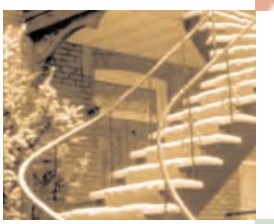
RECOMMENDATIONS

Building Local Health and Social Service Networks in Montreal



Québec

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Note : Generic use of masculine pronouns is meant to refer to both women and men.

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Vers des réseaux locaux de services de santé et de services sociaux à Montréal - Recommandations

RECOMMENDATIONS

Building Local Health and Social Service Networks in Montreal

Agence
de développement
de réseaux locaux
de services de santé
et de services sociaux
Québec
Montréal

A message from the President and Executive Director

I am pleased to present the proposal put together by the Agency* for the reorganisation of health care and social services in Montreal. Our proposal is based on the formation of 12 local networks coordinated by the new authorities that we call "health and social service centres." We are further recommending that associate medical centres be set up to complement the services provided by family medicine groups and improve the integration of front-line medical services.

Our recommendations come as the result of a broad-based consultation process that was undertaken in a spirit of openness and transparency, with the assistance of members of the People's Forum, whose major comments appear in this document.

Making this major reorganisation a success will require not just good will but sufficient funding, committed managers, available workers and, of course, the implementation of our computerisation projects. We are facing quite a challenge, but we know we can do it — with the concerted efforts of everyone who cares about improving health care in Montreal.

David Levine
President and Executive Director

* Agence de développement de réseaux locaux de services de santé et de services sociaux de Montréal

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INTRODUCTION

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The mandate of the Agency is to implement a new organisation of services on its territory, based on the concept of integrated service networks. The objective is to bring services closer to the population and facilitate the placement and care of patients considered to be at risk.

The proposed model, based on the creation of 12 local health and social service networks, is the result of a broad-based public consultation process, with input from various players and partners in the network. The highlights of the process are presented in this document, which is an abridged version of the Agency's detailed proposal for Montreal based on two documents, *Vers des réseaux locaux de services de santé et de services sociaux à Montréal: document d'appui* and *Rapport de consultation*.[1]

The Agency's proposal is based on 28 recommendations that spell out the nature of and conditions for implementation. Reflecting the characteristics of the population and embodying the complexity of the urban setting, the proposal constitutes the main part of this document, followed by a map showing the territorial division and profiles of each of the 12 health and social service centres in Montreal. Conditions for success, as identified during the consultation process, are described in the conclusion.

[1] Copies of these documents may be obtained by visiting the Agency's Web site (www.santemontreal.qc.ca) or calling (514) 285-5604.

CONSULTATION: ACTIVITIES AND HIGHTLIGHTS

2

From March 24 to April 9, 2004, the Agency organised a broad-based public consultation process regarding the formation of 12 local service networks.

Various means of consultation were used to reach all the players and partners in the Montreal network, as well as the general public.

Consultation activities	Number or participants	Number
Sectorial forums		
Seniors' forum	107	
Youth forum	124	
Users' committees' forum	72	
Forum on information resources	150	
Round table of intersectorial partners	21	
Public meetings	**1, 850**	**11**
Public hearings		
Papers presented		42
Papers presented without prior notification		107
Letters of support		35
Agency Web site (Consultation from March 24 to April 13, 2004)		
Visits/sessions		14,696
Documents printed		5, 679
Circulation of documents		
Consultation papers		7,000
Supporting documents		1,000

Participants' general comments

Participants stressed the importance of consulting the public, but said that the process appeared to be hurried and that the formation of the local service networks was proceeding at a furious pace. They felt that a true consultation should have started by discussing the essence of Bill 25 and not only how the provisions of the Bill would be applied. For them, the die were already cast, and they called the reform of the health-care network a perilous project.

Consultation highlights

■ Praiseworthy objectives

Very few organisations or citizens raised any objections to the goal of integrating health care and social services.

■ Opposition to Bill 25

A number of organisations and citizens challenged the implementation of Bill 25, expressing the belief that what the network required was not a structural reform but new money and caregiving personnel. The vast majority of the health-care workers who expressed an opinion feared that the network could become fragile and the government could withdraw, resulting in privatisation.

Others were in favour of setting up integrated services through service agreements rather than through the forced merger of institutions. Many believed that this type of reorganisation was not well suited to the Montreal territory due to its special features as a major urban centre. Some wondered how institutional mergers would improve services to the population.

The General Practitioners Association of Montreal and the Montreal Conference of the Quebec Hospital Association felt that Bill 25 would improve the efficiency of the Montreal health-care system by eliminating the "silo-based" approach (in which units may work in isolation, unaware of what is being done elsewhere in the system).

■ Territorial division

Many organisations are in favour of the division proposed by the Agency. In the Centre-Ouest, support seems to be evenly divided between the two proposed scenarios.

Generally speaking, the size of the proposed territories is considered to be too large; some participants even called the future health and social service centres "megastructures." Fears were expressed about the negative impact on human resources and the sense of "belonging" to organisations. The unevenness of services from territory to territory was raised, and it was felt that this could mean patients would have to travel around more. A desire was also expressed to have better harmonisation with the existing territorial divisions.

■ Inclusion of hospitals and prevention programs

Several CLSCs and community groups expressed the fear that the curative approach the reform could take would be detrimental to the preventive approach. They were afraid that the inclusion of hospitals that run a deficit could penalise smaller institutions that would see their budgets "nibbled away" by the hospitals. The CLSCs, which fear losing their social mission, criticised the Agency's lack of clarity in specifying the role to be played by prevention programs.

The associations representing the Montreal CLSCs and Residential and Long-term Care Centres rejected the proposal that they should merge with the hospitals and suggested that only the CLSCs and Residential and Long-term Care Centres should merge.

Those who are in favour of including the hospitals believe that without them, the "silo-based approach" would continue, placement of patients would be less effective, and continuity of services would be limited.

■ Institutions ask to be excluded from the health and social service centres

A number of institutions in the network asked to be excluded from the Health and Social Service Centres due to the specific nature of their clientele, the specialised services they offer, or their regional or supraregional mandate.

■ Governance of health and social service centres

Several organisations are concerned about the fact that members of the Boards of Directors of the Health and Social Service Centres are named by the Minister of Health and Social Services. Among other things, they wonder about accountability. Some suggested that a member from each merged institution sit on each board, while others suggested parity of mission. Some also deplored the fact that there are no citizens' representatives on the Health and Social Service Centre Boards of Directors. Some called this "a lack of democratic participation."

The Commission scolaire de Montréal and the City of Montreal were among the groups that expressed a desire to participate in the administration of the health and social service centres.

■ Associate medical centres (AMCs)

The formation of AMCs was welcomed; however, questions remained as to how they would be funded.

■ Community groups

While supporting the objectives of the reform, community groups fear that their mission, independence and funding would not be assured. They fear losing their community ties.

The groups immediately rejected the institutional funding method based on the population-program approach, fearing that they would be forced to subcontract and not wanting to be obliged to adjust to these programs to obtain their funding. They hoped that the Community Organisation Support Program would continue to be administered at the regional level.

The groups deplored the lack of clarity regarding the orientations the Ministry of Health and Social Services would follow after the two-year transition period to the local networks.

■ Freedom of choice

The organisations and citizens asked the Agency for an assurance that patients will really have the freedom to choose their physician and where they wish to be treated.

■ Computerisation

While they approved the computerisation project, health-care organisations and citizens alike called for a guarantee that users' files would remain confidential. They stressed the need for sufficient investment to ensure that the network would be fully computerised.

Major comments from the People's Forum

According to the People's Forum, the consultation process seems to show that although the objectives of the reform are considered praiseworthy, there is still strong opposition and/or concern in the minds of most of those who testified – both citizens and professionals from the network. Not all workers in the field are "on board"; citizens fail to see the connection between the reorganisation of the network and a real improvement in services; and the schedule for implementing the reform does not appear to be realistic.

■ Some specific comments:

- ☐ The effect of the reorganisation will be a "lack of democratic participation" through the abolition of various Boards of Directors that used to have seats reserved for representatives of the public;
- ☐ The government proposal offers no guarantees in terms of the human, financial and technological resources needed to implement the reform;
- ☐ This is a "hospital-centric" management system, in which the needs of the hospitals could prevail over other services. Some spoke of a "deficit culture";
- ☐ Health promotion and illness prevention programs could lose out as the balance between the preventive and curative approaches is eroded;
- ☐ Montreal will lose the Quebec model for CLSCs as providers of local services tailored to the needs of neighbourhood residents. It is important to maintain their community mission;
- ☐ The structures of the health and social service centres would be too large, which would mean they would be unable to respond quickly to community needs;
- ☐ The two-year funding guarantee for community groups is not long enough;
- ☐ The reform could lead to the privatisation of some services;
- ☐ There is a lack of information on the AMCs: who will choose them, what control standards will be in effect, and how much will they cost?
- ☐ The new territories do not correspond to territories of municipal and other partners;
- ☐ Is it possible for institutions that serve ethnocultural clienteles to be given special status and be exempt from integration into local networks?
- ☐ With this reform, the health-care network could, unfortunately, abandon its involvement in the social and local development of neighbourhoods;
- ☐ Services could only be improved in the framework of a reorganisation linked to a strategy for fighting poverty.

In the wake of the findings that emerged from the consultation process, the Agency modified its initial proposal, adding several recommendations designed to improve the project and reflect major concerns that were expressed. The recommendations involved the following considerations:

- ☐ respecting the sociocultural, ethnocultural and linguistic characteristics of institutions and the clientele they serve: recommendations 2 and 5;
- ☐ ensuring a better balance in the allocation of residential beds and long-term care: recommendation 4;
- ☐ maintaining and strengthening health promotion and illness prevention activities as part of the mission of health and social service centres: recommendations 7 to 10;
- ☐ maintaining existing agreements: recommendation 11;
- ☐ physicians' participation in running health and social service centres: recommendations 12 and 13;
- ☐ the partnership with the City of Montreal and the school boards: recommendations 15 and 16;
- ☐ funding for community groups: recommendation 17;
- ☐ support for setting up health and social service centres: recommendation 19;
- ☐ the composition of Boards of Directors of health and social service centres: recommendation 21;
- ☐ mechanisms for user participation and respect for users' rights: recommendation 22;
- ☐ the importance of computerisation: recommendations 23 to 28.

THE AGENCY'S RECOMMENDATIONS

3

The Agency's final recommendation is based on consultation outcomes, analysis of the briefs submitted by the Agency's bodies (People's Forum, Regional Medical Commission, Regional Nursing Commission, Regional Multidisciplinary Commission, the Committee for Access to Services in English, the Regional Department of General Medicine), and comments received during meetings with the advisory committees. The final recommendation was drafted by the Planning and Assessment Committee, and was adopted by the Agency's Board of Directors on April 27th, 2004.

Recommended territories

The Agency's proposal for the new organisation model involves the creation of 12 local health and social service networks. These networks provide the greatest possible service coverage in people's immediate vicinity. The territorial division takes local dynamics and the population's health and social service consumption patterns into account. The networks also aim to achieve geographical consistency while respecting linguistic and cultural characteristics.

During the consultation, there was broad support for the ten territories proposed (except in the Centre-Ouest, for which there were two different scenarios), particularly from actors within the health and social service network.

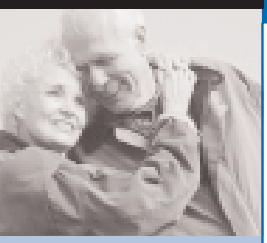
In the case of the Centre-Ouest, the more popular hypothesis was to group the Notre-Dame-de-Grâce/Montréal-Ouest and René-Cassin territories on one side, and the Côte-des-Neiges, Parc Extension and Métro territories on the other.

