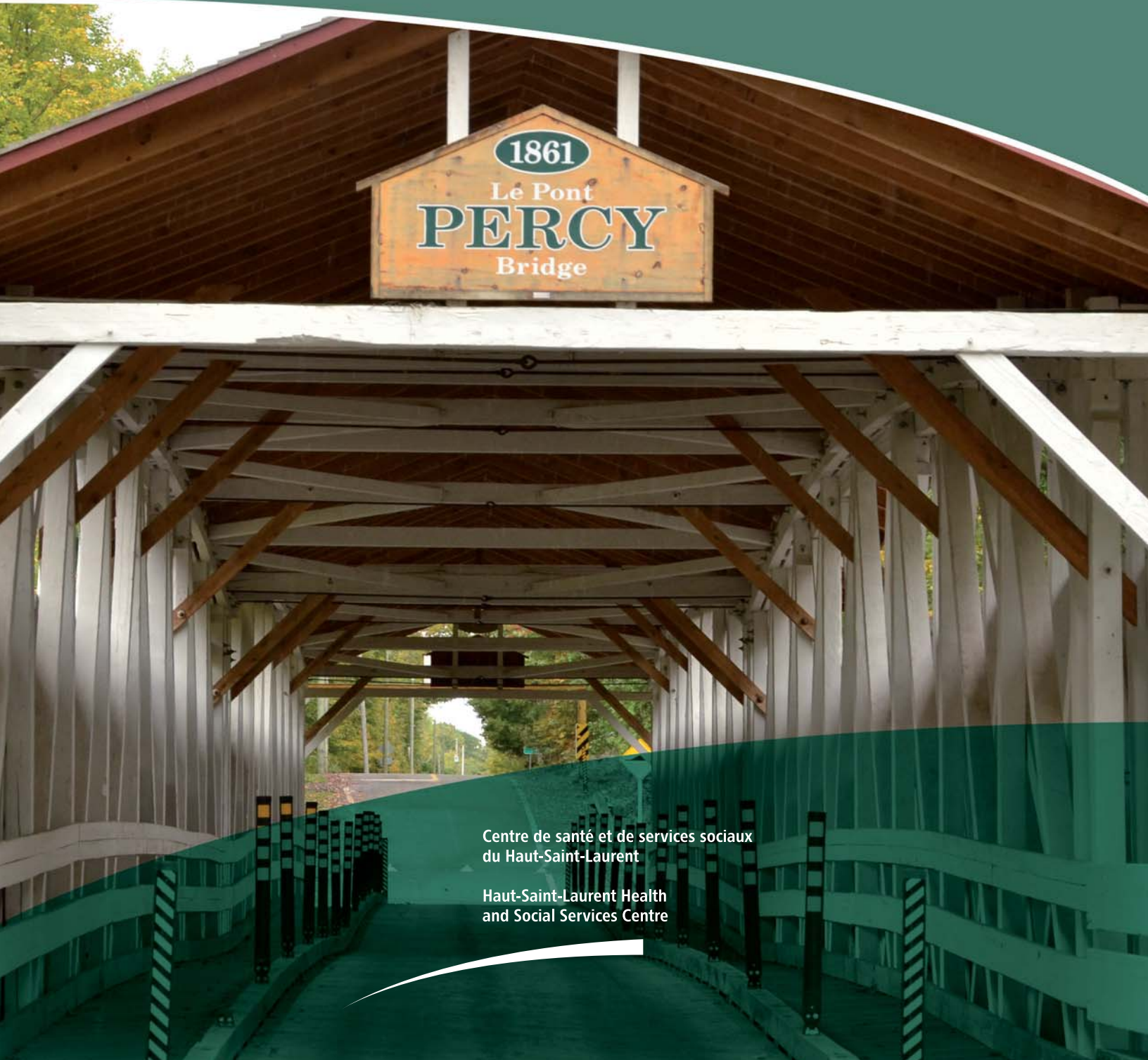


ANNUAL
MANAGEMENT
REPORT
2012-2013

At the service
of its
community

www.santemonteregie.qc.ca/haut-saint-laurent

SHORTENED VERSION



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

Haut-Saint-Laurent Health
and Social Services Centre

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CREDITS

THIS ANNUAL MANAGEMENT REPORT FOR 2012-2013 was produced by the Haut-Saint-Laurent HSSC

28, Gale St.
Ormstown (Quebec) J0S 1K0
450 829-2321

www.santemonteregie.qc.ca/haut-saint-laurent

This annual report has been published in limited quantity and is available in an electronic version only at www.santemonteregie.qc.ca/haut-saint-laurent, under documentation.



A WORD FROM THE CHAIR OF THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR

THIS ANNUAL MANAGEMENT REPORT PROVIDES HIGHLIGHTS OF OUR ORGANIZATION FOR THE FISCAL YEAR FROM APRIL 1, 2012 TO MARCH 31, 2013. AS YOU WILL SEE ONCE AGAIN, ALL THE MANAGERS AND STAFF HAVE UNITED THEIR EFFORTS TO FULFILL THE MANDATES SET BY LAW. THE MANAGEMENT AND ACCOUNTABILITY AGREEMENT CONCLUDED WITH THE AGENCE DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA MONTRÉGIE HAS BEEN FULLY RESPECTED AND THE RESULTS ACHIEVED ARE SATISFACTORY. IN SPITE OF SIGNIFICANT BUDGET CUTS, THE HAUT-SAINT-LAURENT HSSC HAS MAINTAINED A BALANCED BUDGET AGAIN THIS YEAR. IT SHOULD BE NOTED THAT A BALANCED BUDGET HAS CONSTANTLY BEEN MAINTAINED SINCE OUR HSSC WAS CREATED IN 2004.

A STRATEGIC PLAN AT A TIME OF CHANGE

Allowing us to review our institution's vision and mission, a new Strategic Plan for the organization's next three years was prepared thanks to the mobilization of all internal and external players related to the Haut-Saint-Laurent HSSC. The objective of this Strategic Plan is to make the Haut-Saint-Laurent HSSC the reference model for community institutions in Quebec by providing health and social services close at hand and of the highest standards. With aging of the population, it is vital that we offer services adapted to populational needs while enabling adequate access to general and specialized medical services, particularly since the Haut-Saint-Laurent territory is still experiencing a serious lack of family physicians and access to specialized medical services is one of the poorest in Quebec.

