2022
2023



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âshikum pipunh tipâchimûsinihîkin

ANNUAL REPORT

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miyupimâtisîun anânâkichihtâkinûch

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CONSEIL CRI DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA BAIE JAMES
CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

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misinâpiskihîkin

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Page 112 — Louise Iserhoff Blacksmith

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miyupimâtisîun anânâkichihtâkinûch

2022 • 2023
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ANNUAL REPORT

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CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

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CONSEIL CRI DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA BAIE JAMES
CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

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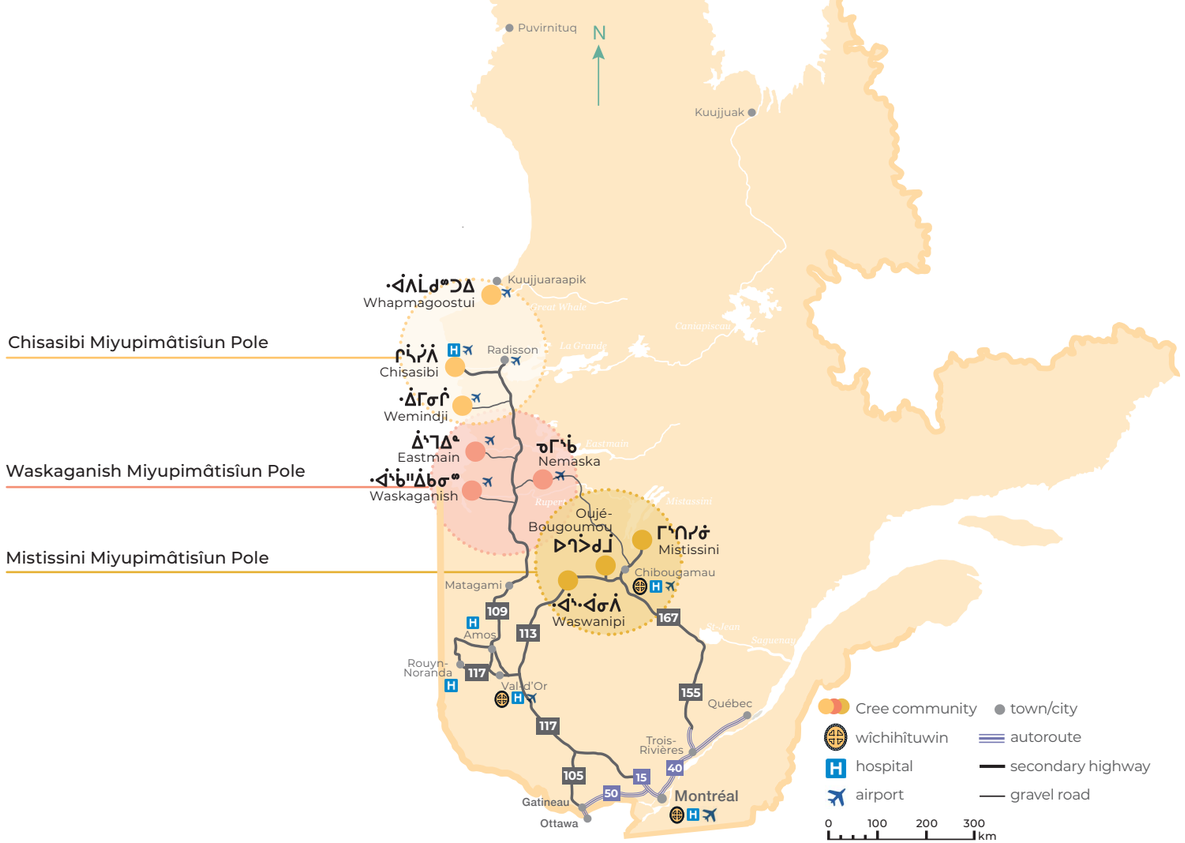
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EEYOU ISTCHEE POPULATION
JULY 2022

Chisasibi	5,189
Eastmain	917
Mistissini	4,173
Nemaska	914
Oujé-Bougoumou	885
Waskaganish	2,646
Waswanipi	2,123
Wemindji	1,647
Whapmagoostui	1,073
	19,566

DISTANCE FROM MONTRÉAL (KM)

Whapmagoostui	1,757
Chisasibi	1,466
Wemindji	1,394
Eastmain	1,232
Nemaska	1,033
Waskaganish	1,130
Mistissini	795
Oujé-Bougoumou	732
Waswanipi	820

For detailed information on the health status of the population please consult our website: CreeHealth.org.

There is approximately an additional 5% non-permanent residents who also receive services from the CBHSSJB. The 0 to 4 year-old age group has been corrected using MSSS 2017-2020 births (+ 2021 estimates) and MSSS 2017-2020 deaths numbers. Sources: MSSS, 2022 JBNQA Cree beneficiary list; MSSS Births databases 2017-2020; MSSS Mortality databases 2017-2020; Statistics Canada 2016 and 2021 Censuses.

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Board of Directors

- Council of Physicians, Dentists and Pharmacists
- Council of Nurses
- Resolution Officer
- Service Quality and Complaints Commissioner

Executive Direction

- Corporate Services
- Strategy and Organizational Development
- Support Program for the Autonomy of Seniors (SAPA)
- Mental Health and Special Needs
- Healing Lodge

Pimuhteheu

Pre-Hospital Emergency Services and Emergency Measures

Youth Healing Services
- Group Homes

Youth Protection

Program Development and Support
- Mânûhîkû
- Disability Programs and Specialized Services
- Midwifery Services

Public Health
- Awash (0-9 yrs)
- Uschinîchisû (10-29 yrs)
- Chishâyiyû (30+ yrs)
- SERC (Surveillance, Evaluation, Research, Communications)

Nishîyû Miyupimâtisîun

Organizational Quality and Cultural Safety
- Evaluation and Accreditation
- Community Development
- Client Experience and Organizational Performance
- Complementary Services and Programs

Medical Affairs and Services

- Medicine
- Dentistry
- Pharmacy

Miyupimâtisîun

Chisasibi Miyupimâtisîun Pole
Chisasibi
Wemindji
Whapmagoostui

Waskaganish Miyupimâtisîun Pole
Eastmain
Nemaska
Waskaganish

Mistissini Miyupimâtisîun Pole
Mistissini
Oujé-Bougoumou
Waswanipi

Miyupimâtisîun Regional Services

DPSQA — Allied Health

DPSQA — Wîchihîwâuwin
- Foster Homes

DPSQA — Health
- Federal Program and Services

Chisasibi Hospital
- Administration
- Nursing
- Specialized Services
- Clinical Services
- Elders' Homes

Regional Medical Archives

Administrative Services

Human Resources

Financial Resources

Information Resources Technology

Material Resources

Communications

Wîchihîtuwin

REFLECTING ON RESILIENCE IN THE POST-PANDEMIC PERIOD

We begin 2023 in a very different position than 2022. We have finally emerged from the lengthy pandemic crisis and are taking steps forward. Recovery from a pandemic takes time and effort. Some parts of community life now feel like they did before, but in other areas we still see big impacts and know there is work yet to do.

The incredible efforts made by Eeyou-Eenou early in the pandemic delayed community transmission of the COVID-19 virus until well after vaccination was widely available. Eeyou Istchee was one of very few places in the world to do achieve this. In the third year of the pandemic, Eeyou Istchee first experienced sustained community transmission of COVID-19. This was spurred by the dramatic spread of the Omicron variant worldwide. High rates of infection required extraordinary mobilization and collaboration between Public Health, clinical staff, DPSQA – Health, Laboratory services and other CBHSSJB departments. This was anchored in strong partnerships with Community Emergency Response teams and Cree leadership.

Many people benefited from the protection of vaccinations and the less harmful Omicron compared to initial COVID-19 variants and, because of this, they had less severe symptoms. Even so, in 2022, 83 people of various ages were hospitalized, and the Cree Nation lost 14 community members to COVID-19. The CBHSSJB shares this grief and extends its deep condolences to everyone mourning the loss of a loved one.

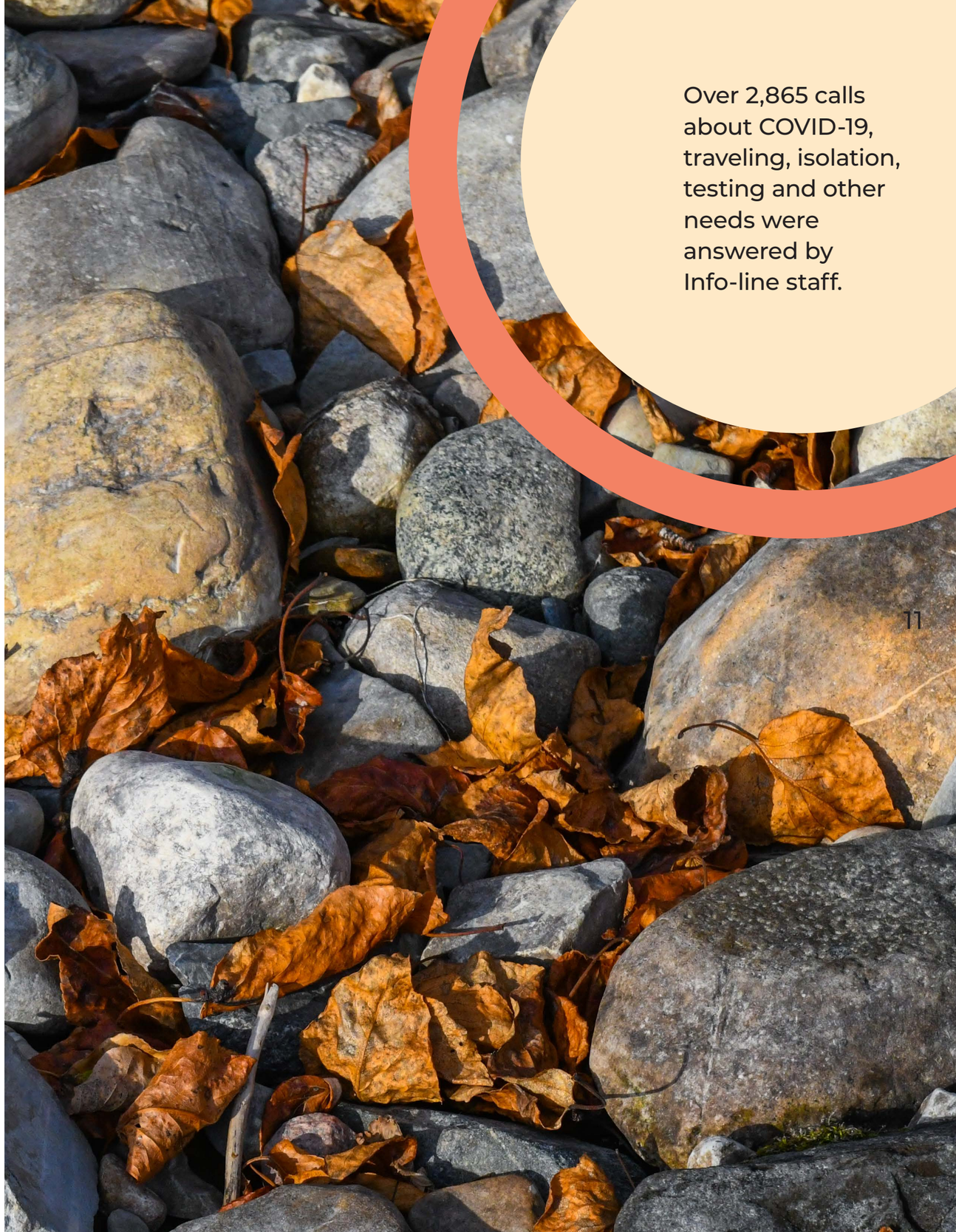
In 2022 Public Health supported Eeyou Istchee's transition from the Pandemic Plan's Emergency Response Phase to a Recovery Period. Protection and infection monitoring measures were progressively reduced, aligning with Québec's and Canada's transitions. The implementation of new testing equipment reinforced CMC capacity. Public Health continued to support local community management of contact tracing and rapid testing. Staff also supported community agencies in progressive moderation of protocols for community settings.

Info-line staff answered over 2,865 calls on community members' questions about COVID-19, traveling, isolation, testing and other needs. This service was retired in February 2023. Sewage water surveillance—now in Chisasibi, Mistissini and Waskaganish—provides ongoing sentinel monitoring.

Public Health's daily reports on social media, community radio and CreeHealth.org changed to regular weekly, biweekly and monthly updates. In this ongoing recovery period, community precaution measures include staying home when sick, receiving vaccination and boosters, masking in certain situations and ensuring proper ventilation.

We are solidifying many lessons learned and sharing our learning for the future, including the reinforcement of biological, physical and chemical risk control for health protection. Public Health presented the region's experience to 30 public health care professionals in the Québec health care system, entitled E mamu âpitishîshtikiniwich attawin: Working together against COVID-19, the James Bay Cree Nation experience.

The recovery period is a lengthy process for the Cree Nation, as well as for CBHSSJB services and the health care sector in Québec. We acknowledge the leadership of the Cree Nation in managing the pandemic response, the sacrifices and efforts made by every person and the resiliency that we strive to integrate in our services.



Over 2,865 calls about COVID-19, traveling, isolation, testing and other needs were answered by Info-line staff.



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OFFICE OF THE CHAIR AND GENERAL MANAGEMENT

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Changing the Approach
The CBHSSJB is entering the greatest challenge in its 45-year history. The renewal and transformation of our health care system and social services in Eeyou Istchee has been initiated, starting with the new model of care pilot project and department audits. The aah chishtipistihch awash-uschinîchisiu sikischâyimuwiniyiu will consult the Cree Nation for new Eeyou Youth Protection legislation; internal consultations have begun and the communities will be consulted in the fall 2023.

Progress will always remain our top priority in the CBHSSJB. With future projects such as the Regional Hospital, new CMCs and other specialized facilities on the horizon, we intend to maximize the capacity of our Cree health care professionals. Our organization remains committed to providing the best services for the Nation.

I wish to acknowledge our professionals, managers, directors, coordinators and staff in every department and every point of service of the organization. You are part of a growing workforce that numbers close to 3,000 employees across Eeyou Istchee. Thank you all for your hard work, dedication and commitment in providing the best services to our more than 21,000 clients.

To every department and everyone who worked tirelessly and fearlessly through the pandemic, especially at the front lines, all regional and local partners—thank you! To team Wîchihîtuwin and to the Public Health regional team that deserve our recognition for outstanding service to the population during this challenging period—thank you! To our regional partners, Cree Nation Government and the Cree School Board, thank you for your alliance. To our Board of Directors, thank you for your guidance!

To my everyday team, my Assistant Tracy Wysote, our Executive Director Daniel St-Amour and Corporate Services point woman, Ms. Laura Moses, thank you! To our Communications Team, Public Health and all services/departments under each AED, Jinsgoomdinoh.

Special tribute must go to my wife Gloria and my family for allowing me to do what I do. To you, our clients, thank you all for your continued trust in the CBHSSJB. We can only learn from challenging times to improve the future. We will continue doing just that.

Thank you,



Bertie Wapachee
CBHSSJB Chair

> We are an important social partner to our Nation: a key contributor to our economy and social development as well as our Nation's well-being.

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MESSAGE FROM THE EXECUTIVE DIRECTOR



This past year has seen two important challenges. First, post-pandemic construction costs, like costs for almost everything, increased significantly, which has had an impact on some of our capital projects. Consequently, we've had to develop strategies to lower these costs to continue as many projects as possible, on or close to our original schedules. Costs have also affected non-insured health benefits, so we are also looking to optimize how we provide these services. We will continue to enhance services, but we must now seek new efficiencies as we do so.

Our other major challenge has been in human resources, where critical personnel, including nurses and pharmacists, have been difficult to recruit and retain. We are launching initiatives to address these issues, including the new model of care, which helps to mitigate staffing shortages by relying on a team-based approach to care. We've carried out optimization audits for nursing and physicians to see how we can improve services and work experiences in these realms, and we are now working on implementing the recommendations from these audits. We are also looking at a new development: as a pilot project for Québec we have volunteered to assess the viability of using physician assistants to help support services. This is something that has never been tried in Québec, although other provinces have had success with this approach.

So while we face certain challenges, we are actively developing strategies. These will make us stronger, more efficient and more effective in the long run. I'm especially proud to say that the Strategic Regional Plan will reflect the population of Eeyou Istchee who were consulted on numerous occasions to ensure that we are aligned with their needs. We continue to accomplish some of our more immediate goals. For example, the CBHSSJB has concluded an agreement with the Cree Nation of Waskaganish to set up the first training centre for clients with renal failures needing dialysis. The new facility will open in spring 2023, in the old police station, which will be totally renovated and fitted with new equipment. We also had to review our planning of the construction of the Waskaganish CMC in order to decrease the costs, which overheated, and manage the lack of manpower. Work is scheduled to start in spring 2023. The new CMC will be equipped to provide dialysis services to Waskaganish, Eastmain and Nemaska.

Another notable success was the growth and vitality of the Community Miyupimâtisîun Committees, which represent the community's voice in determining what services are most important to them, and helping guide us in providing these services and programs. In February we participated in a three-day Miyupimâtisîun Committee gathering in Montréal, an expression of a renewed grassroots commitment to health and well-being across Eeyou Istchee. We will continue working with these committees, which report to the Band Council in each community, as they identify their community's health and wellness priorities.

As we strengthen our partnerships at the local, provincial and federal level, I feel confident that we can continue to direct our energy to shape the best services and programs for the people of Eeyou Istchee.



Daniel St-Amour
CBHSSJB Executive Director

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kâ nîkânipishtihch

BOARD OF DIRECTORS

(4 regular meetings & 12 special meetings)
Bertie Wapachee • Chairperson
Christine Petawabano • Vice Chairperson
Daniel St-Amour • Executive Director
Community Representatives:
Eric R. House • Chisasibi
Jamie Moses • Eastmain
Christine Petawabano • Mistissini
Stella Moar • Nemaska
Susan Mark • Oujé-Bougoumou[1]
Ryan Erless • Waskaganish
Paul Gull • Waswanipi[2]
Teresa Danyluk • Wemindji
Robert Auclair • Whapmagoostui[3]
Dr. Robert Tremblay • Clinical staff Representative
Nicholas Ortepi • Non-clinical staff representative



(L to R, top to bottom): Bertie Wapachee, Eric House, Allan George, Christine Petawabano, Ryan Ereless, Daniel St-Amour, Dr. Robert Tremblay, Teresa Danyluk, Stella Moar, Darlene Shecapio-Blacksmith.
Missing: Jonathan Sutherland, Jamie Moses, Nicholas Ortepi.



(L to R, top to bottom): Ryan Ereless, Jonathan Sutherland, Stella Moar, Bertie Wapachee, Dr. Robert Tremblay, Jamie Moses, Eric House, Darlene Shecapio-Blacksmith, Daniel St-Amour, Teresa Danyluk.
Missing: Allan George, Christine Petawabano, Nicholas Ortepi.

BOARD COMMITTEES

Administrative/HR Committees (11 meetings)
Bertie Wapachee
Daniel St-Amour
Christine Petawabano
Ryan Erless
Dr. Robert Tremblay
Darlene Shecapio-Blacksmith[4]
Liliane Groleau (HR Committee)
Nathalie Roussin (HR Committee)

Audit Committee (4 meetings)
Stella Moar
Teresa Danyluk
Eric R. House

Vigilance Committee (4 meetings)
Sarah Cowboy/Bonnie Fireman
Bertie Wapachee
Daniel St-Amour
Christine Petawabano
Paul Gull

Governance Advisory Committee (4 meetings)
Bertie Wapachee
Daniel St-Amour
Christine Petawabano
Jamie Moses

Risk Management Committee (2 meetings)
Bertie Wapachee
Daniel St-Amour
Kimberley Buissières
Christine Petawabano
Eric House
Stella Moar
Allan George[4]
Justin RInger

Research Governance Committee (2 meetings)
Bertie Wapachee
Daniel St-Amour
Eric House
Stella Moar
Allan George[4]
Non-voting members:
Jonathan Sutherland
Lisa Petagumskum
Isabelle Duguay

1. Darlene Shecapio Blacksmith finished her 3-year term and was replaced by Susan Mark in January 2023.
2. Paul Gull joined the Board of Directors as Waswanipi Community Representative in January 2023.
3. Allan George finished his term and was replaced by Robert Auclair in March 2023.
4. Both Darlene and Allan left vacant seats on some board committees; these vacancies will be filled in June 2023.

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kâ pimipiyihtâch âpitisîwiniyiu

EXECUTIVE AND SENIOR MANAGEMENT

Office of the Chairperson	Commissioner of Service Quality and Complaints	Sarah Cowboy
	Assistant Commissioner of Service Quality and Complaints	Bonnie Fireman
	Office of the Resolution Officer	Ron Shisheesh
General Management	Executive Director	Daniel St-Amour
	Assistant Executive Director	Paula Rickard
	Director of Strategy and Organizational Development	Justin Ringer
	Director of Corporate Services	Laura Moses
	Director of Medical Affairs and Services (DMAS)	Dr. François Prévost
	Director of SAPA	Cheng Jung Lin
	Director of Healing Lodge	Laura Bearskin
	Director of Mental Health and Special Needs	Greta Visitor
Pimuhteheu	Assistant Executive Director (AED) – Pimuhteheu	Jonathan Sutherland (I)
	Director of Youth Protection (YP)	Taria Matoush (I)
	AD of Youth Protection – Clinical	Minnie Loon
	AD of Youth Protection – Foster Homes and Youth Criminal Justice Act	Ashley Iserhoff
	Director of Youth Healing Services (YHS)	Jessica Jackson-Clement
	Director of Program Development and Support	Anne Foro
Public Health	Director of Public Health (DPH)	Dr. Alain Poirier
	Assistant DPH – Awash Miyupimâtisîun	Isabelle Duguay & Kymberly David (I)
	Assistant DPH – Uschinîchisû Miyupimâtisîun	Kymberly David
	Assistant DPH – Chishâyiyû Miyupimâtisîun	Lucy Trapper (I)
	Assistant DPH – Surveillance, Evaluation, Research and Communications (SERC)	Isabelle Duguay
Nishîyû Miyupimâtisîun	AED of Nishîyû Miyupimâtisîun	Lisa Petagumskum (I)
	Director of Organizational Quality and Cultural Safety	Julianna Matoush-Snowboy
Miyupimâtisîun	AED of Miyupimâtisîun	Christina Biron
	Regional Proximity Director – Quality Assurance and Service Delivery	Stephanie Sicard-Thibodeau (I)
	Regional Proximity Director – Chisasibi Pole	Jeannie Pelletier
	Regional Proximity Director – Mistissini Pole	Virginia Wabano
	Regional Proximity Director – Waskaganish Pole	Holly Danyluk
	Director of the Regional Hospital (Chisasibi)	Priscilla Weapenicappo (I)
	Director of Professional Services and Quality Assurance (DPSQA) – Health	Nancy Shecapio-Blacksmith
	DPSQA – Allied Health	Stephanie Sicard-Thibodeau (I)
	DPSQA – Psychosocial	Deanne Moore
Community Miyupimâtisîun Centres (CMCs) Local Directors	Chisasibi	Audrée Gilbert
	Eastmain	Rita Gilpin
	Mistissini	Roberta Petawabano
	Nemaska	Daisy Jolly-Grant (I)
	Oujé-Bougoumou	Louise Wapachee
	Waskaganish	A. Thomas Hester
	Waswanipi	Eleanor Gull
	Wemindji	Rachel Danyluk
	Whapmagoostui	Robert Wynne[1]
Administrative Services	AED of Administrative Resources	Liliane Groleau
	Director of Financial Resources	Jean-François Champigny
	AD of Financial Management Units	Nora Bobbish
	Director of Human Resources	Nathalie Roussin
	AD of Strategic HR Development and Executive Services to Managers	Virginie Hamel
	AD of Human Resources, Employee and Partner Services	Julie Lepage
	Director of Information Technology	Pino Virgilio
	Director of Material Resources	Luc Laforest
	Director of Communications	Marie-Claude Roussin
	Director of Wîchihîtuwin	Helen Shecapio Blacksmith
	AD of Wîchihîtuwin	Martine Constantineau
	AD of Wîchihîtuwin Administration	Emanuelle Lambert

1. Robert Wynne was nominated Whapmagoostui CMC Director on 22 March 2023.
I = Interim

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CORPORATE SERVICES

Corporate Services continues to provide support to the Board of Directors and associated governance functions of the CBHSSJB, and oversees document management and translation services and, until June 2022, Communications.

We continue to apply the adjustments that we made since the beginning of the pandemic, which means more frequent meetings on Teams; only regular Board of Directors meetings are held in person. In 2022-23, twelve special meetings and four 3-day regular meetings of the Board of Directors took place. Other board committee meetings include Administrative/HR Committee (11), Governance Advisory Committee (4), Audit Committee (4) and Vigilance Committee (4), Risk Management Committee (2), and the newly created Research Governance Committee (2).

At its meeting on 28 July 2022, the Board of Directors approved the Research Governance Committee by-law and the appointment of members. This most recent board committee is now fully operational and held its first meeting on 13 January 2023 to present the context of the Research Office as well as the mandate from the 2022 by-law resolution: to set the objectives and work plan for the year; and to approve the guiding principles for research with the research topics to be approved by the Governance Committee. The Board temporarily suspended the consideration and approval of new research associated with the CBHSSJB while the Board reviews its vision and strategic approach to research. During this review period, the Board may consider exceptional research activities deemed urgent.

In August 2022, the Board of Directors received training/orientation on the Board Governance Model, Board Governance Policies and Board roles and responsibilities.

