

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

Haut-Saint-Laurent Health
and Social Services Centre



ANNUAL MANAGEMENT REPORT

2011-2012
SHORTENED VERSION



For a **better**
quality of life

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

CREDITS

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

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

THE ANNUAL MANAGEMENT REPORT FOR 2011-2012 PROVIDES AN OVERVIEW OF SOME OF THE VITAL INITIATIVES WHICH TOOK PLACE AT THE HAUT-SAINT-LAURENT HEALTH AND SOCIAL SERVICES CENTRE DURING THE FINANCIAL YEAR, FROM APRIL 1, 2011 TO MARCH 31, 2012.

NEW BOARD OF DIRECTORS

As in all HSSCs in Quebec, the electoral process was initiated in the autumn of 2011 to elect the members of the Board of Directors of the Haut-Saint-Laurent HSSC for the next four years. The new Board is composed of 18 members from various electoral colleges, and includes the Executive Director. The Board took up its official duties in February 2012 following the adoption in June 2011 of the new Act on governance (An Act to improve the management of the health and social services network) which introduced significant changes in the governance of the health and social services network. The names of the members of the Board of Directors are listed at the end of this report.

MEDICAL RECRUITMENT STILL A CONCERN

In addition to the new Board of Directors, as in all HSSCs in Quebec, a crucial issue this year was the problem of medical recruitment. Intensive recruitment activities were carried out to remedy the situation, including hiring six physicians to practice in the Barrie Memorial Hospital's Emergency Department; however, the situation concerning access to first-line medical services for residents of the Haut-Saint-Laurent continues to be precarious. The institution is still awaiting a favourable reply to a request for differentiated compensation submitted in the autumn of 2010.

Faced with the lack of medical staffing, and in order to avoid overcrowding in emergency departments, a transition-type clinic was created in November 2011 to make quality health care accessible to clients without a family physician. Offered in three satellite service points (Ormstown, Huntingdon and Saint-Chrysostome), the transition clinic offers a joint physician-nurse follow-up for certain types of clients, particularly those with chronic diseases and paediatric cases. Again, in order to improve access to health services by ensuring the accessibility of family physicians, the Ormstown Family Medicine Group (FMG) was also set up in November 2011. It is composed of a group of physicians who wish to improve the case follow-up of their registered clients by working with nurses hired by the HSSC which is partnering the project.

BALANCED BUDGET MAINTAINED

Once again this year, with the concerted efforts of all, a balanced budget was attained during the financial year ending on March 31, 2012.

DEVELOPMENT OF AN INTERMEDIATE RESOURCE

To ensure that an adapted and diversified service is continually offered in the types of placement available for the population of the Haut-Saint-Laurent, 19 additional places are being developed among intermediate resources.

ACCREDITATION

The organization is proud to have obtained its accreditation with a 86.4% mark of conformity for the various criteria studied by six visitors from Accreditation Canada between March 27 and April 2011.

The report pointed out strong points in our organization, including the effective leadership of the Board of Directors and the Executive Director, short waiting lists, the quality and risk management program orienting values concerning the provision of quality, safe services, as well as our concern for issues regarding ethics, the accessibility of services and community participation, the well-integrated merger of our facilities and the dedicated and committed teams within the HSSC.

CHALLENGES FOR 2012-2013

As well as our concerns regarding medical recruitment, the Haut-Saint-Laurent HSSC will be embarking on a new strategic planning initiative. This exercise will provide an opportunity to review our institution's vision and mission concerning taking charge of and accompanying our population in a network of improved social and health services that are even more accessible and better tuned to the needs of the community.

ACKNOWLEDGEMENTS

Lastly, it is important for us to extend our sincere thanks, not only to the past and new members of the HSSC Board of Directors, but also to the members of the foundations and committees, partners, volunteers and the staff of the HSSC who make it possible for us to offer quality services to the entire population in the Haut-Saint-Laurent territory.

Milton Reddick,

Chair of the Board of Directors

Sophie Doucet,

Executive Director

A BRIEF PORTRAIT OF THE INSTITUTION

THE HAUT-SAINT-LAURENT HSSC IS LOCATED IN THE SOUTH-WEST SECTOR OF THE MONTÉRÉGIE. IT COMPRISES FOUR FACILITIES AND A SATELLITE CENTRE.