THE HSSC INNOVATE WITH ITS TRANSITION CLINIC

Faced with the lack of medical staffing, and in order to avoid overcrowding emergency departments, a Transition Clinic was officially launched in May 2012 by the Haut-Saint-Laurent HSSC, making quality health care available to clients without a family physician. This Transition Clinic has been developed using the access point expertise for taking charge of orphan clientele (Prise en charge de la clientèle orpheline - PECCO) of our HSSC by making the services of a family physician available to persons who register with this access point. While waiting for a physician who can take charge of their case, this Transition Clinic can temporarily meet the needs of clients without a family physician.

HSSC PROMOTER OF HEALTH

With an approach designed to include promotion of health in all the services and activities we offer, our HSSC has formed a committee to adopt an internal policy for the employees followed by an action plan for the next three years. Discussion groups composed of employees were held in the summer of 2012 to gather their comments and concerns about their working environment. In the autumn of 2012, following a prioritization exercise carried out by all the managers, the management team identified objectives to be worked on over the next three years. Some 30 employees will participate in committees formed following an appeal to all last winter. These committees will have a mandate to actualize the results of our HSSC's Action Plan for 2013-2015. We are very pleased with the significant advances made by our organization in this regard. In fact, this work was brought to the attention of the annual general meeting of the Réseau Québécois

Établissements Promoteur de Santé held on March 21 of this year. The Haut-Saint-Laurent HSSC was cited for its achievements, including the initiatives introduced for the Personnel en Santé (healthy staff) component and the discussion groups.

INAUGURATION OF AN INTERMEDIATE RESOURCE IN THE HAUT-SAINT-LAURENT TERRITORY

The inauguration of 19 additional places in intermediate resources allows us to offer an adapted and diversified service in terms of the type of accommodations offered to the population in the Haut-Saint-Laurent.

ACKNOWLEDGEMENTS

It is important to thank all the individuals who allow us to provide quality services to the population of the Haut-Saint-Laurent: our sincerest thanks go to the staff of the HSSC, members of the Board of Directors, foundations and committees, as well as our partners and volunteers.

Since its beginnings, the Haut-Saint-Laurent HSSC has extended its roots in the community in order to offer the best possible care and services. Over time, it has adapted to changes in practices and needs and intends to continue to do so in the years to come.

Milton Reddick

Chair of the Board of Directors

Sophie Doucet

Executive Director

A BRIEF PORTRAIT OF THE INSTITUTION

LOCATED IN THE SOUTH-WEST PORTION OF THE MONTÉRÉGIE, THE HAUT-SAINT-LAURENT HEALTH AND SOCIAL SERVICES CENTRE INCLUDES FOUR FACILITIES AND A SATELLITE SERVICE CENTRE.

FACILITIES:

A SINGLE TELEPHONE NUMBER: 450-829-2321

Haut-Saint-Laurent HSSC (head office)

28 Gale St., Ormstown
Quebec, J0S 1K0



Barrie Memorial Hospital

28 Gale St., Ormstown
Quebec, J0S 1K0



Ormstown CHSLD

65 Hector St., Ormstown
Quebec, J0S 1K0



Huntingdon CHSLD

198 Châteauguay St., Huntingdon
Quebec, J0S 1H0



Huntingdon CLSC

10 King St., suite 200, Huntingdon
Quebec, J0S 1H0



Huntingdon CLSC Satellite centre

21 rang St-Anne, St-Chrysostome
Quebec, J0S 1R0



NUMBER OF EMPLOYEES.	507
NUMBER OF BEDS	
• Acute care.	49
• Long-term.	125
• Temporary.	9

STRATEGIC ORIENTATIONS

THE HSSC'S STRATEGIC PLAN, AS IN ALL THE HEALTH AND SOCIAL SERVICES CENTRES IN QUEBEC, IS A TOOL WHICH ENABLES THE CONTINUOUS IMPROVEMENT OF CLINICAL AND ADMINISTRATIVE ACTIVITIES, AS WELL AS SERVING AS A MEANS OF MOBILIZATION AND COMMUNICATION FOR EVERYONE INVOLVED IN THE ORGANIZATION'S MISSION, WHETHER FROM CLOSE OR AFAR.

THE HAUT-SAINT-LAURENT HSSC'S 2012-2015 STRATEGIC PLAN DEFINES THE CHALLENGES AND ORIENTATIONS IN ORDER FOR THE INSTITUTION TO ACHIEVE ITS MISSION IN THE RESPECT OF ITS FUNDAMENTAL VALUES, AND SO THAT ITS VISION MAY

BECOME A REALITY. THE OBJECT OF THIS STRATEGIC PLANNING IS FOR THE HAUT-SAINT-LAURENT HSSC TO BE A REFERENCE MODEL OF COMMUNITY INSTITUTIONS IN QUÉBEC BY DISPENSING SOCIAL SERVICES AND HEALTH SERVICES OF THE HIGHEST STANDARDS CLOSE TO HOME.

AN OFFER OF SERVICES ADAPTED TO THE NEEDS OF THE POPULATION

The aging of the population, a situation from which the Haut-Saint-Laurent is not exempt, will cause people to need more and more services for chronic pathologies such as cardiovascular and respiratory disease, diabetes and cancer. This context therefore calls upon the Haut-Saint-Laurent HSSC to ensure that it continues to offer services best adapted to the needs of its population.

EQUITABLE ACCESS TO GENERAL AND SPECIALIZED MEDICAL SERVICES

The Haut-Saint-Laurent population has the least access to general medical services of all of Québec, and has among the lowest access to specialized medical services. Efforts at recruitment over the past few years have not had the hoped-for effects. In this context, the Haut-Saint-Laurent HSSC is called upon to take appropriate measures to ensure equitable access to general and specialized services for its population and to revisit its medical recruitment strategy.

