

# FINANCIAL STATEMENTS

Statement of financial position on March 31, 2012  
(Operations and Capital Assets)

	2011-2012	2010-2011
<b>FINANCIAL ASSETS</b>		
Cash balance (bank overdraft)	\$ -2 811 842	\$ -1 895 735
Accounts Receivable - Agence and MSSS	16 106 760	7 930 161
Accounts Receivable - Others	2 744 990	2 261 498
Debt between funds	0	0
Grant receivable (advance financing) – accounting reform	19 385 749	16 970 818
Other items	745 252	725 491
<b>TOTAL FINANCIAL ASSETS</b>	<b>36 170 909</b>	<b>25 992 233</b>
<b>LIABILITIES</b>		
Temporary loans	25 700 696	14 586 028
Other accounts payable and other accrued charges	26 191 814	25 041 988
Cash advance from the Agence – decentralized budgets	2 817 857	2 307 117
Accrued interest payable	1 202 094	1 259 087
Deferred revenue	9 416 215	8 729 029
Long-Term debts	80 846 482	82 411 471
Other items	856 247	4 038 426
<b>TOTAL LIABILITIES</b>	<b>147 031 405</b>	<b>138 373 146</b>
<b>NET FINANCIAL ASSETS (NET DEBT)</b>	<b>-110 860 496</b>	<b>-112 380 913</b>
<b>NON-FINANCIAL ASSETS</b>		
Capital assets	94 921 415	98 094 288
Inventories of supplies	2 551 844	2 276 945
Pre-paid expenses	945 598	639 114
<b>TOTAL NON-FINANCIAL ASSETS</b>	<b>98 418 857</b>	<b>101 010 347</b>
<b>ACCUMULATED SURPLUSES AND DEFICITS</b>	<b>\$ -12 441 639</b>	<b>\$ -11 370 566</b>
<i>Results for fiscal year ending March 31, 2012</i>		
<i>Key activities</i>		
Revenues	\$ 158 323 347	\$ 140 291 264
Charges	160 737 555	152 204 118
<b>SURPLUS (DEFICIT) FOR FISCAL YEAR</b>	<b>\$ -2 414 208</b>	<b>\$ -11 912 854</b>
<i>Incidental activities</i>		
Revenues	\$ 4 295 505	\$ 3 833 380
Charges	2 848 155	2 320 526
<b>SURPLUS (DEFICIT) FOR FISCAL YEAR</b>	<b>\$ 1 447 350</b>	<b>\$ 1 512 854</b>
<i>Capital Assets</i>		
Revenues	\$ 12 590 420	\$ 13 290 582
Charges	12 694 635	13 378 450
<b>SURPLUS (DEFICIT) FOR FISCAL YEAR</b>	<b>\$ -104 215</b>	<b>\$ -87 868</b>
<i>Total of all funds</i>		
<i>Key, incidental and capital assets activities</i>		
Deficit – key activities	\$ -2 414 208	\$ -11 912 854
Surplus – incidental activities	1 447 350	1 512 854
Deficit – capital asset activities	-104 215	-87 868
<b>SURPLUS (DEFICIT) FOR FISCAL YEAR</b>	<b>\$ -1 071 073</b>	<b>\$ -10 487 868</b>

## MEMBERS OF THE BOARD OF DIRECTORS OF THE WEST ISLAND HSSC

On March 31, 2012

**President**  
Richard LEGAULT  
(Agence)

**Vice-President**  
Susan MCKERCHER  
(Foundations)

**President of the Audit Committee**  
Mark ARMITAGE  
(Co-opted member)

**Secretary**  
Henri ELBAZ  
(Interim Executive Director)

**Administrators**  
Barbara ARMBRUSTER  
(Population)

Louis BELLEMARE  
(Users Committee)

Joanne BRODEUR  
(Co-opted member)

Marc BRUNET  
(Non-Clinical Personnel)