FACILITIES OF THE HSSC
ONE PHONE NUMBER: 450-829-2321

**Haut-Saint-Laurent HSSC
(head office)**

28 Gale St., Ormstown
Quebec, J0S 1K0



Barrie Memorial Hospital

28 Gale St., Ormstown
Quebec, J0S 1K0



Ormstown CHSLD

65 Hector St., Ormstown
Quebec, J0S 1K0



Huntingdon CHSLD

198 Chateauguay St., Huntingdon
Quebec, J0S 1H0



Huntingdon CLSC

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



Huntingdon CLSC Satellite centre

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



NUMBER OF EMPLOYEES. . 500

NUMBER OF BEDS

- Acute care. 49
- Long-term. 125
- Temporary. 9

TERRITORIES SERVED

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

Dundee,
Elgin,
Franklin,
Godmanchester,
Havelock,
Hinchinbrooke,
Howick,

Huntingdon,
Ormstown,
Saint-Anicet,
Saint-Chrysostome,
Sainte-Barbe,
Très-Saint-Sacrement

STRATEGIC ORIENTATIONS

IN SEPTEMBER 2011, A STRATEGIC PLANNING EXERCISE WAS INITIATED FOR THE YEARS 2012 TO 2015. A VAST CONSULTATION WAS HELD AMONG THE MANAGERS OF THE ORGANIZATION, THE STAFF AND PROFESSIONAL COUNCILS AS WELL AS AMONG OUR COMMUNITY PARTNERS AND THE SOCIO-HEALTH NETWORK. AS OF MARCH 31, 2012, THE EXERCISE WAS STILL UNDERWAY.

MISSION AND GUIDING PRINCIPLES

MISSION

THE MISSION OF THE HAUT-SAINT-LAURENT HSSC IS TO **OFFER AND PROMOTE THE FOLLOWING SERVICES** TO THE LOCAL COMMUNITY:

- Ongoing preventative or curative health and social services, as well as rehabilitation and reintegration services;
- Medical and diagnostic services;
- Temporary or permanent alternative living arrangements and various services including assistance, support and supervision, as well as rehabilitation, psychosocial, nursing, pharmaceutical and medical services for adults with a loss of autonomy.

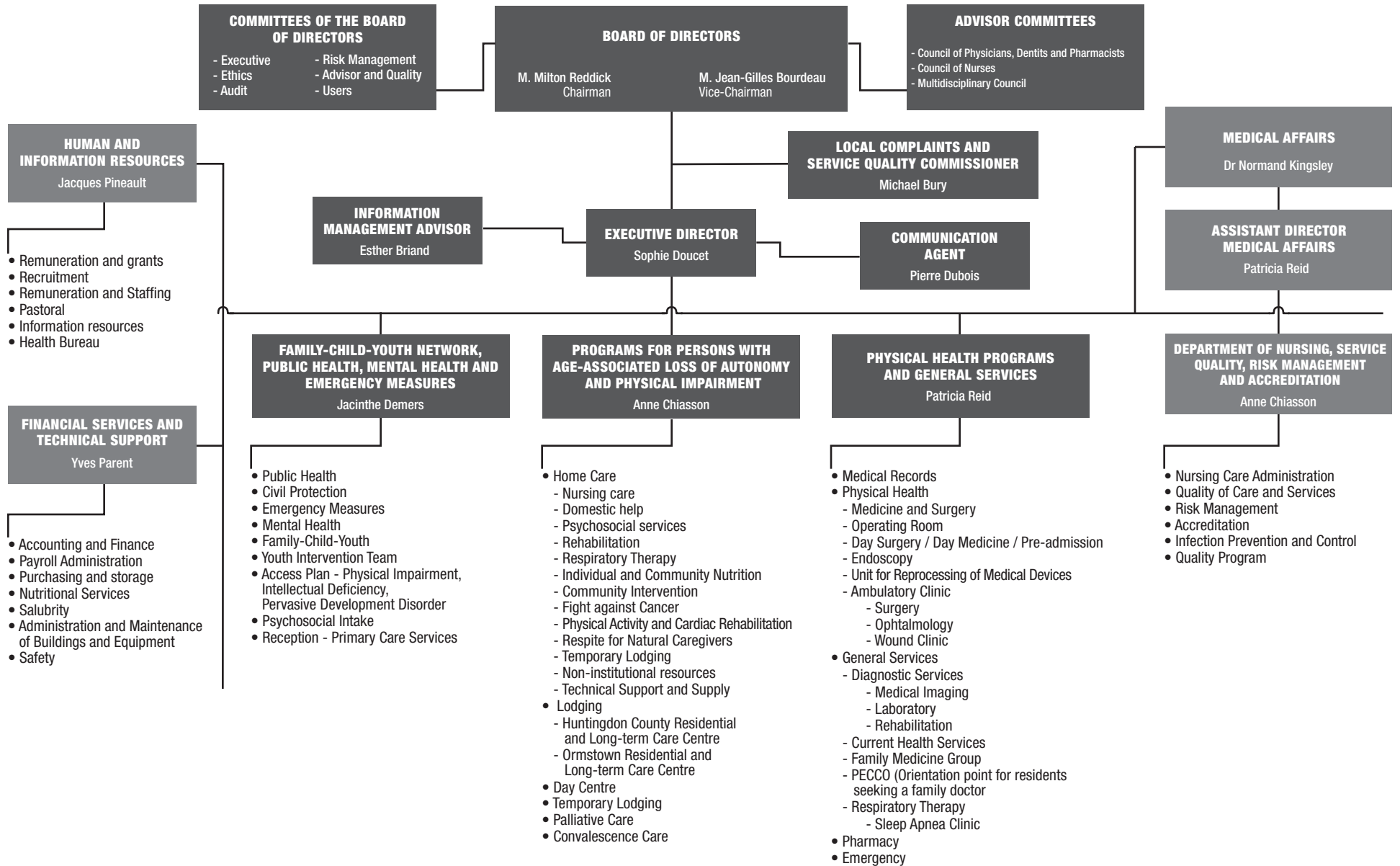
The Haut-Saint-Laurent HSSC is the cornerstone of the health and social services network; it ensures its **users have safe access to services** through a local community service centre, two long-term care facilities, and a general and specialized care hospital.