AN EFFICIENT ORGANIZATION

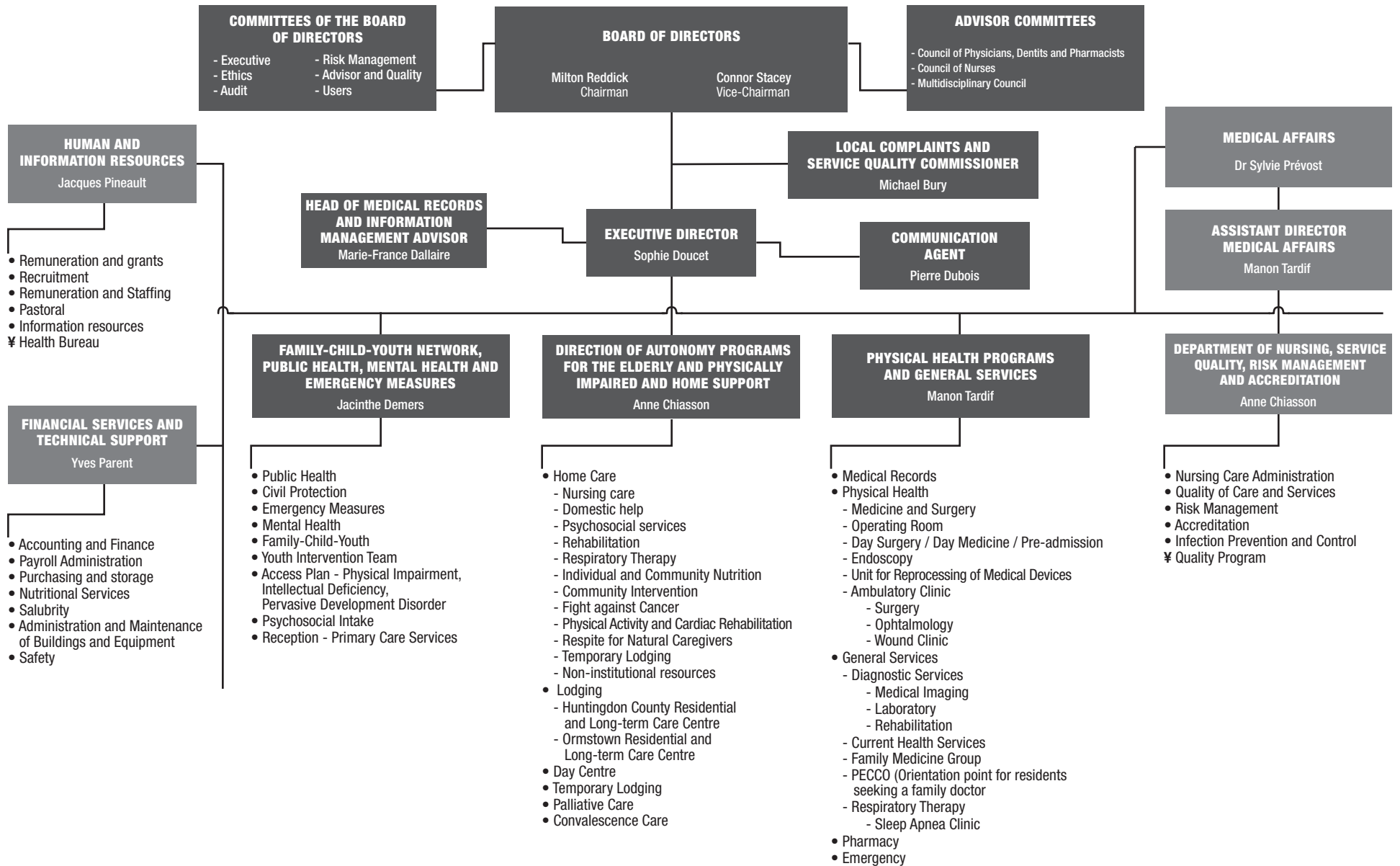
The creation of health and social services centres in 2004 definitely had the effect of improving communication between the various missions of institutions thus created. However, we believe that the Haut-Saint-Laurent HSSC has not reached its full potential in integrating its services with regard to the "promoting – healing – support" continuum.

EFFECTIVE COMMUNICATION ON ALL LEVELS

Employees must know the services offered in all of the HSSC. As for managers, they are the essential channel for the information to be distributed. Likewise, the population must be well aware of the gateways for access to the services offered by the HSSC. This context calls for the Haut-Saint-Laurent HSSC to improve its means of communication on all levels.

With a brand new slogan « at the service of its community », our HSSC has put action plan into place regarding these four challenges.

ORGANIZATIONAL CHART



OUR VISION, OUR MISSION AND OUR VALUES

OUR VISION

VISION DEFINES THE FUTURE PORTRAIT OF THE ORGANIZATION.

Quality services near the community! The Haut-Saint-Laurent HSSC intends to become the reference model for Québec community institutions dispensing social services and health services of the highest caliber close to home. The objective of a community institution is to promote, protect, improve and restore health (considered to be a physical, psychological, social and environmental balance) of persons, groups or its local population.

OUR MISSION

THE MISSION DEFINES THE FUNDAMENTAL GOAL OF THE ORGANIZATION, ITS REASON FOR BEING AND WHAT IT IS DOING TO ACHIEVE ITS VISION.

The Haut-Saint-Laurent HSSC is an institution that promotes health. Deeply rooted in its community, it offers to the population under its responsibility, primary care and services as well as an array of general services, while maintaining high standards of safety and quality. In cooperation with its regional and supra-regional partners, it ensures access to more specialized services.

OUR VALUES

VALUES GUIDE THE CULTURE OF THE ORGANIZATION AND PROVIDE THE FOUNDATION ON WHICH DECISION-MAKING RESTS. THEY ARE THE LIFE AND BREATH OF AN ORGANIZATION AND ARE REFLECTED IN ALL OF ITS ACTIVITIES.

Commitment

Each employee of the Haut-Saint-Laurent HSSC must actively contribute to the development of the organization and recognize the exceptional contribution of the community in achieving the vision. The commitment of all the partners is essential to the pursuit and success of the Haut-Saint-Laurent HSSC's activities.

Respect

The entire HSSC (be it employees, doctors, managers, volunteers, partners or suppliers) must show civility, humanity and compassion in its actions, attitudes, words and behaviors, not only with regard to clientele, but also with regard to people working there. The managers ensure that individuals are valued and offer them a work environment that is wholesome, safe and balanced.