RECOMMENDATION 1

The Agency recommends:

☐ creating 12 health and social service centres covering the following CLSC territory groupings:

- Pierrefonds and Lac Saint-Louis;
- LaSalle and du Vieux Lachine;
- Verdun/Côte Saint-Paul, Saint-Henri, Clinique communautaire de Pointe Saint-Charles;
- Notre-Dame-de-Grâce/Montréal-Ouest and René-Cassin;
- Côte-des-Neiges, Métro and Parc Extension;
- Nord de l'Île and Saint-Laurent;



RECOMMENDATION 1 (CONTINUED)

- Ahuntsic and Montréal-Nord;
- La Petite Patrie and Villeray;
- Des Faubourgs, Plateau Mont-Royal and Saint-Louis du Parc;
- Saint-Léonard and Saint-Michel;
- Hochelaga-Maisonneuve, Olivier-Guimond and Rosemont;
- Rivière-des-Prairies, Mercier-Est/Anjou and Pointe-aux-Trembles/Montréal-Est.

Composition of the health and social service centres

In its final recommendation, the Agency made some changes to its initial proposal regarding the institutions to be merged to create the 12 health and social service centres.

Residential and long-term care centres with a supra-regional mandate to serve cultural communities

Some residential and long-term care institutions that are recognized under the Charter of the French Language as providing services in a language other than French pointed out the following:

☐ preserving the characteristics of these living environments means preserving the institutions' independence with regard to human-resource management and community involvement through the institutions' boards of directors;

☐ these centres do not have a local vocation – they have a supra-regional vocation.

RECOMMENDATION 2

The Agency recommends:

☐ that the Montreal Chinese Hospital, the Institut Canadien-Polonais du Bien-Être, the Mount Sinai Hospital, the Maimonides Geriatric Hospital and the Jewish Eldercare Centre not be identified as being part of a health and social service centre;

☐ that the Mount Sinai Hospital, the Maimonides Geriatric Hospital and the Jewish Eldercare Centre be integrated under a single board of directors, that they be designated as having a supra-regional vocation and be associated with their local territory's health and social service centre;

☐ that the Montreal Chinese Hospital and the Institut Canadien-Polonais du Bien-Être remain independent institutions, that they be designated as having a supra-regional vocation, and be associated with their local territory's health and social service centre.

Designating rehabilitation hospitals that specialise in physical impairments

The Agency's proposal makes it possible to concentrate rehabilitation services and ensure enough of a critical mass, while preserving flexibility and intervention capacity, and respecting Montreal's linguistic and cultural context.

RECOMMENDATION 3

The Agency recommends:

- ☐ creating a hospital network that specialises in physical impairments, using the Montreal Rehabilitation Institute and the Lindsay Rehabilitation Hospital as the network's two main poles;
- ☐ redefining the Lindsay Rehabilitation Hospital's mission to complement the Montreal Rehabilitation Institute's mission;
- ☐ adapt care delivery at the Lindsay Rehabilitation Hospital to meet physical impairment rehabilitation program requirements.

A more balanced distribution of residential and long-term care beds

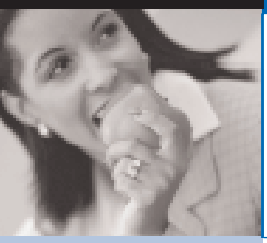
Closer analysis of the available data has led the Agency to change its initial proposal to ensure a better balance between needs and resources when it comes to residential and long-term care needs.

In the initial proposal, residential and long-term care beds were distributed according to the current location of institutions, with some minor adjustments. Furthermore, the ratio of beds per 1000 persons age 65 and over was based on gross data that did not take into account important data, such as the standardized placement rate, service intensity per bed measured in care hours, and regional mandates.

RECOMMENDATION 4

The Agency recommends:

- ☐ incorporating the CHSLD Les Havres into the local body for the Saint-Michel/Saint-Léonard territory, and to associate 96 of its beds to the Villeray/La Petite Patrie territory;
- ☐ associating each of the region's private-contracted Residential and Long-term Care Centres with the local health and social service centre in the territory where it is located, except:
  - CHSLD Bourget, which would be linked to territory 11 (Hochelaga-Maisonneuve, Olivier-Guimond and Rosemont) rather than to territory 12 (Rivière-des-Prairies, Mercier-Est/Anjou and Pointe-aux-Trembles/Montréal-Est);
  - some of the beds in the Centre d'hébergement Champlain – Marie-Victorin (100 beds), which would be linked to territory 10 (Saint-Léonard and Saint-Michel) rather than to territory 12 (Rivière-des-Prairies, Mercier-Est/Anjou and Pointe-aux-Trembles/Montréal-Est);
  - The Centre d'hébergement Saint-Georges, which will be moving shortly to the Centre-Ouest and would be linked to territory 8 (La Petite Patrie and Villeray);



RECOMMENDATION 3 (CONTINUED)

- Vigi Santé (CHSLD Queen Elizabeth) which would be linked to territory 1 (Pierrefonds and Lac Saint-Louis) rather than to the Centre-Ouest;

☐ associating the Grace Dart Extended Care Centre to the Centre-Ouest by incorporating it into the McGill University Health Centre, rather than by merging it with the health and social service centre.

Excluding certain hospitals from the mergers

☐ Hôpital Santa Cabrini

The Hôpital Santa Cabrini has an extended catchment area due to its linguistic and cultural responsibilities toward the entire Italian community. Since large groups of this community are present outside the territory of the recommended local body, the Agency has concluded that the Hôpital Santa Cabrini should be excluded from the Saint-Michel/Saint-Léonard health and social service centre.

☐ St. Mary's Hospital Centre

The Agency sees St. Mary's Hospital Centre as the primary hospital for both health and social service centres in the Centre-Ouest region.

To fulfil this responsibility, this institution must form a consortium with the Jewish General Hospital and the McGill University Health Centre. These three hospitals with overlapping catchment areas in the Centre-Ouest territories must therefore enter into contract agreements to determine the extent to which they will each help the health and social service centres accomplish their mission. It is the Agency's view that the complex nature of St Mary's participation in the consortium does not allow it to be merged with the health and social service centres.

☐ The Institut universitaire de gériatrie de Montréal

Aside from its university mission, the Institut universitaire de gériatrie de Montréal has a twofold mission as a hospital centre and a residential and long-term care centre. Its geographic location in territory 5 would lead it to merge with institutions that are all recognized under the Charter of the French Language and designated as offering all of their services in English. As for the Institute, it is neither recognized, nor designated, and none of its services are indicated because it serves a French-speaking clientele.

Therefore, by applying regional criteria 3.2 and 3.3, the Agency foresees that the Institute should be excluded from the Côte-des-Neiges, Métro and Parc Extension health and social service centre, pursuant to Article 26, in order to respect the linguistic and cultural characteristics of its clientele.

RECOMMENDATION 5

The Agency recommends:

☐ In accordance with the provisions of Article 26 of the Act (2003, Chapter 21) and with national guidelines, not to include the following institutions in a health and social service centre:

- Hôpital Santa Cabrini;
- St. Mary's Hospital Centre;
- The Institut universitaire de gériatrie de Montréal. However, this institution should be associated with the Côte-des-Neiges, Métro and Parc Extension territory. Furthermore, upon reforming the Act respecting health services and social services, the Minister should develop a model that would enable the Institut universitaire de gériatrie de Montréal to preserve its university mission, and move its basic residential and long-term care services to the local networks.

Associate Medical Centres (AMC)

In addition to the 12 health and social service centres, the Agency proposes to set up at least one associate medical centre (AMC) in each of the 12 territories, from year one. The AMCs will provide medical services by appointment and on a walk-in basis from 8:00 a.m. to 8:00 p.m., 7 days a week. The AMCs will make the technical equipment required for emergency tests (laboratory, imagery) available to general practitioners. They will also provide care for at-risk clienteles and act as a liaison with the relevant programs of the health and social service centre on their territory.

RECOMMENDATION 6

The Agency recommends:

☐ setting up one associate medical centre (AMC) for every 50 000 inhabitants;

☐ equipping every territory with at least one AMC from year one.

The prevention-health promotion mission

Many concerns were expressed during the consultation with regard to maintaining the prevention priority within health and social service centres. In order to address these concerns, the Agency has outlined recommendations and activities aimed at making prevention and health promotion a stronger priority.

RECOMMENDATION 7

The Agency recommends:

☐ that the prevention mission not only be maintained, but also developed and given greater importance;

☐ that implementing local public health plans be considered a priority and incorporated into management agreements.

Public health budget developments are slow to emerge at the national level, and very limited resources are earmarked for this particular priority. It is therefore essential to take the necessary measures to ensure that the budgets for prevention that fund local public health plans are maintained and developed.

RECOMMENDATION 8

The Agency recommends:

- ☐ that resource allocation procedures make provisions for maintaining and developing budgets assigned to implementing each of the local public health plans, and that these plans be mentioned in a specific clause of the service agreement between the Agency and each of the health and social service centres;
- ☐ that it be possible to transfer resources from the physical health program to the public health program or to other prevention activities included under other service programs, but not to transfer resources away from prevention.

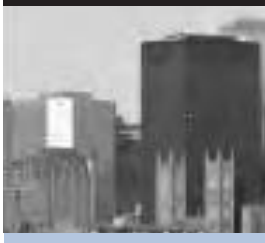
Organising a strong front line, in which prevention budgets are maintained and developed to fund priority public-health action plans will require the designation of a senior manager in charge of public health within each health and social service centre. This will facilitate coordinated action by the Direction de santé publique of the Agency and inter-sectoral partners.

RECOMMENDATION 9

The Agency recommends:

- ☐ that each of the health and social service centres designate a senior manager in charge of prevention to coordinate local public health plans jointly with inter-sectoral partners in the milieu;
- ☐ that each of these health and social service centres identify the team and resources that will be allocated to deploying the local public health plan.

Five of the twelve health and social service centres will include a hospital mission. Given the preventive mission of the health and social service centres, and their local responsibility in terms of public health, the Agency recommends that they espouse the guidelines put forth by the Hospital Health Promotion Association and the World Health Organisation (WHO). The goal is to improve service quality by supporting health promotion, illness prevention and hospital rehabilitation activities.



RECOMMENDATION 10

The Agency recommends:

- ☐ that all health and social service centres that include a hospital, and all Montreal hospitals join the WHO project: Health Promoting Hospitals;
- ☐ that management agreements include a clause on implementing the WHO standards for health promotion in hospitals.

Cooperation and agreement procedures

The Agency intends to use inter-institution agreements to guarantee access to services, so that the entire population has the same level of services across territories, regardless of whether the local body includes a General and Specialised Care Hospital. To facilitate this process, the Agency proposes a frame of reference for future contracts between local bodies and the general and specialised care hospitals.

RECOMMENDATION 11

The Agency recommends:

- ☐ maintaining existing corridors, formal agreements and family-type resource and intermediate-resource management procedures until new agreements are reached under the proposed frame of reference.

Planned participation and cooperation procedures involving physicians

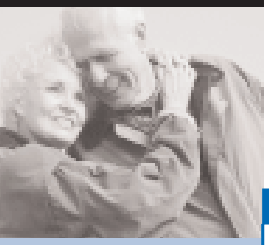
The associate medical centres (AMC) are the anchor points connecting general practitioners to the local bodies on their territory. They play a two-way liaison role to facilitate care for at-risk clienteles and access to medical services.

The AMCs are being called upon to play a leading role and to cooperate very closely with private doctor's offices and with the sub-regional table of the Regional Department of General Medicine within their territory. The local health and social service centres are expected to help set up the AMC or AMCs on their territory. Local partnership agreements will therefore be needed to define the bodies' respective roles. The draft agreements must be submitted to the Agency for approval, following a recommendation from the Regional Department of General Medicine.

RECOMMENDATION 12

The Agency recommends:

- ☐ that a local partnership agreement specifically define the expected roles of the associate medical centre, the health and social service centre, and the Regional Department of General Medicine according to the specific frame of reference proposed.



While seeking to ensure a fair balance of voices in decision-making, the executive of the unified Council of Physicians, Dentists and Pharmacists and the new health and social service centre medical organisation plan must reflect the local body's new responsibility in terms of population care management. They must also take into account the Ministry's new way of allocating resources by service program.

RECOMMENDATION 13

The Agency recommends:

☐ that the representation model for the Board of Directors of the Council of Physicians, Dentists and Pharmacists be based on the representative composition of the Regional Medical Commission.