GUIDING PRINCIPLES

IN PURSUING ITS MISSION, THE HAUT-SAINT-LAURENT HSSC FOCUSES ON **SERVING THE COMMUNITY** BY OFFERING:

- **A global approach** to health based on: prevention, diagnosis and treatment, social reintegration and social protection;
- **A multidisciplinary approach** by combining its expertise with its partners in order to maximize the quality of its services;
- **Ongoing services** through the actions of its stakeholders;
- **Services that are accessible**, both geographically and socially;
- **Safe and effective services** by optimizing its human, physical and financial resources;
- **Services adapted to the population** through our knowledge of the territory.

ORGANIZATIONAL CHART



INSTITUTION HIGHLIGHTS- PROGRAMS AND SERVICES

THIS SECTION PROVIDES AN OVERVIEW OF ACTIVITIES IN THE DEPARTMENTS WHICH MAKE UP THE HAUT-SAINT-LAURENT HSSC.

MEDICAL AFFAIRS

MEDICAL AFFAIRS IS RESPONSIBLE FOR ALL MEDICAL ACTIVITIES IN THE HAUT-SAINT-LAURENT HSSC.

Highlights:

- Intensive recruitment of new general practitioners;
- Follow-up concerning differentiated compensation for physicians practicing in the territory of the Haut-Saint-Laurent to the ministère de la Santé et des Services sociaux;
- Participation in a resident physicians' career day (Journée carrière des médecins résidents) in October 2011;
- Participation in the introduction of a Family Medicine Group (FMG) in Ormstown;
- Participation in the creation of a transition clinic for the territory in three satellite service points (Ormstown, Huntingdon and Saint-Chrysostome) in order to improve the case management of clients without a family physician.

Dr Normand Kingsley

Director of Medical Affairs

PHYSICAL HEALTH PROGRAMS AND GENERAL SERVICE MANAGEMENT

PHYSICAL HEALTH PROGRAMS

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

Highlights:

- Continuation of the reorganization of care to improve operations in the Emergency;

- Introduction of PRISMA 7 in the Emergency Department a new clinical tool to improve the rapidity of screening for seniors aged 75 and over with a loss of autonomy and to promote case management of this clientele to prevent complications and deterioration of their clinical condition;
- Continuation of the measures implemented to improve the accessibility of beds for patients in the Emergency waiting for hospitalization and thereby reduce the waiting time for patients on stretchers in the Emergency;
- Optimization of the service offer in cardiology for the adult population in order to improve access to specialists through telecardiology. This remote consultation in real time, established in December 2011 in collaboration with McGill University and St. Mary's Hospital in Montreal, makes the Haut-Saint-Laurent HSSC a leader in this field.

GENERAL SERVICES

THE GENERAL SERVICE DEPARTMENT OFFERS A WIDE RANGE OF SERVICES SUCH AS THE CLSC AMBULATORY NURSING CLINICS, WITH OR WITHOUT AN APPOINTMENT, FOR TAKING BLOOD PRESSURE, WOUND CARE, CONTRACEPTION, INTRAVENOUS THERAPY, DIABETES, BLOOD SPECIMEN COLLECTION, SCREENING FOR BLOOD-BORNE AND SEXUALLY TRANSMITTED DISEASES, ETC. THE DEPARTMENT ALSO OFFERS DIAGNOSTIC AND REHABILITATION SERVICES, RESPIRATORY THERAPY AND IS THE ENTRY POINT FOR CLIENTS WITHOUT A FAMILY PHYSICIAN (PECCO).

Highlights:

- Up-dating of training in cardiopulmonary resuscitation for practitioners in all sectors of the General Services Department in the spring of 2011;
- Development of clinical tools to improve the general service offer with a view to standardizing assessments, teaching and follow-up for clients with a chronic disease;
- Creation of an innovative project for Quebec: a transition clinic to meet priority needs of clients living in the territory of the Haut-Saint-Laurent who do not have a family physician;
- Improved case management of medical services offered to the population with the arrival of a new physician in September 2011 at the CLSC Huntingdon satellite service point in Saint-Chrysostome;
- Design and distribution of a reference tool created for the staff in diagnostic services who take blood specimens;
- In the Medical Imaging Department, acquisition of a leading edge CD-DVD engraving system to provide clients access to the images more rapidly;

- Improvement of the mobile x-ray machine to ensure high quality x-rays;
- In the autumn of 2011, the introduction of courses in the Rehabilitation Department for clients with arthritis to reduce the waiting list and ensure clients receive services;
- Consolidation of the rehabilitation team with the recruitment of a physiotherapist in the autumn of 2011 thereby maintaining services already in place.

MEDICAL RECORDS

MEDICAL RECORDS IS RESPONSIBLE FOR PRESERVING MEDICAL AND PSYCHO-SOCIAL RECORDS AND THEIR ACCESSIBILITY ACCORDING TO THE LAWS IN FORCE.

Highlights:

- Centralization of access to information;
- Optimization of the Medical Records area in the Barrie Memorial Hospital;
- Optimization of the service offer in order to reduce delays in record closings.



Patricia Reid,
Director, Physical Health Programs, General Services and Assistant Director, Medical Affairs

DEPARTMENT OF NURSING, SERVICE QUALITY, RISK MANAGEMENT AND ACCREDITATION

THE DEPARTMENT OF NURSING IS RESPONSIBLE FOR SERVICE QUALITY, WITH A MANDATE TO OVERSEE AND CONTROL CARE QUALITY, PROVIDE A FRAMEWORK FOR PROFESSIONAL PRACTICE AND ENSURE SKILL DEVELOPMENT. THIS DEPARTMENT IS ALSO RESPONSIBLE FOR RISK MANAGEMENT AND ACCREDITATION.

DEPARTMENT OF NURSING

Highlights:

- Harmonization of tools and procedures in the Forteresse initiative enabling nurses in the two CHSLDs to improve their skills in assessing the residents' state of health;
- Implementation of the recommendations issued by Accreditation Canada to meet the requirements of safety and quality standards;

- Introduction of quality measurement indicators and continuous quality improvement in each clinical program, including falls, medication errors, restraints, pressure ulcers, accidents/incidents, transfusion safety and infections;
- Follow-up concerning recommendations issued following the professional inspection visit of our facilities by the Ordre des infirmières et infirmiers du Québec (OIIQ);
- Introduction of an organizational diagnosis of the HSSC's position regarding the elderly.

RISK MANAGEMENT

IN ITS CONTINUOUS QUALITY AND SAFETY IMPROVEMENT PROGRAM, THE HAUT-SAINT-LAURENT HSSC HAS ESTABLISHED AND MAINTAINS DEVELOPMENT OBJECTIVES TO CREATE A CULTURE OF SAFETY. THE RISK MANAGEMENT COMMITTEE CARRIES OUT ITS MANDATE, AS SET OUT IN THE REGULATIONS, AND IS RESPONSIBLE FOR ACTIVITIES RELATED TO ACCIDENT AND INCIDENT PREVENTION.

Highlights:

- Mobilization of the teams during a major sentinel event concerning the blood bank in the Emergency room;
- Major review of all clinical-administrative procedures in the Barrie Memorial Hospital laboratory and implementation of a plan of action;
- Preparation, revision and distribution of three policies and procedures related to transfusion safety.

INFECTION PREVENTION AND CONTROL

TO MAINTAIN A CLEAN, HYGIENIC ENVIRONMENT, OUR INFECTION PREVENTION AND CONTROL ACTIVITIES INVOLVE CLOSE MONITORING MEASURES AND THE ANALYSIS OF PROCEDURES TO ENSURE ALL BASIC OR ADDITIONAL PRECAUTIONARY MEASURES ARE RESPECTED. A RIGOROUS DAILY FOLLOW-UP OF INFECTION RATE INDICATORS IS CARRIED OUT AND RECOMMENDATIONS DRAWN UP SO THAT THE TEAMS CAN IMPLEMENT THE ACTIONS NECESSARY.

Highlights:

- Preparation, revision and distribution of eight policies and procedures related to infection prevention and control;
- Reinforcement concerning the importance of hand hygiene (training, posters, memos, etc.);
- Application of recommendations for monitoring cases of measles.