Cooperation

Cooperation is a value that is encouraged at the Haut-Saint-Laurent HSSC, promoting working together to reach common goals and ensuring a higher success rate for the wellbeing of the population that we serve. Success is never the result of a single individual's work. The Haut-Saint-Laurent HSSC promotes teamwork, where each player, whether from within the organization or from outside, is fully recognized as a contributing force in the advancement of the organization.

Quest for innovation

At the Haut-Saint-Laurent HSSC, the search for the best possible organization of services to meet the health and social services needs of all, is at the very heart of our interest and is ongoing. The institution encourages novel initiatives coming from its teams as well as development of new practices based on sound experiences from outside.

A BRIEF PORTRAIT OF THE POPULATION

TERRITORIES SERVED

IN ADDITION TO AKWESASNE, THE HAUT-SAINT-LAURENT HSSC SERVES THE 13 MUNICIPALITIES IN THE HAUT-SAINT-LAURENT MRC:

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

It should be noted that the Haut-Saint-Laurent is the RLS (réseau local de services - local service network) in the Montérégie with the highest proportion of English-speaking people.

DEMOGRAPHICS

According to the Institut de la statistique du Québec (ISQ), the RLS du Haut-Saint-Laurent had some 25,000 residents in 2013, with over 3200 in Akwesasne. The population of the RLS is expected to increase by 5.9% between 2013 and 2031, a much smaller increase than that anticipated for the Montérégie as a whole (12.9%).

The population of the RLS du Haut-Saint-Laurent is slightly older than that in the Montérégie and, as throughout Quebec and the region, its population is expected to continue to age. Between 2012 and 2031, the demographic weight of persons aged 65 years and over will pass from 18 to 28%.

SOCIO-ECONOMIC CONDITIONS

In general, the RLS du Haut-Saint-Laurent presents a less advantageous socio-economic profile than that of the region in general, with more individuals living below the low income cut-off and more adults who are beneficiaries of social assistance programs. What is more, the birth rate in the Haut-Saint-Laurent is significantly lower than that of the province, while life expectancy at birth for both women and men in the RLS du Haut-Saint-Laurent is shorter.

HEALTH PORTRAIT

Tumours are the first cause of death and the number of new cases of cancer has increased constantly over the past 20 years. The problem of diabetes is significant in the Haut-Saint-Laurent, with aging of the population a factor in the increase in its prevalence.

INSTITUTION HIGHLIGHTS - PROGRAMS AND SERVICES

THIS SECTION PRESENTS HIGHLIGHTS OF THE DEPARTMENTS WHICH MAKE UP THE HAUT-SAINT-LAURENT HSSC.

MEDICAL AFFAIRS

THE DEPARTMENT OF MEDICAL AFFAIRS IS RESPONSIBLE FOR ALL MEDICAL ACTIVITIES AT THE HAUT-SAINT-LAURENT HSSC.

Highlights:

- Intensive recruitment of new general practitioners;
- Participation in Career Day for resident physicians in October 2012;
- Intensification of actions to optimize case management of clientele without a family physician in the territory of the Haut-Saint-Laurent through the Transition Clinic.

Dr Sylvie Prévost

Interim Director of Medical Affairs

PHYSICAL HEALTH PROGRAMS AND GENERAL SERVICES

DEPARTMENT OF PHYSICAL HEALTH PROGRAMS

THIS DEPARTMENT IS RESPONSIBLE FOR SERVICES FOR PERSONS WHO REQUIRE MEDICAL SERVICES. IT GROUPS TOGETHER CLINICAL SERVICES AT THE BARRIE MEMORIAL HOSPITAL, INCLUDING EMERGENCY, OPERATING SUITE, HOSPITALIZATION AND VARIOUS CLINICS SUCH AS OPHTHALMOLOGY AND WOUND CARE.

Highlights:

- Continuation of the initiative to optimize care at the Barrie Memorial Hospital in the Emergency and operating suite as well as in hospitalization;
- Computerization of the PRISMA 7 clinical tool, used to rapidly identify elderly people over the age of 75 years who are experiencing a loss of autonomy;
- Intensive follow-up for the elderly throughout a care episode, from arrival at the Emergency until the client is discharged;
- Acquisition of new equipment for paediatric clientele in the Barrie Memorial Emergency Department.

GENERAL SERVICES

THE DEPARTMENT OF GENERAL SERVICES OFFERS A WIDE RANGE OF SERVICES, SUCH AS THE AMBULATORY NURSING CLINICS AT THE CLSC, WITH OR WITHOUT AN APPOINTMENT, TO MEASURE BLOOD PRESSURE, WOUND CARE, CONTRACEPTION, INTRAVENOUS THERAPY, DIABETES, BLOOD SPECIMEN SAMPLES, SCREENING FOR SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTIONS, ETC. OTHER SERVICES ARE GROUPED UNDER THIS DEPARTMENT, SUCH AS DIAGNOSTIC SERVICES, REHABILITATION, RESPIRATORY THERAPY, AND THE ACCESS POINT FOR ORPHAN CLIENTELE (PECCO).

Highlights:

- Preparation of new group prescriptions to enable PAP tests to be carried out on women clients in good health and at procreation age, as well as screening and treatment of sexually transmitted and blood-borne infections (gonorrhea and Chlamydia);
- Evaluation of the bio-psycho-social state of new clientele registered with the PECCO access point since the autumn of 2012 by a nurse on site instead of by telephone, thereby enabling a better assessment of their state of health;
- An increase in case management for clientele who are seen in the Transition Clinic (clinic for users in the territory without a family physician) and the addition of a new component for clientele with known and diagnosed mental health disorders;

- Coordination and training in all care sectors of the Haut-Saint-Laurent HSSC for new glucose meters;
- Improvements in the scopy room and the equipment sterilization system;
- Introduction of a training program on arthritis which enabled some 50 users to be removed from the waiting list for rehabilitation.

MEDICAL RECORDS

THE MEDICAL RECORDS DEPARTMENT IS RESPONSIBLE FOR PRESERVING MEDICAL AND PSYCHOSOCIAL RECORDS AND MAKING THEM ACCESSIBLE IN ACCORDANCE WITH THE LAWS IN FORCE.