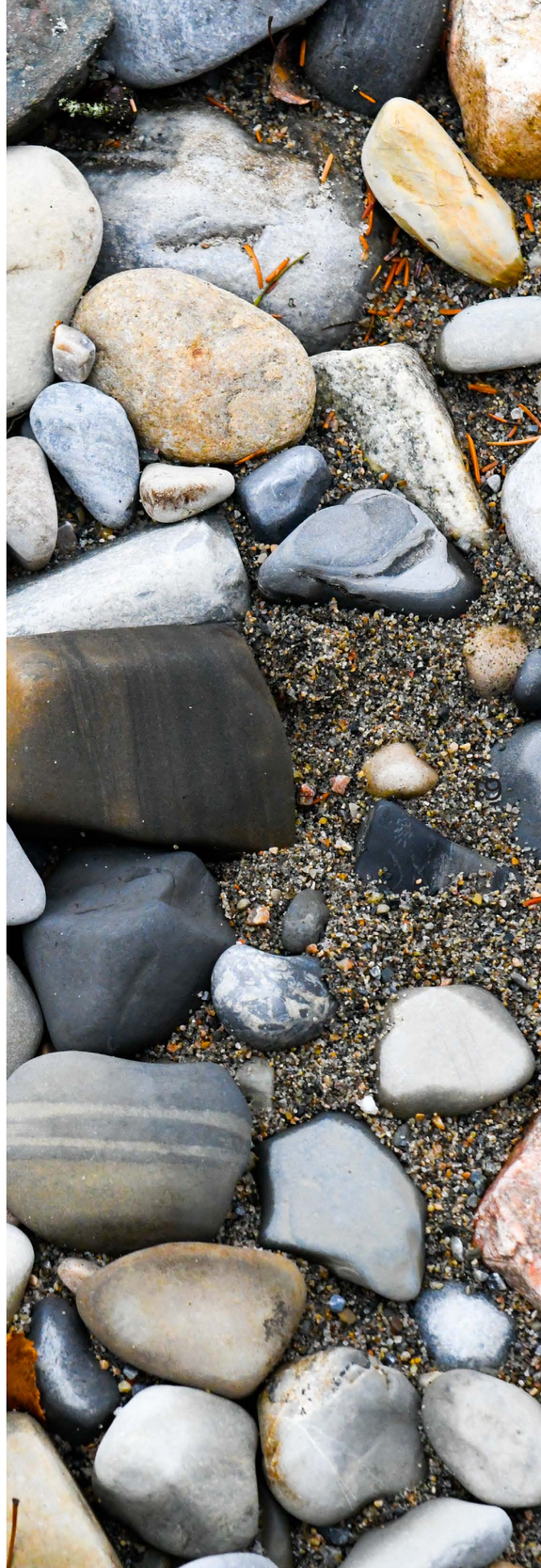
During the course of the year, the following policies were reviewed, created and adopted by the Board: Revised Non-JBNQA Patient Transportation Policy; Revised Policy on Security of Information Assets; Internet Usage Policy; Policy on Appointments and Waiting Lists; Policy on Business Travel, and Policy on Sorties. This year much effort will be deployed to keep a user-friendly registry of all duly approved policies, protocols and procedures, as amended from time to time and to ensure prompt distribution to relevant addressees.

With the three-year mandate for Clinical Staff and Non-Clinical Staff ending December 2022, the Board of Directors appointed the Director of Corporate Services as the Returning Officer and set the date of election on 15 November 2022 at its meeting of 6-7 September 2022. The Returning Officer also appointed two assistant returning officers. The polls were held electronically and an independent expert was retained to implement the electronic voting system. This expert was also responsible for ensuring adequate safety measures and the secrecy, security and integrity of the vote. Dr. Robert Tremblay was elected by acclamation as Clinical Staff Representative; this is his second mandate. Nicholas Ortepi, with the highest number of votes among five other candidates, was re-elected for a second mandate as Non-Clinical Staff representative. Acknowledgement goes to all who were involved in the lengthy election process, particularly the IT department and Communications.

COMMUNICATIONS

Corporate Services saw a major change in the transfer of the Communications team to AED-Administrative Services on 5 June 2022. To meet the needs of the expansion of the organization, it was necessary to reorganize Communications, which meant the creation of a department to support the CBHSSJB in all aspects of organizational communications. It was recommended at a meeting of the Administrative/HR Committee to support the creation of a centralized Communications team with resources dedicated to strategic functions as well as services to internal clients and to create a director position. Following several postings, Director of Communications Marie-Claude Roussin was nominated on 10 November 2022 and came into office on 5 December 2022. She will lead the development of the new internal structure of the Communications department.

My heartfelt acknowledgement goes to Katherine Morrow, Coordinator of Communications, and to the other team members for providing excellent services, dedication and commitment during all these years since 2011… *mista-meegwetch!*



STRATEGY AND ORGANIZATIONAL DEVELOPMENT

The Strategy and Organizational Development team was very active as we continue developing and implementing strategic initiatives.

We deployed the first phase of MYLE (electronic medical record program) to more communities this year with nearly 300 employees and professionals trained on its use. MYLE will be deployed in the remaining CMCs and MSDCs by the end of 2023.

We provided 28 quality improvement and improvement training sessions to 140 participants to help increase our ability to evaluate performance and measure progress. A first team of employees graduated from the Healthcare Excellence Canada EXTRA program and they are now better equipped to implement improvement projects within their departments.

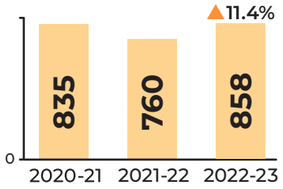
We continued sharing information regarding Accreditation Canada standards and supporting teams in assessing their current practices. This year the focus will now shift to regularly measuring client experience and satisfaction with the care and services we provide.

The Risk Management Committee met three times last year to oversee the CBHSSJB risk management system and amended the committee by-law to increase the number of Board community representatives from two to four, ensuring community representation in all discussions.

After being on hold for three years due to the pandemic, σ-ↃĆᴸᑊ Nitutâmh training was relaunched this spring, teaching employees, professionals and managers a set of guiding principles and tools to create healthy dialogue and relationships with each other and with clients.

Finally, department members worked on developing the 2023-29 Strategic Regional Plan. We continue to consult communities, employees and professionals to hear ideas and priorities for the new SRP, which will be finalized this fall.

2022-23 DECLARED EVENTS



Data from 21 April 2023

Continuous training and communication on the importance of reporting incidents and accidents resulted in increased reports this year, allowing our organization to identify and address root causes and improve the quality and safety of services provided.

Of 858 events reported, six were classified as sentinel events: they had or could have had serious consequences. Four of these had temporary consequences requiring additional care (e.g. consultations, prescriptions, laboratory tests) and affected the duration of the care episode. Two are currently under investigation to avoid recurrence and improve processes.

Two risk management working groups were created: one to recommend actions to prevent and manage client falls in in-patient and long-term facilities, and the other to develop an action plan to reduce medical evacuation team response times, to ensure quality of care in the event of delays and to provide medical team support.

Liz Hester, PPRO Strategy and Organizational Development and Bertie Wapachee, CBHSSJB Chair





2022-23 REPORTED EVENTS[1]

Fall	55
Near fall	5
Medication	223
Treatment	39
Diet	11
Laboratory	124
Imaging	15
MDR[2]	18
Material	13
Equipment	21
Building	2
Personal effect	0
Assault	7
Other	325
Total	858

1. Data from 21 April 2023
2. Medical Device Reprocessing

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COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS

The Council of Physicians, Dentists and Pharmacists (CPDP) of Region 18 is an advisory council to the CBHSSJB Board of Directors on matters related to the provision, quality and accessibility of medical, dental and pharmaceutical services in the Cree communities. The CPDP contributes to various discussions on the organization of services and capital projects such as planning for the new clinics, regional hospital and Elders' Homes. The CPDP also monitors the competence of its members and supports them in their work on its obligatory and mandated committees.

The CPDP Executive Committee and its members also collaborate on the clinical, technical and scientific aspects of the organization, the quality of care, strategic priorities and ongoing and new initiatives. The CPDP continues to support low-risk birthing and midwifery services and the advancement of mental health services. The Miyupimâstiûn Integrated Care Model is being developed and implemented to address primary care service gaps and challenges, a priority to which we avidly contribute. Overall, our collective goal remains to improve the health and social well-being of our patients, their families and the communities of Eeyou Istchee.

Over the past few years, the COVID-19 pandemic has affected the activities of CPDP committees, but this constraint should improve in the coming year. Some committees have been less active while others have gained momentum. For example, the Cultural Safety Committee has met regularly to support and conduct educational and advocacy activities, including securing support for Joyce's Principle and anti-racism throughout the CPDP and the organization.

The departments of Medicine, Dentistry and Pharmacy are addressing their workforce needs and working on clinical and other projects that aim to enhance the delivery of services. The CPDP and its committees will continue to support these clinical departments to improve the quality of care and the health and social well-being of the Crees of Eeyou Itschee.

The CPDP remains an important voice in advocating for prioritized services and resources. Our individual and collective efforts during the pandemic have been recognized and appreciated by community leaders and members. I would like to thank all our CPDP members for their perseverance and dedication in caring for our patients, families and communities so diligently in the past few years during the pandemic. We look forward to advancing our work and collaboration as the CBHSSJB moves forward.

Chinskumituîn,
Dr. Darlene Kitty
President, CPDP

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COUNCIL OF NURSES

The Council of Nurses welcomed three new members: Kelly Anne MacLeod (Cree representative), Agata Waclawski (Inland representative) and Stéphanie Grenier (Regional Services representative). Edith Bobbish remains as President and Coastal Representative while Chisasibi Regional Hospital representative is vacant.

The Council held its Annual General Assembly in November during the Annual Nurses Training in Montréal. This AGA included discussions for the review of the by-law to include licensed practical nurses. The Council of Nurses Executive Committee plans to provide more training and capacity building for members in the coming year to have a greater influence within the organization. The review of the by-law will continue in the coming year. The Council also discussed the action plan and will review on-territory chronic disease care to provide a recommendation.

The Council provided support for the election of the Multidisciplinary Council Executive Committee, an advisory council to the Board of Directors that includes psychosocial and allied health workers.

EXECUTIVE COMMITTEE
Edith Bobbish — *President & Coastal Representative*
Frédéric Lemieux-Legendre — *Vice-President & Communications Agent*
Agata Waclawski — *Inland Representative*
Stéphanie Grenier — *Regional Services Representative*
Vacant — *Chisasibi Regional Hospital Representative*
Sophie Leclercq — *Treasurer & Chisasibi Services Representative*
Kelly-Anne MacLeod — *Secretary & Cree Representative*

Contact the Council of Nurses: 18TCR.CII@ssss.gouv.qc.ca



Annual Nurses Training, Montréal (November 2022)

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RESOLUTION OFFICER



Ron Shisheesh
Resolution Officer

The Resolution Officer (RO) helps resolve workplace issues in a culturally safe manner, promoting equity and fairness to ensure a safe, healthy work environment.

Upon receiving notice of a workplace issue, the RO does an initial evaluation of the issue in question and acknowledges it by responding within 48 hours.

The RO communicates with the manager concerned to inform them that a meeting will take place with the involved parties. The RO and manager determine the best time to meet to ensure services are not disrupted.

Within ten days, the RO meets with the initiating party to clarify issues and begin an investigation. A meeting with all involved in the workplace issue takes place within 20 days, and another meeting between the senior manager and the RO to discuss findings, clarify points and exchange conclusions and recommendations takes place within 25 days.

The RO and Executive Director then meet to discuss findings, conclusions and recommendations within 30 days, and then the RO provides—in writing—findings, conclusions and recommendations to the ED and Chairperson within 40 days. Conclusions and recommendations are presented to the HR Committee before including them in a quarterly report to the Board.

Three months after conclusions and recommendations are presented, the RO follows up with the manager of the department concerned to ensure the situation is resolved; if it is not, the RO continues to follow up until it is.

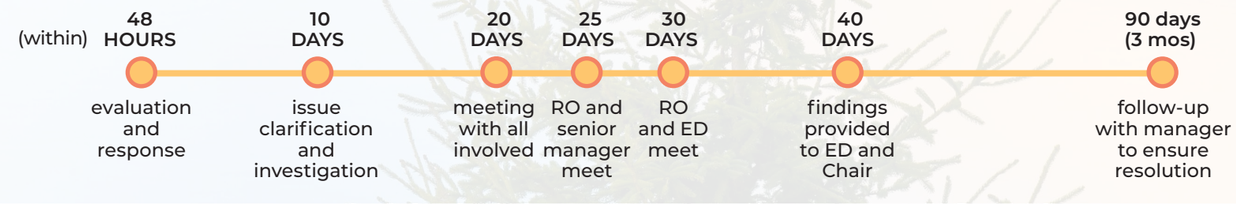
The RO role has been quite challenging given the position is new to the organization as of May 2021. My role has involved assessing, explaining, coaching, mediating and facilitating to help resolve issues between managers and staff and those arising among employees. The RO cannot take sides and must always remain neutral.

I have provided Let's Reflect on Ourselves training regarding workplace harassment with Youth Healings Services, Waswanipi CMC, Wîchihîtuwin, Mental Health and Information Technology, as well as at the Annual Nurses Training. I also attended CICR training through Nîshîyû and the CNG Justice Department in January and February (and April) of 2023.

It has been a remarkably challenging journey but one that I have enjoyed. I look forward to helping the CBHSSJB deliver the best services we can for everyone in Eeyou Istchee.

Ron Shisheesh
Resolution Officer

WORKPLACE ISSUE RESPONSE TIMELINE



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SERVICE QUALITY AND COMPLAINTS COMMISSION

The 2022-23 Service Quality and Complaints Commission (SQCC) report is in accordance with *S-5 —Act Respecting Health Services and Social Services for Cree Native Persons.* It outlines:

- number of complaints to commissioners;
- cases referred to the Medical Examiner;
- number of files from the Québec Ombudsman's office (if any);
- the Vigilance Committee's summary report.

The complaint process goal is 60 days, from initial complaint to completion. 78% of complaints were examined or closed within 60 days, while 22% were over—these are often complex and require collaboration with other internal departments.



Left to right: Sarah Cowboy, SQCC Commissioner; Bonnie Fireman, Assistant ACC and Kristen Iserhoff, Administrative Process Specialist.

Increased awareness is needed on reporting concerns/complaints to the specific hospital or institution attended. Creating a *How To* or *Next Steps* brochure will make it easier for clients to report directly vs outside the jurisdiction, and will outline the SQCC's role and who to contact.

One of the main priorities for 2023-24 is to create awareness by visiting communities—putting a face to our department—to promote the reporting process and reduce any barriers.

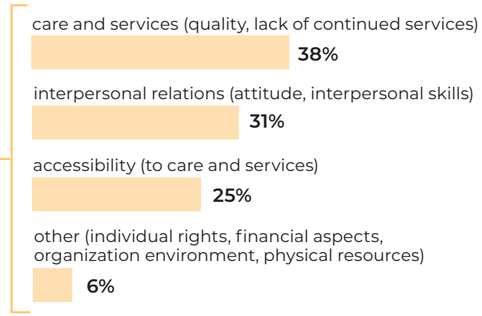
With our regional office in Chisasibi, we hope to be more proactive with monthly visits to Montréal patients, ensuring that patients are receiving high quality care and, if not, to act on concerns right away and improve conditions. This will also provide information on the role and processes of our department.

We would like to extend our gratitude to all who have taken the time to report in order to improve the quality of care. The SQCC office will continue to work in collaboration with local CMC management, the Vigilance Committee and external partners.

2022-23 FILES OPENED

Complaints[1]	32	▼5.9%
Requests for assistance	88	▲54.4%
Consultations	13	▲550%
Interventions	25	▲25%
Total files opened	158	▲39.8%

1. These are a result of the continued decrease in CMC and hospital services.





Dr. François Prévost
Medical Examiner
Director of Medical Affairs and Services (DMAS)

The Medical Examiner's role is to review complaints against a CPDP member. Since these professionals are not CBHSSJB employees, the Medical Examiner is responsible for analyzing the situations that led to a complaint and for taking appropriate action. Only the Medical Examiner may refer a professional to a disciplinary committee, if necessary.

The complaint examination process involves gathering information from the complainant and the CPDP member against whom the complaint is filed, in order to reach a consensus, if possible, on the incident details and make a reasoned finding.

As prescribed by law, this examination must be performed no later than 45 days after receiving the complaint. However, this time limit was challenging since the process involves several steps, including contacting the relevant parties and obtaining medical records, sometimes from facilities outside Region 18.

Of the complaints handled in 2022-23 involving physicians and pharmacists, most were resolved fairly quickly given they were simple misunderstandings regarding a situation. While some complaints prompted recommendations to professionals to review their treatment approach, no major problems were identified related to the quality of care.

On two occasions this year, complaints were filed against physicians working in regions other than those of the CBHSSJB. In these cases, our role is to support the complainant in their approach to the Medical Examiner in these regions since we do not have the authority to analyze these complaints.

The Medical Examiner continues to work closely with the SQCC as complaints sometimes contain elements involving both employees and CPDP members. Together we manage a variety of issues and consult on how to deal with those for which there is no formal complaint, but whose resolution would improve services.

The Medical Examiner recognizes the importance of carefully listening to complainants. They have the courage to complain and thereby help expose certain problems with the provision of care, which provides a valuable insight into otherwise inconspicuous challenges. The Medical Examiner is therefore grateful to the patients and professionals who participated in the quality-of-care improvement process.

Complaints

1-866-923-2624
r18.complaints@ssss.gouv.qc.ca
CreeHealth.org/about-us/users-rights

The confidential toll-free number for complaints (1-866-923-2624) is connected to voicemail, so it is essential that the caller state their name, phone number and community so that the Commissioner can call back.

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POPULATION HEALTH PROFILE

EEYOU ISTCHEE POPULATION
5,000 1976 — 19,566 2022
▲1.9%

LIFE EXPECTANCY
78.1 EI — 82.7 QC
▲1% — 0%

DIABETES PREVALENCE
31% of the population
▲0.7%

GROWTH RATE
6% EI — 3% QC
▼2% — ▼1.4%

YOUTH UNDER 15
28% of population
▼2.1%

CREE SPEAKERS
93%

EEYOU ISTCHEE HOUSEHOLDS
18% multi-family/ generational

SMOKING RATE
53% 1991 — 43% 2015



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SUPPORT PROGRAM FOR THE AUTONOMY OF SENIORS

The Support Program for the Autonomy of Seniors (SAPA) was established this past year with a mandate to develop a range of support facilities and services for elders in Eeyou Istchee, and to ensure the quality of services. This includes overseeing the opening and smooth operations of three Elders' Homes in Chisasibi, Waskaganish and Mistissini, as well as Ashûkin transition homes for elders who are semi-autonomous in the other communities. The first nine-bed Ashûkin Home will be opened in Waswanipi in summer 2023, while construction is set to begin on the Elders' Homes in Chisasibi and Waskaganish. The department is anticipating a three-year timeframe, during which it will identify personnel required at these facilities, establish standards and procedures, and refine the vision for the facilities' services, which should reflect the values of the community.

To this end, this past year the SAPA team launched community consultations, initially in Chisasibi, to help define what services these new facilities should offer and how they might best incorporate and support traditional Cree values—including the sharing of the Elders' traditional knowledge with younger generations—and support for the mental, spiritual, emotional and physical health of the elders.

In the coming year, SAPA will continue community consultations and to define the services that should be included in the Elders' Homes, and how they might best be operated.



Visit of Minister Blais and Minister Lafrenière to Chisasibi for the ground-breaking ceremony of the Elders' Home, 6 June 2022.

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SPECIAL NEEDS AND MENTAL HEALTH

The CBHSSJB has committed to developing facilities for Special Needs and Mental Health.

The clinical plan for special needs entails the building of nine-bed facilities in Eastmain and Waswanipi to support youth aged 10 to 17. While these facilities were to be constructed in 2023-24, the current market situation delayed this for another two or three years. Despite this, the Director of Special Needs and Mental Health proposes working with communities to review and enhance current respite care services and to build on local systems presently in place. To this end, the Director plans to work closely with the Eastmain Working Group.

The Eastmain Working Group consists of local leadership, CMC staff and local services personnel who are able to directly effect change and enhance the delivery of special needs services. We propose conducting community focus groups to gain insight into respite service delivery, incorporating the most beneficial suggestions. Local people will have the opportunity to define and shape services reflecting their community values and needs.

The clinical plan for mental health facilities experienced setbacks due to the current market situation and Planning and Programming's workload; it has yet to be developed and submitted to the Board of Directors. Once endorsed by the Board, we wait for Ministry approval, which can take time. Once approved, mental health facilities will be built in Wemindji (youth coastal), Nemaska (youth inland), Chisasibi (adult coastal) and Oujé-Bougoumou (adult inland). This process includes preliminary reviews of existing services, consulting with community members, planning for the facilities' smooth operations and recruiting the best staff.

In February 2023, an initial meeting with the coordinator of Mânûhîkû promised greater interaction as the clinical plan gets underway.

The foundation for realizing special needs and mental health facilities entails a preliminary review of existing strengths, capacities and services delivered to our clientele. Some community and regional services are more developed than others, and many opportunities exist to improve the quality of services, but the willingness and passion to do so needs to come from local partnerships.

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HEALING LODGE

Following many years of consultations, the CBHSSJB has committed to developing rehabilitation programs and services to treat addictions that will incorporate traditional Cree values, beliefs and practices and mainstream western approaches and methods.

The Mîniwâchihikimikw Healing Lodge aims to deliver a land-based wellness recovery centre. It will include 20 beds with four beds designated for inpatient detoxification services, and will employ client-centred, culturally safe, holistic, trauma-informed care. The program will run from 30 to 90 days, depending on client needs. Target clientele is adults 18 and over.

As part of the process of designing and developing a wellness recovery program and services that embrace Cree values, beliefs and practices, we researched other successful rehab centres to identify best practices; notably, Accreditation Canada has worked with First Nations communities to adapt guidelines to First Nations realities. We also carried out visits to several healing lodges to learn and seek inspiration: Dan Pine's Healing Lodge, Wanaki Centre and four sites in Portage.

In addition, the director completed certifications in Indigenous-based Complex Trauma Training and Capacity Building Through Informal Conflict Resolution. Both offer practical tools for working in wellness recovery and should also be part of staff training. We participated in four community consultations (Waswanipi, Oujé-Bougoumou, Chisasibi and Whapmagoostui) on healing lodge design; one point reiterated in all communities was that the design of the building, programming and services should be inclusive and should reflect traditional Cree ways.

In the coming year we aim to launch an engagement plan; create partnerships; recruit a start-up team (PPRO, APS, Traditional Program Leader); prepare for onboarding staff and then recruit professional and front-line staff and team leaders; plan certification training; design and develop the quality improvement plan, and complete a program manual.





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PIMUHTEHEU

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pimuhtahû wîchihîwâpiyiu châ chi miskûhkâpûtakinûwîyich âpitisîwîn îyiyiyûwîyich âpitisîstâhch châ chi miywâyîtâhkuhch â wîmiskûhkâpuwîyich â wîwâyûpihtakanûwîyich miyupimâtisîun kiyâ îyiyiwîyich â wîchikapustuwâkanûwîyich misiwâ âwânichi châ chi miyû pimatisîyîhch â wî wîchihâkânûwîch.

The Pimuhteheu Group helps make our services stronger through good planning, and works on creating healthy communities through partnerships.

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pimuhteheu

EXECUTIVE SUMMARY



Jonathan Sutherland
Assistant Executive Director (Interim)

I began as the new AED – Pimuhteheu in October 2022, and one of the biggest tasks has been to reinvigorate the Awash-Uschinîchisû Shikascheimûn task force, which is meant to support the Awash-Uschinîchisû Shikascheimûn Commission. This commission aims to develop a youth protection program that will meet the needs and realities of Cree youth. This is a big task that will involve collaboration across the CBHSSJB and with external partners.

We've succeeded in connecting with partners internally and, while it has been a bit more challenging to integrate partners externally, we've also managed that task. Two co-commissioners were hired in November, so the commission is stable and ready to begin undertaking consultations and engaging the public.

The other priority was developing the Wîchihîwâuwin Emergency Steering Committee (WESC) and defining more clearly how WESC should best operate. A tragic event in Waswanipi led to WESC's immediate engagement with the community, which proved to be a learning experience as we discovered that this was not the most effective way to respond. This led to a deeper examination of WESC's role, which is to support the communities when they do not have all the resources necessary to carry out whatever activities are needed in emergency response. Building on this experience and looking forward to next year, we want to develop community emergency psychosocial response plans so that the communities understand what they need to do and when they need to ask for help.

Those two files have been priorities so far, but there are many more initiatives and activities taking place in the departments that make up Pimuhteheu, as seen in the pages that follow.

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chîyîstihp â wîyastîhkw awân awîshûmâkihniwit

PRE-HOSPITAL EMERGENCY SERVICES AND EMERGENCY MEASURES

REGIONAL RESPONSE TO COVID-19

The team led 11 regular Regional Emergency Core Group update meetings to coordinate the regional response to COVID-19. Participants included fire chiefs, public safety officers, CMC local directors, local public health officers, COVID-19 community leaders, and representatives of the Regional Public Health department, the CNG Justice Department, the Eeyou-Eenou Police Force and the Cree School Board.

BUSH KIT MEDICAL PROJECT



Eleven Bush Kit Wilderness Trainings were provided to nine communities, resulting in 111 newly trained Bush Kit representatives.

MOBILE HOSPITAL PROJECT

The mobile hospital (emergency response unit) will offer basic emergency response capacity and CMC-level services in emergency situations affecting the hospital or any other facility offering health and social services. These could include infrastructure or power failures, forest fires or hydroelectric dam failures (flooding) resulting in a hospital evacuation.

2022-23 HIGHLIGHTS

The Cree Nation of Eeyou Istchee and Canadian Red Cross Partnership for Health in Emergencies project held its kickoff meeting in Chisasibi in August. The objective was for the partners to familiarize themselves with each other and the task at hand, understand the complementary nature of their expertise, and reach an understanding concerning their respective roles in the development of a mobile hospital unit.

The following working groups have been created since then:

- Clinical and Public Health
- Logistics, Warehouse, Transport and Maintenance
- Workforce Readiness and Training
- Operations and Coordination

After more than three years of collaborative work on project design and planning, this workshop marked the official start of the implementation phase through the launch of the working group.

2022-23 First Responder training

- Initial training — Oujé-Bougoumou, Waswanipi, Mistissini and Wemindji First Responders
- Refresher training — Oujé-Bougoumou, Waswanipi, Mistissini, Waskaganish, Wemindji and Chisasibi First Responders
- Online training — all nine communities' First Responders
- Naloxone training — Oujé-Bougoumou, Waswanipi, Mistissini, Eastmain, Waskaganish, Wemindji, Chisasibi and Nemaska First Responders
- Training video — EEPF Automated External Defibrillator (AED program)

Seven of the nine communities faced trauma this past year, including death, suicide, murder, motor vehicle accidents and overdoses from fentanyl-laced drugs.

The department partnered with WESC (Wîchihîwâuwin Emergency Steering Committee) to provide support for community emergency management.



Mobile Hospital Project meeting
Chisasibi (August 2022)

FIRST RESPONDER INTERVENTIONS

2,716	Category 1 land calls
1,255	Category 2 and 3 land calls
3,971	Total Interventions

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YOUTH HEALING SERVICES

Youth Healing Services (YHS) contributes to the protection, rehabilitation and well-being (physical, mental, emotional and spiritual) of youth in its care by providing them with programs that offer safety, security and treatment.

YHS operates three facilities around the clock, seven days a week: the Reception Centre (Mistissini), the Upâchikush Group Home (Mistissini) and the Weesapou Group Home (Chisasibi). These facilities receive youth from all communities in Eeyou Istchee, most referred through the Youth Protection Act (YPA), either by court order or voluntary measures, with some through the Youth Criminal Justice Act (YCJA).

We have noticed, over the last decade, an evolution in the profile of our clientele. Increasingly we find that the youths coming to us face important social challenges at home, have special needs and/or have complex profiles. Addressing their needs has required developing partnerships with specialized services and looking into ways to adapt to the evolving reality of the communities we serve.

