Annual Management Report 2017 2018

Condensed Version

Centre intégré de santé et de services sociaux de Lanaudière

Québec

Centre intégré de santé et de services sociaux de Lanaudière
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The year in review: Improving the accessibility and integration of care and services

The Centre intégré de santé et de services sociaux (CISSS) de Lanaudière entered its fourth year of existence in a context in which structural challenges gradually led to major organizational changes designed to improve access to services and their integration into all programs.

This work required a review of several intervention practices, particularly with respect to improving clientele trajectories. These changes led to better integration of the various services and continuous improvement in the accessibility and quality of care and services. This wonderful transformation could not have been achieved without the invaluable contribution of the clinical and administrative teams as well as the physicians and managers.

The organization's first challenge in responding to the needs of our population continues to be attracting and retaining staff in the various areas of intervention. During the year, the CISSS de Lanaudière embarked on two major hiring phases that resulted in a total of 1787 hirings, for all types of jobs combined. These new resources were gradually deployed in the various branches. This major staffing initiative is ongoing in order to stabilize teams and provide new services.

It was also a very busy year with respect to the Lanaudière network's infrastructure. Several projects were defined and some were implemented to renovate buildings or construct new ones.

Needless to say, for a CISSS to engage in so many initiatives requires a financial health underpinned by a balanced approach and some room to maneuver. With this budgetary approach, the organization was able to respect the various ministerial requirements in terms of quality of services.

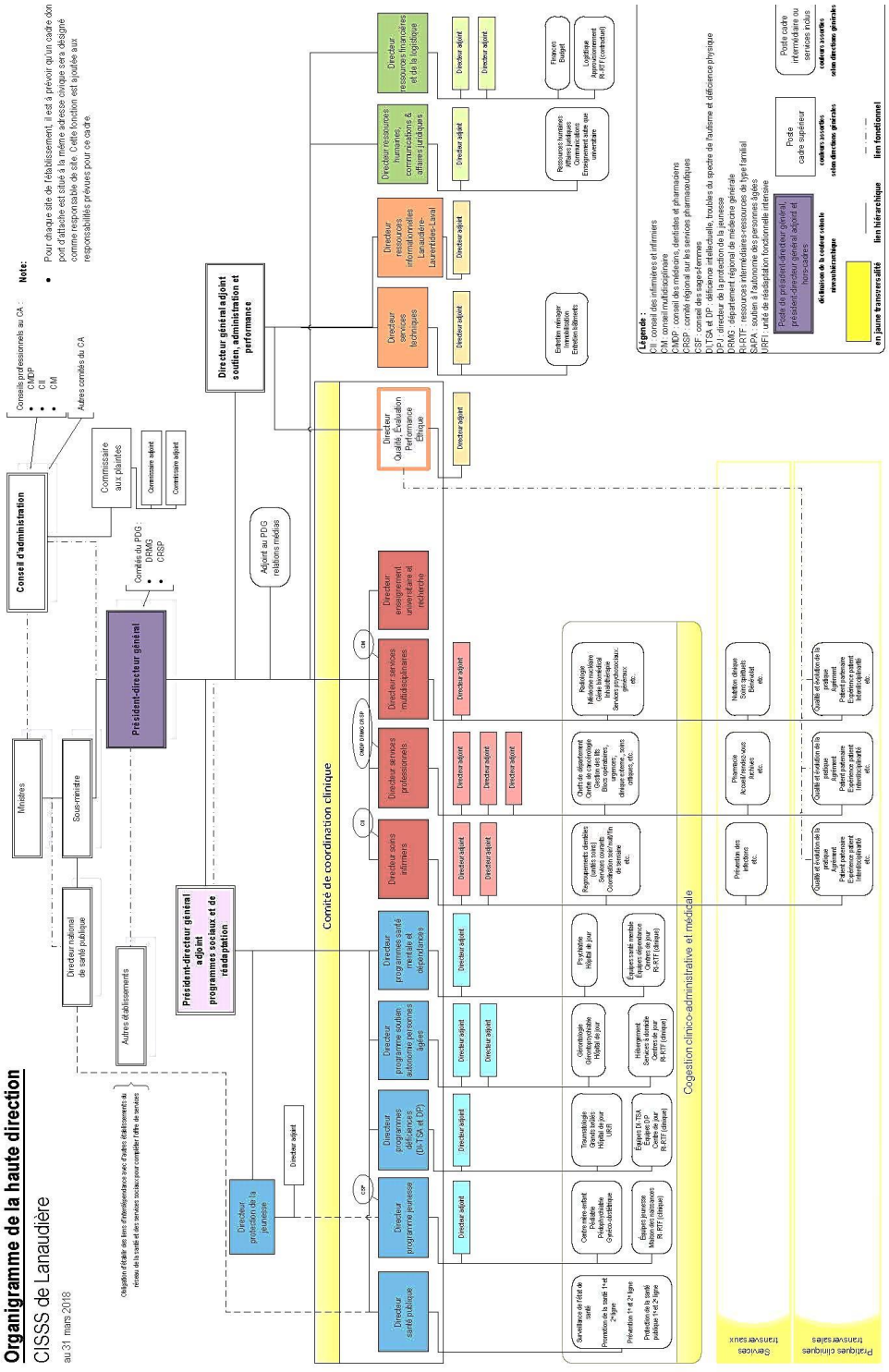
We are proud of these achievements, which would never have been possible without the active involvement of the members of the Board of Directors, the conseil des médecins, dentistes et pharmaciens, the comité des usagers, the conseil multidisciplinaire, the conseil des sages-femmes, the Département régional de médecine générale, managers and staff, volunteers and various partners. We wish to thank all of them for their commitment.

