persistent disorders as well as in many areas of child psychiatry. The Hospital also operates a clinical investigation unit and has the potential to develop other hubs of expertise associated with its research themes.

In order to fully play its role as a reference centre and thereby be recognized as such by other establishments and referring physicians, the Douglas Hospital intends to enhance ultraspecialized services and to consolidate sub-regional and regional specialized services. The Hospital counts on the interaction between clinical, teaching and research activities, which mutually enhance one another, as a strategy to continue developing clinical excellence. In this respect, the Hospital favors the consolidation of clinical services where a strong base already exists in line with the seven research themes, in order to achieve its targeted level of excellence. It is also necessary to integrate more research activities in rehabilitation units and to make the treatments provided to this population more active.

In order to ensure the success of this objective, communication between clinicians and the Research Centre must be better integrated. We will then be able to ensure better linking between the research objectives and clinical needs and also be able to have a better understanding of the benefits of research and teaching on services provided.

Other areas also foster clinical excellence and can expand the Hospital's leadership in the community: examples of this are the Emergency Service, sectorized services for adults and services for the intellectually handicapped with psychiatric problems. The development of a network concept of integrated services in the community introduces the need for a review of the functioning of these services. This review will take into account, practices for welcoming patients, methods of referrals, interactions of services with one another, work organization mechanisms and the possibility of setting up common support systems in order to increase and consolidate links with first-line organizations in the community. Due to current structural weaknesses in the first-line mental health services network in our area, as is the case in the rest of the province, sector teams are often called upon to provide services to a population which should normally be under the responsibility of these community organizations. A review of the functioning of these sector teams, coupled with a strengthening of liaison and consultation services as well as training activities, will enable these

resources to fulfil the needs of this population. We will then be able to concentrate on our specialized and ultraspecialized mandates. This will also contribute to achieving the vision of the Douglas with regard to the continuity of services for the population.

Even though the caliber of professionals at the Douglas Hospital is high, the main challenge in fulfilling this objective is, without a doubt, the scarcity of resources in psychiatrists, nursing staff and psychologists.

In order to fulfil its objective of increasing the level of clinical excellence, the Douglas Hospital targets thirteen areas of improvement:

1. Consolidate the clinical approach centered on the empowerment of patients;
2. Aim for continuously improving the health and quality of life of patients;
3. Implement strategies necessary to ensure that clinicians are at the forefront of knowledge;
4. Increase efforts in order to improve, the quality of services provided to patients on a continuing basis;
5. Stabilize, by 2002, second-line specialized services (sectorized mandate);
6. Assert the distinctive expertise of the Douglas;
7. Consolidate and develop, by 2005, specialized and ultraspecialized third-line services (regional mandate) which are linked with the seven research themes, in order properly integrate research and teaching within clinical activities;
8. Consolidate and develop, by 2005, ultraspecialized services with a national mandate potential, in line with the seven research themes, in order to properly integrate research and teaching within clinical activities;
9. Develop, by 2005, links with regional resources in order to ensure complementarity with respect to the Program for Alcoholism and Drug Abuse with Psychiatric Co-morbidity, which is linked with one of the Research Centre's seven research themes;
10. Consolidate Emergency Service;
11. Consolidate the SHIPP Program (Program for the Intellectually Handicapped with Psychiatric Disorders);
12. Consolidate admitting services;
13. Improve the effectiveness and efficiency of services.

OBJECTIVE 2

Obtain Designation as a University Institute: Consolidating Scientific and Academic Excellence

The goal of this objective is to achieve official designation as a University Institute. As a centre of excellence in mental health, the Hospital integrates the three elements of care, teaching and research, in conformity with the principles upon which any institute is based.

As an Institute in mental health and recognized as such by its partners, the services provided deal with both social and health aspects; its mandate is therefore enlarged in response to a network of integrated services, not only with partners of the health network, but also with those of the community. In this context, an Institute in mental health must include both ultraspecialized services in psychiatry and specialized services in complementarity with those provided by partners in the first-line network. As an Institute, the Hospital will therefore have to ensure the leadership of this integrated network in conformity with the recommendations of the Clair Commission.

Other than clinical excellence, which we have just reviewed, the objective to be designated as a University Institute is composed of these three distinct elements:

- Excellence in Teaching;
- Excellence in Research;
- Integration of Research and Teaching with Clinical Activities.

Excellence in Teaching

Teaching constitutes one of the three elements of the Douglas Hospital's mission. In light of the orientation of our services to the population, the organization of teaching needs to be restructured considering the importance we give to this aspect of our mission.