Francesca CORSO  
(Co-opted member)

Johanne DESPATIS  
(Co-opted member)

Marianne FERRAIUOLO  
(Multidisciplinary Council)

James A. GATES  
(Co-opted member)

Joan KOURI  
(Population)

Lucie LADOUCEUR  
(Council of Nurses)

Sheila LAURSEN  
(Agence)

Christiane LÉONARD  
(Council of Midwives)

Evelyn MEANEY  
(Users Committee)

Dr Mladen PALAIC  
(Council of Physicians, Dentists and Pharmacists)

Fred STEER  
(Co-opted member)

# 2011-2012

# ANNUAL REPORT

Centre de santé et de services sociaux  
de l'Ouest-de-l'Île  
West Island  
Health and Social Services Centre

## MESSAGE FROM THE PRESIDENT OF THE BOARD OF DIRECTORS

The year 2011-2012 was quite an eventful year. Major administrative changes took place: a new Board of Directors and a new Interim Executive Director took up their duties on February 1st, 2012.

In the fall, like all healthcare institutions in Quebec, we started renewing our Board of Director members, who are elected, designated, appointed or co-opted. The Board of Directors now has 19 members, almost half of whom are new members. We are very proud of our new Board of Directors. Our Board members form a dynamic team with a wealth of expertise.

In addition, we had the pleasure of welcoming Mr. Henri Elbaz to the position of Interim Executive Director. Mr. Elbaz has extensive experience in healthcare administration. As soon as he took up his post, he shared his vision with all the staff at the HSSC, in all the facilities. His goal: *Building a HSSC of Excellence: compare ourselves to the best and be among the best.* The wealth of a HSSC lies in the fact that it combines the strengths of CLSCs, long-term care facilities and community hospitals. It is impossible to become a centre of excellence unless every sector is flourishing and developing to its full potential.

Day-to-day, our key priorities involve the continuous improvement of the quality of healthcare services and safety, while respecting our plan to achieve performance and budget targets. We must admit that it is a constant challenge to attain our objectives in a context where the network of health and social services is facing significant financial constraints.

This year, Accreditation mobilized our staff once again. In December 2010, the HSSC was granted Accreditation with conditions. This time, we're almost there! We should be receiving a response by May 2012 from Accreditation Canada regarding the latest proof we have submitted. We would like to acknowledge the exceptional work of our staff for the improvements and progress they have made since the beginning of the process.

We must recognize the immense commitment of the teams to our clientele: staff members, administrators, physicians, volunteers and members of the Board of Directors. It is thanks to each and every one of them that we will be able to achieve our mission and contribute to the well-being of our population.

Have a great read!



Richard Legault  
President of the Board of Directors

## THE HSSC AT A GLANCE

The West Island HSSC groups together the CLSC de Pierrefonds, the CLSC du Lac-Saint-Louis, the Centre d'hébergement Denis-Benjamin-Viger and the Lakeshore General Hospital. Its territory consists of the boroughs of Pierrefonds-Roxboro and L'Île-Bizard-Sainte-Geneviève, as well as the municipalities of Baie-D'Urfé, Beaconsfield, Dollard-des-Ormeaux, Kirkland, Pointe-Claire, Sainte-Anne-de-Bellevue and Senneville.

The HSSC provides services to a population of over 220,000 people. It has a staff of no less than 2125 employees and some 250 physicians (General Practitioners and Specialists), as well as more than 500 volunteers to meet the needs of our clientele. The HSSC has 227 short-term hospital beds and 155 long-term care beds.

**The West Island HSSC has a unique mission on its territory. It consists of three major components:**

1. Understand, maintain or improve the health condition and well-being of the West Island population;
2. Make integrated and quality health and social services accessible;
3. Guide the clientele throughout the Health and Social Services Network while fostering their autonomy.