The institution

The CISSS de Lanaudière comprises 61 facilities, including two hospitals, located in six different RCMs covering a territory of more than 12 000 km^2. Over 10 000 people share the responsibility of promoting the health and well-being of the population, of welcoming, assessing and referring people and their loved ones to the appropriate services as well as taking charge of, accompanying and supporting its vulnerable clientele. As a health institution, the CISSS must offer a range of general health and social services as well as certain specialized services.

To fulfill their mandate, the CISSS de Lanaudière and its partners within the local services network identify the population's social and health needs in order to improve health and well-being; the service offer required to meet the population's needs and to adapt to the specific context of the region; the organizational methods; and the contributions expected from the different network partners.

Corporate structure on March 31, 2018



Note: The organizational chart is available in French only.

Board of Directors

Members

- Perreault, Jacques – Chair – Independent Member – Expertise in youth protection (mandate renewed in October 2017)
- Perreault, Chantale – Vice-Chair – Independent Member – Expertise in real estate, information and human resources
- Castonguay, Daniel – President and Executive Director
- Bourret, Étienne – Independent Member – Experience as a user of social services
- Brunet, Michel – Independent Member – Expertise in auditing, performance and quality management
- Corneault, Jean-Pierre – Independent Member – Expertise in community organizations (appointed on May 30, 2017)
- Lanctôt, Marcel – Independent Member – Expertise in rehabilitation
- Langlais, Dr. Nathalie – Designated Member – Medical Specialist - Conseil des médecins, dentistes et pharmaciens (CMDP)
- Magny, Renald – Independent Member – Expertise in mental health (appointed on May 30, 2017)
- Nicol, Ronald – Observer – Foundation
- Parisé, Ginette – Designated Member – Conseil des infirmières et infirmiers (CII)
- Poitras, Simon – Designated Member – Conseil multidisciplinaire (CM)
- Prata, Ghislaine – Independent Member – Expertise in governance and ethics
- Prochette, Dr. Harry Max – Designated Member – General Practitioner – Département régional de médecine générale (DRMG)
- Provost, Richard – Designated Member – Comité des usagers (CUCI)
- Thibodeau, Lucie – Independent Member – Expertise in risk management, finance and accounting
- Vallée, Nathalie – Appointed Member – Education community

The mandate of certain members of the Board of Directors ended on March 26, 2018.

Following the appointment process for certain members of the Board of Directors, which took place in February 2018, the following members were appointed and took office on March 26, 2018:

- Duong, Dr. Hoang – Designated Member – CMDP
- Gagnon, Alexandre – Designated Member – Comité régional des services pharmaceutiques (CRSP)
- Parisé, Ginette – Designated Member – CII
- Prochette, Dr. Harry Max – Designated Member – General Practitioner – DRMG
- Rivest, Normand – Designated Member – CUCI

No appointment to the position: Designated Member – CM. The MSSS appointment process is in progress.

The following board member left during his term of office:

- Vallée, Marc – Designated Member – CRSP (departure on January 17, 2018)

The mandates of the following members ended on March 26, 2018:

- Langlais, Dr. Nathalie – Designated Member – Medical Specialist – CMDP
- Provost, Richard – Designated Member – CUCI
- Poitras, Simon – Designated Member – CM

The Board of Directors held 11 meetings between April 1, 2017 and March 31, 2018, including the annual public meeting.