Highlight:

- Introduction of a record screening process to reduce physical record handling and optimize the space available for the said records on a daily basis.



Manon Tardif

Director of Physical Health Programs, General and Diagnostic Services and Medical Affairs Assistant

DIRECTION OF NURSING, SERVICE QUALITY, RISK MANAGEMENT AND ACCREDITATION

THE DIRECTION OF NURSING IS RESPONSIBLE FOR EVERYTHING RELATED TO SERVICE QUALITY, INCLUDING RISK MANAGEMENT AND ACCREDITATION. THIS DEPARTMENT PLAYS AN ADVISORY ROLE FOR THE ENTIRE HSSC AND HAS A MANDATE TO MONITOR AND CONTROL CARE QUALITY, SUPERVISE PROFESSIONAL PRACTICES AND OVERSEE SKILL DEVELOPMENT.

DEPARTMENT OF NURSING

Highlights:

- Continuation of the FORTERESSS file to maintain care and service quality provided to our residents and improve the nurses ability to assess the residents' state of health;
- Harmonization of practices in the residential centres in terms of tools and procedures to facilitate the nurses' and assistant nurses' work;
- Integration of the home-care liaison nurse in the care path for elderly clients who report to the Barrie Memorial Emergency or who are hospitalized there.

RISK MANAGEMENT

IN ITS CONTINUOUS QUALITY AND SAFETY IMPROVEMENT PROGRAM, THE HAUT-SAINT-LAURENT HSSC MAINTAINS RIGOROUS DEVELOPMENT OBJECTIVES TO CREATE A CULTURE OF SAFETY. TO THIS END, THE RISK MANAGEMENT COMMITTEE CARRIES OUT ITS MANDATE IN ACCORDANCE WITH THE REGULATIONS AND IS RESPONSIBLE FOR ACTIVITIES CONCERNING ACCIDENT AND INCIDENT PREVENTION.

ALL ACCIDENT AND INCIDENT REPORTS ARE PRESENTED TO THE VIGILANCE COMMITTEE AND TO THE TEAMS IN ORDER TO ESTABLISH OBJECTIVES FOR IMPROVEMENT. NEW EMPLOYEES RECEIVE RISK MANAGEMENT TRAINING. IN ADDITION, EACH INCIDENT/ACCIDENT IS ANALYSED BY THE HEADS OF THE SERVICES AND FOLLOW-UPS ARE CARRIED OUT AMONG THE TEAMS. REMINDERS ARE MADE CONCERNING THE IMPORTANCE OF REPORTING AND DISCLOSURE TO ENSURE TRANSPARENCY AND THE ANALYSIS OF PROCEDURES TO PREVENT RE-OCCURRENCES. THE REPORTING POLICY AND THE DISCLOSURE POLICY FOR INCIDENTS AND ACCIDENTS ARE IN PLACE AND HAVE BEEN RATIFIED BY THE HSSC BOARD OF DIRECTORS.

TO ENSURE A HUMANE AND SAFE PROVISION OF CARE WHICH RESPECTS THE RESIDENTS' AND USERS' RIGHTS AND FREEDOMS, THE TEAMS PROMOTE THE USE OF MEASURES OTHER THAN RESTRAINT. THE ORGANIZATION HAS ACQUIRED EQUIPMENT WHICH MEETS THIS OBJECTIVE. IN ADDITION, PRACTITIONERS ARE TRAINED AND WORK TOGETHER IN AN INTERDISCIPLINARY TEAM TO EVALUATE THE BEST ALTERNATIVE FOR THE RESIDENT AND USER. VARIOUS CLINICAL FOLLOW-UP TOOLS HAVE BEEN REVISED TO ENSURE CONTROL MEASURE FOLLOW-UPS.

Highlights:

- Preparation and/or revision and distribution of eight policies and procedures related to blood transfusion safety;
- Distribution and application of a fall prevention program. At 41%, falls represent the most frequent incidents/accidents at the HSSC.

INFECTION PREVENTION AND CONTROL

PREVENTING AND CONTROLLING INFECTION IS ESSENTIAL, IF NOT INDISPENSIBLE, IN ENSURING SAFE QUALITY CARE. THIS SECTOR PLAYS AN ADVISORY ROLE FOR THE ENTIRE HSSC IN MONITORING AND CONTROLLING INFECTIONS ACQUIRED IN HEALTH CARE ENVIRONMENTS. SINCE THESE INFECTIONS ARE A SIGNIFICANT CAUSE OF AVOIDABLE MORBIDITY AND MORTALITY, THE APPROPRIATE MONITORING, PREVENTION AND CONTROL MEASURES MUST BE APPLIED. INFECTION PREVENTION AND CONTROL IS DESIGNED TO PROTECT PATIENTS FROM ACQUIRING MULTI-RESISTANT INFECTIONS OR GERMS DURING A CARE EPISODE, AS WELL AS PROTECTING THE STAFF, VISITORS, VOLUNTEERS AND NATURAL CAREGIVERS FROM THE SAME RISK.

Highlights:

- Nosocomial infection statistic follow-up and analysis of cases of C-Difficile reported for 2012-2013 related to the consumption of antibiotics;
- Participation in the regional hand hygiene campaign and organization of local activities during awareness raising week in October 2012;
- Reinforcement throughout the year of the importance of hand hygiene (training, posters, memos);
- Publication of new guidelines for VREs in September 2012 for practitioners concerned;
- Publication of an infection prevention and control guide in the fall of 2012 for private seniors' homes and accompaniment for these partners in prevention practices.

CLIENTELE QUALITY SATISFACTION PROGRAM

AS PART OF THE QUALITY AND SAFETY PROGRAM, CORONER'S RECOMMENDATIONS WERE INTEGRATED, SUCH AS CONTINUOUS QUALITY IMPROVEMENT INDICATORS. TO THIS END, REPORTS REQUIRING A FOLLOW-UP ARE CAREFULLY ANALYSED AND A PLAN OF ACTION IS PREPARED, DISTRIBUTED AND IMPLEMENTED TO PREVENT SIMILAR ACCIDENTS. THESE PLANS OF ACTION ARE SUBMITTED TO THE HSSC VIGILANCE COMMITTEE AND THE *AGENCE DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA MONTÉRÉGIE*.