Ties to the Integrated University Health Network (IUHN)

Institutions belonging to an Integrated University Health Network (IUHN) are collectively responsible for guaranteeing that the population in their catchment area have equitable access to ultra-specialised services. They are also responsible for supporting front-line and secondary service delivery by the regional institutions in their catchment area.

While there is consensus regarding most of the territories near the institutions that belong to the two IUHNs, three local territories, or parts thereof, could be attributed to either IUHN, given the diversity and habits of the populations that live there and the IUHN's proposed service delivery.

RECOMMENDATION 14

The Agency recommends:

☐ planning joint service delivery by institutions belonging to the two Montreal IUHNs for the following territories:

- Verdun/Côte Saint-Paul, Saint-Henri, Pointe Saint-Charles;
- Nord de l'Île and Saint-Laurent;
- Des Faubourgs, Plateau Mont-Royal and Saint-Louis du Parc.

Strategic partnerships within the Montreal community

The proposed territorial division does not perfectly match municipal and school divisions, but is an improvement on the current situation. Some actions can nevertheless be maintained or undertaken to ensure better coordination and better integration of interventions by municipal, school and health-and-social service partners to improve the population's health and well being.

RECOMMENDATION 15

The Agency recommends:

☐ maintaining its contribution to existing inter-sectoral mechanisms in Montreal, including:

- implementation of the City Contract between Montreal and the Quebec Government;
- shared priority areas for joint intervention: City, school boards, Agency;
- the City-Agency partnership bureau, set up in 2003 with a mandate to develop joint intervention strategies and ensure follow-up of joint projects;
- the Table des partenaires pour la réussite, la persévérance et le raccrochage scolaire (Table of Partners for School Success, Persistence and Reentry) and the Carrefour de lutte au décrochage scolaire (Forum to Lower the Drop-out Rate);
- local round tables;

☐ helping to improve inter-sectoral consultation tools:

- by helping to establish a high-level coordination mechanism between the City, the school boards, the Ministry of Education and the Agency, aimed at harmonizing and synchronizing strategic plans and interventions aimed at young people and families;
- by helping to set up identical reference bases for statistical data compilations, as recommended by the City. This would make it possible to share and access information by the territorial division for each entity: boroughs, health and social service centres, school boards;
- by acquiring, through the Partnership Bureau, specific consultation mechanism with regard to housing and changes in building vocation;
- by specifying and clarifying, given the new context, the procedures for consultation and follow-up on health and social service issues with the school boards;
- by supporting the health and social service centres to implement the local public health action plans that they will be responsible for in the context of the regional “Action for Prevention” plan adopted in September 2003;
- by fostering the universality and harmonization of effective prevention programs that are accessible in local territories.

The Agency recognizes the relevance of ensuring representation of the municipal, education and university milieus on the Agency’s Board of Directors, and the boards of directors of the health and social service centres.

RECOMMENDATION 16

The Agency recommends:

☐ that the City, the school boards and universities be represented on the Agency’s Board of Directors;

☐ that the boroughs and school boards be represented on the boards of directors of the health and social service centres.

Partnership with community organisations

The Agency reiterates the guidelines it adopted in September 2003 in relation to community organisations:

- ☐ respect for the autonomy of community organisations;
- ☐ recognition of community organisations as a tool for citizen participation and social development;
- ☐ recognition of women's role in and contribution to developing the community milieu.

Consequently, the Agency will continue to pursue the following objectives:

- ☐ value, promote and support community action as a whole;
- ☐ value, support and consolidate autonomous community action;
- ☐ recognize and support volunteer action.

RECOMMENDATION 17

The Agency recommends:

- ☐ maintaining an integrated regional approach to funding community action;
- ☐ adjusting funding according to the three following approaches:
  - funding to support the overall mission of community organisations, constituting the bulk of funding;
  - funding service agreements for services that complement the public network;
  - funding specific activities and one-time or short-term projects.

Social economy enterprises

The continued existence of social economy enterprises is being threatened by a structural problem: the gap between their cost and revenue per hour of service. For most of these enterprises, an increase in service would lead to greater losses. The Agency proposes a permanent solution to this structural problem.

RECOMMENDATION 18

The Agency recommends:

- ☐ that the budget granted make it possible to increase social economy enterprises' revenue in the domestic help sector, notably by recognizing file management costs, and real costs in an urban environment (travel, office rental, etc.).

SET-UP STRATEGY

Recommendations 19 to 28 are linked to the six aspects of the implementation strategy for the new service organisation model. These aspects are:

1. Set-up and change-management support

2. Governing the health and social service centres

3. User participation and respect for user's rights

4. Information for the population, physicians and employees

5. New regional approaches to management

6. Computerisation

The adopted set-up strategy must above all aim at mobilizing the members of boards of directors, executive directors, physicians, senior management and all of the personnel toward achieving the sought-after objectives, namely:

☐ better health and well-being results;

☐ more continuous and complete, and therefore more satisfying care;

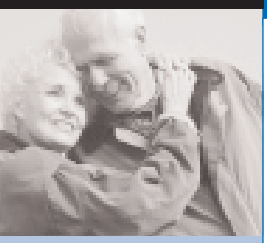
☐ services that are accessible at the right place and at the right time.

With this in mind, administrators, managers and care providers must receive all of the support they need throughout the process of setting up the networks.

As soon as the summer of 2004, the Agency will be called upon to support the setting up of health and social service centres, and to draft and implement their clinical project. To achieve this, the Agency will have to collaborate very closely with the administrators, executive directors, senior management and medical leadership of the health and social service centres, and provide them with the support and tools they need to make sure that the local service networks get off on the right foot.

1. Set-up and change-management support

It will be necessary to set up information, support, management follow-through, and skill development activities for administrators and leaders. This will encourage fulfilment of the vision and facilitate stakeholders' adjustment and mobilization in the context of the coming changes.



RECOMMENDATION 19

The Agency recommends:

For the boards of directors of the health and social service centres:

☐ organising exchange meetings among the members of the boards of directors and the President and Executive Director of the Agency on:

- the vision underlying the service organisation model and the clinical project;
- strategic priorities;
- the role and leadership expected from the boards of directors;
- the organisation of the health and social service centres;
- proposed and required support.

☐ organising the first meetings of the boards of directors, establishing the interim organisation of the health and social service centres, and planning the work to be carried out.

For the health and social service centres leadership teams:

☐ creating a health and social service centre set-up team led by the President and Executive Director of the Agency and the interim executive directors of the health centres;

☐ ensuring access to advisory resources, particularly with regard to organisational development and strategic planning;

☐ freeing up a budget to finance development and training activities, notably for the health centres' management teams;

☐ providing training and support for administrators and leaders, as well as information tools for staff and physicians;

☐ revising their organisation plan to ensure integrated management at the regional level.

2. Governing the health and social service networks

Given the essential role to be played by the first executive director of the health and social service centre, the People's Forum believes that, to be successful, the selection process must be open to all candidates, rather than just the executive directors currently in office. This will make it possible to access the entire talent pool in the health and social service network, and allow the executive directors of the merged institutions to opt for positions wherever they wish.

RECOMMENDATION 20

The Agency recommends:

☐ that the executive directors of the health and social service centres be selected through open competition.

With regard to the composition of the boards of directors, the comments and briefs received throughout the consultation were almost all directed at ensuring an important presence by people elected by the population within the boards of directors, even in the case of the interim boards of directors of the health and social service centres.

RECOMMENDATION 21

The Agency recommends:

☐ that the interim boards of directors of the health and social service centres include, if possible:

- a member from the board of directors of each of the merged institutions, designated from among the people elected by the population;
- a member from the users committees;
- a member from the Councils of Physicians, Dentists and Pharmacists;
- a member from the Councils of Nurses;
- a member from the Multidisciplinary Councils;
- a member from the Midwives' Council, if applicable;
- a member from the territory's associate medical centres;
- a member from community organisations;
- a member from the university milieu if the centre has a university affiliation;
- a member from the primary hospital;
- a member from the municipal milieu;
- a member from the school boards.

☐ that the members be chosen according to criteria that are analogous to those defined in articles 397 and 397.3 of the Act Respecting Health Services and Social Services:

- representation: of the various parts of the territory; of sectors of activity; of socio-cultural, linguistic or demographic groups;
- the most equitable representation possible of men and women and of different age groups;
- skill.

☐ that the composition of the permanent boards of directors of the health and social service centres respect the same principles and ensure significant participation by persons elected by the population and designated by the users committees.

3. User participation and respect for users' rights

Given that the health and social service centres will bring together several facilities under a single Board of Directors, the Agency recommends that current user participation measures be improved, and that users' rights be respected.

RECOMMENDATION 22

The Agency recommends:

- ☐ having a users committee for every residential care facility;
- ☐ that a committee of user committee representatives be set up to liaise with the Board of Directors;
- ☐ that budgets for users committees be granted as a percentage of the institution's budget, and be increased to the level of budgets granted in psychiatric care hospitals to allow users committees to call on independent professional resources for assistance;
- ☐ that local service quality commissioners only perform their function, report to the board of directors and receive the resources required to fulfil their function, taking into account the size of the institution.

4. Information for the population, physicians and employees

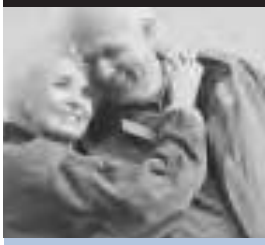
The coming reform will bring major changes that will definitely transform citizens' habits, their relationship with health and social services, and their relationship with the professionals who provide those services. In order for Montrealers to participate and take charge of their health and well-being, they must have direct access to personalized, regular, and ongoing information. In this regard, the Agency proposes the following information objectives:

- ☐ facilitate access to the health and social service centres, the associate medical centres and other components of the Montreal health network;
- ☐ reassure the population with regard to service accessibility and quality, by providing objective, reliable, permanent and user-friendly reference tools;
- ☐ disseminate all relevant information on how the new health and social service centres will be governed;
- ☐ make accessible, in collaboration with the bodies in place, all of the information that the people working within the network need to help them fulfil their role;
- ☐ equip people and build their capacity to take care of their health and well being independently and actively, to collaborate with the services they use and to stand up for their rights.

5. New regional approaches to management

The creation of the networks will go hand-in-hand with the gradual implementation of program-based budgeting. In this context, the Agency must work in partnership with the networks and all institutions to fine-tune reliable and valid indicators that reflect Montreal's distinct characteristics.

With regard to performance assessment, the Agency will continue its clientele satisfaction assessment activities, and will develop a comprehensive performance assessment model. This assessment process is very important because it will make it possible to analyse and assess each network's performance specifically, and with a view to ongoing improvement. Finally, assessment mechanisms linked to setting up the local networks should be planned, so that the necessary adjustments can be made.



6. Computerisation

Information technology and systems will play a decisive role in ensuring the integration, flow and security of information aimed at clienteles, managers, physicians and other professionals, both within the bodies and among institutions. In this respect, the Agency foresees the establishment of standards, joint functions and regional services, and the adoption of a uniform vision and architecture for the region as a whole. New room for manoeuvre in terms of investment should be freed up to maintain, develop and manage informational assets and preserve the balance between information production and consumption systems and services.

The consensus reached during the consultations on short-term and medium-term priorities has led the Agency to propose recommendations 23 to 28.

Specific strategies for clienteles

The Agency intends to develop a regional portal for the general public, to give the Quebec population and the network's clientele access to relevant information on network service and resource availability, health problems, prevention mechanisms and proposed care approaches.

RECOMMENDATION 23

The Agency recommends:

☐ in the short term, developing and providing access to a regional portal for the general public.

Specific strategies for general practitioners

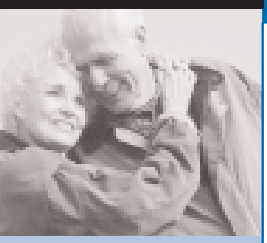
A simple, single regional information tool is essential to bring general practitioners around to using information technology. The Agency shares this opinion and intends to do everything in its power to prevent the proliferation of tools that would compromise the integration of components of a same user's record. The Agency also intends to make the necessary provisions to meet the priority needs indicated by general practitioners. In the longer term, a solution should be found to having and sharing a more complete electronic record with sector care providers.