Affiliated with McGill University since 1946, the Douglas Hospital increased its links with other university or teaching establishments. The Hospital can count on first class teaching staff. It provides training in many areas of modern psychiatry such as child psychiatry, psychogeriatrics, eating disorders and in different innovative treatment approaches. The Hospital also provides a wide range of training programs in all related disciplines such as psychology, social work, nursing, occupational therapy, dietetics and others.

The Research Centre is also very involved in teaching activities; its program, recognized by the FRSQ¹¹, welcomes numerous students. In the course of the last year, the Hospital and its Research Centre have welcomed more than 350 students not only from the province of Quebec, but also from Canada and elsewhere in the world.

With the completion of the amphitheater project currently under way, the Hospital is equipped with valuable physical installations. The Hospital wants to strengthen the links with the different universities and to review its structure. The aim is to promote an integrated vision in teaching and training, as well as to improve coordination of academic activities, recruiting, linking of resources around common objectives and training and teaching activities that are in line with Hospital objectives.

As a learning organization, the Hospital also aims to promote a sense of innovation in treatment approaches and project management and to implement interdisciplinary teaching activities, or activities that are geared towards all health care professionals in mental health from the various organizations in the network.

The role played by professionals must evolve in accordance with the transformation of models of care. It is therefore crucial to ensure that teaching activities are coherent with these objectives whether they address the needs of our current staff or future health care professionals.

To fully realize its teaching mission, the Hospital intends to:

1. Create the infrastructure needed for state-of-the-art mental health teaching in partnership with the university network;
2. Promote a university affiliation with different universities, while giving priority to McGill;
3. Set an administrative structure in place to improve coordination of activities, promote the teaching mission and ensure its integration with clinical and research activities;
4. Promote collaboration between the various actors in the area of teaching;
5. Increase training in all disciplines;
6. Develop a true centre of expertise to serve our partners in the network and in the community in order to contribute to the advancement of knowledge.

11. FRSQ: *Fonds de la recherche en santé du Québec* translated as Quebec Health Research Fund

Excellence in Research

The mission of the Douglas Hospital Research Centre is to promote research, scientific training and the development of research in mental health. Based on a bio-psychosocial approach, the Centre organizes its research and training activities within the divisions of clinical, psychosocial and neuroscientific research.

The development of research revolves around seven themes: 1) Alcoholism and drug addictions, 2) Eating disorders, 3) Depression and affective disorders, 4) Schizophrenia, 5) Aging and Alzheimer's disease, 6) Child and adolescent psychiatry (such as autism and attention deficit disorders) and 7) Evaluation of mental health services. The Research Centre plays a national and international leadership role in each of its seven research themes. One of the most productive centres in Canada, for all categories, the Centre benefits from an exceptional support from the community via the Douglas Hospital Foundation, which provides financial support for part of the Centre's operations.

To strengthen its role as a leader in research on mental illnesses, the Research Centre intends:

- To maintain and increase the leadership of the Douglas and its provincial, national and international influence in research in the field of mental health;
- To be the leader in clinical and evaluative research in psychiatry;
- To be a research and reference centre for the evaluation of mental health technologies in Quebec.

The development of state-of-the-art clinical research and the transfer of new technologies are at the heart of the strategic objectives of the Research Centre. To achieve these strategic objectives, concrete measures have been identified and are currently being implemented, such as:

- Research on affective disorders/circadian rhythms and aging;
- Development of an innovative research centre in mental health;
- Implementation of an infrastructure necessary for state-of-the-art clinical research;
- Development of business incubators.

The Research Centre is affiliated with McGill University and is the only World Health Organization (WHO) Collaborating Centre for Research and Training in Mental Health in Canada; it is also the FRSQ's¹² headquarter for the Mental Health Network. The McGill Centre for Studies in Aging is located on the Hospital campus and the McGill University Graham Boeckh Chair in Schizophrenia is established in the Research Centre. These make the Douglas Hospital the pivotal point of the McGill network in the field of mental health research.

In recent years, the Research Centre, while also strengthening neuroscientific research, has focussed its energies on clinical and evaluative research. An emphasis was therefore put on recruiting clinical researchers in the areas of affective disorders, schizophrenia and drug abuse, as well as scientists who are experts in social epidemiology and evaluative research. This promotes a bio-psychosocial global approach in all areas of research. These actions promote the integration of evaluative research in the sector teams introduced in the last Strategic Plan as well as continued close cooperation with CLSCs and community organizations of the area. The Centre also pursues new initiatives in research in transcultural psychiatry and in "research-action", namely as concerns to the mental health of refugees, troubled youths and the psychosocial consequences of violence and civil wars. These initiatives will allow our Centre to establish significant links with university research centres in South America and South Asia, which will contribute to strengthening the international influence of the Hospital.