Highlights:

- Measurement of quality indicators to ensure control and continuous quality improvement in each of the HSSC clinical programs concerning, among others, falls, medication errors, restraints, pressure sores, accidents/incidents, transfusion safety, blood glucose monitoring meter reading programs and infections.

ACCREDITATION PROGRAM

Highlights:

- Support for the Physical Health Program team by drawing up a policy and procedure to meet the requirements of Accreditation Canada in order to maintain accreditation status in the Operating suite:

Standards' sector	Criteria	Description of the criteria
Operating suite	13.6	The team verifies that a clear notice, dated and signed, describing the repair or purchase, is attached to all surgical equipment and all medical devices which are returned to the Operating Room after a repair or a replacement.

- Confirmation of the accreditation status on September 13, 2012 by Accreditation Canada;
- Planning of surveys in March 2012 on client satisfaction for the acute-care and residential centre sectors with a view to the Accreditation Canada initiative at the HSSC in 2014.



Anne Chiasson

*Director of Nursing, Service Quality,
Risk Management and Accreditation*

AUTONOMY SUPPORT PROGRAMS FOR THE ELDERLY AND PERSONS WITH A PHYSICAL IMPAIRMENT, AND HOME SUPPORT

THE DEPARTMENT OF AUTONOMY SUPPORT PROGRAMS FOR THE ELDERLY AND PERSONS WITH A PHYSICAL IMPAIRMENT, AND HOME SUPPORT (PROGRAMMES SOUTIEN À L'AUTONOMIE DES PERSONNES ÂGÉES - SAPA, DE LA DÉFICIENCE PHYSIQUE - DP, ET DU SOUTIEN À DOMICILE - SAD) GROUPS TOGETHER THE FOLLOWING SERVICES: HOME SUPPORT, RESIDENTIAL CENTRES AND DAY CENTRES. THIS DEPARTMENT WORKS WITH PERSONS EXPERIENCING A LOSS OF AUTONOMY RELATED TO AGING OR WHO HAVE A PHYSICAL IMPAIRMENT AS WELL AS WITH CLIENTS WHO HAVE AN ACUTE-CARE PROFILE REQUIRING ASSISTANCE CARE AND HOME SUPPORT OR PALLIATIVE CARE.

IN RESIDENTIAL LONG TERM CARE CENTRES (CHSLD)

THE RESIDENTIAL CENTRES IN ORMSTOWN AND HUNTINGDON OFFER TEMPORARY OR PERMANENT SUBSTITUTE LIVING ENVIRONMENTS, ACCOMMODATION, ASSISTANCE, SUPPORT AND SUPERVISION SERVICES FOR ADULTS AND SENIORS WHO, DUE TO A LOSS OF FUNCTIONAL OR PSYCHOSOCIAL AUTONOMY CAN NO LONGER REMAIN IN THEIR NATURAL OR SUBSTITUTE LIVING ENVIRONMENT IN SPITE OF THE SUPPORT OF THEIR FAMILY AND FRIENDS.

Highlights:

- Preparation of strategies to attract and retain resources to stabilize and ensure the presence required on the teams;
- Activities in the Day Centre of the Huntingdon CHSLD were moved to those in the Day Centre of the Ormstown CHSLD in order to centralize activities in a single location;
- Follow-ups to the departmental visit made to the Ormstown CHSLD to ensure implementation of the recommendations made;
- Process underway to improve the medication distribution system in place, and to revise practices and harmonize group prescriptions in residential centres;
- Completion of work on the Ormstown CHSLD to make the premises more pleasant for the residents during summer heat waves.

IN THE CLSC

THE MISSION OF THE CLSC IS TO OFFER HEALTH SERVICES AND SOCIAL SERVICES OF A PREVENTIVE OR CURATIVE NATURE TO PERSONS EXPERIENCING A LOSS OF AUTONOMY RELATED TO AGING IN THEIR LIVING ENVIRONMENT IN ORDER TO ALLOW THEM TO REMAIN AT HOME FOR AS LONG AS POSSIBLE, AND FOR ANY PERSON WHO IS NOT AUTONOMOUS WHO REQUIRES CARE AND SERVICES.

Highlights:

- Preparation of a local and regional home care plan to identify ways to increase the number of hours of care assigned to the clientele;
- Development and opening of a 19-place intermediate resource in Ormstown in March 2013 to offer the clientele a new range of residential services;
- Training for HSSC practitioners on screening for elderly abuse and mistreatment.

THE FIGHT AGAINST CANCER

Highlights:

- Palliative care training for nurses from each of the HSSC sites by the *Réseau de Cancérologie de la Montérégie* (RLS) with a view to harmonizing care and services;
- Optimization of the oncology nurse's role in all the HSSC care services.



Anne Chiasson

Director of Autonomy Programs for the Elderly and Physically Impaired, and Home Support

PUBLIC HEALTH, FAMILY, CHILDHOOD, YOUTH, MENTAL HEALTH AND CIVIL SECURITY PROGRAMS

THE DEPARTMENT OF FAMILY-CHILDHOOD-YOUTH, MENTAL HEALTH, PUBLIC HEALTH AND CIVIL SECURITY IS RESPONSIBLE FOR PROMOTION, PREVENTION AND FIRST-LINE CARE FOR THE ENTIRE POPULATION. IN VIEW OF THE STATE OF HEALTH OF THE POPULATION IN THE TERRITORY, SEVERAL ACTIONS AND SERVICES MUST BE CONSOLIDATED.

FAMILY-CHILDHOOD-YOUTH

THESE PROFESSIONALS ARE RECOGNIZED AS BEING VERY INVOLVED IN IMPROVING SERVICES FOR CHILDREN AND THEIR FAMILIES. THEY WORK AS AN INTERDISCIPLINARY TEAM AND SEEK THE BEST INTERVENTION PRACTICES. THEIR COLLABORATIONS WITH COMMUNITY ORGANIZATIONS IMPROVE THE ACCESSIBILITY AND CONTINUITY OF SERVICES.