[www.westislandhssc.qc.ca](http://www.westislandhssc.qc.ca)

This document was produced by the West Island HSSC Communications Services | communications.csss@ssss.gouv.qc.ca

## THE FIVE PRIORITIES OF THE BOARD OF DIRECTORS

In December 2007, the Board of Directors of the West Island HSSC identified priorities on which to base the HSSC's improvement efforts. In line with these priorities, here are some indicators and achievements for 2011-2012.

### Development of first line services

- Opening of the one stop access service for orphan patients without a family doctor to non-vulnerable patients. There were 5,061 applications for registration this year, compared to 758 last year.
- Work in close collaboration with the three network clinics on the territory.
- Finalizing preparations for the Accreditation of a new Family Medicine Group (FMG) at the Brunswick Medical Clinic. Together with the HSSC and the *Agence de la santé et des services sociaux de Montréal*, this Clinic successfully completed the steps required to be granted Accreditation from the *Ministère* to obtain the status of FMG (planned for May 2012).
- Development of an operating procedure on intravenous therapy which allows adult patients to receive services at the CLSC and avoid hospital visits.

### Improving fluidity between first, second and third line services

- Work with the Department of Child Psychiatry at the Montreal Children's Hospital in order to establish a service agreement with the objective of overseeing the integrated offer of services in youth mental health (first and second lines) on our territory and developing new service corridors.
- Development of a collaborative protocol with the *Service de police de la Ville de Montréal* in order to improve response to management of people who are in crisis during police interventions.



### Bringing the Child-Family-Youth clientele back within the HSSC's territory

- Increase in the number of childbirths at the Hospital (1,699 childbirths in 2011-2012, compared to 1,541 births in 2010-2011).

### Improving the service offer to elderly clientele experiencing loss of autonomy

- 60 residents welcomed at *The Maison Valeo Pierrefonds* since its opening on March 31, 2011.
- Realization of the first steps with a view to implementing the Approach Adapted to the Elderly at the Hospital.
- Renovations at the Centre d'hébergement Denis-Benjamin-Viger. In all, 110 rail systems for overhead lifts have been installed on the ceiling, 60 of which are equipped with a motor.

### Improving the organization's reputation

- Sharing of the vision of the new Interim Executive Director: Building a HSSC of excellence. Compare ourselves to the best and BE among the best.
- Carrying out a series of process improvement initiatives based on the *Lean* methodology throughout the organization, especially with regard to : management of the call-back list (Human Resources), Medical Records, Emergency, Ambulatory Centre, Operating Area and Medicine.
- CSST Innovation Award : once again this year, our HSSC is one of nine organizations in the Montreal region that was the recipient of this Award.
- Survey of the *Agence de la santé et des services sociaux de Montréal* regarding the satisfaction of Montreal users: West Island users are generally more satisfied with the services they receive than users in other territories. The interpersonal skills and competence of the caregivers are the qualities most appreciated.
- Dissemination of success stories internally and externally, in the local media and on the Internet site.



## A FEW HIGHLIGHTS

### New Board of Directors

We have a new Board of Directors since February 1<sup>st</sup>, 2012. The members were elected, designated, appointed or co-opted. The process started in the fall and was completed in January.

### New Interim Executive Director

We had the pleasure of welcoming Mr. Henri Elbaz to the position of Interim Executive Director on February 1<sup>st</sup>. Mr. Elbaz sees the West Island HSSC as an institution with enormous potential. As soon as he took up his post, he has made every effort to mobilize the troops in order to meet the major challenges we are facing, especially regarding the Emergency.

### Accreditation

The process for our 2010-2013 Accreditation is coming to an end. In November 2010, the HSSC was granted Accreditation with conditions, which is the type of Accreditation obtained by 70% of organizations. During the additional visit from accreditation Canada in April 2011, a visitor said to be very impressed with the enthusiasm demonstrated by all the teams at the HSSC and the progress they achieved. We have also already started preparing for the next Accreditation (2013-2017). The visit from the Accreditation Canada team is scheduled for November 2013.