To strengthen its leadership in research, the Hospital intends to:

- 1. Pursue strategies aimed at maintaining the scope of influence of the Research Centre;**
- 2. Increase the visibility of the Douglas by coordinating multi-site research activities at the provincial, national and international levels, in order to promote complementarity in mental health expertise in Quebec;**
- 3. Pursue the development of the Research Centre.**

12. Fonds de la recherche en santé du Québec

Integration of Research and Teaching with Clinical Activities

The Douglas Hospital has an increased number of clinical researchers and more evaluative research projects are taking place in the divisions. This increase is also true for researchers involved in the transfer of knowledge to clinical areas. The Research Centre has a team of researchers in fundamental, neuroscientific, evaluative and psychosocial research and aims to improve interactions and integration of these researchers into clinical programs.

By improving the links between clinical concerns and research activities and by ensuring a mutual transfer of knowledge, an improved integration of the three elements of the mission will allow the Hospital to improve the quality of teaching programs offered to students and, more importantly, to improve the quality and effectiveness of services provided to patients.

Even though an increasing number of clinicians are interested in research and teaching, incentive measures must be put in place to allow them to devote a greater part of their time in the conception and development of various projects. The pressure exerted on clinical services by an increased demand for services, coupled with limited resources are two obstacles the Douglas is confronted with in the integration of research and teaching into clinical activities.

Clinical research is what will allow the Douglas to maintain and even increase its level of clinical excellence and to continue to be at the forefront of modern psychiatry. Fundamental research is also important because it allows us to better understand the causes of mental illness and develop innovative therapeutic practices. The more the Research Centre is integrated into clinical programs, the more the Hospital will be strong and will assume its international leadership position in the development of new therapeutic approaches in psychiatry.

The challenge for the Douglas during the next ten years, will be to integrate research into all clinical programs and to secure the tools necessary to coordinate multi-site projects with its partners in line with its clinical activities. As mentioned in the section on the improvement of clinical excellence and in order to strengthen its leadership, the Douglas will have to develop areas of expertise that are distinct from its competitors, while also fulfilling its teaching mission. Other than its research laboratories, its clinical expertise in pharmacology and the high caliber of its professionals, its six ultraspecialized national programs constitute areas of expertise and it is essentially within these programs that the Hospital intends to focus its integration efforts. The more clinicians and researchers are involved in a bilateral transfer of knowledge, the more the Hospital will increase its level of clinical, scientific and academic excellence.

Furthermore, the Emergency and sector teams constitute nerve centres, points of entry, and areas of convergence with partners in the health and first-line networks. Consequently, these services constitute preferred areas for research and teaching activities.

In order to achieve a greater integration of research and teaching with clinical activities, the Douglas intends to:

1. Stimulate the commitment of everyone by creating a true value-added scientific environment at the Douglas Hospital;
2. Promote clinicians taking part or giving conferences;
3. Ensure close links between research projects and clinical concerns and ensure a mutual transfer of knowledge;
4. Emphasize close association with the network and community partners.

OBJECTIVE 3

Increase the Synergy between the Objectives of the Foundation, the Hospital and the Research Centre

The Douglas Hospital Foundation is very dynamic and constitutes an undeniable asset. In spite of the taboos and prejudices still afflicting, to this day, individuals suffering from mental illness, the Foundation has succeeded in increasing amounts raised through different fund-raising programs and activities by 194% over the past four years. Included among the achievements made possible through the Foundation's efforts, we can mention the renovation of Douglas Hall and the amphitheater, the focal point of the Learning Centre, to be inaugurated in the Fall of 2001; the renovation of the Research Centre's infrastructure through the Canadian Fund for Innovation; and the Program for Dementia with Psychiatric Co-morbidity. These projects currently under way testify to the Foundation's commitment towards the three elements of the Hospital's mission.

It is thanks to generous benefactors devoted to this cause that the Foundation can provide exceptional support to the researchers of the Research Centre.

The Hospital intends to intensify its efforts in order to better publicize the achievements of the Foundation throughout the Hospital and improve communication in order to ensure the commitment of the staff. Furthermore, the Hospital will call upon the Foundation and the Research Centre to implement mechanisms that will promote better links between the objectives of the three entities. These mechanisms could be in the form of direct representation of the Hospital on the Board and Executive Committee of the Foundation.

In the perspective of becoming a University Institute, it is imperative that the Foundation, the Hospital and the Research Centre cooperate closely and that this cooperation be clearly perceived within the Hospital.

In order to increase the synergy between the objectives of the Foundation, the Hospital and the Research Centre, the Hospital focuses on two specific strategies:

1. To bring the activities of the Foundation closer to those of the Hospital, whether it be in the area of care, research or teaching;
2. To improve the understanding of the relationship between the Foundation and the Hospital.