Our Director, Jessica Jackson-Clement, was appointed in October 2021 and has made a priority of examining our services to develop a comprehensive plan that will capitalize on our strengths and address areas of challenge. An important step in that direction has been to organize retreats for different teams within our organization. Last summer we had retreats with the staff of all three facilities, as well as management and steering committee retreats, which allowed us to establish priorities moving forward.

2022-23 HIGHLIGHTS

We held orientation training for all new employees. Two of our employees were trained in Therapeutic Crisis Intervention, a trauma-informed approach to residential child care, and are now certified to provide training to others; we plan on everyone in our organization receiving this training. Team leaders, who work directly with the youth in our care and provide guidance to other front-line workers, have been participating in development sessions with one of our consultants. All employees were trained for the implementation of the data management system *Projet intégration jeunesse* (PIJ). Two employees were also trained to give safeTALK workshops aimed at building skills in suicide prevention. We plan to incorporate these into training offered to our employees.

We hired six new educators for our YCJA and Intensive Supervision Unit. They received specialized training from one of our consultants and participated in an YCJA unit internship at the Cité-des-Prairies Rehabilitation Centre (Montréal) for youth in difficulty. Given an increase in the number of youths in our care with special needs, we created, in partnership with the Disability Programs and Specialized Services team, a special needs educator position. Following the move of our Reception Centre into a new larger facility a few years ago, we noticed the need for additional administrative support and added a clinical coordinator position to the management of the centre's units. One coordinator now works with the teams of our Girls, YCJA and Intensive units, while another supports our Boys unit and Bush program. Finally, we hired an art therapist who provides one-on-one sessions with youth from all three facilities, supporting the exploration of emotions through art and psychotherapy.



YHS Regional Centre, Mistissini

Recognizing the healing value for youths of deepening their connection to Cree values, identity and land, we have been developing our bush program offerings. Over the past year, our activities have included journeys of wellness and trips to LG2 and LG4 as well as white bird, caribou, moose and bear hunts. We have also been creating opportunities for interested youths to learn about traditional Cree practices for healing. Some youth participated in a four-day gathering with Elders in Eastmain, which included sweat lodges, sundance ceremonies and a healing circle.

Moving forward, our focus is the well-being of youth in our YHS program and services, which will include tailored and adapted programs as youth enter our services and then transition back into their communities; it also includes support and training for our employees. Lastly, working with our partners in the CBHSSJB is essential to the delivery of our day-to-day services.

PRAYER FOR THE YOUTH

This prayer is for the youth, their families, their communities and the people who support them.

Creator we ask for bravery.

Each day our youth walk with wounds that don't belong to them and wounds that should have never happened to them.

We pray for them to face another day and that they find that connection within themselves to stay with us to see the sunlight every day.

We ask for protection of their spirits and bless the people who have the courage to walk and sit with our youth and their families.

Creator, please see our intentions and help guide us through this journey of helping our youth and families heal.

May we have open minds, open hearts and open spirits to work together.

Chinskumandin my Creator for putting these beautiful people in the path of our youth and their families.

All my Relations/Amen
By: Jessica Jackson-Clement

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awâshish sikîschâhyitimuwin a ihtûtâkiniwiyich

YOUTH PROTECTION



Taria Matoush
Director of Youth Protection (Interim)

The 24/7 Youth Protection phone line provides the Reception and Treatment of Signalement (RTS) service, which responds to reports by community members and professionals about situations of child endangerment or neglect.

1,571 total calls received
384 = information/consultation
1,187 = concerned 629 children*

489 evaluations and **171** orientations completed by YP community workers

*Some were the subject of more than one report. Given the level of concern, 60% of reports were retained for further intervention.

When a situation is not retained, it is because the case is being followed for reported issues, or because parents have taken the necessary steps to protect their child or are committed to help with resources or services offered in the community.

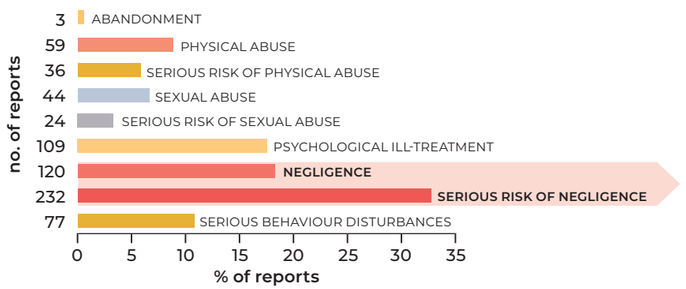
The Youth Protection Act (YPA) is a law of exception used only as a last resort. YP services are designed to step in when child/youth security or development are endangered because fundamental needs are not being met by adult caregivers. This can include psychological maltreatment such as exposure to conjugal violence, physical or sexual abuse situations, serious behavioral problems or even abandonment.

In the YPA, negligence means failing to meet a child's basic physical needs; failing to give a child the care required for physical or mental health or not allowing a child to receive such care; failing to provide a child with the appropriate supervision or support; or failing to take the necessary steps to ensure that a child receives a proper education. Mental health issues, addiction and conjugal violence are frequent risk factors associated with negligence. This underscores the need to more adequately support parents and family members in healing themselves and integrating safer parenting lifestyles so children can flourish and become competent and happy parents themselves. Prevention and strong community support are key to reducing the number of children in need of protection.

The children we work with reside with immediate family members or extended families. At times, alternate placement can include foster homes or Youth Healing Services within Eeyou Istchee. Keeping the children on the territory helps maintain Cree language and culture.

540 Cree children whose situation is the subject of either an agreement on voluntary measures or a court order under the responsibility of the DYP and staff.

2022-23 YP REPORTS RETAINED BY ARTICLES OF THE YPA



50% Negligence combined with a serious risk of negligence remains the main reason to retain a report.

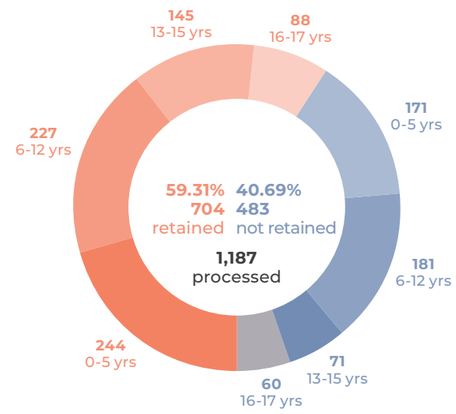
The Youth Criminal Justice Act (YCJA) team provides services in evaluation, probation and extrajudiciary sanctions, as well as rehabilitation in cases of open and closed custody to youth under 18 guilty of committing an offense. The team works closely with the family and secures a treatment plan for the youth. Collaboration with Justice, the police and out-of-territory detention and rehabilitation internal services are part of the workers' responsibilities. As of 31 March 2023, there are 27 active cases and 13 situations waiting for the Crown's decision to judicialize or not.

The YP team would like to thank Marlene Kapashesit for the dedication and caring leadership she demonstrated. Interim Director Taria Matoush has been actively involved in managing activities and leading the team within the CBHSSJB Shikascheimûn Task Force.

Diligent efforts have been made to train teams in every community to establish intervention plans that promote family member participation and service collaboration within the community. A new round of training on YP/CMC protocol will facilitate coordinating internal and external services to ensure families and children are receiving the support needed without gaps in service.

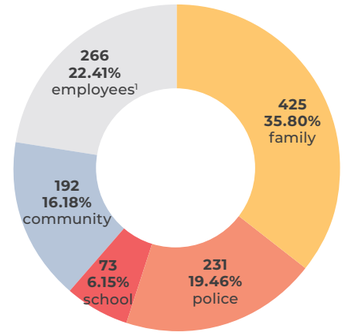
An action plan is providing tools for YP workers and caregivers to support the transition into adulthood of older youth in placement. Special consideration is given to 151 children placed until majority—the possibility of customary adoption or guardianship is being studied. Presentations on the YP-YHS Joint Clinical Process and on Reporting to YP services have been held in various communities.

2022-23 YP REPORTS PROCESSED



The total reports processed represent an average of a little more than 3 children reported per day in Eeyou Istchee.

ORIGIN OF THE REPORTS PROCESSED



1. Employees from different organizations

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apitisîwînh châ chi miyûpîtâhkinûwich kiyâ âîhîkiskîhkinuwich

PROGRAM DEVELOPMENT AND SUPPORT

Program Development and Support (PDS) provides planning and programming, and oversees the management of Pre-Hospital Emergency Services and Emergency Measures, Mânûhîkû (Mental Health), Disability Programs and Specialized Services (DPSS), Midwifery Services (MWS), Birthing Homes and the Midwifery Education program (MEP).

PDS project collaborations

- Miyupimâtisîun Integrated Care Model (MIC-M)
- Organization Redesign project, supporting implementation of MIC-M
- Awemîniwâchihisûnanouch/A Desire to Heal Oneself program
- Emergency Shelter community initiative
- Homelessness in Eeyou Istchee (EI)
- *Sexual Abuse and Sexual Violence in EI: State of the Situation report*
- Home care services recommendations implementation
- Bush Kit training
- Mobile Hospital project
- Data analysis of first responders' services
- Updates of resource directory

PRE-HOSPITAL EMERGENCY SERVICES AND EMERGENCY MEASURES

The team participated in Regional Emergency Core Group updates, provided consistent support for COVID-19, supported First Responder training for new responders (four communities) and refresher training (six communities). It also supported Naloxone training in all nine communities, Bush Kit training for 111 new representatives and the Mobile Hospital Project.

MÂNÛHÎKÛ

Services were provided for anxiety, depression, substance abuse and suicidal ideation. The COVID-19 pandemic added complex grief and a heavy burden of trauma. Training on Applied Suicide Interventions Skills, Best Practices in Suicide Intervention – Cree version and Mental Health First Aid took place, as did a second cohort of Cree Focusing-Oriented Therapy. Community prevention initiatives were offered at the Suicide Conference in October in Mistissini, at the Fort George Residential School gathering and at the IRS survivors ground penetrating radar announcement in Chisasibi.

Increased resources included an art therapy student internship, placement of a graduate in Indigenous Wellness and Addictions Prevention and the hiring of two psychologists, one psychotherapist and a PPRO for the IRS program.

DPSS

2022 was the Year of Special Needs: DPSS contributed to developing a symposium and continued creating online educational material. Information booths for Jordan's Principle were at Mistissini's Indigenous People's Day celebration, the Miyupimâtisîun Committees Gathering and the Special Needs Symposium.

MIDWIFERY SERVICES, BIRTHING HOME, MEP

Achievements included: the first mîtchuap birth, a community tour about midwifery and MEP, the first Perinatal Cultural Safety Day training for nurses, and the 100 midwife births milestone in Chisasibi. The team hired a permanent head midwife, five midwives, a social worker and a PPRO.

Two Awash nurses were trained to assist midwives at births, enhancing interdisciplinary services.

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mânûhîkû

MENTAL HEALTH

Mânûhîkû offers mental health services to all CMCs in the nine communities and off territory. Mânûhîkû continued to promote mental wellness through prevention, intervention and treatment.

2022-23 HIGHLIGHTS

- Applied Suicide Interventions Skills Training (ASIST)—about 60 people trained
- Two new trainers in Best Practices in Suicide Intervention, Cree version; 4 trainers continue to provide training to front-line workers—about 40 people trained
- Concordia University Art Therapy student completed her internship with us
- Student completed placement with the CBHSSJB and graduated from Indigenous Wellness and Addictions Prevention program at Canadore College
- Supported the Fort George Residential School gathering
- Second cohort completed Cree Focusing-Oriented Therapy Training
- Mental Health First Aid training for two communities—16 people trained
- Two psychologists and one psychotherapist hired
- PPRO and IRS program PPRO hired
- Workshops at the Cree School Board's Post-Secondary Student Conference in Ottawa
- Supported Chisasibi community members and IRS survivors with ground penetrating radar announcement
- Supported Regional Suicide Conference held in Mistissini

PSYCHIATRY

The adult psychiatry team continue to visit the communities. Dr. Melissa Pickles visited Chisasibi, Mistissini, Oujé-Bougoumou and Waswanipi, and Dr. Janique Harvey visited Whapmagoostui, Wemindji, Nemaska, Eastmain and Waskaganish.

For child psychiatry, Dr. Sofie Mauger visited Chisasibi and Wemindji. A new child psychiatrist, Dr. Sabrina Prevost, will be visiting Mistissini, Oujé-Bougoumou and Waskaganish. Dr. Julie Marchand did telehealth visits to Whapmagoostui, Mistissini and Waswanipi. On occasion we have student/resident doctors accompanying our psychiatrists in their visits.



2022-23 MÂNÛHÎKÛ SERVICES PROVIDED

	# visits	# clients seen	# no shows	# appointments	# telehealth sessions
Chisasibi	17	773	429	1,460	329
Eastmain	6	142	68	210	12
Mistissini	18	281	491	1,509	229
Nemaska	1	65	15	75	45
Oujé-Bougoumou	7	339	285	735	105
Waskaganish	6	65	60	118	-
Waswanipi	13	298	42	404	91
Wemindji	5	77	114	289	-
Whapmagoostui	7	188	57	245	319
Total	**80**	**2,288**	**1,561**	**5,045**	**1,130**



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DISABILITY PROGRAMS AND SPECIALIZED SERVICES

The Disability Programs and Specialized Services (DPSS) team supports the development and delivery of high quality, culturally relevant services to those affected by disability. Our clientele includes, but is not limited to, case workers and community staff servicing residents of the Cree territory living with a persistent disability. DPSS offers these same services to Cree individuals living with a disability who reside outside of the territory.

2022 was the Year of Special Needs as declared by the Eeyou Tripartite Table. The year culminated with the Special Needs Symposium: Stronger Together, held 29 November to 1 December 2022. The symposium, led by the Cree School Board, included 14 workshops, 13 kiosks, presentations by guest speakers, and a dialogue session for 301 participants. The aim of the symposium was to provide a supportive and welcoming forum for parents and caregivers, to come together, share together and learn together. Stronger together reflects our commitment to continue our joint collaboration and include parents and caregivers as part of the solution. Our goal is to move towards better supporting îyiyiuch with special needs in a way that honours the îyiyiu way of life.

The DPSS team participated in developing content for the symposium. DPSS members shared knowledge and expertise as presenters. Topics included: understanding behaviours, sensory awareness, use of visual supports and visual schedules and Jordan's Principle.

The DPSS intervention team consists of one team leader, four clinical advisors (CAs), and one behaviour analyst. Its mandate is to support communities to develop and maintain high-quality services through team-based knowledge and skill sharing. CAs offered support for complex situations through in-person visits and regular support calls to local case managers, occupational therapists, and multidisciplinary teams.

This year the team's efforts moved beyond supporting case management of complex cases with individuals towards building community capacity in collaboration with different partners, including Youth Healing Services, Youth Protection, Allied Health and Wîchihîtuwin.

PROGRAM DEVELOPMENT

With the goal of sustainable knowledge sharing, DPSS developed, recorded, edited and posted material online. This expanded accessibility to materials beyond CBHSSJB employees, to anyone interested in disabilities and safe strategies for teaching and intervention. The team also collaborated with a psychologist with experience in trauma and disabilities.

TRAININGS AND PRESENTATIONS

DPSS offered a spring webinar training series for all nine communities. It consisted of three knowledge-sharing sessions on different disabilities and a presentation on Jordan's Principle; 116 participants viewed the presentations.

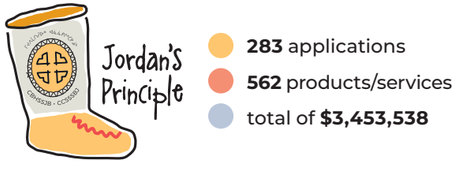
Following requests from Oujé-Bougoumou and Eastmain, the team provided in-person presentations and trainings during community-organized Disability Weeks. In addition, DPSS provided presentations to CBHSSJB employees during the annual rehab meeting, and training to Allied speech-language pathologists and the Mânûhîkû team.

SPECIAL NEEDS EDUCATORS (SNEs)

SNEs provided support and delivered services to those affected by disability within their communities. Through collaboration, including participation in trainings, SNEs guided DPSS in the development of additional knowledge and skills to support their communities.

JORDAN'S PRINCIPLE TEAM

The Jordan's Principle team is comprised of an administrative technician and one employee who supports applications. Trainings and presentations were held in communities and online. The team had information booths at Mistissini's Indigenous People's Day celebration, the Miyupimâtisîun Committees Gathering, and at the Special Needs Symposium. Other information sessions were provided to Leighton Mackay Centre, Waskaganish Recreation department, Wîchihîwâuwin Emergency Steering Committee (WESC), and the communities of Oujé-Bougoumou, Chisasibi and Waskaganish.



- **283** applications
- **562** products/services
- total of **$3,453,538**

ASSESSMENTS

In-community assessment projects were supported by DPSS in Waskaganish and Eastmain. Twenty-eight children were assessed and intervention plans developed. This responded to needs identified by the local CMC and school teams, and was financially supported by Jordan's Principle.

SUPPORT TO EXTERNAL RESIDENTIAL RESOURCES AND THEIR CREE CLIENTS

Twenty-five clients with complex disabilities (an increase of three from the previous year) lived outside of Cree territory in contracted supported-living environments. These resources provided adapted housing care, links to medical and rehabilitation resources, and programming in the local community.

An important objective was to maintain regular communication with family and community members to preserve relationships and connections to Cree culture. Video communication increased as more clients received tablets and learned to use them. Client visits to community and family visits to external resources increased as COVID-19 travel restrictions eased.

Most clients received one or more onsite visits from DPSS staff at their 'southern home' this year. Visits improved understanding of the complexities of care and also permitted direct observation of the supports provided. Additional needs could also be identified for consideration by the team. If in-person visits were not possible, virtual visits were performed.

External client care plans were reviewed every 6-12 months or, depending on needs, in collaboration with families, case manager(s), and DPSS staff. DPSS continued to inform and support community teams, clinical advisors, and clients who considered out-of-region placement, ensuring that all alternative solutions were offered.

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nishîyû wâpimâusûwin

MIDWIFERY SERVICES



Midwifery Services (MWS) provides care for life-carriers and their families during "normal" pregnancy, labour, birth and postpartum in accordance with the Canadian Association of Midwives practices and values and the CHBSSJB Strategic Regional Plan. MWS promotes Iiyiyû Iyitiitûn, Wâpimâusûwin and Miyupimâtisîun for clinically and culturally safe births.

The first mîtchuap birth in over 50 years occurred in Chisasibi in September 2022. MWS was honoured to participate in this historic birth. The revival of birthing in a michuap—once the Cree way of life—was a successful collaboration of client and family, traditional midwife Jane Matthew, Traditional Knowledge Keeper Emily Sam, Nishîyû's Ann Martin, MWS Head Maude Poulin and staff.

September also saw MWS birth assistants and birth home coordinator assist the Midwifery Education program (MEP) PPRO in promotion and consultation community tours. MWS collaborated with the first Perinatal Cultural Safety Day training during the Nurses Annual Training in November. The milestone of 100 births in Chisasibi was celebrated at the first annual client appreciation holiday feast. Clients, Elders and MWS staff enjoyed a turkey dinner, prizes and photos with Santa who distributed "Every Child Matters" teddy bears.

A permanent head midwife, a social worker, a PPRO midwifery and five midwives were hired. Two Awash nurses were trained to assist at births with midwives and a birth assistant when there is shortage of midwifery staff.

In June, MEP PPRO Jasmine Chatelain, in partnership with MWS, facilitated a vision gathering in Chisasibi to ensure both program and services were aligned with Cree goals: to return births and Cree midwives to the territory. Participants included Elders, Traditional Knowledge Keepers, aspiring midwives, birth assistants (PCCRs), Awash PCCRs and midwives. To guide the principles and objectives of the MEP and MWS, a vision statement was produced by community members, which will be finalized, adopted and translated:

To restore Eeyou-Eenou'ch midwifery from root to branch with an Eeyou-Eenou'ch midwife for every family;

To ensure our midwives are clinical and education leaders with knowledge rooted in local and traditional community knowledge, medicines and the land;

To support safe birth anywhere on the land in any kind of dwelling;

Our midwives will trust our bodies and babies and we will trust them, they will work together and be interconnected with communities and will have healthy work/life balance.

— vision gathering participants
Eeyouch of Eeyou Istchee, June 2022



- **78** total referrals
- **30** births in Chisasibi
- **38** follow-ups requesting birth services in Chisasibi

MIDWIFERY EDUCATION PROGRAM (MEP)

The MEP is a regional, community-driven and on-territory program that seeks to remove barriers, integrate Wâpimâusûwin and use Indigenous ways of learning and teaching to train Eeyou-Eenou midwives. MEP is guided by the Midwifery Education Advisory group and the Wâpimâusûwin Working group, with representatives from Eeyou-Eenou organizations and people. The program will launch fall 2023 in Chisasibi. Graduates will have a provincial license and be hired by the CBHSSJB.

The MEP built a partnership with the Innulitsivik Health Centre and its Inuit midwives, and will continue to mentor the program over two years. A directory of midwifery trainees competencies was created, including cultural competencies, in consultation with Elders and knowledge keepers from six communities. The other three communituies will be consulted in 2023.

Digital learning modules—a first for Indigenous midwifery education—are being developed. Community outreach activities, where trainees will learn while servicing communities, are planned in partnership with the Nishîyû department and Public Health, the Cree Nation Youth Council, the Cree Women of Eeyou Itschee Association, Miyupimâtisîun Committees and the Chisasibi Wellness Committee. Trainee positions were established, a selection process was approved and extensive online and in-person information campaigns were well attended. Staff now includes an administrative process specialist and cultural resource officer. Resolutions were passed by the Cree Nation of Chisasibi and Council of Midwives in support of the MEP. Eight aspiring midwives participated in Introduction to Indigenous Midwifery, a National Council of Indigenous Midwives online course.



Back row: Laura Bearskin, Rose Duff, Hannah Bearskin with baby Koa Bearskin, Wesley Bearskin, Xavier Bearskin, Jane Matthew, Emily Sam. Front row: Connie Duff, Anne Bearskin, Sarah Bearskin In front of Sarah is Marjolaine Bellefleur.

COUNCIL OF MIDWIVES

The Council of Midwives (CMW) is an advisory council to CBHSSJB's Board and General Management on matters related to the provision of high-quality midwifery care. The CMW's decisions and recommendations will place cultural safety at the heart of midwifery practice. This year, the CMW adopted a resolution in support of the MEP, and is proud to support clinical learning for Cree student midwives.

Amongst various committees, the Perinatal Committee meets twice a month for peer consultation and clinical situation discussions. The CMW is also responsible for monitoring and assessing service quality and making recommendations to the CBHSSJB on standards of care, minimal qualifications, competencies and appropriate distribution of care.

Despite the national shortage of midwives, high-quality perinatal care for Eeyou Istchee families was maintained, in part through a successful pilot project to train two Awash nurses to assist midwives, which set a foundation for further interdisciplinary collaboration.

Thanks to everyone who helped make birth on territory a reality again this year!

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miyupimâtisîun awîyich kiniwâpihtâkanuwîyich

PUBLIC HEALTH - EXECUTIVE SUMMARY

The Public Health department underwent significant transformation as COVID-19 transitioned from a pandemic to endemic phase in 2022.

Public Health was essential in leading the pandemic response, yet a singular focus on mitigating the virus undermined action on some determinants of health, including social encounters, employment, and education. As we return to a sense of normalcy in the region, it is imperative that we reinvest in these other areas in steadfast collaboration with our many partners, as described in the following sections.

This past year was also defined by the ongoing departmental reorganization, informed by insights gathered from a region-wide tour in summer 2021. A key takeaway from the consultation was the need for local teams, underlining the value in community efforts.

As a result, we are prioritizing the development of proximity units to better understand and meet the local needs of each community and promote miyupimâtisîun. At the same time, we intend to optimize the coordination of regional expertise under well-recognized public health functions of health protection, surveillance, disease prevention and health promotion.

Looking ahead into 2023—which has been designated the Year of Social Solidarity—we seek to continue celebrating the resilience of communities and are dedicated to growing a more holistic and collaborative approach to public health.



Clara Bus



AWASH 0-9

Promoting and improving the well-being of pregnant women, babies, children aged 0-9 and their families through a culturally safe and integrated health and social services approach with psychosocial and community development components



This year, the Awash team focused on strengthening two cornerstone programs, Â Mashkûpimâtsît Awash and the Cree Leukoencephalopathy and Cree Encephalitis program. New members were added to the Awash team and will enhance our capacity for adapting programs to fit the reality of families in Eeyou Istchee.

Â MASHKÛPIMÂTSÎT AWASH

In 2022-23, the Â Mashkûpimâtsît Awash (AMA) program was revamped to continue maximizing the health and well-being of pregnant women, young children and their families. Closely linked with the Maternal and Child Health program (MCHP), this umbrella program adapts service delivery to family needs and priorities. The program includes community development and family support components that work together to provide a wide range of supports to reduce family stressors. Capacity increased this year for programming in prenatal health, breastfeeding, nutrition and child development.

The family support component provides intensive follow-up in line with each family's unique needs and goals. By nurturing the relationship between CMCs and their partners, and offering local training, a collaborative network and holistic approach has been established. There are currently seven communities implementing this family support component, which will eventually be established in all nine communities.

Work is underway to begin implementing the community development component of AMA to build family-friendly communities and fair access to healthy living conditions, and to address other upstream concerns.

MIYÛ-ASHIMISHUSH

The Miyû-Ashimishush program to promote access to a healthy diet for pregnant women continued in 2022-23. Participants can get weekly grocery coupons for nutritious foods such as milk, eggs, fruits and vegetables.

Seven communities were trained and supported to offer the program to pregnant clients from 12 weeks into their pregnancy to 8 weeks post-partum. Promotional materials, including videos, are underway to promote the service and improve implementation.

CREE LEUKOENCEPHALOPATHY AND CREE ENCEPHALITIS

The Cree Leukoencephalopathy and Encephalitis (CLE/CE) program aims to increase awareness of Leukoencephalopathy and Encephalitis and provide information on the availability of screening to support carrier couples in their reproductive choices.

Program activities resumed in 2022-23, and high schools in the nine communities received awareness workshops and screening. In total, 524 new clients were screened. Additionally, information and teachings for clinicians and clients were shared across Eeyou Istchee.

The Mistissini-based pilot project to integrate CE/CLE screening results into electronic medical records was completed with 514 records processed. The work will extend to more communities in 2023-24. A database revision for 2,753 patients has also been finalized in collaboration with the CHU Sainte-Justine and the CMCs. A poster presentation to share knowledge about CE/CLE was presented at the 10th International Meeting on Indigenous Child Health (IMICH) conference in Tulsa, Oklahoma.

Future plans include expanding CE/CLE visibility in the local media, offering the program to students at high schools outside the territory in Chibougamau and Amos, training staff who work with Cree families and pregnant women in Chibougamau and Val-d'Or, and consolidating collaboration with our partners.

DENTAL HEALTH

The Dental Health program continued to provide ongoing support to local dental hygienists in 2022-23, and distributed promotional material tailored for daycares, pre-schools, and primary and secondary schools.

