

table of contents

Chairperson's Message	2
Executive Director's Message	3
Introduction	4
Board of Directors	5
Organigram	6
Managerial Personnel	7
Cree Population	8
Planning and Development Services	9
Programs and Services	
Health and Social Services – AED	10
DPS – Health	12
Inland CLSC	18
Coastal CLSC	24
Chisasibi Regional Hospital Centre	30
Youth Protection Services	33
Youth Healing Services	34
Cree Patient Services	41
DPS – Social	44
DPS – Medical	47
Dentistry Department	48
CPDP	53
Cree Public Health	55
Administration and Finance	
Administrative Resources Department – AED	65
Human Resources Management	67
Human Resources Development	71
Facilities, Operations and Maintenance	72
Purchasing Department	73
Information Technology Department	74
NIHB	75
Financial Resources Department	76
Financial Statements	77

chairperson's message

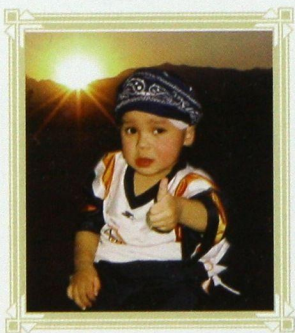
To the Cree Nation of Eeyou Istchee

It is with great pleasure that I present to you the 2003-2004 annual report of the *Cree Board of Health and Social Services of James Bay*. It was in the last quarter of the fiscal year, on January 13, 2004, that I entered office of the Chairperson for the CBHSSJB. After three years as representative for the Grand Council of the Crees/Cree Regional Authority on the Board of Directors of the CBHSSJB, I witnessed the immense responsibility and challenges of an organization that has multi-disciplinary functions with a hospital centre (Chisasibi), a reception centre for youth (Mistissini), two group homes for youth (Mistissini and Chisasibi), nine CLSC centres, social services centres, public health, youth protection and healing services, patient services centres (Val d'Or, Chibougoumou and Montréal), and now the implementation of nine Multi-Service Day Centres for the elderly and mentally and physically challenged clientele. As you will see in the overall report, the program service delivery with specific objectives is numerous in every service and department of the CBHSSJB, mainly mental health, NNADAP (which has now changed to the Miiniwaachihiwaaun Program), Solvent Abuse, Diabetes initiatives, and public health promotion and prevention.

Ongoing negotiations with the Ministry of Health and Social Services of Québec under the GCCEI/CRA negotiating table lead by chief negotiator, Abel Bosum, are at their final stages for a *Cree/Québec Agreement on Health and Social Services*. This five-year agreement is a first in the 26-year history since the inception of the CBHSSJB on April 20, 1978. Much needed additional financial and human resources will flow in with the implementation of the 5-year Strategic Regional Plan, which is the foundation of the proposed Agreement. More specifically, capital projects envisioned as development priorities include new Cree Integrated Services Centres (clinics) in Wemindji and Mistissini, a Healing Lodge (treatment centre), as well as housing in the communities for CBHSSJB personnel.

The Board of Directors has also as its priority the reorganization of services both at the regional and local level with the goal of empowering the communities to deal with their own health and social issues.

This year, a child from Waswanipi, *Khayden Otter-Rupert*, touched our hearts and awakened us as a Nation to gather together for *A Walk of Healing*. For me, the incident with Khayden brought a message of healing. Since the CBHSSJB has the principal role of overseeing the health and well being of a Nation, it has a responsibility to go beyond bureaucracy and structure, and seek innovative means to implement effective healing and wellness initiatives as part of its program service delivery.



☪ *Kayden Otter-Rupert* ☪
Our prayers are with you always.

Dianne Reid

Chairperson

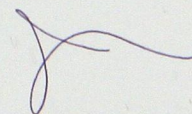
executive director's message

The *Cree Board of Health and Social Services of James Bay (CBHSSJB)* has continued the negotiations with MSSSQ that were initiated in collaboration with the Grand Council of the Crees, which, represented by Abel Bosum, took the lead in the negotiations. The talks have arrived at the specific issue of concluding the Agreement that had been targeted for the end of this financial year. However, as of March 31, 2004, a deal had not been reached due to delays in discussion of the operational and capital package at the Cabinet and Treasury Board levels. We were assured that the delay was due to the timing of tabling the agenda at the Cabinet and Treasury Board and not due to any change of position of the Ministry with regard to the issues that had been discussed. It is hoped that the appropriate authorizations will be finalized at the next sitting of these bodies.

In the meantime, the organization has been very busy readying itself to implement the various measures addressed in the *Strategic Regional Plan*. The Strategic Regional Plan was developed to demonstrate the state of health of the Cree Nation as reflected by statistics and other information, and to describe how this can be improved with the application of the new human, capital and financial resources that are anticipated once the Agreement has been reached. To this effect, a comprehensive Implementation Plan is being elaborated with the participation of our Managers. The Implementation Plan has many components which address the improvement of Regional and Community services as well as the Operational and Capital resources that will be required to make this possible. In addition to this, major modifications are foreseen in the reorganization of the CBHSSJB and this is to be enabled by the appropriate changes to the *James Bay and Northern Québec Agreement* (section 14), the law that applies to the CBHSSJB (S-5), and to various other laws such as the Youth Protection law that apply to the different levels of activity of the organization.

Many issues addressed in the present exercise have been mentioned in previous Annual Reports and many of these still remain outstanding pending the conclusion of the Agreement that we await. It is foreseen with this Agreement, that the CBHSSJB will have sufficient funds for a balanced budget for the coming year (2004-05), along with the necessary funding to cover the developments starting as of the new year.

I wish to thank the staff, which has persevered through the many changes and uncertainties that the CBHSSJB has gone through. It is important to note that without the on-going efforts of the service and front-line staff, many services would have suffered. It is upon these efforts that we have every intention to build a system of health, public health and social services by utilizing the latest technologies and knowledge, and by integrating Cree cultural aspects to give a true sense of providing adequate and appropriate health and social services to the population that we serve.



James Bobbish
Executive Director (Interim)



introduction

The *James Bay and Northern Québec Agreement*, signed on November 11, 1975, between the Governments of Canada and Québec and the Grand Council of the Crees (of Québec), anticipated the creation of a Cree Regional Board that would be responsible for the administration of health and social services for all people, either permanently or temporarily residing in Region 18.

The Order in Council 12-13-78, dated April 20, 1978, materialized this section of the Agreement by creating the Cree Board of Health and Social Services of James Bay.

The *Cree Regional Board*, in addition to its prescribed powers, duties and functions, respecting health and social services, as defined by the Act, can maintain public establishments in one or more of the following categories:

- * **Local Community Service Centre**
- * **Hospital Centre**
- * **Social Services Centre**
- * **Reception Centre**

The Cree Board of Health and Social Services of James Bay presently administers seven public establishments and Community Clinics in each Cree community of Region 18:

Public Establishments

Regional Hospital Centre	Chisasibi, James Bay, Québec	J0M 1E0	· (819) 855-2844
Cree Social Services Centre	Chisasibi, James Bay, Québec	J0M 1E0	· (819) 855-2844
Weesapou Group Home	Chisasibi, James Bay, Québec	J0M 1E0	· (819) 855-2681
Upaahchikush Group Home	Mistissini, Baie du Poste, Québec	G0W 1C0	· (819) 923-2260
Coastal CLSC	Chisasibi, James Bay, Québec	J0M 1E0	· (819) 855-2844
Inland CLSC	Mistissini, Baie du Poste, Québec	G0W 1C0	· (819) 923-3376
Youth Healing Services	139 Mistissini Blvd., Mistissini, Baie du Poste, Québec	G0W 1C0	· (418) 923-3600

Community Clinics

Coastal Service Outlets:

Whapmagoostui Clinic	Hudson Bay, Québec	J0Y 3C0	· (819) 929-3307
Wemindji Clinic	James Bay, Québec	J0M 1L0	· (819) 978-0225
Waskaganish Clinic	James Bay, Québec	J0M 1R0	· (819) 895-8833
Eastmain Clinic	Eastmain, James Bay, Québec	J0M 1W0	· (819) 977-0241

Inland Service Outlets:

Waswanipi Clinic	Waswanipi, Québec	J0Y 3C0	· (819) 753-2531
Nemaska Clinic	Poste Nemiscau, Champion Lake, Québec	J0Y 3B0	· (819) 673-2511
Oujé-Bougoumou Healing Centre	68 Opatica Street, P.O. Box 37, Oujé-Bougoumou, Québec	G0W 1C0	· (418) 745-3901

BOARD OF DIRECTORS

Members of the Board of Directors from April 1st, 2003 to March 31st, 2004

The Board of Directors consists of the following members:

One Cree representative for each of the distinct Cree communities of the region usually served by the Board, is elected for three years from among and by the members of the community that she or he represents:

- * Daniel Mark-Stewart *Vice-Chairman, Eastmain*
- * Charles Bobbish *Chisasibi*
- * George Masty *Whapmagoostui*
- * Dennis Georgekish *Wemindji*
- * Bert Blackned *Waskaganish*
- * Bella M. Petawabano *Mistissini*
- * Flora Blacksmith *Waswanipi*
- * Suzanne Kitchen *Oujé-Bougoumou*
- * Caroline Jolly *Nemaska*

One Cree representative elected for three years by the Cree Regional Authority:

- * Dianne Reid *Chairperson*

Three representatives elected for three years from among and by the persons who are members of the Clinical Staff of any establishment of the said region, with a maximum of one representative for each professional corporation:

- * Dr. Stéphanie Ferland *Council of Physicians, Dentists and Pharmacists*
- * Isabelle Thibeault *Clinical staff (Nursing)*
- * Bryan Bishop *Clinical staff (Social Services)*

One representative elected for three years among and by the members of the Non-Clinical Staff of any establishment of the said Region:

- * Alyne Blacksmith *Non-clinical staff*

The Director of the Public Health Department, forming part of the Regional Board or with which the Regional Board has a service contract, or his nominee, or the Director of Professional Services, or his nominee. The Cree Regional Authority will appoint such persons if there is more than one centre:

- * Dr. Yv Bonnier Viger *Public Health Representative*

The Executive Director of the establishment and, if there is more than one such establishment in the said Region, a person chosen from among and by the Executive Directors:

- * James Bobbish *Executive Director (Interim, since February 16, 2004)*
- * Dr. Yv Bonnier Viger *Executive Director (Interim, from December 13, 2003 to February 15, 2004)*
- * Abel S. Kitchen *Executive Director, CBHSSJB (up to December 13, 2003)*

There have been four (4) regular meetings, four (4) special meetings and seven (7) conference calls of the Board of Directors during the period covered by the present report.

Members of the Administrative Committee as of March 31, 2004

- * Dianne Reid *Chairperson*
- * James Bobbish *Executive Director (Interim)*
- * Bella M. Petawabano
- * Flora Blacksmith
- * Bryan Bishop
- * Daniel Mark-Stewart

There have been six (6) meetings of the Administrative Committee during this period covered by the annual activity report.

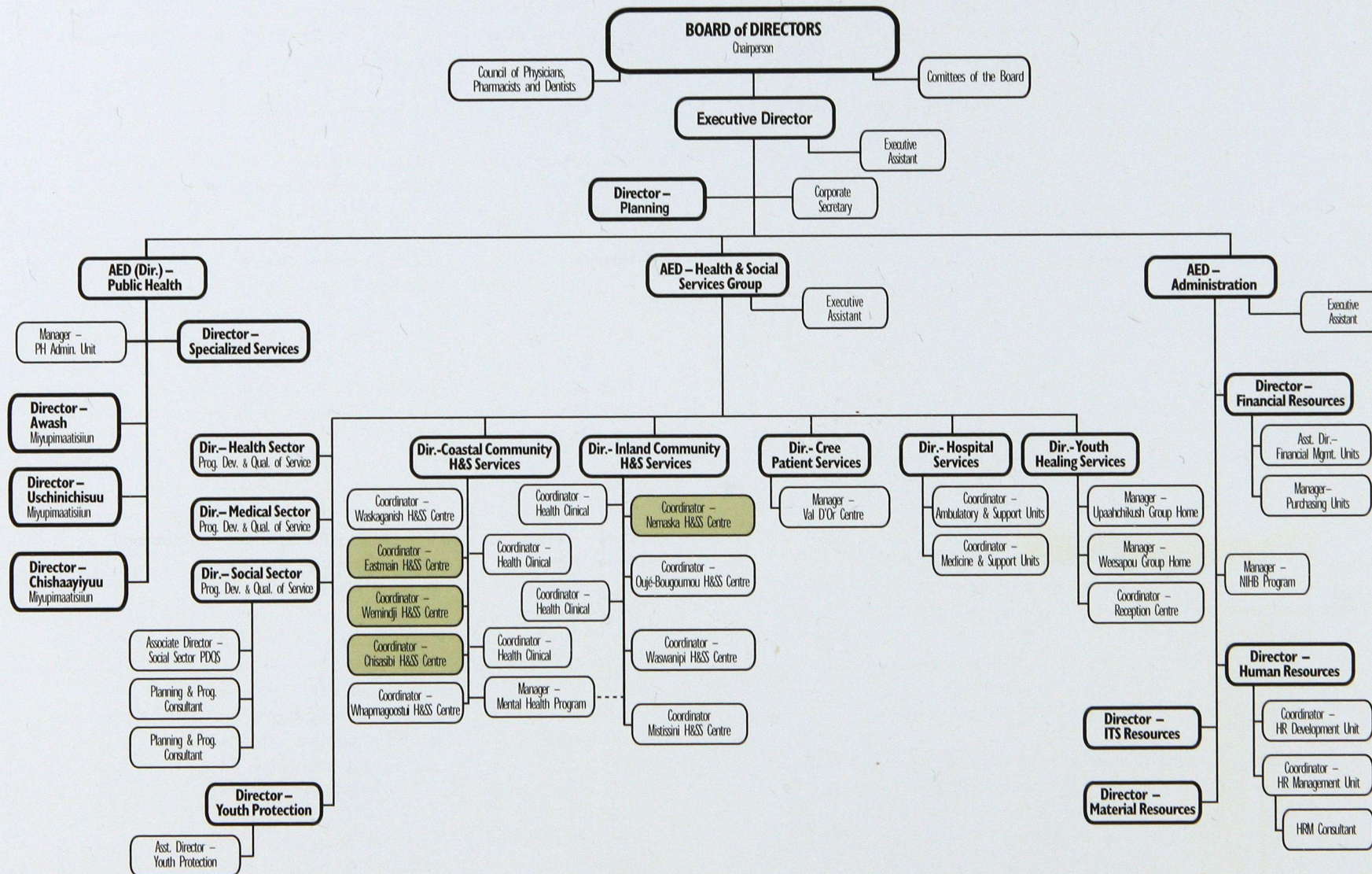
Members of the Audit Committee as of March 31, 2004

- * Charles Bobbish
- * Daniel Mark-Stewart
- * Caroline Jolly

organigram

CREE BOARD OF HEALTH AND SOCIAL SERVICES:

– as of December 2003

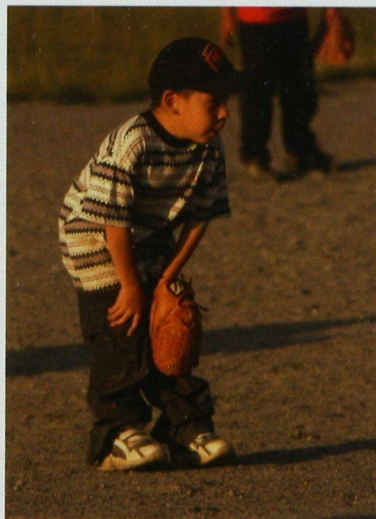


· Executive and Senior Management Levels appear in bold. · Intermediate Level appear in regular typeface. · Future positions appear shaded

Cree Board of Health and Social Services of James Bay
Managerial Personnel as of March 31, 2004

* James Bobbish *Executive Director (Interim)*
 * Dolores Audet *Executive Assistant*
 * Laura Moses *Corporate Secretary*
 * André F. Richer *Assistant Executive Director – Administrative Services*
 * Janie Moar *Executive Assistant*
 * Norman Lewsey *Assistant Executive Director – Services*
 * Demerise Coon *Executive Assistant*
 * Richard St-Jean *Director of Planning, Programming and Research*
 * Louise Gagnon *Director of Hospital Centre*
 * André St. Louis *Director of Coastal CLSC*
 * Suzanne Roy *Director of Inland CLSC*
 * Dr. Michel Garcia *Director of Professional Services – Medical (Interim)*
 * Lisa Petagumskum *Director of Professional Services – Social (Interim)*
 * Pauline Lépine *Director of Professional Services – Health*
 * Loretta McKenzie *Manager of Mental Health Program*

* Bryan Bishop *Director of Youth Protection*
 * Mary Bearskin *Assistant-Director of Youth Protection*
 * Annie Bobbish *Head of Personnel*
 * Colette Fink *Personnel Management Consultant*
 * Laurent Brunet *Head of Human Resources Development (Interim)*
 * (vacant) *Head of Finance*
 * Robert Larocque *Assistant Head of Finance*
 * Gordon Matthew *Head of Purchasing*
 * Hugo Georgekish *Head of Facilities, Operations and Maintenance*
 * Daniel Tufcea *Director of Information Resources*
 * Caroline Rosa *Director of Cree Patient Services*
 * Jasmine St-Cyr *Unit Manager – Val d'Or Cree Patient Services*
 * Jane Sam-Cromarty *Group Home Coordinator – Chisasibi*
 * Philip Shecapio *Group Home Coordinator – Mistissini*
 * Celine Laforest *Unit Coordinator*
 * Jean Serge Tremblay *Unit Coordinator*
 * Louise Carrier *Health Coordinator – Coastal CLSC*
 * Paul Larivière *Health Coordinator – Inland CLSC*
 * Roderick Petawabano *Director of the Youth Healing Services*
 * Joseph Neeposh *Unit Leader – Reception Centre (Mistissini)*
 * Annie Trapper *Local Coordinator – Mistissini*
 * Beatrice Trapper *Local Coordinator – Nemaska*
 * Susan Mark *Local Coordinator (Interim) – Oujé-Bougoumou*
 * Burt Blackned *Local Coordinator – Waskaganish*
 * Alan Moar *Local Coordinator – Waswanipi*
 * John George *Local Coordinator – Whapmagoostui*
 * Dr. Yv Bonnier Viger *Director of Public Health*
 * Bella Blacksmith *Executive Assistant – Public Health*
 * Manon Dugas *Director of Uschiniichisuu*
 * Bella M. Petawabano *Director of Awash*
 * Paul Linton *Director of Chishaayiyuu*
 * Jill Torrie *Director of Specialized Services*
 * Marlene Dixon *Social and Allied Health Coordinator*

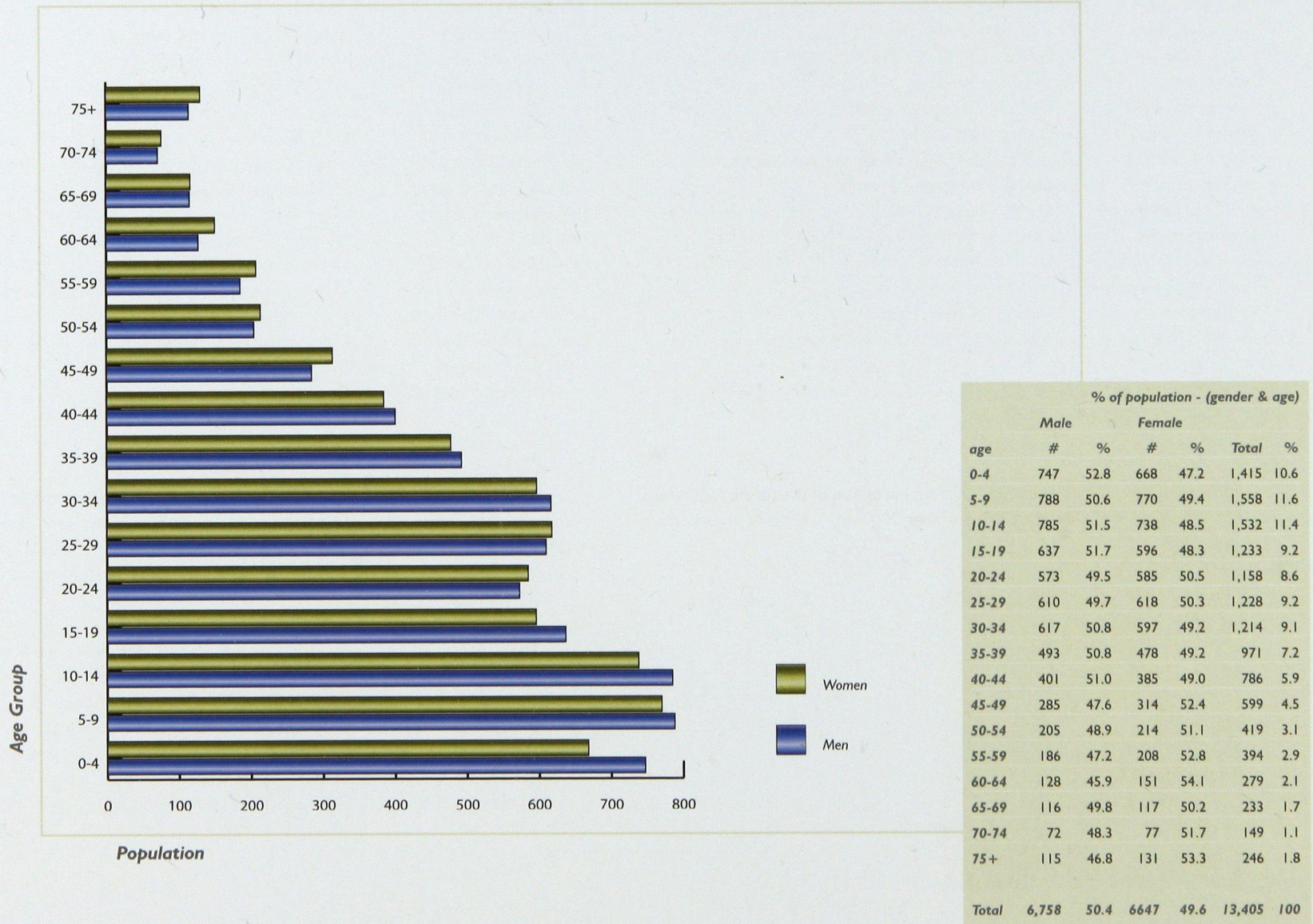


demographics

CREE POPULATION

Population Statistics for Region 18

- April 2, 2004



planning & development services

PLANNING AND DEVELOPMENT SERVICES

General Administration:

For the 2003-04 fiscal year, no new human resources were added.

Several functional and technical programs were completed, modified or updated:

a) Health and Social Services Centre in Mistissini

Previously, the functional and technical program for the enlargement of the Mistissini Centre was approved as such. After evaluation, it was decided to redo the program for a new Health and Social Services centre instead. New services and programs requiring more clinical and office space will be implemented. As of April 2002, this new program was adopted by the Mistissini First Nation and the CBHSSJB Board of Directors. Due to the new Strategic Regional Plan, we shall redo the functional and technical program to this time take into account the extensive mission of the future facility as an integrated services unit. We hope to finalize this file in 2004-2005.

b) Health and Social Services Centres – Eastmain and Nemaska

The functional and technical programs for new health and social services centres in these communities were approved by our organization and the communities involved. Also, these programs have to be revised because of the new Strategic Regional Plan. This objective should be reached in the next fiscal year.

c) Health and Social Services Centre - Wemindji

The second version of the functional and technical program of the future facility was approved by the Board of Directors in September 2002. New services and programs have to be implemented, requiring much more clinical and office space. As a result of the new Strategic Regional Plan, we have to once again redo the functional program and this time take into account the extensive mission of the future facility as an integrated services unit. We hope to finalize this file in Summer 2004.

d) Collection of Statistics

The collection of statistics is a tool used by different interveners (Board of Directors, professionals, researchers, etc.) for the planning and programming of activities at the level of the Cree Health Board. Statistical data of different types (indicators, population, expenses, etc.) are used as a strategic information resource in the analysis of past and present facts that can be useful for many future orientations and activities which aim to give the best quality of services and programs to the Cree population.

Statistics are compiled from various sources such as: annual activity reports, MSSS, Health Canada, research data banks, Public Health entities, health information

systems, etc. These sources of information are updated continually by collecting and analyzing data on a monthly and/or yearly basis.

e) Regional Plan on Capital Projects

We continue to update the regional plan as new capital projects are added or modified. For the year 2004-2005, the main projects to be finalized will be the Wemindji Integrated Health and Social Services Centre (7.8 million), the Mistissini Integrated Health and Social Services Centre Phase I (11.6 million) and the Healing Lodge (7.6 million). With the actual negotiations between the Grand Council of the Crees/CRA, CBHSSJB and MSSSQ, we should finalize the content of the Strategic Regional Plan. As a strategic tool for the CBHSSJB, the plan gives to the interveners and Cree communities the global view of our needs and the planning of activities for the next seven years.

f) Feasibility Study on Haemodialysis

This recent study is being conducted in collaboration with: Cree Public Health, Chisasibi Regional Hospital and Cree Patient Services. The main purpose is to review the feasibility of implementing haemodialysis services in some Cree Communities (other than Chisasibi). In 2004-2005, we should have a clear understanding of this matter and be able to recommend different scenarios and solutions to the Board of Directors.

g) The Healing Lodge

This file has been on-going since 1990. It is one of the major priorities approved by the Board of Directors. We continued to improve the content as the statistics, costs related to construction and programmed activities were updated. Finally, the technical and functional program should be finalized at the Board of Directors level and sent to the MSSS for final approval.

h) The PFT of the Planning and Development Services

The Strategic Regional Plan promotes new orientations, approaches, services and programs. These activities require an organizational chart that reflects these new ways of providing services to the Cree population. It also means that the roles and responsibilities of the CBHSSJB's managerial staff will have to be adjusted accordingly. In that sense, we started to look at the content of the Planning and Development Services at the level of their roles and responsibilities and to write the first draft of the technical and functional program for these services. We are hoping this PFT will be completed and approved by the Board of Directors in the year 2004-2005.

Richard St-Jean

Director, Planning and Development

programs & services

HEALTH AND SOCIAL SERVICES

Introduction

It seems that each year we face new and difficult challenges that seem to be almost insurmountable. However, despite all the changes, with hard work and perseverance we have yet again accomplished our objectives.

We offer health and social services that are responsive to the changing needs of those we serve and are accessible to all. Through leadership and support, we foster the active participation of individuals and groups in a common effort to build healthier communities.

Health and social services are the central focus of client care in the CBHSSJB, with other services fulfilling a complementary role. The services aim to permit people in the Cree communities to live with dignity and independence in their own homes or in a comfortable and accessible environment with support services provided or coordinated by the CBHSSJB.