OBJECTIVE 4

Reposition the Hospital's External Image

After more than one hundred years of perseverance, the Hospital has been able to achieve an enviable status in the field of psychiatry, whether it be in the area of care, teaching or research. The Hospital intends to further strengthen this painstakingly-achieved position, so that past efforts may enrich the future and preserve its fundamental values.

In the scientific and academic milieu, the Douglas Hospital is internationally-renowned thanks primarily to the reputation of its Research Centre.

Prejudices surrounding mental illness are, however, still very real and, in Quebec, the Hospital is still often associated with its asylum mandate of yesteryears. It must therefore intensify efforts in order to be better known by using various media and other available communication means.

External communication strategies need to be reviewed within the framework of a formal communication plan to be developed. The Hospital must, therefore, invest in psychiatrists and clinical leaders to change perceptions and to further enhance the Hospital's image. Steps will have to be taken to ensure that information is passed on appropriately and that logistical services are in place to do so.

External communications also constitute one of the objectives of the Foundation's strategic plan. There is therefore a need for concerted efforts, since the Hospital's image and the advantage of a positive image of leadership and dynamism ensures favorable repercussions on all aspects of the life of the Hospital.

To better position itself, the Hospital intends to:

- 1. Improve the corporate image of the Hospital, the Research Centre and the Foundation;**
- 2. Develop links with the business milieu in cooperation with the Foundation;**
- 3. Develop an external communications plan;**
- 4. Build and communicate the image of the Institute by pointing out its dynamism, its innovative nature and the excellence of its resources and services provided.**

OBJECTIVE 5

Consolidate Key Elements of the Organization Plan

Following the numerous disturbances of recent years and concerned with providing an organizational structure that could better respond to clinical reorganizations while maintaining its values and culture, the Hospital undertook to review its structure and to draft an Organization Plan late in 1998.

The new Organization Plan and the management philosophy have made it possible to ensure a better coordination of clinical activities and to integrate the divisions with one another while also clarifying lines of authority. The committees and the new structure based on divisions and programs, as well as the decentralization of the decision-making process, have allowed the Hospital to better focus actions according to the needs.

The innovative nature of the Plan has, however, given rise to a certain confusion with respect to the notions of interdisciplinarity, shared governance, and the role of the treating physician, the Counselor in professional activities, etc. The intent of the physicians to be integrated within the management structure remains and the Hospital intends to take the necessary steps to provide physicians with more time and, hence, secure the success of the implementation of the principles of shared governance.

The creation of the Divisions Directorate constitutes a significant change and it is important to clarify the role of this directorate and its co-directors in the coordination of the clinical organization. Strengthening the role of the Counselors in professional activities has a strategic significance in the University Institute context and allows each of the clinical disciplines to secure its place and define its role in the modified hierarchical structure as modified by the new Organization Plan.

To consolidate the key elements of the Organization Plan, the Hospital intends to:

1. Maintain the Divisions Directorate;
2. Consolidate certain elements of the Organization Plan (such as the roles of the treating physician, the case manager, the principal care giver and the clinical chief, as well as the concepts of interdisciplinarity, learning organization and shared governance) and publicize this information throughout the organization;
3. Complete the implementation of certain elements currently in progress.

OBJECTIVE 6

Consolidate and Link the Objectives Dealing with Human, Financial and Technical Resources with Strategic Objectives

Two years ago, the adoption of a new Organization Plan at the Douglas Hospital set the stage for a transition from a centralized to a decentralized decision-making process and management of human and financial resources.

Human Resources:

The steps taken by the Douglas Hospital since the last strategic plan testify to the importance put on giving value to the contribution of human resources in accomplishing the renewed mission of the University Institute.

Numerous changes were brought about by the comprehensive clinical and administrative reorganization of the Douglas. These include the implementation of a new human resources management philosophy, a culture change towards a learning organization, project management, interdisciplinarity and shared governance. These changes demand an in depth rethinking of the implementation strategies of these new ways of doing things in order to ensure the commitment of human resources to the vision.

The Hospital physicians and personnel are highly qualified. The employment scene is however experiencing significant shortages in certain disciplines. Competition among health organizations is strong and necessitates that they think of new ways to attract and retain the best candidates. The shortage of qualified manpower represents a serious threat for the development of clinical and academic activities. Manpower retention and planning constitute, without a doubt, key strategies for the future. Hence, the search for available qualified manpower, for optimal work planning, for efficient work tools and for a high quality work climate and environment will remain utmost in the minds of the Douglas Management.

In the context of a University Institute, the development of skills and expertise are considered to be a major stake for the development of research, teaching and clinical services. It is therefore essential to implement the Human Resources Development Plan, which includes a comprehensive program for attracting, integrating and retaining individuals. The Plan also pursues strategies related to the charters of competencies, the elaboration of scientific training activities, and continued training while valuing individual contributions within an interdisciplinary model.