Highlights:

- Implementation of a new negligence prevention program, *Je tisse des liens gagnants*, through the creation of support groups designed to prevent mistreatment and promote the safe development of children;
- Performance of an innovative project for youth at the *École Arthur-Pigeon* in Huntingdon designed to promote self esteem in order to counter intimidation and school drop-outs.

MENTAL HEALTH

THESE SERVICES ARE DESIGNED FOR CLIENTS WITH PERSISTENT MENTAL HEALTH PROBLEMS WHO REQUIRE A REGULAR FOLLOW-UP.

Highlights:

- Continuation of the SMART Project, a stress and anxiety management group composed of some 10 adolescents at the *École Arthur-Pigeon* in Huntingdon;
- Organization for adult clientele of an activity during the holiday season to break isolation, encourage socialization and social integration. Some 30 users participated.

PSYCHOSOCIAL SECTOR

THE HSSC IS RESPONSIBLE FOR RESPONDING TO EVERYONE WHO REPORTS TO OUR SERVICES TO ENSURE THEIR SOCIAL OR PSYCHOLOGICAL NEEDS ARE MET AND TO ORIENT THEM TO THE APPROPRIATE SERVICES. THE SERVICES OFFERED ARE GENERALLY OCCASIONAL OR FOR A SHORT PERIOD: PSYCHOSOCIAL CONSULTATIONS, PSYCHOLOGICAL CONSULTATIONS AND ASSISTANCE AND SUPPORT IN A CIVIL SECURITY SITUATION.

Highlights:

- Performance of several activities on suicide prevention including the formation of a new Sentinelle group designed to identify persons who have suicidal ideas more rapidly and to direct them to the appropriate assistance resources;
- Implementation of an agreement protocol with *le Tournant*, the CSSSs Vaudreuil-Soulanges and Suroît and the *Sûreté du Québec* in the territory as part of the application of Bill P-38 to protect persons whose mental state presents a danger for themselves or for others. As at March 31, 2013, over 20 interventions had been carried out.

CIVIL SECURITY

EACH HEALTH INSTITUTION MUST BE ABLE TO RESPOND EFFECTIVELY TO VARIOUS DISASTER SITUATIONS WHICH COULD OCCUR WITHIN ITS TERRITORY. THE PREPARATION OF A PLAN FACILITATES A QUALITY, EFFICIENT, EFFECTIVE, COORDINATED AND COHERENT RESPONSE WHEN EMERGENCY MEASURES ARE IMPLEMENTED DURING A DISASTER. IT REDUCES MORBIDITY, MORTALITY AND THE PSYCHOSOCIAL IMPACTS ON THE POPULATION AFFECTED DURING SUCH AN INCIDENT.

Highlights:

- Preparation of exercises in all our facilities to prepare for a disaster such as a fire alert or lack of water in a residential centre, a fire alert in the CLSC, a winter storm or an intense heat wave;
- Training of two practitioners on psychosocial intervention within the scope of emergency measures and development of a new tool to facilitate interventions during disasters.

PUBLIC HEALTH

PUBLIC HEALTH IS A VAST FIELD DESIGNED TO IMPROVE THE STATE OF HEALTH OF THE POPULATION AND TO PREVENT CHRONIC DISEASES SUCH AS DIABETES, HEART AND RESPIRATORY DISEASES, CANCER AND OBESITY.

Highlights:

- Actions to prevent chronic diseases by introducing environments that are favourable to health through partnerships with the municipalities, schools, community organizations, etc.;
- Distribution of a catalogue to each municipality in the territory to ensure they are aware of our service offer;
- Development of a food policy within the HSSC which counts on a healthy diet and thereby acts on the causes of chronic disease and obesity, promoting a more active physical life and encouraging individuals to stop smoking;
- Continuation of the HSSC Multi-sectoral Committee, Health Promoter, with the formation of four work committees based on comments made by HSSC employees in focus groups during the summer of 2012 (Socio-Occupational Work Environment, Physical Work Environment, Skill Development, and a Healthy and Safe Workplace);
- Participation in a research project at the *Institut national de santé publique* for more effective vaccination of children from 0 to 5 years to protect them and improve the response to the needs of parents in our territory.

PHYSICAL IMPAIRMENT, INTELLECTUAL IMPAIRMENT AND PERVASIVE DEVELOPMENTAL DISORDERS

THIS SERVICE ALLOWS YOUTH WITH AN INTELLECTUAL IMPAIRMENT OR PERVASIVE DEVELOPMENTAL DISORDER AND THEIR FAMILIES TO RECEIVE SUPPORT AND ACCOMPANIMENT SERVICES.

Highlight:

- Revision of the specific service offer for this clientele to facilitate case management and accompaniment to the right resources.



Jacinthe Demers

Director of Public Health, Family Childhood, Youth, Mental Health and Civil Security Programs

HUMAN AND INFORMATION RESOURCES

THIS DEPARTMENT HAS A DOUBLE MANDATE, IN THAT IT IS RESPONSIBLE FOR RECRUITMENT, STAFFING, LABOUR RELATIONS, OCCUPATIONAL HEALTH AND SAFETY, ASSIGNMENTS AND TRAINING, AS WELL AS MANAGING INFORMATION ASSETS WITH A VIEW TO OPTIMIZING THE HSSC'S ACTIVITIES AND SERVICES.

Highlights:

- Stabilization of the manpower situation within our organization;
- We are the only institution in the Montérégie which did not turn to independent manpower during the past year for assistant nurses and orderlies;
- The results concerning salary insurance deteriorated;
- Preparation of a three-year plan for projects and activities concerning information resources.



Jacques Pineault

Director of Human and Information Resources

FINANCIAL SERVICES AND TECHNICAL SUPPORT

FINANCIAL SERVICES ARE RESPONSIBLE FOR THE EFFICIENCY OF THE FINANCIAL RESOURCES ASSIGNED TO THE HSSC FOR OPERATING BUDGETS, AS WELL AS THE PAYROLL, SUPPLIES, AND PLAYING THE ROLE OF ADVISOR AND SUPPORT FOR MANAGERS IN MATTERS CONCERNING THE BUDGET. TECHNICAL SERVICES ENSURE THE PROVISION OF A FUNCTIONAL, SAFE, COMFORTABLE AND PRACTICAL ENVIRONMENT FOR ALL PERSONS IN THE HSSC FACILITIES. THESE SERVICES INCLUDE HYGIENE AND CLEANLINESS, LAUNDRY, FOOD AND SECURITY.