BREASTFEEDING

A new PPRO Breastfeeding was hired in 2022 to continue the promotion of breastfeeding in Eeyou Istchee and to work with local teams to address breastfeeding difficulties. An easy-to-read version of the research study *Breastfeeding Practices and Needs in Eeyou Istchee Communities* is underway.

EEYOU ISTCHEE VACCINATION PROGRAM

DCaT-HB-VPI-Hib[1]

71.5% → first dose (2 months) ▲8.0%

MMR-Var

44.7% → 1st dose (12 months)[2] ▲5.7%

25.7% → 2nd dose (18 months)[3] ▼8.5%

Hepatitis B

85.7% → at least 1 dose (Grade 4) ▲4.0%

HPV

68.9% → first dose (Grade 4) ▼7.3%

79.5% → vaccinated (Sec 3) ▲11.8%

Considered protected from measles

93.0% → elementary ▲1.6%

97.9% → secondary ▼0.2 %

55.9% → teachers & staff ▲2.7%

Influenza

15.8% → all ages (6 months+) ▲0.6%

66.6% → 75 and older ▲2.7%

5.1% → pregnant women ▲0.9%

26.5% → healthcare workers ▼0.3%

COVID-19

82.0% → ages 5+ ▼2.0%

63.0% → ages 12+ ▲3.0%

68.0% → ages 18+ 0.0%

1. Number of children who received 1st DCaT-HB-VPI-Hib vaccine within 75 days (2 mos & 14 days) / Number whose age at administration was <12 mos.
2. Number of children who received 1st dose of MMR-Var within 379 days (1yr & 14 days) / Number whose age at administration was <18 months.
3. Number of children who received 2nd dose of MMR-Var within 562 days (18 mos & 14 days) / Number born before June 1, 2018 who received 1st MMR-Var dose between 15 and 36 months + number born since June 1, 2018 who received their 2nd dose between 15 and 36 months.

DCaT-HB-VPI-Hib = diphtheria, pertussis, tetanus, hepatitis B, poliomyelitis and Haemophilus influenza b (Hib) infections
Men-C-C = meningococcal disease
MMR-Var = Measles- Mumps- Rubella- Varicella

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USCHINÎCHISÛ 10-29

Walking beside our youth towards Mîyupimâtisîun by planning and implementing appropriate health services where youth are, addressing their developmental needs in the transition to adulthood, and promoting and embracing our Eeyou-Eenou identity

In 2022-23, the Uschinîchisû team focused on capacity building, fostering strong collaborations, and supporting community-led activities to enhance the overall well-being of youth. Train-the-trainer sessions were held at the regional level on suicide prevention, grieving and mental health.

HEALTHY EEYOU YOUTH

The Healthy Eeyou Youth (HEY) outreach program was developed as a part of planning youth-friendly health services. Under HEY, all permanent Youth Outreach Workers have been trained to promote healthy lifestyles through culturally appropriate programming developed in collaboration with local entities. The Youth Outreach Workers had their first gathering in 2022, and were given additional tools to use for prevention, intervention and follow-up.

USKÂU IHTÛWIN

In 2022-23, the Open Space Project found a first home at the Waswanipi Youth Centre under its translated name, Uskâu ihtûwin — ᐅᓴᐧᑲᐤ ᐃᐦᑐᐏᐣ (New Ways). Uskâu ihtûwin is an experimental project offering young people ages 8-35 a range of accessible and tailored support services. As part of a community-based approach, the name and offer of service have been shaped by the voices and actions of Waswanipi youth and community members.

The program is centred on promoting Cree tradition and identity—Eenou ihtûwin—and developing positive mental health awareness through coaching young people to maintain well-being, build skills, and strengthen their personal and community life. Uskâu ihtûwin will officially launch services in summer 2023.

SCHOOL HEALTH PROGRAM

The School Health Program fosters educational success that enhances healthy behaviour and lifestyle among students. This past year has focused on establishing connections and exploring ways to increase health education and promotion activities.

The *Chî Kayeh Iyâkwâmîh (You Too, Be Careful)* school-based program about relationships and sexual health worked to bridge gaps in sexual education for students. Lesson plans were adapted for primary and secondary schools to deliver useful information on sexual reproductive health, safe sex practices, healthy relationships and consent, sexually transmitted and blood-borne infections, and contraceptives.

DEPENDENCIES AND ADDICTIONS

Knowledge dissemination continued during 2022-23 on harm reduction approaches to substance use, and focused on professionals who interact with youth who may be using or at risk of substance use. The promotion of Naloxone kits continues to reduce the amount of severe intoxication incidents linked with opioid use in Eeyou Istchee. A collaboration for harm reduction related to severe intoxication began in 2022 with DPSQA — Health, Pharmacy, and the Health Protection team, and will continue into 2023.



Waswanipi Youth Centre

The Cannabis Regional Awareness and Prevention project (CRAPP) educates youth about the effects of cannabis use and promotes harm reduction. Planning for the project's first mîchuwap-building activity continued in 2022-23 and a partnership was established with the Mistissini Youth Council. In 2023, Elders will guide youth in constructing community gathering places for Uschinîchisû to celebrate Cree identity and culture and help delay or prevent substance use.

The *Yakwamî! Don't Drink and Drive, Don't Drive High* awareness campaign (a collaboration with the Eeyou-Eenou Police Force) ran in summer and winter 2022.

INJURY PREVENTION

Bullying prevention efforts continued with the recognition of Pink Shirt Day to spread the message "Let's lift each other up", including an interactive quiz as part of a larger social media campaign, website information and radio messaging to raise awareness about this issue.

The *Ayâkwâmi! Chishtikwân! (Be Careful! Your Head!)* safety awareness campaign continued promoting helmet use for sports, bikes, scooters and ATVs, and included first-aid dialogues with youth.

WELLNESS AND COPING

2SLGBTQIA+ Sensitivity training gave professionals who interact with youth the skills to foster safer environments.

Mental wellness initiatives were facilitated at community-led events aimed at youth and in school settings. Materials on anxiety, depression, coping skills, grief, and resilience continue to be disseminated.

The Culture is Prevention initiative continued in 2022-23 with Healing Bundle and Land is Healing workshops.

The Rites of Passage project for young girls continued in collaboration with the Cree School Board and is on course to be implemented during the 2023-24 school year in a pilot community. It will include land-based teachings to help girls establish healthy boundaries and honour themselves as Indigenous women.

OTHER INITIATIVES

Cyber safety awareness and promotion activities were developed and launched in 2022, including The Nature of the Net – Keeping You Cyber Safe campaign, with parent and student materials and school-based workshops.

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CHISHÂYIYÛ 30+

Promoting healthy lifestyles and preventing chronic diseases for adults and elders

The Chishâyiyû team takes an active role in promoting healthy lifestyles, preventing chronic diseases, protecting environmental health, and ensuring worker health and safety.

HEALTHY LIFESTYLES

Approximately 30 community activities were supported through the Healthy Environment Active Living program (HEAL) fund in 2022-23: nutrition and diabetes awareness months, Drop the Pop, cooking workshops, walking challenges, and the Summer and Winter Active campaigns.

A new PPRO Smoking Cessation was hired in 2022 and the *No Butts To It* program continued in seven communities. Two resources were produced, including *Y Smoking Sux* and a *Y Smoking Sux Colouring Book*, which include information on vaping and smoking cessation.

NUTRITION, FOOD SAFETY & SECURITY

Six initiatives were funded through the Food Security Fund, including a traditional meal program, community soup kitchen and fridge, youth lunches, community food bank, gardening, and public water fountains. Support continued for Breakfast Club programs in all schools, traditional food harvesting and sharing, and distribution of healthy food coupons to families in need.

Trainings for the Traditional Food program were organized in three communities in collaboration with Elders and MAPAQ veterinarians. Food Safety and Hygiene training sessions continued across Eeyou Istchee. Support services included healthy menu creation, healthy eating education and promotion, and working with food suppliers for healthier products.

DIABETES PREVENTION

The Train-the-Trainer program aims to increase healthcare providers' knowledge on diabetes management through training, mentorship, and support. In 2022-23, both virtual and in-person trainings were conducted.

Software improvements to the Cree Diabetes Information System (CDIS) continued. Using the data from CDIS and other sources, a preliminary report on diabetes was produced. The Diabetes Helpline and virtual patient counselling were widely utilized.

The Sweet Bloods of Eeyou Istchee: Stories of Diabetes and the James Bay Cree continues to be distributed. Inspired by this work, a new book—*E nâtamukw miyeyimuwin: Residential School Recovery Stories of James Bay Cree*—was launched in 2023 with celebrations in Oujé-Bougoumou and Ottawa.



Launch of *E nâtamukw miyeyimuwin: Residential School Recovery Stories of James Bay Cree* at the National Gallery in Ottawa.



PREVENTION AND MANAGEMENT OF OTHER CHRONIC DISEASES

The distribution of home blood pressure machines to clients continued in 2022, along with the dissemination of web and video materials. PCCRs received training on hypertension and how to use the machines.

Breast cancer screening is available every two years for eligible women in Eeyou Istchee. Over 400 women from Whapmagoostui, Chisasibi, Wemindji and Eastmain were screened between March and April 2023. Quality improvements were made to the corridor of services for screening and investigation tests, and training sessions were delivered to healthcare teams.

HEALTHY COMMUNITIES, SAFETY AND INJURY PREVENTION

Annual ice safety, firearm safety and water safety initiatives continued.

Close to 100 Lateral Kindness/Lateral Violence workshops were delivered, along with integrated teachings from the *Eeyou-Eenou Family Values* booklet.

ENVIRONMENTAL HEALTH

Chishâyiyû aims to inform and protect our people from harmful substances in indoor and outdoor air, water and food. It is also concerned with reducing negative health impacts of resource development projects, encouraging healthy and safe community environments, and addressing environmental emergencies.

In 2022-23, the team expanded the surveillance pilot project of COVID-19 in community sewage. Mistissini was added as a third site and samples are now tested for four respiratory viruses: COVID-19, RSV, influenza A and influenza B.

Environmental health community visits resumed, with a focus on mould inspections and abatement.

Radon mitigation efforts also continued in areas with reported high levels of indoor radon, and information was shared on this naturally carcinogenic gas. Several declarations and follow-up of abnormal lead and mercury levels were made to *Maladies à déclaration obligatoire* (MADO). The team continued its regular water quality review to help ensure safe drinking water.

The project on climate change continues to provide a comprehensive scan of the region. The team also provided input on proposed mining projects.

OCCUPATIONAL HEALTH AND SAFETY

The Occupational Health and Safety team's mandate is to protect worker health by preventing occupational diseases and injuries. In 2022-23, the team continued training for the prevention safety technician and interim occupational health nurse counsellor. Visits were made to construction sites and businesses, and collaboration is ongoing with the Public Occupational Health Network and CNESST (*Commission des normes, de l'equité, de la santé et de la sécurité du travail*).

The Safe Motherhood program, *Pour une maternité sans danger,* for pregnant working women, their babies and their nursing infants continued, applying provincial guidelines addressing physical, biological, ergonomic, chemical and psychosocial hazards.

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tâkish nâkitiwâyihtikûch kiyâ shash â chi nituchîschâyîtakinuwich âhat îyîyamwâhîwâch châkwân

SURVEILLANCE, EVALUATION, RESEARCH AND COMMUNICATIONS (SERC)

SERC is a hub of transversal expertise within Public Health that supports health planning, promotion and prevention activities through evaluation, research, knowledge exchange, communication and capacity building.

This year, the SERC team continued to develop its team identity and services, while sharing its expertise with the rest of the Public Health department. As we aim to continue to grow the team's capacity, efforts are being made to build a strong foundation of training and support to inform activities across the organization.

SURVEILLANCE

The Surveillance team is mandated to report on the health status of the population and its determinants through the collection, analysis and interpretation of health-related data. The team collaborates with internal and external partners to produce health information. This helps other teams to detect potential outbreaks, assess threats to public health, guide decision making, and plan and implement public health programs.

Over 2022-23, the team continued to play a critical role in the pandemic response by producing regular reports for the CBHSSJB management committee, Cree entities, and provincial authorities. Staff also responded to over 60 ad hoc requests for other types of health data and supported other departments in adapting data collection tools for their activities. As the pandemic demands diminished, we turned our focus to reports and infographics on diabetes and other infectious diseases. The team completed several trainings to improve data analysis and visualization skills and welcomed our first field epidemiologist from the Public Health Agency of Canada for a two-year placement in our region.

EVALUATION

In 2022-23, the PPRO – Evaluation position remained vacant, and recruitment is underway. An evaluation protocol on the COVID-19 wastewater surveillance project was drafted in collaboration with the Chishâyiyû team, and data collection began in 2023.

RESEARCH

The mandate of the Research Office under SERC is to review, approve, and manage all research carried out under the auspices of the CBHSSJB.

In summer 2022 the Board of Directors passed a resolution establishing a Research Governance Committee (RGC) that provides oversight and guidance on research matters. The RGC, together with the Research Office, is working to uphold self-determination by building bridges that ensure that the research priorities of researchers or institutions connect with those of the communities. To carry out the research office's strategic restructuring, the resolution also set out a moratorium on new research. Only research identified as a high priority by the Board of Directors will be considered for review during this time.

Over the last year, the Research Office started two projects and is reviewing six others. All projects are developed using a collaborative research framework, which fosters inclusive research processes.



One of the main goals for the next year is to adopt the Miyupimâtisîun Principles of Research. These principles were created in collaboration with the Nishîyû Council of Elders and embody Cree values as applied to the research context. Other goals include growing the research team, developing and approving the processes for research review and acceptance, and creating strong mechanisms for bringing back results to the communities.

COMMUNICATIONS

In June 2022 a new Communications department was created at CBHSSJB. Three staff positions were transferred administratively from SERC to this new department—a graphic designer, communications technician and interim communication advisor.

The SERC team includes a PPRO who supports health promotion, prevention and protection efforts together with all public health teams to reach our intended audiences and strive towards the central goal of miyupimâtisîun. They work collaboratively to support knowledge exchange activities, health promotion campaign planning, and the creation of notices, warnings, and health status reports. This role serves an essential public health function to gather culturally safe information and influence behavior based on evidence and wise practices. This support is offered to file holders across the public health department, connecting the many strengths and expertise within our diverse team.

Priorities for 2023-24 include continuing to expand the team and services to optimize public health knowledge exchange, both internally and with the public.

PREVENTION AND CONTROL OF REPORTABLE INFECTIOUS DISEASES

The Infectious Diseases Prevention and Control team seeks to identify and understand the complex transmission dynamics of infectious diseases in the region.

The team helps inform specific health protection and promotion campaigns to mitigate the risk of transmission and the burden of disease. Pre-pandemic files resumed in 2022.

Local clinicians were supported in investigating and managing patients with sexually transmitted and blood-borne infections (STBBIs) and their sexual contacts. Gonorrhea was notably higher in 2022-23 than the year before, with an increase from 7 to 12 cases, though chlamydia remains the most diagnosed STBBI.

In 2022 syphilis infections were effectively managed in several communities, including a small outbreak in one community. In affected communities, enhanced surveillance for syphilis—especially among pregnant women and individuals at higher risk of STBBI—was recommended. Through continuous dialogue with community partners, advocacy began for an innovative pilot for rapid syphilis testing. A new outreach nurse position mobilized to increase opportunistic screening and radio messaging, working in partnership with a community-based navigator to promote safe sex.

The team continued to support the control of clusters and outbreaks of all other reportable diseases in 2022-23. This program works closely with provincial partners to support surveillance (*vigie*), prevention and interventions to reduce the incidence of reportable infectious diseases and complications.

Two tuberculosis (TB) outbreaks prompted the acquisition of new technology for improved sampling, leading to increased regional capacity for detecting TB.

Several cases of patients with invasive bacterial infections—mainly invasive group A streptococcus and streptococcus pneumoniae—were investigated and managed accordingly.

The team continues to monitor emerging threats. As of March 2023 no cases of Avian flu or Mpox were detected on territory.

IMMUNIZATION

In the last year the team resumed routine vaccinations at schools and other pre-pandemic outreach and vaccine promotion activities.

Over 500 charts were entered into the Québec *Module Immunisation du Système d'information pour la protection en maladies infectieuses (SI-PMI)* as part of an ongoing update and clean-up to ensure an accurate registry of vaccination history for clients across the health network.

In addition to efforts to increase vaccination among the general population, the team developed recommendations and campaigns for targeted subgroups. For example, wastewater workers and animal control officers were vaccinated against possible pathogens specific to their work.

The Rabies Prevention program, in partnership with *Le Centre hospitalier universitaire vétérinaire (CHUV)*, trained and certified 12 community-based animal vaccinators.

In the coming year, the team will further strategize and structure its work to better meet needs beyond COVID-19 and develop innovations in community outreach, vaccination promotion, and screening capacity in line with a One Health approach.









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NISHÎYÛ MIYUPIMÂTISÎUN

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The focus this past year was on further developing the traditional healing program and services. Several consultations took place to ensure we followed the guidance of our Eeyou-Eenou traditional healers in the next steps. We plan to have ten traditional healers sign a service agreement; eight signed this fiscal year. At the Miyupimâtisîun Committees Gathering in February in Montréal, the traditional healers were introduced and signed a Sacred Code of Conduct with CNG leadership, Chief and council members, the Cree School Board and CBHSSJB leadership in attendance to witness this important event.

"Through the Sacred Conduct of the Eeyou Nhdûkûhîwâsû, I can help ensure that the people of Eeyou Itschee receive the best care possible when seeking Mîniwâchihîwâwin. As such, Eeyou Nhdûkûhîwâsûch have a responsibility in providing help to the people to the best of their abilities."

Traditional healers continue to offer support throughout Eeyou Itschee and a PPRO was hired to ensure traditional healing approaches and methods are accessible to all communities. The Traditional Healers Advisory Council met to begin discussions on improving accessibility and visibility for Eeyouch and the plan is to do community tours in the coming weeks.

Traditional Healers with Daniel St-Amour
Miyupimâtisîun Committees Gathering, Montréal (February 2023)



COMPLIMENTARY SERVICES & PROGRAMS/ COMMUNITY DEVELOPMENT

The team participated in training in the Indigenous-Based Focusing and Post Traumatic Stress program and Conflict Resolution Certificate Program training (CRCP) as part of our goal to ensure future projects and services employ trauma-informed approaches. This comprehensive advanced professional training for counsellors, therapists and service providers will ensure managers, traditional healers and Nishîyû front-line staff continue to provide support, programs and services through a trauma-informed lens.

CRCP training is based on the CreeCICR Capacity Building Training Through Informal Conflict Resolution developed for the CNG during a 12-year ongoing partnership with the Department of Justice and Correctional Services. It supports participants who wish to enhance skills, knowledge and abilities in conducting successful informal conflict resolution processes such as community-based conflict resolution, mediation circles, community dialogue, facilitation of group processes and one-on-one conciliation interventions. All team members completed the training and expressed that the skills and tools learned will help in their work.

Matthew Mukash, *Whapmagoostui*
Rene Neacappo, *Chisasibi*
Jimmy George, *Whapmagoostui*
Noah Chakapash, *Chisasibi*
Vera George, *Whapmagoostui*
Ernie Herodier, *Chisasibi*
Bobby Neacappo, *Chisasibi*
Marjorie Icebound, *Waswanipi*

Miyupimâtisîun Committees Gathering
Montréal (February 2023)



TRAINING	# NISHÎYÛ WHO COMPLETED	COMMENTS
Indigenous-Based Focusing and Post Traumatic Stress Program (7 weeks)	21	*"We are all healing from one form of trauma or another and, to provide quality service to others, we must start with our own healing."*
Conflict Resolution Certification Program (4 weeks)	12 Group 1 14 Group 2	*"Key learnings I got from the CreeCICR are that mediation is about trusting the people and process and about creating safe spaces and listening with an open heart."*

Despite all the training scheduled during this fiscal year, the team managed to continue to work on land-based traditional healing, traditional medicine and Wâpimausuwin/Utinausuwin requests from community members. The table below shows activities completed and participants who joined the activity. Cultural activities included vision quests (fasting), a moose hide project, drum making and healing gatherings.

Family group conferencing (FGC) is a process that brings families together to make decisions or resolve disagreements. In child welfare, FGC aims to enable families to develop effective service plans that safeguard children and families. FGC recently hired two community workers for Chisasibi and Mistissini. It was important to ensure community workers and all Nishîyû employees received the trainings to gain skills and tools in answering the needs of families that are experiencing crises.

COMPLIMENTARY SERVICES & PROGRAMS/ COMMUNITY DEVELOPMENT	NO. OF ACTIVITIES	NO. OF PARTICIPANTS
Land-based	7	162
Traditional healing	55	937
Traditional medicine (COVID-19)	14	237
Wâpimausuwin/Utinausuwin	12	177
Total	**88**	**1,513**

All communities are represented with the exception of Eastmain (Nishîyû team member in recruitment).

CULTURAL SAFETY

Cultural safety isn't just learning about another culture, but also looking at yourself and your views of your own culture, and how that influences the way you see others. The aim of Cultural Safety is to align all CBHSSJB services with cultural values and realities, a process supported by key partners from the Nishîyû Council of Elders. In one basic online training session, a guest speaker talked about the documentary "Doctrine of Discovery: Unmasking the Dominion code". The series of talks by Steven Newcomb (Shawnee/Lenape) provide the opportunity to gain insight into crucial aspects of history, language, culture and communication from someone who has spent over 40 years investigating these issues. Newcomb uses information about the traditional knowledge of First Nations (e.g. the Seven Laws of the Oceti Sakowin), along with his understanding of the theory of the human mind, as a basis for advocating on behalf of First Nations and peoples. He focuses in particular on the contrast between the original free existence of Native nations, and the claim of a right of domination brought by ship from Western Europe and imposed on everyone and everything.

COLLABORATIONS

Nishîyû's internal collaborations took place with Public Health; CPDP Cultural Safety Working Group; CPDP, Public Health and CSB for Healthy Sexuality; Pimuhteheu, DSPQA and CPDP for primary care discussion and the Clinical Practice Sub-Committee.

External collaborations included the CIUSS Indigenous Cultural Security Working Group and the *Communauté de pratique en sécurisation culturelle (CPSC).*

CULTURAL SAFETY TRAINING (CST)

Introduction Basic CST (4 hours in person)	24
Introduction Basic CST (4 hours online)	352
Level 1 CST (1 day in person)	postponed
Level 2 CST (2 days in person)	postponed

Training included participants from HR, HRD, CMC, Midwifery, enlarged-role nurses, annual nurses training, external professionals and CBHSSJB consultants

Perinatal Cultural Safety Day (7-hour hybrid workshop)	225
TOTAL	601

Guest speaker Steven Newcomb was at the January 2023 hybrid event and will return for two more talks.

Thanks for providing such important training to CBHSSJB employees.

Trainers were very professional ...they knew how to share sensitive information.

Opened my ears and my heart more day by day.



Perinatal Cultural Safety Day
Montréal (November 2022)



Nishîyû Gathering
Mistissini (September 2022)

2022-23 HIGHLIGHTS

The Youth Healing Gathering (September, Eastmain) brought many Cree Nation Healers together with Cree youth to share knowledge and wisdom. Importantly, the youth also brought their own views to educate us as well as to learn more about different methods of traditional healing. The healers gained insight to the challenges that Cree youth face today through this important exchange of realities.

Building Capacity through Traditional Healing (January, February, March, Val D'Or) was a gathering of traditional healers, sundance chiefs and their families, and participants from other Indigenous Nations to continue to build on these sacred ceremonial teachings.

The Miyupimâtisîun Communities Gathering (February, Montréal), in collaboration with the Cree Nation Government and Nishîyû Miyupimâtisîun, aimed to bring local leadership and Miyupimâtisîun Committees together and initiate the process to develop action plans for their respective communities. It was deemed a success from those in attendance through a survey conducted at the gathering.

The Women's Healing gathering (March, Whapmagoostui) consisted of teachings of different types of ceremonies: e.g. first moon ceremony, sacred fire, tobacco offerings focused on youth and grieving, storytelling—self identity, women's blanket ceremony, women's energy, michuap teachings, traditional medicine teachings and menopause teachings, to name a few. Attendees were invited to a sweatlodge ceremony, women's blanket ceremony, and cedar baths. Grand Chief Mandy Gull joined this gathering and we appreciated her presence and generosity in sitting and learning with all the other women.



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MEDICAL AFFAIRS AND SERVICES

The Director of Medical Affairs and Services is responsible for ensuring the efficiency and coordination of medical, dental and pharmaceutical activities. The professionals in these sectors are members of the CPDP. A team of managers, administrative assistants and technical assistants support the heads of the various sectors.

The Department of General and Specialized Medicine is headed by Dr. Carole Laforest, with nine assistants representing each community and more than 80 general practitioners, two-thirds of whom are full-time. We have recruited new family physicians to the team this year. We continue to add new specialists and new specialties, including dermatology, and a nephrologist will be joining to offer more complete services for renal problems. Telemedicine, allowing consultations without patient travel, continues to grow, especially in psychiatry.

The challenge for the medical team continues to be following patients with chronic illnesses, particularly diabetes. Physicians spend the majority of their time dealing with emergencies, and a reorganization of the approach to care is being discussed. Developing closer, ongoing relationships between patients and professionals (physicians, nurses) could help build trust in health care. The Nisk pilot project in Chisasibi has enrolled nearly 400 patients who are benefiting from improved contact with providers; preliminary results indicate better attendance at appointments and treatment.

MYLE (electronic medical record program) continues to be implemented and physicians are learning to use it. Already in Mistissini, MYLE is an important support to medical activities.

We continue to receive trainees in family medicine who come to perfect training but also learn about Cree culture; these young doctors often become interested in a career in the North. We are also receiving trainees in specialized medicine and soon in dentistry and pharmacy.

The pharmacy and dentistry sectors are the subject of separate reports, but we would like to highlight the excellent work of the chiefs, Dr. Lucie Papineau (Dentistry) and Amélie Fortin (Pharmacy). These sectors are in competition for professionals with the private sector—a formidable challenge—and we continue to work on solutions.

Dr. François Charrette, former DMAS

Kwei! Waatchyia! Hello!

As the new Director of Medical Affairs and Services, it is with great enthusiasm that I take over from Dr. François Charrette, who retired in February after seven years.

2023-24 OBJECTIVES

- Continuing to implement a new model of care adapted to the needs of Eeyou Istchee
- Continuing to improve access to health care by recruiting new physicians
- Creating a pilot project to integrate physician assistants in the care teams
- Participating in the deployment of MYLE in all communities
- Improving the efficiency of medevacs
- Improving the fluidity of consultations with service points in Chibougamau, Val-d'Or and Montréal

Dr. François Prévost, DMAS

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DENTISTRY

The Dentistry department aims to provide quality general and specialized dental services throughout Eeyou Istchee. This past year the department conducted a review of the Cree NIHB dental policy and procedures. It renewed all dental specialist contracts for 2023-26, and also saw an increase of 3.75 FTE dentist positions from the MSSS. In addition, six new dental assistants were trained.