« QUALITY » AND CLIENT SATISFACTION PROGRAM

RECOMMENDATIONS MADE BY THE CORONER WERE INTEGRATED IN THE QUALITY AND SAFETY PROGRAM AS CONTINUOUS QUALITY IMPROVEMENT INDICATORS. CONSEQUENTLY, REPORTS REQUIRING A FOLLOW-UP ARE CLOSELY ANALYSED AND PLAN OF ACTION IS DRAWN UP, DISTRIBUTED AND IMPLEMENTED TO PREVENT THE REOCCURRENCE OF SIMILAR ACCIDENTS. THESE PLANS OF ACTION ARE ALSO SUBMITTED TO THE VIGILANCE COMMITTEE AND THE *AGENCE DE LA MONTÉRÉGIE*.

Highlights:

- Compilation of the results of the residents' satisfaction survey concerning the meals served;
- Preparation of the quality assurance program for the bilirubinometer;
- Satisfaction survey of residents and their families and friends.

ACCREDITATION PROGRAM

DURING THE VISIT IN MARCH AND APRIL 2011, THE HAUT-SAINT-LAURENT HSSC RECEIVED ITS ACCREDITATION. THE VISITORS MENTIONED OUR STRONG AND EFFECTIVE LEADERSHIP IN TERMS OF QUALITY MANAGEMENT AND THE SAFE PROVISION OF HEALTH CARE AND SERVICES. THIS CONCERN FOR QUALITY AND SAFETY IS THE FOCUS OF OUR HSSC'S ACTIVITIES.

Highlights:

- In August 2011, a progress report was sent to Accreditation Canada to improve our conformity in certain organizational practices. The approval committee reviewed our evidence and confirmed our conformity.
- In February, 2012, a second report was submitted related to criteria affecting certain sectors of activity. The evidence submitted to Accreditation Canada was recognized as meeting conformity requirements, except for one standard concerning the identification of all repairs made to equipment in the operating area.



Anne Chiasson,

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

PROGRAMS FOR PERSONS WITH AGE-ASSOCIATED LOSS OF AUTONOMY OR PHYSICAL IMPAIRMENT

PROGRAMS FOR PERSONS WITH AN AGE-ASSOCIATED LOSS OF AUTONOMY OR A PHYSICAL IMPAIRMENT COVER HOMECARE SERVICES, AND RESIDENTIAL AND DAY CENTRES. THIS DEPARTMENT INTERVENES WITH PERSONS WITH AN AGE-ASSOCIATED LOSS OF AUTONOMY OR A PHYSICAL IMPAIRMENT AS WELL AS CLIENTS WITH AN ACUTE-CARE HEALTH PROFILE WHO REQUIRE ASSISTANCE AND SUPPORT AT HOME, OR PALLIATIVE CARE.

CHSLDs

THE ORMSTOWN AND HUNTINGDON CHSLDs OFFER A SUBSTITUTE LIVING ENVIRONMENT ON A TEMPORARY OR PERMANENT BASIS, RESIDENTIAL SERVICES, ASSISTANCE, SUPPORT AND SUPERVISION OF ADULTS AND THE ELDERLY WHO, DUE TO THEIR LOSS OF FUNCTIONAL OR PSYCHO-SOCIAL AUTONOMY, CAN NO LONGER REMAIN IN THEIR NATURAL OR SUBSTITUTE LIVING ENVIRONMENT, IN SPITE OF THE SUPPORT OF THEIR FAMILY AND FRIENDS.

Highlights:

- Installation of a wander prevention system in the Huntingdon residence and improvement of the one already in place in the Ormstown facility in order to increase the residents' safety;
- Improvement of the residents' satisfaction concerning the food service to meet departmental requirements for a diet adapted to the needs of residents;
- Introduction of Epikura therapeutic foods for targeted residents in the CHSLDs;
- 65 audits performed following the visit of the Ordre des infirmières et infirmiers du Québec in June 2011 to "measure" how quality and safety criteria standards are respected.



CLSC

THE MISSION OF THE CLSC IS TO OFFER HEALTH AND SOCIAL SERVICES OF A PREVENTIVE OR CURATIVE NATURE TO PERSONS WITH AN AGE-RELATED LOSS OF AUTONOMY, IN THEIR LIVING ENVIRONMENT SO THAT THEY CAN REMAIN THERE FOR AS LONG AS POSSIBLE. IN THE SAME WAY, CARE AND SERVICES ARE ALSO PROVIDED TO ALL OTHER PERSONS WITH A LOSS OF AUTONOMY.

Highlights:

- A study of widows and widowers in the Haut-Saint-Laurent MRC. The results will be available shortly;
- Use of the SYMO Program (Système informatisé pour la Mobilité du personnel) extended to homecare and social workers in the homecare services. This initiative is a first in the province;
- Establishment of a call for tenders for 19 residential beds in intermediate resources;
- Establishment of a sustainable partnership between the Table de concertation PALV du Haut-Saint Laurent and the CLSC, as recommended by Accreditation Canada;
- Introduction of proposals to improve the hours of direct client care as part of the homecare optimization project;
- Preparation of a care and service quality improvement plan for respiratory therapists submitted to the Ordre des inhalothérapeutes du Québec;
- Continuation of early occupational therapy interventions to improve management of the occupational therapy waiting list.

THE FIGHT AGAINST CANCER

Highlights:

- Participation of nurses from each site in training sessions offered by the Réseau Cancer Montérégie (RCM), specifically for palliative care;
- Introduction of a first-line oncology nurse for the HSSC.



Anne Chiasson,

Director of Programs for Persons with Age-associated Loss of Autonomy or Physical Impairment



PUBLIC HEALTH, FAMILY-CHILD-YOUTH, MENTAL HEALTH AND PUBLIC SAFETY PROGRAMS

THIS DEPARTMENT GROUPS TOGETHER PREVENTIVE AND CURATIVE HEALTH AND SOCIAL SERVICES, FOR A VARIETY OF CLIENTELES INCLUDING FAMILIES, CHILDREN AND YOUTH, AS WELL AS OFFERING THE WIDER POPULATION MENTAL HEALTH AND PUBLIC HEALTH SERVICES (HEALTHY LIFE-STYLE, QUIT SMOKING CENTRE, BREAST CANCER SCREENING, ETC.). THE DEPARTMENT COORDINATES CIVIL SECURITY IN THE EVENT OF A NATURAL DISASTER IN THE HAUT-SAINT-LAURENT REGION. COMMUNITY ORGANIZATIONS ARE ALSO PART OF ITS JURISDICTION.

FAMILY-CHILDREN-YOUTH

THESE PROFESSIONALS ARE RECOGNIZED AS BEING COMMITTED TO IMPROVING SERVICES FOR YOUTH AND FAMILIES. THEY WORK AS AN INTER-DISCIPLINARY TEAM AND SEEK BEST INTERVENTION PRACTICES. THEIR COLLABORATION WITH COMMUNITY ORGANIZATIONS HAS IMPROVED THE ACCESSIBILITY AND CONTINUITY OF SERVICES. IN DECEMBER 2011, THE HAUT-SAINT-LAURENT HSSC RESTARTED ITS YOUTH INTERVENTION TEAM ACTIVITIES. THIS TEAM IS AN INITIATIVE DEPLOYED THROUGHOUT THE MONTÉRÉGIE AND ELSEWHERE IN QUEBEC. IT ENABLES THE HSSC TO EXERCISE ITS RESPONSIBILITY FOR YOUTH EXPERIENCING COMPLEX PROBLEMS WHO LIVE IN THE TERRITORY.

Highlights:

- Development of a partnership between the English-speaking elementary schools in the territory and the HSSC to establish a first-line rehabilitation service for youth in difficulty and their families;
- Establishment of a stress management therapy group for 12 young people from 12 to 17 years of age in a secondary school in the territory. The SMART project also familiarizes parents with the program so they are better able to support their children.

VACCINATION

THE VACCINATION SECTOR IS COMPRISED OF SEVERAL COMPONENTS AND VACCINATION CAMPAIGNS.

Highlight:

- A mass vaccination campaign starting in November 2011 to wipe out the transmission of measles, with a vaccination coverage rate of 90.7% among students vaccinated in elementary schools and 90.1% for those in secondary schools.

PHYSICAL IMPAIRMENT, INTELLECTUAL IMPAIRMENT AND PERVASIVE DEVELOPMENTAL DISORDERS (PI-II-PDD)

THIS SERVICE ALLOWS CHILDREN WITH AN INTELLECTUAL IMPAIRMENT (II) OR A PERVASIVE DEVELOPMENTAL DISORDER (PDD) AND THEIR FAMILIES TO RECEIVE SUPPORT AND ACCOMPANIMENT SERVICES.

Highlights:

- Revision of the local access plan in November 2011 with an analysis of operating methods in regard to services for this clientele;
- Production of a regulatory guide, access procedures and clientele trajectories for PI-II-PDD services in order to improve access to services.

MENTAL HEALTH

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

Highlights:

- Signing of a clinical support agreement with a psychiatrist from the CSSS du Suroît;
- Improvement of the adult mental health service offer with the creation of a multi-disciplinary team.

PUBLIC HEALTH

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

Highlights:

- Mobilization to create a food purchasing cooperative in the Haut-Saint-Laurent;
- Creation of a multi-sectoral committee as part of the concept of HSSC Promoter of Health, including two members of the Board of Directors, to develop the "Workplace, Promoter of Health" among the staff;
- Local implementation of the 5-30 Challenge (5 portions of fruit and vegetables and 30 minutes of physical activity each day) with a participation rate of 20% of the personnel;
- Creation of a committee to develop a food policy within the HSSC, including practitioners, nutritionists and managers from various sectors.