Highlights:

- Implementation of measures to respect Bill 100 (balanced budget), including a control on seminars and conferences for the personnel, as well as on travel costs (car pooling, video-conferences, telephone conferences), standardization of supplies and reduction of administrative staff;
- Preparation and adoption of a three-year plan to maintain all existing buildings;
- Preparation and adoption of a three-year plan to maintain medical and non-medical equipment;
- Introduction of a new fluoroscopy room in medical imaging;

- Publication of a call for tenders to renovate private rooms in the *Centre d'hébergement de Huntingdon*;
- Performance of a climate improvement project in the *Centre d'hébergement d'Ormstown*.



Yves Parent

Director of Financial Services and Technical Support

LOCAL SERVICE QUALITY AND COMPLAINTS COMMISSIONER'S REPORT

THE LOCAL SERVICE QUALITY AND COMPLAINTS COMMISSIONER IS RESPONSIBLE TO THE BOARD OF DIRECTORS FOR THE RESPECT OF USERS' RIGHTS AND THE DILIGENT EXAMINATION OF THEIR COMPLAINTS

Highlights:

- Reception of 26 complaints, 25 of which were concluded during this period;
- The main reasons for these complaints concerned accessibility of services, organization of the environment and the care provided;
- Six cases were referred to the medical examiner.



Michael Bury

Local Service Quality and Complaints Commissioner

HAUT-SAINT-LAURENT HSSC'S PRINCIPLE OBJECTIVES FOR 2013-2014

- To apply additional optimization measures to maintain a balanced budget;
- To reduce the time spent on a stretcher in the Emergency;
- To apply the approach adapted for the elderly on a larger scale;
- To increase the number of transition clinics for users in the territory who do not have a family physician;
- To improve evaluation, follow-up and teaching tools to better target chronic diseases;
- To acquire new hematology and biochemistry equipment;
- To prepare for the Canadian Council on Health Services Accreditation visit in January 2014;
- To deploy the *Santé Québec* file within the HSSC;
- To introduce a new vaccination service offer to facilitate access;
- To prevent chronic diseases by developing environments favourable to health in partnership with the municipalities in the territory;
- To implement "lean" projects in the Operating Suite and Emergency Room at the Barrie Memorial Hospital;
- To draw up strategies to attract and retain human resources;
- To improve results related to salary insurance.

BOARD OF DIRECTORS OF THE HAUT-SAINT-LAURENT HSSC AS AT MARCH 31st, 2013

DR LAFRENIÈRE, RENÉE

ALAIN VILLENEUVE

PATRICE SAINT-ONGE

JOHANNE CHOUINARD

HEATHER L'HEUREUX

MILTON REDDICK

ME RENÉ THERRIEN

LOUISE LACHANCE-LEGAULT

JEAN-GILLES BOURDEAU

DAVID CHARLES D'AOUST

ILSE LALIBERTÉ

JEAN-GUY ST-ONGE

MADELEINE GREIG

ALBERT BILLETTE

DOLORÈS PILON

HÉLÈNE LAVALLÉE

CONNOR STACEY

SOPHIE DOUCET

COLLEGE OF PHYSICIANS, DENTISTS AND PHARMACISTS

COUNCIL OF NURSES

MULTIDISCIPLINARY COUNCIL

NON-CLINICAL PERSONNEL

USERS' COMMITTEE

USERS' COMMITTEE

FOUNDATIONS

POPULATION

POPULATION

AGENCE DE LA MONTÉRÉGIE

AGENCE DE LA MONTÉRÉGIE

COOPTATION (COMMUNITY ORGANIZATION)

COOPTATION

COOPTATION

COOPTATION

COOPTATION

COOPTATION

EXECUTIVE DIRECTOR

FINANCIAL STATEMENT

SUMMARY OF RESULTS

		Operating	Fixed assets	Total	
		Current yr r. of p. 358, C3	Current yr	Current yr (C1 + C2)	Previous yr
		--- 1 ---	--- 2 ---	--- 3 ---	--- 4 ---
INCOME					
Agence and MSSS subsidies	01	29,432,584	1,236,951	30,669,535	29,951,610
Government of Canada subsidies	02	16,292		16,292	16,217
Users	03	2,539,638	xxxx	2,539,638	2,594,389
Sale of services	04	181,816	xxxx	181,816	160,007
Donations	05	180,762	362,747	543,509	376,700
Investment income	06	10,128		10,128	14,571
Commercial income	07	225,683	xxxx	225,683	212,626
Return on disposition	08				
	09	xxxx	xxxx	xxxx	xxxx
	10	xxxx	xxxx	xxxx	xxxx
Other income	11	67,982		67,982	12,974
TOTAL	12	32,654,885	1,599,698	34,254,583	33,339,094
EXPENSE					
Salaries, fringe benefits and employee related costs	13	24,951,869	xxxx	24,951,869	24,540,111
Medications	14	458,199	xxxx	458,199	631,085
Blood products	15	323,684	xxxx	323,684	183,449
Medical and surgical supplies	16	703,510	xxxx	703,510	728,263
Food	17	501,935	xxxx	501,935	491,823
Payment made to non-institutional resources	18	223,861	xxxx	223,861	301,663
Financial expenses	19		207,757	207,757	159,368
Maintenance and repairs	20	348,209	171,957	520,166	401,100
Doubtful receivables	21	2,178	xxxx	2,178	8,613
	22	xxxx	xxxx	xxxx	xxxx
Amortization of fixed assets	23	xxxx	1,219,984	1,219,984	1,192,428
Loss on disposal of fixed assets	24	xxxx			
	25	xxxx	xxxx	xxxx	xxxx
	26	xxxx	xxxx	xxxx	xxxx
Other expenses	27	5,196,532		5,196,532	4,725,608
TOTAL (L. 13 à L. 27)	28	32,709,977	1,599,698	34,309,675	33,363,511
SURPLUS (DEFICIT) FOR THE FISCAL YEAR (L. 12 - L. 28)	29	(55,092)	0	(55,092)	(24,417)