### Reflection workshops

Reflection workshops on various themes have been organized to rethink our way of doing things. Two workshops were already held, before the end of 2011-2012. The theme of one workshop was the structure of the Nursing Directorate, and the other Palliative Care. Other workshops will be set up on Public Health, Aging and Strategic Planning.

### AH-223 now an electronic form

The electronic version of the incident and accident report form is now available. From now on, all caregivers can enter information on the screen. Ultimately, it will avoid data entry duplication and allow for better access to statistics to determine broad trends.

### November, Safety month

The second edition of *November, Safety month* was a resounding success. Once again this year, several themes were addressed: information assets, accreditation, medication reconciliation (BCM), confidentiality, risk management, prevention of falls and infections.

### Certification of residences for the elderly

The certification of private residences is underway. Out of the 53 residences on the territory, 42 residences are now certified by the *Agence de la santé et des services sociaux* and the first certification of 11 residences is in progress.

### Measles Vaccination

To prevent the return of measles in full force, a large-scale vaccination campaign was carried out, in collaboration with the School Network. The target population included students and the staff of the 63 elementary schools and high schools, as well as staff from the healthcare network.

### Water contamination

During the water contamination problems on the West Island in October 2011, a series of measures were implemented at the HSSC to ensure the safety of our staff and our patients. Hemodialysis Services were the most affected. All the equipment had to be cleaned, sterilized and tested before being used again. For a whole week, our hemodialysis patients received treatments at the Maisonneuve-Rosemont Hospital and the Montreal General Hospital with our staff.

### Short Stay Unit

Opening of a Short Stay Unit in January 2012 at the Hospital. The SSU has 12 beds which accommodate patients who only need a short stay at the hospital. The Unit has already had good results in the few months that it has been used. The SSU helps relieve overcrowding and decrease the Average Length of Stay at the Emergency Room. Patients are also very satisfied with the services.

### New Palliative Care beds

Ministers Yves Bolduc and Geoffrey Kelley announced the upcoming opening of a "satellite site" with 14 new beds for the West Island Palliative Care Residence. The site will be located at the *Vivalis*, bringing the total number of beds in palliative care on our territory to 23, which enables us to achieve the Ministry objective of one bed for 10,000 people.



## COMPLAINTS REVIEW AND ADVOCACY

Meeting our clients' needs is an ongoing concern. For this reason, many programs and measures have been put into place to ensure the quality of our healthcare services and patient safety: wound care program, infection prevention and control program, clinical support, healthcare rules, continuing education and professional development activities, accreditation, etc.

### LOCAL SERVICE QUALITY AND COMPLAINTS COMMISSIONER

In the last year, the Local Quality and Complaints Commissioner received 142 complaints, while the medical examiner received 46 complaints, for a total of 188 complaints (compared to 209 in 2010-2011). When necessary, the Commissioner meets the complainants, administrators and the personnel involved in a complaint directly on site, in one of the facilities. A prompt reply is given to the issues raised and, in many cases, the solution is in place before the review procedure has ended.

### RISK MANAGEMENT

Pertaining to the safety of healthcare services, 75% of the incidents reported concern the Hospital and 16% concern the Centre d'hébergement. The most common incidents at the Hospital involve medication (31%), followed by incidents concerning falls at the Centre d'hébergement (43%).

## FOUNDATIONS

The West Island HSSC receives financial support from the following Foundations:

- Lakeshore General Hospital Foundation
- The Centre d'hébergement Denis-Benjamin-Viger Foundation
- The CLSC du Lac-Saint-Louis and de Pierrefonds Foundation

The purpose of these Foundations is to raise funds to purchase equipment and to morally, socially and financially support users and other individuals in need. Auxiliaries from the Lakeshore General Hospital also contribute financially and on a volunteer basis to the health and well-being of HSSC clients.