In 2022-23, the department's dentists provided a total of 14,967 hours of dental services. The department had a total of 10,966 patient visits (dental and hygienist), including 1,627 from children aged nine or less. These visits represent 4,336 different patients. Another 335 children were sent outside Eeyou Istchee for dental care under general anaesthesia.

The department continues to face challenges in recruiting dentists and dental hygienists. The dental administrative support personnel are also in need of further training in order to support the professionals as best as possible. Lodging remains a source of dissatisfaction among the department's professionals.

Objectives for the coming year include launching a call for tenders for new dental software, implementing the new Cree NIHB procedures, and finalizing a service agreement with Region 17 (Nunavik) for dental services in Whapmagoostui.



Destiny Cooper-Grant
Dental Assistant student, CMC Waswanipi

DENTAL PATIENTS

10,332 ▲ **12.4%**
(**1,448** aged 9 or less ▼ 1.6%)

HYGIENIST PATIENTS

634
(**179** aged 9 or less)

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PHARMACY

Under the leadership of Amélie Fortin, Chief of Pharmacy, the Pharmacy department has implemented a new pharmacy technical assistant training program across the territory. There are more than 30 employees registered in this online program. Two administrative positions were created to help support the team. Overall, nearly 205,000 prescriptions were completed during the past year.

To compensate for the shortage in professionals, the department has explored a pilot project for telepharmacy with satisfying results. The visits to the dispensaries have continued and most of them have received at least one visit from a pharmacist in the past year.

Pharmacists collaborated with Public Health on various projects to improve the quality and security of services, notably concerning the availability of Naloxone. Pharmacists are also participating with the MYLE (electronic medical record program) implantation and have created templates for clinicians to use when requesting services from the pharmacy. There are ongoing efforts to standardize procedures for the benefit of the patient.

2023-24 OBJECTIVES

- Physical reorganization of spaces for the pharmacies in the three poles (increasing efficiency and confidentiality for the patients)
- Pilot project for pharmacy service to dispensaries where there are no pharmacists on site
- Optimisation of the chronic pre-packaged medication (Dispill) services
- Standardization and optimization of narcotic medication on the territory



Kyana Vachon-Ottereyes, Pharmacy Technician Assistant Waswanipi

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DPSQA – Wîchihîwâuwin

The DPSQA – Wîchihîwâuwin (psychosocial) aims to support community resilience to achieve miyupimâtisîun reflective of Nishîyû. We identify integrity, safety, empathy, sensitivity and empowerment as the main values to uphold individuals, families and communities. This past year the team continued its mission with four key objectives: honouring quality of care, building bridges, fostering passages and braiding Indigenous worldview with clinical standards.

Together with our front-line workers—community workers, Human Relations Officers (HROs), psychoeducators and social workers from the nine Cree communities—we aim to honour quality of care through a comprehensive perspective that aligns with the Strategic Regional Plan and Cree values. The DPSQA – Wîchihîwâuwin provides training and professional development, clinical supervision, access to resources, networking, advocacy and representation, in order to support psychosocial workers in offering high-quality care to clients.

The team expanded in the last year and includes one clinical advisor per regional pole, three PPROs, three coordinators (Helpline, foster care and capacity building), one administrative technician, one assistant director and one director. We aim to ensure the resources needed to uphold quality assurance.

The 24/7 Wîchihîwâuwin regional Helpline's priority remains offering immediate psychosocial services to the communities, front-line psychosocial workers and collaborators. This year, we welcomed a new team member for continued development of psychosocial on-call services locally. A significant improvement is the number of calls received by our partners, showing increased collaborative work in an emergency. The service alleviates front-line workers' workload since Helpline workers answer most callers' needs (70%) and refer the rest to the appropriate services.

HELPLINE CALLS RECEIVED

- by psychosocial workers ▲148%
- by police officers ▲171%
- by nurses ▼5%

REASONS FOR CALLING

- mental health 29
- physical health 6
- self harm 16
- interpersonal violence 6
- family issues 9
- living situation/housing 9
- substance abuse 13
- logistic & administrative 12

2022-23 HIGHLIGHTS

- Developed multiple policies and procedures (access to mental health services outside of the territory, travel authorization for social services reasons, admission for long-term care requests)
- Provided ongoing and on-territory clinical support and integrated bi-weekly debriefing sessions with social services teams in different communities
- Increased agency resources for supporting vacant positions in communities
- Provided training (Care4, tutorship and protective measures, MCAT, suicide prevention best practices, intervention in the context of homicide, provincial 811 info-social telephone consultation)
- Integrated intake worker position in Chisasibi
- Integrated appreciation week for foster parents (events held in each community)
- Provided an annual gathering for the Foster Home department
- Assessed psychosocial workers' professional development needs
- Standardized a capacity-building guideline for the psychosocial workforce
- Developed working groups among the workforce to update job descriptions
- Participated in the implementation of the first cohort of students among psychosocial staff to start a Diploma of College Studies in Social Work on the territory
- Initiated development of a Wîchihîwâuwin Workers Pathway in collaboration with HR
- Developed tools to recognize cultural competencies and acquired competencies via lived experience within Bill 21 Committee
- Assessed caregivers' needs in Waskaganish
- Planned a caregiver's retreat
- Implemented action plan for caregiver's file
- Planned the integration of psychosocial resources in the Nisk team

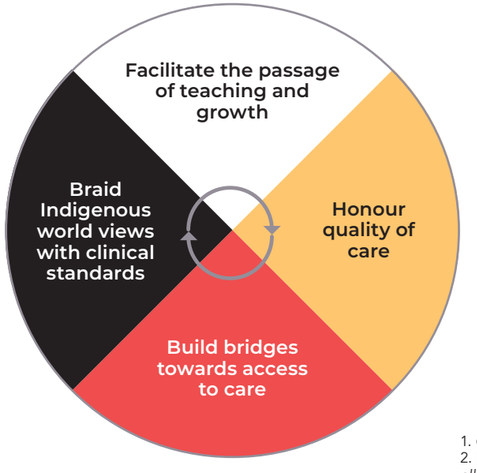


DPSQA — Wîchihîwâuwin annual gathering
Montréal (March 2023)

We continue to nurture the professional growth of psychosocial workers through the ongoing development of a capacity-building program. We aim to establish a foundation for increased autonomy in psychosocial services by promoting professional development opportunities while restoring the balance between the importance of cultural and clinical competencies.

The annual gathering of front-line social services workers allowed teams across Eeyou Istchee to share experiences and knowledge in a safe space, participate in training and develop community collaborations. Over two gatherings in March and April, 150 workers took part in exchanges of cultural, clinical and traditional knowledge on the Nisk team, tutorship, caregivers, two-spirit, trauma-informed care, and cultural safety and art therapy.

ACTION PLAN



Fostering passages
recruitment
retention
recovery
orientation/training
capacity building
mentoring

Bearing quality of care
statistics
OCCI/MCAT[1]
file keeping/archives
quality assurance

Anchoring access to care
suicide prevention
local on call
regional on call
P-38 law[2]
crisis/seclusion rooms

Cultivate clinical standards
elder wellness
Robin's Nest, admission (Ishkotem) and psychoeducator, YP/CMC Protocol
Wîchihîtuwin - social travel
foster homes
long-term placement caregiver
Nisk

1. *Outil de cheminement clinique informatisé /* Multiclientele Assessment Tool
2. *Loi sur la protection des personnes dont l'état mental présente un danger pour elles-mêmes ou pour autrui*

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ROBIN'S NEST WOMEN'S SHELTERS





The Robin's Nest Shelters provided a safe place for 72 individuals, including children, during this past year: 37 in Waskaganish and 35 in Waswanipi. Both shelters are fully staffed and have provided a range of training opportunities for staff, including in traditional Cree healing. This past year the shelter management worked on developing the Manual of Policy and Procedures to support staff. Staff also benefited from site visits to shelters in the Ottawa area.

A range of programs for women are also presented in each shelter, addressing health, nutrition, arts and crafts and other areas. In the coming year Robin's Nest will continue to provide support to women and children fleeing domestic violence.

37 Waskaganish

35 Waswanipi



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DPSQA – HEALTH

DPSQA – Health ensures the quality of care provided by the CBHSSJB's nurses, primary care community representatives (PCCRs), licensed practical nurses, beneficiary attendants and home care workers. We strive to offer a holistic approach that cares for the mental, spiritual, emotional and physical well-being of our people. DPSQA – Health aims to implement initiatives that foster professional development, enhance quality of care, ensure the governance of nursing care, optimize the distribution of services and care, and contribute to the nursing succession efforts.

The team has grown during the past year with two new assistant directors and a new nurse counsellor for home care and Elders' Home.

DPSQA – Health organized the Annual Nurses Training which was held in Montréal in November 2022 for CMC nurses (140 nurses) and in Chisasibi in February 2023 for Elders' Home and Hospitals nurses (30 nurses). The team also provided enlarged role training for 16 new nurses, and hemodialysis training for 2 novice nurses.

Training and recommendations for the design and implementation of medical device reprocessing was put in effect in several communities.

The regional on-call phone project was launched last summer and now serves the communities of Wemindji, Waswanipi, Waskaganish, Eastmain and Whapmagoostui. The program directs after-hours calls to the CMCs in these communities to one of the four new regional on-call nurses. Over 1,000 calls have been addressed since November 2022. All communities will be served by this project during the coming year to continue to support local nurses in ensuring the quality of care.

DPSQA Nurse Counsellors
Montréal (March 2023)



DPSQA – Health is continuing to develop renal health services and improving the quality of care for patients. In 2022, six patients received transplants and five since the start of 2023, thanks in part to the efforts of our nurse counsellors. The team has prepared the new training centre in Waskaganish to support the home hemodialysis and peritoneal dialysis program. Renovations to the facility are complete, the necessary supplies are being received and the centre aims to begin training clients in June 2023.

The Infection Prevention and Control team successfully managed nine outbreaks in CBHSSJB facilities. In each case a working group was set up in collaboration with the Public Health and Health and Safety departments, which made it possible to develop a standardized procedure for managing outbreaks.

DPSQA – Health also assisted communities confronted with a shortage of nurses.

In the coming year the team aims to develop PCCR training, enhance their training for home care workers and beneficiary attendants, continue developing the renal health program, organize the annual nurses' trainings and put in place an action plan to address recommendations from the optimization audit.

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DPSQA – ALLIED HEALTH

In addition to offering services, DPSQA – Allied Health ensures the quality of care of these services and their accessibility to community members. Many of these services also enable individuals to have the autonomy to stay in their home.

GATHERINGS AND PARTICIPATION IN EVENTS

Following a three-year hiatus of in-person meetings due to the COVID-19 pandemic, three main events took place this past year.

MSDC gatherings for inland and coastal teams were held in summer 2022 and spring 2023, allowing MSDC workers to gather and discuss challenges and successes in their communities and to share the MSDC vision. This collaborative training between Allied Health, Public Health and local CMCs aimed to improve MSDC services to community residents.

The annual rehabilitation training took place in spring 2023. It brought together physiotherapists, occupational therapists, speech-language pathologists, nutritionists, rehab monitors, MSDC team leaders and education monitors. The training allowed for collaborative discussions and bridge-building between the professionals, which should lead to a collective vision of rehabilitation services in Eeyou Istchee.

CAPACITY BUILDING

Capacity building has been approached with a complete series of comprehensive and informative video training series. The subjects came from a series of consultations with the MSDC workers in order to better support them. The series contains 16 training videos, with more to come to respond to the needs once an evaluation of this first phase is done.

SPEECH-LANGUAGE THERAPY AND AUDIOLOGY

This year, Speech-Language Therapy (SLP) services expanded to the Waskaganish and Chisasibi poles. Most communities have coverage and the team has ongoing recruitment efforts. Speech-language pathologists and audiologists also participated in the special needs symposium in Gatineau, presenting their program and offering training as well as gathering feedback from local workers and families.

Special services such as stuttering support and augmentative alternative communication were also offered to community members. The audiology team also developed the Awash hearing program and toured the communities.

A pilot contract for on-territory services for audio-protheses was initiated and will be evaluated to consider expanding the service in the communities, diminishing the amount of out-of-community travel for the population.

FOOT CARE CLINIC

The two-year orthotic pilot clinical project completed its first year. One orthotic technician was hired on a full-time basis covering the communities of Wemindji and Chisasibi. At the second development phase, two more communities will be covered and two more positions will be posted for administrative support and a second technician. Proper foot care support is also extremely important for managing diabetes complications.

Our orthotic technician was also able to find lab partners to produce the foot orthotics that are then brought directly to the clients in their community.

MOBILE TEAMS

Over the years recruitment of professionals has proven to be a challenge. With telework settling in, and the population's growing needs, mobile professionals were recruited in the fields of speech-language therapy, respiratory therapy, nutrition, physiotherapy and occupational therapy to expand direct services. In summer 2022 Allied Health recruited a mobile nutritionist helping to cover case loads in communities needing it.

RESPIRATORY THERAPY

During the pandemic the Respiratory Therapy team joined the collective efforts addressing pandemic-related needs, stalling the department's growth plans. The team grew to four respiratory therapists covering the three poles and offering services in all nine communities. The demand for respiratory therapy services remains high and the need to recruit therapists to offer more services is evident.

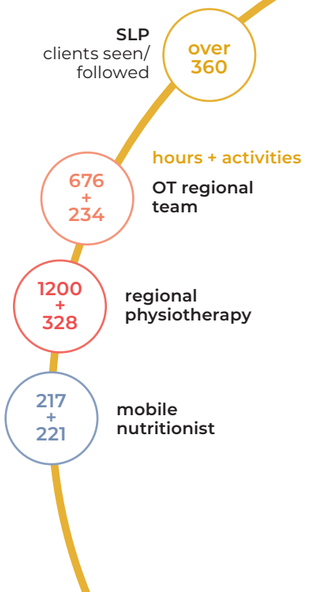


Phsyiotherapy team meeting
Montréal (March 2023)

This past year was focused on restructuring the department and continuous recruitment efforts for home care, as well as nurse training and the development of oxygen management for patients at home. Material development and deployment plans for sleep apnea testing at home were completed. Equipment needed for mask fitting will be ready this year, helping support community members in compliance with CPAP machine treatments. Lastly, a respiratory health promotion campaign will be launched this coming year.

2022-23 ALLIED HEALTH SERVICES (NON-DIRECT AND DIRECT HOURS)

	Physiotherapy			Occupational Therapy		Nutrition	
	non-dir.	direct	reg'l	non-dir.	direct	non-dir.	direct
Chisasibi	662	1,050		381	267	1,324	1,033
Eastmain						883	549
Mistissini	624	732			540	1,259	926
Nemaska		64				658	281
Oujé-Bougoumou	650	689					
Waskaganish				782	428	75	120
Waswanipi	70	263			238	694	560
Wemindji	254	647				426	261
Whapmagoostui				14		172	188
Eeyou Istchee	**2,260**	**3,445**	**1,944**	**1,177**	**1,481**	**5,491**	**3,918**



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CHISASIBI REGIONAL HOSPITAL

The Chisasibi Regional Hospital added the position of Assistant Director of Regional Hospital Services in mid-December 2022. Management has faced challenges due to the departure of the previous director and the coordinators of Clinical Services and Nursing. With numerous changes in the hospital's management team, the realigning of personnel aims to ensure safe, high quality care.

Management is ensuring the continuation of such projects as renovations to the laboratory and the hemodialysis water system, the Dental Projects expansion, and electronic medical record program (MYLE) deployment.

CLINICAL SERVICES

Due to the nursing shortage, many staff have been working double shifts; the hospital has also received help from the CMC to ensure the quality of clinical services. Services were reduced when the staff was at its lowest. Management is hopeful that the optimization audits will lead to a plan to recruit more nurses.

The Medicine ward operates with 22 beds (7 chronic, 11 acute and 5 pediatric) for in-patient care. There were a total of 374 admissions, down from previous years as there were fewer transfers to the hospital due to the nurse shortage; instead patients from the communities were transferred further south for medical care.

HEMODIALYSIS

The Hemodialysis department serves 18 patients, six days per week. With nine dialysis machines, the team can do six treatments at a time. The department looks forward to the completion of the water system renovation within the coming months.

AUXILIARY SERVICES

Administration hired an Administrative Process Specialist to help with the financial aspects of hospital services. At the end of the fiscal year, with the lifting of red zones within the hospital, a respiratory etiquette room and an ID NOW space were established. Support staff received Omega, Food & Safety and Lateral Violence training.

LABORATORY

The laboratory continued improving its communications with clients and the quality of services for the general population. The team provided clinical staff in the hospital and communities with a computerized directory of tests performed in the laboratories, the required sample collection containers, and stability and transport requirements. Two PPRO positions were created: Quality Management for Laboratories and Point of Care Testing (POCT). The latter aims to facilitate the introduction, maintenance and reliability of results for point-of care testing, helping the hospital meet accreditation standards. Our hematologist consultant has helped with multiple projects, and laboratory services continued to implement GeneXpert across the territory.

RADIOLOGY

The Radiology department continues to serve the population of Chisasibi and surrounding communities with its various services: radiography, Panorex (digital panoramic x-rays), obstetrical ultrasound, obstetrical telehealth, injection under ultrasound, electrocardiograms (ECGs) and Holter (portable ECG). In the past year the Radiology team performed 4,020 radiology tests.

ARCHIVES

The Archives department has begun restructuring, which includes extended hours to support the emergency clinic. The team collaborates regularly with the Regional Medical Archives. The team has expanded in the past year, which has enabled Archives to provide more support for client information management. In addition, the team has been able to enhance support provided to the Elders' Home and has launched a collaboration with the Nisk project team. These efforts will continue in the coming year, improving the communication pathways between all the facilities and services present in Chisasibi.

ELDERS' HOME

The dedication and flexibility of the Elders' Home workers made it possible to offer elders a good quality of life. The team has gone through outbreaks of COVID-19 that required making extra efforts to ensure the delivery of services. The Elders' Home has 14 beds, but one is kept in isolation in case of infectious disease, so the home has 13 residents. There have been five new admissions in the past year. Unfortunately three elders passed away.



2022-23 CHISASIBI REGIONAL HOSPITAL

360 ▲29.5%	Admissions
1,437 ▼95.3%	Hospitalization days
9 ▼65.4%	Transfers (to health centres)
8 ▲33.3%	Deaths
4 ▼69.2%	Acute care average stay (days)
26.81% ▼50.8%	Bed occupation rate

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nituhkuyin misinihikanh

REGIONAL ARCHIVES

The Regional Archives department was created in September 2022 to centralize archival services and to ensure that critical medical information is accessible when needed. Since then it hired Coordinator Maude Beausejour, and built a team of five medical archivists and an administrative officer. A primary objective is to provide quality assurance processes for the management of information to ensure the confidentiality, quality, access, transmission and preservation of health data for Eeyou Istchee.

Regional Archives has launched collaborations with Public Health as well as other services, programs and facilities as it works to stabilize how material is identified and classified; to this end it is also working to establish clear communication pathways between the organization's facilities and services. In February, it began a working group to look at implementing a structure for the archival management of information for the entire organization. The team has also been active in building the Master Patient Index, a prerequisite for deploying electronic medical records. As the CBHSSJB rolls out MYLE (electronic medical record program), the archive team has been preparing to undertake a massive scanning project to manage client documentation recorded prior to the use of MYLE and to integrate this information into an accessible digital environment.

The Archives team also promotes a culture of confidentiality, ensuring that the organization adheres to provincial and federal laws and regulations which are prone to change, and that it respects and aligns itself with traditional Cree values.

Objectives for the coming year include working with partners within the organization to develop a regional structure that ensures a culture of confidentiality, launching the scanning project, working with students to elevate interest in archival work, establishing a working group on medical forms for recording information, and continuing to grow and offer further support to the organization.



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â chîhkâyâyitâkûch îhch âîshinâkuch nituhkuyin âitisîwin

SPECIALIZED SERVICES

The Specialized Services department (SSD) oversees and supports specialist visits, telehealth services, service corridors, and the CRDS *(Centre de répartition des demandes de service)* in Eeyou Istchee. Our mission is to ensure that all clients receive culturally safe and timely care, close to home, by increasing internal efficiency, enhancing collaborations with other departments and organizations, and developing new services according to needs. This year has been one of transition and progress as we worked to increase both quality and capacity, improve services, and increase communication with stakeholders.

REGIONAL TEAM

This year the SSD was transferred to the Director of Medical Affairs and Services, which has streamlined collaboration and enabled us to identify and develop new services faster and more efficiently. We have strengthened collaboration with internal and external partners, such as the Nisk team and Renal Care nurses, to enhance coordination in patient care across different specialties, which has resulted in improved communications, streamlined pathways of care, and better client outcomes.

Our first face-to-face training with the whole team strengthened interpersonal relationships and built trust across our teams, enhancing morale and productivity.

We welcomed a new team in Waskaganish, including a new specialized services officer and a specialized services nurse. This new team improved services to patients in their pole and ensured that services were delivered in a culturally safe manner.

SPECIALISTS

We expanded specialist services this year with a new in-person dermatology service. In addition, we welcomed Dr. Ahmed El Domiati (Pediatrics), Dr. Laura Horowitz (Nephrology), and Dr. Sabrina Provost (Child Psychiatry). These additions help us to provide more comprehensive care to our clients and to expand services across the territory. Our overall capacity to receive specialty medicine residents has also increased. Allowing more resident rotations in our clinics also brings an overall improvement in the number of appointments on the territory, both virtually and in-person.

TELEHEALTH

We have made significant advances in telehealth services this year. Collaborating with the McGill University Health Centre, we have successfully launched new telehealth projects including pediatric allergy consultations, bariatric and transplant surgery information sessions, and partnerships with the inflammatory bowel disease clinic. These initiatives have greatly expanded access to specialized care for our clients, reducing the need for unnecessary travel and ensuring timely medical attention.

In collaboration with DPSQA – Health's Wound Care nurse counsellors, the deployment of Swift Skin and Wound, a clinical platform specific to wound assessments, has been completed and brings opportunities for new projects.

Many ad hoc services are also offered to our population, both through the SSD and Wîchihîtuwin, to avoid travel out of territory.

CRDS

A new communication platform, *Conseil numérique*, was officially deployed in Eeyou Istchee to support family physicians. This MSSS offering aims to reduce unnecessary consultations and simplify access to care when a referral is required. This effort also brought new collaboration opportunities with many of our colleagues.

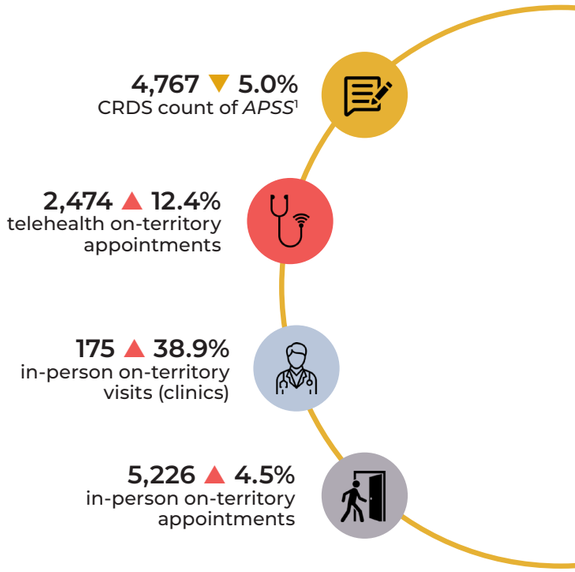
We have made it a priority to regularly revise waiting lists, resulting in improved coordination of care and reduced waiting times for clients. This has enabled us to efficiently allocate resources, ensure timely access to specialist consultations, avoid unnecessary appointments, and provide a more efficient healthcare experience for our clients.

2023-24 OBJECTIVES

- Fostering a dynamic and committed team through professional development opportunities
- Ensuring continuous quality assurance monitoring
- Implementing a comprehensive review and standardization of key internal processes
- Maintaining close collaboration with stakeholders for specialized care
- Increasing patient attendance
- Adjusting and facilitating communication pathways for patients
- Conducting patient satisfaction and feedback surveys to continuously improve services

The SSD values the involvement of its employees. The medical secretaries and nurses have shown remarkable skill, professionalism, and compassion in providing high-quality patient care throughout the year. We also recognize our local CMCs for their collaboration and support despite the staffing challenges. Together, we have enhanced the access to care and well-being of many people in Eeyou Istchee.

2022-23 SPECIALIZED SERVICES



1. *Accès priorisé aux services spécialisés.* This represents the total count of requests processed/received by the CRDS.

Statistics taken from Care4 and MYLE (electronic medical record program).



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miyupimâtisîwikimikw itâwin
EXECUTIVE SUMMARY

Community Miyupimâtisîun Centres (CMCs) play a central role in achieving the objectives laid out in the CBHSSJB's Strategic Regional Plan. The CMCs are on the front line of services in Eeyou Istchee's nine communities, as they are the location of each community's clinic (except in Chisasibi, where that function is performed by the regional hospital). The CMCs are also home to the range of community services offered through Awash, Uschinîchisû and Chishâyiyû departments. As such, the CMCs are the most recognizable embodiment of the CBHSSJB in the individual communities.

This fiscal year began with the CMCs still addressing the impact of the COVID-19 pandemic and maintaining services while adhering to prevention measures. However, as restrictions relaxed, CMCs resumed programs and activities that had been suspended or reduced.

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miyupimâtisîwikimikw itâwin
COMMUNITY MIYUPIMÂTISÎUN CENTRES

ᒥᔨᐧᐃ ᐊᓂᐦᐃ ᒥᔨᐱᓕᑎᒋᐦᐃᐧᐣᐊᐧᐣ ᐃᑲᐃᓂᔨᐣ ᑲ ᐞᒥᑯᐦᐧᐣ ᐊᑯᐦᐧᐣᐧᑦ ᐧᐊᐞ ᑎᒥᑯᐦᐧᐣ ᑭᐦ ᐧᐊᐞ ᑭᓂᐧᐊᐃᐃᑯᐦᐧᐣ ᒥᔨᐱᓕᑎᒋᐦᐅᐣ ᑭᐦ ᓂᔨᐃᐣ ᐃᐞᐃᐧᐣ ᑭᓂᐧᐊᐱᑭᓱᐧᓵ ᒥᔨᐱᓕᑎᒋᐦᐃᐧᐣᐊᐧᐣ ᐃᑲᐃᓂᔨᐣ ᑲ ᐞᒥᑯᐦᐧᐣ ᐃᐞᐃᐧᐣ ᓂᔑᐦᐃᓂᑭᓀᐣ ᑭᑭᐧᐊᓂᑭᓀᐣ ᐊ ᑭᓂᐧᐊᐦᐧᐣᐊᑯᐦᐧᐣ ᐞ ᐧᐃᑎᐦᐧᐊᐃᓵᐃᐣ ᐊᐞᐊᓂᑦ ᐅᓇᓵᑯ ᐊᐖᐧᐃᓂᐧᐊᐦᐧᐣ: ᐊᐞᐊᓂᔨᐣ (0-9) ᐅᔨᑎᓂᑎᐦᐧᐣ (10–29), ᑭᐦ ᑎᓇᔨᔨᐞᐃᐣ (30+).ₓ

misiwâ anihî miyupimâtisîwîkâmiku îtâwîniyich kâ châmitâhch âkûht wâch chimitâhch kiyâ wâch kiniwâîtakûhch miyupimâtisîun kiyâ nitûkuyin âwîhch kiniwâpitâkinûch. misiwâ miyupimâtisîwîkâmiku îtâwîniyich kâ châmitâhch iyâwîyich nituhkuyinikimikw kiyâ miyupimâtisîun a kiniwâhpitâhch châ chi wîchihâkânuwîyich âwânichî nînakû âtupunwâsîhch: awâshisîyich (0-9) ûschinîchisûhch (10–29), kiyâ chishâyiyiyûwîch (30+).