I am very pleased to submit the Health and Social Services report. The Division of Health and Social Services is a large component of the Cree Board of Health and Social Services of James Bay, encompassing the key spread of appropriate health and social services. Some of these services are the Local Community Health and Social Service Centres (CLSCs), Youth Healing Services, Chisasibi Regional Hospital, and Home and Community Care Services.



The Division Team

The division consists of nine (9) unique and active sectors under the leadership of the Assistant Executive Director – Health and Social Services.

This past year saw a turnover of human resources in our health and social services sector. I am pleased to announce that in April 2003 Demerise Coon was appointed as the new Executive Assistant, and Pauline Lépine as the Director of Professional Services – Health. Bryan Bishop was hired as the Director of Youth Protection in August 2003, Dr. Michel Garcia as the Director of Professional Services – Medical (Interim) since March 2003, and André St-Louis as the Director of Coastal CLSCs since June 2003.

Administrative Office

- | | |
|-----------------|--|
| * Norman Lewsey | <i>Assistant Executive Director – Health and Social Services</i> |
| * Demerise Coon | <i>Executive Assistant – HSS</i> |
| * Shelley Sam | <i>Executive Secretary – HSS</i> |

Sectors

- | | |
|-----------------------|--|
| * Lisa Petagumskum | <i>Director of Professional Services – Social</i> |
| * Dr. Michel Garcia | <i>Director of Professional Services – Medical (Interim)</i> |
| * Pauline Lépine | <i>Director of Professional Services – Health</i> |
| * Marlene Dixon-Etapp | <i>Director of Youth Protection (until July 2003)</i> |
| * Bryan Bishop | <i>Director of Youth Protection (from August 2003)</i> |
| * Louise Gagnon | <i>Director of Hospital Services (until September 2003)</i> |
| * Mireille Bilodeau | <i>Director of Hospital Services (Interim, from October 2003)</i> |
| * Caroline Rosa | <i>Director of Cree Patient Services</i> |
| * Roderick Petawabano | <i>Director of Youth Healing Services (until September 2003)</i> |
| * Jane Sam-Cromarty | <i>Director of Youth Healing Services (Interim, from October 2003)</i> |
| * Suzanne Roy | <i>Director Inland CLSC</i> |
| * André St. Louis | <i>Director Coastal CLSC</i> |

Challenges

Response to the growth of demand is driven by the increased need for specific services. These specific demands across the entire range of health and social services include provisions and services for homecare, Diabetes and haemodialysis, medical specialists, family and youth support, occupational and physiotherapies, to name only a few.

- * New financial management practices;
- * Continue to provide for the well-being of community members in need. Through its programs and services, CBHSSJB worked to ensure that vulnerable Cree people received timely support and assistance;
- * Continue consultation and negotiations with respect to our Strategic Regional Plan developed last year after extensive consultations with our various stakeholders. We have continued with our efforts to make our programs and services more accessible;
- * Manage the demands for extra services within existing budgets;
- * Begin construction of many of the Multi-Services Day Centres after numerous consultations and discussions with the Ministry, internal staff, the architect, and the engineer;
- * Prepare for the implementation of our Strategic Regional Plan. Throughout, the employees kept their focus on client services as the first priority;
- * Work with the limitations of some of our aging and inadequate facilities;
- * Develop strategies to replace existing health information systems and applications;
- * Manage the impact of unavoidable external cost increases on the financial sustainability of community health centres, including the use of agency nurses and increases in the cost of supplies.

Accomplishments

- * Built valued relationships by developing a better understanding of our clients' needs;
- * Construction has begun on the Multi-Services Day Centres;
- * We received funding for two (2) new haemodialysis machines for the Chisasibi Regional Hospital;
- * Hosted the Minister of Health during his visit to the communities of Chisasibi, Wemindji and Waswanipi. We celebrated the official opening of the Waswanipi Integrated Health and Social Services Centre during his visit;
- * Improved financial management practices;
- * Established a new direction for the delivery of Mental Health Services;
- * Improved the delivery of home and community care services

Future Objectives

- * Improve the quality and safety of client care, including ambulance services;
- * Improve access to services and manage increasing needs;
- * Continue to implement the Strategic Regional Plan, including the creation of capacity and development of new programs and models of care;
- * Develop strategies to improve health and social service information and communication technology capacity;
- * Improve the financial sustainability within all sectors of health and social services;
- * Improve local community participation through local Community Health Advisory committees;
- * Improve information available to the communities about our services.

Conclusion

We are proud of our accomplishments during the last year. We have raised our profile and visibility considerably. As a division within the organization, we commit ourselves to finding creative, responsible ways of strengthening the CBHSSJB as we work toward meeting the challenges of ensuring accessibility and sustainability in health and social services for all our communities.

In closing, I would like to take this opportunity to thank the employees for their work and commitment to our clients. In addition, I extend our genuine thanks to those of you who have supported the Cree Board of Health and Social Services of James Bay over the past year.

Norman B. Lewsey

Assistant Executive Director, Health and Social Services

DEPARTMENT OF PROFESSIONAL SERVICES (DPS) – HEALTH

Introduction

I assumed this new position within the Cree Board of Health and Social Services of James Bay on April 28th, 2003. As health care professionals, we have the mandate to ensure the public's safety. In each of our respective roles, we must provide quality health services to all Eeyou Istchee while respecting traditional values.

Placing the beneficiary at the centre of our actions serves in recognition of his/her right to receive appropriate care – i.e., accessible, efficient, ethical and of quality. This fundamental concern comes first for those responsible in the provision of care within the Northern realities, and implies a required competence, knowledge and cultural sensitivity.

Within this context, *Bill 90* represents an opportunity to improve the quality of care and organization of work in health institutions. Based on concepts of modernization, the Bill affords compatibility between interveners by recognizing complimentary skills and resources. Teamwork and a cross-discipline awareness are unavoidable in the success of this reform. I have focused my efforts based on participative management within these guidelines to achieve ensured quality care.

Nursing Care Work Organization Review

A training session within the framework of the *Nursing Care Work Organization Review* conducted by the MHSS, was provided by the *Québec Association of Hospitals* in February 2004. The administration of Nursing Care, the Director of Human Resources, the Director of the HC, the directors of the CLSCs as well as the middle managers attended this meeting.

An initial outline of the project on nurses' professionalization in the Northern milieu, within a multi-disciplinary and inter-program context, was achieved. The objectives targeted by the pilot committee were the following: to optimize the nursing care work, and plan in cooperation with other administrations the measures to counteract the present and future shortages; to review the criteria for hiring and the welcoming policy to bring solution paths to the attraction and retention aspects. All of these elements are a major issue and innovation is needed in order to ensure the continuity of the services offered.



Projected Potential of Nursing Shortages

The following table illustrates an estimate of a potential nursing shortage at the CBHSSJB for the years 2003 to 2006.

	% of planned departures			
	2003	2004	2005	2006
<i>Inland CLSC (31 nurses)</i>	6%	12%	9%	9%
<i>Coastal CLSC (32 nurses)</i>	6%	25%	25%	6%
<i>Chisasibi CH (26 nurses)</i>	5%	5%	5%	5%

Setting up a Council of Nurses

In July 2003, the CBHSSJB Board of Directors mandated the DPS – Health to set up a formal consulting authority in the nursing practice field. An awareness period among the nurses was completed through information sessions. Temporary committee members carried out the development of general regulations and elected the Executive Committee members in April 2004.

The mandate of the *Council of Nurses* is to present recommendations in the field of nursing practices to the *Board of Directors*. Recommendations fall within areas such as the appreciation of the quality of nursing procedures; the rules on nursing care; the distribution of work; the evaluation and the maintenance of skills and the scientific and technical organization.

The Nursing Care Conceptual Model

The responsibility to choose a conceptual model is up to the *Administration of Nursing Care*. The nursing practice is based on a frame of reference that allows all staff within an organization to guide their decisions and procedures based on a process of well-defined steps according to the chosen conceptual model. In efforts to improve the quality of care services, a poll was conducted among the nurses within the whole territory. The selection of a conceptual model shall take into account the Cree population's needs and traditional values, as well as the results of the consultations conducted among the health care staff.

Risk Management and Quality Management

Since 1986, risk management in hospital management has become increasingly important in Québec. Each institution has a civil responsibility for damages caused by human error or mechanical or material failure. Risk management contributes to the process of improving the quality of care and services offered to the clientele. With this viewpoint in mind, we have begun the following actions:

- * Emphasis on the declaration of risk-causing events;
- * Training session on the *AH-223 Report* (Event Report) provided to the nurse. The *AH-223 Report User's Guide* was distributed in all communities;
- * A work committee was set up to ensure follow-up and a compilation of the *AH-223* reports.

Specificity of the Nursing Practice in Remote Regions

In June 2002, upon the request of the representatives from the five remote regions, an advisory committee was created at the *Québec Order of Nurses*. The mandate: To document the context of the nursing practice and the training required in order to work in remote regions since the legal changes to the Act modifying the Professional Code did not legalize the nursing practice in the service outlets. A project statement and a policy statement by the *Québec Order of Nurses* is to come.

Training

- * We obtained a certificate of recognition for the CBHSSJB nurses' participation in the *Teleconference Program* with other health centres by the *Sherbrooke University Faculty of Medicine*;
- * During our annual training event last February, the nurses of the territory attended the presentation of the new Code of Ethics and of *Bill 90* presented by the members of the main office of the *Québec Order of Nurses*;
- * *Cardio Program – Use of the Combitude and the Semi-Automatic Defibrillator Monitor*: Since October 16, 2004, the administration has taken on the continuity of this program. It was agreed that the *Pre-hospital Emergency Services* would transfer the responsibility of this program to the *DPS-Health*, with the understanding that levels of operation would be later transferred to the director of one of the CLSCs or the Chisasibi HC.

Activities

- * Visit to the communities: General information meeting completed for each community with the participation of the Directors of the CLSCs, the Director of the HC, and the Assistant-Executive Director – Services;
- * The *Bureau of Professional Inspection* from the *Québec Order of Nurses* confirmed a professional inspection visit planned for October 2004. This authority is responsible for the surveillance of the quality of the nursing work in relation to the nurses' competences with the goal of insuring the public's protection;
- * Meetings and follow-ups for the interveners in the fields of physiotherapy, nutrition and occupational therapy;
- * Participation in various committees: CBHSSJB and CSB protocol; Employee Code of Conduct and Guidelines; MSDC Program; Diabetes Program; Ministerial Guidelines on Breast-feeding; Filing Systems.

Future Concerns

- * Developing the administration of professional services-health through staffing;
- * Continuing the realization of the nursing care organization project. Ensuring the personal development of interveners, the development of skills, of continuous training and establishing evaluation tools. Encouraging access to the nursing care program to the Cree population;
- * Ensuring a proper operation of the committees of the *Council of Nurses*;
- * Pursuing our commitment of surveillance, maintenance and improvement of the care quality services and of the various programs;
- * Defining and planning a communication system with various administrations of the various departments: finding the means to guarantee us coherence and a common vision in our various programs.

Conclusion

Working together to offer all members of the Cree communities a quality of life remains the main concern. A way to reinforce this sense of belonging to the organization thus influencing the level of involvement is to foster a common vision based on mutual respect and communication between all interveners. This approach ensures the continuity of our mission: to offer quality care services and ensure public safety.

I would like to take this opportunity to express my recognition and gratitude to all CBHSSJB interveners who worked with me, for their support and professionalism during this, my first, year.

Pauline Lépine

Director, DPS – Health

INLAND AND COASTAL CLSCS

Introduction

This last twelve-month period was marked by a number of diverse events and their intensity. The Health and Social Services network was subject to many changes.

This context commenced with the massive changes that were proposed to the whole organization. The *Strategic Regional Plan*, as a result of a collaborative effort between the Grand Council of the Crees/CRA and the CBHSSJB, proposed objectives to be achieved on the front-line level by the *Cree Integrated Health and Social Services Centres* ("Cree Integrated Centres" or CIC). The model of the integrated delivery of health and social services in the Cree communities is based on five principles:

1. Local Services:

The maximum number of services are to be provided in close proximity to the population of each community. These services are as follows:

- * Front-line services usually available in a CLSC;
- * Emergency services and acute health care;
- * Preventive services relating to the *National Public Health Program 2002-2012*;
- * Services planned for the *Multi-Service Day Centre*, Phases I and II;
- * Services for Youth and Families (e.g. rehabilitation, young offenders, youth protection, adoption);
- * Services provided with Traditional Approaches;
- * Out-patient Rehabilitation Services (e.g. hospital, private service models);
- * Pre-hospital services (ambulance services, first responders).

These local services are closely linked with regional services. For example: group homes for youth, a reception centre and a regional hospital.

2. Integrated Services:

Services are organized for the communities on the basis of their needs. This requires an integrated vision of the range, quantity, quality and continuity of services to be delivered.



3. Access:

Access to services for the population is ensured for now by a schedule of 40 hours per week. According to the *Strategic Regional Plan*, a convenient and extended regular operating schedule of a least 80 hours per week will also include an emergency on-call mechanism to provide services around the clock in each community.

4. Regional Network:

Each CIC is part of a Cree network of health and social services and shall be closely linked to the regional level of programs and services and to the CBHSSJB head office.

5. Flexibility:

While the model is a "one-stop" service centre, integrating all local services under one roof, circumstances in certain communities may require that services be made available in more than one facility.

REGIONAL PROGRAMS

Mental Health Program

– *Lauretta McKenzie, Coordinator*

- * The number of psychological consultations has increased this year;
- * Community tours were postponed in order to improve the services of the psychologists;
- * Psychological services improved this year with the implementation of gender-sensitive services in all of the nine Eeyou communities. What this means is that each community receives the services of two psychologists, one female and one male, whose visits are scheduled alternatively. Thus, the members of each community have a choice of male or female psychologist and also have the services of a visiting psychologist each month of the year;
- * The move for the mentally challenged clientele from the Fourplex in Chisasibi was officially completed in September 2003. Formerly the women's shelter, the newly-renovated building currently houses eight residents;
- * There was an involvement by the *Mental Health Program* manager in the development of the *Employee Assistance Program*;
- * The traditional Native healing component of the *Mental Health Program* has yet to be recognized, authenticated and implemented. This continues to be a challenge for the *Mental Health Program* team.

Solvent Abuse Program

– *Edith Gull and Kelly Pepabano*

Youth Street Worker Program

The *Summer Street Worker Program* was a usual success for most Cree communities. However, three communities did not implement the program. The *Youth Street Worker Program* was implemented again during the Christmas season for three (3) weeks from the middle of December 2003 to the beginning of the New Year 2004. Again, the program was notably well received within most communities.

Cree Wellness Action Team

The first meeting by conference call was held in June 2003, followed by a face-to-face meeting in Val d'Or in October 2003. The second conference call took place in November 2003, primarily to discuss the need to implement the *Street Worker Program* during the Christmas holidays.

Miiniwaachihwaaun Program

(formerly NNADAP Program 2003 –2004)

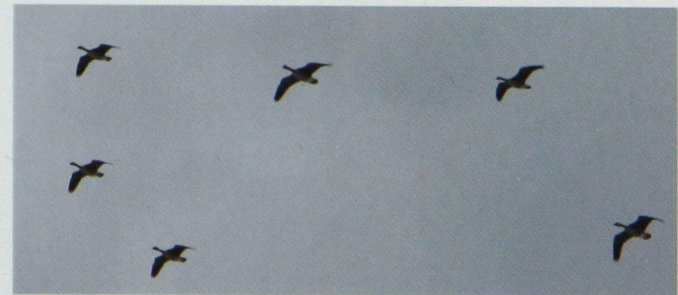
– *Edith Gull and Kelly Pepabano*

Miiniwaachihwaaun Prevention Workers:

- * Martha Sheshamush-Wynne *Whapmagoostui*
- * Laura Bearskin *Chisasibi, until December 2003*
- * Lucy Neacappo *Chisasibi, December 2003 to present*
- * Rita Gilpin *Eastmain*
- * Jeremy Recollet *Wemindji, until August 2003*
- * Shirley Otter *Wemindji, started June 2004*
- * Lois Blackned *Waskaganish, started in May 2004*
- * Evadney Mettaweskum *Nemaska, started in April 2004*
- * Alice Wapachee *Oujé-Bougoumou*
- * Sinclair Neeposh *Waswanipi*
- * Len Taylor *Mistissini, resigned in December 2003*
- * John Shecapio *Mistissini, started in May 2004*

National Addictions Awareness Week

All present Miiniwaachihwaaun Workers have organized successful National Addictions Awareness Weeks in their respective communities with many workshops held in relation to substance abuse awareness.



Canada Prenatal Nutrition Program (CPNP)

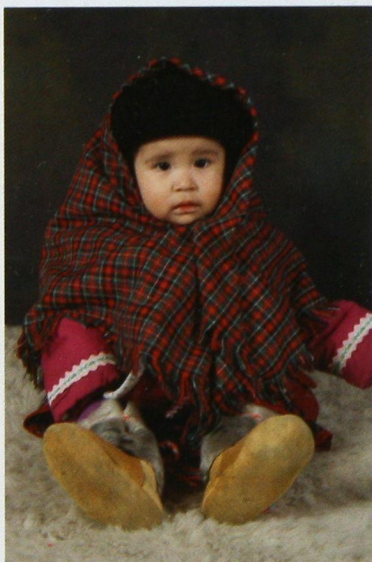
– Lucie Leclerc, Coordinator

The primary goal of the expanded CPNP, First Nations and Inuit Component, is to improve maternal and infant nutritional health. This program is implemented within the Mother and Child Health Program in all the Cree communities and represents the pre and post-natal visits for the women and their infants. In communities where there is no dietician-nutritionist, the delivery of nutrition information and education is done by nurses and community health representatives (CHRs).

Training and Education

Many workers participated in different training sessions on:

- * Foetal Alcohol Spectrum Disorder in Chisasibi;
- * Diabetes with a specialised nurse in Chisasibi
- * After the session on Breast-feeding by a certified Lactation Consultant, the six nutritionists, as well as the CHRs and most (8 of the 9) of the Cree communities, attended the two-day training session on breast-feeding.



Individual Nutrition Counseling for the Prenatal Nutrition Program Targeted Clientele

Case Load Statistics of Dieticians-Nutritionists Only

Inland communities : Mistissini, Nemaska, Oujé-Bougoumou and Waswanipi

	<i>No. of patients</i>
Pregnant and Breast-feeding women	79
Infants	31
<i>Total</i>	110

Coastal communities : Chisasibi and Waskaganish

	<i>No. of patients</i>
Pregnant and Breast-feeding women	166
Infants	36
Others (<i>preconception</i>)	5
<i>Total</i>	207

Total served by CBHSSJB: statistics for the nine communities

	<i>No. of patients</i>
Pregnant and Breast-feeding women	161
Infants	33
Others (<i>preconception</i>)	5
<i>Total</i>	192

A consultation was done with the clinics and there was a reported 328 births within the nine communities this year.

Nutrition Activities

Many group activities have been held in the communities.

A few examples of these are:

- * cooking activities for young parents;
- * healthy homemade baby foods;
- * information sessions on breastfeeding.

Inland and Coastal Pre-Hospital and Emergency Services

– *André Tousignant, Coordinator*

First Responders Services

In 2003-04, we completed the implementation of the *First Responders Services* in the six communities as planned in the *Pre-Hospital Emergency Services Plan* (i.e., Whapmagoostui, Wemindji, Eastmain, Waskaganish, Nemaska and Oujé-Bougoumou).

We have purchased two new ambulances for Nemaska and Oujé-Bougoumou.

In 2004-05, we plan to implement a *Quality Assurance Program* for the Pre-Hospital Services in all the communities, and to organize a training course for ambulance technicians in cooperation with the Chibougamau CEGEP.

Civil Safety

Within the framework of the emergency measures, we have completed the security audits for our institutions.

Training

We have organized the training of the first responders in the communities of Whapmagoostui, Chisasibi, Wemindji, Eastmain, Waskaganish, Nemaska and Oujé-Bougoumou.

At the *Chisasibi Hospital Centre*, we have organized role-playing situations (simulations) with the nursing and medical staff. The main goal of these simulations/exercises was to improve the efficiency and speed of the interventions.



INLAND CLSC

Overall Annual Achievements Something new this year at the Inland CLSC

V.I.P. Visitors

We had five visits in January and February 2004:

- * The Public Health Ministerial team
- * Québec Minister of Health and Social Services, Dr. Philippe Couillard, for the inauguration of the Waswanipi CLSC
- * The Multi-Services Day Centre Ministerial team
- * Dianne Reid, Chairperson of the Board of Directors CBHSSJB
- * The Multi-Services Day Centre Regional team

Learning Organization

It is generally recognized and accepted in an organization that there is room for learning and development. The five-year budget process is an exceptional demonstration of this fact.

Completed Projects

The construction of a duplex in Oujé-Bougoumou within the framework of the *HCCP Federal Program* was completed at the beginning of March 2004. A high-capacity generator was installed in the Nemaska CLSC. Renewals of the two transport vehicles for patients were realized: one in Nemaska, and the other in Oujé-Bougoumou.

Productive contacts were established with Health Canada within the framework of renewing the contribution agreements for six programs: Prenatal, Miiniwaachihwaaun Program, Solvent Abuse, HCCP, Tobacco, and the Aboriginal Diabetes Initiative (ADI) during the last week of February 2004. Adjustments are expected in our method of producing reports. A tightening of the rules has been established by Health Canada.

Training & Development

The nurses' annual training, held in Val d'Or at the end of January / beginning of February, was once again a success this year.

Activity Highlights / Inland CLSC

Management Team

– *Suzanne Roy, Director Inland CLSC*

“...a team brimming with determination, flexibility and the capacity to adapt”

People

The CLSC Direction made efforts in the development of the people, work environment and focus on building capacity and leadership to assure their success and a confident future for the Cree Board of Health on the Inland territory. During the first six months, we took actions such as:

a) Building Capacity and Leadership (to Empower Coordinators and HRO) by:

- * Regular meetings of the management team and the Human Relations Officers Team (Inland)
- * Meeting of the Human Relation Officers (Inland CLSC), May 14-15, 2003

b) Learning, Innovation and Change Management

The CLSC management team, through continuous innovation and transformation, promotes organizational learning, values corporate knowledge, and learns from its performance.

Community Members Focused Service

Monitoring continuously improves service quality. This is a work in progress. We also focused on the empowered front-line deliverers and effective relationships.

Management of Material Resources

Rigorous audit/evaluation function: the inventory system of office furniture and housing furniture is also completed under the action of Paul Iserhoff, Administrative Technician in Mistissini and in Oujé-Bougoumou. Compliance with policies, regulations, and legislation is on the way.

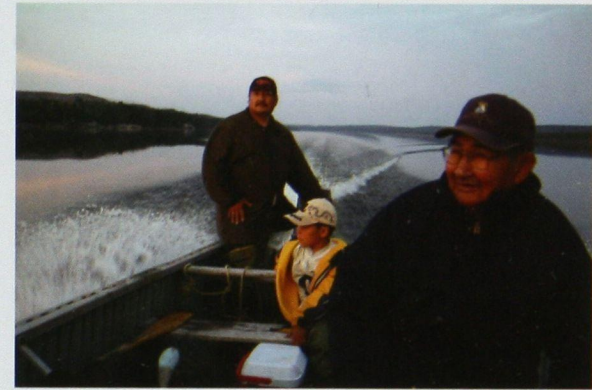
Accountability

At the organizational level, we search for results and clearly-assigned duties that are consistent with resources, and delegations that are appropriate to their capabilities.

Community Health Services

– Pierre Larivière, Coordinator

The Health Coordinator focuses on two goals: to both maintain and to increase the quality assurance in the realization of programs and services provided by all four Inland clinics health staff. He also supports the health staff and CHR (Community Health Representative) in their work. The Health Coordinator is responsible for the assessment of these professionals.



Statistical Summary : Number of Clients

<i>Consultation</i>	<i>Nemaska</i>	<i>Waswanipi</i>	<i>Mistissini</i>	<i>Oujé-Bougoumou</i>
Nursing	6,486	8,746	15,004	6,412
Medication	1,699	4,617		1,780
Laboratory	663	1,459	2,547	647
CHR	1,172	809	2,471	41
Doctors	868	1,770	398	366
Doctors and Nurses		201	1,967	120
Dentists	309			
Denturologists	30			
Pediatricians	35	27	168	
Psychiatrists	9	12		
Ophthalmologists	104	*	218	
Psychologists	*	*	177	*
Births: male	5	19	42	8
female	6	16	33	10
Deaths: male	3	2	5	0
female	0	7	7	0
Transfer: Urgent	35	124	152	40
Elective (<i>Specialists</i>)	319	2,142	2,537	1,457

* unavailable

Expense Summary 2003-04 : Costs for Nursing Agencies

Community	2002-03	April-Aug. 2003-04	Sept.-March 2003-04	Results & Performance 2003-04
Mistissini: no pharmacist	\$146,400	\$25,200	\$3,600	\$28,800
Waswanipi: 2 sick leave (9wks. & 7mos.), 1 d. leave (6mos.), 1 wop leave (3mos.), 1 vacant pos. (no lodging)	\$81,000	\$15,600	\$7,800	\$23,400
Nemaska: 1 wop (2mos.), 1 sick leave (4mos.), 1 vacant pos. (4.5mos.)	\$95,400			\$50,400
Oujé-Bougoumou: 1 mat. leave (5.5mos.), 1 sick leave (2.5 mos.), 1 par. leave (5 wks.)	\$78,000	\$21,000	\$28,000	\$49,200
Total	\$400,800			\$151,800



Transportation of Nurses from Outside the Territory 2003-04

Number of Business Trip Airfares :

2002-03	49
2003-04	17

Results and performance:

a decrease in airfare expenditures of 32

Social and Allied Health

– Marlene Dixon, Coordinator

The coordinator contributes to the staff/functional management of the clinical and programming aspects of all the social and allied health sector services and programs in four (4) designated *Community Health and Social Services Centres*, which are in one of the *Regional Community Health and Social Services*.

The *Social and Allied Health Coordinator* functionally supervises all social and allied health staff within the *Community Health and Social Service Centres* within her/his responsibility: the team leaders and the social and allied staff within the *Diabetes Program* and the *Homecare Program*.

The coordinator carries out the functional roles of planning and quality supervision under the leadership of the Directors of the Health and Social Sectors Program Development and Quality of Services.