During the year 2017-2018, there were no incidents with respect to the code of ethics and code of conduct of the directors and no breaches were reported.

Highlights of the year

Over the last year, in compliance with the financial parameters and strategic planning of the ministère de la Santé et des Services Sociaux (MSSS), the CISSS de Lanaudière worked to achieve the targets set out in the management and accountability agreement by intensifying its work on user experience and service integration, while maintaining and ensuring the integrity of the infrastructure and equipment that support clinical and administrative activities.

With the goal of implementing better practices, all teams worked towards improving accessibility as well as consolidating and improving the service offer.

In 2017-2018, the CISSS was allocated over $16 million to develop its services:

- $4,248,900 for interregional equity
- $3,758,522 for home support services
- $2,497,727 for mental health
- $1,701,700 to help people with autism spectrum disorder
- $1,683,300 as a supplementary allocation to add beds in order to reduce wait times in hospitals
- $1,419,200 to improve hygiene services for residents in long-term care centres
- $928,000 for psychological services for youth in difficulty

These investments translated into additional resources and spaces, which improved accessibility to care and services as well as supported and stabilized teams in various operational sectors.

In terms of human resources, the CISSS recruited 1787 people in 2017-2018, compared with 932 in 2016-2017. However, several positions remain to be filled and recruitment is ongoing.

Over the last year, the CISSS received approval from the MSSS for major capital projects, including:

- the construction of a new residential centre with 68 beds, in partnership with the Fondation Sylvie Lespérance
- the construction of a new birthing centre in Repentigny
- the construction of a new public laundromat (Lavérendière) close to the Centre hospitalier De Lanaudière (CHDL).

In terms of emergency services, the CISSS helped to deploy the province’s civil security health mission, with the implementation of computerized tools and intervention plans.

During the 2017-2018 financial year, the CISSS complied with the budgetary allocation rules for all of its programs and services, and provided full, accurate and quality accounting.

The CISSS de Lanaudière also prepared activity-based funding by integrating productivity measures into the allocation of budgets for the various programs. In addition, a project team was created in order to implement the application that will measure the

cost of care and services for each patient trajectory, which will be deployed across the province.

By March 31, 2018, the financial management and material resource systems were fully harmonized.

Improving access to services

In an effort to integrate services and, in turn, simplify and improve access to the population, the CISSS endeavoured to maximize the resources available to sustain its service offer. It also pursued its efforts to review the mechanisms for accessing care and services.

By way of example, the table below summarizes the results obtained in several operational sectors.

Improved access to services	
Operational sector	**2017-2018 results**
Emergency	Overall: reduction of the average wait time by 3.6 hours and 10% reduction of the number of users on stretchers for more than 24 hours
Access to a family physician	83% of the population had access to a family physician on March 31, 2018, compared with 63% on March 31, 2015
Surgery	Elimination of surgery wait lists of more than 9 months and 1551 additional surgeries performed as a result of investments in this sector
Adult mental health	77.8% reduction of the waiting list for a first psychiatric consultation
Home support	16% increase in beneficiaries and 1.4% increase in the hours of services offered
Diagnostic testing in less than 3 months	Ultrasound: 71% (+ 28%) CT scan: 100% (+ 20%) MRI: 81% (+ 35%)
Other diagnostic testing	Cardiac ultrasounds: + 750 Endoscopies: + 2000
Action plan for autism spectrum disorder (ASD)	Number of children receiving speech therapy, occupational therapy and psychoeducational services: 230 (+59). Number of users between the ages of 8 and 21 who received specialized services: 403 (+187) and number of total users who received specialized services: 886 (+237)

Hospitalization

In order to prevent rehospitalization, the CISSS has adopted integrated treatment plans, throughout care transitions, for users who are frequently hospitalized. Efforts have also been made to improve discharge planning, decrease the length of hospital stays and prevent deconditioning in elderly patients.

Systematic follow-up for people suffering from chronic obstructive pulmonary disease (COPD) or heart failure is ensured to optimize the efficacy of each care episode.

In order to decrease the number of patients waiting for post-hospitalization beds, the CISSS de Lanaudière has implemented measures, including a multidisciplinary team dedicated to managing hospital stays and individualized support for vulnerable clients.

Local services

The nursing service offer in rural areas was reviewed in order to improve access and better meet the needs of the population. With this in mind, opening hours and schedules were modified.

Following the transfer of professional services to family medicine groups (FMG), the CISSS de Lanaudière consolidated its activities by defining the roles of its workers and their methods.