Community Miyupimâtisîun Centres (CMCs) are the community presence of the CBHSSJB. Each CMC includes a walk-in clinic, as well as community health clinics serving Awash (0-9), Uschinîchisû (10-29), and Chishâyiyû (30 and older).

CHISASIBI

	Population		
awash 0-9[1]	958	▲	6.6%
uschinîchisû 10-29	1,874	▲	0.9%
chishâyiyû 30+	2,357	▲	2.7%
TOTAL[2]	**5,189**	▲	**2.7%**

1. The 0-4 age group is underestimated since newborns are often registered late in the JBNQA beneficiary list and has been corrected using MSSS 2017-2020 births (+ 2021 estimates) and 2017-2020 MSSS deaths.
2. Does not include 410 Inuit, Métis and/or non-aboriginals.
3. In Chisasibi, many clinical services are offered at the hospital. See page 76.

MEDICAL EVACUATIONS

EMERGENCY N/A

SCHEDULED N/A

NO. OF CONSULTATIONS[1]

Current Services

FAMILY DOCTOR	SPECIALIST MD	OTHER SPEC.	NURSE WALK-IN	NURSE REFILL	NUTRIT.	LABO	PHARMACY
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Awash

FAMILY DOCTOR	NURSE	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	SOCIAL WORKER
1,112	1,536	1,089	91	335	230

Uschinîchisû

FAMILY DOCTOR	NURSE	SCHOOL NURSE	NUTRIT.	HR OFFICER	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	# GRP ACT. COMM WK.	SOCIAL WORKER	NNADAP WORKER
348	565	256			301	8	348			

Chishâyiyû

FAMILY DOCTOR	OPHTHAL.	NURSE	MENTAL HLTH NURSE	FOOTCARE NURSE	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	SOCIAL WORKER
4,094		4,475	373	125	1,341	28	1,583	745

HOME CARE VISITS	MSDC PGM. PARTICIP.	MEALS SERVED
	80	4,436

1. Except where indicated as # of group activities (by PCCR or by Community Worker)

"We want the CMC to be about the people, the community and our patients, but also our staff—we want them to be well and we have activities to support that vision," says Audrée Gilbert. "We're now seeing the results of team-building and employee recognition."

The Chisasibi CMC provides medical appointments for health concerns as well as a range of other services including home care, Meals on Wheels, rehabilitation, foot care, vaccination and psychosocial services. The CMC also promotes health within the community. The new model of care—the Nisk primary care pod—is being piloted in the CMC, and families involved report being enthusiastic about the approach. The CMC will continue to develop the Nisk pods.

With the end of COVID-19 measures, a variety of activities were held to recognize staff for their work and promote teambuilding. These included learning to build and prepare meals in a michuap. In addition, a Christmas dinner and a Valentine's luncheon were served by managers to all CMC employees, and other team-building activities were held to address issues and concerns. Challenges include catching up on appointments that had been postponed because of the pandemic and the staff shortage.

The CMC hired a new local director, Audrée Gilbert, at the end of January; she had been serving as the interim coordinator of Chishâyiyû.

In the Awash unit, community activities were revitalized with sewing night with PCCRs, cooking with the nutritionist, and the Baby Bundle with Midwifery. The team strengthened its relationship with Midwifery Services; Awash nurses were on call after opening hours to support the midwife. The Uschinîchisû unit developed partnerships with local entities to promote wellness through a variety of services and activities, giving tools to the population so their health is in their hands.

Chishâyiyû remains without a permanent coordinator, but the goal is to hire one this coming year. The indoor walking club resumed in the fall, meeting three times a week at James Bay Eeyou School with between ten and 65 participants each time. This activity has been running for more than 10 years and engages families in an active lifestyle; however, as the high school is to be demolished in summer 2023, the activity will need to find a new venue. The community remains without the MSDC as this facility continues to serve as the Elders' Home. Meals on Wheels continues, with 4,436 meals served this past year.

The Administration team continues to support the CMC's activities. It has almost completed implementing MYLE (electronic medical record program) across the CMC, greatly facilitating the communication of medical information. In the coming year the CMC aims to increase administrative support by creating two new permanent medical secretary positions.

EASTMAIN

	Population	
awash 0-9[1]	167 ▼	4.6%
uschinîchisû 10-29	323 ▲	0.9%
chishâyiyû 30+	427 ▲	3.9%
TOTAL[2]	**917** ▲	**1.2%**

1. The 0-4 age group is underestimated since newborns are often registered late in the JBNQA beneficiary list and has been corrected using MSSS 2017-2020 births (+ 2021 estimates) and 2017-2020 MSSS deaths.
2. Does not include 60 Inuit, Métis and/or non-aboriginals.

MEDICAL EVACUATIONS



NO. OF CONSULTATIONS[1]

Current Services

FAMILY DOCTOR	SPECIALIST MD	OTHER SPEC.	NURSE WALK-IN	NURSE REFILL	NUTRIT.	LABO	PHARMACY
1,022			7,881		2,861		

Awash

FAMILY DOCTOR	NURSE	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	SOCIAL WORKER
	573		227	43	3

Uschinîchisû

FAMILY DOCTOR	NURSE	SCHOOL NURSE	NUTRIT.	HR OFFICER	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	# GRP ACT. COMM WK.	SOCIAL WORKER	NNADAP WORKER
	675	256			138		83		102	

Chishâyiyû

FAMILY DOCTOR	OPHTHAL.	NURSE	MENTAL HLTH NURSE	FOOTCARE NURSE	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	SOCIAL WORKER
	459	193		239			12	

HOME CARE VISITS	MSDC PGM. PARTICIP.	MEALS SERVED

1. Except where indicated as # of group activities (by PCCR or by Community Worker)

"Our community worker has been great," says Eastmain's local director Rita Gilpin. "She got the CMC involved with elementary school students learning about what health care is like and giving them experiences that help promote their interest in professional positions within the organization."

In Eastmain the Awash/Uschinîchisû unit continues to address health and social needs with a focus on special needs and social development services for youth. The team has readjusted and restored their responsibilities post-COVID-19. To coincide with the Cree Nation Government (CNG) and Cree Nation of Eastmain declaration of commitment to addressing equality and accessibility issues for those living with special needs, our community worker and our community organizer have been creating opportunities for dialogue between services providers and the community. The community worker coordinated special needs training for the staff, community members and other interested individuals.

Awash/Uschinîchisû remains without nurses; the school nurse has condensed her schedule to support this need while also doing school health programs. In addition, the CMC received nursing support from other communities.

In Chishâyiyû and Current Services, Eastmain has felt the struggles and challenges of the nursing shortage. We applaud our permanent nurses who continue to ensure services are provided. Although we are struggling to keep up in some areas, we have maintained availability. Eastmain receives occasional visits from Specialized Services, including dental visits. A new campaign on ownership of one's health addresses an increasing number of issues with diabetes.

The Home and Community Care program is stable, with a permanent home care nurse. Due to an increase of vulnerable home care clients, we have expanded our home care worker team. The nutritionist continues to work with our community to support and ensure a healthy lifestyle. She holds regular Wednesday evening community walks, which have drawn many individuals out of the house and increased activity levels.

The MSDC requires a reset as they deal with the loss of one of their long-time team members. Sheila Weapenicappo will always be remembered for her work and companionship at the MSDC.

The Administration team is working to address office space issues, as the CMC is still dealing with the impact of the flood from March 2022, with some employees still sharing office space.

Transits have been enhanced with Internet service and TV programming; all doorknobs in transits have been changed, due to difficulties with the lock system.

Garda World offered Stop Harm training to staff members in November 2021 and now the trained employees are available to respond to urgent situations. They are dispatched by the manager on call when there is a need to handle or de-escalate high-stress and problematic situations in the CMC.

MISTISSINI

	Population		
awash 0-9[1]	681	▲	1.3%
uschinîchisû 10-29	1,517	▼	0.2%
chishâyiyû 30+	1,975	▲	3.0%
TOTAL[2]	**4,173**	▲	**1.6%**

1. The 0-4 age group is underestimated since newborns are often registered late in the JBNQA beneficiary list and has been corrected using MSSS 2017-2020 births (+ 2021 estimates) and 2017-2020 MSSS deaths.
2. Does not include 385 Inuit, Métis and/or non-aboriginals.

MEDICAL EVACUATIONS



NO. OF CONSULTATIONS[1]

Current Services

FAMILY DOCTOR	SPECIALIST MD	OTHER SPEC.	NURSE WALK-IN	NURSE REFILL	NUTRIT.	LABO	PHARMACY
4,964			12,390				

Awash

FAMILY DOCTOR	NURSE	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	SOCIAL WORKER
570	1,842		1,895	173	

Uschinîchisû

FAMILY DOCTOR	NURSE	SCHOOL NURSE	NUTRIT.	HR OFFICER	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	# GRP ACT. COMM WK.	SOCIAL WORKER	NNADAP WORKER
	1,798			601	1,047	83	1,155		346	

Chishâyiyû

FAMILY DOCTOR	OPHTHAL.	NURSE	MENTAL HLTH NURSE	FOOTCARE NURSE	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	SOCIAL WORKER

HOME CARE VISITS	MSDC PGM. PARTICIP.	MEALS SERVED

1. Except where indicated as # of group activities (by PCCR or by Community Worker)

> "There's been a huge turnover of managers, so everyone has had to adapt. And the shortage of staff extends beyond nursing," says Roberta Petawabano, local director. "But we've worked as a team, not just in the CMC but regionally, sending support to other communities."

The CMC experienced changes in senior management. A shortage of nursing staff affected Current Services as well as the rest of the CMC, and collaboration between units was necessary and much appreciated.

The Awash unit welcomed new 104 infants this year. COVID-19 restrictions created challenges in managing perinatal, postnatal and pediatric care early in the year and team members were active in finding ways to adapt practices to these recommendations. Reducing the GDM (gestational diabetes mellitus) rate has been a major priority. The team held regular meetings to discuss issues and improve services. Awash was active in the community and partnerships with different entities, including Head Start, the CSB, the Reception Centre and Group Home, and the Cree Nation of Mistissini band office. Events and activities marked Breastfeeding Week, Diabetes Month, Nutrition Month and Winter Carnival, among other things. Awash also carried out vaccine management for the CMC. The community worker, PCCR and nutritionist were involved in the Miyû-Ashimishuh program promoting healthy food choices.

The Uschinîchisû team dealt with a lack of nurse replacements but managed to hold a number of activities and workshops. The NNADAP hosted National Addiction Awareness week on January. Youth Outreach workers worked at the School and Youth Centre to connect with youth struggling with anxiety, suicidal ideation and addiction. At Halloween the Uschinîchisû nurse and the school nurse ran a health promotion booth focusing on substance abuse and harm reduction. A booth at the school's Christmas gala promoted good sleep, eating and exercise habits. In addition the school nurse and youth outreach workers hosted a booth focusing on healthy relationships and STBBI prevention at the Valentine's Day dance.

The Chishayîyû team was busy. While the year began under COVID-19 measures, pre-pandemic activities and routines are slowly returning. Despite struggling with a lack of staff, the unit implemented Kapatâkan, a community-based addiction and wellness recovery project. There were no activities at the MSDC due to renovations and repairs to the building. A social worker for Chishayîyû and for the Elders' Home was hired.

The Administration unit continues to support the operations of the CMC. The deployment of MYLE (electronic medical record program) continues.

NEMASKA

	Population		
awash 0-9[1]	190	▲	8.0%
uschinîchisû 10-29	289	▲	3.2%
chishâyiyû 30+	435	▲	2.8%
TOTAL[2]	**914**	▲	**4.0%**

1. The 0-4 age group is underestimated since newborns are often registered late in the JBNQA beneficiary list and has been corrected using MSSS 2017-2020 births (+ 2021 estimates) and 2017-2020 MSSS deaths.
2. Does not include 30 Inuit, Métis and/or non-aboriginals.

MEDICAL EVACUATIONS



EMERGENCY	61
SCHEDULED	804

NO. OF CONSULTATIONS[1]

Current Services

FAMILY DOCTOR	SPECIALIST MD	OTHER SPEC.	NURSE WALK-IN	NURSE REFILL	NUTRIT.	LABO	PHARMACY
219			3,770			286	2,501

Awash

FAMILY DOCTOR	NURSE	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	SOCIAL WORKER
	1,014	182		48	

Uschinîchisû

FAMILY DOCTOR	NURSE	SCHOOL NURSE	NUTRIT.	HR OFFICER	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	# GRP ACT. COMM WK.	SOCIAL WORKER	NNADAP WORKER
	187				852	2	35	2		

Chishâyiyû

FAMILY DOCTOR	OPHTHAL.	NURSE	MENTAL HLTH NURSE	FOOTCARE NURSE	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	SOCIAL WORKER
		576		26			29	

HOME CARE VISITS	MSDC PGM. PARTICIP.	MEALS SERVED

1. Except where indicated as # of group activities (by PCCR or by Community Worker)

"Our nursing staff has been great," says Daisy Jolly-Grant, interim Local Director. "Staff has been stable, and so we were able to provide assistance to other communities who needed help dealing with nursing shortages."

The Current/Chishâyiyû team welcomed two full time Current nurses and one full time Chishâyiyû nurse, giving the team more stability. This decreased the head nurse's workload and increased the quality of follow-up with patients.

Nemaska celebrates a Nursing Week each May, offering free gym access, free fish licenses and occasionally free lunches or suppers. Efforts were made to consolidate and strengthen the team. In addition, the nursing team rotated to replace the head nurse during her leaves. Many nurses found this instructive as it gave them a better understanding of the head nurse's responsibilities and of the system for referring patients to regional and off-territory services. This approach challenges each nurse to develop leadership and communication skills.

The team benefited from additional training (on top of the Annual Nurses Training) once or twice a month by the regional DPSQA – Health and visiting nurse counsellors.

This year Regional Archives assigned archivists to visit Nemaska twice to help the local team re-organize files and the filing system. They helped incorporate the Master Patient Index (MPI) and MYLE (electronic medical record program) projects and trained the team in access to information and confidentiality.

The lab was equipped with technology for testing for COVID-19, the flu and eventually TB and other infections. Two trained nurses are now training other team members.

Awash/Uschinîchisû welcomed eight babies and hired two nurses: one each for Awash and Uschinîchisû. We now have two nurses under Awash and are recruiting a school nurse, so nurse staffing is almost fully covered. National AccessAbility Week was hosted in collaboration with local entities. A suicide prevention/awareness event was hosted in February by the psychosocial team, in collaboration with local entities. The Circle of Friends program held eight sessions for elementary school students at the MSDC. A home care pilot project for young families, single parents, and pre- and postnatal women is ongoing.

The Uschinîchisû nurse and PCCR carried out school vaccinations; student follow-ups are ongoing. The nurse started an Uschinîchisû clinic in September, which has been well received by the target group. Other programs, including art and drama therapy, targeting school age children and youth, and a four-week summer camp for special needs children, were also held.

The administration coordinator position has been vacant for over a year, giving managers more responsibilities, including deployment of the MPI and MYLE. Fortunately, maintenance workers, drivers and housekeeping staff provided important support.

OUJÉ-BOUGOUMOU

Population		
awash 0-9[1]	182 ▼	2.2%
uschinîchisû 10-29	347 ▲	1.5%
chishâyiyû 30+	356 ▲	2.3%
TOTAL[2]	**885** ▲	**1.0%**

1. The 0-4 age group is underestimated since newborns are often registered late in the JBNQA beneficiary list and has been corrected using MSSS 2017-2020 births (+ 2021 estimates) and 2017-2020 MSSS deaths.
2. Does not include 75 Inuit, Métis and/or non-aboriginals.

MEDICAL EVACUATIONS



NO. OF CONSULTATIONS[1]

Current Services

FAMILY DOCTOR	SPECIALIST MD	OTHER SPEC.	NURSE WALK-IN	NURSE REFILL	NUTRIT.	LABO	PHARMACY
1,414			3,354	1,668		551	

Awash

FAMILY DOCTOR	NURSE	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	SOCIAL WORKER
80	326	199		259	32

Uschinîchisû

FAMILY DOCTOR	NURSE	SCHOOL NURSE	NUTRIT.	HR OFFICER	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	# GRP ACT. COMM WK.	SOCIAL WORKER	NNADAP WORKER
		172					264		64	

Chishâyiyû

FAMILY DOCTOR	OPHTHAL.	NURSE	MENTAL HLTH NURSE	FOOTCARE NURSE	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	SOCIAL WORKER
		422	288	76	15		263	133

HOME CARE VISITS	MSDC PGM. PARTICIP.	MEALS SERVED
	413	1,319

1. Except where indicated as # of group activities (by PCCR or by Community Worker)

> "Every year we have vacancies of nurses in programs because of holidays or sorties and we need to cover these services," says Louise Wapachee, the CMC Local Director. "Our goal is to have the same nurses consistently cover these programs so clients can also build lasting relationships with them."

Current Services saw physician coverage increase to 49 out of 52 weeks which included an increase in specialist visits. The CMC was approved for three new development positions: a liaison nurse, a PCCR for Awash and an HR administrative technician. Current services participated in the DPSQA – Health optimization audit, initiated the Medi-Patient project in fall 2022 with a nurse reassigned under Health and Safety, participated in the preceptorship of two new nurses, and supported other communities needing help due to the nursing shortage.

In Awash/Uschinîchisû, the Wâpimâusuwin baby bundle project was launched in June after years of collaboration with Nishîyû; new mothers are also provided Miyû-Ashimishuh coupons and Welcome Baby Food Baskets to support healthy nutrition. Prenatal classes were offered in traditional sewing and in child development. Circle of Friends was provided for grades 4-5 children to help them develop prosocial behaviors. The Summer Active program promoted healthy active living, and the Wabinjuksh Summer Camp (5-12 years old) was provided to special needs families. The Wake Up program, led by the psychoeducator and special needs educator, facilitated healthy child development to reduce the risk of developmental delay. On-call psychosocial services from 5 pm to 9 am, including weekends, continued. The community was served by a speech-language therapist and an audio therapist. Finally, the team welcomed a mental health nurse and a mental health community worker

In Chishayiyuu, a new PCCR was hired in the fall; DPSQA – Health assisted with the PCCR's onboarding, orientation and training. The PCCR has since initiated two Bush Kits training and a glucometers inventory and training. A new social worker was also recruited. Nurses carried out 422 consultations.

Home care services were maintained, and MSDC activities drew 413 participants and served 1,319 meals. The MSDC also secured $80,000 in outside funding for the Balance program and Caregivers' Training program, which provided training for employees, caregivers, and clients on dementia and self care.

The Administration unit has a new HR administrative technician to manage the Recall List and ensure we have new trainees for our positions. Staff shortages are an ongoing issue. The 7-bedroom transit now has an occupancy rate of 80-90%. Last year saw many upgrades in the units and work continues on the remaining units. We've begun to prepare medical charts for the next phase of the Master Patient Index.

WASKAGANISH

	Population		
awash 0-9[1]	522		0.0%
uschinîchisû 10-29	966	▲	2.4%
chishâyiyû 30+	1,158	▲	2.1%
TOTAL[2]	**2,646**	▲	**1.8%**

1. The 0-4 age group is underestimated since newborns are often registered late in the JBNQA beneficiary list and has been corrected using MSSS 2017-2020 births (+ 2021 estimates) and 2017-2020 MSSS deaths.
2. Does not include 120 Inuit, Métis and/or non-aboriginals.

MEDICAL EVACUATIONS



EMERGENCY	100
SCHEDULED	2,776

NO. OF CONSULTATIONS[1]

Current Services

FAMILY DOCTOR	SPECIALIST MD	OTHER SPEC.	NURSE WALK-IN	NURSE REFILL	NUTRIT.	LABO	PHARMACY
919			10,407	2,928			

Awash

FAMILY DOCTOR	NURSE	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	SOCIAL WORKER
	1,238	1,049		1,259	3

Uschinîchisû

FAMILY DOCTOR	NURSE	SCHOOL NURSE	NUTRIT.	HR OFFICER	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	# GRP ACT. COMM WK.	SOCIAL WORKER	NNADAP WORKER
					570		189		19	40

Chishâyiyû

FAMILY DOCTOR	OPHTHAL.	NURSE	MENTAL HLTH NURSE	FOOTCARE NURSE	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	SOCIAL WORKER
		171		574	809		891	101

HOME CARE VISITS	MSDC PGM. PARTICIP.	MEALS SERVED
196	1,280	1,272

1. Except where indicated as # of group activities (by PCCR or by Community Worker)

"I've been very impressed by the hard work of our nurses," says A. Thomas Hester, local director. "They were carrying the ship in a storm, providing support wherever it was needed. I'm also thankful to community leadership and our Regional Director Holly Danyluk for their support."

The Waskaganish CMC has seen some significant upper management changes, most notably a new Local Director, A. Thomas Hester, who assumed that role in May.

Current Services was without a coordinator for much of the year. As a result, the Head Nurse spearheaded many of the files needing attention, although she too moved to a position elsewhere later in the winter. The team experienced a high turnover of nurses, and three new permanent nurses were hired. Despite challenges the team was able to provide the care required by the community.

The Awash/Uschinîchisû unit was also challenged due to the shortage of nurses, as the Awash nurses were often deployed under Current Services. Awash welcomed 53 babies plus pediatric patients, and the Awash PCCRs took on tasks to assist nurses. The physicians were also committed to supporting prenatal and postnatal clients and the Well Baby Clinic.

Regional Midwifery visited Waskaganish to raise awareness on giving birth in Eeyou Istchee; Waskaganish will have its own birthing centre in the relatively near future.

Social Services added two community workers and a full-time social worker, which has spread out caseloads to ensure the well-being of clients. An Uschinîchisû nurse or school nurse has yet to be hired; a community worker and a youth outreach worker provide services to our young people; the team was without a NNADAP worker from August to February. This coming year we plan to recruit a pediatric nurse to care for special needs children and an Uschinîchisû nurse to support that team.

In Chishâyiyû, the Home Care program continues to support clients. The team is addressing diabetes awareness and educating people on healthy nutrition and lifestyles to reduce chronic diseases in the community. The nutritionist left and has yet to be replaced, although a regional nutritionist has provided necessary assistance. The MSDC is providing activities for clients on a daily basis, as well as Meals on Wheels for home care clients. The rehabilitation assistant, physiotherapist and occupational therapist are also providing critical services to patients at the MSDC and CMC.

The Administration unit initiated electronic timesheets, which has streamlined some administrative processes. Three triplexes—a total of nine transit units—opened in the fall and high-speed fibre-optic internet is being installed in transits.

WASWANIPI

	Population		
awash 0-9[1]	388	▼	3.0%
uschinîchisû 10-29	821	▼	0.5%
chishâyiyû 30+	914	▲	2.8%
TOTAL[2]	**2,123**	▲	**0.4%**

1. The 0-4 age group is underestimated since newborns are often registered late in the JBNQA beneficiary list and has been corrected using MSSS 2017-2020 births (+ 2021 estimates) and 2017-2020 MSSS deaths.
2. Does not include 20 Inuit, Métis and/or non-aboriginals.

MEDICAL EVACUATIONS



NO. OF CONSULTATIONS[1]

Current Services

FAMILY DOCTOR	SPECIALIST MD	OTHER SPEC.	NURSE WALK-IN	NURSE REFILL	NUTRIT.	LABO	PHARMACY
52	27		4,108	3,987			

Awash

FAMILY DOCTOR	NURSE	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	SOCIAL WORKER
	373	45		552	

Uschinîchisû

FAMILY DOCTOR	NURSE	SCHOOL NURSE	NUTRIT.	HR OFFICER	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	# GRP ACT. COMM WK.	SOCIAL WORKER	NNADAP WORKER
	29				51		52			

Chishâyiyû

FAMILY DOCTOR	OPHTHAL.	NURSE	MENTAL HLTH NURSE	FOOTCARE NURSE	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	SOCIAL WORKER
		109	373	270	728		181	

HOME CARE VISITS	MSDC PGM. PARTICIP.	MEALS SERVED
1,612	1,023	1,860

1. Except where indicated as # of group activities (by PCCR or by Community Worker)

> "There is always room for improvement," says Eleanor Gull, local director. "We want to build collaborations across the community so that we are making a collective effort to address all the social determinants of health, including education and socio-economic issues."

Current Services saw the launch of the nursing on-call pilot project. Four new nurses were hired in the summer and a new head nurse joined in September. The construction of the seclusion room is underway and the sterilization room was modified. In June a nurse was threatened with a gun; Code Silver training was carried out after this event. Current Services continues to work with the CMC's other teams to support patient services. In the pharmacy, a six-module pharmacy technician course began in January, and two permanent positions were added to the team. The rollout of the MYLE (electronic medical record program) has begun.

The Awash unit welcomed two new nurses in the summer. The AMA program restarted CMC and home visits, following the pandemic. PCCRs have been expanding their clientele, being more involved in home visits and promoting Awash services. Wâpimâusuwin traditional knowledge teachings have resumed after COVID-19. Training was held to support the team, which included cultural safety training.

In Uschinîchisû, the youth outreach worker ran a successful program of cultural activities that enriched the quality of life for youth who participated throughout the year. In addition to the youth outreach worker, the Uschinîchisû team includes a school nurse, a Uschinîchisû nurse, an NNADAP worker and two community workers. The CMC's special needs educator runs disability programs with support from regional DPSS.

The Chishâyiyû team added a new social worker in October and a new nurse in March. The psychosocial team worked closely with Home Care and collaborated with other teams and professionals, as well as with external entities. The PCCR has been active in promoting healthy living and physical activities and was also involved in Addiction Awareness week and Bush Kit training, among other things.

Eleven home care employees received 14-hour home care training certificates. More training will come in such areas as dementia.

The MSDC hosted a number of community activities, from blueberry picking to the 13th annual Christmas Bazaar, where participants and local artisans could sell their arts and crafts, in addition to a range of other services for clients (daily light stretching and exercises, rehab services, diabetes screening, etc). Staff benefitted from several training opportunities and a new MSDC driver was hired.

The psychosocial team's annual gathering was held in two sessions in Montréal, in February and April. The Awash, Uschinîchisû and Chishâyiyû teams rotated to attend the gathering.