Achievements 2003-2004

Since joining the management team and beginning her mandate in July 2003, Marlene Dixon, the *Social and Allied Health Coordinator*, has been involved in the following training activities:

<i>Training Activity</i>	<i>Participants</i>	<i>Program</i>	<i>Results</i>
Québec Diabetes Annual Congress 2003 Nutrition Training	2 nutritionists	HCCP and Diabetes	Shared information with health workers in the Cree Communities
Home Care Workers/Inland (Mistissini, February 2004)	All Home Care Workers	HCCP – training by nurse Sarah Cowboy	Shared information on: · Common Diseases and Disorders; · Hygienic care and client comfort
Waswanipi (July 2003)	Community Worker	HCCP	Clarification of roles and responsibilities
Mistissini (September 2003)	All CHB nutritionists	<i>Pre-Natal and Infant Feeding</i> sessions concerning the project	
Community event on Health and Social Awareness (Oujé-Bougoumou, November 2003)	Nutritionist	All programs	Provided awareness about nutrition
Home Care Program Statistics for Health Canada (July 2003)	DPS – Social + her secretary	HCCP	
Special Staff meeting (Chisasibi, October 2003)		Rehabilitation Services	

Mistissini Team

– Annie Trapper, Local Coordinator

Population: Residents: 2870; Out-of-Province: 63

We continue to have a close working relationship with the Cree Nation of Mistissini, as is seen in the following activities: ✦ Local Annual General Assembly; ✦ Traditional Gathering; ✦ Health Fair; ✦ Self Care Workshops; and ✦ Elders' Transitional Home.

Health Services

We try to focus on prevention but it is difficult to maintain a balance between the curative and prevention due to lack of human resources. Community Health Representatives also received the following training: "Breast-feeding" and "Update on Diabetes."

Social Services

In the past few years the *Youth Protection Department* has faced an increased caseload in regard to young offenders, and this problem still persists. We are faced with a shortage of foster homes due to the increase in youth protection cases and working couples. Working couples want to foster a child, but due to the shortage of space in the day care centres they cannot.

The Social Services team benefited from a *Self-Care workshop* that was provided by the Public Health Department of the Cree Nation of Mistissini. As a helping organization, we must not forget to provide assistance to our front-line caregivers.

The Home and Community Care caseload has been tremendous. There is a strong need to add human resources to this department.

Miiniwaachihwaaun Program

In collaboration with the *Mistissini Voyageur Memorial High School*, an office has been set up at the local high school where the *Miiniwaachihwaaun Prevention Worker* will be working two to three days a week during the school year, focusing on awareness of the drug and alcohol abuse that our youth are facing today.

Pre-Hospital Services

Every year we hold a *First Responders' Course* to recruit people as ambulance drivers and also to provide a refresher for the ambulance drivers that we have at present. This year we were able to recruit more people and everyone who took the course passed. We hope to have a full-time schedule in place in the near future.

Oujé-Bougoumou Team

– Susan Mark, Local Coordinator (Interim)

Population: Residents: 601; Out-of-Province: 5

Community Health Representative (CHR) Activities

A CHR is a Health Educator for groups and individual people of all ages. A CHR leads workshops, participates in programs, teaches in schools and provides information on the radio. CHRs are involved in community health programs and clinics such as: Mother and Child Health, Diabetes, Dental Health, Nutrition, Bush Kit, Mercury and AIDS Prevention.

Achievements

During the year 2003-2004, most of the work was done with the nurses in the School Health Program at the school for Hepatitis B (under grade four), and Tuberculosis screening (for Grade 6). The CHR also teaches Dental Hygiene to the children at the elementary level. Other activities involved performing mammograms on women from age 50 to 69 to screen for breast cancer for the whole Eeyou Istchee. Daily teaching was also given to expectant mothers, with visits in each trimester, plus post-partum visits.

Nutrition

Community-Focused Activities

- ✦ Day Care: meeting with cook and follow-up;
- ✦ Wellness Walk organized;
- ✦ Blood Glucose Monitoring by nurse and nutritionist;
- ✦ *Eating For Health* workshop within the framework of the *Canadian Prenatal Program*;
- ✦ Diabetes screening at the Band Office;
- ✦ Local *National Addiction and Awareness Week*.

Individual Nutrition Counselling

- ✦ 154 active nutrition charts
- ✦ Approximately 165 appointments scheduled by nutritionist.
- ✦ 14 of the nutrition counselling sessions were under the *Prenatal Program*
- ✦ *Diabetes Program*: 58 active charts (included in the 154 charts)
- ✦ *Home Care Program*, including Elder's Home: 11 visits
- ✦ *Canada Prenatal Nutrition Program (CPNP)*: 12 pregnant women and two infants



Nemaska Team

– *Beatrice Trapper, Local Coordinator*

Population: Residents: 592; Out-of-Province: 121

There have been significant improvements in both the Medical and Social Services Departments in the community of Nemaska.

- ✦ First and foremost is that we have a full-time Human Relations Officer (Interim). This is a huge help to the staff in the Social Services Department;
- ✦ A generator that provide power for the whole Medical Department, and partially on the Social Services side has been installed;
- ✦ And finally, Nemaska is the first community that has operational cellular phones. These are used as after-hour emergency lines for both the Medical and Social Services Departments.

There has been an increase in collaborative work with all the local entities in the community of Nemaska. We will continue to work on the local issues for our community, and its people, collectively.

Major issue: The health and psycho-social impacts of EMI on our community. We are concerned about front-line health and social services and about occupational health services organization for workers on the project. We are also concerned about the impact of these camps on the Cree communities affected by the EMI project.

Waswanipi Team

– *Alan Moar, Local Coordinator*

Population: Residents: 1322; Out-of-Province: 111

New Buildings and Accommodations

The new CLSC building was officially opened in January 2004. In attendance was the Québec Minister of Health and Social Services, Philippe Couillard, who at that time expressed an interest in returning to officially open the *Multi-Services Day Centre (MSDC)* building.

Health Services

The people of Waswanipi are concerned about the rise in cases of Diabetes. As a result there has been a marked increase in physical activity and, since the community has been paved, many people are walking and rollerblading.

There continues to be high staff turnover in Health Services and as there is a lack adequate residences, we will continue to have problems in this area.

This year we have noticed that our efforts must continue in providing education and open dialogue with the youth concerning sexually-transmitted diseases (STDs). This should become a permanent program within this community.

Social Services

All expansion within the community has impact on our services and programs. Again, the community needs prevention and educational programs to promote healthy social living. Adults must be provided with services and programs to be able to take care of themselves and their children. These programs should work together with the school, children and parents, Band Council and the Cree Health Board, so that everyone can live in better harmony.

Welcoming Regional Professional Staff

These people are certainly an asset for our point of service as they are all involved with this community in one form or other. They are: Christine Fogl, Occupational Therapist; Josianne Bergeron, Physiotherapist; Marlene Dixon, Coordinator of Inland CLSC Services; Edith Gull, Human Resources Officer for Miiniwachihwaaun Program, Inland; and Innot Mush' Ayuma, Planning Officer for Mental and Sexual Health (Public Health/CHB).

Relationship with the Chief and Band Council

We continue to have a good relationship with the Chief and Band Council, through the Public Health Officer, the local Social Welfare Officer, Economic Development Director and other Band employees.

Conclusion

As the community rapidly expands, it has been an interesting year. The CLSC in Waswanipi is developing positively as time goes by and we produced this past year a bi-monthly newsletter to inform the public of various activities, programs and useful information about our local CLSC.

COASTAL CLSC

Management Team

* André St-Louis	Director of the Coastal CLSC
* Sarah Rupert	Executive Secretary
Eileen Sam	Executive Secretary, replacement
* Louise Carrier	Health Coordinator
Louella Meilleur	Health Coordinator, replacement
* John Georges	Local Coordinator, Whapmagoostui Services Outlet
* Bert Blackned	Local Coordinator, Waskaganish Services Outlet
* Lucie Leclerc	Nutritionist – CPNP Coordinator

The Coastal CLSC is committed to its mandate of providing quality health care programs and social services that aim toward the promotion of holistically healthy Eeyou communities.

The Act respecting health services and social services sets out the mission of a CLSC as ultimately offering a range of services to the general public and to more vulnerable clientele in the territory of the five (5) Coastal CLSC communities: Chisasibi, Whapmagoostui, Wemindji, Eastmain and Waskaganish.

Community Health

Clinic Services – Community Consultations:

	Nurse			Doctor		
	Curative	Program	Average/day	Curative	Program	Average/day
Community Health						
Chisasibi	503	7,712	31.6 (2.6')	37	2,169	13.5
Whapmagoostui	10,014	844	41.7 (2.9')	730	418	4.4
Wemindji	8,920	1,459	39.9 (3.6')	533	584	4.3
Eastmain	6,840	793	29.4 (4.4')	301	595	4.2
Waskaganish	10,497	1,922	47.8 (1.8')	1,753	1,262	11.6

* increase over 2003, as of June 21, 2004

Community Health Representatives Interventions:

	Interventions			
	Clinic	Home	School : Individual	Group
Community Health				
Chisasibi	986	95	1,039	112
Whapmagoostui	180	28	554	39
Wemindji	89	1	300	16
Eastmain	347	7	234	24
Waskaganish	102	12	n/a	n/a

Visits to Specialists

	Number of Clients					
	Ent.	Psychiatric	Paediatric	Ophthalmic	Dental	X-ray
Chisasibi	n/a	n/a	n/a	n/a	n/a	n/a
Whapmagoostui	75	–	63	183	–	81
Wemindji	14	–	43	226	332	n/a
Eastmain	–	–	60	149	523	n/a
Waskaganish	90	8	96	291	1,492	n/a

Transport

	Number of Patients	
	Elective	Urgent
Chisasibi	n/a	n/a (Community Health does not do transfers)
Whapmagoostui	447	35
Wemindji	400	11
Eastmain	236	26
Waskaganish	584	40



- * Last September we hired an Occupational Therapist for Chisasibi to meet the needs of the Coastal CLSC and Chisasibi HC clientele;
- * In Wemindji and Chisasibi we welcomed visits by Philippe Couillard, Minister of Health and Social Services of Québec;
- * Also, we have had three (3) workers complete and attain the Bachelor of Social Workers diploma in the summer of 2003 at the University of Québec, Abitibi-Temiscamingue;
- * In Wemindji during the autumn of 2003, a 12-month-old baby arrived with respiratory obstruction resulting in cardio-respiratory arrest. We are happy to report that the infant was successfully resuscitated by the three nurses on call at the Services Outlet and is presently healthy and doing very well.

Rehabilitation Therapy

Mission

Dedicated to the physical capacities and functions of the human body within its environment, the mission of the Rehabilitation Therapy Services is to provide the most comprehensive care possible to the Cree population of Coastal communities.

Direct Client Care Statistics 2003-04

Homecare

	Physiotherapy					Total
	Chisasibi	Whapmagoostui	Wemindji	Eastmain	Waskaganish	
New	43	12	15	5	28	178
Discharges	2	0	0	0	3	10
Clinic visits	42	4	1	0	20	75
Hospital visits	0	0	0	0	0	0
Home visits	142	18	63	11	99	471
Daycare / school	7	0	24	0	15	46
Direct care (in minutes)	16,981	2,470	16,060	1,530	16,710	66,941
Did not attend	10	3	5	0	21	46
Cancellations	6	6	0	0	0	13

	Occupational Therapy		Total
	Chisasibi	Waskaganish	
New	25	18	43
Discharges	2	1	3
Clinic visits	4	4	8
Hospital visits	69	68	137
Home visits	3	7	10
Daycare / school	3	1	4
Direct care (in minutes)	5,280	6,780	12,060
Did not attend	2	3	5
Cancellations	1	1	2

Direct Client Care Statistics 2003-04 (continued)

Out-Patients / Hospitals

	Physiotherapy					Total
	Chisasibi	Whapmagoostui	Wemindji	Eastmain	Waskaganish	
New	115	32	45	24	91	310
Discharges	12	0	0	0	40	53
Clinic visits	379	78	88	59	227	832
Hospital visits	159	–	–	–	–	159
Home visits	3	0	0	8	5	16
Daycare / school	5	2	2	0	3	12
Direct care (in minutes)	33,905	3,820	3,820	8,610	16,630	66,945
Did not attend	89	36	42	31	43	243
Cancellations	17	0	0	0	21	38

	Occupational Therapy	
	Chisasibi	Total
New	7	7
Discharges	2	2
Clinic visits	4	4
Hospital visits	20	20
Home visits	0	0
Daycare / school	0	0
Direct care (in minutes)	1,530	1,530
Did not attend	1	1
Cancellations	0	0

Rehabilitation Monitors

Home and Community Care Program (1 full-time position in each community)

	Chisasibi	Wemindji	Waskaganish	Total
Number of clients	68	39	38	145
Number of visits	674	540	570	1,784
Direct care (minutes)	48,125	45,097	57,325	150,547
Non-client care (minutes)	36,106	37,754	22,370	96,229
Direct to non-client care time (Ratio in %)	57 : 39	57 : 43	55 : 45	61 : 39
Did not attend/Cancellations	19	57	38	114

- * Eastmain did not participate in the HCCP and did not have a Rehabilitation monitor;
- * Whapmagoostui rehabilitation monitor position has been vacant since May 2003.

Chisasibi Team

- * (vacant) *Local Coordinator*
- * Jacinthe Bernatchez *Team Leader, Community Health*
- * Kelly Pepabano *Human Relations Officer (HRO), Social Services*

A consensus was reached to move the Community Health Team out of Chisasibi Hospital and relocate the unit in the trailer located behind the hospital. This move will take place on August 1, 2004.

Whapmagoostui Team

- * John Georges *Local Coordinator*
- * Suzanne Rousselle *Head Nurse*
- * Josephine Sheshamush *Human Relations Officer (HRO), based in Wemindji, also responsible for Wemindji*

Social Services had two new additional Youth Protection Workers: Brenda Grant and Kimberly Sandy. A Human Relations Officer was also hired to give professional support to the Social Services and HCCP staff.

Despite all obstacles our employees encountered throughout the past year, they were constant in their commitment and determination when faced with their clients' needs and deserve a very big thank you.

Wemindji Team

- * (vacant) *Local Coordinator*
- * Paquerette Tremblay *Head Nurse, in charge of the Services Outlet*
- * Josephine Sheshamush *Human Relations Officer (HRO), also responsible for Whapmagoostui*

The new *Services Outlet* construction project is at the approval stage for the Functional and Technical Plan (FTP), and we hope to see the beginning of construction during the next fiscal year.

The construction of the *Multi-Services Day Centre* is finished, and we hope to be able to offer services to our elderly clientele who are losing their self- autonomy in this new centre by the end of Autumn 2004.

The Social Services had an opportunity to participate in a local workshop that was hosted by their local Wellness Centre. The theme of the workshop was "*Building Stronger Families*"; this workshop was very beneficial to the staff for the work that they do.

Social Services is planning to be more involved in community-oriented preventive programs with the help of our new Miiniwachihwaaun worker.

Eastmain Team

- * (vacant) *Local Coordinator*
- * Linda Leduc *Head Nurse, in charge of the Services Outlet*
- * Bertha Dixon *Human Relations Officer (HRO), based in Waskaganish*

The construction of the *Multi-Services Day Centre* is finished, and we hope to be able to offer services to our elderly clientele who are losing their self-reliance in this new centre by the end of Autumn 2004.

Waskaganish Team

- * Bert Blackned *Local Coordinator*
- * Patrice Ferland *Head Nurse*
- * Bertha Dixon *Human Relations Officer (HRO)*

Bert Blackned took up the position of Local Coordinator for the Waskaganish Healing Centre. During 2003-2004, we gained new employees: Marty Cowboy is now working for the Youth Protection Department as the Youth Protection worker.

Bertha Dixon takes up the position of Human Resource Officer (HRO). We would also like to welcome Lois Blackned as the Miiniwaachihiwaaun worker.

Training and Education:

Members of the Social Services and Youth Protection staff attended community training with the local Daycare program on *Foetal Alcohol Syndrome and Foetal Alcohol Effects FAS/FAE and High Risk* workshops.

Summer Student Employment:

Again for the summer of 2003, the Waskaganish First Nation Youth Department sponsored students to work for the Cree Health Board Social Services. We are very fortunate to receive students to help with the administration, secretarial duties and program development. These additional workers drastically curtail the workload of our permanent employees. We are grateful for this program, which is greatly needed.

Doctor's Visits:

There were no noticeable changes from last year. We are fortunate to have regularly scheduled visits by Dr. Kfiazam-Berlie, Dr. Dannenbaum-Kovitch as well as Dr. Ballou.



Conclusion

Homecare Services are offered to people requiring post-hospitalization care: those with a loss of autonomy and also for their support network. We had problems recruiting rehabilitation personnel (occupational and physiotherapists), which resulted in a decline in the number of users and interventions in this sector. The homecare program has been developing positively with a good solid staff.

In *Community Action Services*, many projects and activities have contributed to the revitalization of the Inland and Coastal communities, including those involving community development and support, concerted action by network partners, (Cree School Board, Band Council), and our consolidation of local organizations while offering occasional support to the population (for example, Sadie's Walk in nine communities, AA and Al-Anon support groups, etc.).

We would like to take this opportunity to acknowledge a number of people for their dedication to the CLSC. We especially wish to thank our staff, physicians and front-line managers for their commitment to serving the population. Every day, they demonstrate that Coastal and Inland CLSCs are well established in fulfilling their mission within the communities.

Objectives for 2004-2005: thoroughness and compassion toward our clientele, access to and continuity of quality services.

Suzanne Roy

Director, Inland CLSC

André St-Louis

Director, Coastal CLSC

CHISASIBI REGIONAL HOSPITAL

While reading the 2003-2004 Annual Report, you will notice that, despite financial difficulties and a lack of space, we here at the Chisasibi Regional Hospital were again able to successfully realise several projects.

Administration

The Hospital's Administration team has done an excellent job maintaining top-quality services for the population. We have twenty-six (26) full-time nurses who deliver primary health care services. As most of them have received the training for the extended role, they have the necessary knowledge to achieve a high quality standard of care.

The Chisasibi HC Administration's coordination team has worked on several projects in cooperation with the involved departments. Among others, the "Traditional Food" project in cooperation with the Cree Public Health Department and the Nutritionist of the HC, Sandra Gentili, is taking shape this year. This project allows the hospital's chronic patients to have access to a "traditional" diet by introducing wild meats such as caribou, goose, etc.

The *Integrated Information System on Transfusion Activities and Blood Surveillance (ISTABS)* was set up for the laboratory. This project was made possible thanks to the cooperation to the laboratory's technical coordinator, Michael Jean, as well as Claude Kane, a consultant.

Thanks to the subsidy from the Minister of Health and Social Services, the Haemodialysis team is working in collaboration with the *Montreal General Hospital* (Haemodialysis, computerization) and the *Chisasibi Computer Services* on the implementation of telenephrology.

In Medical Imaging, a concretization of the technological and computer gains occurred with the cooperation of the *Sherbrooke University Health Centre (CHUS)*, the staff of Medical Imaging and the computer services, as well as Dr. Guy Bisson, Consultant. This year, in cooperation with the Regional Board of Nunavik, the team worked on the re-implantation of Imaging Services in Whapmagoostui.

Medicine Department

We have installed a negative pressure chamber in order to treat any eventual cases of SARS or Tuberculosis. We are the only ones in regions 10, 17, or 18 to have completed such an installation. If a case occurred, we would be able to manage it.

For 2003-04, the Nurse Educator has oriented nine nurses for the Chisasibi HC.

In cooperation with the Chibougamau CEGEP, the students registered in the Beneficiary Attendant course followed a two-week training session within the department.

Another training session, this time for the students registered in the Nursing Assistant course, will be held in 2004. This shall again be offered in cooperation with the Chibougamau CEGEP.

Out-patient Clinic

Fifteen (15) new nurses were trained for the extended role by the Training Officer, Suzanne Ally: eleven (11) for the Services Outlets, three (3) for the Chisasibi HC, and one for the Community Health Clinic in Chisasibi.

	<u>Number of Visits to the Clinic</u>
2003-04	18,859
2002-03	18,596
2001-02	12,129

	<u>Number of Visits to Specialists</u>
2003-04	1,385
2002-03	1,623
2001-02	1,526

	<u>Number of Hours of Observation</u>
2003-04	1,385

Haemodialysis

Presently, we have thirteen (13) patients in comparison to the six (6) patients last year. We obtained two new dialysis machines following the visit of Minister Couillard.

A renal failure follow-up clinic will be open soon. Presently, we have a partial list of twenty (20) clients that could be followed. This clientele is from Chisasibi and from the Coastal communities.

	<i>Number of visits to Specialists</i>
2003-04	1,421
2002-03	987
2001-02	797

The team in place still succeeds in meeting the needs by offering service 12 hours a day, although in the near future we need to plan on expanding the opening hours in order to meet the needs of our clientele. However, the nursing staff recruitment for this specialty is problematic.

Due to high staff turnover, we train an average of two to three nurses per year to work in the haemodialysis services. This training is done in Montréal at the *Montreal General Hospital* and lasts six (6) weeks.



Archives

The 2003-04 fiscal year was marked by the implementation of the *MediPatient+* Archives Management System, which eliminates the manual patient *Kardex* system. This system also allows us to have a single file number for all of the communities served by the *Cree Board of Health and Social Services of James Bay*.

Statistics

	<i>Admissions</i>	
	2003-04	2002-03
Medicine	275	313
Obstetrics	13	17
Paediatrics	85	145
Total	373	475
Newborns	3	0

	<i>Total In-Patient per Service/Day</i>	
	2003-04	2002-03
Acute care	2,514	2,535
Chronic care	2,901	3,089

	<i>Average Daily Census</i>	
	2003-04	2002-03
Acute care	6.87%	6.4 %
Chronic care	7.93%	8.46%

The decrease among the chronic clientele is explained by the fact that two (2) patients identified as "chronic" were transferred to a foster home since they were deemed self-reliant, or semi self-reliant. In addition, during the year there have been four (4) deaths.



Imaging Department

	2003-04	2002-03	2001-02	2000-01
X-rays	2,914	n/a	2,974	2,539
EKG	733	n/a	660	546
Ultrasound	695	n/a	546	602

We have obtained the services of a radiologist, Dr. Bérubé, who comes regularly to visit the Department. She has carried out 245 ultrasounds over four (4) visits. This has had the positive effect of saving significant transportation costs, providing a clear decrease in inconvenience for the patients who previously had to travel to Val d'Or.

We have a new team in place following the resignation of two technicians. In addition, we have created a third position in order to eliminate the use of agencies and by the same token considerably decrease the operational costs.

Laboratory Services

Comparison table of the activities

	2003-04	2002-03
Analyses performed:		
in Chisasibi Laboratory	–	300,607
outside	–	36,072
Unit Cost	\$1.30	\$1.30

Nutritionist

2003-04 was marked by the involvement of the Nutritionist, Sandra Gentili, in various activities and files:

- * November 2002: *Diabetes Awareness Week*. Several activities were held between November 24 and 30, 2003;
- * January 2004: *The Traditional Food Project*: A session of cultural exchange with two days of training, and a workshop provided by the Hospital's Nutritionist;
- * February 2004: *The Nurses' Annual Training Session* in Val d'Or during which two (2) days were dedicated to "Nutrition and Renal Failure";
- * March 2004: *Nutrition Month*. Two radio presentations were done and the main subject was "The Child's Nutrition and Physical Activities".

In addition to these activities, the Nutritionist was also involved in implementing the renal failure clinic in cooperation with the nurse. Moreover, she provides individual consultations to a clientele referred mainly by the doctors.

Physiotherapy and Occupational Therapy

The *Chisasibi HC Physiotherapy Services* accounts for one half day per week, i.e., four (4) hours of service.

In 2003-04: 159 visits carried out

Even though we have no resources allocated to occupational therapy, visits are made under the *Homecare Program*, because the targeted clientele will eventually be under this program.

In 2003-04: 20 visits carried out

As these two (2) services are relatively new and very much in demand, they should be reviewed and maybe we should plan the creation of a Readaptation/Rehabilitation service for the population.

Auxiliary Services

The equipment of the Laundry Services, as well as that of the Food Services, requires a rejuvenation treatment. We expect to have the funds to carry out the purchase of quite expensive but essential equipment for the proper operation of these services.

Louise Gagnon

Director, Chisasibi Regional Hospital Centre

YOUTH PROTECTION SERVICES

The challenge of ensuring the safety and well-being of children in Eeyou Istchee continues to be a big one for the Youth Protection workers. Congratulations on a job well done! The workers manage high caseloads, help clients with limited resources, and have the sometimes unpopular job of intervening with family, friends, and neighbours in order to protect children who are considered to be at risk.

Congratulations on a job well done also goes to Marlene Dixon for her work as Director of Youth Protection over the past eight years.

The number of cases signalled to the Department Youth Protection (DYP) during 2003-2004 was 1,079, which represented an increase over the previous year. Many of the cases included neglect where partying and other negative behaviours were going on in the home that put children at risk. Other cases included drug and alcohol abuse, sexual abuse and adolescents with behaviour problems.

	<i>Cases per Year</i>		
	<i>2003-04</i>	<i>2002-03</i>	<i>2001-02</i>
Cases signaled	1,079	904	712
Cases retained	952	788	630

The number of placements in 2003-2004 also showed an increase over 2002-2003. While the number of placements in 2003-2004 was 4,120, the number in 2002-2003 was 3,088.

These numbers also represent a significant increase in the number of placement days from 27,872 in 2002-2003 to 40,657 in 2003-2004.

More than 75% of the development budget for Youth Protection goes toward family preservation.

Much of the work accomplished by the administration included continuing to engage in partnerships with: other managers in the CBHSSJB matrix; with parents; with the police; with school personnel; with community members; and meeting with the front-line workers in their communities with a goal of working together to ultimately reduce the number of children coming into our care.



The Human Resource Development Department helped to prepare a training plan for foster home workers and emergency on-call workers, and in planning for a Care for the Caregivers Retreat for all front-line workers and for implementing the *Programme National de Formation (PNF)*. The latter is a tried-and-tested competency-based training program and an excellent training tool for new workers, as well as an excellent training complement for students who have recently completed their Bachelor of Social Work degrees.

The DYP also had the unique opportunity to sensitise the Québec Health and Social Services Minister, Philippe Couillard, and his team to some of the realities of providing services in the North. Future challenges for the DYP administration would be to upgrade the current client management system which takes away a considerable amount of time from front-line services, and which is limited in its ability to provide data.

An improved system such as PIJ (Projet Intégration Jeunesse) would not only reduce time spent on paperwork and provide a broader range of data, but would help to guide workers in their jobs; to produce written reports; to calculate foster payments and other financial transactions; and it is a system that can be used as an access and supervision tool that supports varying levels of security.

The goal of the Department of Youth Protection is to provide the best in culturally-appropriate services that ensure the safety of children in their homes and communities; to place emphasis on providing support for families; and to strive to keep children, as much as possible, with their own families and within their own homes.