The arrival of three new frontline specialized nurse practitioners (the CISSS de Lanaudière now has 37 in total) resulted in the consolidation of the frontline service offer.

Youth and family services

As in the rest of Québec, the number of reports filed with the Direction de la protection de la jeunesse (DPJ) is increasing in Lanaudière. This rise can be explained by the population increase and greater awareness of the importance of reporting incidents.

Year	2015-2016	2016-2017	2017-2018
Reports received	6376	6666	7260
Reports retained	2101	2210	2768

Once again this year, the DPJ team was ready to get down to work and spared no effort in processing the number of requests received.

Troubled youth ages 6 to 18 – Psychosocial sector

Through funding from the MSSS, the CISSS de Lanaudière created 11 positions for psychosocial workers and four positions for psychologists, thereby improving accessibility to psychosocial services for troubled youth.

Intellectual disability, autism spectrum disorder and physical disability

In 2017-2018, the CISSS de Lanaudière pursued its efforts to develop a network of integrated services for all of its clientele with an intellectual disability (ID), autism spectrum disorder (ASD) or a physical disability (PD).

Started in 2016-2017, the implementation of single-window access for clienteles with a developmental delay or a disability was completed. This single gateway significantly simplifies the service access process for users, their families and partners. Lastly, the Direction des programmes en DI-TSA-DP acquired a centralized mechanism for managing waiting lists, which enabled tighter monitoring of accessibility.

Residential resources

In 2017-2018, the mechanisms for accessing residential resources within the two former local service networks were amalgamated. The practices and operating systems were also harmonized, which ensured better accessibility and greater fluidity in terms of placement and post-hospital services. Now available 7 days a week, the service offers continuous admissions, thereby helping to alleviate overcrowding in the region’s hospitals.

Improvement of the service offer

While work to improve access was underway, initiatives to enhance the service offer were also ongoing.

Specialized medicine

In order to adequately meet all of the population's needs, the CISSS maintains and reviews access to its interregional service corridors, specifically in terms of health institutions offering tertiary care. Moreover, it has also put in place new standards for pre-hospital care in traumatology, in collaboration with regional and specialized centres. Lastly, the CHLD received the designation of a secondary centre for people who are at risk of stroke or have had one.

Still in the area of specialized medicine, the CISSS de Lanaudière implemented a service offer for surgery and specialized medicine (chest surgery, vascular surgery, etc.), thereby reducing the need for the use of specialized centres and patient travel to Montréal.

Programme québécois de cancérologie (Québec's oncology program)

A coordinating committee for the cancer screening and treatment committees affiliated with the university centres was established. In addition, a regional oncology committee welcomed its first patients-partners. This has made it possible to offer users specific care and interventions for their clinical condition, within a reasonable timeframe.

Access to services in English

Over the last year, the CISSS de Lanaudière's English-language committee continued its work. The CISSS maintained its partnership with the English Community Organization of Lanaudière (ECOL), which acts as a privileged intermediary in maintaining ties with the English-language community in Lanaudière.

Committed to improving and better responding to the needs of the English-speaking community, the CISSS de Lanaudière deployed tools to support workers. It also set up a directory of people who speak English in each department and facility.

The CISSS will audit all of its facilities to determine the level of access to English-language services and to start identifying the services offered as well as the service corridors that must be established with network partners.

Lastly, the CISSS continued translating documents destined for the English-language population (assessment reports, forms, clinical documents and brochures).

Youth and family services

Thanks to a federal government subsidy, the Direction de la protection de la jeunesse team developed a service offer for delinquency specifically for clientele requiring higher intensity services. This offer has taken the form of activity programs for this clientele under the application of the *Youth Criminal Justice Act*.

By joining forces, the Direction de la protection de la jeunesse and the Direction du programme jeunesse achieved a clinical consensus regarding services and the means that must be put in place to respond to the needs of children with mental health problems, implemented under the *Youth Protection Act* and the *Youth Criminal Justice Act*.

Preventive health services in rehabilitation in residential centres and group homes

Following the reorganization of the service offer based on an analysis of the needs of the clientele, children receiving rehabilitation services in a residential centre or a group home now have access to nursing care 7 days a week.

Intellectual disability, autism spectrum disorder and physical disability

With investment in home support from the ASD Action Plan, the CISSS de Lanaudière pursued its efforts for greater accessibility and continuity of services in 2017-2018. These efforts focused on:

- developing the trajectory of integrated services for children ages 0 to 7 years based on a diagnostic assessment performed at the appropriate time. This trajectory focuses on a process for children and their families that is based more on their needs than on the nature of their disability.
- intensifying interdepartmental work as well as work with school and community partners with a goal to improving continuity of services.
- improving the service offer for respite and socioprofessional activities. On this point, 74.5% of youth 21 years of age or over with a disability or ASD who have just completed their education had access to a day activity or work integration support, compared with 56% last year.
- diversifying the residential continuum through the creation of three innovative residential centres adapted to the needs of adolescents and adults with a severe behaviour disorder.

In terms of the quality of services in ID-ASD-PD, the CISSS de Lanaudière implemented its first action plan for the disabled. The key features in this first year of implementation were training and awareness activities for key players within the CISSS de Lanaudière as well as the adaptation of approaches in order to improve the integration of the disabled.

Home support

As part of a pilot project, the CISSS de Lanaudière reorganized home support teams on a territorial basis. Each sector now has a clinical leader who ensures the deployment of the service offer based on an approach that favours interdisciplinarity, collaboration and the involvement of users and their caregivers in defining and implementing intervention plans. The goal of this reorganization is to improve support for users and their caregivers and to provide a more stable and better adapted response to needs.

Residential resources

Following the forum on best practices in long-term care centres, held in May 2017, the President and Executive Director's commitments to the implementation of best practices, clinic ratios, nosocomial infection control, nutrition and the offer of a second bath were implemented at a rate of 66.7%. This rate should attain 100% in 2018.

It should be noted that a second bath for residents is being implemented in all of the CISSS de Lanaudière's long-term care centres. It is presently being offered to residents who would like a second bath at a rate of 65%. In 2018, the CISSS will be able to offer it to 100% of residents who make the request.

Efforts are ongoing to better meet the nutritional needs of residents in long-term care centres. The new nutrition offer is already available in four of the CISSS de Lanaudière's 14 residential centres and is slated to be available to all residents by October 1, 2018.

Public health regional action plan

Under implementation of the PAR en santé publique (public health regional action plan) for the Lanaudière region, several upgrading initiatives were carried out with the Direction du programme jeunesse in order to identify activities to be continued, discontinued, modified or implemented. Work is also underway with the regional committees, in particular those focusing on vaccination and blood-borne and sexually transmitted infections. Lastly, the service offer to municipalities has taken shape and a structured procedure for analyzing requests has been put in place to improve the response to these partners.

At the same time, initiatives were undertaken with the Institut national de santé publique du Québec (INSPQ) to adjust services to the realities in Lanaudière as set out in the regional action plan. A cross-sectoral committee was established in spring 2018 to monitor implementation of the regional action plan. Its mandate is to validate the orientations adopted by the Direction de santé publique to ensure that they take into account the guidelines and intervention strategies laid out in the regional action plan.

The CISSS and its community partners

Student retention and schools

In March 2018, the Comité régional pour la valorisation de l'éducation (CREVALE) announced the Entente sectorielle en persévérance scolaire et réussite éducative 2017-2020 (2017-2020 sectoral agreement on student retention and educational success). A sum of $301,500 will be invested in educational success in Lanaudière, including $40,000 from the CISSS de Lanaudière.

The CISSS de Lanaudière also sits on various roundtables with school boards in order to ensure the complementarity of service offers between the education network and the health and social services network.

The CISSS de Lanaudière has close ties with training institutions, both at the college and university level, and receives 4000 interns each year in various sectors, particularly nursing.

Job development

Since its creation, the CISSS de Lanaudière has sat on the Table des partenaires de l'emploi de Lanaudière (Lanaudière job partnership roundtable) and provides leadership as a major employer in the region. Through this roundtable, it contributes to analyzing issues and participates in identifying regional priorities with Emploi Québec.

Youth program

The CISSS de Lanaudière and the Cégep régional de Lanaudière signed an agreement designed to:

- maintain the services of a nurse in the three Cégep branches, among other things for consultations on sexual health.
- implement a service corridor between CISSS de Lanaudière workers in the Cégep and community resources for students requiring more significant psychosocial care.
- provide facilitation for groups and support for the Cégep staff in the area of mental health.
- improve the planning of student internships at the CISSS de Lanaudière.
- participate in prevention and promotion activities.

Intellectual disability, autism spectrum disorder and physical disability

Last year, the CISSS de Lanaudière intensified its work with community partners. This process made it possible to strengthen the complementarity of missions between the

various community organizations (cross-sectoral and community) and to agree on joint actions, in particular by:

- implementing a regional consultation and coordination structure with community organizations in ID-ASD-PD.
- concluding partnership agreements to improve the service offer in respite and socioprofessional activities.
- concluding a cooperation agreement with the Commission scolaire des Samares to ensure cohesion and complementarity in the service offer for disabled youth or youth experiencing disability-related adjustment or learning difficulties.

Homelessness

The CISSS de Lanaudière continued to provide strong leadership in order to attain the targets of the 2015-2020 interdepartmental homelessness action plan. To achieve this, it coordinated the work of the regional steering committee in collaboration with its partners in the education, revenue, justice, municipal affairs, housing and community networks, with the goal of implementing various actions to prevent and reduce homelessness.

Moreover, steps were taken to document the reality of homeless women on the territory. The work was led by the CISSS de Lanaudière, in collaboration with partners of the Table de concentration des groupes de femmes de Lanaudière (roundtable of women's groups in Lanaudière).

For healthy municipalities

In order to support the region's municipalities in implementing health promotion measures, the Direction de santé publique finalized a service offer specifically for them. Defined according to the fields of expertise at the municipal level, it provides concrete examples of situations and projects that can be supported by public health. This service offer, available in electronic and paper versions, was sent to every municipality and RCM in the region.

Flooding, spring 2017

During the flooding in the spring of 2017, the CISSS de Lanaudière was called on to intervene with residents in four municipalities of the RCM of D'Autray, namely, Saint-Barthélemy, Visitation-de-l'Île-Dupas, Saint-Ignace and Berthierville. The CISSS de Lanaudière's coordinating body for civil security and emergency measures established a strategy to offer services to the population in response to their needs.

From May 10 to 15, 2017, workers visited some 350 homes at least once and visited the vulnerable clientele every day. These visits were conducted with support from the Canadian Armed Forces, firefighters and police officers from the region.

Lanaudière: a region that stands out

With its work to transform the health network and meet departmental targets, it is important to highlight the accomplishments and distinctions that make the CISSS de Lanaudière stand out among institutions. Here are just a few:

- The members of the core team of the MORE program as well as the entire staff of the CHDL's Module Parents-enfant won the 2017 MORE recognition prize.
- During the 21st edition of the Night of the Homeless in Joliette, the organizing committee awarded the *Pompon d'or* prize to the homelessness team in Lanaudière (ÉSIL). This was a first for an institution in the public health and social services network.
- Created in collaboration with special educators from CISSS de Lanaudière and UQAM, *In vivo* is a program that enables some 30 youth from the Centre de

protection de l'enfance et de la jeunesse de Lanaudière to develop stress management skills. The program was the subject of a Radio-Canada Télé report.

- Stéphanie Bédard, a pharmacy technician at HPLG, won the *Trophée ATP d'Excellence, Secteur public* award, at the last congress of the Association québécoise des assistantes techniques en pharmacie held in May 2017. This prize highlights the involvement, professionalism and sense of duty of pharmacy technicians in the exercise of their profession.
- Manon Pichette, a worker at the Service sur le système de justice pénale pour les adolescents, won the *Prix d'excellence au quotidien Raymond Gingras* prize of the Fondation québécoise pour les jeunes contrevenants. This prize recognizes the skills of workers whose inspiring qualities have been recognized by their peers.
- Each year, the Ordre régional des infirmières et infirmiers de Lanaudière bestows emeritus awards to nurses who stand out in their profession. The *Prix excellence jeunesse* is awarded to nurses under the age of 35 years who actively practise their profession and distinguish themselves through their involvement. In 2017, it was awarded to Sophie Gingras, head of ambulatory, day medicine and clinical access services, Northern Sector.