CIVIL SECURITY

EVERY HEALTH INSTITUTION MUST BE ABLE TO RESPOND EFFECTIVELY TO DISASTER SITUATIONS THAT COULD ARISE IN ITS TERRITORY. THE PREPARATION OF A PLAN FACILITATES A QUALITY, EFFICIENT, EFFECTIVE, COORDINATED AND COHERENT RESPONSE TO ANY SITUATION REQUIRING EMERGENCY MEASURES DURING A DISASTER. SUCH A PLAN REDUCES MORBIDITY, MORTALITY AND PSYCHOSOCIAL IMPACTS ON THE POPULATION AFFECTED BY SUCH AN EVENT. DURING THE PAST YEAR, SEVERAL SITUATIONS REQUIRED INTERVENTIONS, INCLUDING THE WATER CUT-OFF IN THE CLSC HUNTINGDON AND AN EXTREME HEAT ALERT IN JULY 2011.

Highlights:

- Establishment of five emergency measure exercises in January 2012 at the Barrie Memorial Hospital in which some 40 persons participated;
- Preparation of recommendations to improve current emergency measure practices at the HSSC.



Jacinthe Demers,

Director of Programs in Public Health, Family-Children-Youth, Mental Health and Public Safety

HUMAN AND INFORMATION RESOURCES

THE DEPARTMENT OF HUMAN AND INFORMATION RESOURCES HAS A DOUBLE MANDATE. IT IS RESPONSIBLE FOR RECRUITING, STAFFING, LABOUR RELATIONS, HEALTH AND OCCUPATIONAL SAFETY, ASSIGNMENTS AND TRAINING. THE DEPARTMENT IS ALSO RESPONSIBLE FOR MANAGING INFORMATION ASSETS TO OPTIMIZE ALL THE HSSC'S ACTIVITIES AND SERVICES.

Highlights:

- Position structures in Nursing were optimized to provide a better response to clients while ensuring more stability for the staff;
- Rate at which independent manpower and overtime was used in Nursing was significantly reduced compared to the year before;
- Wage insurance was increased during the year;
- Information resource infrastructures were consolidated;
- Physical access to each computer station was reviewed in regard to information security and a succession plan for the firewalls in each computer room was implemented;
- An activity report on the results of the Electronic Data Processing Master Plan for 2009-2012 was prepared with a view to drawing up a three-year plan for 2013-2016.



Jacques Pineault,

Director of Human and Information Resources

FINANCIAL SERVICES AND TECHNICAL SUPPORT

FINANCIAL SERVICES ENSURE THE EFFICIENT USE OF FINANCIAL RESOURCES ASSIGNED TO THE HSSC FOR OPERATING BUDGETS, PAYROLL AND SUPPLIES, AND PLAYS AN ADVISORY AND SUPPORT ROLE FOR MANAGERS CONCERNING BUDGET MATTERS. TECHNICAL SUPPORT SERVICES INCLUDE HYGIENE AND CLEANLINESS, LAUNDRY, FOOD AND SAFETY. IT ALSO OFFERS A FUNCTIONAL, SAFE, COMFORTABLE AND PRACTICAL ENVIRONMENT FOR ALL THE PEOPLE WITHIN THE HSSC FACILITIES.

Highlights:

- A balanced budget was maintained;
- Preparation of a procedure for a performance analysis initiative covering various sectors of activities in the organization, together with the HSSC performance manager;
- Implementation of measures to respect Bill 100 (budgetary balance) including control of seminars and conferences for the personnel, travel expenses (carpooling, video-conferences, telephone conferences) and the standardization of supplies;
- Preparation and adoption of a plan to maintain all the existing buildings for the next three years;
- Preparation and adoption of a plan to maintain medical and non-medical equipment for the next three years;
- Acquisition of a plate warmer for the Ormstown CHSLD;
- Renewal of the lease for the Huntingdon CLSC until 2021;
- Introduction of a maintenance service management software program;
- Beginning of work on a climate improvement project at the Ormstown CHSLD.



Yves Parent,

Director of Financial Services and Technical Support

REPORT FROM THE LOCAL SERVICE QUALITY AND COMPLAINTS COMMISSIONER

THE LOCAL SERVICE QUALITY AND COMPLAINTS COMMISSIONER REPORTS TO THE BOARD OF DIRECTORS IN REGARD TO USERS' RIGHTS AND THE DILIGENT TREATMENT OF THEIR COMPLAINTS.