Bryan Bishop

Director, Department of Youth Protection



YOUTH HEALING SERVICES

Purpose

Youth Healing Services is a regional service responsible for providing restorative services to youth encountering social and family difficulties. The overall purpose is to support, assist and meet the needs of Cree youth whose situations have become compromised. The service consists of three Group-living Programs [two (2) group homes and the Reception Centre], which use the child care model system.

The youth served range from 12 to 17 years of age, whose situations have been declared compromised under the *Youth Protection Act and the Youth Criminal Justice Act*.

In 2002, in order to improve services to the Cree youth, Youth Healing Services went through an assessment phase. As a result of the assessment, the *Action Plan 2002* came into existence. The *Action Plan* articulately outlines the goals, objectives, needs, and recommendations required for a more effective delivery of services to the youth.

The successful implementation of the *Action Plan* remains a major challenge for Youth Healing Services and this cannot be achieved without the full support of the Cree Health Board organization and the communities we serve.

The vision is to have the best for youth and families that are in need!

Overview of Services

One of the unique things about the three units is that all counseling and direct support to the youth are provided by Cree child care workers. The integration of Cree values, beliefs and culture with “western” methods and practices are critical and are key factors in the provision of sensitive and adequate services. We can never over-emphasize the evolving need for training and continuous development, especially in child care. In essence, the future development of all units and programs depends on having a strong base of adequately trained child care workers; competent, capable and able to meet the needs of youth in difficulty.

Another key component we wish to further develop in Youth Healing Services is the use and involvement of our Elders. Although the use of Elders is becoming more evident (cultural activities); how we can effectively incorporate them into the regular programs on a consistent basis remains the challenge.

Program activities for all three centres revolve around the four seasons. We also try to enhance the skills and interests of the youth by giving them opportunities to participate in community events and activities.

Another very important overview and initiative started this year is the actual training of staff in the *Advanced Child Care Worker Certification Program*. The training has given all participants a better perspective of child care and the importance of understanding the real needs versus the behaviour of youth in difficulty.

In summary and as a final overview, the fact that there is now an actual *Action Plan* in place has provided a sense of direction for the team, as well as the willingness and desire to work together.

The successful and permanent re-integration of youth in need into their own milieu will depend greatly on the full support and implementation of the *Action Plan 2002*.

Achievements

In March 2003, the Youth Healing Services management team went through the process of identifying the goals and tasks for the year 2003-2004. In the absence of new development funds, we have tried to set realistic goals and tasks that do not necessarily require additional funding.

The following five areas have been identified:

- * Team Building
- * Care Management System
- * Staff Development
- * Communication and Information
- * Program Development



1. Team Building

One of our major and collective efforts in this area was to go through the process of review and clarification of roles and responsibilities (development of job descriptions). The process is on-going.

Much time has also been spent in providing education and training to the Program Managers in effective supervision and support of staff. Program Managers have expressed this to be a meaningful experience with direct relevance in team performances and expectations. Another means of enhancing the team was to identify (as a team) a set of “ground rules” or team “expectations”. This has allowed Program Managers to be more focused in supporting and assisting the staff in areas of responsibility and accountability.

A schedule of monthly sessions between the director and the management team has been set up to promote the values of unity and team work.

2. Care Management System

One of the goals of the Social Services sector (YPS, DPS and YHS) is to have a comprehensive “Evaluation, Orientation and Care Planning Committee” for every case referred to Youth Protection and its services. There is now a very realistic document that exists that needs to be reviewed and finalized.

The clinical advisor’s job description has been modified to allow for greater effectiveness in the delivery of services to the youth, as well as greater clinical support to the programs.

There is also movement in identifying and developing links and supports with community partners and resources. For example:

- * Radio show with Elders;
- * Community wellness journey – youth and workers were involved;
- * Youth and Elder cultural activity – Chisasibi Group Home;
- * More dialogue and willingness to work together with other service-providers (police, *Brighter Futures*, youth protection, etc).

3. Staff Development

One of the major achievements of the year was to be able to offer and provide the advanced child care worker certification program to managers and workers (Reception Centre and Group Home Mistissini). This was made possible by the commitment and collective efforts of Lynn Hanley and Arnold Devlin. Hopefully by June 2004, Youth Healing Services will have approximately twenty additional staff members with a certificate in advanced child care.

A team meeting format has been developed and is currently being used by the Program Managers. The format is intended to create more meaningful sessions (team meetings) and provide a sense of direction for all workers through mutually agreed-upon weekly goals and tasks.

Lynn Hanley has also done considerable work in preparing and coaching the staff in being more pro-active. This has contributed to the workers being more confident in dealing with youth issues as well as in their interactions (planned activities, community events, etc.). Another important aspect introduced by Ms. Hanley with management and staff is the concept of “debriefing sessions”. This has allowed the team to deal more effectively with difficult situations, working relationships, critical incidents, etc.

Youth Healing Services appreciates the support of the Cree Health Board organization in securing the position of Program Manager for the Group Home in Mistissini as well as group leaders for all three programs. This has created greater direct support and stability to all workers in the program.

4. Communication and Information

Certain key protocols and policies have been identified and documented in attempting to provide clarity and a systematic approach in dealing with specific events and incidents. This is a critical area in which Youth Healing Services needs further development.

There is now an after hours “on-call system” for all three programs. The system is composed of Program Managers and senior child care workers with the responsibility of providing support and guidance in “special incidents” involving the youth.

Youth Healing Services has for the very first time utilized local radio as a means of promoting the Cree value of child care. It was quite an experience to be “on the air” with the Elders and sharing their experiences and perspectives on raising children!

As a final note, the management team is in the final stages of completing the first Youth Healing Services newsletter.

5. Program Development

We are in an on-going process in developing protocols, policy and procedures.

We are focusing on the inclusion and involvement of youth, staff and families in cultural and traditional activities (eg: *Journey of Wellness* – Mistissini; *Elders and Youth Gathering* – Chisasibi Group Home).

We are basing planned activities and programs on the four seasons. The “*helping path process*” in our programs focuses on the strengths and involvement of families. The development of budgets for each program is based on actual staffing needs, seasonal activities and supportive mechanisms for management and workers.

Much development has occurred in many aspects of Youth Healing Services programming (budgeting, scheduling, proper discipline, supervision process, needs-based approaches, annual development plans, etc.). The *Action Plan 2002* remains an integral document for Youth Healing Services and many major culturally-oriented programs depend on the actual implementation of this plan.





Employee Growth

As indicated in the Achievements section, one of Youth Healing Services' greatest satisfactions was to be able to initiate the *Advanced Child Care Worker Certification Program* with twenty staff members from the three programs. As a result, the training has given the workers more confidence in dealing and working with youth and families. There seems to be a greater understanding and focus on the needs of the youth over negative behavior. There is also more dialogue and interaction between service-providers (i.e. Y.P and Y.H.S.) and families, resulting in a more collective approach to reaching decisions.

The management team has shown improvement in planning and organizing activities that serve a purpose, or learning objectives. There seems to be more in-depth planning and accountability in terms of group activities and their financial implications.

The securing and hiring of the Program Manager for the Upaachikush Group Home has added growth to that program in terms of stability, accountability and unity.

Time and space do not permit us to document the many ways that the Youth Healing Services team has come together. Our compliments to the organization and our gratitude and appreciation to those who were directly involved in the development and growth of the Youth Healing Services team (thank you, Thom and Lynn).

Goals and Objectives

One of our main goals is to eventually extend our services in the form of Outreach Programs directly to youth and families in their own homes and communities. We know from experience that placing a youth in a structured environment is not a solution in itself. If Youth Healing Services can be instrumental in families and communities taking ownership of their social issues, and if we can prevent further disruptions to families then the vision is worth pursuing.

Another critical goal we wish to highlight is the need for continuous training and upgrading of skills (child care workers). Training is not a "one-shot deal" but a constant process of learning and developing, especially in child care. With training and development comes the essential need for effective coaching, support and application. If we want child care workers to become effective helpers in the healing process and if we want Youth Healing Services to be an environment of healing, then the consistent provision of training and development becomes even more crucial.

The two key goals identified encompass many of our yearly objectives and may be in direct or indirect linkage with the following:

- * Community-based/oriented services for families in need;
- * The integration of Cree expertise Elders in regular programming, as well as in training;
- * The effective use of allocated funds through better and collective planning
- * Effectively maintaining consistent support and guidance to the Youth Healing Services team in their training and development;
- * Developing culturally-sensitive programs (i.e. the *Bush Program*, *Healing Homes*, etc.);
- * Development of program policies and procedures;
- * The promotion of Youth Healing Services (newsletter, etc.);
- * Development of an overall "Care Management System".

Statistical Summary

	Weesapou Group Home		Upaahchikush Group Home		Reception Centre	
	2002-03	2003-04	2002-03	2003-04	2002-03	2003-04
Operating Permits	8	8	7	7	15	15* (*working with 12)
Average number per day/year						
Community members	6	6	4	4	11	7.8
Total number/year						
Youth	21	17	32	24	32	40
Boys 13-17	0	9	16	13	16	21
Boys 8-12	0	1	0	1	0	1
Girls 13-17	0	7	16	9	16	19
Girls 8-12	0	0	0	1	0	0
Youth Protection	25	17	31	24	29	40
Young Offenders/Youth Justice Act	2	0	1	1	3	1
Youth Discharged	5	12	17	18	12	36
Average length of stay (months)	5.1	4	3.2	4	5.9	5
Total number of days						
Bush Activity	0	135	89	125	312	105
Hospitalization	17	10	0	5	22	16
Runaway	49	39	92	86	203	177
Back-up	15	21	16	6	49	89
Home Visits	478	731	595	358	1,073	439
Total number/year						
Transfers to Foster Home	0	2	68	0	1	1
Transfer to GH	0	1	10	6	15	4
Total number of days present	1,540	1,540	1,219	1,219	2,266	2,143

Seasonal Activities

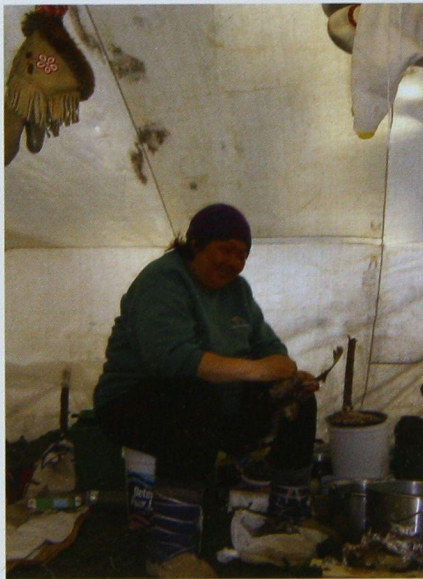
	<i>Weesapou Group Home</i>	<i>Upaahchikush Group Home</i>	<i>Reception Centre</i>
Spring	<ul style="list-style-type: none"> * Ice fishing * Goose Break * Weekend camping LG1,2,3, Fort George Island * Rummage sale 	<ul style="list-style-type: none"> * Easter * Preparation for Goose Break * Goose hunting * Duck hunting * Walleye fishing at Perch River 	<ul style="list-style-type: none"> * Goose hunting * Black duck hunting * RC cabin * Picnics * End of school
Summer	<ul style="list-style-type: none"> * Mamowedow * Baseball tournament * Fishing * Small game hunting * Camping * Invitation to Elders to come and speak with youth 	<ul style="list-style-type: none"> * Planned trip to Montréal * Traditional gathering * Helped in water taxi * School registration * Fishing and camping trips * Picnics at beach * Canoeing * Fundraising for field trips * Woodshop contracts 	<ul style="list-style-type: none"> * Fishing trips * Swimming at the beach * Trip to St. Felicien Zoo * Blueberry picking
Fall	<ul style="list-style-type: none"> * Gathering boughs for teepee * Blueberry picking 	<ul style="list-style-type: none"> * Moose hunting * Trout fishing * Small game hunting * Bear hunting * School * Partridge hunting * Fitness Centre * Workshop: Building bridges for change * Weekend bush trips * Caribou hunting 	<ul style="list-style-type: none"> * Moose hunting * Partridge hunting * Start of school * Workshop on building bridges * Fitness centre
Winter	<ul style="list-style-type: none"> * Christmas Parade * Christmas family dinner * Hockey, Broomball tournaments * Caribou hunting * Cleaning wild meat * Traditional and cultural exchange with Whapmagoostui * Chisasibi Elders at Cape Jones * Wawa lake * Camping at LGI camp 	<ul style="list-style-type: none"> * Christmas * Ptarmagan hunting * Caribou hunting * Bowling * Journey of Wellness * Elders Forum * Traditional Crafts 	<ul style="list-style-type: none"> * Arena skating, hockey * Christmas * Caribou hunting * Participating in Ski-doo regional races * Journey of Wellness * Bush Program * Fundraising * Elders Program

Staff Training and Development

This year we implemented the *Child Care Worker Certification Program*. This is a one-year advanced Child Care Training Program from the *University of Oklahoma*. To date we have completed five modules: Building Relationships, Creating a Positive Relationship, Teaching Discipline, Understanding Child Development and Becoming a Supervisor. During these training sessions we also focused on: The profession of Child Care, Code of Ethics, Therapeutic Activities, Group Work, Therapeutic Crisis Intervention and Case Management. We are expecting to have 20 CCW's graduate from this program in June 2004.

Other staff development activities include:

Developing a child care library; becoming members of the Québec Association of Educators; attending workshops on *Working with Families: Fire-Setting Behavior, Prevention and Intervention; Punishment vs. Consequences, A Needs-Based Approach to Working with Youth; All Behaviour has Meaning; Why is it Important to Go In the Same Direction*; monthly supervision meetings for managers; *Vehicle Drivers Training*; and *Youth Justice Criminal Act Training*. CCW's organized to attend the *Ontario National Child Care Conference* in Thunder Bay, and a group of managers presented at the *International Child Care Conference* in Victoria B.C. There was also the development of a newsletter.



Future Staff Development:

2004-2005 will bear the fruits of much of our development. All positions will be filled and programs will have retreats to set the tone for the next year. All staff will go through an orientation to correct some of the chronic problems we have encountered. We are developing a Child Care II training program and we will be repeating the certification program for those who have not taken this program. In addition we will have specialized training for security, night guards, cooks and secretaries.

Appreciation

Youth Healing Services wishes to acknowledge the support, efforts and contributions of the Cree Health Board during this important stage of development. Our appreciation also goes to those who were directly involved and instrumental in the support and development of the team.

Our sincere gratitude to Jane Sam-Cromarty for her willingness to accept the position and challenges of being Interim Director especially during this period of change and development.

A special acknowledgement and appreciation to all Youth Healing Services staff members who have made significant achievements during this past year:

- * Congratulations to all B.S.W. graduates!
- * To all those in the advanced child care workers training — “Keep going, you’re almost there!”
- * To all those who have gone on to further their education or pursuing other dreams — I have full confidence that you will succeed!

Roderick Petawabano

Director, Youth Healing Services

CREE PATIENT SERVICES (CPS)

The main objective of these Services is to facilitate the provision of health care and social services to Cree patients registered in the official Beneficiary list of the JBNQA agreement and their authorized escorts. We have four service points:

- * Chibougamau
- * Chisasibi
- * Montréal
- * Val d'Or

The service points provide translation services, transportation and lodging for all authorized clients. We have nurses and team leaders who act in liaison with the various health care professionals from the affected communities and establishments. The CPS staff also act as a patient's advocate when necessary.

The four Cree Patient Service points involve close to 60 staff members (permanent, part-time and occasional).

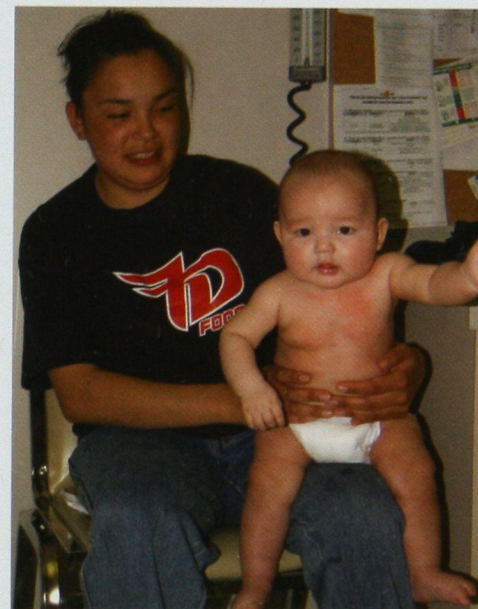
CPS Chibougamau

The Service is situated at the Chibougamau Hospital, which serves the Cree population from Mistissini, Nemaska, Oujé-Bougoumou and Waswanipi. When necessary, this Service uses the Friendship Centre to lodge clients. Various medical specialties are available: general physicians; obstetric; surgery team; ENT; paediatric; gynaecology; haemodialysis; nephrology; urology; orthopaedic; radiology; cardiology; and ophthalmology. At the moment, we have six long-term patients placed in Chibougamau Hospital and 11 patients receiving their haemodialysis three times a week.

There are four full time employees. This Service receives close to 50% of all arrivals at CPS. This year they received 9,002 clients, which represents an increase of 9% from last year. As with every year, and even with the help of Human Resource Management, we still have difficulty finding replacement employees.

CPS Chibougamau:

	Total number of arrival patients and escorts per year	
	Patients & Escorts	% Increase
1999-00	6,092	7.44
2000-01	6,307	3.53
2001-02	7,533	19.44
2002-03	8,287	10.00
2003-04	9,002	8.63



CPS Chisasibi

This Service is located in Chisasibi Hospital and serves the Cree population from Whapmagoostui, Wemindji, Eastmain, Waskaganish and Chisasibi. To lodge our clients, we use the services of different families. The medical specialties offered in this area are: orthopaedic; internal medicine; surgery consultation; paediatric; haemodialysis; gynaecology; ENT; ophthalmology; neurology; dentistry; orthodontic; endodontic; and radiology.

There are two full-time and two part-time employees. This Service received 921 clients, which represents a decrease of 29% from last year.

CPS Chisasibi:

	Total number of arrival patients and escorts per year	
	Patients & Escorts	% Increase
1999-00	720	(-13.36)
2000-01	899	24.86
2001-02	1,224	36.15
2002-03	1,295	5.80
2003-04	921	(-28.88)

CPS Montréal

Cree Patient Services is located in the Faubourg in downtown Montréal. This office offers ultra-specialized medical services to all nine communities such as: renal transplants; sleep studies; neurosurgery; extended burn injuries; oncology specific treatment; pacemaker installation; readaptation services; spina bifida clinic; cleft palate clinic; psychiatry; very high-risk pregnancies and foetal cardiac ultrasound. We deal with various hospitals, mainly the Montreal General, Ste-Justine, Royal Victoria, Montreal Children's, and Jewish General. There are four Boarding Houses to accommodate a maximum of 56 clients, and we use the services of hotels when necessary.

The Director, Caroline Rosa, is located in this office with 11 full time and two part-time employees. This Service received 2,093 clients, an increase of 2% from last year. The average number of clients each day was 41.

CPS Montréal:

<i>Total number of arrival patients and escorts per year</i>		
	<i>Patients & Escorts</i>	<i>% Increase</i>
1999-00	1,301	(-0.03)
2000-01	1,756	34.97
2001-02	1,852	5.47
2002-03	2,502	10.80
2003-04	2,093	2.00

<i>Average number of patients and escorts – 2003-04</i>	
	<i>Client / day</i>
Patient : Adult	20
Patient : Child	6
Escort	25
Total (all clients)	41

CPS Val d'Or

This office is located in the Val d'Or Hospital, which serves all nine communities. The service deals with the hospitals in Val d'Or, Rouyn and Amos. For our clients, we use the lodging services of four boarding houses (maximum of 45 clients) and the Friendship Centre (49 beds are available). The specialities are: nuclear medicine, CT scan, MRI, radiology, orthopaedic, gastro-enterology, surgery, nephrology, haemodialysis, urology, gynaecology, obstetric, ENT, ophthalmology, audiology, cardiology, chemotherapy treatment and pneumology.

In December, 2003, after three (3) months without an incumbent, Caroline Oblin filled out the full-time position of Professional Social Worker. The main issues for social interventions were related to pregnancies, youth protection and mental health. There were 302 social interventions during the year.

The service is under the care of the Unit Manager, Jasmine St-Cyr, with 27 full-time, part-time and occasional employees. This Service received 5,010 clients, which is an increase of 10 % from last year. The average number of clients each day was 57. This office receives an average of 100 phone calls a day.

CPS Val d'Or:

<i>Total number of arrival patients and escorts per year</i>		
	<i>Patients & Escorts</i>	<i>% Increase</i>
1999-00	3,326	11.91
2000-01	4,061	22.10
2001-02	4,177	2.86
2002-03	4,559	9.15
2003-04	5,010	9.89

<i>Average number of patients and escorts – 2003-04</i>	
	<i>Client / day</i>
Patient : Adult	37.07
Patient : Child	4.12
Escort	15.95
Total (all clients)	57.15



CPS – All Points of Service

The total arrivals of patients and escorts to the four CPS service points was 17,026, which is an increase of 5% from last year.

While a peak in arrivals was reached two years ago, arrivals seem to have been steadily decreasing over the past four years. This year we noticed a small increase in terms of client arrivals, however a decrease in the trend might indicate that we have reached a plateau. The increase was believed to be caused by the lack of permanent physicians and the turn-over rate of nurses in the communities. As we know, the stability of the physicians and nurses improved in the last year and this could explain the plateau. Therefore the workload for CPS staff has increased as well, but should stabilise.

CPS – All four points of service:

	<i>Total number of arrival patients and escorts per year</i>	
	<i>Patients & Escorts</i>	<i>% Increase</i>
1999-00	11,439	5.77
2000-01	12,708	11.09
2001-02	14,786	16.35
2002-03	16,193	9.52
2003-04	17,026	5.14

The four service points have been computerized and networked together since September 2003. Standardization in terms of work methods and *Non-Insured Health Benefits (NIHB)* policies will have a great impact in facilitating the processing of appointments. The priority, in terms of requirement of additional resources, is as follows:

- * Chibougamau
- * Chisasibi
- * Montréal
- * Val d'Or

The philosophy of the CPS is based on respect and equity for everyone. We promote autonomy for all patients, and we know that an important step towards that goal is to provide information to the clients.

Congratulations are in order to the CPS employees for their professionalism, commitment and perseverance despite the conditions they worked under throughout the year.

Caroline Rosa

Director, Cree Patient Services

DEPARTMENT OF PROFESSIONAL SERVICES (DPS) – SOCIAL

Our main mandate is to ensure quality of standards through the Services development and application of standards and intervention protocols for Social Work. In addition to defining the Social Practise, we also ensure that the Social Services needs of the population are properly identified. Through this process, we can ensure that the development of Social Programs and Services are reflective of the identified needs.

Another important mandate of our department includes the planning and the programming of new services. This is an area that has preoccupied most of our time and energy this year, because of the CBHSSJB negotiation process and the fact that the Multi-Service Day Centre buildings were in various stages of construction throughout the year.

Team

- * Lisa Petagumskum *Director of Professional Services-Social (Interim)*
- * Laura Bearskin *Associate Director of Professional Services-Social (Interim)*

- * Anny Lefebvre *Planning and Programming Consultant*
- * Cathy Lemire *Replaced Planning and Programming Consultant (from December 2002)*

- * Abraham Bearskin *Information Officer*
- * Bertha Dixon *Planning and Programming Agent – MOU (transferred as a Human Relations Officer to Waskaganish, March 2004)*

- * Sarah Moar *Executive Secretary (resigned as of March 2004)*
- * Irene House *Planning and Programming Agent – Social*
- * (vacant) *Planning and Programming Agent – Addictions*
- * (vacant) *Planning and Programming Consultant (HCCP)*
- * Sherry Crowe *Executive Secretary (Interim, from March 2004)*

The year 2003-04 was marked with numerous developments and changes. Christiane Guay, Director of Professional Services – Social, was on maternity leave throughout the year. Cathy Lemire was hired to replace Anny Lefebvre as the Planning and Programming Consultant during her maternity leave.

In spite of the high turnover, the expectation of our department did not diminish and actually increased due to the impending completion of the nine (9) Multi-Services Day Centres in the nine Cree communities.



Challenges of the Past and Goals for the Future

As a process of continuum we will turn to the last year's challenges as the goal that we will be pursuing in the upcoming year.

Alcohol and Drug Addiction Services

Once a Planning and Program Agent is hired, we shall:

- * Support the finalization of the *Function Plan* of the Healing Lodge;
- * Develop and finalize the program of the Healing Lodge;
- * Develop the policies and procedures of the Healing Lodge;
- * Revisit areas of concerns after community consultation;
- * Support the implementation process of the "Circle of Empowerment for Healing Addictions Program".

Home and Community Care Program

The implementation of this program has been transferred to the CLSC Directors but we are still waiting to hire a HCCP Program Manager under the CLSC Direction or in the meantime, a Planning and Programming Consultant under our department, to provide support to local teams faced with numerous challenges. In any event, we must do the following:

Programming Objectives

- * Support the implementation of the *Home and Community Care Program* in Eastmain;
- * Develop new statistical tools for the other professionals in the program.

Implementation Objectives

- * Support the development and implementation of the filing system;
- * Support the statistical data provision to Health Canada;
- * Continue to provide support in its implementation;
- * Collaborate in a process to hire the HCCP Manager as soon as possible.

Planning Objectives

- * Finalize and support the implementation of the Policies and Procedures Manual for the HCCP;
- * Conduct an evaluation of the HCCP.

Accomplishments

The majority of our time and resources were devoted to the MSDC project. We are very proud and honoured to have been given the task to carry this out for our Elders and the disabled in our communities. The following represents an overview of our accomplishments:

Multi-Services Day Centres

Hired Consultants (December 2003)

- * Camille Rheaume
- * Mariette Cappuccilli
- * Robbie and Sally Matthew
- * Nancy Mckenzie Bobbish

Loan of Services Support Staff

- * Laretta Mckenzie *Mental Health Coordinator*
- * Veronique Gaudin *Nutritionist*
- * Mark McFadden *Physiotherapist*

The hard work of the aforementioned team and the close collaboration with our Planning team resulted in the Draft Conceptual Framework for the MSDC Program. As part of a continued process to finalize this Program, local teams will be established once local MSDC staff are hired and trained. The local teams are to work within their respective communities to complete this part of the program. This plan is being done to meet the unique and different needs and resources within the each community. What is available in one community is not necessarily available in another. This also means community empowerment, and a process of taking ownership of the programs, will be delivered in each community.

Draft Conceptual Framework for MSDC

- * MSDC Mission
- * MSDC Guiding Principles
- * MSDC Participants description (vision and eligibility criteria)
- * Personal Growth Concept
- * MSDC Involved People
- * MSDC Service Descriptions

Activities

- * Drafts of Job Descriptions;
- * Training Proposal for Education Monitors, Rehabilitation Monitors, Cooks and Cook Helpers;
- * Budget Revision was a continuing and changing process. As part of the consultation process, our team met with the Inland and Coastal teams composed of Local Coordinators, Nurse Representatives, Human Relations Officers and other concerned personnel. From this consultation process, the budget was revised to include the requested additional personnel for the MSDC. Other sources of change stemmed directly from the expected dates of transfers of buildings, training needs and schedules, and lastly, anticipated service delivery dates.

Communication Strategy

- * Hosted Radio Talk Shows
- * Newsletter
- * Major activity: Community Tours; as an on-going communication process, we toured the Cree Communities to present the draft of the MSDC Program and to get community feedback on concerns and recommendations for the MSDC programs and services. (For more information, a summary report is available).

Expected dates of transfers of buildings

- * Whapmagoostui *November 2004*
- * Chisasibi *October 2004*
- * Wemindji *June 2004*
- * Eastmain *June 2004*
- * Waskaganish *February 2005*
- * Nemaska *June 2004*
- * Mistissini *June 2004*
- * Oujé-Bougoumou *October 2004*
- * Waswanipi *July 2004*

Present Objectives and Goals For MSDC

The completion of the construction phase will allow more energy to be focused on other areas of need for these centres. Since the Planning team has less than a year to complete their task, there is a sense of urgency to complete the rest of our mandate, such as the following:

Programming Objectives

- * Finalize the *Multi Services Day Centres Conceptual Program*;
- * Develop the policies and procedures for the Multi-Services Day Centres;
- * Finalize the human resource needs and submit the training plan to possible supporters.

Implementation Objectives

- * Support the transfer process of the Centres;
- * Support the hiring process of required staff for this facility;
- * Ensure that a MSDC Program Manager is hired as soon as possible.

Other Activities of the Year 2003-04

Human Resource Development

As part of our mandate, we worked closely with Laurent Brunet to complete the training proposal for the Social Emergency Workers. The training will be implemented this summer. Agathe Moar and Mary Ortepi, both from the Inland team, also contributed greatly to this process.

Strategic Regional Plan

The CBHSSJB continued to pursue the identified needs of last years' strategic planning sessions. Thus, the negotiation process remained on-going and we continued to provide information as requested by various working groups. Although it provided some levels of frustration, we were able to focus on the importance of supporting this process.

New Wemindji Clinic

Our department participated in the process of finalizing the Wemindji PFT, which has since been sent to the government for review. We continued to support areas of concern related to our mandate. The opportunity to assist in the process that will eventually construct this long-awaited building in Wemindji provided a sense of accomplishment of meeting community needs.

Budget Process

This past year was one of change and the Finance Department, under the direction of Andre F. Richer, provided us with a lesson we will not soon forget. For the first time, a real budget "exercise" was initiated through the budgeting process.

Conclusion

The year was marked by change and excitement as we saw the drawings on paper become reality, in the different communities that were able to accommodate the construction of the Multi-Service Day Centres. It also brought a sense of closure because in some of the community tours done in past years, there were some Elders who had expressed great support for the Centres and had stated that they would like to see them for themselves as they came into reality. Sadly, some of these Elders have passed on. So in closing, I would like to express my gratitude to all who have contributed to our ability to support part of the process to make the Elders' dreams come true, past and present.

Lisa Petagumskum

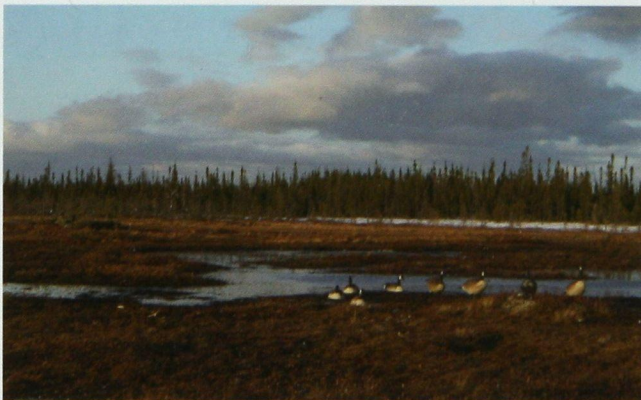
Director (Interim), DPS – Social

DEPARTMENT OF PROFESSIONAL SERVICES (DPS) – MEDICAL

- * Dr. Michel Garcia was the DPS-Medical (Interim) for the fiscal year 2003-2004. Dr. Jean-François Bélanger assisted Dr. Garcia for a few months during the year;
- * Two dialysis machines were added during the year for a total of nine units to accommodate the rapidly-increasing number of clients;
- * The security audit was completed last summer although recommendations have yet to be pursued;
- * The position of Administrative Technician is still vacant;
- * We increased the number of medical residents and students that we can receive from 20 to 26 per year;
- * After the representations of Dr. Bélanger, DRMG and Chief of Department at the Ministry, the number of doctors allowed on the territory has been increased to a total of 19, which is excellent considering the shortage of doctors in the province;
- * The *First Responders' Program* has now been implemented in all communities. The *Quality Insurance Program* should follow this year.

Dr. Jean-François Bélanger, M.D.

Head, Department of General Medicine



PHARMACY DEPARTMENT

Despite all efforts, the Pharmacy Department continues to face a multitude of problems which were noted last year in the 2002-03 report.

During 2003-04, major operational problems were identified, realistic solutions developed and corrective steps undertaken.

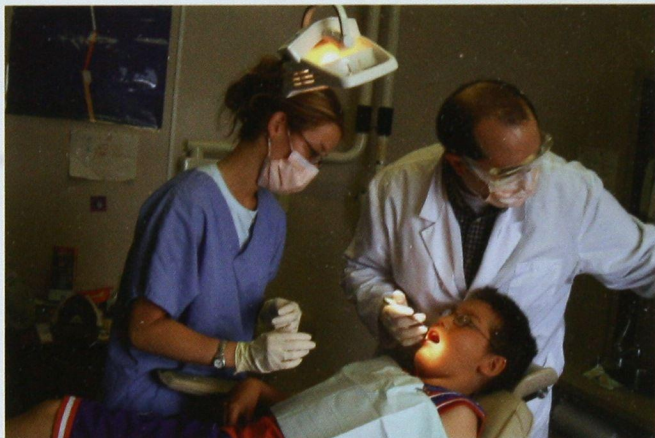
Among other things, the pharmacy is presently experiencing a complete shortage of pharmacists for its two services outlets. A conservative staffing plan concludes that five (5) pharmacists for fifty-two weeks per year are necessary to be able to provide high quality services according to the standards of the profession.

Another problem that was identified was the need for a modern computer system that would better meet the requirements of the Pharmacy Department and provide our staff with the necessary tools to better serve our community. In this regard, the Board of Directors approved funding for a new computerized pharmacy system for 2003-04. However, due to technical difficulties, the implementation of the system was seriously delayed and as at March 31, 2004, had not yet been completed. These delays have resulted in lost efficiencies and cost saving opportunities. We are confident that these problems will be resolved in 2004-05.

The coming year promises to be filled with challenges, but will remain difficult as the previous one. Nevertheless, we will continue in our efforts to provide our clientele with the best quality service as possible.

François Lavoie

Pharmacist



DENTISTRY DEPARTMENT

This year, for the Dental Department, can be summed up as *The Year of the Budget* and the *Strategic Regional Plan*. A Status Quo Budget was used due to the lack of an approved budget. Expenditures were kept at a minimum and as needed. Even within the limitations of equipment, human resources and financial budgets, the Dental Department continues to function well.

The goal of the Strategic Regional Plan for the Dental Department is to increase the number of Dentists, Dental Hygienists and auxiliary staff within two years. Negotiations continue with the MSSSQ regarding the Cree Health Board's request to increase the effective number of dentists in the region.

This year, as in previous years, we continue to have excessive waiting lists compared to other regions within Québec (up to one year for regular appointments for Crees of Eeyou Istchee; as opposed to two to four weeks in the province). This waiting period is exacerbated by the high dental cavities incidence (75-93% of disease by age four; as opposed to 20% in the province), high population growth, lack of human resources and a deficiency of treatment rooms within our facilities.

The Public Health Department continues to work in conjunction with the Dental Department to help increase the awareness of cavities and to promote proper dental hygiene to the population.

Staff

Dr. Jacques Veronneau, Public Health Dentist, consultant and in charge of dental research for the Dental Public Health Department, as well as Dr. Rosamund Harrison, Professor from the University of British Columbia, received approximately \$1 million in funding from the CIHR to research the evaluation and intervention of

young children's dental health in Eeyou Istchee. Their aim is to decrease the high cavities incidence. He placed the Fluoride Varnish Program, which is carried out by our three Dental Hygienists, on hiatus until a few regulatory and procedural problems can be worked out.

Malika Hallouche is the Program Officer for Dental Health in the Public Health Department. She is responsible for the creation and implementation of Dental Public Health programs, and will work in close collaboration with the Dental Department.

Julianna Snowboy, Dental Hygienist from Chisasibi, was placed on preventative and subsequent maternity leave. She delivered healthy twin boys and is presently on parental leave. To date we have not been able to find a replacement to fill her post.

Allison Senior, Dental Hygienist from Waskaganish, handed in her resignation to pursue other career options. She has been replaced by Marie-Ange Michel.

Jean-Francois Lortie, Dental Hygienist from Mistissini, continues to play an important role in our Hygiene Department and has managed to visit all the communities and continue the Varnish Program until other hygienists can be engaged.

The Dental Hygienists continue to do both clinical hygiene as well as Public Health work. Their help has been invaluable in the promotion of dental education and research with the Public Health Department.

The position of dentist for Whapmagoostui and Kuujuarapik was finally filled. Dr. Broula Jamal was hired and started in July. Dr. Jamal has previously worked for the Cree Health Board as a replacement dentist.

Dr. Hilal Sirhan continued his work as a Dental Consultant. He has taken part in negotiations with the MSSQ and has worked on the Strategic Regional Plan. In March, Dr. Hilal Sirhan's contract as a Dental Consultant to the Dental Department was changed as needed.

Dr. Eduardo Kalaydjian, as Head of the Dental Department, continues to be involved with the Strategic Regional Plan, Training Program Development, Dental Resident Program supervision and the development of new dental clinics. Dr. Kalaydjian's responsibilities also include the implementation of the Strategic Regional Plan, management of the Dental Department budget, dental statistics, supervising schedules of all dentists, assistants, hygienists and specialists, as well as regular clinic. Dr. Kalaydjian is committed to upholding the standard of quality care in all nine communities and out of territory.

Dr. Daniel Bergeron's Assistant Head of the Dental Department position was discontinued to alleviate the administrative burden of the Chisasibi Dental Clinic. His duties were taken over by Dr. Kalaydjian. Dr. Jamal was given the responsibilities of handling the replacements and continues to maintain an available list of very qualified dentists throughout the year, thus allowing the department to provide continuous dental services among all the communities.

As always, the Dental Assistants and Senior Clerks continue to work hard and remain dedicated to helping in the provision of proper dental care. This year we had two major changes to the staff of the Chisasibi Dental Clinic. Kathleen Rupert, Senior Clerk, and Janie Bearskin, Dental Assistant, resigned from their positions. Both employees have worked in the Dental Department for 25 and 30 years respectively. Janie Bearskin remains on our recall list.

Specialists' visits to Chisasibi and Mistissini continued and have been very cost effective. Dr. Micheal Silver, Endodontist, and Dr. Clifford Simon, Orthodontist, have both successfully renewed their contracts and will continue to provide quality care to our patients. Unfortunately we have not been able to find an Endodontist for our Inland communities. We continue the process of trying to find a new candidate.

Equipment

The equipment for the second treatment room in the Waswanipi Dental Clinic was finally installed. The room is equipped with state-of-the-art equipment, including a new Panoramic-Cephalograph radiograph machine. These additions will help improve the efficiency of the dentist to meet the demands of the population. This room will also allow the dentist to continue working while the Dental Hygienist is visiting. Eventually this extra room and equipment may allow visits from specialists to the community. No other new equipment was added to our clinics this year due to the lack of an approved budget.

The plans for the new Wemindji Clinic were created and approved by the Board of Directors. The size of the clinic was reduced to meet the parameters imposed by the government. We are presently waiting for the funds and the location to construct this new project.

Once again the computerization of the dental clinics has not been accomplished and this delay will continue to affect the efficiency of the Dental Department. A request for a resolution for computerization was submitted to the Board of Directors; unfortunately it's been placed on hold until management software has been selected for the Administration. The computerization of the Dental Department has become a priority. We continue to work with the Computer Department to

get the required budget for the delivery of the necessary computer equipment and software. Daniel Tufcea, Head of the Computer Department, was able to supply new computers this year to the following dental clinics: Waskaganish, Waswanipi and Mistissini.

Our enhanced relationship with our suppliers is the result of an improved collaboration among our suppliers, André Richer, AED Finance, and Dr. Eduardo Kalaydjian, Head of the Dental Department.

Treatments Rendered to Outside Territory Beneficiaries

The *NIHB Dental Program* and fee guide was reevaluated and the necessary changes were made.

Treatments rendered to beneficiaries outside the territory continue to increase significantly from year to year. This increase is due to a rise in the number of patients living off-reserve for reasons of employment and education.

Processing of dental claims and authorizations for dentists off-reserve continues to be a collaboration of the permanent dentists of each community and the Finance/NIHB Department. Due to their knowledge of the patients, the involvement of the community dentists will result in a higher quality of care.

New Services

The Public Health Department is working in conjunction with the Dental Department to create a new position, Dental Health Representative (DHR), to join our team. The DHRs will help the two departments promote dental education in the Cree language, as well as help the Public Dentist implement his research for a solution to help decrease the high cavity incidence within Eeyou Istchee. The DHRs will be hired from within our communities and will work together with Public Health Staff, dentists and Dental Hygienists to promote dental education for pregnant mothers and mothers of young infants and children.

The *Multi-Disciplinary Rotation for Dental Residents* continues to yield positive results. In association with McGill University, the University of Montréal and the University of Laval, we continue to receive fully-qualified dentists throughout the year. The dentists follow postgraduate training and rotate through the CBHSSJB's Department of Dentistry. As a result of these rotations, the region's population has benefited from having promising future candidates aid the CBHSSJB to reduce the tremendous waiting list of patients requiring treatment.

Training

The Dental Department's study club, EXCELUDENT, headed by Dr. Eduardo Kalaydjian and Dr. Daniel Bergeron, continues to get accreditation from the *Order of Dentists of Québec*. Eight conferences were presented and proved to be very informative. The study club continues to ensure the high standards of quality dentistry by promoting continuing education in the ever-changing field of dental medicine.

This year it was decided that we would create a new "hands-on" training program for our Dental Assistants. This program will probably take place in Montréal and will result in our assistants receiving a Certificate for Dental Assisting from a vocational school. Dr. Eduardo Kalaydjian has begun talks on implementation of this program, which has been delayed due to budget constraints. We were not able to send our Senior Clerks for training to the *Journées Dentaire du Québec*, also due to our budget constraints.

Dr. Eduardo Kalaydjian is in the process of creating a Second Annual Dental Congress that will involve scientific lectures as well as "hands-on" training for our Dentists and Dental Hygienists. Our implementation of this training has also been delayed due to the lack of necessary equipment that could not be purchased due to budget constraints.

Measuring Units and Statistics

The reported dental statistics for the year have been detailed in the annex table. There have been slight increases and decreases in certain statistics. In general, the capacity for patient flow has reached a maximum. Production has increased compared to last year.

The *Dental Multi-Disciplinary Residency Program* has once again helped compensate for unavoidable periods of decreased clinical services. These periods can include administration time required by the Head and Assistant Head of the Dental Department. Other examples can be the lack of the required number of treatment rooms as well as the delayed hiring of a permanent dentist for Whapmagostui/Kuuujurapik. Some particular aspects of services have been more than compensated for.

Interpretation of the statistical data demonstrates that despite the limited capacity of the Dental Department's resources, team dedication and hard work has accomplished more than could have been expected. The statistics were prepared and maintained by Dr. Eduardo Kalaydjian.

The Upcoming Year

In the upcoming year we plan to add an extra treatment room in Chisasibi as well as construct a new clinic in Wemindji. Talks have already begun with the Administration of the Hospital and the Health Board to add the fourth treatment room in Chisasibi and to relocate our offices. Computerization of the Dental Department has also become a priority and hopefully will be implemented. This will facilitate and increase the efficiency of the Dental Department.

Dr. Veronneau, with Malika Hallouche, will continue to create and implement Dental Public Health programs for pregnant mothers, and mothers with infants and young children. Drs. Veronneau and Harrison will start their research for the evaluation and intervention of young children's dental health.

The Multi-Disciplinary Dental Residency Program will continue to be effective, allowing a minimum of 12 fully-qualified dentists to visit the region. This will amount to an additional 40-plus weeks of clinical services throughout the region.

Negotiations with the MSSQ will continue in the upcoming year. We hope that these meetings will result in the implementation of the Strategic Regional Plan, which requires an increase in the number of dentists and hygienists as well as auxiliary staff. This will result in a higher efficiency, which will allow us to decrease waiting periods and increase treatments of patients.

A new hands-on training program for Dental Assistants as well as the *Second Annual Dental Congress* for dentists and hygienists is being prepared for the coming year. The training for the Dental Assistants will result in a Certificate for Dental Assisting. The *Second Annual Dental Congress* will consist of lectures as well as hands-on training to help maintain the high quality of our dentists and hygienists.

We are hoping to get approval of the Dental Department's budget, which will allow the continued development as well as amelioration of services within our department.

The Dental Department's impression on the population continues to be very positive and the staff of the department continues to be committed to excellence in the quality of the dental care received by the Cree of Eeyou Istchee.

Dr. Eduardo Kalaydjian, DDS

Department Head, Dentistry

DENTISTRY DEPARTMENT STATISTICS

	Chisasibi	Mistissini	Waska- ganish	Waswanipi	Wemindji	Whapma- goostui	Eastmain	Nemaska	Oujé-Bou- goumou	TOTAL	value	production
No. Patients*	4,322	4,108	1,427	979	1,133	834	491	291	391	13,976	0	0
Absolute No.*	1,750	1,268	797	571	342	392	221	189	263	5,793	0	0
9 years+	911	1,010	256	270	262	224	104	38	114	3,269	0	0
Diagnostic												
Complete	920	1,316	233	292	25	203	104	43	129	3,496	49	171,304
Emergency	1,077	736	607	294	38	313	217	143	104	3,829	25	95,725
Cons.*	171	99	50	34	25	65	23	17	16	500	25	12,500
X-ray*	3,356	2,596	978	86	471	445	475	163	351	9,702	15	124,095
Prevention												
Hyg.	858	1,298	243	229	242	193	124	29	73	3,289	10	32,890
Prophy.	761	1,171	200	262	185	177	89	29	112	1,986	42	125,412
Scl.	503	655	149	169	98	153	45	23	80	1,875	90	168,750
Fluor.	370	434	83	109	85	56	34	10	46	1,227	20	25,540
PFS	175	514	27	73	55	71	21	0	36	972	22	21,384
Perio.	107	18	11	15	0	14	6	9	0	180	218	39,240
Restorative												
Amalg.	1,149	2,242	552	963	426	781	197	134	453	6,897	38	262,086
Compo.	2,698	1,507	584	423	440	316	312	168	2126	6,664	49	326,536
Temp.	245	108	102	47	99	38	36	9	19	703	39	27,417
SSC	36	15	0	21	0	1	1	0	7	81	48	3,888

Grand Total : 2,117,214

* These figures include patients both seen and treated by:

- * the Denturologist in the Coastal communities;
- * the Endodontist in the community of Chisasibi;
- * the Maxillofacial Surgeon and Orthodontist in the communities of Chisasibi and Mistissini.

	Chisasibi	Mistissini	Waska- ganish	Waswanipi	Wemindji	Whapma- goostui	Eastmain	Nemaska	Oujé-Bou- goumou	TOTAL	value	production
Prosthodontics												
Fix in prog.	39	6	0	1	0	0	0	0	1	47	0	0
Rem. in prog.	113	27	32	0	82	14	9	12	0	289	0	0
Rep. Fix.	30	3	0	6	0	1	0	0	0	40	90	3,600
Rep. Rem.	82	25	16	2	19	6	9	13	0	172	90	15,480
Fix. del.	13	3	0	1	0	0	0	0	1	18	780	14,040
Rem. Unit del.*	58	5	20	4	63	8	8	14	1	181	450	81,450
Endodontics												
Pulp. Prim.	150	114	16	57	12	16	10	6	25	406	35	14,210
Pulp. Perm.	143	56	93	24	10	8	29	12	12	387	54	20,898
In Progress	42	38	16	14	16	4	1	0	10	141	0	0
Can. Obt.*	129	39	3	12	1	0	12	2	1	199	370	73,630
Surgery												
Exo. Prim.	284	178	80	139	39	62	45	21	48	896	12	10,752
Exo. Perm.*	315	250	328	197	100	102	94	65	57	1,508	48	72,384
Exo. Comp.*	202	180	63	39	29	26	16	5	13	573	160	91,680
F-U	149	35	9	12	29	14	10	2	1	261	0	0
Presc.*	898	485	454	173	293	97	160	115	39	2,714	0	0
Others												
Ortho.*	686	687	0	17	0	2	2	0	14	1,408	186	261,888
DNA	653	1,255	307	312	281	201	64	33	63	3,176	0	0
CANC	331	385	96	38	58	88	39	10	32	1,077	0	0

Abbreviations:

Amal.	Amalgame	Exo. perm.	Extraction dent permanente	Ortho.	Traitements d'orthodontie	Rem.	Removable Prosthesis (amovable denture)
Can.	Canaux obtures	Exo. prim.	Extraction dent primaire	Perio.	Periodontal treatment (No. de période de 15 mins. prob.)	Rep.	Reparation
CANC	Cancelled	Fix.	Fixe prosthesis (denture)	Perm.	Permanent Tooth	ScI.	Scaling
Compo.	Composite	Fluor.	Fluoride application	Presc.	Prescription medication	SSC	Stainless Steel Crown (couronne en acier inoxydable, CAI)
Cons.	Consultation	Hyg.	Instruction d'hygiene	Prim.	Primary Tooth	Temp.	Obturation temporaire
DNA	Did Not Attend	In prog.	En progression de prothèse fixe ou amovable	PSF	Pits & Fissures sealants	X-rays	Radiographie
Exo. com.	Extraction complexe (chirurgicale)	In progress	En progression, en cours de traitement	Pulp.	Pulpotomie		

COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS (CPDP)

Elections 2003-04

Since the resigning Chairperson of the CPDP had not found a successor through an election, the end of her mandate was entrusted to Dr. Stéphanie Ferland who also took on the role of representative with the Board of Directors as of last November. Dr. Denise Chouinard and Dr. Raffi Adjémian were elected members of the CPDP Executive Committee.

Executive Committee

- * Dr. Stéphanie Ferland *Chairperson, representative of the CPDP at the Board of Directors*
- * Dr. Jean-François Bélanger *Vice-chair*
- * Dr. Raffi Adjémian *member*
- * Dr. Daniel Bergeron *member*
- * Dr. Denise Chouinard *member*

Department Heads

- * Dr. Jean-François Bélanger *Head of the Department of General Medicine*
- * Dr. Eduardo Kalaydjian *Head of Dentistry*
- * (no permanence) *Pharmacy Department*

Mandatory Committees

- * The process to establish the CPDP mandatory committees is on-going;
- * The Pharmacology Committee will be reactivated, and its supervision will be entrusted to François Lavoie, replacing pharmacist, who is very involved in this sector over all the territory;
- * The *Evaluation of the Act Committee* will be made official;
- * The *Credential Committee* is active;
- * Other committees are planned, such as the review of the CPDP by-laws, and the committee on the C-MDSA training.



Executive Committee

The C-MDSA Committee: This year the CPDP decided to undertake responsibility for the C-MDSA training for the nurses on the territory in order to ensure better care for our population. This will be carried out in cooperation with the Director of Professional Services – Health, Pauline Lépine, and Dr. Colette Lachaine, consulting doctor involved in training for several years.

Protocols and guidelines: Flow sheets for diabetic patients were developed and adopted. The introduction of these sheets represents an important tool in the follow-up of the diabetic patients on the territory.

Other protocols will shortly be adopted, notably to ensure the follow-up of patients with renal failure and to control the administering of medications.

Breast Cancer Screening:

The CPDP works in close cooperation with the Department of Public Health to implement a breast cancer screening program on the territory allowing women from 50 to 69 years of age to have a regular screening and automatic mammography screening.

University Affiliation:

The Chisasibi HC is a university training environment for the students and residents in family medicine. The agreement with McGill University has been renewed and a new agreement was concluded with the University of Laval. It seems that training in Chisasibi is among the most popular sessions at McGill.

The Pharmacy Department:

The computerization of the Pharmacy Department will need to be resolved soon (except for the Whapmagoostui Service Outlet) in order to allow access to the pharmacological profile of patients and to improve on follow-up and the continuity of health care. The pharmacy in Mistissini was already computerized a few years ago.

Dialysis:

The Chisasibi HC has two new machines for haemodialysis, which makes a total of nine machines. For now, 13 patients receive dialysis treatment in Chisasibi.

Ongoing Files

- * During one year, the position of Director of Professional Services-Medical was filled by interim, and as the mandate ended, this key position remained open;
- * The team of the Dentistry Department is expanding. As a matter of fact, a great deal of work is ongoing to computerize this department in all Cree communities within the territory;
- * We are still searching for a medical examiner to manage eventual complaints made against doctors, dentists or pharmacists working for the CBHSSJB.

Activities in 2004-05

- * Elections in progress for the positions of Chairperson, vice-chair, and members of the CPDP Executive Committee;
- * Implementation and activation of the CPDP mandatory committees;
- * Hiring a full-time Director, DPS – Medical;
- * Hiring a permanent pharmacist;
- * Developing a pharmacy formulary for the whole territory.

Conclusion

The members the CPDP are proud to put their shoulder to the wheel in order to improve and maintain the health of the James Bay Cree population.

As the new Chairperson and a new employee, I have read a great deal and learned a lot during the few months of my mandate. This is an enriching experience comprising many stimulating challenges.

Dr. Stéphanie Ferland

Chairperson, CPDP

Cree public health

THE PUBLIC HEALTH DEPARTMENT

In 2002, the Cree Board of Health and Social Services of James Bay (CBHSSJB) and the Government of Québec officially recognised the Public Health Department (PHD) as a Department of the CBHSSJB.

The Bill 108 (2002, chapter 38) "An Act to amend the Act respecting health services and social services for Cree Native persons and various legislative provisions" was passed on June 14, 2002. This bill amends the Act respecting health services and social services for Cree Native persons to allow the creation of a public health department in the territory of Region 10B covered by the James Bay and Northern Québec Agreement.

Main Mandate

The regional Director of Public Health is responsible for:

- ✦ Informing the population as to its general state of health and of the major health problems, the groups most at risk, the principal risk factors, the interventions he considers the most effective, monitoring the evolution thereof and conducting studies or research required for that purpose;
- ✦ Identifying situations which could pose a threat to the population's health and seeing to it that the measures necessary for its protection are taken;
- ✦ Ensuring expertise in preventive health and health promotion and advising the Regional Board on prevention services conducive to reducing mortality and avoidable morbidity;
- ✦ Identifying situations where intersectorial action is necessary to prevent diseases, trauma or social problems which have an impact on the health of the population, and, where the Public Health Director considers it appropriate, taking the measures considered necessary to foster such action.

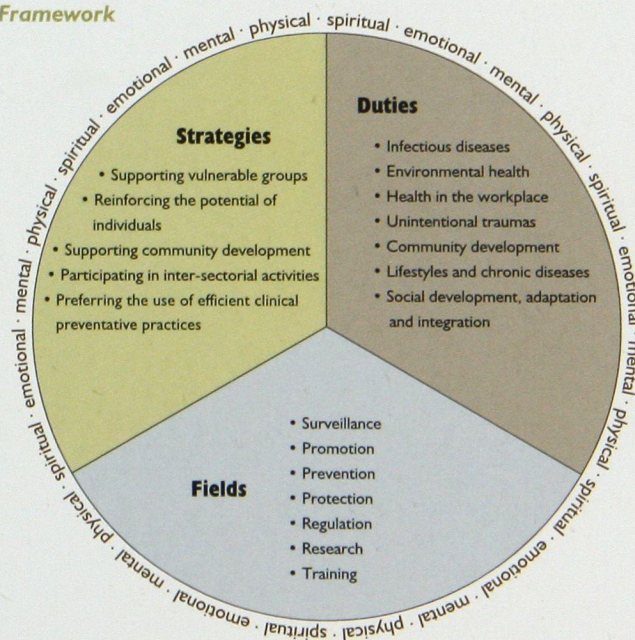
(Chapter S-4.2 An Act respecting Health Services and Social Services, art. 373)

Organisation

To achieve this mandate, five teams support the Public Health Director: Secretariat, Specialized Services, Awash (children 0-9 years old), Uschiniichisuu (youth 10-29 years old) and Chishaayiyuu (adults 30 years and over). Within the context of Iyiyuu society values (spiritual, emotional, mental and physical equilibrium), these teams intervene within the fields of infectious diseases, environmental health, health in workplace, non-intentional trauma, community development, life habits and chronic diseases and development, adaptation and social integration. Within these fields, the main strategies used are: support to vulnerable groups, strengthening of the individual's potential, support for community development, participation in intersectorial activities, encouraging the use of efficient clinical preventive measures.

All interventions occur within a framework based on public health functions: surveillance of health and wellness, promotion and protection of health and wellness, prevention of diseases and psychosocial problems, regulation, research and ongoing training.

Conceptual Framework



The teams are not yet complete. Some fields, like health and wellness in the workplace, are not staffed. Some Program Officers will integrate the teams after the conclusion of the negotiations based on the strategic plan.

Members of the Public Health Department (March 31, 2004)

Administrative Unit

Bella Blacksmith	<i>Manager of Administrative Unit, working from Chisasibi</i>
Reggie Tomatuk	<i>Administrative Technician, working from Chisasibi</i>
Jeanette Loon	<i>Administrative Technician, working from Mistissini</i>
Barbara Mark	<i>Secretary, working from Montréal</i>
Jacqueline Voyageur	<i>Secretary, working from Mistissini</i>
Maryann Pachano	<i>Secretary, working from Chisasibi</i>

Awash Miyupimaatsiisun Unit

Bella Moses Petawabano	<i>Director of Awash Miyupimaatsiisun Unit, working from Mistissini</i>
Valerie Lahaie	<i>Program Officer – Children and their Parents, working from Montréal</i>
Caroline Rochette	<i>Program Officer – Children and their Parents, on maternity leave</i>
Malika Hallouche	<i>Program Officer – Dental Health, working from Montréal</i>
Louise Pedneault	<i>Program Officer – Immunization and Genetic Counselling, working from Mistissini</i>
Rob Carlin	<i>Medical Advisor for Infectious Diseases (part-time), working from Montréal</i>
Lucie Leclerc (to be filled)	<i>Consultant – Breastfeeding, working from Chisasibi</i> <i>Midwifery Advisor</i>

Uschiniichisuu Miyupimaatsiisun Unit

Manon Dugas	<i>Director of Uschiniichisuu Miyupimaatsiisun Unit, working from Chisasibi</i>
Solomon Awashish	<i>Program Officer – Nutrition, Tobacco and Gambling, working from Montréal</i>
George Diamond	<i>Program Officer, responsible for Healthy Communities Program and Non-Intentional Traumas, working from Chisasibi</i>
Wally Rabbitskin	<i>Program Officer – Physical Activity, Alcohol and Drugs, working from Mistissini</i>
Innot Mush' Ayuma	<i>Program Officer – Mental Health and Healthy Sexuality, working from Waswanipi</i>
Catherine Godin	<i>Nutritionist under contract, working from Montréal</i>
Hop Lam Dao	<i>Chef under contract, working from Montréal</i>
Merryl Hammond	<i>Consultant on Smoking Cessation, working from Montréal</i>
Ellen Bobet (to be filled)	<i>Consultant on Injury Prevention, working from Montréal</i>
(to be filled)	<i>Program Officer – Healthy Schools</i> <i>Medical Advisor – Sexually and Blood Transmitted Infections</i>

Chishaayiyuu Miyupimaatsiisun Unit

Paul Linton	<i>Director of Chishaayiyuu Miyupimaatsiisun Unit, working from Mistissini</i>
Mathieu Trépanier	<i>Program Officer – Environmental Health, working from Mistissini</i>
Deborah Schoan	<i>Program Officer – Environmental Health (Mercury Program), working from Montréal</i>
David Dannenbaum	<i>Medical Advisor (part-time) for Diabetes Program, working from Waskaganish and Montréal</i>
Julie Turcotte	<i>Program Officer – Diabetes Training, working from Mistissini</i>
Elena Kuzmina	<i>Program Officer – Diabetes Surveillance, Research and Evaluation, working from Mistissini</i>
Michelle Gray	<i>Program Officer – Breast Cancer Screening Program, working from Saint-Eustache</i>

Specialized Services Unit

Jill Torrie	Director of Specialized Services Unit, working from Montréal
Jacques Véronneau	Dental Advisor, working from Montréal
Pierre Lejeune	Program Officer, Responsible for Epidemiologic Surveillance and Research, working from Montréal
Frances Couches	Research Assistant, working from Montréal
(vacant)	Program Officer – Research
(vacant)	Program Officer – Communication
(vacant)	Medical Advisor – Preventive Activities in Clinical Settings

Researchers on contract:

Ellen Bobet (*Injuries and Teenage Pregnancy*), Hélène Caron (*Nursing Models*), Thomas Garfat (*Support for Families*), Natalie Kishchuk (*Injuries*), Benoit Ntezayabo (*Surveillance*), Katya Petrov (*Report Design*), Joy Schinazi (*Mother and Infant Health Program Evaluation*), Ismael Teta (*Children's Heights and Weights; Families with Young Children*).

Collaborating researchers:

Eric Dewailly (*National Public Health Institute of Québec: Mine Contaminants*), Karoline Gaudot (*student U. Montréal: Nutrition Intervention*), Katherine Gray Donald (*McGill: Infant Nutrition*), Evert Neiboer (*McMaster: Mine Contaminants*), Olivier Receveur (*U. Montréal: Nutrition Intervention*), Tanya Verrall (*student McGill: Infant Nutrition*), Noreen Willows (*U. Alberta: Children's Obesity*), Charles Dumont (*Mercury Project*).

Direction

* Yv Bonnier Viger	Iyiyuuschii Public Health Director and Assistant Executive Director for CBHSSJB, working from Chisasibi
* Elizabeth Robinson	Community Medicine Consultant (part-time, Interim) Director of Chishaayiyuu team, working from Montréal
* Richard Lessard	Community Medicine Consultant (part-time), working from Montréal

Summary of Activities

For all domains, functions and strategies, the focus of activities have been put on planning. The result will be the *Iyiyuuschii Public Health Regional Action Plan (RAP)*. To achieve it, a large effort has been put on training.

For each activity developed by the Public Health Department, the RAP will have the following sections:

- * State of the situation in the region
 - Epidemiologic picture
 - Comparison with Québec
 - Differences between communities
 - Phenomenological picture
- * Actions done so far
 - In Iyiyuuschii
 - In other regions of Québec
 - In other aboriginal communities
 - In other countries
- * Actions proposed
- * Opinion of Elders on these actions
- * Evaluation of these actions
 - Description of indicators
 - Objectives to meet in the next five years
 - Methods of collecting data
 - Methods of analysis
 - Diffusion of results
- * Timeframe
- * Matrix of responsibilities
- * Budget needed
- * Logical frame
- * Opinion of the concerned personal of the CBHSSJB on these actions
- * Opinion of other partners on these actions

At the end of the year, the “*The state of situation*”, “*Actions done so far*” and “*Actions proposed*” chapters have been written and discussed. We are now at the step of presenting it to the Elders to validate the cultural appropriateness of the proposals.

Other Specific Activities

Infectious Diseases

Surveillance

- * Maintaining regional registry to track declarable diseases (MADO);
- * Providing training to new clerical staff responsible for MADO data entry;
- * Reviewing provincial surveillance data on the West Nile virus;
- * Reviewing regional cases of invasive streptococcal disease;
- * Updating physicians in the region concerning the new law modifying the list of declarable diseases;
- * Implementing the new program *SENTINELLE: Surveillance of Pulmonary Diseases* in the region;
- * Gathering epidemiologic information for declared Gonorrhoea cases;
- * Forwarding Chlamydia surveillance data to health care workers in the region;
- * Submitting regional information to the province on a weekly basis during period of increased surveillance for SARS;
- * Participating in provincial review of regional enteric disease protocols;
- * Maintaining registry (ESPRI) and follow-up with clinics of any adverse reactions after vaccination;
- * Ensuring Tuberculosis (TB) status included in regional Diabetes flow sheets.

Protection

- * Forwarding information concerning the call system to the region to improve access to Public Health information for workers in the region;
- * Forwarding regional contacts for public health emergencies to the province;
- * Responding to reportable diseases on an ad hoc basis including rabies, Gonorrhoea, Hepatitis B, and Hepatitis C cases as well as a MRSA outbreak;
- * Ensuring good functioning of the immunisation program;
- * Distributing to clinics a *Tuberculosis Control Program* that included more detailed information concerning the BCG vaccine, information on *Directly Observed Therapy (DOT)*, and various tools to assist in the follow-up of cases and contacts;
- * Submitting a draft regional action plan to the CMDP to delineate roles and responsibilities in the case of an identified SARS case;
- * Recommending installation of a negative pressure room in the region as well as a reserve of necessary supplies such as N95 masks.



Prevention

- * Discussing HIV/AIDS awareness and prevention with *James Bay Cree Communication Society*;
- * Responding to ad hoc questions on PPD screening, TB contacts and preventive treatment for TB infection as well as bite exposures and accidental blood exposures;
- * Circulating updates to the *PIQ (Protocole d'immunisation du Québec)* to health care workers in the region;
- * Organising the influenza campaign;
- * Forwarding '*Prévenir et enrayer*' document on Sexually Transmitted Infections (STIs) to clinics;
- * Distributing to clinics provincial material encouraging prenatal HIV testing;
- * Distributing information on West Nile virus and surveillance to communities;
- * Distributing provincial pamphlets and posters concerning risk of rabies with bat exposures to communities;
- * Participating in radio show on rabies.

Research

- * Carrying out a study looking at rates of TB infection and past INH treatment amongst diabetics in one community;
- * Preparing a draft report on Tuberculosis control and the BCG vaccine;
- * Participating in a review of current influenza campaign including coverage and target groups.

Training/Professional Development

- * Participating as member of the *Circle of Hope (First Nations of Québec and Labrador Health and Social Services Commission) Provincial Committee on HIV/AIDS*;
- * Presenting training module on Sexually Transmitted and Bloodborne Infections at the *Annual Nurse's Training*;
- * Attending provincial conferences on SARS, West Nile virus, declarable diseases (*MADO/Écllosion*), sexually transmitted infections, and integrated screening centres for sexually transmitted and blood borne infections;
- * Enrolling in course on *Risk Assessment and Communication* given by the McGill Summer Program in Epidemiology;
- * Participating in a Health Canada Workshop on Strengthening Tuberculosis Control Programs and the BCG vaccine;
- * Instituting CME for Public Health physicians to be held every three months with the following topics in 2003-2004: review of Public Health resources, rabies;
- * Giving presentation on TB to the Management Committee;
- * Distributing periodic updates and tools to the region. This included case definitions, infection control procedures, triage guidelines, and posters for health care institutions. These tools were included in the regional action plan;
- * Attending provincial meetings, a meeting of the chiefs and CBHSSBJ, and a provincial debriefing on SARS;
- * Participating in a workshop on *Safe Food Handling Practices* with the Québec Ministry of Agriculture, Fisheries and Food;
- * Participating in a workshop organised by INSPQ on *Sexually Transmitted and Bloodborne Infections* in October.

Environmental Health

Surveillance

- * Collaborating with the CRA and Local Environmental Administrators to ensure that monitoring of water and reporting is done adequately. In case of contamination, a follow-up is done with the LEA and a verification is made with the clinic for any reported cases of waterborne diseases;
- * Visiting houses that have mould problems;
- * Investigating several cases of high lead levels reported to the Public Health Department through the notifiable disease system (*MADO*).

Promotion

- * Creating a nutrition guide. In collaboration with Hydro-Québec, we wrote the health part related to mercury, we submitted Cree recipes and we have a consensus on the environmental part on mercury;
- * Working on the production of fish consumption advice. The members of ENC agreed that a map would be the best format for communicating this advice;
- * Presenting to the joint Nameess-Nadosthin Corporation on the risk and benefits analysis of eating fish.

Protection

- * Following a muriatic acid leak in Oujé-Bougoumou, we visited the sports complex, met with the LEA and the water technician, and wrote a letter to the Band Council to express our concern;
- * Following the preliminary observations on air quality made last year at the Chisasibi School, further analysis (quantitative air quality measurement) was completed at the school. Information was sent to each Band Council containing suggestions on how to minimize the health problems associated with dust mites;
- * Following the forest fires, we sent daily reports to CLSCs and hospitals to provide information on the state of the situation (geographic location of the fires, forecast, the wind direction, number of planes and workers working on this fire);
- * Intervening on the project of ballistic trials site. We wrote a letter of comments to the Ministry of Health.

Prevention

- * Meeting with the director of housing in Chisasibi to discuss the problem of indoor air quality;
- * Proposing help to provide information to Band Councils and the general population to minimise adverse health effects and proliferation of mould;
- * Participating in the Eeyou Nameless Corporation (ENC) meetings;
- * Drafting an emergency plan for forest fires;
- * Commenting on *Vanadium Mine Project : L'étude d'impact environnementale de l'exploitation du dépôt de Vanadium du lac Doré et d'un complexe métallurgique de la région de Chibougamau*;
- * Commenting on the directive for the environmental impact assessment of the *EMIA-Rupert River Diversion Project*;
- * Meetings with Oujé-Bougoumou and Waswanipi Nations about a pig farm project in Chapais.

Research

- * Developing an expertise on air quality and mould in collaboration with the INSPQ;
- * Conducting a needs and feasibility study within all of the Cree communities and entities to determine local environmental health issues. We explored the need and interest for an Oujé/Nemaska type contaminant exposure/health status study that reflects the concerns of the communities and entities;
- * Transferring all the data from the previous studies done on mercury;
- * Doing critical literature review on the health effects of methylmercury;
- * Supporting and analysing the Environmental health survey in Oujé-Bougoumou and Nemaska;
- * Contracting with Hydro-Québec to produce a report on the evolution of Cree health and Cree health services. As well, a discussion paper on how to introduce an Eeyou approach to health and social services was prepared for general distribution.

Training/Professional Development

- * Presenting at the CTA annual meeting on lead. We suggested means to minimise exposure to lead (for example: the use of stainless steel ammunition);
- * Participating in workshop with Hydro-Québec and the Public Health Department to share information about mercury;
- * Participating as member of the *James Bay Advisory Committee on the Environment*.

Health in the Workplace

Protection

- * Intervening at the Oujé-Bougoumou power plant (chaufferie) because some workers had respiratory problems. We suggested the use of protection equipment available on site when maintaining the boilers.

Development

- * Discussions are going on to implement a team responsible for health in the workplace in Iyiyuuschi.

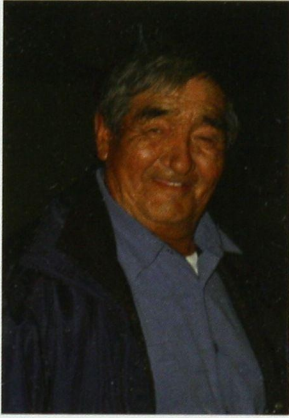
Non-Intentional Traumas

Promotion

- * Intervening on-air (*CBC Radio – Why are Cree People Dying on Our Roads?; JBCCS Regional Radio – OJ Health Radio – Road and Driving Safety; Chisasibi Radio – Chisasibi Wellness Walk 2004: Road Safety; CBC Regional Radio – Aboriginal Injury Prevention*);
- * Presenting at the Grand Council/CRA General Assembly in Waskaganish on *Injury Prevention, Public Health Department Organisation and Healthy Living*.

Training/Professional Development

- * Presenting at the *National Aboriginal Injury Prevention Conference* in Winnipeg.



Community Development

Promotion

- * Serving traditional food at Chisasibi Hospital project. We organised a working group that wrote a proposal for the Ministry of Agriculture. We organised a two-day workshop in Chisasibi in January 2004 to share traditional and modern knowledge on food safety (participation of Cree hunters and Ministry of Agriculture inspector and veterinarian);
- * Presenting to *Elders Gathering* in Whapmagoostui on the Public Health Department, Policy on Culture and Language, Traditional Medicine, and possible translation work for Public Health;
- * Working on traditional medicine book, now entitled '*Gift of Healing*'.

Prevention

- * Participation in a public meeting on Addictions in Mistissini.

Research

- * Looking to reintroducing baby deliveries (midwifery) in Iiyuuschii;
- * Working on *Lodging of Elderly Cree Patients*.

Training/Professional Development

- * Participating in the organising committee for a one-day session on Aboriginal health at the *Journées Annuelles de Santé Publique*.

Life Habits and Chronic Diseases

Surveillance

- * Organising, upon the request of the school's Students Association, a Diabetes screening activity in the four Inland communities (elementary and high schools);
- * Completing the *Annual Diabetes Registry* update (2003-2004);
- * Changing the Diabetes Registry into the *Diabetes Information System (DIS)*. This system is now considered as part of the clinical system of the CBHSSJB with the primary goal of improvement to patient clinical management, the secondary goal of quality assurance and the tertiary goal of public health surveillance;
- * Commenting on the health situation of youth at the Cree School Board Council of Commissioners;
- * Participating in the *National Diabetes Surveillance System*, sitting on the *Aboriginal Diabetes Working Group* and the *Access and Publications Working Group*;
- * Implementing the breast cancer screening program for women from 50 to 69 years of age in the nine communities (all of the CHRs and Health Coordinators, the Hospital Director, and doctors were contacted for the initiation process);
- * Introducing a computerized system called SI-PQDCS that will offer a view of all eligible women and an adequate way to evaluate the quality of our actions concerning breast cancer.

Promotion

- * Presenting the *2002 Winter Wellness Journey* at the annual *Canadian Diabetes Association Meeting* in Ottawa;
- * Promoting healthy lifestyles at *Mistissini Traditional Gathering* and Diabetes awareness and prevention at *Wellness Week* in Mistissini;
- * Meeting with local Cree Recreation Directors in Val d'Or;
- * Organising the *Diabetes Awareness Month* – radio show, place mat on Diabetes prevention, nutrition and healthy lifestyles newsletter (Meechum Dapajimoon);
- * Organising radio drama workshop on Diabetes awareness and prevention at *James Bay Cree Communications Society*;
- * Promoting healthy lifestyles during the *National Aboriginal Diabetes Awareness Day*;
- * Meeting with *Youth Coalition Against Smoking*;
- * Presenting at Children's Summer Camp in Chisasibi – *Fat and Sugar in our Foods*;
- * Displaying at Chisasibi Commercial Centre – *Food Tasting, Fat and Sugar in Our Foods*;
- * Promoting "Walk for Wellness" and "100 Mile Club";
- * Conceiving weekly physical activity program for children, in the community of Mistissini. Children (ages 8-14) were introduced to different physical activities every week;

- * Organising workshop physical activity at the HEAL (*Healthy Eating Active Living*);
- * Participating in the *Table nationale de concertation en promotion et prévention*;
- * Animating display booth on physical activity and an evening workshop on alcohol and drug related issues in the Cree region at the *Regional Health Conference* that was held in the community of Mistissini;
- * Demonstrating healthy cooking.

Prevention

- * Participating in the *National Advisory Committee on Diabetes*;
- * Increasing the awareness of the population regarding type-2 Diabetes in children;
- * Writing the *First Nations Tobacco Control Strategy Proposal* for 2003-04;
- * Helping to design website for *Cree Tobacco Control* (www.creeaddictions.com/tobacco);
- * Designing drafts of posters & placemats promoting Smoking Cessation Counsellors in the Cree region;
- * Planning and coordinating *Smoking Cessation Counsellors Workshop*;
- * Animating display booth on Diabetes and lifestyle at the Regional hockey and broomball tournament held in Val D'Or.

Research

- * Conducting Evaluation of the Diabetes management (adherence to the Canadian Diabetes Association clinical management guidelines for the management of diabetes in Canada, 1998) based on the audit of the Diabetes Registry data collection tools (Flow Sheets for Type-1 and 2 Diabetes Mellitus). Dissemination of the evaluation results to the clinics and decision-makers has been done to improve the care provided to patients with diabetes and to plan services and resources;
- * Completing research project on hospitalisation rates and hospital service use by Cree Diabetic patients in collaboration with the *Québec National Institute of Public Health (INSPQ)*;
- * Meeting in Chibougamau with members of CLSC and NNADAP (*National Native Alcohol and Drug Abuse Program*) to work on the Solvent abuse proposal, which needed to be submitted to Health Canada;
- * Conducting an exploratory study for prevention of kidney disease;
- * Conducting a project to understand mothers' weight gain and Gestational Diabetes;
- * Submitting a large proposal to study addictions, including gambling, in collaboration with McGill University. As a preliminary to this proposal, a fact-finding consultation was carried out with leading people in a number of communities and this resulted in a small draft report.

Training/Professional Development

- * Attending regular meetings as Board member of the *National Aboriginal Diabetes Association*, member of *Provincial Committee (First Nations of Québec and Labrador Health and Social Services Commission)* on Tobacco Control and member of *Native Friendship Centre of Montréal's Diabetes Project Advisory Steering Committee*;
- * Developing, implementing and regularly updating Diabetes education teaching modules and educational material for individuals with Diabetes and health care providers;
- * Training new clinic personnel on how to use *Diabetes Management Guidelines* and *Diabetes Education Training Modules* so as to standardize care;
- * Providing standardized and up-to-date education to health care providers at regional or special training sessions or by consultations with health care providers in communities;
- * Participating in *NADA (National Conference on Diabetes)* in Vancouver;
- * Participating in *National Meeting on Chronic Disease Prevention* in Québec;
- * Training the Community Health Representatives from all nine communities on Diabetes Registry as a surveillance and educational tool;
- * Participating in *Health Promotion Training (5 days)* in Toronto;
- * Organising 1-week training on Diabetes Management in the nine communities from March 2003 to July 2003;
- * Participating in the annual training session in Val D'Or;
- * Participating in a 3-week training for the four new CHRs hired by Diabetes Initiative;
- * Participating in the *CDA/CSME Professional Conference and Annual Meetings* October 15-18, 2003 in Ottawa. Presentation of a poster on Diabetes Surveillance;
- * Participating to the *Congrès annuel 2003 of Diabète Québec*, in Québec City;
- * Organising a tobacco training program in Mistissini;
- * Sending various letters and having contacts with OHDQ (*Ordre des Hygiénistes dentaires du Québec*), TCHD (*Table de concertation des hygiénistes dentaires en santé publique du Québec*) and CPSDP (*Comité provincial de santé dentaire publique*) to promote dental hygiene position in Eeyou Istchee;
- * Organising training on breast cancer with radiologists and surgeons for the medical staff;
- * Participating in the CHR annual training by introducing the breast cancer screening program;
- * Participating in the *Programme Québécois de dépistage du cancer du sein (PQDCS)* and the *Programme Québécois de lutte contre le cancer (PQLC)* meetings.

Development, Adaptation and Social Integration

Promotion

- * Producing an article on folic acid for The Nation and distributing of a memo and leaflets to the CLSC;
- * Producing an article on the importance of primary teeth for The Nation;
- * Preparing and organising activities for Dental Health month;
- * Representing the CBHSSJB at the *Coalition pour la santé sexuelle et reproductive*.

Prevention

- * Preparing a training session on breastfeeding in collaboration with “*La Ligue la leche*” for the *Nurses’ Annual Training*;
- * Updating the guidelines for fluoride supplement;
- * Revising the *Mother and Child Health Program*;
- * Updating dental care leaflets used by the *Mother and Child Health Program*;
- * Participating as advisor to the *National School Children Dental Public Health Program*;
- * Conducting a pilot-project on the feasibility of fluoride varnish applications among infants of Eeyou Istchee;
- * Reviewing of genetic disease file and maintaining contact with the Eeyou Awash Foundation.

Research

- * Participating in a focus group with Statistics Canada for the elaboration of a survey on Aboriginal Child health;
- * Receiving approval of a research project with the University of British Columbia for the evaluation of dental health intervention with pregnant women and mothers. The project has received almost a million dollars over the course of the five-year study;
- * Going on with project on children’s overweight and obesity with the Universities of Alberta and McGill (report phase); the community needs assessments (Mistissini and Waskaganish) on children’s overweight and obesity (research action phase); the community-participatory family violence project with the University of Ottawa.

Training/Professional Development

- * Participating in the *Table de concertation des hygiénistes dentaires de santé publique de Montréal*;
- * Participating in a conference given by the CLSC Mont-Royal on their NEGS/PSJP program;
- * Participating in Québec City *Breast-feeding Training* offered by the First Nation Commission;
- * Participating in *Mistissini Conference on Foetal Alcohol Syndrome and Disorder*;
- * Presenting to the students of St-Hyacinthe’s CEGEP on the working conditions of the dental hygienists in Eeyou Istchee;
- * Participating in a workshop organised by INSPQ on Sexually Transmitted and Bloodborne Infections, October 2003.



Management and Other Activities

Surveillance

- ✦ Carrying out the *Canadian Community Health Survey* through a direct contract with Statistics Canada. This was jointly paid by the MSSS and the CBHSSJB. We will receive the survey data and begin analysis during the summer of 2004;
- ✦ Obtaining all of the data from the *Aboriginal Peoples Survey II*, which Statistics Canada conducted in our region with over 900 people in 2001. We prepared a data table plan and were still continuing to receive the materials from Statistics Canada at the end of the year;
- ✦ Representing the CBHSSJB on: the Québec Committee on Surveillance; the Aboriginal Working Group and the Data Access and Publications Working Group of the National Diabetes Surveillance System; the Research Committee of the First Nations and Inuit Commission on Health and Social Services for Québec and Labrador; the Québec Working Group on Diabetes Surveillance.

Protection

- ✦ Organising and maintaining two levels on call system for Public Health (permanent medical availability and references).

Research

- ✦ Organising annual regional evaluation, MSSS national public health priorities
- ✦ Consulting with a lawyer and an ethicist to sort out questions of data protection, data holding, ethical review, etc.;
- ✦ Continuing our affiliation with the Native Mental Health Research Team, the Canadian Ethics Society and the Canadian Association of University Research Ethics Boards. The Research Office also participated in the *National Council on Ethics in Human Research Ethics chat-line*.

Training/Professional Development

- ✦ Preparing a proposal to the *Collège des Médecins du Québec* to have our department accredited as a training site for the community medicine residency program of McGill University;
- ✦ Organising French language courses for personnel;
- ✦ Working on the organisation of Cree language courses for personnel;
- ✦ Recruiting and hiring a resource person for personnel training in Community Health;
- ✦ Organising training on *Lotus Notes*;
- ✦ Training of Public Health Directors in management and leadership.

Other Administrative Tasks

- ✦ Participating in the *Table nationale de concertation en santé publique*;
- ✦ Representing the Executive Director at the *Comité national de gestion du réseau*;
- ✦ Assuming the Interim of the Executive Director from mid-December to mid-February;
- ✦ Participating in Board of Directors meetings;
- ✦ Participating in the Executive committee;
- ✦ Participating in the joint CBHSSJB-CSBJB committee.

Dr. Yv Bonnier Viger

Director, Public Health and the Public Health Team, CPS

administration & finance

ADMINISTRATIVE RESOURCES DEPARTMENT

“Our mission is to serve and support all departments of the organization with professionalism, efficiency and accountability, helping to deliver health and social services to all people residing in the territory and to provide Cree beneficiaries with Non-Insured Health Benefits.”

Staff

- * Assistant Executive Director – Administration
- * Executive Assistant – Administration
- * Executive Secretary

Departments

- * Facilities, Operations and Maintenance Department
- * Finance Department
- * Information Technology and Systems Department
- * Human Resources Development Department
- * Human Resources Management Department
- * Purchasing Department
- * Non-Insured Health Benefits

Commentary

During the course of 2002-03, negotiations between the Cree Board of Health and Social Services of James Bay (CBHSSJB) and the Ministry of Health and Social Services (MHSS) were initiated to obtain additional funding from the Government for the health and social services provided to the Cree population of Eeyou Istchee.

As a result of a collaborative effort between the Grand Council of the Crees (Eeyou Istchee) / Cree Regional Authority (“Grand Council”) and the Cree Board of Health and Social Services of James Bay (“Cree Health Board” or “CBHSSJB”), a Regional Strategic Plan was submitted during 2003-04 to the Government of Québec outlining our needs and our plans for the next few years.

The preparation of this plan during the course of the year required extensive consultation and participation from all Cree Health Board employees. For all Administrative Resources Departments in particular, this represented many hours of work and required a substantial increase in support services. Statistical data, special purpose reports, meetings and consultations with all staff during this period strained our ability to maintain regular services.

Nevertheless, thanks to the efforts and hard work of all administrative support staff members from all departments, we were able as a team to continue to fulfil our mission.

The following is a list of the major files that were either handled by or required support from the Administrative Resources Departments. Thus we have:

- * The *Regional Strategic Plan* which was prepared by the CBHSSJB negotiating team and submitted to the MSSS during 2003-04;
- * The development of the *Regional Strategic Plan Implementation Program*;
- * The development of an *Organizational Plan*;
- * Construction starts of the nine (9) Multi-Service Day Centres (MSDC) during 2003-04. These will be progressively opened and in operation during 2004-05;
- * The MSSS funding required for the lease of fifty (50) new housing units to be constructed by the various Bands and to be used to house CBHSSJB employees. Funding having been secured, the required leases are presently being negotiated with the various bands. Housing remain a challenge as the CBHSSJB struggles to find housing for all the employees it must recruit to continue existing services and implement the many programs and services it must provide to the community in order to fulfill its mission;
- * The initiation of a budget process involving all CBHSSJB managers;
- * An *Information Technology and Systems Strategic Plan*;
- * The reclassification and salary adjustments of CBHSSJB managers;
- * The *Chisasibi Hospital Roof Inspection Report*;
- * The *Chisasibi Hospital Safety Inspection Report*;
- * Hiring of an Assistant Director of Financial Resources.

These files are in addition to the regular responsibilities of each of the various Administrative Support Services Departments comprised within the Administrative Resources Department.



As the CBHSSJB tries to contain its deficit to a minimum, the Facilities, Operations and Maintenance Department has tried to maintain its level of services at a reasonable level during the period. However, an aging inventory of equipment, vehicles and buildings requires an ever-increasing level of maintenance and operations. While the workload has increased, staff levels have remained unchanged.

The CBHSSJB accumulated deficit now reaches over \$20 million as of March 31st, 2004. The Finance Department consequently has had to make some adjustments to its procedures and processes to improve its efficiency, effectiveness and productivity. Financial and management reports are now being produced on a more regular basis, and managers are provided on demand with more timely information. A budgeting process has been initiated during the course of the year with a greater emphasis on managerial involvement and accountability. Given the present level of the deficit, banking line of credit arrangements and cash flow management must be tightly managed in order to ensure that the CBHSSJB has sufficient funds to pay its various suppliers on time and meet its payroll.

Great challenges are facing the Information Technology and Systems Department. The CBHSSJB has grown tremendously in the past two (2) years and the demands put on this Department are indeed challenging. Administrative, health and social computerized information and technology systems must all be implemented. Communication links must be improved or installed. Implementation and development are presently done on a strictly priority basis as the Department does not have the necessary material and human resources to adequately fulfill its mission. Resources will be made available on a priority basis as soon as the MSSS approves an increased level of funding for this department.

The Human Resources Development Department and the Human Resources Management Department were to be amalgamated into one Department during 2003-04. However, due to delays in obtaining funding approval to fill the newly-created position of Director of Human Resources and to make other organizational changes within this Department, this reorganization was delayed. These organizational changes are required to streamline and increase efficiency, effectiveness and productivity within this Department. The amalgamated Human Resources Department's main responsibility is to ensure the recruitment, retention and development of our most important resource: our personnel. The demands put on this Department are great as it must continuously ensure that the CBHSSJB is staffed by competent, experienced and motivated individuals. Given our turnover, the lack of housing, our geographical location in James Bay and the competitiveness of personnel recruitment, the challenge is very great.

The Purchasing Department has also been the subject of increased demands on its services as more and more purchases of goods and services are being made by the organization. Staff levels have remained unchanged.

During 2003-04, the Non-Insured Health Benefits Program was transferred from the Program and Services Department to the Administration Resources Department to better reflect its close synergy with the Finance Department and consequently better serve the Cree community.

Everything considered, the Administrative Resources Department had a very exciting 2003-04! The year 2004-05 promises to be just as exciting and motivating! A special "Chiniskumitin / Miikwech / Thank You / Merci" goes to every member of our staff for a job well done!

Andre F. Richer, Adm. CGA

Assistant Executive Director, Administration

HUMAN RESOURCES MANAGEMENT

Role of HRM

Our Department functions as a centralized support system for all Departments of the CBHSSJB in various human resource matters such as compensation, benefits, labour relations, staffing activities and personnel file management.

Striving to provide quality service with professionalism are the following staff positions:

- * Coordinator of Human Resources Management
- * Personnel Management Consultant
- * Two (2) Recruitment Agents
- * Five (5) Administrative Technicians
- * Executive Secretary
- * Health and Safety Officer

HRM Personnel Movement

A Health and Safety Officer for HRM was hired in September and two of our Administrative Technicians left, one for a differed leave of one year in February. Another recruitment agent was also hired during the year.



Staffing Activities

HRM is responsible for the recruitment and hiring of personnel, which includes unionized staff, managers, and professionals (see chart below). We support and help managers set up the functional organization of their departments and work toward job stability.

The recent addition of new services and programs such as Non-Insured Health Benefits, Homecare for the Elderly and Disabled, Diabetes, and Public Health and the increase of personnel in the other services with the upcoming Multi-Service Day Centre Projects continues to put a strain on the resources in our department.

2003-04 Job Postings

	Regular Services/Activities		Special Projects*	
	Positions filled	In process**	Positions filled	In process**
Managerial	3	2	–	1
Professional	5	2		10
Technical***	32	23	3	5
Para-Technical & Nursing Care	3	–	3	2
Clerical	5	6	2	–
Trades & Auxiliary Services	2	8	–	–
Others	–	–	–	–
Total	50	41	8	18

* Special Projects includes the new Departments of Public Health, Diabetes, and Homecare

** Some of these positions are newly-created

*** Technical positions include Nurses, Community Workers, Child Care Workers, Lab Technicians, Administrative Technicians, etc., whereas Para-technical and Nursing Care positions include Beneficiary Attendants, Dental Assistants, Rehabilitation Monitors, etc.

Recruitment of Nurses

To raise the visibility of the Cree Health Board, we registered ourselves at various web sites. This gave us a wider range of recruitment opportunities, which brought to us candidates from across Canada and from as far away as Switzerland. We have visited various CEGEPs and Universities where student nurses have shown great interest in the Cree Health Board. Concerning our information booklet, the updating and revision process is still in progress. We are participating in the development of a web site for the organization.

From September 2003 to the end of the period, we have carried out six (6) nurse interview sessions. This has helped us to achieve our objectives in terms of nurse recruitment. The use of agency services was significantly reduced at the Hospital and in the Community Outposts, thus reducing costs.

Recall list management is improving and we have made a request for a specialized software package to better manage our recall list and improve our performance.

Turnover Rate

Since last year, we have greatly improved our turnover rate, reducing it from 11.7% to 5% over the period. The following table should serve only as a general guide in informing us as to how well we are doing in employee retention.

Turnover Rate, 2003-04

	Number of employees	Departures	Rate
Managerial	51	3	6 %
Professional	77	4	5 %
Technical***	189	10	5 %
Para-Technical & Nursing Care	63	5	8 %
Clerical	53	1	2 %
Trades & Auxiliary Services	92	1	1 %
Others	6	4	67 %
Total	531	28	5 %

Management of Work-Related Records

Another key role of our department is the management of all work-related records. This year we had 1,312 active personnel files, of which 312 are permanent full-time, 148 are temporary full-time, 40 are permanent part-time, 31 are temporary part-time, and 781 are occasional.

Total Number of Active Files by Job



N.B. Seven hundred and eighty one (781) of these active files are held by employees who have a "casual" or "occasional" status, mostly concentrated in the Technical, Para-Technical and Nursing Care, Trades and Auxiliary Services work categories.

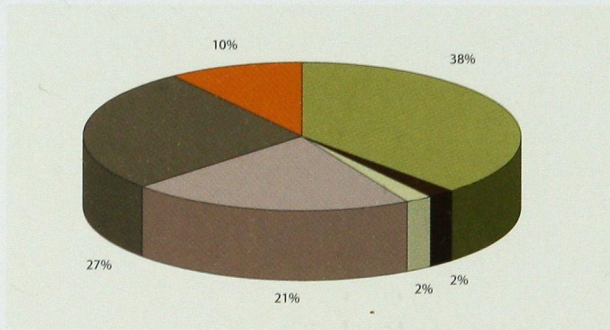
Colour Key

■ Managerial	■ Clerical
■ Professional	■ Trade Auxiliary Services
■ Technical	■ Others
■ Para-technical & Nursing Care	

Update on the Nativization File

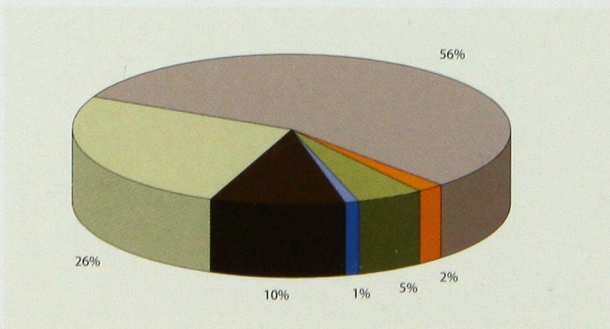
For several years now, the CBHSSJB has attempted to attract more Aboriginal persons to work in the organization. The following two charts show that even though a large number of Aboriginals are employed by the organization (963 Aboriginals compared to 273 Non-aboriginals), they are still under-represented in the managerial and professional categories.

Aboriginal Personnel



N.B. Trades and Auxiliary Services category includes Housekeepers, Vehicle Drivers, Security Guards, Kitchen Helpers, etc. In the technical category, many of the positions held by the Aboriginal personnel are Community Worker, Child Care Worker and Administrative Technician. Para-technical and Nursing Care category includes Homecare Workers, Beneficiary Attendants, etc.

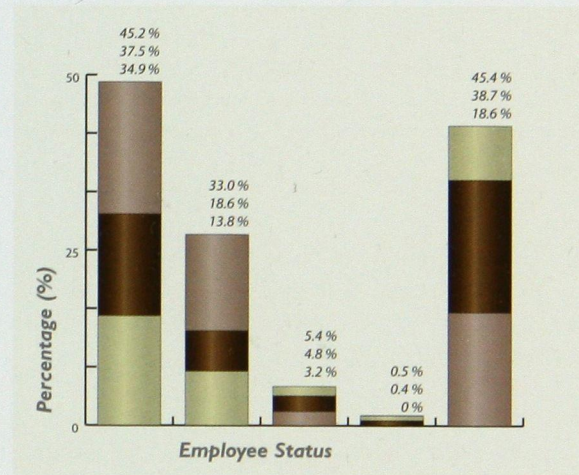
Non-aboriginal Personnel



N.B. In the non-aboriginal personnel sector, most of the Technical positions are held by Nurses.








Also, last year the *Commission sur l'équité salariale* requested that we provide statistics of our staff for a given pay period. The results show that as of August 9, 2003, we had 74.7% female workers (57% Aboriginal and 17.0% Non-aboriginal) and 25.3% male workers (17.1% Aboriginal and 8.2% Non-aboriginal). The following chart represents the total number of Aboriginal and Non-aboriginal employees by their status.

Statistics – Pay Period Ending August 9, 2003



- * Aboriginal employees: 559
- * Non-aboriginal employees: 188
- * Total number of employees: 747

Colour Key

 Managerial	 Clerical
 Professional	 Trade Auxiliary Services
 Technical	 Others
 Para-technical & Nursing Care	

Management of Regional Disparities Benefits

We also manage the housing needs of our employees who are hired from outside the territory or from other Cree communities. Even though the staff to recruit has increased significantly during the last four years, especially with the new services and programs, we have had the same 76 permanent housing units and 22 transit units in Chisasibi since 2000. There were no or very few additions in most of the other communities also. The employee lodging situation in the Cree territory has now become a daily management crisis. The situation dictates the staffing of positions to be filled or replaced. This continuous situation puts a strain on the resources of our department.

Our department looks after the storage and moving of personal belongings of arriving and departing CBHSSJB employees. We are also entrusted with making travel and accommodation reservations for our employees who are travelling for business or on their regular outings.

Labour Relations

We provide advice and support to the other departments in the organization on handling daily labour relations. Detailed and comprehensive reports are submitted. We provide information and helping tools, and we participate in the committee for the elaboration of a Code of Ethics and Conduct.

Both FIIQ and CSN agreements have expired. Consequently, both unions are in the process of negotiating new collective labour agreements with the Government. In addition, the Government of Québec has tabled various bills that will have an impact on the Administration and the provision of the network's health services and social services. For these reasons, we were asked to set up a work relations crisis management plan at the regional as well as the local level. An information kit had to be prepared and sent to the managers, among other things.

To improve communication and collaboration, we now hold conference calls with the FAS-CSN and FIIQ in addition to the usual meetings.

Many grievances or disagreements were settled with both unions. Local agreements were negotiated on various subjects in the best interests of both parties to improve work planning, delivering of quality services, mobility and retention of personnel, etc.

Health and Safety

A committee which includes the Health and Safety Officer made recommendations to the Board for the development and implementation of an Employee Assistance Program. The Health and Safety Officer is developing the health and safety service for better follow-up of medical leaves and updating policies and procedures related to this service.

Ongoing Challenges and Developments

- * continue support for the reorganisation activities of CBHSSJB;
- * decrease turnover rate by focusing on retention issues;
- * improve internal and external communications;
- * develop management information systems;
- * computerize personnel files and develop our own databases so that vital information is valid, reliable and readily-accessible;
- * decentralise support service to the communities;
- * implement *Employee Assistance Program* in collaboration with Mental Health Services;
- * improve health and safety service for better follow-up of medical leaves;
- * promote employment equity to strengthen internal recruitment;
- * update policies and procedures that relate to human resources management;
- * computerize recall list and the position roster;
- * support the creation of permanent full-time positions to decrease occasional and overtime hours;
- * create a permanent labour relations committee;
- * change recruitment methods to minimize advertising costs by developing a website for HRM.

Colette Fink

Coordinator (Interim), Human Resources Management Services

HUMAN RESOURCES DEVELOPMENT

The fiscal year 2003-04 was a difficult one for our department in terms of staffing. Our Head of HRD left in June 2004 for a one-year leave of absence and the position of HRD Health Professional could still not be filled due to housing and office space considerations. Our department was functioning at a 50% rate of its approved level of staffing for most of the year and even at 25% when one of the two remaining employees went on sick leave from January to April 2004.

The main consequence of this situation was that some training projects had to be postponed and planned for the next fiscal year instead. As well, the problems of housing and the absence of a final agreement on funding for our entity also had an impact on the creation of a unified Human Resources Department (HRD and HRM). Many of the HRD objectives mentioned last year, such as implementing the Human Resource Development Committee and reviewing the HRD plan and Training policy, had to be postponed as well.

Still, many activities took place, some good results were achieved and many projects are underway to support our employees in their development.

Here is a summary of some of the main training activities that took place as well as some projects planned for 2004-05:

Nurses' Annual Training: The training took place at Hotel L'Escale in Val d'Or between January 25 and February 6, 2004. 150 persons participated at this event, among them 105 nurses. Our Public Health Department brought a contribution both in terms of content and financially. As well, many employees of the CBHSSJB participated as guest speakers and we noticed a wider involvement from our physicians. Mireille Bilodeau was the coordinator this year and we want to thank her for her contribution.

Home Care Workers Training: Thanks to the support of Cree HRD-CRA, we finalized the training plan we started last year. Close to 40% of the *Home Care Family and Social Assistance Program* was delivered to more than 40 Home Care Workers. The two courses that took place this year were given by two CHB nurses, Sarah Cowboy and Marie-Louise Snowboy: a big thank-you to both of you and your superiors who approved your teaching leave.

Chisasibi Certificate in Administration: A new certificate in Administration started this year that should end by the summer of 2005. This program is also supported by Cree HRD-CRA and courses are provided by l'Université du Québec en Abitibi-Temiscamigue.

Youth Criminal Justice Act Training: Following the adoption of this new Federal Law, the training was given by Wayne Quartz and Sym Davis from Batshaw Youth Centres. Due to various constraints, only a limited number of the employees concerned by the application of the law received the training.

C.M.D.S.A Certification for Nurses: This training on the use of the defibrillator monitor was initially implemented thanks to the support of Pre-Hospital services. This year, the program was transferred to the Health sector and was organized by the Health Coordinators with the support of the DPS-Health, Pauline Lepine.

For 2004-05, two training projects are supported by CRA/CHRD:

- * A Dental Assistants training program that will be delivered by Pearson Adult and Careers in Montréal for which we will receive a contribution of \$120,000 and a financial contribution of \$66,000 to help finalize the Chisasibi Certificate in Administration;
- * In June 2004, training was given to about 40 emergency workers from all communities. The trainers were Mary Ortepi, Agathe Moar, Josephine Sheshamush, Joyce Chagnon, psychologist and Robert-Andre Adam.

For the remaining of the 2004-05 fiscal year, many training projects are being considered. Among them are:

- * Training in Batshaw for Foster Home Workers;
- * A retreat on Self-Care for employees of Social Services;
- * Training for CHRs on the Bush Kit;
- * Foot-Care training for Nurses;
- * Training for CLSC Workers on Socio-Sanitary Intervention in Emergency Measures Situations.

Without any doubt, the training needs for the future employees of the Multi-Service Day Centres, as well as for our entity's managers, are priorities that will have to be addressed this coming year. Once again to meet all those challenges, the implication of our managers and professionals will be necessary to achieve greater success in Human Resources Development.

Laurent Bruent

Department Head (Interim), Human Resources Development

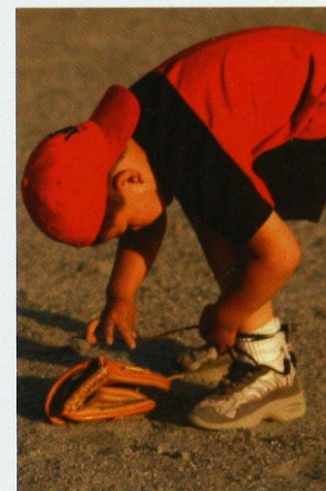
FACILITIES, OPERATIONS AND MAINTENANCE

This year was a year of waiting for the Cree Health Board. In particular, many possible funding sources were expected, both through the negotiation process and through the Ministry of Social Services.

The Premier of Québec announced during his visit to Eeyou Ischee that the Cree Health Board would receive 100 housing units to alleviate the housing crisis. It was announced that the Cree Health Board would receive 50 houses during 2003-04 and 50 the following year. The Ministry later confirmed by letter that it would provide \$1.5 m per year for 25 years to construct and rent these units. However, it was further requested that arrangements be made with the Bands to construct these units. The Bands would make loans through financial institutions to finance these construction costs. Some Bands were readily agreeable to such arrangements, however other Bands included costs that the Ministry is not willing to pay. Because of these additional costs, the authorized budget was exceeded and could not be processed. Consequently no formal agreements (leases) were signed with any of the Bands as of March 31, 2004. It is expected that these agreements will be resolved soon so that summer construction can begin.

The final results of the *Corporation d'Hébergement du Québec* Renovations Audit were received. This report outlines the need to replace older units, and those whose design is unsuitable for the territory and climate. The budget for these renovations was expected to be announced along with other negotiation amounts.

After completion of the CHQ Audit last fiscal year, it was revealed that the hospital roof had not been inspected by the professionals employed by the CHQ because the audit had been done during winter, and this made inspection impossible. Consequently, a study was commissioned with an architect who specialises in roofing. This study was completed, and the report has been reviewed and accepted by the Board. It was submitted to the Ministry for funding.



In addition, a Safety Audit on all Cree Health Board facilities was performed by a specialist. A final report has been received and reviewed. A number of professionals have been invited to submit their bids to make a complete assessment of the report's findings, and to make recommendations to resolve these safety issues. The hospital, for example, was built in accordance with the 1975 version of the National Building Code and therefore is not in compliance with the latest version (1995). For this reason, it will require extensive rehabilitation to meet the present building code.

Some of the Multi-Service Day Centres are near completion (Eastmain, Nemaska, Wemindji, Waswanipi and Mistissini). Others (Oujé-Bougoumou and Chisasibi) are under construction and should be completed this fall. The Whapmagoostui Centre was started, but only the footings and foundation walls were poured before winter arrived. Construction began as soon as the weather permitted. This Centre should also be completed by the late fall of 2004. The Waskaganish Band has not formally selected a site for their Centre. It is expected that this Centre will begin construction this summer or fall but will not be completed until this winter.

Finally, the last two housing units associated with the Health Canada Home and Community Care Program were built in Whapmagoostui and Oujé-Bougoumou during the period 2003-04.

Hugo Georgekish

Department Head, Facilities, Operations and Maintenance

PURCHASING DEPARTMENT

While the CBHSSJB had planned many changes for 2003-04, few came to fruition unfortunately because of delays in implementing the Strategic Regional Plan. As a consequence, the Purchasing Department did not make a large number of major purchases during the period. However, it was kept fairly busy with an increased number of smaller purchases.

As usual, a lot of office and residential furniture was bought, either to replace old furniture or for newly-hired personnel. This was done for all the Cree communities.

Furnishing of the new Community Health trailer behind Chisasibi Hospital was finally completed. However, due to various delays, the building remains unoccupied.



Many apartments and buildings require annual renovations or major repairs. This year was no different. The Facilities, Operations and Maintenance Department kept us busy with their various projects.

Information Services is always upgrading computer equipment and, as usual, an increasing amount of new software and hardware had to be purchased.

Rehabilitation Therapy is a fairly new service to the Cree population and this year they began to make many purchases for their clients in all nine Cree communities.

The old dishwasher at the Chisasibi Hospital kitchen finally gave out and a new one was bought. The kitchen staff was very happy with this new purchase.

Three vehicles were purchased this year and allocated to the Waskaganish, Oujé-Bougoumou and Nemaska clinics.

While the workload is increasing, our department personnel remains at the same level. They are the Head of Purchasing, the Storekeeper and the Intermediate Clerk. A request for new personnel has not yet been realized at this time.

Gordon Mathew

Department Head, Purchasing

INFORMATION TECHNOLOGY DEPARTMENT

During the 2003-04 year, certain actions that had been initiated or undertaken during the previous year were either completed or, in some cases, postponed or suspended. This was in anticipation of the implementation of a strategic plan regarding the computerisation of the *Cree Board of Health and Social Services of James Bay*, which aims at integrating both at the administrative and at the service delivery levels.

Information Technology Department Priorities

The main priority of the *Information Technology (IT) Department* is to continuously support users in their utilization of the various information technology systems and tools at their disposal. These systems and tools are there to help and improve health and social services professionals in performance of their duties.

Therefore, actions were undertaken to:

- * Improve support to the users;
- * Improve the communication infrastructures between CBHHSSJB offices in the various communities and CBHSSJB offices situated outside the territory;
- * Provide equipment and software equivalent to new safety standard requirements;
- * Reorganise the distribution of responsibilities within the IT Department to meet user requirements, thus allowing deployment of new applications.

Activity Report

- * Fitting a new server room in the IT Department building;
- * Continuing to advise the various departments and services on their choice of computer equipment and to acquire it on their behalf. Thus, approximately fifty (50) new computer workstations were added to the existing inventory during the period. Some of these new stations were acquired to replace outdated workstations while others were made available to new user;
- * Installation of a new server using the *Windows 2000* operating system and the latest version of *Lotus Notes* (Version 5.08). The old server could no longer support the number of existing connected users;
- * Installation of the latest version of *Lotus Notes* on all the workstations;
- * Installation on the entire network of new versions of network protection software against viruses and intrusions;
- * Installation of a new server for the purposes of defibrillation data;
- * Increasing the amount of space available on the network to users following the installation of the *FASTORA* system;
- * Implementation of a system to manage and follow up support service requests using *Track-It* software technology;

- * Deployment of *Desktop Authority* software for long-distance intervention on workstations;
- * Continuing work to connect the community of Whapmagoostui to the network. This has its challenges since T  l  bec is encountering various technical difficulties in this regard;
- * Making the *OMNITEC* application in the laboratory fully functional for all communities (except Whapmagoostui). Connections to this community along with communication with Radisson and the Chibougamau Hospital remain to be completed. An upgrade of the *OMNITEC* application is planned for this fall;
- * Installation of the *SIATH System* in the laboratory thus allowing follow-ups on the blood bank;
- * Installation in Chisasibi of the *MediPatient + Archives Management System*. Various errors were corrected. Purging erroneous data from patients' files is near completion. The next step is to deploy the system throughout the other communities;
- * Initiating the new *Pharmacy System*. Discussions regarding the solution that was retained are presently underway to verify its integration within the global hospital project;
- * Postponing the application of the *Human Resources System* pending the outcome of a feasibility study on a global system integrating all management information systems;
- * Integration of the *Montr  al Cree Patient Services* to the *Health and Social Services Telecommunications Network* along with the installation of a domain controller;
- * Deployment of the *Cree Patient Services* application to the *Montr  al Services Outlet*. The four (4) service outlets are all now individual users of the same system installed in Val d'Or.

Actions in Progress or Future Actions

The Information Technology Department will continue to work with the objectives of:

- * Continuing to improve its support of users in regard to information technologies;
- * Contributing to the implementation of an information system that meets the requirements of management and of client services.

Daniel Tufcea

Director, Information Technology

NON-INSURED HEALTH BENEFITS PROGRAM (NIHB)

Introduction

It has been another remarkable year for the NIHB Department and yet a challenging one. Non-Insured Health Benefits amounted to \$16,106,584 in 2003-04 compared to \$15,136,029 in the previous year, for an increase of \$970,555 or 6%.

The NIHB program delivers non-insured health benefits to eligible *James Bay and Northern Québec Agreement (JBNQA)* beneficiaries residing in the Cree communities. These benefits cover a wide range of medically necessary health-related goods and services not provided through any other insurance companies.

The NIHB benefits include the following:

- * Prescription Drugs and over-the-counter (OTC) medications;
- * Medical Supplies and Equipment (MS&E);
- * Patient Transportation (including Cree Patient Services);
- * Vision Care (including eyeglasses and medically-essential contact lenses);
- * Dental Services (including orthodontic treatments for patients 17 years and under only);
- * Hearing Aids;
- * Emergency Mental Health Services (on a short-term basis only);
- * Repatriation of the deceased.

Some Native clients who reside in the Cree communities are ineligible for the Cree NIHB program because they do not have a JBNQA number. However, they are eligible with the *First Nations and Inuit Health Branch (FNIHB)* which provides their non-insured health services. For this, they must have in hand a 10-digit registry number (Indian Registry number) to be verified by the System Verification Status from Indian Affairs. Before the CBHSSJB can provide any non-insured services, a pre-authorization is needed from FNIHB.

Challenges

- * In August 2003, the Ministry of Health decided to have their Special Audit Team audit the Rectifiable Account because of the significant increase in NIHB expenses for the first three years. The Audit Team had the mandate to gather information about the NIHB expenses to explain the significant increases of the past several years. They were able to complete their audit within a week with the help of some of our internal staff.

- * The Special Audit Team produced a special report containing some useful data with regard to NIHB expenses. In addition, as part of their complete analysis, they gave CBHSSJB some recommendations on how to improve the work within the department;
- * There is a great need for improved computerisation systems within the department to handle some of the various aspects of the program such as the eligibility of clients, entitlements and most importantly the frequency limitation of services.

Achievements

- * Established good communications with the First Nations and Inuit Health Branch (FNIHB, which is a Health Canada office) in regard to their federal beneficiaries residing in the Eeyou Istchee;
- * As part of their assistance to the federal beneficiaries, two liaison officers from Health Canada are stationed at the Val d'Or Friendship Centre to accommodate the clients when they go to their medical appointments;
- * Another important aspect is establishing good communications with some external pharmacies that receive many JBNQA beneficiaries in such places as Val d'Or, Montréal, Chibougamau and in Rouyn, where patients will be able to take their prescriptions.

Future Direction

- * Information Session for all Community Health Clinics including Cree Patient Services;
- * Posters and brochures to inform the population of their entitlements;
- * A user-friendly cash system for the Community Clinics to accept payments for client medications not covered by NIHB;
- * Develop a policy regarding patient transportation for non-aboriginals;
- * Computerize all aspects of NIHB benefits authorization, financial accounting and patient transportation.

Appreciation

In conclusion, a special recognition goes out the NIHB staff for their continuous hard work in the department as well as for the constant effort in providing excellent service to our clientele both internal and external.

Nora Bobbish

Program Manager, NIHB

FINANCIAL RESOURCES DEPARTMENT

The fiscal 2003-04 year was a year characterized by changes for the Financial Resources Department. The recruitment of an Assistant Director of Financial Resources, along with the introduction of a different approach in regard to the production of financial information, resulted in a review of the tasks and responsibilities of the accounting and finance staff. Furthermore, the improved internal and external quality services to our clients has now become a priority. Finally, an emphasis was placed on getting the maximum out of the existing antiquated computerized management information systems. This new orientation has been met with enthusiasm by the Financial Resources Department personnel.

In order to accommodate the continued growth of the CBHSSJB, efforts were deployed to increase the quality and punctuality of financial information. Financial information must be exact, complete and be available at the opportune time. Consequently, many improvements were made to the systems and processes to meet these criteria. Furthermore, a greater preoccupation within the department now exists in order to ensure that financial information respects not only Generally Acceptable Accounting Principles (GAAP) but also the management norms and practices of the Ministry of Health and Social Services. At the speed that things are progressing within the organization, the department is working very hard to develop new performance indicators to assist our managers in their quest for increased accountability and improved performance.



To reach these objectives, a review of the tasks and responsibilities of our staff was a must. Consequently, the department organizational chart was modified to better define the various tasks and responsibilities of our personnel. To ensure its success, the concept of participative management was used as a model.

We are now proceeding with defining our business processes within the department. However, much still remains to be done. For those processes already defined, we have initiated the preliminary stages of process re-engineering. We have also started publicizing these processes to other departments in order to improve the quality of our services. We will continue to do so during the coming year on an ongoing continuous basis.

As part of the *Strategic Regional Plan*, the CBHSSJB has taken steps to obtain Ministry approval to acquire a new computerized integrated management information system. If approved, this new system should increase the amount and quality of financial information. Greater accessibility to financial and other information is very important in ensuring good management practices. However, it will take a few years to fully implement these systems. In the meantime, the Accounting and Finance Department will deploy all available resources and will make every effort possible to maximize the present systems and to provide its clients, both internal and external, with the best services and support possible given the present pre-developmental situation.

Robert Larocque

Assistant Director, Financial Resources

auditor's report

AUDITOR'S REPORT

To the Board of Directors of the
Cree Board of Health and Social Services of James Bay

We have prepared the balance sheets of the Operating Fund, Long-Term Assets Fund and Assigned Fund (including the Non-Insured Health Benefits Program) of the *Cree Board of Health and Social Services of James Bay* as at March 31, 2004 and the following statements for the year ended March 31, 2004 (note 11):

- * Statement of changes in fund balance of the Operating Fund;
- * Statements of revenue and expenditure of the Operating Fund and of the Long-Term Assets Fund;
- * Statements of revenue and expenditure and of fund balance of the Assigned Fund.

These financial statements have been prepared from information contained in the annual financial report (Form AS-471) of the Cree Board of Health and Social Services of James Bay for the year ended March 31, 2004 on which we have issued an auditors' report dated May 28, 2004.

In our opinion, except for the matters outlined in *Appendix I*, these financial statements fairly summarize the financial information contained in the annual financial report (Form AS-471) of the Cree Board of Health and Social Services of James Bay for the year ended March 31, 2004.

Pratte, Bélanger Chartered Accountants Inc.

May 28, 2004

APPENDIX I

1) Quantitative Data

- * Measuring units are not available for any of the activity centres within the Establishment. In some cases, certain statistic data was collected, however, the Establishment did not pursue periodic and annual compilation of the quantitative data.

2) Non-Insured Health Benefits

- * In general, it was not always possible to match the names on the beneficiaries list with the names on the invoices and airline tickets. The absence of a reference to the beneficiary number, on almost all the invoices, complicated the matching of names, especially in cases where the family names were missing, cases with similar family names or cases where maiden names were used;
- * For patients' transportation, it was not always possible to distinguish the escort, especially since the doctors authorization for an escort was not always available;
- * Airline tickets for patients' transportation are purchased in bulk and paid in advance, they are charged to the appropriate activity centre(s) when used. The follow-up of the prepaid airline tickets is deficient and the charges are not always accurate. This resulted in charges to the Non-Insured Health Benefits Program that could not be traced to individual patients;
- * The charges related to medical supplies, medication and medical supplies and equipment for handicapped people are recorded via inventory adjustments. As a result, it was not possible to identify the beneficiary;
- * Non-insured health benefits provided to non Crees, during the last quarter of the year, were not claimed to the Federal Government;
- * The shipping and transportation cost related to medication was not charged to the Non-Insured Health Benefits Program;
- * Due to the absence of the appropriate documentation, it was not possible to verify the renewal frequency for eye glasses, orthesis, prothesis and medical supplies and equipment of handicapped people;
- * The statistics and quantitative data of the Non-Insured Health Benefits Program were not compiled.

financial statements

OPERATING FUND

Balance Sheet

March 31, 2004

	2004	2003
	\$	\$
Assets		
Current Assets		
Accounts receivable (note 3)	5,832,600	6,667,948
Prepaid expenditure (note 4)	1,040,558	1,733,831
Inventories (note 5)	393,123	340,882
Due from Long-Term Assets Fund	1,635,771	2,911,836
<i>Total</i>	8,902,052	11,654,497
Liabilities		
Current Liabilities		
Bank overdraft (note 6)	18,600,000	9,253,370
Excess of outstanding cheques over bank overdraft (note 6)	460,482	—
Accounts payable and accrued charges	6,216,965	7,521,397
Wages and fringe benefits payable	1,888,041	2,357,595
Due to Assigned Fund	548,690	1,749,987
Deferred revenues (note 7)	1,240,286	1,126,196
<i>Total</i>	28,954,464	22,008,545
Fund Balance		
Surplus (Deficit)	(20,052,412)	(10,354,048)
	(20,052,412)	(10,354,048)
<i>Total</i>	8,902,052	11,654,497

On behalf of the Board:

Charles Bobbish

Board Member

Daniel Mark-Stewart

Board Member

Statement of Changes in Fund Balance

Year ended March 31, 2004

	2004	2003
	\$	\$
Balance – Beginning of Year	(10,354,048)	–
Excess (deficiency) of revenue over expenditure	(9,698,364)	(10,354,048)
Balance – End of Year	(20,052,412)	(10,354,048)

Statement of Revenue and Expenditure

Year ended March 31, 2004

Revenue

M.S.S.S. – Operations	42,729,783
Family allowances (Federal Government)	43,350
Administration revenues	154,431
Research project – Previous years	360,049
Others	77,499
Total	43,365,112

Expenditure

Operation	
Executive Director	1,762,787
DPS – Medical	1,529,002
Public Health	2,016,625
Planning and Development	112,373
CLSC – Coastal	13,011,679
CLSC – Inland	10,446,613
DPS – Social	299,344
Youth Protection Services	2,616,307
Re-adaptation Services	4,238,726
Hospital Centre	6,139,726
Patient Services	144,413
AED – Administration	9,974,776
AED – Services	771,105
Total	53,063,476

Excess (deficiency) of revenue over expenditure (9,698,364)

LONG-TERM ASSETS FUND

Balance Sheet

Year ended March 31, 2004

	2004	2003
	\$	\$
Assets		
Current Assets		
Grants receivable – M.S.S.S.	46,800,890	11,444,812
Grants receivable – Others	—	414,289
Other receivables	295,308	318,569
	47,096,198	12,177,670
Capital Assets	61,759,255	50,329,173
<i>Total</i>	108,855,453	62,506,843
Liabilities		
Current Liabilities		
Accounts payable and accrued charges	295,308	318,569
Temporary bank loan (note 6)	400,000	3,350,000
Temporary financing – CHQ	32,581,868	17,137,639
Due to Operating Fund	1,635,771	2,911,836
Current portion of long-term debt	—	66,968
Current portion of bonds payable	682,906	—
	35,595,853	23,785,012
Bonds Payable (note 8)	13,530,616	18,156,365
<i>Total</i>	49,126,469	41,941,377
Fund Balance		
Surplus	59,728,984	20,565,466
	59,728,984	20,565,466
<i>Total</i>	108,855,453	62,506,843

Statement of Revenue and Expenditure

Year ended March 31, 2004

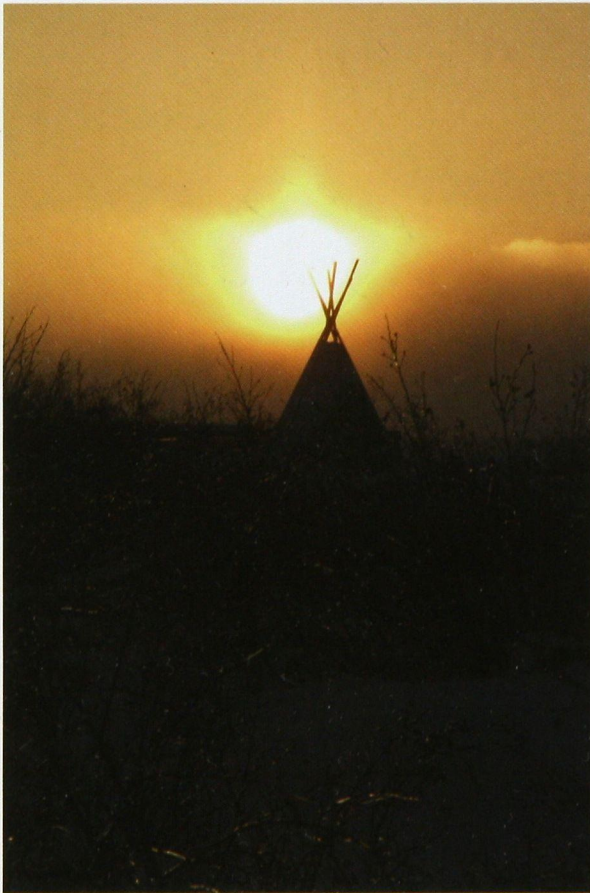
	2004	2003
	\$	\$
Long-term Assets – Acquisition		
Revenue		
Corporation d'hébergement du Québec – Claims	11,430,082	
Corporation d'hébergement du Québec – Interest	1,591,741	
<i>Total</i>	13,021,823	
Expenditure		
Interest charges	1,591,741	
Building	10,351,903	
Computer and softwares	266,992	
Furniture and equipment	259,313	
Medical equipment and furniture	145,380	
Office equipment and furniture	109,026	
Capitalized interest	297,468	
<i>Total</i>	13,021,823	
Excess (deficiency) of revenue over expenditure	—	

ASSIGNED FUND

Balance Sheet

March 31, 2004

	2004	2003
	\$	\$
Assets		
Current Assets		
Due from Operation Fund	548,690	1,749,987
<i>Total</i>	548,690	1,749,987
 Fund Balance		
<i>Surplus (Deficit)</i>	548,690	1,749,987
<i>Total</i>	548,690	1,749,987



Statement of Revenue and Expenditure and of Fund Balance

Year Ended March 31, 2004

Provincial Funding	Balance: Beginning of year	Revenue	Expenditure	Balance: End of year
	\$	\$	\$	\$
DPS – Medical				
First Responders	(114,672)	734,038	(585,719)	33,647
Doctors in Remote Areas	(25,176)		(7,310)	(32,486)
Summer Training and Residents	(8,638)	34,934	(35,143)	(8,847)
Installation Premium	363,816	422,282	(330,828)	455,270
Emergency Hospital Services	42,118		(154,482)	(112,364)
Public Health				
Smoking Action Plan	324,805		(78,036)	246,769
Information and Prevention – AIDS	118,967		(12,179)	106,788
Community Health	180,213		(56,476)	123,737
Nobody's Perfect	5,796		(868)	4,928
Hepatitis C Vaccination	2,029	1,000		3,029
Prenatal Services	4,056			4,056
Public Health Project	20,294			20,294
Research Ethics	29,030			29,030
CLSC – Coastal				
Specialized equipment	38,729		(18,545)	20,184
Technical help	21,747		(1,350)	20,397
Physical deficiency	121,764		(1,741)	120,023
DPS – Social				
Alcoholism and drug addiction	46,462			46,462
Others				
Other Provincial projects	388,470			388,470
Subtotal	1,559,810	1,192,254	(1,282,677)	1,469,387

Statement of Revenue and Expenditure and of Fund Balance (continued)

Year Ended March 31, 2004

	Balance: Beginning of year	Revenue	Expenditure	Balance: End of year
	\$	\$	\$	\$
Federal Funding				
National Native Alcohol and Drug Abuse Program	12,961	565,945	(564,990)	13,916
Building Healthy Community – Solvent Abuse Program	3,226	111,012	(109,650)	4,588
Canada Prenatal Nutrition Program		141,064	(139,894)	1,170
Aboriginal Diabetes Initiative		171,802	(141,069)	30,733
First Nations and Inuit Home and Community Care – Phase 3		1,403,906	(1,713,180)	(309,274)
First Nations and Inuit Home and Community Care – Capital	—	642,160	(1,362,970)	(720,810)
Tobacco	—	754	(758)	(4)
<i>Sub-total</i>	16,187	3,036,643	(4,032,511)	(979,681)
Other Funding				
DPS – Medical				
Doctor's Recruitment	—	20,235	(37,310)	(17,075)
Public Health				
Kino-Québec	35,360	35,600	(31,661)	39,299
Breast Cancer	36,803	10,300	(7,296)	39,807
Salt Fluoridation Study	41,983	—	(12,211)	29,772
Influenza Vaccine Program	45,849	33,435	(29,369)	49,915
Mercury Exposure	—	36,000	(46,022)	(10,022)
Environmental Feasibility Project	—	37,500	(38,150)	(650)
Health and Services Statistics	—	—	(97,259)	(97,259)
CLSC – Coastal				
Nutrition Security Program	10,919	—	(1,298)	9,621
Others				
Translation – Guide	—	12,500	—	12,500
Others	3,076	—	—	3,076
<i>Sub-total</i>	173,990	185,570	(300,576)	58,984
Non-Insured Health Benefits Program				
NIHB Program	—	16,106,584	(16,106,584)	—
<i>Sub-total</i>	—	16,106,584	(16,106,584)	—
Grand Total	1,749,987	20,521,051	(21,722,348)	548,690

notes to financial statements

NOTES

1. NATURE OF ACTIVITIES

The Cree Board of Health and Social Services of James Bay was incorporated on April 20, 1978 and operates, as authorized by a permit issued by the *Ministère de la santé et des services sociaux*, a multidisciplinary health facility consisting of a regional board, a hospital, a long term care facility, health dispensaries, a re-adaptation centre and a childhood and youth protection centre.

2. SIGNIFICANT ACCOUNTING POLICIES

The present financial statements are prepared in conformity with Canadian generally accepted accounting principles and with the special guidelines of the *Ministère de la santé et des services sociaux*, as outlined in the *Manuel de gestion financière*.

Accrual Accounting: Accrual accounting is used for both financial (monetary) and statistical (quantitative and operational) information. However, the following are exceptions to this policy: "Liabilities for annual vacations, legal holidays and sick days not recorded as of March 31".

Fund Accounting: The Cree Board of Health and Social Services of James Bay adheres to the principles of fund accounting. The following funds appear on the financial statements and are therefore especially important:

- * **Operating Fund:** This includes all current operating transactions;
- * **Long-Term Assets Fund:** This includes transactions with respects to capital assets, current and long-term debt, grants and all other types of funding relating to such assets;
- * **Assigned Fund:** This includes all grants and subsidies received by the Cree Board of Health and Social Services of James Bay for the purpose of carrying out specific programs and for the delivery of special services.

Use of Estimates: The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenditure during the reporting period. Actual results could differ from those estimates.

Measuring Units: A measuring unit is a quantitative element and not a financial one, which is compiled specifically for an activity centre or sub-centre in order to give an indication of its activity level.

Inventory: Inventory is valued at the lower of cost and replacement cost. Cost is determined using the first in, first out method.

Capital Assets: Capital assets are recorded at cost in the Long-Term Assets Fund and are not amortized.

Moreover, when the financing for the cost of capital assets, capital and interest included, is made from the Operating Fund, this amount is charged to the beneficiary activity centre as a transfer to the Long-Term Assets Fund when paid.

Upon disposal of capital assets, the amount of gain or loss representing the difference between the cost of capital assets and the proceeds of disposition is charged to the Long-Term Assets Fund balance.

Self-Financial Capital Projects: Cost of goods acquired in accordance with self-financial capital projects have been capitalized in the Long-Term Assets Fund. Annual amounts related to savings on current operating expenses are accounted for as an expense in Operating Fund and transferred to the Long-Term Assets Fund based on the term of the project.

3. ACCOUNTS RECEIVABLE – OTHERS

	2004	2003
	\$	\$
Operating Fund		
M.S.S.S.	3,805,512	4,105,378
Health Canada	135,955	1,080,790
Deferred leave – employees	150,335	65,255
Employee advances	53,814	116,402
Insurance claim	239,654	235,274
Federal goods and services tax	151,538	167,716
Provincial sales tax	107,766	149,200
Guarantee deposit	103,942	32,326
Others	2,777,102	879,903
<i>Sub-total</i>	7,525,618	6,832,244
Provision for doubtful accounts	(1,693,018)	(164,296)
<i>Total</i>	5,832,600	6,667,948

4. PREPAID EXPENDITURE

	2004	2003
	\$	\$
Prepaid Expenditure		
Research project	460,951	821,000
Deposits on housing units and rental of office space	295,019	455,747
Prepaid airline tickets	50,847	155,836
Anticipated sick days	34,354	33,512
Service contracts on equipment and leases	199,387	267,736
<i>Total</i>	1,040,558	1,733,831

5. INVENTORIES

	2004	2003
	\$	\$
Inventories		
Medications	154,910	130,717
Medical supplies	155,579	123,807
Maintenance and office equipment	82,634	86,358
<i>Total</i>	393,123	340,882



6. BANK OVERDRAFT AND TEMPORARY BANK LOAN

The Cree Board of Health and Social Services of James Bay has an authorized credit margin of \$18,600,000, bearing interest at prime rate. In addition, a temporary bank loan of \$400,000 bearing interest at prime rate was issued to cover certain capital expenditures.

7. DEFERRED REVENUES

The deferred revenues are detailed as follows:

	2004	2003
	\$	\$
Operations		
MSSS – Youth Justice System	100,000	—
MSSS – Manager bonus	37,898	—
Hydro-Québec subsidy – Research program	389,951	750,000
Hydro-Québec subsidy – Research program	71,000	71,000
Family allowances (Federal Government)	4,845	—
<i>Sub-total</i>	603,694	821,000
Federal Programs		
National Native Alcohol and Drug Abuse Program	—	7,100
Tobacco Control Strategy	48,750	20,488
Canada Prenatal Nutrition Program	10,124	12,971
Aboriginal Diabetes Initiative	—	19,203
Solvent Abuse Program	38,838	44,529
First Nations and Inuit Home and Community Care	337,975	—
Health Information System	200,905	200,905
<i>Sub-total</i>	636,592	305,196
<i>Total</i>	1,240,286	1,126,196

8. BONDS PAYABLE

The details of the bonds payable are as follows:

	\$
Bonds, issued December 19, 2000, for the financing of the long-term assets, bearing interest at 6.476% and maturing on January 16, 2023.	
<i>(The related interest is payable on a semi-annual basis)</i>	9,567,448
Bonds, issued April 1, 2000, for the financing of the long-term assets, bearing interest at variable rate and maturing on March 31, 2023.	
<i>(The related interest is payable on a semi-annual basis)</i>	3,453,003
Bonds, issued July 17, 2003, for the financing of the long-term assets, bearing interest at 4.888% and maturing on October 25, 2012.	
<i>(The related interest is payable on a semi-annual basis)</i>	1,193,071
<i>Sub-total</i>	14,213,522
Less: current portion	682,906
<i>Total</i>	13,530,616

9. COMMITMENTS

The following commitments were not recorded as of March 31, 2004:

	2004	2003
	\$	\$
Annual vacations	829,161	752,063
Sick days	102,075	104,744

In addition, the aggregate payments to be made under operating agreements signed by the Health Centre over the next five (5) years are as follows:

	\$
2005	878,177
2006	874,020
2007	730,904
2008	688,423
2009	5,223,137

10. COMPARATIVE AMOUNTS

Comparative amounts are presented for balance sheet items only. The comparative amounts of revenues and expenses were not suited for presentation in the present format.

The 2002-2003 financial report was audited by a different audit firm.

11. FINANCIAL STATEMENTS

The present financial statements were prepared upon the request of the Management, for-internal use only. The official financial report of the Cree Board of Health and Social Services is the AS-471 in conformity with the requirements of the Ministry of Health and Social Services.

12. BALANCED BUDGETS

By carrying an accumulated deficit of \$20,052,412 in its Operating Fund, the Establishment is not in conformity with Article 4 of the Act to provide for balanced budgets in the Public Health and Social Services Network. Article 4 of the Act, stipulates that all public establishments within the network are not allowed to incur operating deficits at year-end.