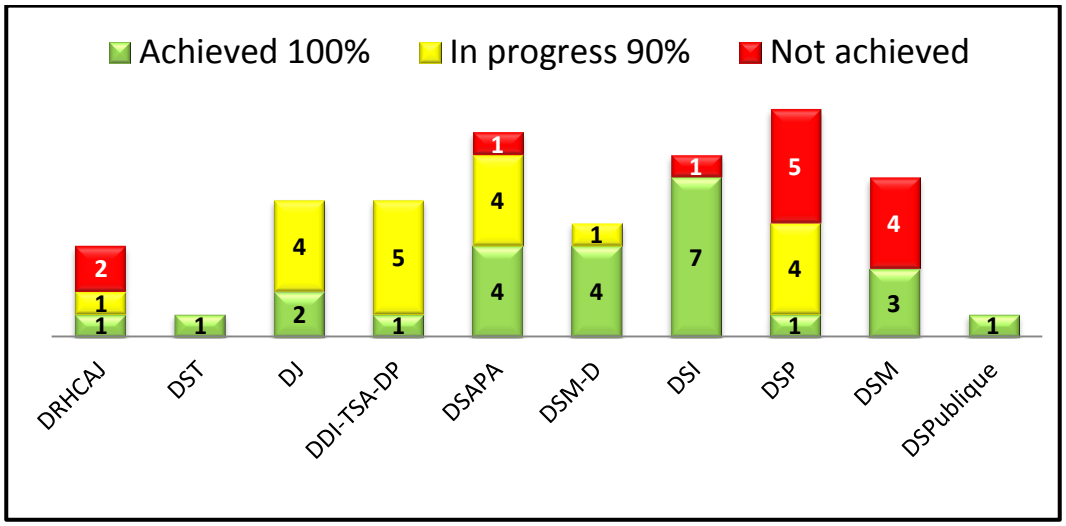
The results of the management and accountability agreement

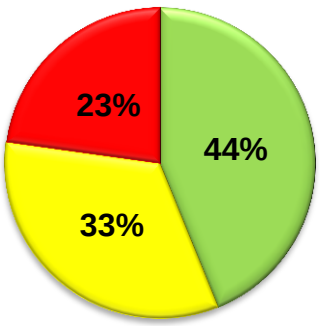
Completion rates for specific expectations (chapters III and IV)

Departments (French only)				
	Completed	**In progress**	**Suspended/ cancelled**	**Total**
D. générale			2	**2**
D. qualité, évaluation, performance et éthique	1			**1**
D. services techniques	4			**4**
D. ressources informationnelles LLL	1			**1**
D. programme jeunesse	1			**1**
D. DI-TSA-DP	2			**2**
D. SAPA	3			**3**
D. santé mentale et dépendance	2	1		**3**
D. soins infirmiers	1			**1**
D. services professionnels	2	1		**3**
D. services multidisciplinaires				**0**
D. santé publique	1			**1**
D. ressources humaines, communications et affaires juridiques				**0**
Multiple directorates	1			**1**
Total	**19**	**2**	**2**	**23**

Achievement of management indicators (Chapter IV)

Departments (French only)	Achieved	In progress	Not achieved	Total
D. ressources humaines, communications et affaires juridiques	1	1	2	**4**
D. services techniques	1			**1**
D. programme jeunesse	2	4		**6**
D. DI-TSA-DP	1	5		**6**
D. SAPA	4	4	1	**9**
D. santé mentale et dépendance	4	1		**5**
D. soins infirmiers	7		1	**8**
D. services professionnels	1	4	5	**10**
D. services multidisciplinaires	3		4	**7**
D. santé publique	1			**1**
Total	**25**	**19**	**13**	**57**





Implementation of the end-of-life care policy

2017-2018 financial year: December 10, 2016 to December 10, 2017*		
Activity	**Information requested**	**Number**
Palliative and end-of-life care (PEOLC)**	Number of people in palliative and end-of-life care in short-term hospital facilities	**1233**
	Number of people in palliative and end-of-life care in long-term care centres **(CHSLD)** for the year	**179**
	Number of people in palliative and end-of-life care **at home**	**1327**
	Number of people in palliative and end-of-life care in **palliative care hospices**	**174**
Continuous palliative sedation (CPS)	Number of continuous palliative sedations administered	**17**
Medical aid in dying (MAD)	Number of requests for medical aid in dying filed	**98**
	Number of medical aid in dying procedures administered	**44**
	Number of medical aid in dying procedures not administered and the grounds: • 4 users were not at end-of-life • 6 users passed away before conclusion of the process • 14 users changed their minds before or during assessment • 4 users did not meet the criteria at the time of the 1st or 2nd opinion • 1 user changed their mind before a 1st assessment was done • 5 users changed their mind after the 1st or 2nd assessment • 5 users passed away before the 1st assessment was done • 5 users passed away after the 1st or 2nd assessment was done • 7 users became incompetent during the process • 2 users became incompetent prior to the 1st assessment • 1 user became incompetent after the beginning of the assessments	**54**

NOTES

* The report of the President and Executive Director must be forwarded to the CISSS de Lanaudière's Board of Directors and to the Commission sur les soins de fin de vie every six months starting from the date that Act 2 came into force and for two years thereafter (Act 2, Section 73). The dates of transmission of the report to the bodies concerned are June 10, 2016, December 10, 2016, June 10, 2017 and December 10, 2017.

** Whereas it is not currently possible to identify people at the end-of-life who have received palliative care (Act 2, Chapter I, Section 3), the new information requested, namely, the number of people receiving PEOLC, obtained from national databanks, will provide a general idea of people receiving PEOLC by type of care facility.

The CISSS de Lanaudière's human resources on March 31, 2018

Personnel with permanent positions

	Current year	Previous year
Management (as at March 31): Full time, number of employees (Note 1)	284	265
Part time (Note 1): • Number of employees	7	8
• Full-time position equivalents	4.7	4.8
Employees benefiting from job stability measures	1	20

	Current year	Previous year
Regular employees (as at March 31): Full time, number of employees (Note 2)	4346*	4772
Part time (Note 2) • Number of employees	3058*	3124
• Full-time position equivalents	1907.93	1878.27
Employees benefiting from job stability measures	3	3

PERSONNEL WITH CASUAL POSITIONS

	Current year	Previous year
Number of remunerated hours during the year	3 795 084	3 269 201
Full-time position equivalents (Note 3)	2077**	1789

	Current year	Previous year
Number of employees with permanent positions (Note 4)	7699*	8192
Full-time casual position equivalents (Note 3)	2077	1789

Note 1: Excluding employees benefiting from job stability measures.

Note 2: Excluding employees benefiting from job stability measures.

Note 3: Full-time position equivalents can be an approximation if the institution uses the simplified calculation method involving dividing the number of remunerated hours by 1827 or 1834 (leap year).

Note 4: Including employees benefiting from employment stability measures, management and regular full-time and part-time employees.

* Despite a significant increase in hiring for the current year compared with the previous year, translating into a favourable variance of 855 employees, a difference is observed between the data for the two years with respect to regular employees. This variance is explained in particular by the transfer of employees on the Optilab project to the CISSS de Laval as well as the new use, for the current year, of a source of data from the MSSS (SIRH).

** The number of remunerated hours of casual employees for the current year translates into a net increase of 288 full-time position equivalents compared with the previous year. The CISSS was therefore able to benefit from an additional work force largely due to intensified recruitment methods.

Financial resources

Distribution of gross expenses per program*				
Programs	**Current year**		**Previous year**	
	Expenses	**%**	**Expenses**	**%**
Programs-services				
Public health	17,099,831	1.87	16,194,253	1.80
General services - clinical activities and aids	45,254,438	4.95	43,802,590	4.87
Support for the independence of seniors	175,500,058	19.21	165,275,694	18.37
Physical disability	29,635,604	3.24	28,634,164	3.18
Intellectual disability and ASD	46,595,378	5.10	45,347,638	5.04
Youth in difficulty	71,783,483	7.86	70,065,941	7.79
Addiction	5,261,112	0.58	5,154,877	0.57
Mental health	54,002,317	5.91	54,657,855	6.08
Physical health	285,108,727	31.21	296,262,344	32.93
Support programs				
Administration	53,966,938	5.91	50,300,896	5.59
Services support	61,440,618	6.73	58,155,494	6.46
Building and equipment management	67,856,278	7.43	65,697,236	7.30
Total	**913,504,782**	**100**	**899,548,982**	**100**

Community organizations

In 2017-2018, the CISSS de Lanaudière financed 184 health and social services community organizations under the Programme de soutien aux organismes communautaires (PSOC – support program for community organizations), with a budget of close to $25.6M.

During the year, the MSSS injected into the overall mission a budget development of $10M for all regions in Québec. A sum of $507,600 for Lanaudière made it possible to finance eight recognized community organizations that were awaiting a first allocation to the overall mission and to increase this allocation for 63 other community organizations.

Furthermore, the work of the TROCL-CISSS Committee focused this year on the allocation of the above-cited enhancement.

With respect to community organization accounting, in accordance with PSOC procedures, an e-mail is sent to all recognized community organizations to remind them that they must forward their accounting documents within three months (90 days) of their fiscal year-end. The ministerial reference document regarding the required accounting is enclosed with this e-mail.

Also, in the four months following receipt of their accounting documents, each community organization receives a letter with feedback. This letter is addressed to the president of the organization informing him or her, if applicable, of the non-compliant or missing elements in the activity report or financial statements. For the next year, the community organization is once again reminded to respect the deadlines set out in the financial support agreement and to make the corrective measures to these different documents. All of this information is compiled and forwarded to the MSSS, as needed.

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