The Human Resources Management must continue to support managers in implementing organizational changes and to be the preferred organizational spokespersons for new strategies to be implemented so that optimal conditions are in place for introducing these changes.

Financial and Material Resources:

Following an evaluation of the functioning of its financial and technical services, the Hospital completely reorganized these two services into one directorate. This important change has allowed the Hospital to improve the links between these two services, as well as to focus its actions with the Hospital's objectives and structural changes introduced in the Organization Plan. Hence, budget information has been greatly improved and allows managers to improve planning and follow-up of budgets.

It is thanks not only to the staff of financial services, but also to the commitment of all managers and staff that the Hospital was able to implement its balanced budget plan in conformity with the directives of the Ministry and Regional Board.

Following the adoption of the 1997-2000 Strategic Plan, the Finance and Technical Services Management drafted a Physical Master Plan which was developed according to clinical and research medium and long term objectives. This Plan not only improves the environment and the quality of life of patients, but it also optimizes the use of space. The Plan was adopted by the Regional Board and the Ministry and steps have been taken to implement the different projects, such as those related to the reorganization of Emergency, Intensive Care, Admitting Units as well as the Program for Dementia with Psychiatric Co-morbidity.

To achieve the strategic objectives of clinical excellence and designation as a University Institute, the Hospital must invest significant efforts to recruit physicians, nursing staff and other professionals. It must also implement the Physical Master Plan since certain areas do not conform to the type of environment needed for new therapeutic approaches.

Hence, the Hospital intends to implement the following strategies:

1. Review certain elements pertaining to financial management;
2. Bring the human resources management philosophy more in line with the learning organization culture;
3. Mobilize human resources around common objectives;
4. Review certain elements of the management of physical resources.

OBJECTIVE 7

Consolidate Relations with our Partners

Since it was founded, the Douglas Hospital has been able to count on significant external support. Because the Hospital was not founded by a religious community, it had to rely, from the beginning, on community support. Since then, the Hospital has always looked for opportunities to create more links. When the Hospital had to transfer or develop services in the community, the path had already been prepared because of its values.

Open to the entire health network, the Hospital maintains preferred links with its mental health partners. Whether they are organizations from the McGill network, other psychiatric hospitals, CLSCs, community organizations or other public organizations (schools, police, etc.), the Hospital depends on these links to ensure continuity of services for its Catchment population. Conscious of the importance of an integrated network of mental health services, the Hospital included its partners in the strategic plan exercise conducting an extended external consultation with numerous community representatives and other partners.

The Hospital's openness to the community was confirmed during this consultation process. However, the deinstitutionalization process of recent years and the increasing number of individuals presenting with two, and even three, diagnoses increases the burden on mental health caregivers. In fact, more and more people with mental illness also suffer with problems related to alcoholism, drug abuse or violence.

A significant strength comes from the fact that the majority of services have a liaison officer whose mandate is to promote links with both internal and external resources. The Hospital therefore depends on a continued improvement of these links with its partners through its liaison officers and various discussion tables, such as the COPASM¹³ or the CLSC-Pédo¹⁴ tables. However, certain areas need special attention such as Youth Centres like *Centres jeunesse* and Batshaw or CLSCs which are part of the tripartite agreement recently reached between the Ministry, the Regional Board and the Hospital.

With regards to the links between services provided by the Hospital and McGill network hospitals or other referring establishments of the Montreal region, the Hospital intends to focus on the clarification of its role within an integrated network of mental health services by using services agreements.

13. *Comité des partenaires en santé mentale* translated as Committee of partners in mental health

14. *CLSC-Pédo* is the name given to the discussion table involving CLSCs, community organizations and the Hospital with respect to child psychiatry services

To consolidate relationships with its partners, the Hospital intends to:

1. Clarify links between Douglas and mental health first-line services and develop agreements;
2. Improve relationships with general hospitals through a network of partners linked through agreements;
3. Work closely with the McGill Department of Psychiatry;
4. Intensify links with governmental authorities.

OBJECTIVE 8

Continue Improving Communications and Consolidate Communications and Management Information Mechanisms

The major changes that the Hospital has experienced in recent years make communication functions and management information an essential component of the organization. These functions represent a strategic value to ensure each and everyone's commitment to the triple mission and objectives of the Hospital. They also serve to mobilize staff around common objectives and to ensure transparency in managing the Hospital's affairs. Communications and management information are instruments of change which constitute a priority for the Hospital's future.

The Hospital has a qualified and dynamic communications team and one of its achievements, the *douglas.comm*, allowed the Hospital to greatly improve its internal communications. It is now important to focus on the integration of the three elements of the mission of the Institute and to seek the cooperation of clinicians, researchers and teachers in organizing various communications activities.