RECOMMENDATION 24

The Agency recommends:

☐ in the short term, giving general practitioners access to

- the Health and Social Service Telecommunications System (RTSS) and to e-mail, collaboration and information-sharing tools;
- the results of diagnostic tests and to consult reports;
- clients' pharmacological profile;



RECOMMENDATION 24 (CONTINUED)

- notices of key events: visits to emergency, hospitalisation, death;
- medical images;
- inter-disciplinary follow-up of at-risk clienteles (e.g.: home support);
- a roster of specialists in the region, and to on-line consultation with them;
- electronic processing services with retail drug stores;
- appointment services in specialised centres or with specialists.

Specific strategies for specialists

A significant proportion of specialists (37% in Quebec) practice in both the hospital milieu and in a private office, where they follow their clientele or respond to general practitioners' requests for consults. For this group in particular, it will be important to identify which computer tools should be emphasized: those in the hospital centres where they practice, or those provided to the network's general practitioners. Some specialists must also provide on-call services from home, and others will need more advanced tools to communicate from their private clinic (e.g.: radiologists).

The Agency intends to continue the steps underway with Montreal specialists to identify priority needs and propose tailor-made solutions. To date, the main services required include access to the Health and Social Service Telecommunications System, to teleconsultation services, and to test results and medical images.

Strategies for the health and social service centres

RECOMMENDATION 25

The Agency recommends:

☐ setting up a regional master-index;

☐ grouping the concerned CLSC and CHLSD systems and client data at the regional technocentre;

☐ providing a centralized clinical information system to health and social service centres that include a hospital;

☐ studying the feasibility of grouping administrative and financial systems for each of the twelve health and social service centres;

☐ grouping available human resources to ensure local management of information resources.

Strategies linked to the University Health Centres and the Affiliated University Centres

RECOMMENDATION 26

The Agency recommends:

- ☐ following up on the CHUM and MUHC initiative to equip themselves with a shared clinical information system;
- ☐ identifying the components of the Arc-en-ciel project developed by the Centre hospitalier universitaire Mère-Enfant (Mother-Child), which could contribute to the regional info-structure;
- ☐ validating the legal and financial conditions that would enable institutions to equip themselves with the same system as the one planned at the CHUM and MUHC;
- ☐ ensuring that the region's clinical information systems are as homogeneous as possible.

Info-structure and regionalized service strategies

RECOMMENDATION 27

The Agency recommends:

- ☐ setting up the regional infrastructure required to save, temporarily or permanently, clinical and other information produced and published by a public or private institution;
- ☐ deploying the regional infrastructure required to save medical images temporarily or permanently;
- ☐ evaluating the feasibility of setting up a regional infrastructure to ensure that computerised elements of records, that are transferred from one institution to the other, be saved temporarily or permanently with the client's consent.

Infrastructure and shared function strategies

RECOMMENDATION 28

The Agency recommends:

- ☐ setting up the shared functions required to build a regional info-structure;
- ☐ developing an access portal, Intranet and regional Extranet;
- ☐ completing the Health and Social Service Telecommunications System architecture, optimization and redundancy review with the Ministry's collaboration and participation.

RECOMMENDED TERRITORIAL DIVISION

4

12 local health and social service networks

01 Health and Social Service Centre - Pierrefonds and Lac Saint-Louis

Entity
- Centre d'accueil Denis-Benjamin Viger
- CLSC Lac Saint-Louis
- CLSC Pierrefonds
- Lakeshore General Hospital

02 Health and Social Service Centre - LaSalle and du Vieux Lachine

Entity
- Centre d'accueil LaSalle
- Centre hospitalier de LaSalle
- CLSC du Vieux Lachine
- Les CHSLD Lachine, Nazaire-Piché et Foyer Dorval
- Centre hospitalier de Lachine

03 Health and Social Service Centre - Verdun/Côte Saint-Paul, Saint-Henri and Pointe Saint-Charles

Entity
- Centre d'accueil Louis-Riel
- Centre d'accueil Réal-Morel
- Centre hospitalier de Verdun
- CHSLD Champlain – Manoir de Verdun
- CLSC Saint-Henri
- CLSC Verdun/Côte Saint-Paul
- Résidence Yvon-Brunet
- Résidences Mance-Décary
  - Pavillon des Seigneurs (CHSLD)
  - Pavillon Saint-Henri (CHSLD)

04 Health and Social Service Centre - René-Cassin and NDG/Montréal-Ouest

Entity
- Richardson Hospital Centre
- CLSC NDG/Montréal-Ouest
- CLSC René-Cassin

05 Health and Social Service Centre - Côte-des-Neiges, Métro and Parc Extension

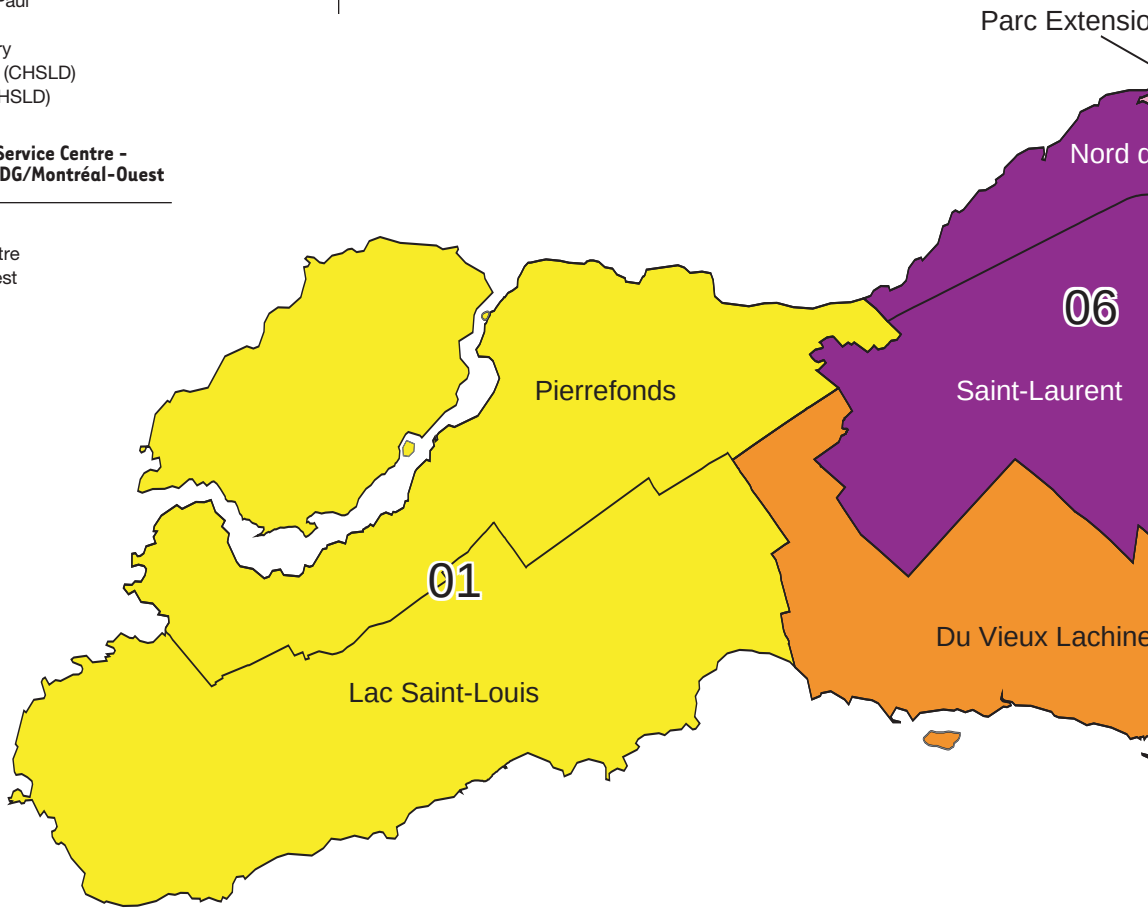
Entity
- Centre d'accueil Father Dowd
- Centre d'accueil St-Margaret
- Centre d'accueil des Foyers presbytériens de St-Andrew
- CLSC Côte-des-Neiges
- CLSC Métro
- CLSC Parc Extension
- Catherine Booth Hospital

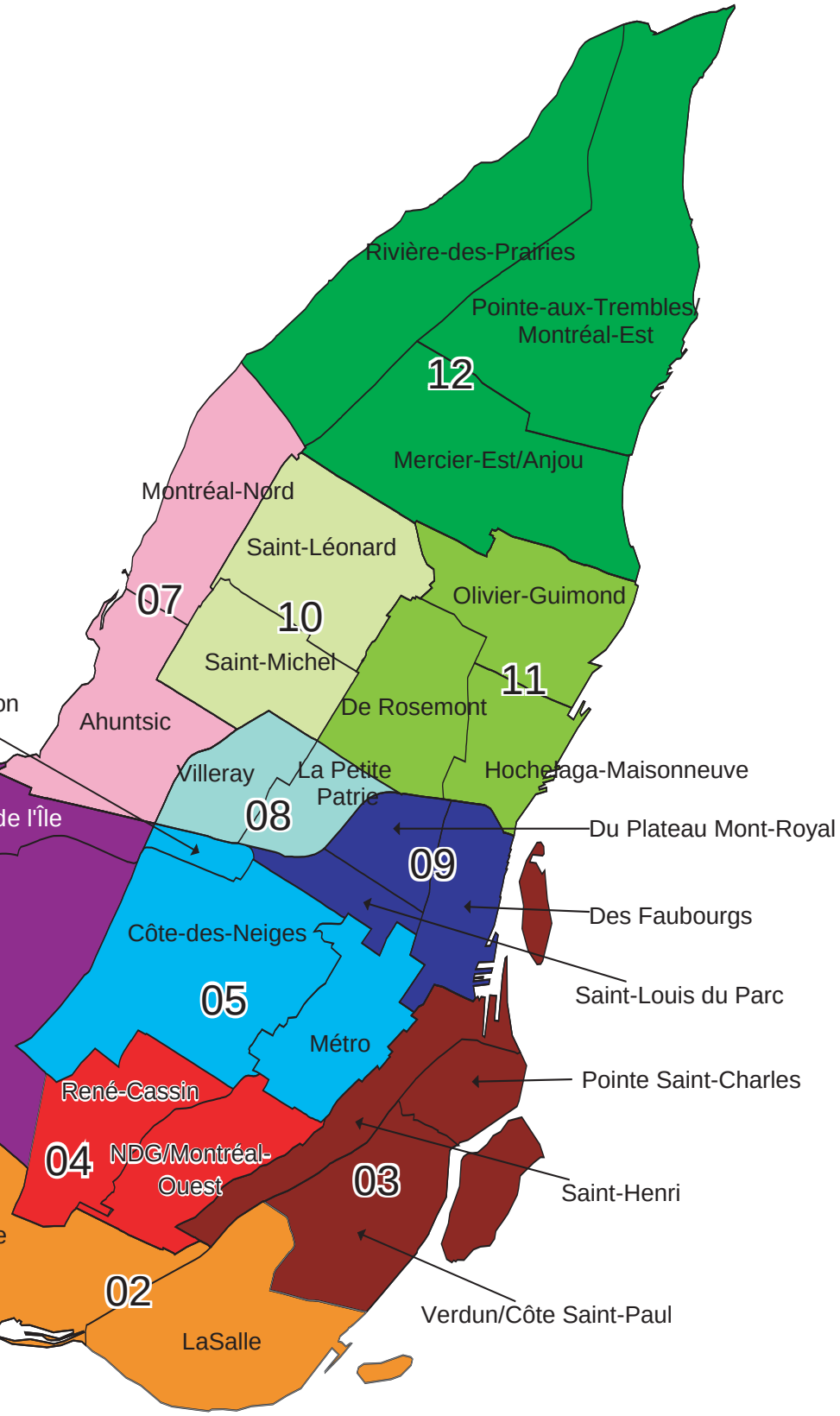
06 Health and Social Service Centre - Nord de l'Île and Saint-Laurent