Highlights:

- 51 complaints were recorded during the financial year covered by this report, 32 of which were made by users and 19 by third parties;
- Essentially, sensitive points affected access to services and care;
- Sixteen complaints were completed with measures (improvement initiatives), 11 of which involved the hospital, 4 the CLSC and 1 at one of the CHSLDS.



Michael Bury,

Local Service Quality and Complaints Commissioner

2012-2013 MAIN OBJECTIVES OF THE HAUT-SAINT-LAURENT HSSC

- Intensification of medical recruitment activities;
- Implementation of strategies for recruitment and retention of personnel;
- Maintaining a balanced budget;
- Reducing the wage insurance regarding the employees;
- Optimization of the transition clinic for clients without a family physician;
- Reducing time spent on a stretcher in the Emergency Department;
- Optimization of the structures in the residential sectors;
- Improving direct client care as part of the homecare optimization project;
- Implementation of 19 residential beds in intermediate resources;
- Intensification of the adapted approach for seniors in hospital environments;
- Optimization of supply services.

BOARD OF DIRECTORS OF THE HAUT-SAINT-LAURENT HSSC AS AT MARCH 31st, 2012

COUNCILS REPRESENTED

DR. LAFRENIÈRE, RENÉE

VILLENEUVE, ALAIN

BRIAND, ESTHER

CHOUINARD, JOHANNE

L'HEUREUX, HEATHER

REDDICK, MILTON

ME THERRIEN, RENÉ

LACHANCE-LEGAULT, LOUISE

BOURDEAU, JEAN-GILLES

D'Aoust, DAVID CHARLES

LALIBERTÉ, ILSE

ST-ONGE, JEAN-GUY

MACWILLIAM, JOHN

BILLETTE, ALBERT

PILON, DOLORÈS

LAVALLÉE, HÉLÈNE

STACEY, CONNOR

DOUCET, SOPHIE

COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS

COUNCIL OF NURSES

MULTIDISCIPLINARY COUNCIL

PARA-CLINICAL

USERS' COMMITTEE

USERS' COMMITTEE

FOUNDATION

POPULATION

POPULATION

AGENCY REPRESENTATIVE

AGENCY REPRESENTATIVE

COOPTATION (COMMUNITY ORGANIZATION)

COOPTATION

COOPTATION

COOPTATION

COOPTATION

COOPTATION

EXECUTIVE DIRECTOR



FINANCIAL STATEMENT

financial year ended March 31st, 2012 - AUDITED

SUMMARY OF RESULTS

	Operating	Fixed assets	Total		
	Current yr r. of p. 358, C3	Current yr	Current yr (C1 + C2)	Previous yr	
	--- 1 ---	--- 2 ---	--- 3 ---	--- 4 ---	
INCOME					
Agence and MSSS subsidies	01	28,895,971	1,024,810	29,920,781	28,221,788
Government of Canada subsidies	02	16.217		16,217	16,335
Users	03	2,594,389	xxxx	2,594,389	2,546,562
Sale of services	04	160.007	xxxx	160,007	171,737
Donations	05		376,700	376,700	341,162
Investment income	06	14.571		14,571	12,917
Commercial income	07	212.626	xxxx	212,626	213,649
Return on disposition	08				2,500
	09	xxxx	xxxx	xxxx	xxxx
	10	xxxx	xxxx	xxxx	xxxx
Other income	11	12.974		12,974	8,895
TOTAL	12	31,906,755	1,401,510	33,308,265	31,535,545
EXPENSE					
Salaries, fringe benefits and employee related costs	13	24,509,282	xxxx	24,509,282	23,018,537
Medications	14	631.085	xxxx	631,085	385,472
Blood products	15	183.449	xxxx	183,449	146,781
Medical and surgical supplies	16	728.263	xxxx	728,263	670,132
Food	17	491.823	xxxx	491,823	453,990
Payment made to non-institutional resources	18	301.663	xxxx	301,663	192,193
Financial expenses	19		159,368	159,368	149,142
Maintenance and repairs	20	313,690	87,410	401,100	377,968
Doubtful receivables	21	8.613	xxxx	8,613	9,455
	22	xxxx	xxxx	xxxx	xxxx
Amortization of fixed assets	23	xxxx	1,192,428	1,192,428	1,078,652
Loss on disposal of fixed assets	24	xxxx			
	25	xxxx	xxxx	xxxx	xxxx
	26	xxxx	xxxx	xxxx	xxxx
Other expenses	27	4,725,263	345	4,725,608	5,078,263
TOTAL (L. 13 à L. 27)	28	31,893,131	1,439,551	33,332,682	31,560,585
SURPLUS (DEFICIT) FOR THE FISCAL YEAR (L. 12 - L. 28)	29	13.624	(38,041)	(24,417)	(25,040)