The Douglas also has well-developed computer resources, as well as access to information through a wide-ranging electronic network. The Hospital must remain proactive and it is therefore important to secure the use of different decision-making tools. The Hospital has embarked on a process to implement balanced scoreboards. A first scoreboard, elaborated by the Emergency Service team, is currently in its validation phase and should be finalized shortly. It is a valued management tool and numerous teams have shown interest in implementing one for their own purpose. Quality information demands that it be dependable, complete and available in a timely fashion. The quality of management decisions depends on the quality of the information, therefore, good information, and communications are key to achieving Hospital goals.

The strategies the Hospital intends to implement to achieve this objective are the following:

1. Implement communication strategies to secure commitment to the triple mission;
2. Communicate the change towards the Institute by strengthening the role of managers in the communication process;
3. Create a true management information system based on identified needs and priorities.

CONCLUSION

The objectives contained in the present Strategic Plan respect the historical values of the Hospital and constitute a continuation of the changes introduced in recent years. These objectives aim for excellence and dynamism and pose various major challenges that will call upon our creativity and our confidence in what the future holds.

Coherent with regional and provincial orientations and with the recommendations of the Clair Commission, the Strategic Plan will guide our actions for the coming years.

This exercise has allowed us to reflect amongst ourselves and with our partners on the path we have taken, on our achievements, on our questioning, on our values and on the issues at stake. As a learning organization, it is now up to us to ensure the continued growth and the influence of the Hospital. The action plan submitted in appendix will allow us to follow our progress in implementing the strategies for which we are all invited to take part.

With a constant goal of improving services to patients, the Hospital depends on the quality of care based on conclusive research results and on state-of-the-art teaching. It is this worthwhile purpose that ensures the success of our project for the future.

Strategic Planning Process

Douglas Hospital Management and
Martine Potvin, Services conseils

Writing of the Strategic Plan and Action Plan

Nicole Germain, Assistant to the Director General, Douglas Hospital
and Martine Potvin, Services conseils

Publication Coordination

Douglas Hospital Communications Department
6875 LaSalle Boulevard
Montreal, Quebec
H4H 1R3
Tel.: (514) 761-6131, ext. 2769
Fax.: (514) 762-3043
e-mail: comm@douglas.mcgill.ca

Graphic Design

Quatre-Quarts graphisme

Programming Of Hyperlinks and Production Of CD-ROM

Paul-Marcel Adam

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APPENDIX 1

Clinical Organization: The Divisions

The Child Psychiatry Division

This Division provides services to a population of youngsters between 0 and 17 years of age. The total population reaches more than 66,000 children living in the territories of Verdun/Cote-St.Paul, LaSalle, Point-St.Charles, Pierrefonds and Dollard-des-Ormeaux. Other than its sectorized mandate, the Division also has an ultraspecialized mandate providing regional, supraregional and national programs. Strongly focused on ambulatory services and on maintaining children in their own natural milieu, this Division only has 15 in-patient beds for adolescents. All other services are provided within the framework of day hospitals, day or evening centres, sector teams, consultation services, etc.

This Division has experienced numerous changes since the drafting of the last Strategic Plan in 1996. Programs have been reorganized to ensure the implementation of sectorized teams. To secure better links between services within an integrated network, the Division has also clarified its mandate and links with the community. The coordination of these links has been made possible through the implementation of a discussion table, the *CLSC-Pédo* Committee, regrouping representatives from the Hospital, CLSCs and community organizations involved in child psychiatry.

Since the last Strategic Plan exercise, and in conformity with the provincial and regional orientations giving priority to youth with mental health problems, clinical programs have clearly defined their mandate.

- The Borderline Program: This program is geared towards youth at risk of developing personality disorders. Agreements have been signed with *Centres Jeunesse* and Batshaw Youth Centre to provide psychiatric services to young clients from these Centres.
- The Program for children from 0-5 years of age became the Young Children's and Family Program and maintains links with CLSCs, centres for young children and the community.
- The Stearns in-patient unit revised its mandate to become a Program for Adolescents with Psychiatric and Eating Disorders.
- The Program for Autistic Disorders, formerly called the Program for Severe Developmental Disorders, now concentrates on autistic disorders. It is geared towards pre-school children and their parents, and is part of an integrated network of services including four centres identified by the Regional Board.

- A Neurophysiological Evaluation Service has been implemented to help professionals and parents wishing to better understand development disorders affecting mainly the cognitive and behavioral fields.
- The Program for Severe Behavior Disorders exports its expertise to other Canadian centres: thanks to evaluative research, it contributes to the development of focused interventions in order to help children having difficulties in school.

Closer links have been developed with the Emergency Service where a room was set up and a specific evaluation protocol was developed in order to ensure a better response to the specific needs of children coming to the Emergency Room.