Entity
- CHSLD-CLSC Nord de l'Île
- CHSLD-CLSC Saint-Laurent
- Manoir Cartierville

07 Health and Social Service Centre - Ahuntsic and Montréal-Nord

Entity
- Centre hospitalier Fleury
- CLSC Ahuntsic
- CLSC Montréal-Nord
- Les Résidences Laurendeau, Légaré, Louvain





08 Health and Social Service Centre - La Petite Patrie and Villeray

Entity

- CLSC Villeray
- CLSC-CHSLD La Petite Patrie
- Hôpital Jean-Talon
- Résidences Mance-Décary – Pavillon Auclair (CHSLD)

09 Health and Social Service Centre - Des Faubourgs, Plateau Mont-Royal and Saint-Louis du Parc

Entity

- Centre hospitalier Jacques-Viger
- CHSLD Centre-Ville de Montréal
- CHSLD Émilie-Gamelin/Armand-Lavergne
- CLSC des Faubourgs
- CLSC du Plateau Mont-Royal
- CLSC Saint-Louis du Parc
- Les CHSLD du Plateau Mont-Royal

10 Health and Social Service Centre - Saint-Léonard and Saint-Michel

Entity

- CLSC Saint-Michel
- CLSC Saint-Léonard
- CHSLD Les Havres
- CHSLD Saint-Michel

11 Health and Social Service Centre - Hochelaga-Maisonneuve, Olivier-Guimond and Rosemont

Entity

- CHSLD Lucille-Teasdale
- CLSC Hochelaga-Maisonneuve
- CLSC Olivier-Guimond
- CLSC-CHSLD de Rosemont
- Foyer Rousselot
- CHSLD Jeanne-LeBer

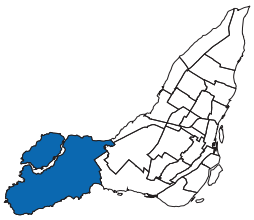
12 Health and Social Service Centre - Rivière-des-Prairies, Mercier-Est/Anjou and Pointe-aux-Trembles/Montréal-Est

Entity

- CHSLD Biermans-Triest
- CLSC Mercier-Est/Anjou
- CLSC Rivière-des-Prairies
- CLSC-CHSLD PAT/Montréal-Est
- Centre d'accueil Judith-Jasmin (HMR)

PROFILE OF HEALTH AND SOCIAL SERVICE CENTRES IN MONTREAL

5



01 Health and Social Service Centre - Pierrefonds and Lac Saint-Louis

Entity
- Centre d'accueil Denis-Benjamin Viger (125) **
- CLSC Lac Saint-Louis **
- CLSC Pierrefonds *
- Lakeshore General Hospital **

Associates
- CHSLD Bayview (128)
- Vigi Santé
  - CHSLD Dollard-des-Ormeaux (160)
  - CHSLD Pierrefonds (64)
  - CHSLD Reine-Élizabeth (150)

Population 204,645

CHSLD Resources
- beds: 627
- FTR-IR spaces: 0
- regional mandate: 0

Rehabilitation beds 0

Languages spoken
- French: 37.8%
- English: 61.3%
- Other: 1.0%

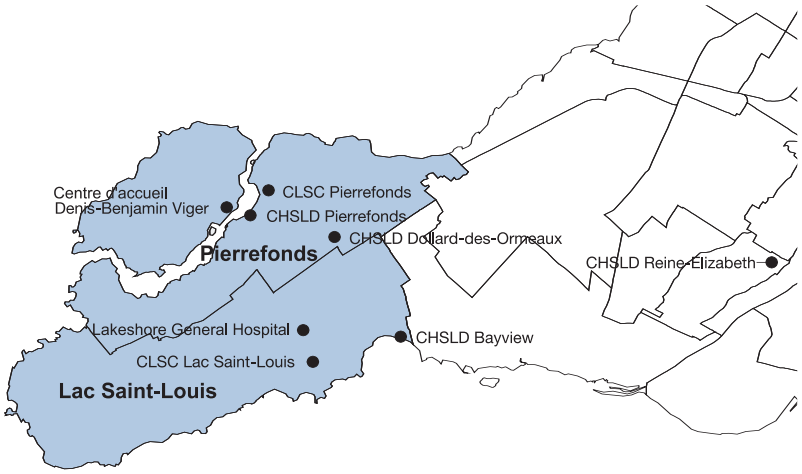
Budget $ 122,957,967

Human resources 1,775

Potential AMCs 2

Local hospital
Lakeshore General Hospital
- Reliance rate 60.3%

Population habits
– *ultra-specialised care*
52.1% MUHC
19.9 % JGH
– *general care*
42.8% Lakeshore
19.7% MUHC

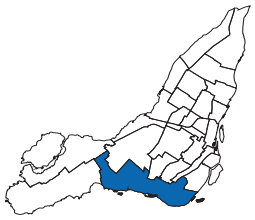


Other special features of the territory 1

Socio-demographic features	Territory has highest number of children and teens 0-18 – 52,455 or 25.6% of population. Percentage of seniors 65 and over below Montreal average: 12% of population or 24,560 seniors.
	Number and percentage of residents living on low incomes lowest in region.
Health indicators	Life expectancy above regional average for both men (78.6 years) and women (82.8). Mortality rate and incidence of cancer lower than or comparable to regional average.
	Below-average rate of social problems except for 0-17s in placement, which is comparable to region.
Use of services	Admissions for physical and mental health problems below Montreal average. Lowest residential placement rate and comparable use of home-support services.
Resources required to offer full range of services	• Physical rehabilitation beds. • FTR-IR spaces for seniors. • Technical platform: magnetic resonance imaging.

* Indicates institution required to offer certain services in English.

** Institution recognised under the Charter of the French language and required to provide access to services in English.



02 Health and Social Service Centre - LaSalle and du Vieux Lachine

Entity
- Centre d'accueil LaSalle (202) *
- Centre hospitalier de LaSalle (115)
- CLSC du Vieux Lachine *
- Les CHSLD Lachine, Nazaire-Piché et Foyer Dorval (428) *
- Centre hospitalier de Lachine (143) *

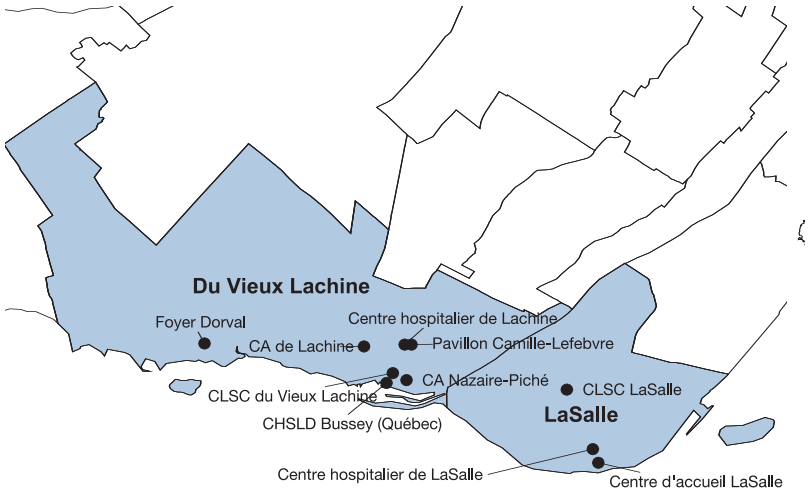
Associates
- CHSLD Bussey (Québec) (42)

Population	131,855
CHSLD Resources	
– beds:	930
– FTR-IR spaces: :	0
– regional mandate:	0
Rehabilitation beds	0

Languages spoken	
- French:	57.1%
- English:	41.4%
- Other:	1.6%
Budget	$ 123,956,548
Human resources	2,344
Potential AMCs	2

Local hospital
LaSalle and Lachine
- Reliance rate 37.4 % LaSalle 44.6% Lachine

Population habits
– *ultra-specialised care*
49.2% MUHC
22.8% CHUM
– *general care*
31.2% LaSalle
17.1% MUHC
15.0% Lachine

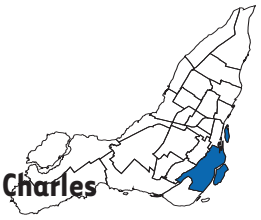


Other special features of the territory 2

Socio-demographic features	19.1% of population under 18 and 17.5% 65 and over; 23.2% of population living on low incomes.
Health indicators	Life expectancy at birth comparable to rate for region for both men and women. Mortality rate higher than Montreal rates for deaths due to circulatory conditions and lung cancer. Higher number of children and teens 0-17 in placement. Other social problems within regional average.
Use of services	Admissions for physical problems comparable; admissions for mental problems, residential admissions and use of home-support services below average for region.
Resources required to offer full range of services	• Physical rehabilitation beds. • FTR-IR spaces for seniors. • Technical platform: magnetic resonance imaging.

* Indicates institution required to offer certain services in English.

** Institution recognised under the Charter of the French language and required to provide access to services in English.



03 Health and Social Service Centre - Verdun/Côte Saint-Paul, Saint-Henri and Pointe Saint-Charles

Entity
- Centre d'accueil Louis-Riel (100)
- Centre d'accueil Réal-Morel (148)
- Centre hospitalier de Verdun (12)
- CHSLD Champlain - Manoir de Verdun (416)
- CLSC Saint-Henri *
- CLSC Verdun/Côte Saint-Paul *
- Résidence Yvon-Brunet (185)
- Résidences Mance-Décary
  - Pavillon des Seigneurs (CHSLD) (180)
  - Pavillon Saint-Henri (CHSLD) (240)

Associates
- Clinique communautaire de Pointe Saint-Charles

Population 129,580

CHSLD Resources
- beds: 1,141 + 128
- FTR-IR spaces: : 0
- regional mandate: 128
  - intellectual disabilities: 32
  - special unit: 96

Rehabilitation beds 27

Languages spoken
- French: 73.1%
- English: 25.7%
- Other: 1.2%

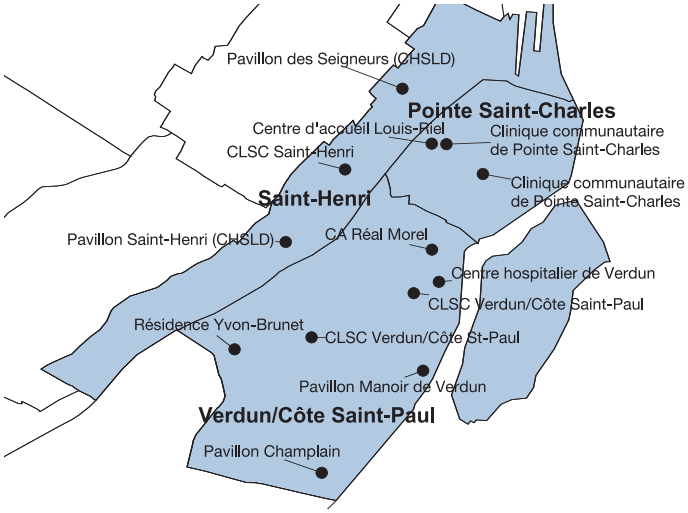
Budget $165,518,328

Human resources 3,810

Potential AMCs 5

Local hospital
Centre hospitalier de Verdun
- Reliance rate 68%

Population habits
- *ultra-specialised care*
  44.2% MUHC
  26.0% CHUM
- *general care*
  32.2% Verdun
  19.0% MUHC

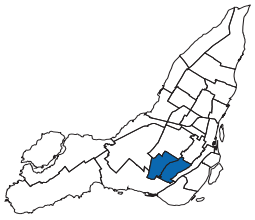


Other special features of the territory 3

Socio-demographic features	18.5% of population 0-18 or 23,980 residents; 15.4% 65 and over or 19,930 seniors. At 35.9%, territory has highest percentage of low-income residents in Montreal region - 45,695 residents.
Health indicators	Life expectancy below regional average for both men (72.3 years) and women (79). Mortality rate for deaths due to tumours, circulatory and respiratory conditions, lung cancer and suicide above regional rates. Social problems above regional average for unemployment, victimisation and placement of children and teens 0-17, as well as teen pregnancies.
Use of services	Admissions for physical and mental problems, residential admissions and use of home-support services all above average.
Resources required to offer full range of services	• FTR-IR spaces for seniors. • Technical platform is complete.