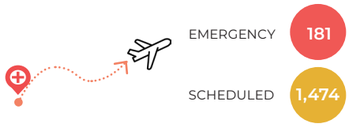
The Administration unit supports the CMC's activities. The HR officer works closely with the CMC's teams, as well as with the Wîchihîtuwin liaison nurse.

WEMINDJI

	Population	
awash 0-9[1]	237 ▼	2.5%
uschinîchisû 10-29	582 ▲	1.7%
chishâyiyû 30+	828 ▲	2.6%
TOTAL[2]	**1,647** ▲	**1.5%**

1. The 0-4 age group is underestimated since newborns are often registered late in the JBNQA beneficiary list and has been corrected using MSSS 2017-2020 births (+ 2021 estimates) and 2017-2020 MSSS deaths.
2. Does not include 90 Inuit, Métis and/or non-aboriginals.

MEDICAL EVACUATIONS



NO. OF CONSULTATIONS[1]

Current Services

FAMILY DOCTOR	SPECIALIST MD	OTHER SPEC.	NURSE WALK-IN	NURSE REFILL	NUTRIT.	LABO	PHARMACY
1,039	642		5,158		4,436		

Awash

FAMILY DOCTOR	NURSE	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	SOCIAL WORKER
714	714	264	2	58	61

Uschinîchisû

FAMILY DOCTOR	NURSE	SCHOOL NURSE	NUTRIT.	HR OFFICER	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	# GRP ACT. COMM WK.	SOCIAL WORKER	NNADAP WORKER
					4,918	3	242			

Chishâyiyû

FAMILY DOCTOR	OPHTHAL.	NURSE	MENTAL HLTH NURSE	FOOTCARE NURSE	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	SOCIAL WORKER
					412	10	111	

HOME CARE VISITS	MSDC PGM. PARTICIP.	MEALS SERVED
1,127	196	6,800

1. Except where indicated as # of group activities (by PCCR or by Community Worker)

> "Our understaffed nurses went above and beyond this year," says Rachel Danyluk, local director. "They were a rock. They have big hearts and showed big compassion, supporting the community and keeping our services going despite all the difficulties and challenges."

The Wemindji CMC has been understaffed, leading to a higher workload for team members. However, the team maintained a strong commitment to patient-centred care, which has been reflected in positive feedback from clients. We remain committed to providing high-quality, patient-centered care to Wemindji. We will continue to invest in our staff to ensure that we meet the evolving needs of our patients.

A shortage of nurses at the CMC had an impact on all services. In Current Services/Chishâyiyû, the permanent nurse left in September, and the HCCP nurse was on leave. New nurses were recruited—at the Annual Nurses Training in Montréal, an agency nurse joined the team as a permanent nurse. The team also lost nurses to other communities, and to Awash/Uschinîchisû. In January, the nurse shortage led to the clinic being on Emergency Room mode throughout the entire month. By March, the entire CMC had six permanent nurses, with one on leave. Wemendji's nurses attended training in Montréal in January and March.

The HCCP had twelve clients with five permanent workers and two ADD workers. The MSDC had a range of clients, but continued to serve meals on wheels, averaging 390 meals daily.

Awash/Uschinîchisû unit also struggled with staffing; two of the three Awash nurse positions have remained vacant all year, as has the school nurse position. This creates challenges for the maternity programs and puts stress on remaining nurses and PCCRs. Awash welcomed 19 infants in Wemindji this year, and despite the staff challenges, the staff has maintained regular vaccination schedules and other care for infants and young children. In the absence of a school nurse, attention has been focused on children with specific medical needs (e.g. allergies, asthma) instead of all of the children in the school. The team also ran awareness booths at events, on topics ranging from the maternal health program's immunization program to healthy nutrition and developmental screening.

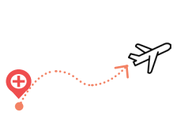
The Administration unit hired a new coordinator, Stephanie Jonah, in January. The administrative team maintains the support needed for the health programs. The team is dealing with the challenges of Recall List staffing and is determining whether current operations require process improvement. The staff has maintained their commitment to strive for quality services despite the challenges of the past year.

WHAPMAGOOSTUI

	Population	
awash 0-9[1]	205	▲ 6.2%
uschinîchisû 10-29	398	▼ 1.7%
chishâyiyû 30+	470	▲ 4.0%
TOTAL[2]	**1,073**	▲ **2.2%**

1. The 0-4 age group is underestimated since newborns are often registered late in the JBNQA beneficiary list and has been corrected using MSSS 2017-2020 births (+ 2021 estimates) and 2017-2020 MSSS deaths.
2. Does not include 65 Inuit, Métis and/or non-aboriginals.

MEDICAL EVACUATIONS



EMERGENCY	128
SCHEDULED	853

NO. OF CONSULTATIONS[1]

Current Services

FAMILY DOCTOR	SPECIALIST MD	OTHER SPEC.	NURSE WALK-IN	NURSE REFILL	NUTRIT.	LABO	PHARMACY
848			2,476			640	3,303

Awash

FAMILY DOCTOR	NURSE	PCCR INDIV.	HR OFFICER	COMM. WORKER	SOCIAL WORKER
	268		68	113	71

Uschinîchisû

FAMILY DOCTOR	NURSE	SCHOOL NURSE	NUTRIT.	HR OFFICER	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	# GRP ACT. COMM WK.	SOCIAL WORKER	NNADAP WORKER
	213			380			48		662	

Chishâyiyû

FAMILY DOCTOR	OPHTHAL.	NURSE	MENTAL HLTH NURSE	HR OFFICER	PCCR INDIV.	# GRP ACT. BY PCCR	COMM. WORKER	SOCIAL WORKER
		448		1,044	146	2	59	745

HOME CARE VISITS	MSDC PGM. PARTICIP.	MEALS SERVED
	721	4,753

1. Except where indicated as # of group activities (by PCCR or by Community Worker)

> "This year we plan to emphasize capacity building as well as develop collaborations internally and externally with the community," says Robert Wynne, local director. "It's important we strengthen our operations with all entities."

The Whapmagoostui CMC saw a number of significant changes in senior management, including the hiring of a new local director; Robert Wynne, previously coordinator of Administration, was named interim local director in December and hired permanently in March.

Current Services/Chisâyiyû also recruited a new coordinator, Ivan McComb. The CMC struggled with a shortage of nurses. Three employees completed training for dental assistants: Stacey Menarick, Autumn Sandy and Kimberly Pepabano Sandy.

The PCCR organized a dry month in February, which was very successful, with 169 participants aged 18 and over; 94 completed the entire dry month. The month ended with a closing feast; participants were eligible for draw prizes contributed by a range of donors, including the Whapmagoostui CTA, Eeyou Mobility and Air Inuit. The event, which encourages healthy living, will be repeated next year. The Meals on Wheels program has continued.

The Awash/Uschinîchisû team hired a new coordinator, Gloria George, and three new nurses this year. A father and son learning retreat was held; this land-based activity aims to promote father-son relationships and encourage men to be fully involved in parenting.

A Women's Wellness Retreat was held in September, funded by CNG's Justice Department in collaboration with the CBHSSJB.

The Administration team oversaw a network upgrade to fibre optic cabling in all housing units.

In the coming year the CMC will focus on ensuring training and capacity-building opportunities for staff, in addition to ensuring that programs and services meet the needs of the population.



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ADMINISTRATIVE SERVICES

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The Administrative Services Group provides essential regional support functions to the organization. It includes Human Resources, Financial Resources, Information Technology Resources, Material Resources, Communications and Wîchihîtuwin (formerly Cree Patient Services).

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EXECUTIVE SUMMARY



Liliane Groleau
Assistant Executive Director

With the onset of the post-pandemic period, the dawn also rose on our organization and on our team. Beyond the day-to-day work, the team has demonstrated a great sense of dedication and commitment, taking on many challenges to advance the mission of the CBHSSJB throughout the year.

I would like to express my sincere gratitude to all the members of the team. You have gone above and beyond the call of your duty to serve our communities. The smooth collaboration between all departments and services has allowed us to mobilize resources so that all communities in Eeyou Istchee are well taken care of. The staff has done what it takes for all the communities we serve to advance a few steps towards Miyupimâtisîun.

I am very proud of all the managers who supported the staff. Your caring attitude helped create a psychologically safe and healthy environment for productivity in difficult situations. Each staff member brightened someone's day, no matter what he/she did or what the weather was like. That's what made your work so special in 2022! Thanks for all your hard work!

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HUMAN RESOURCES

The department of Human Resources reviewed its structure, grouping services under two assistant directorates to improve services:

- Strategic HR Development and Executive Services to Managers
- Employee and Partner Services

This new structure, developed with the participation of all HR employees, aims to:

- Adapt to the changing organization and the expectations of managers
- Focus on strategic activities
- Employ new IT to increase efficiency
- Enhance support for managers
- Increase personnel satisfaction and expertise
- Provide performance indicators to better support and accompany clients

STRATEGIC HR DEVELOPMENT AND EXECUTIVE SERVICES TO MANAGERS

The new Executive Services to Managers unit focuses on recruiting and training managers and providing them with information regarding compensation and benefits.

The HR Data Centre continues to provide snapshots of a department's/direction's employees, offering key insights into trends or potential issues.

In collaboration with DPSQA – Health, HR launched the Initiative for Nurses Retention, which targets recruitment processes, welcoming and onboarding, training opportunities and retention initiatives.

The HR Development team strengthened online training using the digital learning environment platform *Environnement Numérique d'Apprentissage* (ENA)—an important part of employee onboarding and onsite trainings.

- 36 training sessions in collaboration with CBHSSJB managers and uploaded to ENA
- Completed ENA training sessions rose from an average of 50/month (early 2022) to over 200/month (early 2023)

Approximately 100 new training sessions will be deployed via ENA in the coming year.

The team supported Nishîyû in deploying cultural safety training for all CBHSSJB employees, including one hybrid (online and in-person) and eight online training sessions, with over 325 employees trained.

Twenty-four CBHSSJB employees earned their Attestation of College Studies (ACS) in Communication in Administration or Communication in Helping Relationships. We are exploring the development of new attestations for more employees.

To improve the response to conflicts, confrontations or crises, a two-module training, developed in collaboration with Garda World, was provided to 175 employees and will continue in the coming year.

The Cree Leadership Succession Framework continues to identify critical positions and potential successors, supporting Cree and Indigenous employees wishing to develop their CBHSSJB management potential. This year efforts focused on helping employees and managers build personalized development plans and on working with educational partners to launch a third university training program. The Management Training program saw three cohorts of CBHSSJB managers graduate; two cohorts are ongoing, and two will start November 2023 and February 2024. This program helps managers develop strategic leadership skills for day-to-day responsibilities.

New initiatives for 2023-24 include developing policies and procedures for employee recognition, developing an organizational mentoring program, initiating a performance appraisal program for managers and deploying a second work satisfaction survey.

EMPLOYEE AND PARTNER SERVICES

The Recall List team developed presentations for new occasional employees and for new recall-list nurses; both presentations aim to help the CBHSSJB retain staff and streamline the organization's capacity to deploy staff. The Recall List processed 896 and 757 replacement requests for the CSN and FIQ, respectively.

Staffing and Labour Recruitment worked to increase CBHSSJB visibility and to recruit top staff by participating in over 43 career fairs and events. Projects launched or ongoing include:

- Registration for international recruitment with *Recrutement Santé Québec* (RSQ)
- Nurse orientation and onboarding working groups, WeHoop staff management system improvement and Recall List info development;
- Promotional materials, in collaboration with Communications;
- Implementation of the CV Manager program

2022-23 STAFFING



2,951
EMPLOYEES
▲5.0%

Labour Relations continued work on FIQ and CSN national collective agreements. It worked effectively with unions on upcoming collective agreement negotiations and essential services and to settle over 90 grievances in the past year. It provided several training sessions to support the development of managers and employees and collaborated with unions and other HR departments to implement specific agreements.

The Compensation and Benefits team partnered with Payroll to pay retroactive salaries resulting from the collective bargaining agreements and executive order. It also ensured various bonus payments as part of COVID-19 special measures adopted by the MSSS, and worked with the Project Management Office to ensure the smooth implementation of electronic timesheets and computerized schedules.

Occupational Health and Safety (OHS) launched an Attendance Management and Support program in spring 2022; it has since supported more than 110 staff. The OHS Committee met several times and worked with employees on protection measures in violent situations. The occupational therapist completed more than 100 ergonomic workstation evaluations, N-95 mask fit test adjustments were carried out, flu vaccination was offered to employees, and 1,977 COVID-19 assessments occurred. A new clinical sector nurse replaced the retiring nurse.

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FINANCIAL RESOURCES

The Financial Resources team continued its efforts to improve the quality and efficiency of the services it provides. These include reorganizing our payroll structure and finalizing the electronic timesheet project. The Procurement unit continues to work closely with the COVID-19 and vaccination teams to support activities related to supply chain management and logistics.

The Cree Non-Insured Health Benefits (CNIHB) team continues to work in committee to improve the various policies and procedures and a milestone was reached with the signature of the CNIHB framework with the MSSS in fall 2022.

The Finance department is working with the project management office to elaborate a new electronic travel authorization system.



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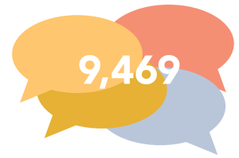
INFORMATION RESOURCES AND TECHNOLOGY

The Information Resources & Technology (IR&T) department is responsible for the technical infrastructure of the CBHSSJB and implements solutions and systems that meet the organization's operational and strategic needs. Objectives are linked to the Strategic Regional Plan and critical to the expansion of health care services in Eeyou Istchee. The department maintains a complex IT infrastructure that enables the CBHSSJB to meet local needs and align with CBHSSJB and MSSS objectives. This past year IR&T continued its work with all clinical and administrative departments in order to respond effectively to their needs.

In response to the urgent need to communicate to the population during the COVID-19 pandemic, IR&T set up numerous new technologies to support the organization. All necessary upgrades to the infrastructure were implemented to enable healthcare workers to continue to provide their various services. For example, IR&T installed VOIP in Chisasibi, Oujé-Boumougou and Whapmagoostui. It upgraded Alfresco, Financial Management and HR Management software (among others), installed security on legacy systems, and increased inter-sites network connections in Chisasibi, Oujé-Boumougou, Whapmagoostui, Waswanipi and Mistissini.

HELPDESK AND SUPPORT SERVICES

The IR&T team responds to requests for information, incident reports, problems, change requests or service requests related to software applications, computer security or network technology assets. In operation 24 hours a day, 365 days a year, the Helpdesk ensures requests are processed within the agreed upon time. Clients can track progress online, view those in progress or closed and know solutions.



2022-23 HELPDESK REQUESTS
▼ 50%

80% of which were processed and closed

IR&T will continue to improve the quality of services by further streamlining and standardizing its processes and practices, while working closely with all CBHSSJB departments to better support their goals and objectives. The success of our services relies on many factors, such as hiring professionals who are experts in their specialty, selecting the best information systems and technologies, and ensuring the quality of the implementation of these systems. We must plan to hire more talented project managers and administrators in order to ensure the success of our long-term vision.

CYBER SECURITY AND DATABASE GOVERNANCE

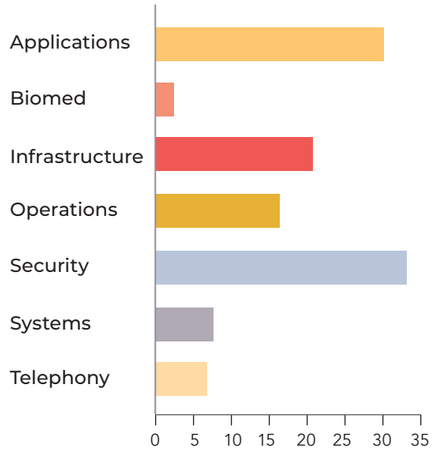
During the past year, IR&T put in place a service to help guide the CBHSSJB in issues concerning confidentially, data and cybersecurity. Our guidance is based on the OCAP (ownership, control, access, possession) principles that were established by the First Nations Information Governance Centre.

The Cybersecurity division is also responsible for addressing any cybersecurity and/or digital technology vulnerabilities. We participate with government directives to identify vulnerable fields and to advise the government and public organizations. We also propose measures to the government to increase the effectiveness of the fight against cyber attacks and cyber threats in our organization.

PROJECT CONTROLLER AND BUSINESS CASE OFFICE

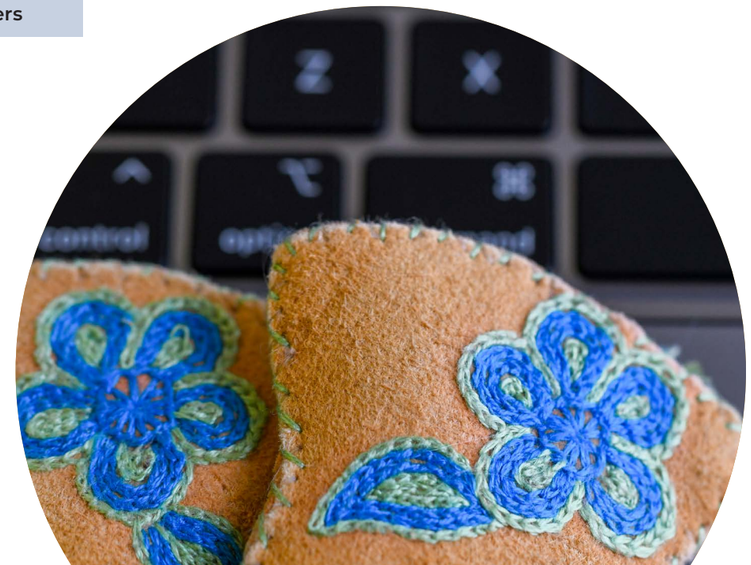
The IT&R department launched a service to help the CBHSSJB manage strategic and non-strategic projects. This service provides the necessary documents and best practices for a project to be approved by the Executive Director or the Board of Directors. This service is an important part of the CBHSSJB Digital Transformation steering committee and the *Stratégie de transformation numérique gouvernementale* of the MSSS.

NUMBER (PER UNIT) OF PROJECTS, OPERATIONS AND ACTIVITIES IN PROGRESS



2022-23 CONNECTED DEVICES

2,743	305	2,296	120
Users	Servers	VOIP	Routers



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châkwân âhâpitichistâkinuwiyich châ chi miywâpitishînânuwiyich

MATERIAL RESOURCES

The Material Resources department (MRD) aims to create the best possible working and living environment for clinical, administrative, and other personnel of the CBHSSJB.

The end of the pandemic has seen a significant increase in transit and travel reservations as employees resumed travel to the communities and down south. We are introducing a new electronic travel requests system that will also involve our hotel reservations services.

In the last two years, five communities experienced major improvements in transit cleanliness. In Mistissini, the evaluation and replacement of furniture is ongoing; some units have been completed, while the remainder will be upgraded in the next two years. For vehicle fleet management, MRD hired staff to concentrate exclusively on maintenance and repairs.

The Biomedical department is responsible for purchasing new equipment, replacing old equipment, and providing corrective and preventive maintenance on all medical equipment, in addition to overseeing all medical equipment for capital projects. The department aimed for a complete audit this past year, identifying areas to improve as well as ways to develop the team and establish a regional vision.

The Capital Projects division foresees major investment in the organization's mandate to build facilities and improve the scope and quality of services. MRD is readjusting construction work to the new reality of rising costs due to post-pandemic inflation. The prices of materials, machinery and other inputs are constantly fluctuating, and as a result we have to request additional funding from the Ministry. This causes delays and reduces the number of projects we can deliver under our agreement.

The Project Management Office (PMO) has a number of capital projects underway, from the planning phase to near-completion, including birthing homes in Chisasibi, Waskaganish and Mistissini; the Regional Hospital in Chisasibi; Ashûkin Services in Waswanipi; CMCs in Oujé-Bougoumou, Whapmagoostui and Waskaganish; and the Healing Lodge in Chisasibi. Elders' Homes in Chisasibi and Waskaganish have begun construction with the completion of substructures. Other initiatives in the PMO's Clinical and IT sectors include the implementation of electronic medical records and security cameras in CBHSSJB facilities.

The MRD's Finance unit aims to improve efficiency and financial monitoring; this past year the unit hired three new employees and established new processes and procedures.

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iyimuwin âwihch kiniwâpitâkanûwich

COMMUNICATIONS

In 2022 the CBHSSJB made the decision to create a department of Communications under the direction of Administrative Services. This new department is responsible for planning and delivering internal and external communication strategies designed to positively impact the CBHSSJB image while effectively promoting the mission and vision of the organization.

Communication team members were reunited in June 2022 under Marie-Claude Roussin, newly appointed Director of Communications, who took up her position on 5 December 2022. On behalf of her team, Marie-Claude Roussin would like to thank Laura Moses, Director of Corporate Services, for supporting Communications over the past 11 years, and Katherine Morrow for her guidance and commitment as Communications Coordinator.

Among the top priorities, the Director will put in place a structure to support the organization's strategic and operational activities, and set up corridors to collaborate with internal and external partners, with a focus on implementing good practices in alignment with the CBHSSJB vision of "Individuals, families and communities striving to achieve Miyupimâtisîun reflective of Nishîyû". We continue to strive for a Cree-first approach to communications, which means ensuring that information for the population, whether in print, audio or video, is available in whole or in part in the Cree language.

2022-23 HIGHLIGHTS

In collaboration with the Material Resources department, the Communications team continues to work on a signage project to harmonize wayfinding in all CBHSSJB facilities. Culturally appropriate signage in Cree and English will help clients feel autonomous as they move through our facilities.

Internal communications continues to be a priority with the team leading a project to develop an intranet—an indispensable tool to communicate with employees and provide information needed for day-to-day work. In addition to centralizing memo dissemination, the team publishes the Tipâchimûsinahîkan monthly newsletter, and ensures up-to-date information is always available in Alfresco, CBHSSJB's document library.

Communications joined the Youth Protection Task Force in preparation for 2023-24 consultations to improve youth protection and youth criminal justice for Eeyou Istchee. The collaboration includes strategic guidance and support for the development of the task force's corporate image and communication tools, ensuring that the greatest number of participants have their voices heard in this major initiative.

As the CBHSSJB grapples with a shortage of workers, Communications continued to find creative ways to promote career opportunities in Eeyou Istchee, working with HR to launch the CV Manager online application portal on 3 March 2023.

High-profile events supported by the team:

- Groundbreaking for the Chisasibi Elders' Home, which attracted media and regional and provincial government VIPs
- Graduation of 35 Cree and Indigenous students from the Talent Development program
- Renewal of CBHSSJB, Cree School Board and Cree Nation Government commitment to a strong and resilient future for Eeyou Istchee in this Year of Social Solidarity (2023)

The team also supported the Office of the Chair and the Executive Director in their public engagements.



WÎCHIHÎTUWIN

Wîchihîtuwin—to help one another—facilitates access to medical and social services not available in Eeyou Istchee. Each year, Wîchihîtuwin supports thousands of clients by coordinating the logistics of their appointments out of their home community. This encompasses booking appointments and providing travel arrangements, accommodation, local transportation and meals for each client. Our liaison services ensure continuity of care by linking the client, the hospital and the community.

2022-23 HIGHLIGHTS

- Organized 46,045 appointments with affiliate partner institutions. There were 20,805 patient and 10,027 caregiver arrivals at our service points in Chibougamau, Chisasibi, Montréal and Val-d'Or, a 10% increase from last year. As the number of our clients returns to pre-pandemic levels, we continue to respect public health guidelines and safety measures
- Added two adapted vehicles to our fleet, allowing us to better serve clients
- Added a temporary weeknight community worker position in Montréal, allowing us to extend support to clients and better answer their psychosocial needs
- Provided support to clients needing assistance with travel claims; an administrative officer is now available to help clients complete reimbursement claims
- Continued to strengthen partnerships with our affiliate hospitals
- Resumed activities for our long-term clients after more than two years of pandemic constraints. This included the construction of two modern michuaps on the Mohawk territory in Kahnewà:ke, with the help of key individuals and the Eenou-Eeyou Community Foundation. This project enables Wîchihîtuwin clients and employees to escape downtown Montréal and reconnect with their culture

2023-24 OBJECTIVES

- Improve communications with our clients as well as internal and external partners by developing and implementing a helpline and by ensuring that information about our services, policies and procedures is easily accessible
- Collaborate with the Cree Non-Insured Health Benefits program (CNIHB) team in Financial Resources to review and update CNIHB policies and procedures
- Implement measures to ensure the security of clients and employees in our service points by developing our security personal team and ensuring our working environment is safe for everyone
- Continue improvements in lodging services for clients travelling to Montréal and Val-d'Or



Kenny Blacksmith harvesting traditional medicine (cedar) for Wîchihîtuwin patients receiving treatment in Montréal and Val-d'Or.

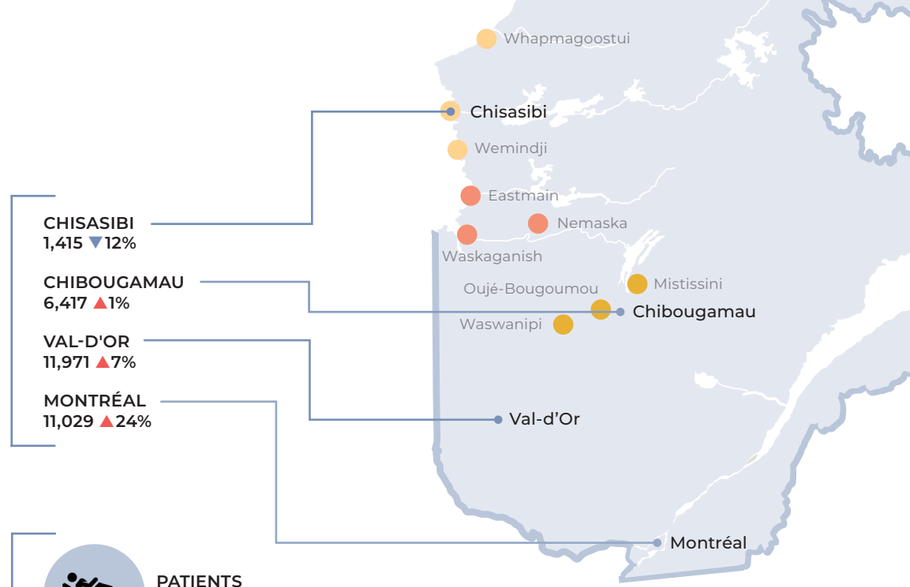
CLIENT ARRIVALS BY SERVICE POINT

CHISASIBI
1,415 ▼12%

CHIBOUGAMAU
6,417 ▲1%

VAL-D'OR
11,971 ▲7%

MONTRÉAL
11,029 ▲24%



TOTAL CLIENTS 30.832 ▲10%

PATIENTS 20,805

CAREGIVERS 10,027





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â mininâsut kâ ispiyit shûyân
FINANCIAL SERVICES

In addition to the information presented in this section, detailed annual financial statements of the Cree Board of Health and Social Services of James Bay are available online through the Ministry of Health and Social Services of Québec: publications.msss.gouv.qc.ca/msss/recherche/.