Sector teams, both francophone and anglophone, as well as the young children and family team (0-5 years of age) provide consultation-liaison services with our CLSC partners. The CLSC-Pédo Committee's aim is to develop a network of services in line with the *Jeunesse Montréalais* project. This project serves to concretely implement the objectives for youth services included in the Regional Board's 1998-2002 plan for improving health and social services.

The Adult Sectorized Services Division

This Division has, without a doubt, experienced some of the most drastic changes. Since the last strategic plan exercise, the Catchment population has increased by 47% from a population of 115,000 to close to 167,000 adults (18 to 64 years of age) and includes the territories of Verdun/Cote-St.Paul, LaSalle, Point-St.Charles, Old-Lachine and St.Henri. To respond to this significant increase in the demand for services, the Hospital opted, as a specific objective of its last Strategic Plan, to implement sector teams. There are six such sector teams:

- | | |
|---------------|--------------------|
| – Verdun East | – Point-St.Charles |
| – Verdun West | – St.Henri |
| – LaSalle | – Old-Lachine |

This objective has been implemented through a major reorganization of services. This reorganization has translated into significant bed closures that provided the financial resources to implement the sector teams and to transfer human resources from an internal to an external setting, in conformity with the provincial and regional orientations of the shift to ambulatory care. Other changes are still to come in the wake of the tripartite agreement reached between the Ministry, the Regional Board and the Hospital. In fact, this agreement calls for the transfer of clients needing first-line care and some resources from the sector teams to the CLSCs in the Hospital's Catchment area, who will now fully

assume their first-line mandate. Monitoring mechanisms will also be implemented in order to ensure the good functioning of first-line activities in the CLSCs.

Other than the changes mentioned above, the Division has also proceeded with the appointment of liaison officers in each internal and external service, with the administrative regrouping of the three day hospitals and the introduction of management indicators for sector teams.

Nerve centre of the Hospital and service provider to the four divisions, the Emergency Service has significantly improved its way of functioning. Emergency and Division managers now concentrate on the introduction of a true welcoming culture for the entire Hospital in order to improve the links between the Emergency Room and its internal partners. Emergency has also invested considerable efforts in the elaboration of a balanced scoreboard, which should be implemented in the near future.

Other than the sector teams, Emergency and Day Hospitals, the Division also has 62 in-patient beds distributed on two admitting units, an Intensive Care Unit that serves the entire Hospital, and three sub-regional ultraspecialized teams: Anxiety Disorders, Mood Disorders, and Personality Disorders Clinics. The Division also has a Crisis Team whose mandate and functioning is under review.

COPASM¹⁵, a discussion table in mental health for the South-West region of Montreal, regroups representatives from the Hospital, CLSCs and community organizations devoted to the mentally ill. This committee ensures improved links between services in an integrated network. The Division relies on strong links with its network partners for support to first-line organizations.

The Adult Ultraspecialized Services Division

This Division, composed of four ultraspecialized regional, supra-regional and national programs, has no sectorized mandate contrary to the other divisions.

These four programs are:

- Eating Disorders Program;
- Severe and Persistent Disorders Program;
- Program of Services for Mentally Handicapped with Psychiatric Problems;
- Clinical Investigation Program.

15. *Comité des partenaires en santé mentale* translated as Committee of Partners in Mental Health

The Eating Disorders Program: This program is the only one in Quebec providing a full range of services for the treatment of adults suffering from anorexia nervosa or bulimia based on the integration of care, teaching and research. This supra-regional Program is composed of a six-bed in-patient unit, a day program and an external clinic providing evaluation and treatment services. The Program is actively involved in research and teaching activities and has received students from numerous disciplines. Participation in international conferences has helped increase the Hospital's scope of influence in the scientific milieu.

The Severe and Persistent Disorders Program: One of the main changes introduced in the 1997-2000 Strategic Plan was the complete reorganization of services provided to this population. Since 1996, a comprehensive review of services and the needs of each patient was conducted; this review allowed the Program to look at service delivery and the following changes were made;

- Four units were closed;
- Creation of approximately 120 places in 21 family type residences between 1998 and 2000 both for Douglas patients and for patients referred by McGill University hospitals;
- Implementation of Ward-in-a-House, a new model of care delivery closely integrating care and rehabilitation activities;
- Elaboration of a clinical care path;
- Creation of the PACT¹⁶ team, which incorporated the New Directions Team, to ensure intensive follow-up for the most difficult patients in the community. This treatment model reduces the revolving door syndrome as well as the length of stay during hospitalization following a crisis. A research project on the economic value of this model has been conducted and financed by Health and Welfare Canada.
- Creation of a residential team, which has allowed the program to consolidate services provided to residential resources through the introduction of the case management model;
- External follow-up of 59 patients in pavilions and of 150 other patients living in their natural milieu.
- Creation of SPECTRUM, which includes the Newman Centre rehabilitation services, rehabilitation and social reintegration workshops, day centres and day programs, as well as the Durost Residence whose mandate was modified from a hospital unit to an intermediate resource for deinstitutionalized patients. The Durost Residence has 16 beds and ensures follow-up for 100 external patients;

16. Program for Assertive Community Treatment

- Implementation of a project involving Nursing Assistants. With the closure of units, many of them were to lose their job and, at the request of the union and with their cooperation as well as the cooperation of the Nursing Assistants, a project was implemented to recycle these health workers to work at reintegrating patients in the community. This project has been quite successful and the individuals involved are an asset to the teams they joined.

The Program of Services for Intellectually Handicapped with Psychiatric Problems: This regional program provides services for a very difficult patient population. While it had 25 beds in 1996, the number has since been reduced to 15. This Program also includes a 25-place workshop (reduced from 30) as well as a consultation team. The Program has been reviewed by external experts and working groups have been set up to implement the recommendations contained in the evaluation report. Other than program structure and service delivery, the recommendations involved changes to the physical environment to improve the patients' quality of life. Recommendations are currently being implemented to reduce the number of in-patient beds to 8 once the reorganization has been completed.

The Phoenix workshop now welcomes 25 patients; it provides day services to patients in foster homes and a transition program as part of the deinstitutionalization project. These changes have already bore fruit contributing to the marked improvement in the quality of life for patients and quality of the work environment for staff.

The Clinical Investigation Program: This is a strategic program for the integration of the triple mission of care, teaching and research. This Program has received major grants from the Canadian Fund for Innovation and has recently benefitted from the addition of a number of specialized laboratories. The Program allows for investigations at the diagnostic evaluation level, which are generally not available elsewhere. It is set up to support different research projects for medications in their experimental phase and therefore not available on the market.

This Program is a definite asset for the Hospital and for its Research Centre. It is composed of the four following elements:

- **A ten-bed in-patient unit** used as an incubator for research in the field of first psychosis episodes, substance abuse with psychiatric co-morbidity, clinical trials in pharmacology and treatment of resistant disorders;
- **A four-bed limited stay unit** used for research projects involving series of blood samplings;

- **An external consultation service** where the majority of psychopharmacological investigations take place;
- **Twelve clinical laboratories:** Biochemical analysis, Clinical psychophysiology, Human psycho-neuro-endocrinological research, Study and treatment of circadian rhythms, Human neurocognitive sciences, Neurophysiological and molecular biology, Anxiety disorders psychophysiology, EEG and neurophysiology in memory disorders, Substance abuse (Alcoholism and drug abuse), Studies in schizophrenia and other genetic studies of the Graham Boeckh Chair, Behavioral and biological investigation of suicidal behaviors, Brain imaging.

The Psychogeriatric Division

The Psychogeriatric Division provides specialized and ultraspecialized services for a clientele aged 65 and over, or for those who present a psychogeriatric profile. The Catchment population for this Division covers the territories of Verdun/Cote-St.Paul, LaSalle, Point-St.Charles, Old-Lachine and St.Henri. With the addition of the two latter CLSC territories in 1996, the population went from 26,050 to 38,710 individuals, an increase of 12,660 or 48,6%. The population's aging constitutes another factor having major and direct repercussions on this Division, which also provides regional and supra-regional services.

In spite of the increase in its clientele and of the numerous constraints this implies, the Division has succeeded in achieving the shift to ambulatory care as well as fulfilling its commitments in reaching the objectives set forth in the 1997-2000 Strategic Plan. In fact, since drafting the last strategic plan, the Division has:

- Reduced the number of in-patient beds from 149 to 96;
- Regrouped two in-patient units;
- Created the Sub-regional Team based on the sector team model;
- Developed 8 places in specialized residential resources for clients suffering from severe and persistent disorders;
- Reviewed the Program for Dementia with Psychiatric Co-morbidity Project. This national Program, currently being implemented, is composed of an in-patient unit of 16 beds, a memory clinic and a day centre.

The Division follows more than 400 patients on an external basis and provides admission services, psychosocial rehabilitation services, services to clientele suffering from severe and persistent disorders whose autonomy is declining, five short-term beds for clients needing medical care, one paliative care bed, as well as ambulatory services.

The reorganization of services promotes the continuity of care and the linking of first-line resources as well as achieving the shift to ambulatory care in line with regional and provincial orientations.

Other than the changes mentioned above, more are still to come in the wake of the tripartite agreement between the Ministry, the Regional Board and the Hospital. This agreement calls for the improvement of in-patient units as well as the identification of certain regional beds for persons suffering from severe and persistent disorders. ■