* Indicates institution required to offer certain services in English.

** Institution recognised under the Charter of the French language and required to provide access to services in English.



04 Health and Social Service Centre - René-Cassin and NDG/Montréal-Ouest

Entity
- Richardson Hospital Centre (125) **
- CLSC NDG/Montréal-Ouest **
- CLSC René-Cassin **

Associates
- Gilman Residence (59)
- Grace Dart Extended Care Centre (MUHC) (357)
- Maimonides Geriatric Hospital (387) (1)
- Mount Sinai Hospital (57) (1)

Population 117,655

CHSLD Resources
- beds: 985
- FTR-IR spaces: 140
- regional mandate: 0

Rehabilitation beds 67

Languages spoken
- French: 31.1%
- English: 66.9%
- Other: 2.0%

Budget $ 93,220,999 + Gilman

Human resources 712

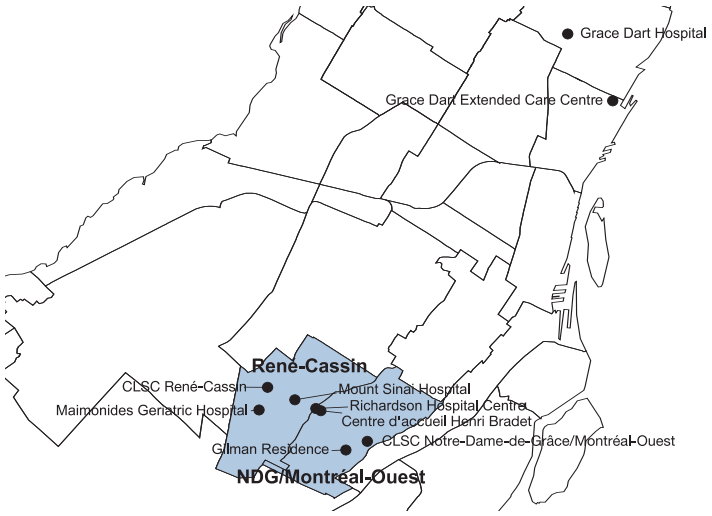
Potential AMCs 3

Local hospital no

Service contract hospital
St. Mary's Hospital Centre on behalf of consortium (2)
- Reliance rate 13.6%

Population habits
– *ultra-specialised care*
42.1% JGH
41.2% MUHC
– *general care*
34.1% JGH
31.8% MUHC
20.7% St. Mary's

(1) Maimonides Geriatric Hospital, Mount Sinai Hospital and the Jewish Eldercare Centre are integrated under a single Board of Directors.
(2) Consortium formed by St. Mary's Hospital Centre, Jewish General Hospital and MUHC.

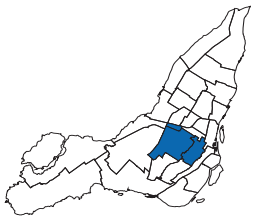


Other special features of the territory 4

Socio-demographic features	19.1% of population under 18; 20% 65 and over, highest proportion in Montreal; 25.7% of residents living on low incomes.
Health indicators	Life expectancy at birth favourable compared to regional average for men and women. Mortality rates below average or comparable to rates for region.
	Social problems within average range or favourable compared to regional rates.
Use of services	Lower rates of admissions for physical problems, mental problems, and residential admissions. Use of home-support services also below average for region.
Resources required to offer full range of services	Technical platform: cluster of laboratories, computed tomography scan (CT scan), magnetic resonance imaging not accessible on territory, but available at service contract hospital (St. Mary's).

* Indicates institution required to offer certain services in English.

** Institution recognised under the Charter of the French language and required to provide access to services in English.



05 Health and Social Service Centre - Côte-des-Neiges, Métro and Parc Extension

Entity
- Centre d'accueil Father Dowd (134) **
- Centre d'accueil St-Margaret (96) **
- Centre d'accueil des Foyers presbytériens de St-Andrew (70) **
- CLSC Côte-des-Neiges **
- CLSC Métro **
- CLSC Parc Extension **
- Catherine Booth Hospital **

Associates
- Vigi Santé (CHSLD Mont-Royal) (273)
- Jewish Eldercare Centre (320) (1)
- Institut universitaire de gériatrie de Montréal (379)

Population 219,000

CHSLD Resources
- beds: 1,272
- FTR-IR spaces: 49
- regional mandate: 0

Rehabilitation beds 129

Languages spoken
- French: 44.9%
- English: 51.3%
- Other: 3.8%

Budget $136,981,204

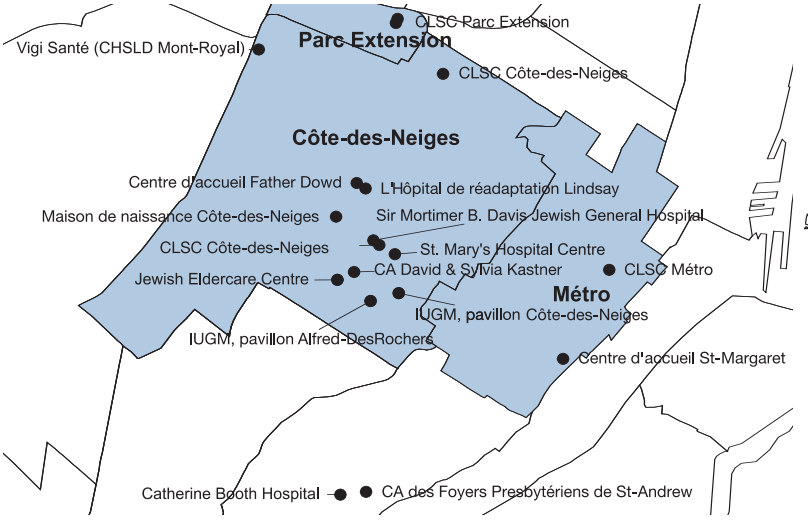
Human resources 1,356

Potential AMCs 6

Service contract hospital
St. Mary's Hospital Centre on behalf of consortium (2)
- Reliance rate 21.7%

Population habits
- *ultra-specialised care*
  40.3% MUHC
  30.6% JGH
- *general care*
  28.5% MUHC
  26.9% JGH
  20.5% St. Mary's

(1) Maimonides Geriatric Hospital, Mount Sinai Hospital and the Jewish Eldercare Centre are integrated under a single Board of Directors.
(2) Consortium formed by St. Mary's Hospital Centre, Jewish General Hospital and MUHC.

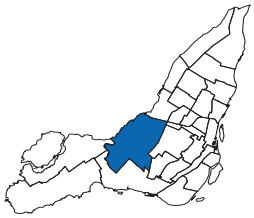


Other special features of the territory 5

Socio-demographic features	18.9 % of population under 18 and 15.7% 65 and over. Among the highest number and rate of low-income residents in the region at 34.9% or 75,510 residents.
Health indicators	Life expectancy at birth favourable compared to rate for region for both men and women. Mortality rates lower than or comparable to those for the region.
	Social problems in average range or favourable compared to regional values.
Use of services	All rates for use of services lower than regional rates: admissions for physical problems, mental problems, residential admissions and use of home-support services.
Resources required to offer full range of services	Complete technical platform accessible on the territory at service contract hospital, St. Mary's Hospital Centre.

* Indicates institution required to offer certain services in English.

** Institution recognised under the Charter of the French language and required to provide access to services in English.



06 Health and Social Service Centre - Nord de l'Île and Saint-Laurent

Entity
- CHSLD-CLSC Nord de l'Île (554) *
- CHSLD-CLSC Saint-Laurent (154) *
- Manoir Cartierville (285)

Associates
- Les Cèdres - Centre d'accueil pour personnes âgées (25)
- Centre d'hébergement Saint-Vincent-Marie (66)

Population 124,600

CHSLD Resources
- beds: 920 + 164
- FTR-IR spaces: 28
- regional mandate: 164
  - intellectually disabled: 28
  - hearing-impaired: 111
  - Syrian/Lebanese, patients: 25

Rehabilitation beds 22

Languages spoken
- French: 57.2%
- English: 38.4%
- Other: 4.4%

Budget $ 94,094,927

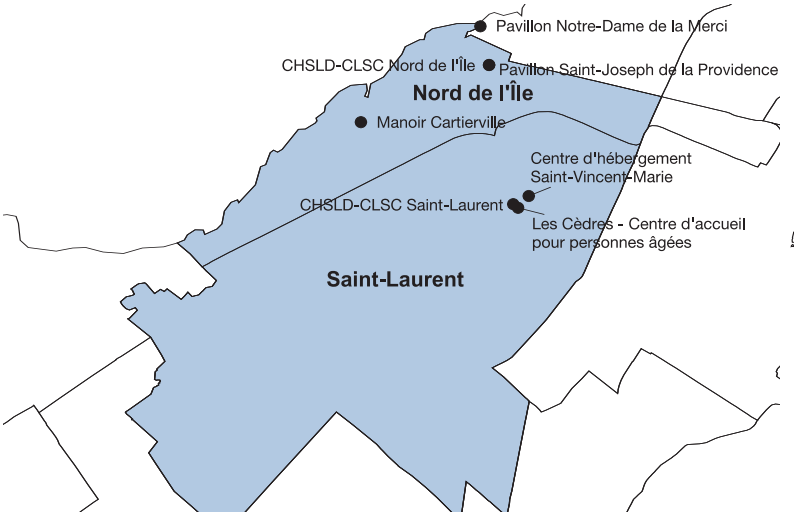
Human resources 2,095

Potential AMCs 3

Local hospital no

Service contract hospital
Hôpital du Sacré-Cœur de Montréal
- Reliance rate 20.3%

Population habits
- *ultra-specialised care*
  24.1% MUHC
  23.0% JGH
  21.2% HSC
- *general care*
  29.2% HSC
  17.7% MUHC

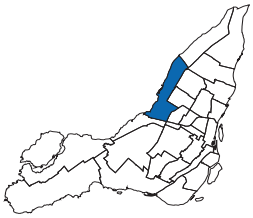


Other special features of the territory 6

Socio-demographic features	20% of population 0-18, 24,955 children and teens; 19.1% 65 and over, 23,775 seniors; 30% of population, 36,875 residents, living on low incomes.
Health indicators	Life expectancy above regional average for men (78.2 years) and women (82.97). Mortality rate lower than or comparable to regional rate depending on cause of death. Fewer or comparable rate of social problems depending on category.
Use of services	Admissions for physical problems, mental problems and residential admissions below regional average. Higher than average rate of use of home-support services.
Resources required to offer full range of services	• Technical platform: cluster of laboratories, CT scan, ultrasound and magnetic resonance imaging (these resources are available on the territory at the Hôpital du Sacré-Cœur de Montréal).

* Indicates institution required to offer certain services in English.

** Institution recognised under the Charter of the French language and required to provide access to services in English.



07 Health and Social Service Centre - Ahuntsic and Montréal-Nord

Entity
- Centre hospitalier Fleury
- CLSC Ahuntsic *
- CLSC Montréal-Nord (128) *
- Les Résidences Laurendeau, Légaré, Louvain (560)

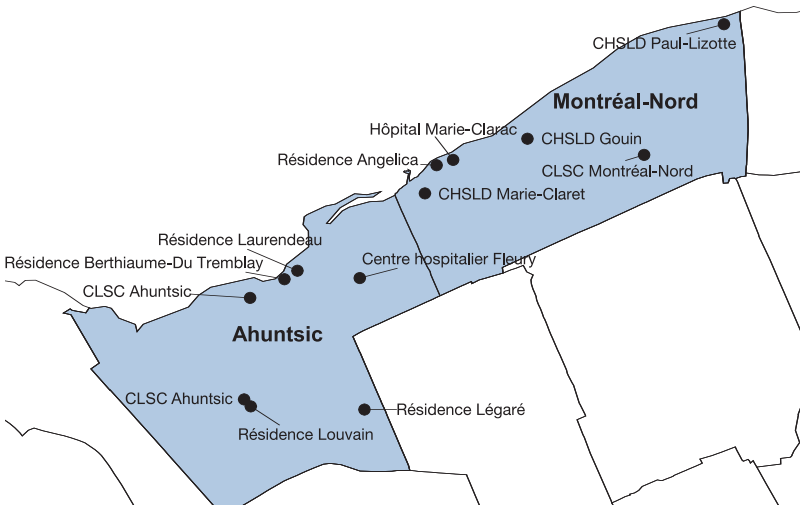
Associates
- CHSLD Gouin (93)
- CHSLD Marie-Claret (78)
- Hôpital Marie-Clarac
- Résidence Angelica (347)
- Résidence Berthiaume-Du Tremblay (246)

Population	161,415
CHSLD Resources	
- beds:	1,452
- FTR-IR spaces:	0
- regional mandate:	0
Rehabilitation beds	200

Languages spoken	
- French:	85.2%
- English:	12.8%
- Other:	2.0%
Budget	$ 159,214,962
Human resources	2,290
Potential AMCs	4

Local hospital
Centre hospitalier Fleury
- Reliance rate 50.3%

Population habits
– *ultra-specialised care*
28.3% MCI
17.3% CHUM
– *general care*
19.7% Fleury
13.7% HSC

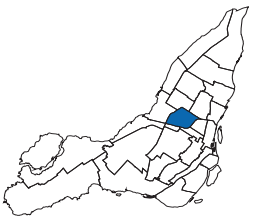


Other special features of the territory 7

Socio-demographic features	Children and teens 0-17 account for 19.2% of population (30,940 residents); seniors 65 and over 19.4% of population (31,265 residents); 33.2% living on low incomes (52,550 residents).
Health indicators	Life expectancy for both men and women and mortality rates within regional average. Social problems: unemployment, victimisation of children and teens 0-17 and teen pregnancies - rates higher than Montreal averages.
Use of services	Admissions for physical and mental problems and residential admissions higher than average. Use of home-support services below regional average.
Resources required to offer full range of services	• FTR-IR spaces for seniors. • Technical platform: magnetic resonance imaging.

* Indicates institution required to offer certain services in English.

** Institution recognised under the Charter of the French language and required to provide access to services in English.



08 Health and Social Service Centre - La Petite Patrie and Villeray

Entity
- CLSC Villeray *
- CLSC-CHSLD La Petite Patrie (100) *
- Hôpital Jean-Talon
- Résidences Mance-Décary – Pavillon Auclair (CHSLD) (160)

Associates
- Groupe Champlain (Centre d'hébergement Champlain-Villeray) (28)
- Groupe Roy Santé – CHSLD St-Georges (260)
- CHSLD Les Havres (96 beds in use)

Population 107,965

CHSLD Resources
- beds: 619 + 25
- FTR-IR spaces: 0
- regional mandate: 25
- special unit: 25

Rehabilitation beds 0

Languages spoken
- French: 84.4 %
- English: 13.3 %
- Other: 2.4 %

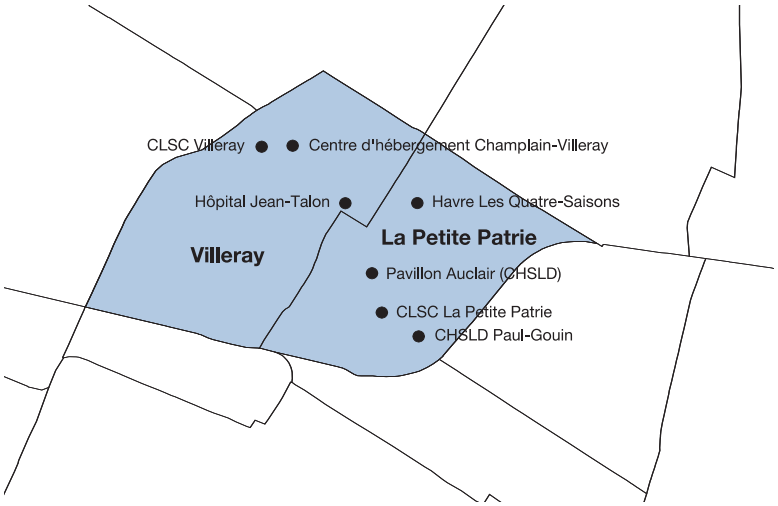
Budget $ 110,886,783

Human resources 1,571

Potential AMCs 5

Local hospital
Hôpital Jean-Talon
- Reliance rate 32.4%

Population habits
– *ultra-specialised care*
33.4% CHUM
20.0% MCI
– *general care*
23.8% Hôpital Jean-Talon



Other special features of the territory 8

Socio-demographic features
This territory has the smallest total population, 107,965 residents. Children and teens 0-18 account for 16% of population at 17,230 residents. Seniors 65 and over are 14.4% of population, 15,560 residents. 34.9% of population living on low incomes, 37,270 residents.

Health indicators
Life expectancy lower than average for men (72.6 years) and within Montreal average for women (80.1). Mortality rate higher than regional average for tumours, lung cancer and breast cancer.

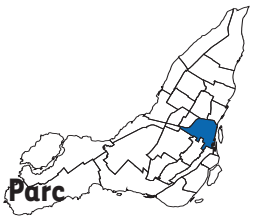
Average rates of social problems, except teen pregnancies, which are higher.

Use of services
Admissions for physical problems within Montreal average. Admissions for mental problems and residential admissions are higher, as well as use of home-support services.

Resources required to offer full range of services
- Physical rehabilitation beds.
- FTR-IR spaces for seniors.
- Technical platform: magnetic resonance imaging.

* Indicates institution required to offer certain services in English.

** Institution recognised under the Charter of the French language and required to provide access to services in English.



09 Health and Social Service Centre - Des Faubourgs, Plateau Mont-Royal and Saint-Louis du Parc

Entity
- Centre hospitalier Jacques-Viger (359)
- CHSLD Centre-Ville de Montréal (396) *
- CHSLD Émilie-Gamelin/ Armand-Lavergne (368)
- CLSC des Faubourgs *
- CLSC du Plateau Mont-Royal *
- CLSC Saint-Louis du Parc *
- Les CHSLD du Plateau Mont-Royal (363)

Associates
- Hôpital de réadaptation Villa Medica
- Montreal Chinese Hospital (128)

Population 136,475

CHSLD Resources
- beds: 1,364 + 250
- FTR-IR spaces: 74
- regional mandate: 250
  - special unit: 122
  - Chinese patients: 128

Rehabilitation beds 185

Languages spoken
- French: 82.6%
- English: 15.6%
- Other: 1.8%

Budget $ 154,718,714

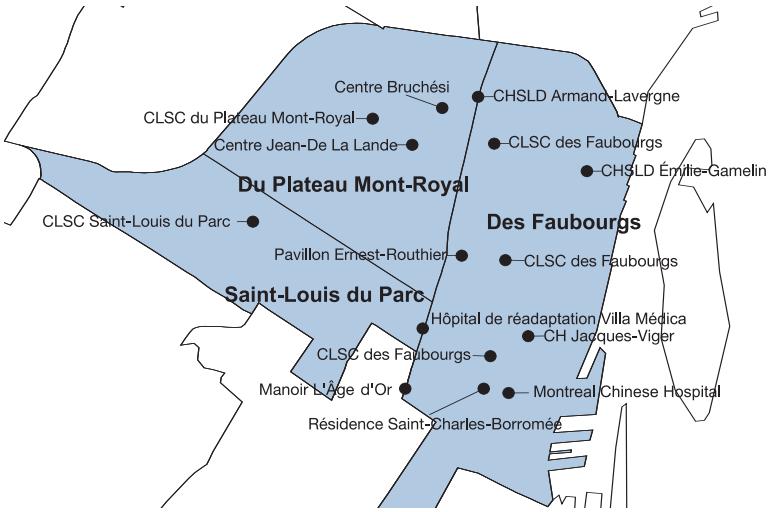
Human resources 2,957

Potential AMCs 3

Local hospital no

Service contract hospital
CHUM
- Reliance rate 14.8%

Population habits
– *ultra-specialised care*
56.0 % CHUM
– *general care*
52.6 % CHUM

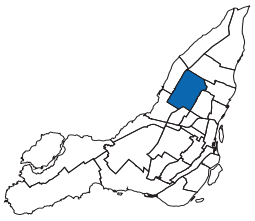


Other special features of the territory 9

Socio-demographic features	Territory has lowest percentage of children and teens 0-18 at 11.5% of population or 15,760 residents. Also has lowest percentage of seniors 65 and over at 11.7% of population or 15,930 residents. Second-highest percentage of low-income residents in Montreal region at 35.5% of population or 47,300 residents.
Health indicators	Lowest life expectancy in region for men (69.1 years) and women (78.4). Higher than average mortality rate for tumours, circulatory conditions, respiratory conditions, traumas, lung cancer and suicide.
	Social problems within regional range except for teen pregnancies, which are higher.
Use of services	Admissions for physical problems within regional average. Mental-health and residential admissions above average, as well as use of home-support services.
Resources required to offer full range of services	• Technical platform: cluster of laboratories, CT scan, ultrasound and magnetic resonance imaging (these resources are available on the territory at the CHUM).

* Indicates institution required to offer certain services in English.

** Institution recognised under the Charter of the French language and required to provide access to services in English.



10 Health and Social Service Centre - Saint-Léonard and Saint-Michel

Entity
- CLSC Saint-Michel *
- CLSC Saint-Léonard *
- CHSLD Les Havres (192)
- CHSLD Saint-Michel (160)

Associates
- Groupe Champlain
  – CHSLD Marie-Victorin (100 beds in use)

Population 123,165

CHSLD Resources
- beds: 452 + 103 (Dante)
- FTR-IR spaces: 0
- regional mandate: 103
  - Italian patients: 103

Rehabilitation beds 0

Languages spoken
- French: 70.9%
- English: 24.3%
- Other: 4.9%

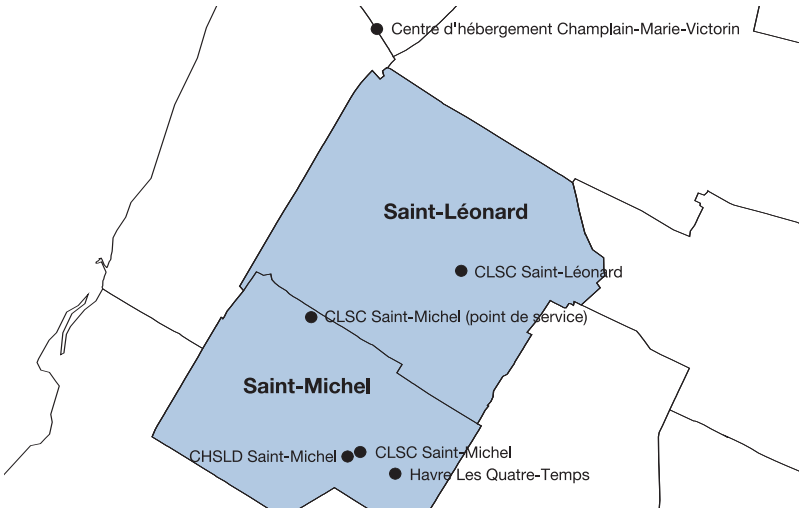
Budget $ 47,522,825

Human resources 974

Potential AMC 1

Service contract hospital
Hôpital Santa Cabrini
- Reliance rate 23.1%

Population habits
– *ultra-specialised care*
33.3% MCI
19.3% HMR
14.7% CHUM
– *general care*
21.5% HMR
14.5% Hôpital Santa Cabrini

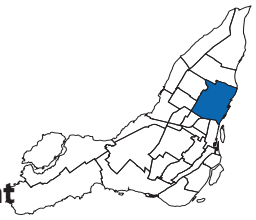


Other special features of the territory 10

Socio-demographic features	Percentage of children and teens 0-18, 21.5% of population, second highest with 26,420 residents. Seniors 65 and over account for 16.6% of population at 20,495 residents. 32% of citizens or 40,425 residents living on low incomes.
Health indicators	Life expectancy is higher than average for men (76.4 years) and within the regional average for women (81.8). Mortality rates are within the regional average or lower depending on cause of death. Social problems comparable to rates for region.
Use of services	Admissions for physical problems and use of home-support services above Montreal average. Admissions for mental problems and residential admissions are below average.
Resources required to offer full range of services	• FTR-IR spaces for seniors. • Physical rehabilitation beds. • Technical platform: magnetic resonance imaging.

* Indicates institution required to offer certain services in English.

** Institution recognised under the Charter of the French language and required to provide access to services in English.



11 Health and Social Service Centre - Hochelaga-Maisonneuve, Olivier-Guimond and Rosemont

Entity
- CHSLD Lucille-Teasdale (497)
- CLSC Hochelaga-Maisonneuve*
- CLSC Olivier-Guimond *
- CLSC-CHSLD de Rosemont (211) *
- Foyer Rousselot (157)
- CHSLD Jeanne-LeBer (351)

Associates
- Ma Maison Saint-Joseph (40)
- CHSLD Providence Notre-Dame de Lourdes (162)
- Institut Canadien-Polonais du Bien-Être (126)
- CHSLD Bourget (112)

Population 170,830

CHSLD Resources
- beds: 1,350 + 306
- FTR-IR spaces: : 74
- regional mandate: 306
  - special unit: 51
  - visually impaired: 99
  - Polish and Slavic patients: 126
  - multiple disabilities: 30

Rehabilitation beds 33

Languages spoken
- French: 90.8 %
- English: 8.5 %
- Other: 0.7 %

Budget $ 134,099,884

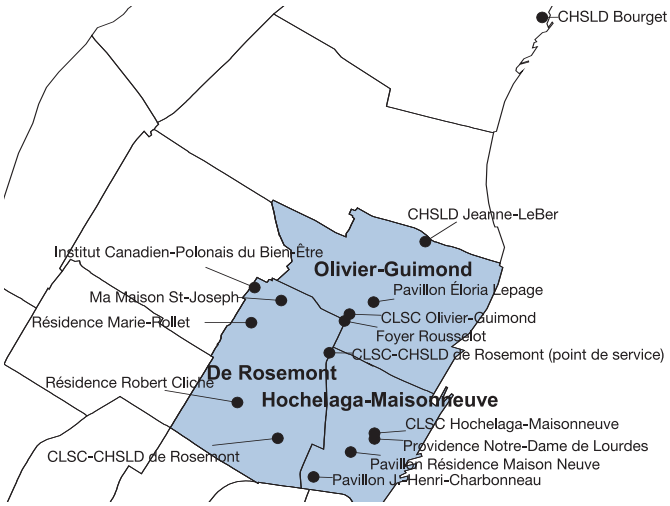
Human resources 2,371

Potential AMCs 4

Local hospital no

Service contract hospital
Hôpital Maisonneuve-Rosemont
- Reliance rate 12.4%

Population habits
– *ultra-specialised care*
28.2% MCI
28.0% HMR
22.7% CHUM
– *general care*
33.4% HMR
22.5% CHUM

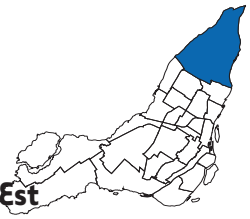


Other special features of the territory 11

Socio-demographic features	Among lowest percentages of children and teens 0-18 in region at 15.5% of population or 26,425 residents. Seniors 65 and over represent 18.3% of population or 31,340 residents; 33.4% of citizens (55,715 residents) are living on low incomes.
Health indicators	Life expectancy below Montreal average for both men (71.9 years) and women (79.9). Higher mortality rates for circulatory and respiratory conditions, traumas, lung cancer and suicide compared to average rates for region. Also has higher rate of social problems.
Use of services	Highest rate of mental health admissions in region. Admissions for physical problems and residential admissions higher than the average. Lower use of home-support services than the regional average.
Resources required to offer full range of services	• Technical platform: electrophysiology, cluster of laboratories, general radiology, CT scan, ultrasound and magnetic resonance imaging (these resources are available on the territory at the Hôpital Maisonneuve-Rosemont).

* Indicates institution required to offer certain services in English.

** Institution recognised under the Charter of the French language and required to provide access to services in English.



12 Health and Social Service Centre - Rivière-des-Prairies, Mercier-Est/Anjou and Pointe-aux-Trembles/Montréal-Est

Entity
- CHSLD Biermans-Triest (475)
- CLSC Mercier-Est/Anjou *
- CLSC Rivière-des-Prairies *
- CLSC-CHSLD PAT/ Montréal-Est (77) *
- Centre d'accueil Judith-Jasmin (HMR) (75)

Associates
- Centre Le Cardinal (204)
- Groupe Champlain (Centre d'hébergement Champlain–Marie-Victorin) (184 beds in use)
- Groupe Roy Santé (CHSLD Le Royer) (96)

Population 185,330

CHSLD Resources
- beds: 1,108 + 35
- FTR-IR spaces: 18
- regional mandate: 35
- special unit: 35

Rehabilitation beds 0

Languages spoken
- French: 86.2%
- English: 12.8%
- Other: 1.0%

Budget $ 84,207,444 + Judith-Jasmin

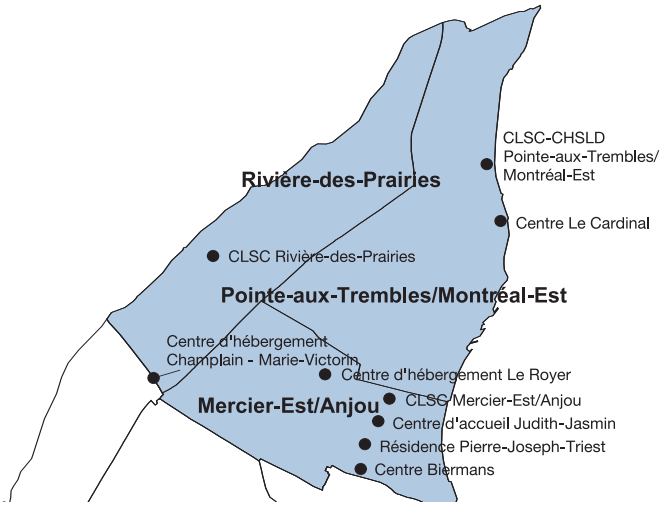
Human resources 1,221 + Judith-Jasmin

Potential AMCs 4

Local hospital no

Service contract hospital
Hôpital Maisonneuve-Rosemont
- Reliance rate 25.3%

Population habits
– *ultra-specialised care*
33.3% MCI
27.7% HMR
– *general care*
34.2% HMR



Other special features of the territory 12

Socio-demographic features	Children and teens 0-18 form 21% of population or 38,895 residents; seniors 65 and over 15.1% of population or 27,930 residents. Territory has one of lowest percentages of people living on low incomes, 21.6% or 38,985 residents.
Health indicators	Life expectancy within regional average for both men and women. Mortality rates for tumours, circulatory conditions, respiratory conditions, lung cancer and colorectal cancer higher than average rates observed in Montreal. Social problems within average or lower depending on indicator observed.
Use of services	Admissions for physical problems and mental problems, residential admissions and use of home-support services all above regional averages
Resources required to offer full range of services	• Physical rehabilitation beds. Technical platform: electrophysiology, cluster of laboratories, CT scan, ultrasound and magnetic resonance imaging (some of these resources are available at private clinics on the territory and accessible at the service contract hospital, Maisonneuve-Rosemont).

* Indicates institution required to offer certain services in English.

** Institution recognised under the Charter of the French language and required to provide access to services in English.

CONDITIONS FOR SUCCESS

6

To make the formation of local health and social service centres in Montreal a success, certain conditions will need to be put in place.

1. Injecting additional resources to fund the implementation strategy

- ☐ securing the resources and leverage required to set up AMCs;
- ☐ gaining approval for the computerisation plan and obtaining the financial resources required to implement the plan;
- ☐ securing the resources required to hire more case managers to work in front-line services;
- ☐ obtaining a progressive increase in regional credits tied to the priorities identified in the "*Action for Health*" regional strategic plan;
- ☐ obtaining the non-recurring resources required to fund activities to support the transition;
- ☐ obtaining the resources required to make sure that users' committees work smoothly and the public receives regular information updates.

2. Maintaining existing agreements during the transition period

The Agency will ask that existing agreements among institutions be maintained and respected until new agreements, if needed, are signed with the health and social service centres and other institutions in the network.

3. Maintaining certain regionalised functions for at least two years

The Agency recommends that the regional admission department and the fixed-assets department within the Agency be maintained until a decision can be made on how they will be organised in future.

4. Introducing mechanisms for the protection and security of personal information

Security of personal information will be assured through secure telecommunications links (Health and Social Service Telecommunications System), specialised data transport services, and by storing redundant data in such a way that only authorised workers have physical and logical access to the information.

To protect personal information, clients will be required to give informed consent for the transfer, transit and temporary or permanent storage of such information within a secure regional zone.

5. Taking concrete steps to maximise availability of workers

The complexity and scope of the local network implementation process should provide leverage for making the most of opportunities for managing the transition. All possible steps should be taken to successfully maximise the availability of workers by promoting optimal use of human resources. It is essential to maintain, develop and implement strategies that focus on organisation of work, attracting and retaining workers and managing attendance, supported by skills development.

6. Providing guaranteed access to services in English

Access to services in English must be maintained by:

- ☐ making sure that the capacity to ensure access to services in English is not diluted despite the movement of workers during the transition period;
- ☐ including specific objectives in management agreements the Agency signs with health and social service centres regarding access to services in English when designated facilities are grouped together or specific services are offered;
- ☐ confirming that users are free to obtain required services in English on another territory apart from the local territory.

GLOSSARY

Agency: Agence de développement de réseaux locaux de services de santé et de services sociaux de Montréal.

At-risk clienteles: People who are weakened as a result of one or several acute or chronic pathologies that are often debilitating and unpredictably progressive. These people may also be suffering from one form or another of cognitive impairment, and are mostly elderly, but can be young as well.

Ministry: Ministère de la Santé et des Services sociaux.

Intermediate resources: Any resource associated with a public institution which, in order to keep or to integrate a registered user in the community, uses the resource to provide a living environment consistent with the user's needs as well as the support or assistance required by his/her condition.

Front-line services: Front-line services are the point of entry into the health and social service network. They include all routine medical and social services that rely on a non-equipment-intensive diagnostic and therapeutic infrastructure capable of dealing with most of the common social and medical issues and problems of the population.

Secondary services: These are social and medical services designed to solve complex problems, including assistance, support and residential services, and a range of specialised services that rely on an adapted infrastructure and, in the case of medical services, on diagnostic and therapeutic technologies that are equipment-intensive but widely available.

Tertiary services: Tertiary services are ultra-specialised medical services for people with either very complex or very uncommon health problems (rare diseases).

Priority intervention zones: Zones identified by the City of Montreal and the Government in the City Contract, as warranting a specific and complementary effort by the Government and the City, in areas such as land-use planning, housing, public facilities, social development, education and employment.

AMC: Associate Medical Centre

CHSLD: Residential and Long-term Care Centres (known by its French acronym)

CHUM: Centre hospitalier de l'Université de Montréal (University of Montreal University Health Centre)

CLSC: Local Community Service Centre (known by its French acronym)

CT: computed tomography scan

FTR: Family-type resources

IR: Intermediary resource

IUHN: Integrated University Health Network

JGH: Sir Mortimer B. Davis Jewish General Hospital

MCI: Montreal Cardiology Institute

MUHC: McGill University Health Centre

RTSS: Health and Social Service Telecommunications System (known by its French acronym)

UHC: University Health Centre

WHO: World Health Organisation

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