BREAKDOWN OF GROSS EXPENSES BY PROGRAM

Programs	Current Exercise		Previous Exercise	
	Expenditures	%	Expenditures	%
Service Programs				
Public Health	$7,437,714	1.92%	$7,050,732	1.93%
General Services - Clinical and Assistance Activities	14,597,174	3.78%	14,078,090	3.85%
Support for Autonomy of the Elderly	11,838,550	3.06%	9,934,016	2.72%
Physical Disability	10,146,851	2.63%	10,265,695	2.81%
Intellectual Disability and Autism Spectrum Disorders (ASD)	822,495	0.21%	960,152	0.26%
Youth in Difficulty	37,536,388	9.71%	34,066,310	9.33%
Dependencies	207,602	0.05%	0	0.00%
Mental Health	3,583,515	0.93%	3,311,377	0.91%
Physical Health	178,986,985	46.29%	175,966,874	48.18%
Support Programs				
Administration	68,193,062	17.64%	58,115,288	15.91%
Support to Services	16,864,543	4.36%	15,085,850	4.13%
Management of Buildings and Equipment	36,420,708	9.42%	36,395,517	9.97%
TOTAL	**$386,635,587**	**100.00%**	**$365,229,901**	**100.00%**

BUDGETARY BALANCE

Under sections 3 and 4 of the *Act to provide for balanced budgets in the public health and social services network* (CQLR, chapter E-12.0001), the Cree Board of Health and Social Services of James Bay shows a surplus of $1,781,069 therefore respected this legal obligation.

STATEMENT OF OPERATIONS | 31 MARCH 2023

		Budget	Operations Cur. Yr. (R.of P358 C4)	Capital Assets Current Yr. (Note 1)	Current Year Total C2 + C3	Prior Yr. Total
		1	2	3	4	5
REVENUES						
MSSS Grants	1	377 969 921	382 626 353	14 156 282	396 782 635	374 088 786
Government of Canada	2	19 341 245	14 633 598		14 633 598	14 701 180
User contributions	3	800 000	690 867	XXXX	690 867	770 838
Sale of services and recoveries	4	1 570 200	2 556 647	XXXX	2 556 647	1 416 774
Donations	5					
Investment revenue	6					
Business revenue	7					
Gain on disposal	8					
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Other revenue	11	1 250 000	1 396 767	2 000 000	3 396 767	1 344 439
TOTAL (L.01 to L.11)	12	400 931 366	401 904 232	16 156 282	418 060 514	392 322 017
EXPENDITURES						
Salaries, benefits and payroll taxes	13	207 923 973	213 575 440	XXXX	213 575 440	217 032 985
Medications	14	16 400 000	20 005 934	XXXX	20 005 934	17 629 889
Blood products	15	150 000	236 629	XXXX	236 629	176 224
Medical and surgical supplies	16	6 179 650	6 181 116	XXXX	6 181 116	5 178 945
Food products	17	1 356 250	1 515 412	XXXX	1 515 412	1 250 063
Honoraria paid to non-instutional resources	18	1 055 000	387 259	XXXX	387 259	1 032 681
Financial charges	19	5 300 000	3 916 689	3 943 333	7 860 022	4 831 966
Maintenance and repairs, including non-capital costs related to capital assets	20	8 159 452	7 028 348		7 028 348	5 677 050
Bad debt	21			XXXX		
Rent	22	7 109 001	6 763 479	XXXX	6 763 479	6 983 453
Capital asset depreciation	23	10 500 000	XXXX	10 290 334	10 290 334	10 548 604
Loss on disposal of capital assets	24		XXXX			
Transfer expenses	25			XXXX		
	26	XXXX	XXXX	XXXX	XXXX	XXXX
Other expenditures	27	139 298 040	142 293 926	141 546	142 435 472	124 681 200
TOTAL (L.13 to L.27)	28	403 431 366	401 904 232	14 375 213	416 279 445	395 023 060
SURPLUS (DEFICIT) OF THE YEAR (L.12 - L.28)	29	(2 500 000)	0	1 781 069	1 781 069	(2 701 043)

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

STATEMENT OF OPERATIONS | 31 MARCH 2023

		Budget	Main activities	Incidental activities	Total (C2 + C3)	Prior year
		1	2	3	4	5
REVENUES						
MSSS Grants	1	365 469 921	382 583 628	42 725	382 626 353	361 978 288
Government of Canada	2	19 341 245		14 633 598	14 633 598	14 701 180
User contributions	3	800 000	690 867	XXXX	690 867	770 838
Sale of services and recoveries	4	1 570 200	2 556 647	XXXX	2 556 647	1 416 774
Donations	5					
Investment revenue	6					
Business revenue	7					
Gain on disposal	8					
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Other revenue	11	1 250 000	804 445	592 322	1 396 767	1 344 439
TOTAL (L.01 to L.11)	12	388 431 366	386 635 587	15 268 645	401 904 232	380 211 519
EXPENDITURES						
Salaries, benefits and payroll taxes	13	207 923 973	205 711 547	7 863 893	213 575 440	217 032 985
Medications	14	16 400 000	20 005 934	XXXX	20 005 934	17 629 889
Blood products	15	150 000	236 629	XXXX	236 629	176 224
Medical and surgical supplies	16	6 179 650	6 181 116	XXXX	6 181 116	5 178 945
Food products	17	1 356 250	1 515 412	XXXX	1 515 412	1 250 063
Honoraria paid to non-instutional resources	18	1 055 000	387 259	XXXX	387 259	1 032 681
Financial charges	19	800 000	3 916 689	XXXX	3 916 689	569 029
Maintenance and repairs, including non-capital costs related to capital assets	20	8 159 452	7 017 630	10 718	7 028 348	5 677 050
Bad debt	21					
Rent	22	7 109 001	6 738 746	24 733	6 763 479	6 983 453
Transfer expenses	23					
Other expenditures	24	139 298 040	134 924 625	7 369 301	142 293 926	124 681 200
TOTAL (L.13 to L.24)	25	388 431 366	386 635 587	15 268 645	401 904 232	380 211 519
SURPLUS (DEFICIT) OF THE YEAR (L.12 - L.25)	26	0	0	0	0	0

STATEMENT OF ACCUMULATED SURPLUS (DEFICIT) | 31 MARCH 2023

		Operating fund Current year 1	Capital assets Fund Current year 2	Current Year Total (C1 +C2) 3	Prior Yr. Total 4
ACCUMULATED SURPLUS (DEFICIT) BEGINNING OF YEAR, ALREADY ESTABLISHED	1	5 296 857	30 114 566	35 411 423	38 112 466
Accounting changes with prior year restatement (specify)	2		(2 074 528)	(2 074 528)	
Accounting changes without prior year restatement (specify)	3				
ACCUMULATED SURPLUS (DEFICIT) BEGINNING ADJUSTED (L.01 to L.03)	4	5 296 857	28 040 038	33 336 895	38 112 466
SURPLUS (DEFICIT) FOR THE YEAR	5		1 781 069	1 781 069	(2 701 043)
Other changes: Inter-institution transfers (specify)	6				
Interfund transfers (specify)	7	1 376 229	(1 376 229)	0	0
Other items applicable to private establishments under agreement (specify)	8		XXXX		
	9	XXXX	XXXX	XXXX	XXXX
TOTAL OTHER CHANGES (L.06 to L.09)	10	1 376 229	(1 376 229)		
ACCUMULATED SURPLUS (DEFICIT) END OF YEAR (L.04+ L.05 + L.10)	11	6 673 086	28 444 878	35 117 964	35 411 423
Consisting of the following: External restrictions	12	XXXX	XXXX		
Internal restrictions	13	XXXX	XXXX	7 031 889	6 739 710
Unrestricted or Unrestricted balance (L.11 - L.12 - L.13)	14	XXXX	XXXX	28 086 075	28 671 713
TOTAL (L.12 to L.14)	15	XXXX	XXXX	35 117 964	35 411 423

STATEMENT OF FINANCIAL POSITION | 31 MARCH 2023

		FUND General 1	Capital assets 2	Current Year Total (C1+C2) 3	Prior Yr. Total 4
FINANCIAL ASSETS					
Cash on hand (overdraft)	1	8 158 983		8 158 983	2 453 843
Short-term investments	2	XXXX	XXXX	XXXX	XXXX
Receivables - MSSS	3	100 609 714	1 005 057	101 614 771	90 487 861
Other receivables	4	6 383 597	898 128	7 281 725	5 533 880
Cash advances to public institution	5	XXXX			
Interfund receivables (payables)	6	32 510 286	(32 510 286)	0	0
Grant receivable (deferred grants) - accounting reform	7	5 613 696	113 717 058	119 330 754	139 035 091
Portfolio investments	8				
Deferred debt issuance costs	9	XXXX	XXXX	XXXX	XXXX
Assets for sale	10	XXXX			
Other items	11	627 364	5 039 988	5 667 352	864 103
TOTAL FINANCIAL ASSETS (L1 to L12)	12	153 903 640	88 149 945	242 053 585	238 374 778
LIABILITIES					
Short-term debt	13	60 785 967	14 159 733	74 945 700	60 049 537
Accounts payable - MSSS	14				
Other accounts payable and accruals	15	45 943 421	5 039 989	50 983 410	46 164 499
Cash advances - decentralized envelopes	16	XXXX			
Accrued interest payable	17	361 385	1 005 057	1 366 442	1 266 617
Deferred revenue	18	20 587 570	187 643 569	208 231 139	170 415 193
	19	XXXX	XXXX	XXXX	XXXX
Long-term debts	20	XXXX	96 860 786	96 860 786	118 136 553
Liability for contaminated sites	21	XXXX			
Liability for employee future benefits	22	23 163 053	XXXX	23 163 053	20 627 523
Asset retirement obligations	23	XXXX	2 696 539	2 696 539	2 554 992
Other items	24	727 929		727 929	797 205
TOTAL LIABILITIES (L.14 to L.25)	25	151 569 325	307 405 673	458 974 998	420 012 119
NET FINANCIAL ASSETS (NET DEBT) (L.13 - L.26)	26	2 334 315	(219 255 728)	(216 921 413)	(181 637 341)
NON FINANCIAL ASSETS					
Capital assets	27	XXXX	247 700 606	247 700 606	210 271 778
Supply inventory	28	2 281 885	XXXX	2 281 885	2 090 934
Prepaid expenses	29	2 056 886		2 056 886	2 131 060
TOTAL NON FINANCIAL ASSETS (L.28 to L.30)	30	4 338 771	247 700 606	252 039 377	214 493 772
SHARE CAPITAL AND CONTRIBUTED SURPLUS	31		XXXX		
ACCUMULATED SURPLUS (DEFICIT)	32	6 673 086	28 444 878	35 117 964	32 856 431

STATEMENT OF VARIANCE OF NET FINANCIAL ASSETS/DEBTS | 31 MARCH 2023

		Budget	General Fund	Capital Assets Fund	Total Current Yr. (C2+C3)	Total Prior Yr.
		1	2	3	4	5
NET FINANCIAL ASSETS (NET DEBT BEGINNING ALREADY ESTABLISHED	1	(235 841 845)	1 074 863	(180 157 212)	(179 082 349)	(172 650 603)
Accounting changes with prior year restatement	2					
Accounting changes without prior year restatement	3			(2 074 528)	(2 074 528)	
NET FINANCIAL ASSETS (NET DEBT BEGINNING ADJUSTED (L.01 to L.03)	4	(235 841 845)	1 074 863	(182 231 740)	(181 156 877)	(172 650 603)
SURPLUS (DEFICIT) FOR THE YEAR (P.200, L.29)	5			1 781 069	1 781 069	(2 701 043)
VARIANCE DUE TO CAPITAL ASSETS: Acquisitions	6	(30 000 000)	XXXX	(47 238 697)	(47 238 697)	(13 984 603)
Annual depreciation	7	10 500 000	XXXX	10 290 334	10 290 334	10 548 604
Gain/loss on disposal of assets	8		XXXX			
Proceeds of disposition	9	XXXX	XXXX	XXXX	XXXX	XXXX
Bad debts	10		XXXX			
Capital asset adjustments	11		XXXX	(480 465)	(480 465)	
	12	XXXX	XXXX	XXXX	XXXX	XXXX
	13	XXXX	XXXX	XXXX	XXXX	XXXX
TOTAL VARIANCE DUE TO CAPITAL ASSETS (L.06 to L.13)	14	(19 500 000)	XXXX	(37 428 828)	(37 428 828)	(3 435 999)
VARIANCE DUE TO SUPPLY INVENTORY AND PREPAID EXPENSES: Acquisition of supply inventory	15	(2 068 505)	(2 281 885)	XXXX	(2 281 885)	(2 090 934)
Acquisition of prepaid expenses	16	(2 429 408)	(2 056 886)		(2 056 886)	(2 131 060)
Use of supply inventory	17	2 139 579	2 090 934	XXXX	2 090 934	2 046 075
Use of prepaid expenses	18	2 144 585	2 131 060		2 131 060	1 881 215
TOTAL VARIANCE DUE TO SUPPLY INVENTORY AND PREPAID EXPENSES (L.15 to L.18)	19	(213 749)	(116 777)		(116 777)	(294 704)
Other variance in accumulated surplus (deficit)	20		1 376 229	(1 376 229)	0	0
INCREASE (DECREASE) IN NET FINANCIAL ASSETS (NET DEBT) (L.05 + L.14 + L.19 + L.20)	21	(19 713 749)	1 259 452	(37 023 988)	(35 764 536)	(6 431 746)
NET FINANCIAL ASSETS (NET DEBT) END OF YEAR (L.04 + L.21)	22	(255 555 594)	2 334 315	(219 255 728)	(216 921 413)	(179 082 349)

CASH FLOW STATEMENT | 31 MARCH 2023

		Current Year	Prior Year
		1	2
OPERATING ACTIVITIES			
Surplus (deficit) for the year	1	1 781 069	(2 701 043)
ITEMS NOT AFFECTING CASH FLOW			
Provision tied to portfolio investments and loan guarantees	2		
Supply inventory and prepaid expenses	3	(116 777)	(294 704)
Loss (gain) on disposal of capital assets	4		
Loss (gain) on disposal of portfolio investments	5		
Amortization of deferred revenue related to capital assets:			
- Government of Canada	6		
- Other	7		
Capital asset depreciation	8	10 290 334	10 548 604
Capital loss	9		
Amortization of debt issue costs and management	10		
Amortization of bond premium or discount	11		
MSSS grants	12	(11 356 890)	(7 847 560)
Other (specify)	13		
TOTAL ITEMS NOT AFFECTING CASH FLOW (L.02 to L.13)	14	(1 183 333)	2 406 340
Changes in financial assets and liabilities related to operation	15	(8 972 392)	134 157 789
CASH FLOW RELATED TO CAPITAL ASSET INVESTMENT ACTIVITIES (L.01 + L.14 + L.15)	16	(8 374 656)	133 863 086
CAPITAL ASSET INVESTMENT ACTIVITIES			
Cash outflow related to capital asset purchases	17	(42 482 048)	(15 749 731)
Proceeds of disposition of capital assets	18		
CASH FLOW RELATED TO CAPITAL ASSET INVESTMENT ACTIVITIES (L.17 + L.18)	19	(42 482 048)	(15 749 731)
INVESTMENT ACTIVITIES			
Variance of short-term investments	20		
Portfolio investments (purchase)	21		
Proceeds of disposition of portfolio investments	22		
Portfolio investments (sale)	23		
CASH FLOW RELATED TO INVESTMENT ACTIVITIES (L.20 to L.23)	24		

CASH FLOW STATEMENT (CONT'D) | 31 MARCH 2023

		Current Year 1	Prior Year 2
FINANCING ACTIVITIES			
Long-term debts - Debts incurred	1		
Long-term debts - Debts repaid	2		
Capitalization of discounts and premium on debt instruments	3		
Variance of short-term debts - generated fund	4	16 014 725	(131 529 752)
Short-term debts incurred - capital asset fund	5	40 547 119	9 974 749
Short-term debts repaid - capital asset fund	6		
Variance from government sinking fund	7		
Variation in deferred debt charges	8		
Other (specify P297)	9		
CASH FLOW RELATED TO FINANCING ACTIVITIES (L.01 to L.08)	10	56 561 844	(121 555 003)
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS P.208-00, L.16 + L.19 + L.24 + P.208-01, L.09)	11	5 705 140	(3 441 648)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	12	2 453 843	5 895 491
CASH AND CASH EQUIVALENTS, END OF YEAR (L.10 + L.11)	13	8 158 983	2 453 843

CASH FLOW STATEMENT (CONT'D) | 31 MARCH 2023

		Current Year 1	Prior Year 2
VARIANCE OF FINANCIAL ASSETS AND LIABILITIES RELATED TO OPERATION:			
Receivables - MSSS	1	(11 126 910)	106 303 699
Other receivables	2	(1 747 845)	(909 718)
Cash advances to public institutions	3		
Grant receivable - accounting reform - employee future benefits	4	6 547	
Deferred debt issuance costs	5		XXXX
Other assets	6	(4 803 249)	1 331 539
Accounts payable - MSSS	7		
Other accounts payable and accruals	8	62 262	15 327 219
Cash advances - decentralized envelopes	9		
Accrued interest payable	10	99 825	(42 837)
Deferred revenue	11	5 929 178	7 373 292
Liability for contaminated sites	12		
Liability for employee future benefits	13	2 535 530	4 611 872
Asset retirement obligations	14	141 546	
Other liability items	15	(69 276)	162 723
TOTAL VARIANCE OF FINANCIAL ASSETS AND LIABILITIES RELATED TO OPERATION (L.01 to L.14)	16	(8 972 392)	134 157 789

OTHER INFORMATION:

Capital asset acquisitions included in accounts payable as at March 31	17	8 160 078	3 403 429
Proceeds of disposition of capital assets included in receivables as at March 31	18		
Other items not affecting cash and cash equivalents (specify P297)	19	(7 002 375)	(7 847 560)

INTEREST:

Creditor interest (revenue)	20		
Interest received (revenue)	21		
Interest received (expenses)	22	7 860 022	4 831 966
Interest spent (expenses)	23	3 614 941	558 056

Acronyms

ACS	Attestation of College Studies
AED	Assistant Executive Director
AGA	Annual General Assembly
AGM	Annual General Meeting
AMA	*Â Mashkûpimâtsît Awash*
APS	Administrative Process Specialist
APSS	*Accès priorisé aux services spécialisés*
AQSP	*Association Québécoise de Prévention du Suicide*
ASIST	Applied Suicide Interventions Skills Training
CAVAC	Crime Victims Assistance Centre
CBHSSJB	Cree Board of Health and Social Services of James Bay
CCIC	Clinical Coordination and Integration Committee
CDIS	Cree Diabetes Information Sytem
CHU	*Centre Hospitalier de l'Université de Montréal*
CHUV	*Centre Hospitalier universitaire vétérinaire*
CICR	Canadian Institute for Conflict Resolution
CISSS	*Centre intégré de santé et de services sociaux*
CLE/CE	Cree leukoencephalopathy and Cree encephalitis
CMC	Community Miyupimâtisîun Centre
CMW	Council of Midwives
CNESST	*Commission des normes, de l'équité, de la santé et de la séurité du travail*
CNG	Cree Nation Government
CNIHB	Cree Non-Insured Health Benefits
COVID-19	Coronavirus Disease (2019)
CPAP	Continuous positive airway pressure (machine for sleep apnea)
CPDP	Council of Physicians, Dentists and Pharmacists
CPSC	*Communauté de pratique en sécurisation culturelle*
CRCP	Conflict Resolution Certificate program
CRDS	*Centre de répartition des demandes de service*
CSB	Cree School Board
CSN	*Confédération des syndicats nationaux*
CST	Cultural Safety Training
CTA	Cree Trappers' Association
CWEIA	Cree Women's Association of Eeyou Istchee
DGSM	Department of General and Specialized Medicine
DMAS	Director of Medical Affairs and Services
DPH	Director of Public Health
DPSQA	Department of Professional Services and Quality Assurance
DPSS	Disability Programs and Specialized Services
EEPF	Eeyou-Eenou Police Force
EI	Eeyou Istchee
ERC	Emergency Response Core (group)
FASD	Fetal Alcohol Syndrome Disorder
FGC	Family Group Conferencing
FIQ	*Fédération Interprofessionnelle de la santé du Québec*
FTE	Full-time equivalent
GDM	Gestational diabetes mellitus
HEAL	Healthy Environment Active Living program
HCCP	Home and Community Care program
HEY	Health Eeyou Youth project
HHD	Home Hemodialysis
HRD	Human Resources Department
HRO	Human Resources Officer
INSPQ	*Institut national de santé publique du Québec*
IRS	Indian Residential Schools
IR&T	Information Resources and Technology
JBCCS	James Bay Cree Communications Society
JBNQA	James Bay Northern Québec Agreement
MADO	*Maladies à déclaration obligatoire*
MAPAQ	Ministère de l'Agriculture, des Pêcheries et de l'Alimentation du Québec
MCAT	Multiclientele Assessment Tool
MIC-M	Miyupimâtisîun Integrated Model of Care
MCHP	Maternal and Child Health program
MEP	Midwifery Education program
MMIW	Missing and Murdered Indigenous Women
MoreOB	Managing Obstetrical Risk Efficiently
MPI	Master Patient Index
MRD	Material Resources department
MSDC	Multi-Service Day Centre
MSSS	*Ministère de la Santé et des Services sociaux*
MUHC	McGill University Health Centre
MWS	Midwifery Services
MYLE	Electronic medical record program
NIHB	Non-Insured Health Benefits
NNADAP	National Native Alcohol and Drug Abuse program
NOC	Northern Operations Centre
OCAP	(First Nations principles of) Ownership, Control, Access and Possession (over data collection processes and how information can be used)
OCCI	*Outil de cheminement clinique informatisé*
OHS	Occupational Health and Safety
OIIQ	*Ordre des infirmières et infirmiers du Québec*
PCCR	Primary Care Community Representative
PCR	Polymerase chain reaction
PDS	Program Development and Support
PH	Public Health
PIJ	*Projet intégration jeunesse*
PMO	Project Management Office
PMSD	*Pour une maternité sans danger*
PPE	Personal protective equipment
PPRO	Planning and Programming Research Officer
PFT	*Programme fonctionnel et technique*
RHSW	Resolution Health Support Worker
RO	Resolution Officer
RSG	Research Governance Committee
RSQ	*Recrutement Santé Québec*
RSV	Respiratory syncytial virus
RTS	*Réception et traitement des signalements*
SAPA	Support Program for the Autonomy of Seniors
SERC	Surveillance, Evaluation, Research and Communications
SI-PMI	*Module Immunisation du Système d'information pour la protection en maladies infectieuses*
SIPPE	*Services intégrés en perinatalité et pour la petite enfance*
SNE	Special Needs Educator
SQCC	Service Quality and Complaints Commission
SRP	Strategic Regional Plan
SSD	Specialized Services Department
STBBI	Sexually transmitted and blood-borne infections
STI	Sexually transmitted infection
TB	Tuberculosis
UQAT	*Université du Québec en Abitibi-Témiscamingue*
WESC	Wîchihîwâuwin Emergency Steering Committee
YCJA	Youth Criminal Justice Act
YHS	Youth Healing Services
YP	Youth Protection
YPA	Youth Protection Act

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Regional Administration
PO Box 250
Chisasibi, QC J0M 1E0
T 819-855-2744 | F 819-855-2098
Complaints 1-866-923-2624

Chisasibi Regional Hospital
21 Maamuu Meskino
Chisasibi, QC J0M 1E0
819-855-2844

Recruitment Centre
1055 René Lévesque Boulevard East
7th floor
Montréal, QC H2L 4S5
514-861-5955
jobs.reg18@ssss.gouv.qc.ca

Public Health Department
168 Main Street
Mistissini, QC G0W 1C0
418-923-3355
Montréal 514-861-2352

Wîchihîtuwin
Chisasibi Hospital
819-855-9019

c/o Centre de santé de Chibougamau
51, 3e rue
Chibougamau, QC G8P 1N1
418-748-4450

1055 René Lévesque Boulevard East
6th floor
Montréal, QC H2L 4S5
514-989-1393

c/o Hôpital de Val-d'Or
725, 6e rue
Val-d'Or, QC J9P 3Y1
819-825-5818

Youth Healing Services Reception Centre
302 Main Street
Mistissini, QC G0W 1C0
418-923-3600

Youth Protection Hotline
1-800-409-6884

Wîchihîwâuwin Helpline
833-632-4357 (HELP)

Robin's Nest Women's Shelter
855-753-2094

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COMMUNITY MIYUPIMÂTISÎUN CENTRES (CMCS)

ᑭᓴᐢᐃ **Chisasibi CMC**
12 Maamuu Meskino
Chisasibi, QC J0M 1E0
819-855-2844

ᐋᓂᒉᐢ **Eastmain CMC**
143 Nouchimi Street
Eastmain, QC J0M 1W0
819-977-0241

ᒥᓂᐱᓵ **Mistissini CMC**
302 Queen Street
Mistissini, QC G0W 1C0
418-923-3376

ᓇᒥᓂᑲ **Nemaska CMC**
7 Lakeshore Road
Nemaska, QC J0Y 3B0
819-673-2511

ᐅᖁᐧᐳᑯᒧ **Oujé-Bougoumou CMC**
68 Opataca Meskino
Oujé-Bougoumou, QC G0W 3C0
418-745-3901

ᐧᐊᓂᑲᐃᐋᓵᓴ **Waskaganish CMC**
2 Taktachun Meskaneu
Waskaganish, QC J0M 1R0
819-895-8833

ᐧᐊᓂᐧᐃᓵᐋ **Waswanipi CMC**
1 West Aspen
Waswanipi, QC J0Y 3C0
819-753-2511

ᐧᐋᒥᓵᑊ **Wemindji CMC**
60 Maquatua Road
Wemindji, QC J0M 1L0
819-978-0225

ᐧᐊᐱᒪᔅᑐᐃ **Whapmagoostui CMC**
425 Whapmaku Street
Whapmagoostui, QC J0Y 1G0
819-929-3307

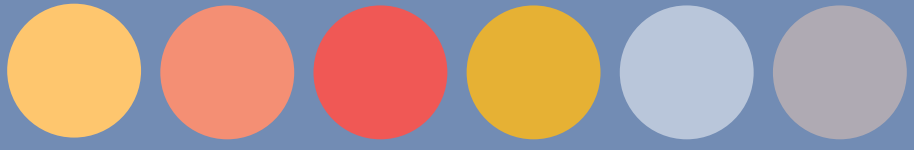
Cree Board of Health and Social Services of James Bay
Box 250, Chisasibi, QC J0M 1E0
ccsssbj-cbhssjb@ssss.gouv.qc.ca
CreeHealth.org

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CONSEIL CRI DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA BAIE JAMES
CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

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CONSEIL CRI DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA BAIE JAMES
CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY