

Centre de santé et de services sociaux
de la Montagne



Centre affilié universitaire

Summary Activity Report

2009-2010

> Centre de santé et de services sociaux

DE LA MONTAGNE



Réseau montréalais des CSSS
et des hôpitaux promoteurs de santé

Un réseau fondé par l'OMS



Denis Sirois, Chairperson



Marc Sougavinski, Executive Director

Message from the Chairperson of the Board of Directors and the Executive Director

Undoubtedly, the mass vaccination campaign against the A(H1N1) flu was one of the priority areas for the CSSS in 2009-2010. The campaign shaped the work of the entire CSSS staff. We would like to acknowledge the efforts of all our teams, the support of the volunteers and the social responsibility displayed by Place Alexis Nihon in rapidly organizing the vaccination centre, an undertaking that earned much media praise.

In 2009-2010, while providing the institution's range of services in the various programs, we lay special emphasis on the objectives related to the orientations set forth in the organization plan.

Within the framework of the Montreal model, we have implemented a one-stop access service for mental health, and a one-stop medical access service in addition to playing a role in developing the clinical reception project. The "populational membership" concept is also making headway and its implementation is scheduled for the autumn of 2010.

With respect to prevention, promotion and partnership, we have finalized and approved the Local Public Health Action Plan and produced the first sustainable development plan. We have also focused our energies on aligning the SIPPE program with local priorities. Relationships with business partners are progressing in some sectors of the territory. Work is moving along.

In Child/Family services, the year 2009-2010 was guided by the principle "no child left waiting at the CSSS de la Montagne." Measures have been taken to establish, among other things, a precise trajectory of ID-ASD services. Furthermore, the management structure of the Youth in Difficulty clinical project has been put in place. A second Maison Bleue in the Parc-Extension district is gradually being set up. The project has been somewhat slowed by funding issues.

In March 2010, the CSSS was awarded accreditation by Accreditation Canada, a mark of recognition for the quality of services delivered by our institution. In this respect, the members of the staff were involved in the steps we have taken towards ongoing improvement in the quality of our services and activities to earn accreditation. Many answered the security culture survey and carried out self-assessments pertaining to the practice norms. This attests to the staff's commitment to offer our users the best care and services.

A "Human resources development plan 2009-2012" was adopted in early February 2010. Staff recruitment and retention are major concerns. Given the prevailing recruitment challenges, efforts have been made to validate and recognize our employees' contributions. One of the suggestions is to engage the institution's professional councils, taking into account the recommendations put forward in their reports.

In April 2009, the Agence launched a regional digitization project for all institutions in Montréal. The CSSS de la Montagne was designated for the pilot project. The implementation of file digitization and "electronic patient records" (OACIS project) will be accomplished by early June 2010. It is important to emphasize the work of the CSSS teams who took an active part in this major project.

Ever since the CSSS was created five years ago, we have been striving to carry out numerous projects. This report illustrates that fact. In 2009-2010, many of the projects were finally implemented.

Thanks to the dedication of our entire staff and the members of the board of directors, whose mandate has been extended, the CSSS de la Montagne is sailing ahead with results that speak for themselves. We would like to express our sincere gratitude to them for their wholehearted and resolute commitment to improving the quality of care and services provided to the population on the territory.

Denis Sirois
Chairperson of the Board of Directors

Marc Sougavinski
Executive Director

PRESENTATION OF THE BOARD OF DIRECTORS AND THE USERS' COMMITTEE

THE BOARD OF DIRECTORS

Mrs. Josée Bédard	Dr Alan Pavilanis
Mr. Mostafa Ben Kirane	Mrs. Nicole Poulin
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Mr. John D'Andrea	Mr. Denis Sirois, <i>President</i>
Mrs. Jennifer Davos	Mr. Marc Sougavinski, <i>Executive Director, Secretary</i>
Mrs. Marleen Dehertog	Dr Nicolas Steinmetz
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Mrs. Nirvsihi Jawaheer	Mrs. Claire Tremblay
Mrs. Nicole Lacelle, <i>Vice President</i>	Mr. Albert Wener
Mr. Roderick Macdonald	Dr Jean Zigby
Mr. François Paulin	

CODE OF ETHICS AND PROFESSIONAL CONDUCT FOR THE MEMBERS OF THE BOARD OF DIRECTORS

The *Code of Ethics and Professional Conduct* guiding the CSSS de la Montagne board of directors ensures that administrators act with integrity with due regard for human life and the right to health and social services in the best interests of the CSSS de la Montagne. The code also obliges them to declare any personal interest that might affect the decisions they take as administrators.

During the year 2009-2010, no complaint was received and no violation was indicated with respect to the above-mentioned code. The code is available on demand or can be consulted on the Web site (www.csssdelamontagne.qc.ca).

USERS' COMMITTEE

Mrs. Rhéa Délisle-Ferland, *Secretary*
Mrs. Giuliana Fumagalli
Mr. Abd-El-Kader Khemili, *President*
Mrs. Martha Negede
Mrs. Maria Soto
Mrs. Françoise Taub, *Vice President*
Mrs. Patience Yowa Kalala
Mr. James Wong
Mr. Marc Sougavinski, *Executive Director*
Mrs. Andrée Sévigny, Interim Complaints and Quality Commissioner

THE MISSION OF THE INSTITUTION

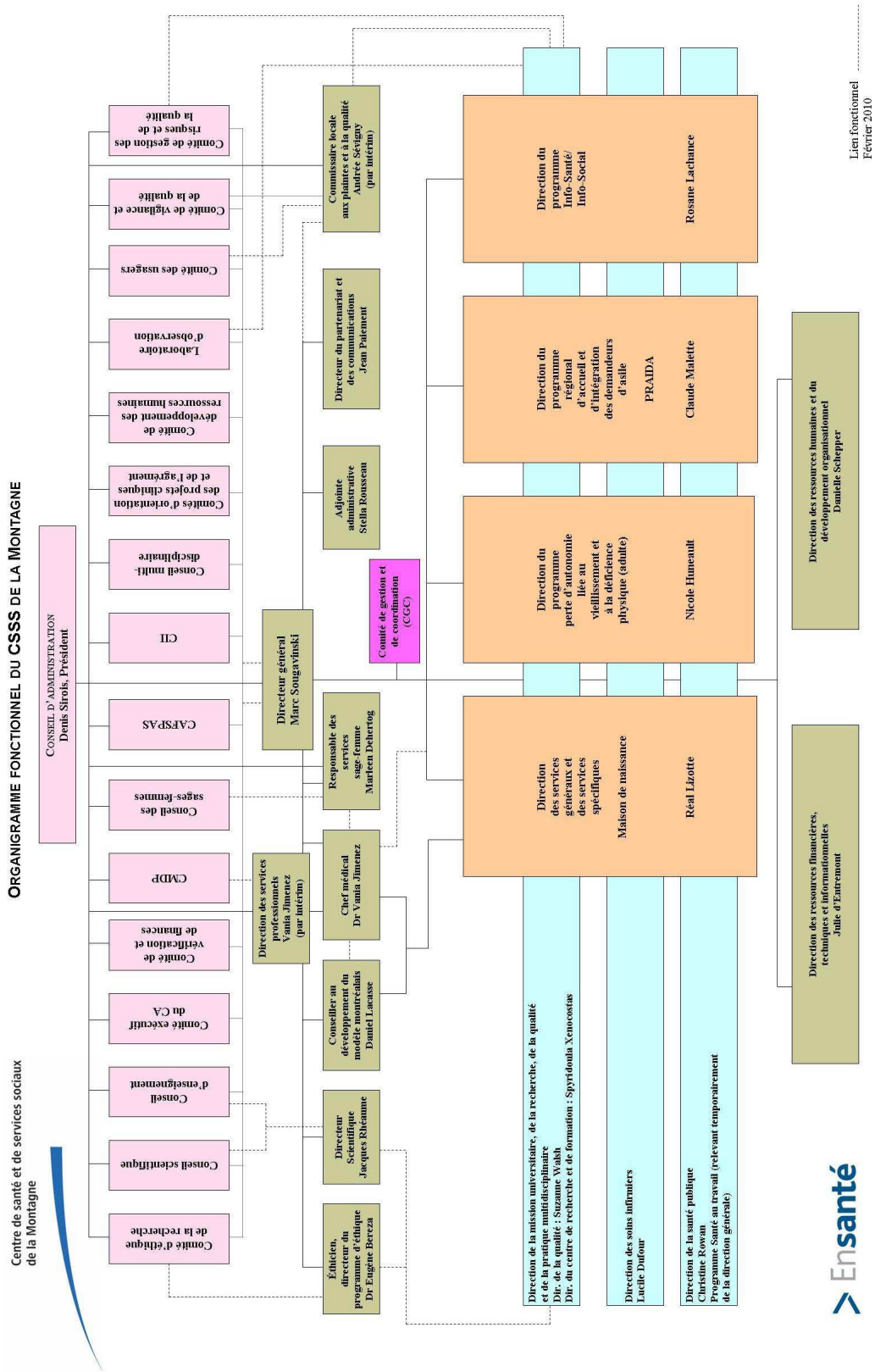
The mission of the CSSS de la Montagne is to improve the health and well being of the population on its territory. Enriched by the strength and diversity of its staff and the community, the CSSS finds its *raison d'être* in the population-based responsibility legislatively invested in it. The principal mandates of the CSSS may be summed up as follows:

- to understand and take charge of the health and well-being of its population;
- to coordinate and manage the use of services available to its population;
- to ensure optimal management of the array of services offered;
- to define the clinical and organizational project for its territory;
- to help achieve its primary mission by integrating a university teaching and research mission;
- to inform and consult the population in order to engage it and measure its degree of satisfaction.

The CSSS de la Montagne is a holder of regional mandates. It is thus responsible for delivering health and social services to asylum seekers (PRAIDA), front-line services by the midwives of the Côte-des-Neiges Birth House, occupational health services of other CLSC areas in Montréal and Info-Santé health hotline services for the entire Island of Montréal.

In carrying out its mission, the CSSS de la Montagne counts on the collaboration of local partners familiar with the milieu, enabling the institution to ensure the continuity of services and support users and their families at every stage of their progress through the health and social services network.

ORGANIZATIONAL CHART AS OF MARCH 31, 2010



ORIENTATIONS 2010-2011

Objective 1: Implementing and adapting the Montréal case management model to the CSSS de la Montagne

- To develop the first network-clinic on the territory (the Herzl Family Practice Centre of the Jewish General Hospital), in association with the other two FMGs in the territory and McGill University;
- To finalize and communicate the clinical mental health project (for adults and youth);
- To transfer resources and services as set forth in the implementation project;
- To have the clinical project approved by the board of directors, to sign the agreement and inform the population and the partners;
- To carry out a project setting up a network of integrated services for chronic diseases. The CSSS project: Depression;
- To establish the first steps in the “populational membership” concept;
- To adopt the orientations document.

Objective 2: Prevention – Promotion in health, sustainable development and partnership

- To develop a local public health action plan for 2009-2012 in partnership with the local network;
- To adopt a sustainable development policy in conjunction with the populational approach of the CSSS;
- To design an action plan that is an integral part of the public health plan;
- To pursue the process of redefining the modes of partnership with the organizations in the milieu.

Objective 3: Priority “Child”

- To continue the analysis of the results of the “school readiness” survey and propose concrete measures;
- To promote the development of a new social pediatrics centre;
- To systematically follow up the service requests for all issues concerning children 0-5 years and ensure that there are no delays.

Objective 4: Support for clinical activities

- To begin the accreditation process for 2009;
- To immediately implement the new policy concerning the conditions of practice for intern supervisors and the training policy;
- To conduct an internal assessment of our university mission and put forward new ways of articulating it;
- To finalize and implement the new code of ethics of the CSSS;
- To set up pilot projects encouraging the use of nursing assistants and nurse practitioners;
- To put in place the TNP (Therapeutic Nursing Plan);
- To establish a process to engage community pharmacies with the CSSS;
- To mobilize the CSSS staff and offer training for a greater openness towards the requests and needs of the organizations in the community.

Objective 5: Administrative support

- To support the new project management approach by providing training for the entire management team;
- To set up and communicate the redeployment plan of the CSSS;
- To carry out a work organization optimization study for the archive services;
- To assess the performance of the CSSS (budget and services report) in the targeted programs;
- To put in place a policy to appreciate the contribution of the staff throughout the CSSS;
- To update the IT projects and the master plan, emphasizing the optimization of these resources to increase the efficiency of the programs and improve the quality of life in the workplace.

CARE AND SERVICES FOR OUR POPULATION KEY FACTS

PREVENTION AND PROMOTION

To fight the A(H1N1) virus pandemic

The general and specific services department contributed to this major undertaking by lightening some of its services to free some of the nursing staff. From April to June, we responded to the first wave. Then, a mass vaccination centre (Plaza Alexis-Nihon) operated from November 5 to December 18, 2009. Nearly **109,000** people were vaccinated, in the vaccination centre and in the outlying sites.

Nutrition

Nutrition services are available for people suffering from chronic nutrition-related diseases. Over 20 group courses in nutrition are offered at the CSSS in conjunction with a nurse about subjects such as diabetes, cholesterol and high blood pressure. These courses are mainly given in French and English but courses are also offered in Spanish, Creole and Punjabi.

SIDEP (Integrated STD screening and prevention service)

In keeping with national public health program orientations, the CSSS de la Montagne is adapting SIDEP team services to offer all the integrated STD screening and prevention services to at-risk clientele. We focus on outreach intervention, and a nurse is assigned to the project to create partnerships with the organizations working with at-risk clients and to provide support for community workers.

Health Education Centre (CES) and Quit Smoking Centre (CAT)

The Health Education Centre (CES) and the Quit Smoking Centre (CAT) strive to contribute to an improvement in the health of the population by helping individuals acquire and maintain healthy lifestyle habits. Furthermore, interventions are adapted to the clientele's needs; so a number of interventions may be necessary. In 2009-2010, the use of this service increased considerably: the CES did follow-ups on **78** people and the CAT, **86**, for a total of **439** interventions.

Emergency measures

The beginning of 2010 was marked by the catastrophe in Haiti. The CSSS answered the call by sending caregivers to Pierre-Elliott Trudeau International Airport to support reception operations, to the assistance centres set up in some sectors of Montréal, and to the YMCA for the PRAIDA clientele.

Workshops in the community

We are continuing to collaborate with the William-Hingston Community Centre to inform, educate and deal with various social and health issues. Dental hygiene, breast cancer, contraception, spousal violence, lifestyle habits, nutrition and smoking addiction are among the subjects presented in the workshops.

GENERAL MEDICAL AND PSYCHOSOCIAL SERVICES

Centralized health reception service (ASC)

On September 21, 2009, a centralized health reception service was set up. This entry point has five nurses to handle all the requests from partners in the network and forward requests to the appropriate services in the CSSS. Since the entry point was set up, **4,294** requests have been handled.

One-stop access service for the vulnerable clientele without a family doctor

In keeping with the plan to improve medical service accessibility and organization in Montréal, the CSSS de la Montagne has established a one-stop access service for vulnerable clients without a family doctor. Since September 2009, two medical coordinators have been participating in the development of the service to ensure the liaison between the CSSS and family medicine groups (FMGs).

Medical and nursing coverage (GMA) for the western part of Montréal

Medical and nursing coverage for the western part of Montréal made **2,710** home visits outside CSSS opening hours. This medical and nursing coverage for vulnerable clientele is under review to improve service continuity.

La Maison Bleue

An agreement between the CSSS and the Maison Bleue, an NPO (nonprofit organization) intended to provide pregnant women and their families living in vulnerable circumstances with a milieu based on prevention made it possible to case manage 93 pregnancies. A similar community service is projected for Parc-Extension.

Reducing waiting time for psychosocial requests

Practitioners have been trained to consolidate short-term, solution-based intervention. We have also devised a screening procedure for vulnerable clients. We will assess the impact of this procedure during the next year.

Operation Haiti

The social practitioners were dispatched to receive the people arriving at Pierre-Elliott-Trudeau International Airport and offer psychosocial support and nursing care when needed. The clientele lodged at the YMCA received psychosocial care by our practitioners.

MENTAL HEALTH

Guichet d'accès en santé mentale (GASM) – adult and youth

Activities of the one-stop mental health access service began on November 2, 2009 after an information campaign targeting community organizations working in mental health and physicians on the territory. Between November 2, 2009 and March 31, 2010 the one-stop mental health access service (adult) handled **296** service requests.

In the same period, the one-stop mental health access service (youth) handled **70** requests.

Pilot project for optimal depression management.

Since March 1, 2010, patients suffering from major depression (mild, moderate or severe) can be referred to this multidisciplinary team by their physician from the FMG Côte-des-Neiges or the Westmount Square network clinic. In addition to a medical follow-up, the treatment involves physical exercise, psychoeducation workshops as well as the availability of social and psychological services.

INTELLECTUAL DISABILITY AND AUTISM SPECTRUM DISORDERS (ID-ASD) AND PHYSICAL DISABILITY (YOUTH)

A second post in occupational therapy and a post as a liaison officer were added to the ID-ASD (DI-TED) and Physical Disability (youth) program. This made it possible to develop a reception service for people with a disability. We have begun a process of evaluating our program with a view towards transferring the PPALV clientele with a disability but without a loss of autonomy linked to aging, and eventually the ID-ASD clientele currently followed by the general psychosocial services. In addition, a new socialization group for the ASD clientele, facilitated by a psychoeducator and a social worker, has enjoyed considerable success.

CHILD-FAMILY-YOUTH (CFY) SERVICES

In 2009-2010, CFY met with **1,010** future parents in prenatal sessions offered in French and in English, according to the needs identified in the areas of the CLSCs of the CSSS de la Montagne. There were **2,821** babies born on the territory and **2,587** post-birth home visits were made.

School readiness

A follow-up committee on the summits on school readiness was set up to ensure that concrete actions would be taken to promote optimal development in young children. A resources guide and a map of resources in Parc-Extension were prepared for children age 0 to 5 years and their parents. New activities to prepare for school were organized. They are intended to contribute to the overall development of children (for example language, communication, motor and social skills). *À petits pas*, a stimulation group for children from 18 months to five years of age was also created in Parc-Extension.

Agreement between the CSSS de la Montagne and the Montreal Fluency Centre

An agreement was reached between the CSSS de la Montagne and the Montreal Fluency Centre to adapt a program for four-year-old children attending pre-school who are at high risk for academic difficulties. In 2010-2011, a pilot project will be set up for four pre-school groups in the Barthélemy-Vimont and Barclay schools.

SIPPE (Integrated service in perinatal and early childhood)

In 2009-2010, we have worked to consolidate the family support component of the SIPPE program by building a multidisciplinary team. The team followed **191** women who gave birth during the year.

Breastfeeding

In accordance with the guidelines of the MSSS, which intends to encourage exclusive breastfeeding, the CSSS is pursuing its action plan to be certified *Amis des bébés*. In addition, a breastfeeding drop-in centre was opened at the CLSC de Côte-des-Neiges. The service follows another such service offered by the CLSC Métro. The objective is to provide support and information in addition to facilitating exchanges among mothers.

THE SCHOOLS

Healthy Schools

The Healthy School approach continued to be followed in the territory's public schools. In the year 2009-2010, **19** of the **39** schools began to deploy the approach, an indication that prevention and promotion activities are taking place in the public schools on the territory and that the case management of youth in need of health services is being handled more smoothly.

Vaccination in the schools

Despite the mass vaccination against the flu, which mobilized the nursing staff from November 5, 2009 to January 5, 2010, the planned vaccination on the school calendar was maintained. **10,685** doses of vaccines were administered to students in our **94** schools during the **148** clinics held in the schools.

Preventive activities in dental health

The activities related to the provincial public dental health action plan were the cornerstone of the intervention by the dental hygienists. Furthermore, children from several schools on the territory received dental treatment from our partners from the pediatric clinics of Université de Montréal and McGill University.

Social work in the schools

The interventions for issues such as family crises, psychological distress, difficulties of adjustment and socio-economic problems concern both young people and their families. Following the earthquake in Haiti on January 12, 2010, the Collège international Marie-de-France de Montréal received more than 55 Haitian students. With the collaboration of the Youth Mental Health team of the CSSS, interventions were carried out with these students and their families.

YOUTH IN DIFFICULTY – CAFE TEAM (CRISIS YOUTH FAMILY CHILD)

CAFE activities launched

A home crisis intervention team began to make rapid and intensive interventions from 3 p.m. to 10 p.m., 365 days a year. The CAFE team responded to **25** external requests in addition to meeting requests from the Youth in Difficulty team. This made it possible to eliminate the waiting list. The Youth in Difficulty team responded to **175** requests in the base year.

PEOPLE WITH A LOSS OF AUTONOMY RELATED TO AGING AND/OR PHYSICAL DISABILITY (PPALV-DP)

Palliative care

Since February 2010, a team composed of three (3) nurses and a psychologist has been offering palliative care and services to end-of-life patients on our territory. In addition to direct care to patients in a terminal phase of cancer, the team provides expertise and clinical support to the PPLAV team in furnishing end-of-life services to elderly persons on our territory.

Vaccination against the A (H1N1) influenza in the home

The nurses providing homecare services played an active role in the vaccination campaign against the A(H1N1) influenza at the mass vaccination centre; then in December and January, they vaccinated people who could not leave their home or private residences.

Activities in the community

Funded by the Direction de santé publique de Montréal and carried out with the collaboration of a number of community organizations, 11 sessions in an exercise program designed to prevent falls (P.I.E.D program) were held. In addition, in the spring of 2010, a community resources expo addressing the needs of the elderly and their informal caregivers was organized by the CSSS in all three CLSC areas.

REGIONAL PROGRAMS

REGIONAL INFO-SANTÉ SERVICE (SRIS)

The SRIS took part in the provincial committee's work to set up the unified provincial management of Info-Santé. Among the events in the media that created increased demand for and use of SRIS services during the year were the erroneous breast-cancer tests and, of course, the A(H1N1) flu, which necessitated the hiring of temporary staff.

BIRTH HOUSE

In 2009-2010, 7 patients from the Maison Bleue, which offers services to a vulnerable clientele, chose to give birth assisted by midwives at Birth House or in a hospital. In all, **269** complete pregnancy follow-ups were carried out and **195** deliveries were supervised by midwives.

REGIONAL PROGRAM FOR THE SETTLEMENT AND INTEGRATION OF ASYLUM SEEKERS (PRAIDA)

Operation Haiti

In response to an Agence de la santé mandate, PRAIDA deployed a psychosocial practitioner to Pierre-Elliot Trudeau International Airport and an evening and night telephone care service for unaccompanied minors as part of Operation Haiti. The Haitian clientele from PRAIDA was assessed, given support and invited to take part in a day of information, exchange and support.

Health projects

Projects overseen by the PRAIDA health services:

- The Healthy women project partnering with Refuge Juan Moreno and the Solidarité Femmes Africaines organization with STD prevention as the goal;
- Partnering with the Dentistry Outreach Program of McGill University's Faculty of Dentistry and their mobile dental clinics;
- Diabetes workshops in several languages (Spanish, Punjabi and Créole) in collaboration with the CLSC de Côte-des-Neiges nutritionist.

OCCUPATIONAL HEALTH (covering the period from January 1, 2009 to December 31, 2009)

The team moved to a new site.

In 2009, 143 establishments on the territory were reached, representing 14% of all the institutions in the priority groups.

VOLUME OF ACTIVITIES IN THE PROGRAMS 2009-2010

Info-Santé

Calls handled: 441,131

GENERAL SERVICES

No		Different users	Visits or interventions	Number of visits / Interventions per user
1	Midwife practice	638	N/D	N/D
2	Psychosocial services (others)	953	5,918	6.2
3	Normal health services (excluding medical)	11,948	35,193	2.9
4	Nutrition G.S. (general services)	359	1,038	2.9
5	Parent/child health	9,905	22,848	2.3
6	Dental and preventive services – follow-up	1,395	2,171	1.6
7	Dental and preventive services – oral health screening	4,721	4,721	1.0
8	School health	255	473	1.9
9	School vaccination	6,566	7,614	1.2
10	Nutrition C/F	620	1,548	2.5
33	Youth in difficulty	2,159	16,323	7.6

PPALV

11	Nursing care in the home	5,176	67,285	13.0
12	Homecare	2,124	230,497	108.5
13	Psychosocial services in the home	2,796	26,246	9.4
14	Drop-in psychogeriatric services	129	1,470	11.4
15	Occupational therapy in the home	1,890	6,718	3.6
16	Physiotherapy in the home	1,252	5,432	4.3
17	Day Centre	1,388	193	0.1
18	Nutrition	559	2,030	3.6
19	Palliative care services	414	7,728	18.7

HEALTH PROMOTION / PREVENTION

21	Public health	3,525	3,563	1.0
22	CAT (Quit Smoking Centre)	96	281	2.9
23	SIDEP – follow-up (nursing care)	271	508	1.9
23	SIDEP - follow-up (psychosocial)	31	494	15.9
24	SIDEP – anonymous screening (nursing care)	260	260	1.0
25	SIDEP – anonymous psychosocial counselling	1,146	1,146	1.0

SPECIFIC SERVICES

26	Intellectual disability and Autism Spectrum Disorder	833	8,985	10.8
27	Physical disability	94	254	2.7
28	Youth mental health	284	1,890	6.7
29	Support for families living with a disabled person	527	N/D	N/D
30	Mental health	692	7,253	10.5

PRAIDA

31	Social services for refugees	5,592	15,607	2.8
32	Health services for refugees	1,333	2,249	1.7

CLINICAL SUPPORT DEPARTMENTS KEY FACTS

PUBLIC HEALTH

Public Health Action Plan (PAL) 2010-2015

Planning, internal and external consultation, and adoption of PAL 2010-2015 by the CSSS board of directors on December 1, 2009.

Sustainable development

Planning and submission of a 2010-2012 sustainable development action plan.

Housing

- Submission and presentation on December 14, 2009 of a memoir on the Namur/Jean-Talon project, jointly prepared with the regional Direction de santé publique (DSP).
- 2009 update of the intervention Guide on insalubrities.

NURSING CARE (DSI)

Collective prescriptions

In collaboration with the Council of Physicians, Dentists and Pharmacists, three new collective prescriptions were prepared and signed.

Exceptional activities assigned to nonprofessionals

All health and social services and assistants (ASSS) were trained and certified for the administration of medication, and some underwent training in the administration of insulin and in invasive care. In addition, in the certification process for residences for the elderly, attendants and nursing staff in charge received training in the delivery of medication.

A(H1N1) flu

The organization of a mass vaccination campaign at Place Alexis-Nihon, outlying sites, Université de Montréal and McGill University as well as in some businesses.

Telehealth

Telehealth project in palliative care with St. Mary's Hospital Centre.

QUALITY, UNIVERSITY MISSION AND MULTIDISCIPLINARY PRACTICE

Accreditation

In March 2010, the CSSS obtained from *Accreditation Canada* accreditation with condition requiring follow-up in the form of a report.

Intervention guide

An intervention guide on adapting services to cultural diversity was prepared in cooperation with the ethics committee, the Research and Training Centre and the professionals in the institution. The guide is intended to serve as a tool for the practitioners in the institution and those in other institutions in the health and social services network as well as in the community.

Risk management and safe delivery of services

Of the 140 events listed this year, **96** incidents and **44** accidents were analyzed and recommendations were made or measures were taken for **72** of them to prevent their recurrence.

Ethics program

- Preparation and adoption of the CSSS guide of ethical conduct.
- The research ethics committee (REC) assessed **22** new research projects.

University mission and teaching program

- **128** intern supervisors, employed in 25 different disciplines in the CSSS, worked together to train the next generation in the health network.
- **The institution's practitioners gave 13 seminars.**

Training

In 2009, nearly **950** employees of the CSSS took advantage of the many training activities. In all, 18,487 hours of training were offered to the CSSS staff.

Documentation Centre

The Documentation Centre has 10,200 works dealing with health and social services. The number of internal loans (2,282) and interlibrary loans (13) attest to the use made of the centre's collection. In addition, the centre sold or distributed **2,036** official publications of the CSSS de la Montagne.

RESEARCH AND TRAINING CENTRE (RTC)

FRSQ (Fonds québécois de la recherche sur la société et la culture) Grant

The FRSQ team led by the child psychiatrist Dr Cécile Rousseau had its mandate renewed for three more years. The team's programming is : school, culture and mental health : a relationship to reconsider in a society in transformation.

Research

In 2009-2010, the RTC was involved in **97** research projects.

Training, lectures, seminars, conferences

- The RTC and its METISS team organized 6 intercultural training sessions.
- 14 noon lectures were given on the three CSSS de la Montagne sites.
- 2 seminars were organized on disability, religion and intervention and on migration, death and grieving – considering the practice.
- A half day of reflection was held in January 2010 on ethical issues regarding clinical work with migrants with precarious status.
- A day of reflection on religious diversity and front-line intervention.
- 2 conferences were held, one discussing communication, exchange, care - multiple ethical considerations organized as part of the 77th ACFAS congress in Ottawa and the other dealing with academic integration in a context of recent immigration and of disadvantage, a round table organized as part of the 12th Congrès national de Métropolis, Montréal, March 19, 2010.

ADMINISTRATIVE SUPPORT DEPARTMENTS KEY FACTS

HUMAN RESOURCES AND ORGANIZATIONAL DEVELOPMENT

- 237 people hired in a context in which the workforce shortage is still being felt.
- Recruitment challenges: evening and night shifts for Info-Santé and difficulty in attracting physiotherapists who prefer private practice.
- Agreements with all the unions.
- Absentee rate is about 4.51%, which is below the regional target of 5.04%.
- Development of the Human Resources Development Plan (HRDP) 2010-2012

FINANCIAL, TECHNICAL AND IT RESOURCES

IT RESOURCES

- The addition of over 300 computers to IT resources, which now include nearly 1,000.
- The technical assistance centre received an average of over 650 calls per month.

Projects

- The project to digitize patient medical records (OACIS and Streamline) for which the CSSS was named the pilot site by the Agence de la santé et des services sociaux de Montréal was completed in June 2010. the project required considerable time and resources. The result is instant and complete access to users' medical records.
- 7 other IT projects were carried out, including the merger of databases (**I-CLS**) so that users could be followed in a single system; **regional forest**: revision of the IT network infrastructure and the migration of all our information accounts to a new environment for the CSSSs in the Montreal region.
- A number of teams moved and there was much reorganization during the year affecting many people on the Plaza, Côte-des-Neiges et Métro sites.

COMPLAINTS AND SERVICE QUALITY COMMISSIONER KEY FACTS

OBSERVATIONS

- Access to medical services remains particularly difficult when a physician leaves the CSSS. One way of finding a physician is by way of registering with the one-stop access service but the assignment is dependent on the number of physicians willing to accept new patients.
- The budgetary constraints of the PPALV program also limit access to services in the home.

COMPLAINTS

- The number of complaints received by the local commissioner dropped by 15% compared with last year. In 50% of the cases, the complaints were handled within the prescribed 45-day delay.
- The number of complaints dealt with by the medical examiners rose by 16. In 50% of the cases, the complaints were handled within the prescribed delay.

GRATITUDE AND COMPLIMENTS

The number of employees receiving compliments and expressions of gratitude totaled **206** in 2008-2009 and **149** in 2009-2010.

PROFESSIONAL COUNCILS

COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS (CMDP)

- The annual report of the CMDP for 2009-2010 was submitted to the board of directors in September 2010.
- At the request of the Agence, two physician coordinators responsible for finding a family doctor for the vulnerable and orphaned clientele on the territory were nominated in February 2010.
- Particular attention was given to digitizing medical records. The project was supported by the CMDP despite the many issues involved.

MULTIDISCIPLINARY COUNCIL (MC)

- In May 2010, the multidisciplinary council numbered **364** members and **6** committees dealing with a variety of subjects including the professional framework for psychosocial practice; training; professional secrecy and confidentiality as well as certification.
- The MC issued opinions about the annual training plan; the local public health plan; the white code; the human resources plan; the professional framework for psychosocial practice; and the guide of ethical conduct.

COUNCIL OF NURSES (CII)

- During the course of the year 2009-2010, the executive committee of the Council of Nurses (CECII) held the General assembly on May 12, 2009 and met on seven occasions.
- A opinion was submitted to the CSSS board of directors reiterating the importance of ensuring the quality of care within the framework of the memoranda of understanding with private residences for the elderly on the territory.
- Concerning the conceptual model, the following recommendation was adopted: whereas the majority of the nurses of the CSSS de la Montagne follow the McGill conceptual model, the CECII proposes that the model be considered as the basis of nursing practice at the CSSS de la Montagne.

COUNCIL OF FAMILY AND SOCIAL ASSISTANTS AND SUPPORT STAFF (CAFSPAS)

- During the 2009-2010 term, the new CAFSPAS executive committee (EC) elected in the autumn of 2009 met regularly despite the shortage of members on the executive. Two of the six places have yet to be filled.
- Adoption of a weekend schedule for health and social services assistants (ASSS).

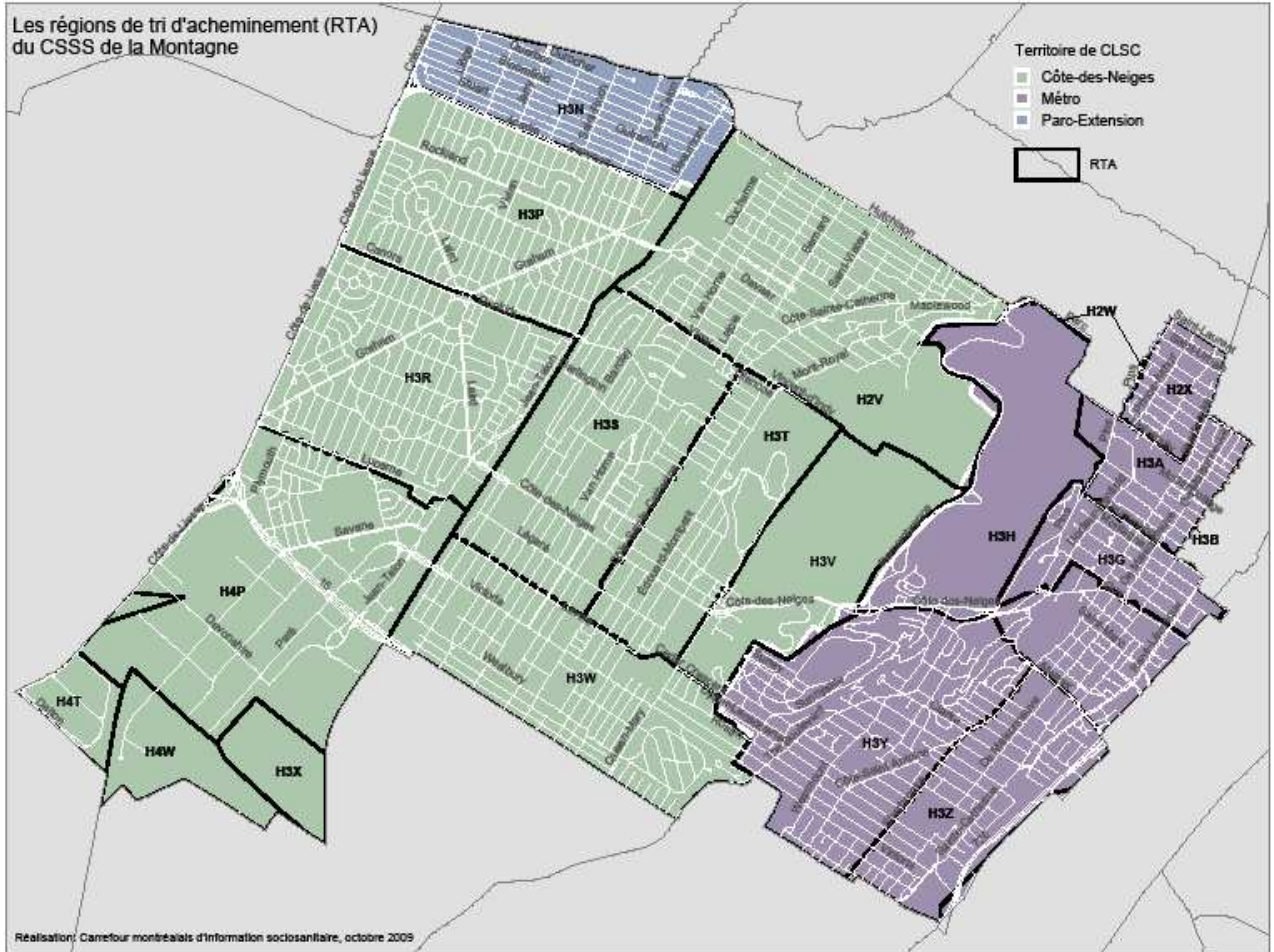
COUNCIL OF MIDWIVES

- The mentoring of new midwives with an experienced teammate was put in place to facilitate their integration into the practice and the team. Both the clientele and the team seemed satisfied with this approach.
- **In January 2010, midwives from Birth House** began to be integrated into the AMPRO program (multidisciplinary approach to risk prevention in obstetrics) instituted at the Jewish General Hospital. This is a three-year provincial program.

**FISCAL YEAR 2009-2010
SUMMARY**

Operating fund	RESULTS – SUMMARY		Year ending March 31, 2010
PRINCIPAL ACTIVITIES			
REVENUES	2009 – 2010	2008 – 2009	
Agence de Montréal and MSSS	80,245,158	75,415,351	
Users	363,807	344,800	
Collections	430,034	444,333	
Others	77,089	146,119	
TOTAL	81,116,088	76,350,603	
NATURE OF EXPENSES			
Salaries	45 413 355	42 455,982	
Fringe benefits	10 313 918	8,992,000	
Social security expenses	4,949,447	4,505,600	
Medical and surgical supplies	817,919	675,427	
Provision for vacations and sick leave		168,331	
Other costs:			
Maintenance and repairs	270,379	137,468	
Other expenses	19,401,952	17,282,782	
TOTAL	81,166,970	74,217,590	
<i>Excess of revenues over expenses of the principal activities</i>	(50,882)	2,133,013	
SECONDARY ACTIVITIES			
REVENUES			
Public and parapublic funding	3,139,206	4,215,991	
Revenues from other sources		(52,442)	
TOTAL	3,139,206	4,163,549	
EXPENSES			
Salaries	1,212,283	1,382,794	
Fringe benefits	359,200	354,873	
Social security expenses	229,225	247,704	
Provision for vacations and sick leave		(52,442)	
Others	1,338,498	2,218,800	
TOTAL	3,139,206	4,151,729	
Excess of revenues over expenses of secondary activities	0	11,820	
Excess of revenues over expenses of the operating fund	(50,882)	2,144,833	

TERRITORY SERVED BY THE CSSS DE LA MONTAGNE





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This report can be found on our Web site:

www.csssdelamontagne.qc.ca

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