



2018
2019



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ANNUAL REPORT

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CREE BOARD OF HEALTH AND
SOCIAL SERVICES OF JAMES BAY

YEAR AT A GLANCE

SPRING

April 20, 2018 – Official 40th anniversary
Regional Assembly on Health and Social Services in Waswanipi
Launch of Cree Medical app
Expanded medical support at Espresso
Expanded air charter service to Waskaganish and Whapmagoostui
Annual CHR Training, Chisasibi

SUMMER

MSSS approves funding for three birthing homes
Traditional birthing knowledge gathering, Chisasibi

FALL

Blessing ceremony for Midwifery Program
Regional Suicide Prevention Conference
NAN delegation visit to Chisasibi
Social Workers' gathering, Val-d'Or
CPDP annual meeting, Val-d'Or
Hiring of Jordan's Principle PPRO
FNHMA National Conference
Bush to Table training
Nurses' training
Opening of Robin's Nest Women's Shelter in Waskaganish
Conclusion of CERP hearings

WINTER

Launch of integration program for new managers
Expanded pharmacy opening hours
Launch of audiology services
Suicide Prevention Conference, Chisasibi
Waapimaasuwin Home Away from Home activity, Val-d'Or
Launch of Alfresco electronic document management system
Adoption of PIJ software by Youth Protection
Launch of vocational program for Pharmacy Technical Assistants

2018

2019

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CREE BOARD OF HEALTH AND
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MESSAGE FROM THE CHAIR

The year that has passed is marked by remarkable achievements for our organization. Four decades ago, in April 1978, the CBHSSJB was formed. Eeyou/Eenou control over health and social services was an important condition of the 1975 James Bay and Northern Quebec Agreement signed between Premier Robert Bourassa and the Cree Nation led by the late Billy Diamond.

The CBHSSJB took over operations of a small hospital on Fort George Island, eight tiny nursing posts and an annual budget of \$2 million. Everything that we have today, described in detail in this report, has been developed in the intervening years.

We started the year with a celebration of the 40th Anniversary, that coincided with the second Regional Assembly in Waskaganish. The outcome of the Assembly was a Declaration of Partnership signed by representatives of the 10 communities of Eeyou Istchee.

Later in the year we had a blessing ceremony to launch Midwifery Services in Chisasibi. Women with low risk pregnancy are now able to be followed by a midwife and if all is well, give birth in the community. This is the realization of a long held dream of the Eeyou/Eenou people, to bring birth back to our territory.

I am proud of our team and our Executive Director Daniel St-Amour, who has earned the trust of our staff, our communities, and our governmental and private sector partners. Daniel works tirelessly for the benefit of our People, not only in administering services, but also in securing long-term funding and ensuring that capital projects benefit our communities.

When we began in 1978, many people doubted that we would be capable of running our own services. We proved the doubters wrong. Not only are we successful, but our model of governance and organization are studied by other First Nations policymakers and by different levels of government across Canada. I have been invited to speak about our governance model to the First Nations Health Management Association, the Federal NIHB, and the Nishnawbe Aski Nation. I also had the privilege of joining the Board of Directors of the Canadian Red Cross Society.

As this report is being finalized, in June 2019, I met the two first babies born in Chisasibi under the newly launched midwifery program. We celebrate new life and look forward with optimism as we face the challenges of the coming year, and the decades to come.

Bella M. Petawabano
Bella M. Petawabano
CBHSSJB Chair



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MESSAGE FROM THE EXECUTIVE DIRECTOR

This past year has been the year of partnerships, as we set about building strong links with each community and other Cree entities, including the Grand Council of the Cree and the Cree Nation Government, to implement the comprehensive strategic plan given to us by the population.

For instance, we worked with the communities to sign all the First Responders agreements, so now each community provides the First Responders services and we support them with resources—a partnership that ensures a more sustainable and effective service. We also came to an agreement with the Cree Trappers' Association and other partners to support the Bush Kit program. And we are developing partnerships with community resources: for example, we are working with the Cree Nation of Waswanipi to pilot a long-term transition centre for Elders, with the eventual goal of having such a centre in every community.

We made significant progress in developing our infrastructure further, as the Ministry of Health and Social Services of Québec approved our clinical plans for Community Miyupimaatsiium Centres in Waskaganish, Ujé-Bougoumou and Whapmagoostui, as well as the clinical plans for the new hospital in Chisasibi. Further, we have built Youth Healing Services' new custody centre, and have developed a clinical plan for youth healing and addiction services. The clinical plan for long-term care in Chisasibi was approved by the Board of Directors this year, we opened our second Robin's Nest women's shelter in Waskaganish, and we constructed 129 new housing units. So we continue to grow as we develop services to address the needs of the population.

Another important effort has focused on reinvigorating the Miyupimaatsiium Community Committees. While each community has one of these committees, many are not very active. However, these committees are crucial for enabling us to develop strong and effective local partnerships, which in turn will allow us to develop appropriate community projects.

We are working closely with communities, building partnerships and embarking on collaborations because, ultimately, this is how we can have the strongest impact on health care. Healthy individuals grow out of healthy families, while the health of the family is closely bound to that of the community. We are in a supporting role: we cannot ensure everyone's health, but instead we have to work with partners to bring about miyupimaatsiium. That is our goal: we are working to help communities, families and individuals to take charge of their health.

Daniel St-Amour
Daniel St-Amour
Executive Director



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EXECUTIVE AND SENIOR MANAGEMENT

Office of the Chair

Bella M. Petawabano, Chairperson
Sarah Cowboy, Service Quality and Complaints Commissioner
Nancy Shecapio-Blacksmith, Service Quality and Complaints Assistant Commissioner

Senior Management

GENERAL MANAGEMENT

Daniel St-Amour • Executive Director
Paula Rickard • Assistant to the Executive Director
Justin Ringer • Director, Strategy and Organizational Development
Laura Moses • Director, Corporate Services

PIMUHTHEU GROUP

Taria Matoush • Assistant Executive Director (AED)
Robert Auclair¹ • Director, Youth Protection (DYP)
Marlene Kapashesit • Assistant DYP
Vacant • Assistant Director (AD), Youth Criminal Justice Act and Foster Homes
Maria MacLeod • Director, Youth Healing Services
Anne Foro • Director, Program Development and Support

Public Health Department

Dr. Robert Carlin • Director, Public Health (Interim)
Dany Gauthier • AD, Awash and Uschiniichisuu
Paul Linton • AD, Chishaayiyuu
Jill Torrie • AD, Surveillance, Evaluation, Research and Communications (SERC)

NISHIYUU MIYUPIMAATISIUN GROUP

Laura Bearskin • AED
Julianna Matoush-Snowboy • Director Organizational Quality and Cultural Safety

MIYUPIMAATISIUN GROUP

Michelle Gray • AED (Interim)
Christina Biron • Assistant AED Operations
Dr. François Charette • Director, Medical Affairs and Services
Mario Barrette • Assistant, Medical Affairs and Services
Philippe Lubino • Director, Regional Hospital (Chisasibi)
Karine Jones • Director, Professional Services and Quality Assurance (DPSQA) Nursing (Interim)
Nicholas Cardinal • Assistant DPSQA Nursing
Leah Dolgoy • DPSQA Allied Health (Interim)
Vacant² • DPSQA Psychosocial

Local Directors

Community Miyupimaatisiun Centres (CMCs)

Jeannie Pelletier • Chisasibi
Rita Gilpin • Eastmain
Alan Moar • Mistissini
Beatrice Trapper • Nemaska
Louise Wapachee • Oujé-Bougoumou
Angela Etapp • Waskaganish (Interim)³
Virginia Wabano • Waswanipi
Stella Lameboy-Gilpin • Wemindji
Martine Constantineau • Whapmagoostui (Interim)

ADMINISTRATIVE SERVICES GROUP

Liliane Groleau • AED Administration
Denis Tremblay • Director, Financial Resources
Jean-François Champigny • AD Financial Resources
Nathalie Roussin • Director, Human Resources (Interim)
François Bérubé • Director, Information Technology
Luc Laforest • Director, Material Resources
Helen B. Shecapio Blacksmith • Director Wiichihituwin
Emanuelle Lambert • AD Wiichihituwin

1. Following DYP-Robert Auclair's departure from the CBHSSJB, Taria Matoush was nominated DYP by interim effective March 22, 2019.

2. Chloe Nahas was nominated in March 2019 and is available to begin work in May 2019.

3. Angela Etapp has been interim Local Director since November 2018; Bert Blackned is on progressive return in June 2019.



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CORPORATE SERVICES

Corporate Services continues to provide support to the Board of Directors and associated CBHSSJB governance functions, and oversees corporate communications and translation services.

The CBHSSJB marked its 40th anniversary in 2018. The celebration started in Waswanipi during the Second Regional Assembly on Health and Social Services, at which all previous Executive Directors and Chairpersons were honoured. Within the scope of the 40th anniversary celebrations, Waskaganish CMC organized a similar event in September. Corporate Services, in collaboration with the Office of the Chair, is instrumental in organizing these types of regional and local events.

Schedule permitting, the third day of the quarterly Board of Directors meeting continues to be devoted to training on topics relevant for Board members. Trainings have focused on Accreditation (September 2018), Health Care Improvement (December 2018), and Crisis Communications (March 2019).

The framework for the elections of Clinical and Non-Clinical staff Board representatives was finalized and the Board of Directors approved the *By-law respecting the Procedure for these Elections* in February 2019. The elections of new clinical and non-clinical representatives will take place during the summer of 2019.

The *By-law respecting the Procedure for the Election of the CNG Representative/Chairperson of the Cree Board of Health and Social Services of James Bay* was adopted in March 2019. Election timelines were adjusted, the number of electors required to nominate a candidate was reduced, and provisions were added to provide for a poll to be held in person or by electronic means.

Following April 2018's launch of the Alfresco document management solution, Corporate Services was the first department to adopt the new tool for departmental collaboration. Implementation and training continues under the guidance of Project Manager Kandis Weiner, who helped the CBHSSJB deliver the project on time and on budget. A key to success was the involvement of a Steering Committee representing a broad range of users from across the organization.

The Communications unit within Corporate Services provided strong support to the April 2018 Regional Assembly in Waskaganish, with veteran Communications Officer Iain Cook taking a lead role in planning and facilitating an Open Space process focused on engaging community partners in a shared effort to create a healthy future for Eeyou Istchee. The Communications team has been working intensively to support the Alfresco project, an Intranet-like platform that has already contributed to streamlining internal communications and giving frontline workers rapid access to clinical protocols. CBHSSJB social media platforms saw continued growth and positive engagement. Building on the new visual identity and brand guideline developed last year, plans are underway for a redeveloped creehealth.org website, to be launched in the spring of 2020.

The CBHSSJB continues to work with an in-house Translator as well as an outsourcing partner for English-French translation, and a part-time Cree translator, Mary Shem, helps strengthen the role of the Cree language in CBHSSJB communications.

Facebook: ▲19.5% to 4,560 followers
 Twitter: ▲0.25% to 2,000 followers
 Instagram: ▲30.1% to 865 followers



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COUNCIL OF NURSES

In 2018-19, the Council of Nurses pursued its goal of maintaining the quality of nursing activities in Eeyou Istchee, and has come a long way since its formation in 2015. The Board and senior management both expect and welcome our collaboration on matters relating to nursing care. To deepen our knowledge of provincial realities, we attended the OIIQ (nurses' union) convention and the annual general meeting of the Quebec Association of Councils of Nurses.

The annual nurses training is a great opportunity to raise awareness of our work among the nursing community. At this year's training, many members expressed interest in our work and in joining our ranks.

The membership list was updated in fall 2018, and a call for nominations was issued for two vacant positions. As no candidates presented themselves, at the Annual General Meeting, Angélique Laberge and Alexandre Bui-Giroux were elected by acclamation as Representatives for Regional Services and Chisasibi Hospital, respectively. In October 2018, Patrice Larivée resigned as President of the Executive Committee, and Émilie Dufour was named Acting President. Following elections, the Executive Committee includes:

- Émilie Dufour, Representative for Coastal Communities – President
- Alexandre Bui-Giroux, Representative for Chisasibi Hospital – Vice President
- Geneviève Bush, Representative for Inland Communities – Secretary
- Angélique Laberge, Representative for Regional Services – Communications Officer and Treasurer

The Executive meets monthly by conference call. The Council of Nurses Executive must hold at least four meetings a year, two of which must be in person. These meetings bring together the Council of Nurses Executive, the Executive Director and the Director of Professional Services and Quality Assurance – Health; other guests may also be invited. Face-to-face meetings occurred in May, September and November 2018; the February 2019 meeting did not take place.

In March 2017, the President of the Council of Nurses Executive became a member of the Editorial Committee of the Therapeutic Guide, responsible for the Guide and its associated Collective Prescriptions.

The Council of Nurses Executive sent a delegate to all meetings of the Board of Directors. The Council recognizes the importance of attending and presenting a brief summary of its activities at Board meetings.

The Council is in the process of setting up three subcommittees:

- Evaluation committee for the implementation of the midwifery program in the Cree territory
- Regional and local needs assessment committee on geriatric/end-of-life care
- Regional and local care needs assessment committee on mental health

The development of these subcommittees will continue in 2019-20.

CBHSSJB Nurses Annual training, Montreal, November 2018

GROUP 1



Row 1: Jonathan Linton, Celyne Brodeur, Laurence Guindon, Martine Drolet, Luc Lamarche, Jessica St-Onge, Denis Croft, Stéphanie Nann, France Roberge, Tassia Knight, Martin Nyles, Yvan McComb, Mathieu Pamerleau, Daniel Bedard, Mario Grégoire, Karine Lamarche, Julie Douville, Julie Léveillé, Serge Dion, Lucie Audet, Stéphane Larose, Mélanie Lepage, Philippe Énard, Karine Lamothe, Karine St-Pierre, Nicolas Cardinal

Row 2: Anetta Dyeth, Sonia Lachance, Lucie Montour, Josée Nadeau, Roberta Petawabano, Marie Chantale Roy, Gabrielle Garrel, Daphnée Haineault, Guillaume Roussin, Edith Bobbish, Monique Laliberté, Karine Jones

Row 3: Cheryl Blackned, Chudney Pierre Louis, Karine Appleby, Shirley Blackned, Alizée Lamarre Renaud

Row 4: Kimberly Bussieres, Priscilla Weapenicappo, Adela Pop, Annie Beaudette, Rachel Danyluk, Annika Vachon, Sarah Claude Jacques, Wendy Bayona Flores, Karine Gobeil, Eleanor Gull, Nellie Joseph, Pierre Larivière

GROUP 2



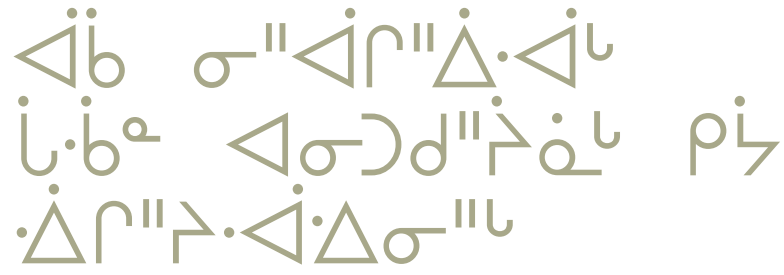
Row 1: Kimberly Bussieres, Lynka Morin, Valérie Potvin, Mario Ricard, Genevieve Couvrette, Jessica Faucher, Jean Sébastien Berlinguette, Nicolas Cardinal, Sophie Frédette, Alexandre Léveillé, Martin Lewis, Christian Rinfret, Stéphanie Grenier, Marie Paule Camblard, Daniel Harper, Joffre Maneli, Philippe Tremblay, Maryse Gagné, Alain Jacob, Daniel Laliberté, Salma Benhmidou, Michael Alexandre Moutquin, Jean-Pierre Martin, Alexis Moffat Fréchette, Martin Gagné, Isabelle Fauchon, Roger Lachapelle, Carole Audet

Row 2: Mélanie Lepage, Brigitte Dionne, Genevieve Bush, Michelle Vallée, Gladys Gagnon, Émilie Moreau, Kelsey-Lynn Hamilton, Elizabeth Carrier, Karence Veilleux, Nicole Lefebvre, Lysandre Hélène Desilets, Chantale Parent, France Beaulieu, Claude Héroux

Row 3: Irene Chu, Monique Laliberté, Paula Menarick, Jean McKinnon, Stéphanie Côté, Caroline Fillion, Karine Lamothe, Caroline Girard, René Yves Cantin, Claudine Haché, Ghislaine Telemaque, Alexandra Audi, Martine Roberge

Row 4: Adela Pop, Marie Josée Bourguoin, Audrey Martin, Ka Man Ho, Sébastien Tremblay

Row 5: Guylaine Boulah, Manon Charron, Émilie Dufour, Carole Veilleux, Chudney Pierre Louis, Véronique Lessard, Karine Jones



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SERVICE QUALITY AND COMPLAINTS



Sarah Cowboy, Service Quality and Complaints Commissioner; Nancy Shecapio-Blacksmith Assistant Service Quality and Complaints Commissioner

The Commissioner of Service Quality and Complaints is Sarah Cowboy. The office of the Commissioner was strengthened with the arrival of Nancy Shecapio-Blacksmith as Assistant Commissioner in May 2018.

During the year, the Commissioner and Assistant Commissioner visited 8 out of 9 communities as part of a regional community tour. The presentations to staff focused on the complaints process, Users' Rights, and Code of Ethics.

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The Confidentiality of Clients' Records Policy came into effect in January 2019 and the team began to train employees on the importance of confidentiality. The goal is to train all employees by the end of the year.

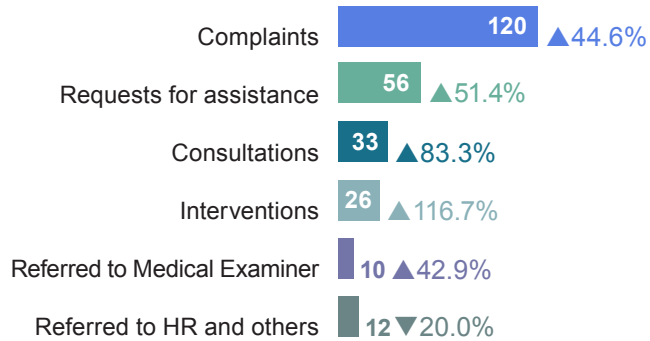
The Office of the Commissioner was part of the Eeyou Istchee Working Group in support of the Public Inquiry Commission on relations between Indigenous Peoples and certain public services in Québec (known as CERP), which concluded hearings in October 2019. The CBHSSJB provided input to the Commission on situations of systemic racism in the health and social services and helped guide individuals who wished to provide testimony to the Commission about their own experiences.

There was a significant increase in the number of files opened, which was to be expected given the team's presence in the communities. It remains a challenge to resolve files in the expected timeframe. It is very helpful when local management take the time to address and solve situations at the local level.

The Quality Improvement Working Group continued its work to improve communication between local CMCs and Wiichihituwin. Sadly, the President of the Wiichihituwin Client Support Group at Espresso Hotel passed this year. The Working Group is made up of clients who spend extended periods in Montreal, and who therefore have a very good understanding of the services and areas for improvement.

We wish acknowledge the Vigilance Committee of the Board, which provides advice and guidance to the office of the Commissioner. Sarah Cowboy and Nancy Shecapio-Blacksmith wish to extend their gratitude to the clients, family members and employees who take the time to report situations. Their efforts help improve the overall quality of care provided by the CBHSSJB.

FILES OPENED 2018-19



MEDICAL EXAMINER

The role of the medical examiner is to analyze complaints that involve a member of the Council of Physicians, Dentists and Pharmacists (CPDP). Each complaint must be reviewed within a precise timeframe and leads to a written report to the complainant. The Medical Examiner for the CBHSSJB is also the Director of Medical Affairs and Services—a dual role acceptable considering the low expected number of cases. In the instance of a possible or apparent conflict of interest, the Medical Examiner requests support from another medical examiner in a neighbouring region. This has not been necessary to date.

The number of complaints referred to the medical examiner grew again this year. This is a healthy evolution, as it indicates that patients, employees and others are taking the opportunity to signal that services and providers may not be at a sufficient level of quality. We welcome their complaints, which are usually constructive and are meant to assure that we correct an issue.

Three complaints received this year were of sufficient seriousness that they had to be referred to the Executive Committee of the CPDP for the formation of a disciplinary committee. Such a committee is a quasi-judiciary group of the professional's peers that will review the complaint or complaints, hear out the complainant and the professional involved, and report back to the Executive of the CPDP, which will then recommend



Dr. François Charette Medical Examiner and Director of Medical Affairs and Services (DMAS)

whether or not a sanction will be discussed at the CPDP Executive and then referred to the Board of Directors. A first disciplinary committee was completed with reference to the Board; two other committees are beginning their work. This, a healthy response to complaints, shows that the medical examiner will not tolerate behaviours that are significantly out of line and that complaints are taken seriously.

The medical examiner is collaborating closely with the office of the Commissioner of Service Quality and Complaints, which has reorganised with more personnel this year. This is a necessary collaboration considering the difficulty of reaching out to complainants living in different communities and obtaining, for analysis, local medical files as well as relevant files from hospitals outside Eeyou Istchee. Professionals need to be reached and the case discussed, which can take longer than the targeted response time.

The medical examiner's goal, in the end, is help improve health care services. In several instances, brief discussions held with the complainant and professional can resolve what at times is a simple misunderstanding or communication gap.

Finally, I appreciate the opportunity to be in direct contact with our clients, giving me the opportunity to better understand the realities and shortcomings of our services.

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COMPLAINTS

1-866-923-2624
 r18.complaints@ssss.gouv.qc.ca
 creehealth.org/about-us/users-rights

The confidential toll-free number for complaints (1-866-923-2624) is connected to voicemail, so it is essential that the caller state their name, phone number, and community so that the Commissioner can call back.



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POPULATION HEALTH PROFILE

Each year we report on the health status of the population, providing general evidence to support the first strategic orientation of the Board: to catch up with the key indicators of health and social well-being observed for the general population of Quebec. This year the focus is on demographics and physical health, especially chronic diseases.

The CBHSSJB provides services to all people in the nine communities within Health Region 18. Based on 2016 census figures (unadjusted for undercounting), the total resident population of the region was 17,141 including 16,220 First-Nation residents (or 94.8% of the total resident population) and 865 non-First-Nation residents (65 Inuit, 65 Metis or multiple aboriginal origins and 735 non-aboriginals, the latter being mostly transient professional workers).

The James Bay and Northern Québec Agreement's Eeyou beneficiary list provides another source of population figures. Since 1975, the Eeyou population of Region 18 has more than tripled, going from 5,000 in 1976 to almost 9,100 in 1990, and now to 18,394 (adjusted for undercounting) in 2018. Just over 58% of Eeyouch live in the coastal communities, with almost 42% in the inland ones. Between 2013 and 2018, the Eeyou population has grown 10.5% compared to about 4.1% for the rest of Quebec. The region's annual growth has remained steady at 2.4% over the past 25 years.

This rapid growth is reflected in the proportion of youths to adults (youth population 0-19 compared to working-age population aged 20-64) greatly elevated compared to all Quebec (73% versus 34%). Conversely, the proportion of elders 65 and over to working-age adults is much lower than in Quebec (12% vs. 31%). Further, 30% of Eeyouch are under 15 (33% in 2013) compared to 16% for Quebec, while 56% are under 30 (58% in 2013) compared to 33% for Quebec. There are relatively few older people: 6% aged 65 and over, compared to 19% for Quebec.

The population also has extreme linguistic differences, an important point for services. Of Indigenous residents, 97% speak Cree (96% report speaking Cree at home). Further, 95% speak English and 23% French, with only 5% speaking neither.

A baby boy born in Eeyou Istchee between 2012 and 2016 is expected to live 74.2 years (70.9 if born between 1981 and 1985), significantly lower than the 80.3 for Quebec; for a baby girl, life expectancy is 79.4 years (76.3 if born between 1981 and 1985), compared to 84.3 years for Quebec.

From 1983-87 to 2013-17, the fertility rate per woman in the region has dropped from 2.3 to 1.5 times that of Quebec. From 2013-17, there were 342 births annually on average, a sharp decline from the 387 annual average births for 2003-12.

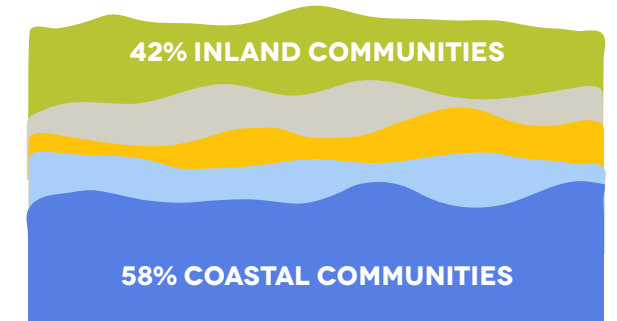
Unlike the rest of Quebec, the region has few low-birth-weight infants and a long history of many high-birth-weight ones (around 11% of births, about 10 times higher than the rest of Quebec). Data from 2015-16 to 2016-17 indicate rates of caesarean sections of Eeyou women significantly higher than for women in the rest of Quebec (31.6% vs 24.9%), but data for 2017-18 shows an important drop to a level similar to the rest of the province (25.2% vs 24.8%). Fetal growth retardation has always been significantly lower in Eeyou Istchee than in the rest of Quebec, but prematurity has increased in the last 10 years to a rate 27% higher than Quebec's.

In 2016, one young child in three was being raised in a lone-parent family in 2016, but these children were also likely to be living in three-generation households. Almost one in five babies (17.5%) is born to a mother under twenty. Between 2013 and 2017, there were on average 60 births annually to teenage mothers; of these, 41% (25 births) were to mothers 17 or younger. The most recent information (2018) show that this age group has high rates of sexually transmitted infections.

Since 1975, the Eeyou population of Region 18 has more than tripled, going from 5,000 in 1976 to 18,394 in 2018.

The region also shows differences from Quebec in terms of chronic disease patterns. An analysis of 2011 to 2015 found that cancer diagnoses and deaths remain lower than or roughly the same as those of Quebec. Kidney cancer, while relatively rare elsewhere, is the most common cancer diagnosed in the region, with lung and colorectal cancers ranked second and third. Notably, Eeyouch are being diagnosed with these cancers at younger ages than elsewhere in Quebec (59.6 years compared to 67.7 years). This period saw on average 15 deaths per year from cancer, primarily of lung and kidney cancer.

Diabetes and related chronic diseases are the most widespread of Region 18's physical health issues. In 1983, 2.4% of Eeyouch aged 20 or more had diabetes; by the end of 2017, this had increased to 26.7% – almost 3,000 people. The good news is that the number of new cases is remaining relatively stable, and over the past fifteen years, the age at which people are being diagnosed has been gradually increasing. By 2017, 656 Eeyouch with prediabetes were registered; if these, 45%, or 292 Eeyouch, continue living diabetes-free, probably because they successfully made small but consistent life changes to remain healthy.



JBQNA BENEFICIARIES (2018)



When mothers are diagnosed with gestational diabetes (GDM), the transient form of diabetes during pregnancy, their infants are more at risk of developing type 2 diabetes as adults; GDM is also a risk factor for these mothers. In Eeyou Istchee, mothers diagnosed with GDM were diagnosed with type 2 diabetes on average 8 years later. However, many women have not progressed to type 2 diabetes. While we do not have complete records of women with GDM in the past, we are able to track 824 mothers diagnosed during pregnancy. By the end of 2017, 29% of these women had progressed to a diagnosis of type 2 diabetes. Of the remaining 588, 147 (25%) had been diabetes-free for 10 or more years since having had GDM. The remaining 441 (75%) were diabetes-free although they had had GDM fewer than 10 years before.

Diabetes in young Eeyouch remains a concern. Almost one person in five with diabetes – 560 people – is under 40, including 28 youth under 20, most of whom have difficulty in managing their disease (only 4 in 10 had been successful in keeping their glucose at target levels). While all had normal kidney function on blood tests, urine tests revealed 6 in 10 showing early kidney damage. This group requires dedicated, specialized attention from health and community services to help them learn to live well with their diabetes.

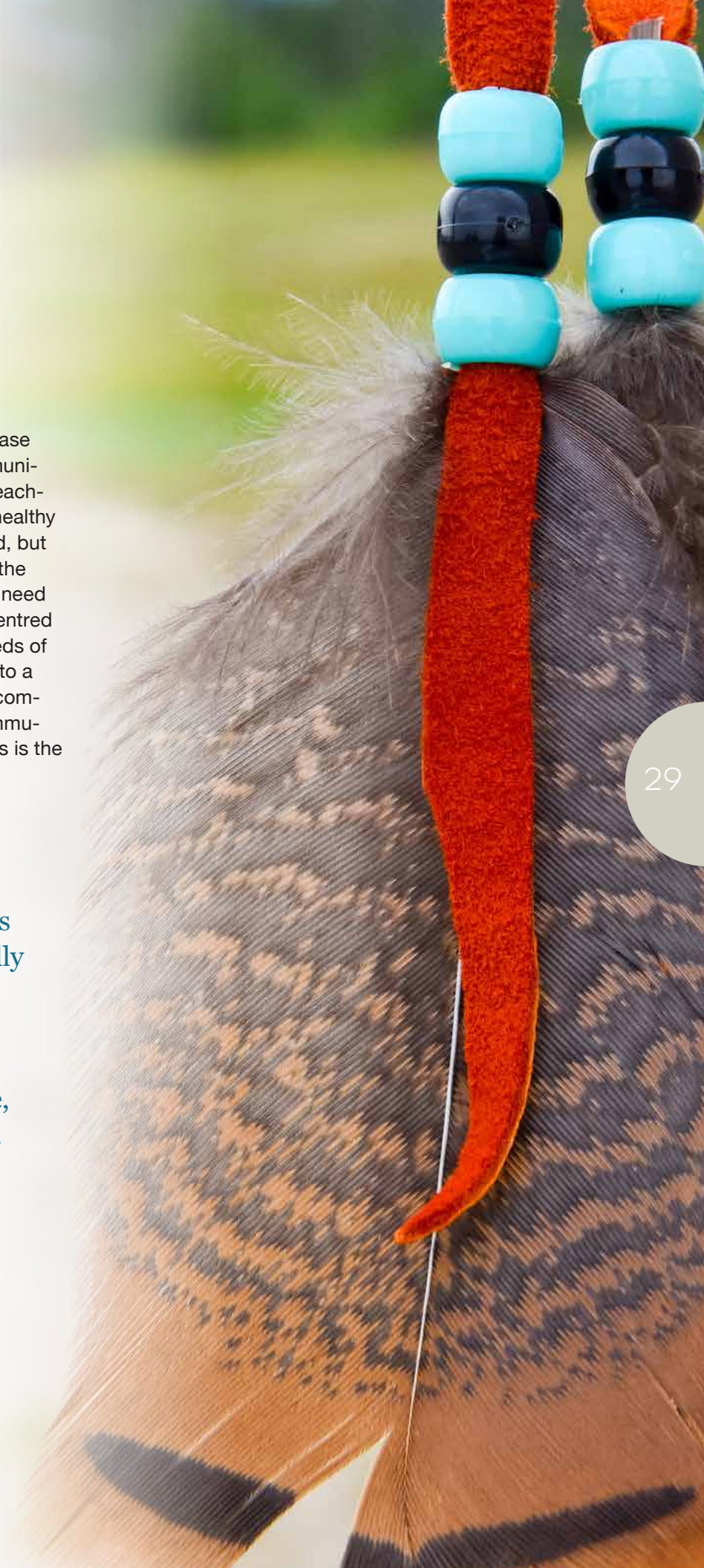
One troubling statistic is the sudden increase in foot ulcers and diabetic amputations. In the three years between 2006-7 and 2008-9, 23 Eeyouch aged 20 or over were hospitalised with foot ulcers; from 2015-16 to 2017-18, this had increased to 67, which, when adjusted, is 7.1 times greater than the Quebec rate. These hospitalizations increased steadily from the earlier period to the latest. By contrast, amputations showed a relatively stable pattern up to the 2012-13 to 2014-15 period, although roughly 7 times the Quebec rate. However, between that period and the most recent one, amputations roughly doubled from 23 to 50.

From 2013 to 2015, 22 Eeyouch died with diabetes as an initial or secondary cause. Significantly, the average age at death was much lower than in Quebec (68.0 vs 78.7).

Diabetes is a risk factor for circulatory diseases, or the diseases associated with heart and stroke. Even without diabetes, these also remain an important health problem in the region. From 2013 to 2015, 77 Eeyouch died from circulatory system diseases; again, the average age at death was significantly lower than in the rest of Quebec (69.9 vs 80.1).

The statistics for diabetes and heart disease show the importance of mobilizing communities towards prevention. The traditional teachings to help individuals and families live healthy lives are generally known and understood, but many individuals remain vulnerable, and the communities and the health care system need to work together on innovative, patient-centred approaches to addressing the unmet needs of these patients. The change that will lead to a healthier Nation will only come with real commitment from the leadership and the community members within the Cree Nation. This is the challenge for 2019-20.

The traditional teachings to help individuals and families live healthy lives are generally known and understood ... the communities and the health care system need to work together on innovative, patient-centred approaches.





uuchimaa u pimuiteheu

MESSAGE FROM THE AED PIMUITEHEU



Taria Matoush
Assistant Executive Director

This past year the Pimuiteheu Department led the Empowering Youth and Families project, a CBHSSJB priority as identified in the Strategic Regional Plan. While we are leading this project, all of the CBHSSJB's units and departments are engaged in ensuring its success. This highly collaborative effort has involved aligning the core service units, including Youth Healing Services, Youth Protection and Public Health, in addition to working closely with Miyupimaatsiun and Nishiyuu Departments and the CMC in the pilot community of Mistissini.

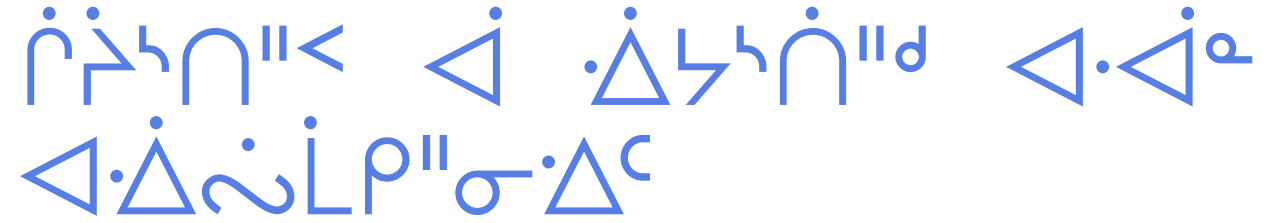
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The Empowering Youth and Families project aims to reduce the number of Youth Protection interventions in Eeyou Istchee by enhancing front-line services and developing community partnerships that can provide safety networks for our young people. A further goal of the program is to prevent as much as possible the removal of children from their families to foster homes. To help us achieve this goal, we created the Empowering Youth and Families work group that is responsible for planning, organizing, leading and monitoring various services and programs both within the organization and with our community partners.

The Public Health Department has been heavily involved in community development, building partnerships and providing networks to support youth and families; in addition, we have organized some very inspiring and informative site visits to Harlem Children's Zone for representatives of Mistissini, Waswanipi and Oujé-Bougoumou. The Empowering Youth and Families project also involves a major restructuring of group homes, with the intent of dedicating one entirely to land-based healing programs. Youth Protection has also restructured their management model with the aim of providing better administrative support to the teams in the communities. The restructuring's objective also intends to create and support better collaboration with the front-line services of the CMCs.

The Pimuiteheu Department has experienced several changes with experienced managers leaving and new ones coming in. I especially want to thank Eviqe Goudreault, former co-ordinator of Disability Services, for her years with the CBHSSJB, Robert Auclair, who led the Department of Youth Protection for ten years, and finally Julianna Matoush, who led Maanuuhiikuu (Mental Health) and has now moved to the Nishiyuu Department. I wish them all well in their future endeavours.

Taria Matoush
Assistant Executive Director



chiyyiistihp aa wiyastihkw awaan awiishuumaakihniwit

PRE-HOSPITAL EMERGENCY SERVICES AND EMERGENCY MEASURES

PRE-HOSPITAL EMERGENCY SERVICES

Pre-Hospital Emergency Services aims to:

- Ensure quality emergency pre-hospital services and health care, and
- Perform continuous quality improvement along the Pre-Hospital Emergency Services intervention chain.

Pre-Hospital Emergency Services is composed of First Interveners, Call Centres (Police or CMCs), First Responders Services, Ambulance Services and Reception Centres (CMCs).

Upon successful completion of 72 hours of MSSSQ training, first responders receive a certificate valid for three years. An overview of the pre-hospital emergency services training quality was conducted this past year. In addition, first responders service agreements were signed with the nine Eeyou Istchee communities, and relationships between first responders and each community have improved. A registry of certified first responders is being developed and statistics compiled in order to issue first responders honorarium payments.

The switch from a paper to an electronic first responders intervention form should provide a clearer picture of the first responders activities at the operational and clinical levels. The implementation of the electronic form will require the creation of a skills maintenance training program as well as the organization of a new response system.

Pre-Hospital Emergency Services signed an agreement with the Cree Trappers' Association to make Bush Kits available for treating minor injuries and addressing health conditions, and for

providing immediate aid until medical personnel are able to treat more serious medical conditions and injuries to Cree hunters and trappers living on traditional territory. Bush Kit funding has been secured with the Niskamoon Corporation, and policy outlines on training courses and responsibilities of maintaining the Bush Kits have been completed. Training manuals for land-based users and staff are being developed.

Eeyou Eenou Police Force officers are being trained to use Automated External Defibrillators; 47 out of 88 officers received the training, and 25 defibrillators will be purchased.

Department representatives visited a Canadian Red Cross Emergency Response Unit in Schomberg, Ontario, and participated in the Nanook-Nunavut Operation to test mobile hospital equipment in the Arctic. A memorandum of understanding is under negotiation between the Canadian Red Cross, the CHBSSJB and the Cree Nation of Chisasibi, and a proposal is in development.

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NUMBER OF FIRST RESPONDERS AND NUMBER OF CALLS RECEIVED



EMERGENCY MEASURES

Emergency Measures are implemented to assist in the event of a natural disaster or any other event that may lead to an emergency situation. Emergency Measures interventions for 2018-19 include:

- Emergency response Code Orange (mass casualty) and Code Silver (armed threat) documents completed with Chisasibi, Mistissini, Wemindji, Waskaganish, Oujé-Bougoumou and Waswanipi
- Road closures and coastal CMC closures declared due to high winds, blizzards and bad weather in Waskaganish, Wemindji, Nemaska and Whapmagoostui
- Code Silver (armed threat) incidents in Nemaska, Mistissini, Chisasibi, Whapmagoostui and Oujé-Bougoumou
- Medivac evacuations interrupted due to problems with the lights on Nemaska airport runway
- Code Grey (toxic leak) issued for a minor leak in Waswanipi arena
- Valise de garde implemented as an emergency response tool for CBHSSJB managers, and 25 licenses were put in operation



Brigadier-General Patrick Carpentier, Canadian Armed Forces, Commander Joint Task Force North and Jason Coonishish, Coordinator of Pre-Hospital and Emergency Measures, during Operation Nanook-Nunavut, a joint exercise organized in the Arctic by the Canadian Armed Forces



uschipimaatisiwinh aa miininwaachihtaakinuwihch

YOUTH HEALING SERVICES

Youth Healing Services (YHS) is mandated to contribute to the protection, rehabilitation and well being—physically, mentally, emotionally and spiritually—of all youth in its care, through programs that provide safety, security and, most importantly, treatment. YHS is committed to providing a compassionate, effective family-oriented program with respect to traditional values, Cree cultural teaching and language.

All placements are referred from Youth Protection (YP) and come from all nine Cree communities. The majority of youth are placed under the Youth Protection Act (ordered or voluntary measures), while some are under the Youth Criminal Justice Act (open custody).

YHS has 71 employees, including a director and three coordinators of resources, and operates three facilities around the clock: the Upaachikush Group Home Reception Centre in Mistissini, and Weesapou Group Home in Chisasibi. YHS is collaborating with the Cree Justice Department to build another Reception Centre in Mistissini, to be opened around September 2019.

Case management is as follows: with each youth referred, there is an admission meeting between the YP worker and the YHS intake worker. A case conference is held, and a healing path plan is developed with the youth and parents to set goals and objectives. Weekly clinical meetings are held to update files and discuss approaches and strategies. All reports are shared with YP.

While Upaachikush and Weesapou Group Home clients attend public school, the education of youth in the Reception Centre has previously been carried out by a teacher at the centre. This year, due to difficulties recruiting a suitable teacher, youth were sent to public school. This

plan was unsuccessful and they returned to the Centre, with school work brought to them there, where educators could help them when needed. While the education program is incomplete and does not pass students to the next grade, it gives them a greater opportunity to succeed once they return to school. YHS and the Cree School Board are working on an agreement to improve services.

The Bush Program offers a holistic land-based program with camps for both inland and coastal communities. The program teaches cultural and traditional Cree life skills, with Cree Elders participating in guiding the program's development and delivering traditional knowledge. This year saw 13 successful activities, including multi-day canoeing, hunting and fishing trips. Other cultural activities were taught at the Perch River Elders' camp.

Most employees received training in the past year. Training sessions included safe food handling, Boscoville training (to create culturally relevant training and support for care workers at YHS), Applied Suicide Intervention Skills training (ASIST), Rainbow (grieving) training (to assist children grieving the loss of a loved one due to death, divorce, deployment or trauma) and a three-day on-site internship in intensive supervision for YHS educators at Cité des Prairies.

The YHS team has experienced many challenges this past year and has made significant changes to maintain best practices and ensure quality services as defined in the Youth Healing Services Action Plan, which the team has been developing for three years. The team looks forward to the addition of a new facility in the fall and the challenge of receiving more clientele.



Promoting and improving the well-being of pregnant women, babies, children aged 0 to 9 and their families through a culturally-safe and integrated services approach with added psychosocial and community development components

The À Mashkûpimâtsît Awash (AMA) Program offers ongoing psychosocial follow-up tailored to the needs of families. AMA also aims to develop partnerships at the local, regional and provincial levels to promote better coordination of existing services. This year four booklets of the AMA Guidelines were printed. A face-to-face meeting was held for the region's community organizers. Regional partnerships were pursued with five meetings of the Maamuu Uhpichinaausuutaa Committee, a network of partners interested in early child development.

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The Maternal and Child Health Program offers support to assist local Awash teams to improve their counseling and teaching skills, to support home visits and to enhance promotion and prevention efforts by applying evidence-based guidelines in maternal and child health interventions and activities. Collaboration with other CBHSSJB departments was maintained even though the program saw notable staff turnover.

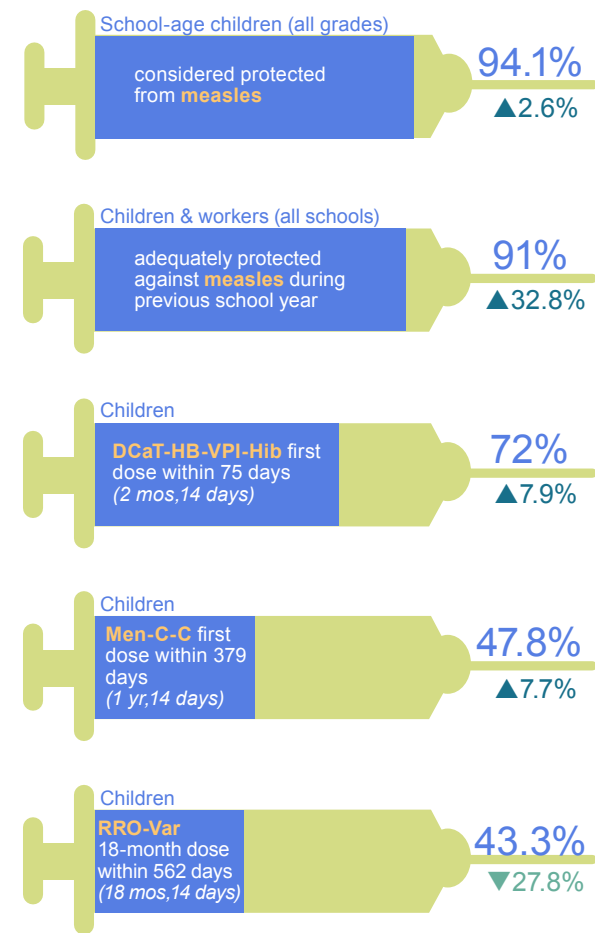
This past year, the Canada Prenatal Nutrition Program within Awash received over seven requests for financial support to help over 60 pregnant women in need. In addition, the first OLO (oeuf, lait et orange) pilot project, Miyuu-ashimishuh, is in preparation phase in two communities to provide food assistance as well as nutrition and food budgeting activities to pregnant and breastfeeding mothers who wish to participate.

This past year, the Breastfeeding Program and the Baby-Friendly Initiative (BFI) provided breastfeeding training and support to 68 front-line workers. Furthermore, five communities organized activities to celebrate Breastfeeding Week with mothers and their babies and families. Eeyou Istchee's breastfeeding needs assessment was a success, with 213 completed questionnaires from all nine communities, and six communities holding focus groups. A literature review to collaborate in the development of a handout on cannabis use while breastfeeding was done. The breastfeeding chapter of the Obstetrical and Perinatal Care Guidelines was updated.

The Cree Leukoencephalopathy and Cree Encephalitis (CLE/CE) Program aims to improve awareness about these genetic illnesses. This past year, training that had been developed for school health nurses was adapted to the front-line Awash nurses and given to them at the annual nurses' training; it was then evaluated by Sainte-Justine Hospital, an important partner for the Eeyou Istchee CLE/CE program.

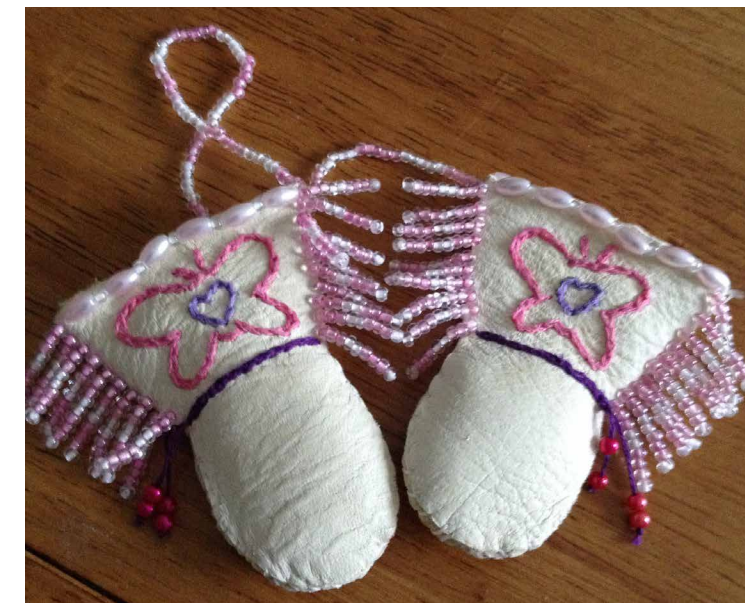
As in previous years, the Immunization Program prioritized the support of all Eeyou Istchee local vaccinators. The flu campaign and immunization schedule were posted on creehealth.org. Efforts were deployed to ensure adequate record keeping and reporting of all vaccines administered in the communities. An evaluation of equipment and immunization product management was carried out in all CMCs, followed by a report with recommendations.

EYYOU ISTCHEE IMMUNIZATION PROGRAM 2018-19



The Dental Health Program sent a questionnaire to all dental hygienists to acquire information on their needs. Seven completed questionnaires were received, with the information indicating the need for dental hygienists' calibration (to ensure the sealant program is administered in the same rigorous way by all) and other regional training. The new dental health PPRO began a tour of the communities, visiting Waswanipi and Mistissini.

In the past year, the Pour une maternité sans danger (PMSD) Program processed and analyzed 129 requests, and compared them to standard provincial practice guidelines. The evaluations and recommendations concern physical, biological, ergonomic, chemical and psychosocial risks during pregnancies. The CBHSSJB physician for PMSD provides support to the health and safety nurse regarding the PMSD and recommendations made through it.



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USCHINIICHISUU 10-29

The Healthy Eeyou Youth Project (HEY) aims to facilitate access to psychosocial and clinical services in order to improve youth health and well-being in Eeyou Istchee. Collaboration with the Department of Program Development was continued, and a needs assessment questionnaire was administered and completed by front-line workers of all communities. Subsequently, training on different outreach approaches was provided and the creation of a framework to support outreach workers throughout Eeyou Istchee is underway. Training, information sessions and presentations were made at events such as the annual nurses training and the Regional Youth Health Assembly. Collaboration with the pilot project To Heal Oneself in Waswanipi is ongoing and consists of supporting the prevention outreach worker hired locally.

The Injury Prevention and Safety Awareness Campaign on the use of helmets to decrease the incidence of head injuries by children and youth focused on bicycling. The campaign, entitled “Be careful! Your head! ᐱᐱᐱᐱᐱᐱ! ᐱᐱᐱᐱᐱᐱ! Ayâkwâmi! Chishtikwân!,” also added a new component: helmet use while playing hockey. The campaign targets the child and youth population and uses older role models to influence the younger crowd.

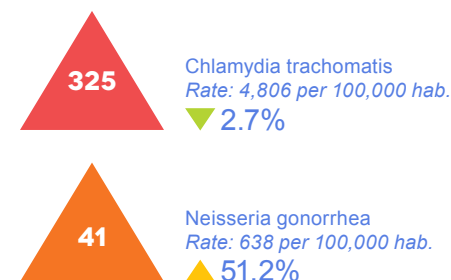
Youth Wellness focused on consolidating the ACCESS – Open Minds Project, which is well underway in Mistissini and is looking into expanding to Oujé-Bougoumou and Waswanipi. A newly developed program, it promotes youth wellness and the prevention of mental health issues encountered by youth (such as issues connected with suicide and suicide ideation, violence and sexual abuse, and loss of identity).

Improving the health of youth through planning and implementation of appropriate health services in communities, clinics and schools and by addressing developmental needs in the transition to adulthood



Concerning sexual health, the Uschiniichisuu are the most at-risk population segment, accounting for 92% of all chlamydia trachomatis cases and 87% of all gonorrhea cases on the territory. The main public health activities in 2018-19 consisted of providing support and evidence-based recommendations to local clinicians in assessing and managing certain at-risk patients with STI, as well as their sexual contacts. The Public Health Department also promoted routine annual screening (using a simple urine test) of all youth 10-29 years of age in the region.

STI RATES USCHINIICHISUU (10-29) 2018-2019



This past year, the Infectious Diseases Surveillance and Protection Program supported the control of clusters and outbreaks of infectious diseases as well as declarable infections. This program works closely with outside partners (including the Ministère de l'Agriculture, des Pêcheries et de l'Alimentation du Québec) to support surveillance (including 'vigie'), prevention, control and evidence-based management of infectious diseases. The program aims to improve population health by reducing (or controlling) the incidence of infectious diseases and their complications in the region.

The School Health Program has school nurses present in most communities, who receive support from Public Health to improve health promotion and prevention in the schools. Channels of communication between the Cree School Board and Public Health were maintained with four meetings last year, leading to collaboration and engagement in new projects such as the regional Breakfast Club Program. Chii Kayeh Iyaakwaamiih (“You too be careful”), a school-based module on healthy relationships and sexual health, was provided to many students, and its online training tool was available to teachers.

The objectives for the Dependencies and Addictions Public Health Program include strengthening knowledge and awareness about various substances and their abuse. Public Health participated with multiple regional partners in harm reduction activities focusing on substances impacting Eeyou Istchee. To address the legalization of cannabis, many information and harm reduction posters and handouts were developed and distributed. An information section was published on creehealth.org, and radio messages were aired on local and regional radio.



School Nurse

CHISHAAYIYUU 30+

This year, various activities were organized to follow our regional health promotion calendar. This included Nutrition Month, Physical Activity Month, Diabetes Awareness Month, the Drop the Pop Challenge, the Walk-to-School Week, National Physical Activity Week and the 100-Mile Challenge, as well as running events, walking clubs, snowshoe walks, the family challenge and traditional activities. Community health and safety messages such as ice, water, road and firearm safety were also promoted throughout the year.

The No Butts To It Challenge, which aims to get the whole community engaged in helping smokers to quit and non-smokers to stay smoke-free, took place in Chisasibi, Eastmain, Mistissini and Oujé-Bougoumou. In all, 2,699 people signed up, more than doubling the previous year.

The team also encouraged and supported communities to organize activities year round, with community projects to promote physical activity and healthy eating habits being funded through our Healthy Environment Active Living Program: 47 small grants were awarded to community groups for healthy cooking workshops, community walks, winter and summer activity programs, afterschool programs and community gardening projects.

Promoting healthy lifestyles and preventing chronic diseases for adults and Elders

Our team participated in committees and working groups, including the Committee on Access to Nutritious Food, the Traditional Food Committee and the Urban Agriculture Working Group in Mistissini. We also contributed to the Chronic Disease Working Group, which is mandated to create and implement a regional diabetes and renal program.

In collaboration with Nishiiyuu, we supported local Miyupimaatsiium Committees with their planning and contributed to evaluating the Iiyuu Atawin Miyupimaatsiium Planning (IAMP) project.

To facilitate collaboration with different groups, departments, and entities, and to offer an opportunity for networking, our team organized monthly meetings of the Miyupimaatsiium Meeyochimoon Network (Healthy Lifestyle Network), the CBHSSJB Chishaayiyuu managers and the nutrition team.

Wemindji clinic getting ready for selfie on World Diabetes Day



We were involved in the organization of several training sessions and workshops, including the annual nurse, CHR (Community Health Representative) and nutritionist trainings. To bring awareness to the lateral violence present in our communities, 14 lateral kindness workshops were offered to different entities and groups. In addition, our team offered support to daycares and CBHSSJB food services for developing menus, managing food services and implementing food safety and hygiene practices.

The Train the Trainer Program aims to increase health care providers' knowledge on diabetes management through training, mentorship and support. In 2018-19, on-site training was provided by regional diabetes educators in all communities, some communities being visited more than once. The diabetes team also collaborated in all annual training meetings. Highlights included two multidisciplinary sessions requested by doctors from Chisasibi and Mistissini, as well as finalization and implementation of tools to teach carbohydrate counting for diabetes management.

Chishaayiyuu is involved in coordinating breast cancer screening in our region, working with the local clinics and the Institut national de santé publique. This year, a needs assessment of the breast cancer screening process was conducted during the preparation and tour of the ClaraBus/SophieAir. Multiple quality improvement initiatives were implemented.



ENVIRONMENT

Environmental Health within the Public Health Department aims to inform and protect our people from the effects of harmful substances in outdoor air, indoor air, water and food. It is also concerned with reducing negative health impacts of resource development projects, encouraging healthy and safe community environments, and addressing environmental emergencies. Much work involves collaboration with the Cree Nation Government (CNG), the Cree Trappers' Association, First Nation Councils and the James Bay Advisory Committee on the Environment.

The team receives frequent requests from public and health professionals about managing mold exposures and indoor air quality. This year we collaborated with the CNG on a policy initiative around housing-related health issues.

We also submitted a proposal and started planning for a health impact assessment of parks and green spaces to be held collaboratively with the CNG Capital Works and the First Nation Councils this year.

Water quality in community water distribution systems is the responsibility of First Nation Councils; Public Health assisted with their preventative measures for drinking water in order to avoid health risks and also assisted the CNG in drafting the drinking water law.

The team followed up on radon testing in Wemindji and supported another community in submitting a proposal for radon testing.

Regarding environmental emergencies, the team provided information at the start of summer on preparing for forest fires, compiled the Public Health Emergency Response Plan, held regular meetings in public health emergency response, and developed plans to deploy a sensor network of forest fire smoke detectors in all communities.

The team validated the most recent mercury monitoring results, updated the interactive mercury map, which provides fish consumption recommendations for each trapline (cree-geoportal.ca), and developed and deployed strategies for promoting a transition to non-lead ammunition.

The team participated in the Eastmain Forum on Adaptation to Climate Change, and discussed climate change concerns with the First Nation of Mistissini, Waskaganish and Whapmagoostui.

The team has been active in almost every file submission concerning developments in Eeyou Istchee, providing input on health impacts of projects including lithium mines (James Bay Lithium, Rose, Whabouchi) as well as gold (Windfall Lake) and iron (Blackrock) developments. We also required Hydro-Quebec to conduct a risk assessment on herbicides used on a new power line development.

OCCUPATIONAL HEALTH AND SAFETY

The Occupational Health team is responsible for protecting the health of workers and preventing occupational diseases. Last year the team recruited a prevention technician, who is now being trained. The team participated in a provincial working group on occupational health resources, supported the CBHSSJB's internal health and safety efforts, and was invited to workplaces to answer questions and employee concerns. The SISAT information system is being used to document interventions and gather a portrait of needs and services across Eeyou Istchee. After analyzing the risks and requests for services over the last 10 years, it is apparent that indoor and outdoor air quality is a major concern for workers in our region.



taakish naakitiwaayihikuuch kiyaa shash aa chi
nituchiischaayiitakinuwich aahat iyyiyamwaahiiwaach chaakwaan

SERC, CLINICAL PREVENTIVE PRACTICES AND
PUBLIC HEALTH COMPETENCY DEVELOPMENT

The SERC team is mandated to carry out public health surveillance—an exclusive and independent core function of the regional Public Health Department—together with evaluation, research and communications.

Surveillance is the ongoing systematic reporting on population health status and its underlying determinants. The team’s work follows objectives from the Strategic Regional Plan (SRP) and those of the surveillance theme within Québec’s Public Health Plan. Over 2018-19, the surveillance team worked collaboratively with other professionals and departments throughout the CBHSSJB, providing expertise mainly in survey designs, data collection, data management and analysis. The requests for new analyses and reporting, support, advice and collaboration have increased markedly over the last five years, whereas the staff of the surveillance team has not grown.

Several reports were completed: the cancer report, the diabetes report, a report on mortality linked to cardiovascular diseases and diabetes, and a comprehensive report on elementary school students’ oral health. Other reports on respiratory diseases, cannabis, suicide and severe intoxications were developed. Our Global Health Report for Eeyou Istchee, an internal report with ten thematic chapters, was updated, as was the statistical profile of health and the demographic profile.

Activities around the opioid file extended beyond surveillance activities and involved many other teams from the CBHSSJB, especially Public Health’s Uschiniichisuu team, the Planning and Support Department, the Pharmacy Department, the DPSQA-Health and Regional Pre-Hospital Services, as well as the Eeyou/Eenou Police Force (EPPF). Training on opioid overdose and naloxone administration was developed and given to the EEPF officers and the National Native Alcohol and Drug Abuse Program (NNADAP) workers. The first phase of a study of opioid prescribing practices in Chisasibi and Mistissini was carried out through a review of patients’ medical charts, and results will be reported in 2019-20. As well, a pharmacist assessed opioid management in each of the CBHSSJB pharmacies, and recommendations were implemented.

Evaluation is a supportive function of Public Health services. Even though no professional was in charge of the evaluation file last year, the SERC team, and especially its surveillance team, collaborated on some evaluation files, providing advice on the Client Satisfaction Survey carried out by the Program Planning Department and the design of the report AS-805 for Pre-Hospital Services. The team was also fully involved in all phases of the Breastfeeding Needs Assessment Survey. The team is currently working with the CPDP and other CBHSSJB departments to improve end of life care services for Eeyou Istchee patients. We are also collaborating with the Program Planning Department on the Maamuuhkedaau (“Let’s do it together”) survey to measure the organizational attributes of the CBHSSJB primary health care system.

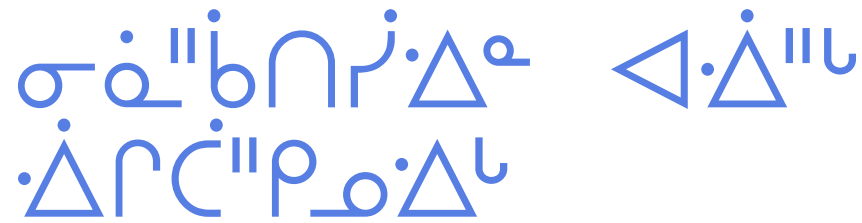
Research provides valuable information which aids in preventing diseases and injuries and in improving treatments and care to the population. The CBHSSJB Research Committee has been functional, holding monthly meetings from September to June, and this past year many research projects have been completed, are in progress or are under discussion. Subjects include:

- physical health (interstitial lung disease project, wound care technology evaluation)
- social wellbeing (being two-spirited, social participation of Elders in community wellness)
- health services (mental health impact on women sent to Montreal with problem pregnancies, genetic disease counseling evaluation for CE-CLE, ACCESS Youth mental health services, legal opioid prescription)
- the environment (mining impacts, housing)

Last year saw the creation of the Research Advisory Panel as an advisory group for the Research Committee. This Indigenous panel consists of Elders, youth, community members and scholars with backgrounds in health-related research. Discussions are ongoing with the MUHC (McGill University Health Centre) Research Ethics Board about mutual aid for northern research review: the MUHC would review projects for the CBHSSJB when needed, while the CBHSSJB could suggest members from the Research Advisory Panel to assist the MUHC with certain reviews of northern projects.

Public Health’s **Communications** strategy is organized around radio, social media and the CBHSSJB website, along with print materials in Cree, English and French. The team works closely with Corporate Communications to use social and digital media to distribute messages and share stories; to manage the public health section of the website; to liaise between the department and regional media entities to promote Cree language communications; and to provide communications support for all department teams and personnel. The team also supports professionals in organizing their monthly awareness campaigns and monitors how the public responds to public health messages. The Miyupimaatisiun Dipajimoon Radio Show hosted 26 shows, averaging three health topics per show.

With the recruitment of a new Information Officer, the team provided training on spokesperson roles, media relations, and crisis communications to the Board and Public Health. Several communications tools have been recommended to help improve internal and external communications in emergency measures and crisis management.



ninaahkaatsiiwin awiihch wiichitaahkinuwich DISABILITY (SPECIAL NEEDS)

CBHSSJB's Disability Services are responsible for the development and provision of quality culturally-relevant services pertaining to physical disabilities, intellectual disabilities and autism spectrum disorder. Their target clientele includes residents of the Cree territory living with a disability that persists over time and affects their ability to attain their goals; clientele also includes some Cree individuals residing outside of the territory.

In 2018-19, Disability Services focused on re-organizing and expanding its services, with the goal of offering a full spectrum of services as close as possible to home for the Cree population. These services are community-based as well as regional.

COMMUNITY-BASED SERVICES

Community-based services are offered through the local Community Miyupimaatisiun Centres (CMCs) and Multi-Services Day Centres (MSDCs), in collaboration with the department of Allied Health. They include case management and local rehabilitation services. Although these services are not directly under Disability Services, the coordinator is responsible for ensuring access to these services, so a close partnership is important. Collaboration and a common vision among partners is needed to ensure that quality services are offered to the population. Since October 2018, the Disability Services coordinator traveled on eight occasions to the communities to meet local partners and initiate collaborations.

REGIONAL SERVICES

Regional services are offered to the nine Cree communities through Disability Programs – Specialized Services (DPSS) teams.

The DPSS Intervention team is composed of a team leader and six clinical advisors (CAs). Its mandate is to increase the knowledge and skill level in Eeyou Istchee to ensure clients with disabilities receive the best services possible. To achieve this, clinical advisors offered regular group support calls for local case managers, occupational therapists and speech language pathologists, as well as punctual individual support for complex or problematic situations. The CAs also travelled on 26 occasions to the Cree communities to offer in-person support to employees and caregivers. In 2018-19, the intervention team supported local employees in the follow-up of 302 clients with disabilities.

The Cree Neurodevelopmental Clinic completed the full FASD (Fetal Alcohol Spectrum Disorders) battery, including neuropsychology, occupational therapy, language assessments and consultations with the development pediatrician for 11 clients in four communities. An additional 40 clients were assessed in neuropsychology as well as five in speech and language pathology, in six communities. 187 assessments are still needed based on the current waiting list.

In October 2018, the CBHSSJB hired a full-time Planning and Programming Research Officer (PPRO) to promote the Jordan's Principle Program and to train and support communities in

completing applications. Presentations were given in five communities and outside the region. Over 300 individuals attended these presentations, and a total of 35 applications have been approved.

Special Needs Educator (SNE) positions were created to support the existing local rehabilitation services. To date, seven SNEs have been hired and receive support from DPSS's PPRO and their local CMC or MSDC employees. New SNEs attended several trainings, participated in internships at local daycares, and observed local rehab staff as a part of their orientation. The DPSS team offered monthly phone support calls to SNEs as well as four in-community support visits.

The DPSS is responsible for support to external residential resources and their Cree clients. In 2018-19, 21 clients resided outside of the Cree region due to complex needs. The DPSS collaborated with local entities to ensure these clients continued to receive culturally adapted quality services: the team visited these external resources and clients 14 times in 2018-19, in addition to providing frequent phone support.

Training sessions and presentations were given to ensure quality of services on territory and to ensure all local staff are equipped with the knowledge and tools to best serve individuals with disabilities and their loved ones. Some trainings were also offered to two specialized foster homes in Chisasibi and Mistissini:

- Behavior and autism training sessions in Waswanapi, Oujé-Bougoumou and Montreal—these were filmed and made available to local staff through web modules
- Sensory training in Montreal (three times) and Chisasibi (also filmed and made available to local staff through web modules)
- Case manager training in Mistissini
- Presentation on FASD and Disabilities in Whapmagoostui

The DPSS also restarted the Regional Advisory Committee for special needs in partnership with the Cree Nation Government and the Cree School Board, and initiated a partnership with the Nishiiyuu Miyupimaatisiun Department to further adapt land-based activities and increase inclusion of individuals with disabilities.

To further increase the quality of services, the DPSS created and filled 13 new positions, including an occupational therapist supporting external clients and residential resources, a speech language pathologist acting as clinical advisor and supporting the Cree Neurodevelopmental Clinic, a social worker acting as clinical advisor, a specialized education technician acting as clinical advisor and supporting the SNE project, a PPRO for Jordan's Principle, a PPRO for the SNE project and seven local SNEs.

In 2019-20, the DPSS will continue expanding its services and promoting interdisciplinary collaboration to ensure integrated quality services are available within the communities; it also aims to ensure that Nishiiyuu remains at the core of Disability Services.



In keeping with our vision statement, Maanuuhikuu has supported the communities in promoting positive mental health through prevention, intervention, treatment and ongoing holistic care, so that everyone in Eeyou Istchee can enjoy a full and balanced life.

This past year saw the departure of the coordinator, and her replacement with an interim coordinator. We continued expanding community service coverage by recruiting new staff (psychotherapist, art therapist, nurse, Planning and Programming Research Officer) to work in Chisasibi, Oujé-Bougoumou, Eastmain, Waswanipi and Mistissini.

In addition, we offered trainings such as Mental Health First Aid for First Nations in Oujé-Bougoumou and Chisasibi. In collaboration with Nishiyuu, we presented several sessions on Cultural and Ethical Considerations for Working in Cree Territory to different audiences.

We have also been collaborating with other departments on initiatives to improve services on territory:

- Supporting the ACCESS pilot project to offer community-based youth mental health services
- Working with the Psychosocial Department to continue developing Ishkotem, a multidisciplinary pathway to better address clients' needs by improving communication between professionals and acknowledging Cree traditional approaches to well-being
- Collaborating with the Miyupimaatisiun Department and DPSQA-Psychosocial to develop a standardized suicide intervention protocol for all CMCs

Plans for the coming year include continuing work on these initiatives and increasing and enhancing collaborations to developmental health programs and services.

PSYCHIATRY

The child psychiatry program is now in its fourth year, with two child psychiatrists on the team. The regional clinical nurse works on the child psychiatry file and supports the mental health nurses. The team collaborates closely with the Disability Program, daycares and schools.

Two psychiatrists continue to provide adult psychiatric care in Eeyou Istchee, working with one mental health liaison nurse and three local mental health nurses (in Nemaska, Eastmain and Chisasibi) to support clients. In addition, a liaison nurse works from the Douglas Mental Health Institute to provide support to Cree clients and their families. Video-conferencing has been expanding and is regularly used for case discussions and follow-up with clients.

PSYCHOLOGY

Psychology services have been expanding in Eeyou Istchee and, with five full-time psychologists and six half-time psychologists/psychotherapists, services are providing more consistent and frequent support to clients and local teams. We have begun to offer more support via telepsychology in Mistissini, Chisasibi and Nemaska, improving continuity of care.



Making suicide awareness ribbons for the "lighting a candle" ceremony of remembrance, part of the 2nd annual regional Suicide Prevention Conference, September 10-14, Chisasibi

SUICIDE WORKING GROUP

The working group continues to develop a strategy for addressing suicide in our communities. This process includes networking with youth programs, collaborating with other Cree entities and working with the Association Québécoise de Prévention du Suicide to develop a pilot project on the Implementation of Good Practices in Suicide Prevention.

SEXUAL ABUSE WORKING GROUP

The working group delivered training programs for front line workers on using the Sexual Assault Response Protocol (SARP) and accompanying Sexual Assault Response Manual (SARM). The training has been offered to front line workers in all nine communities; 59 workers have completed all three phases of the program and are ready to respond to adult disclosures of sexual assault. Additional training sessions are planned for next year.

INDIAN RESIDENTIAL SCHOOL (IRS) – RESOLUTION HEALTH SUPPORT PROGRAM

The Resolution Health Support Workers (RHSW) provided emotional support to 438 former IRS students and 792 family members, while cultural support workers provided spiritual and traditional counselling to 155 former IRS students and 237 family members. The intergenerational impacts of the negative practices of the IRS are being addressed as the younger generations are becoming more informed and aware. The Missing and Murdered Indigenous Women file is being included within Maanuuhikuu. According to Health Canada, this includes missing girls, women and men. The RHSW will be visiting all Cree communities to inquire about this file.



uuchimaa u nishiiyuu miyupimaatisiin

**MESSAGE FROM THE AED
NISHIIYUU MIYUPIMAATISIIN**

The Nishiiyuu Miyupimaatisiin Department promotes a holistic approach to understanding and achieving good health and miyupimaatisiin (well-being) through the principles of traditional Cree knowledge and helping methods. Its emphasis on incorporating traditional knowledge, healing practices and cultural safety in all programs and services of the CBHSSJB is an important component of the new Strategic Regional Plan (SRP).

Our department's main goals this year included enhancing the development of Complimentary Services and Programs and promoting the delivery of culturally safe programs and services throughout the CBHSSJB. We also sought to advance community engagement and local empowerment by sharing responsibilities for developing community-driven programs and services.

Much effort was placed on recruiting the best staff possible to help us achieve our objectives and goals. With the majority of our positions now filled, this coming year we will be focussing on evolving our work and enhancing collaborations with others in the CBHSSJB. I would like to give a special acknowledgement to Abraham Bearskin, who retired from his coordinator position on July 13, 2018. He was an important member of this team, and we appreciate everything he contributed to our department.

I am proud and impressed with the teams' accomplishments throughout this period of transition and growth, and look forward to continuing our journey to miyupimaatisiin together, for the benefit of all Eeyou/Eenou.

Laura Bearskin
AED, Nishiiyuu Miyupimaatisiin



Laura Bearskin
Assistant Executive Director (AED)
Nishiiyuu Miyupimaatisiin

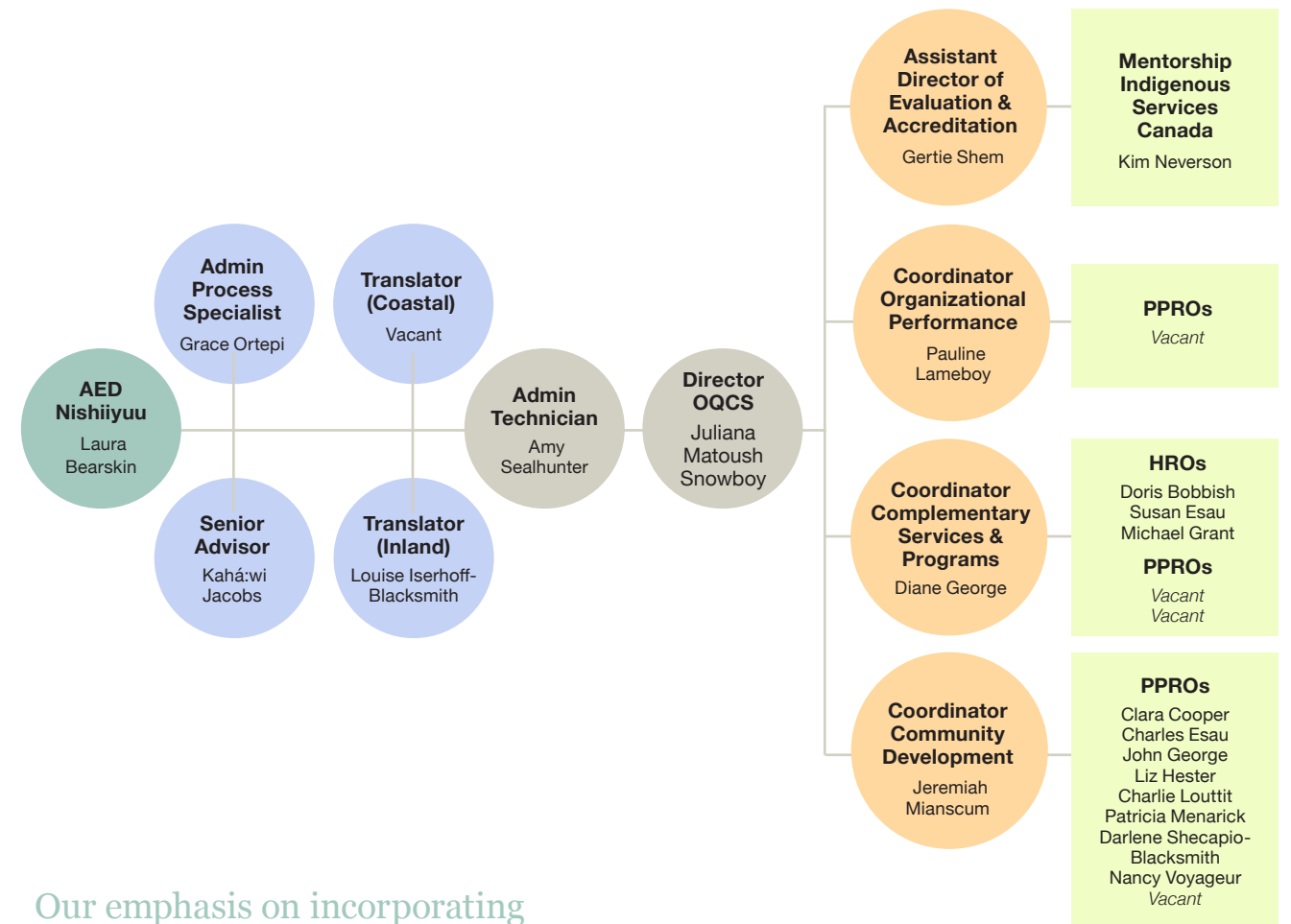
NISHIIYUU HIGHLIGHTS FOR 2018-19

The Nishiiyuu team more than doubled its numbers this past year, growing from nine to 21 employees. We welcome the arrival of these new team members, and are happy to report that, with their addition, we have been able to develop two new sub departments: liiyiyu Pimaatisiin E Pimuhtaakanuuhch (Community Development) and Organizational Quality and Cultural Safety.

NISHIIYUU ACTION-ORIENTED EVENTS AND SERVICES

Under Complimentary Services and Programs, we oversaw the continued development of the Waapimausuwin Program. This included hosting the Gathering of Midwives, launching the Waapimausuwin Program and offering its teachings through the Home Away from Home Project in Val-d'Or. Traditional healing approaches were promoted through drafting the Engaging Elders Protocol in collaboration with the Nishiiyuu Council of Elders. Through liiyiyu Pimaatisiin E Pimuhtaakanuuhch (Community Development), we shifted the focus from planning to an action-oriented approach by formally developing and strengthening our community partnerships. We have also mobilized resources to work in the areas of organizational performance, accreditation, evaluation and cultural safety trainings.

ORGANIZATIONAL CHART (January 2019)



Our emphasis on incorporating traditional knowledge, healing practices and cultural safety in all programs and services of the CBHSSJB is an important component of the new Strategic Regional Plan.

COMPLEMENTARY SERVICES AND PROGRAMS

We are working to implement three integral parts of our Action Plan: Waapimauwin and Utinausuwin, Land-Based Healing, and Traditional Medicine, in alignment with the CBHSSJB's Strategic Regional Plan (SRP). We have been making contacts with potential partners related to the ongoing development of these services and programs.

The Waapimauwin Home Away from Home Project held its first activity in Val-d'Or this past January. It was organized in partnership with the Friendship Centre, whose activities are directed toward sharing Cree teachings. This activity focused on imparting traditional Waspsuyan teachings. We also made progress on the Miiwitt Project in Mistissini and Chisasibi, with baby bundles having been made with the assistance of Elders who also shared their teachings on traditional birthing.

Our collaborations with other entities for Waapimauwin also include drafting a memo of understanding with a number of partners, including the Midwifery and Awash departments as well as the Cree Women of Eeyou Istchee Association (CWEIA) and Cree Nation Government (CNG). A one-day team building activity was held with Midwifery, Awash and Nishiyuu departments to improve collaborations so we can move forward into the new fiscal year with good working relationships.

Our collaborations with other entities for Nitahuu Aschii Ihtuun (Land-Based Healing) initiatives include drafting a Memo of Understanding with the Nishiyuu Council of Elders and holding a snowshoe walk in Waskaganish. We also began preliminary work on the development of a land-

based program for youth who reside in Chisasibi's Weesapou Group Home. A literature review of existing land-based programs has begun, and is a collaborative effort between Nishiyuu, Public Health and Youth Healing Services. We have also been exploring opportunities to partner with others to develop land-based programs (e.g. exploring a possible partnership with Jordan's Principle for a land-based project in Mistissini for individuals with special needs).

For our Traditional Medicine and Healing Initiative, we have also been exploring opportunities to partner with others to collaboratively develop programs that acknowledge and build on traditional approaches to healing. For instance, preliminary discussions began with the Allied Health Department to explore opportunities to develop a Dementia Project that would include a traditional Cree approach to imparting knowledge about this condition that affects elders in our communities. We also collaborated with the Nishiyuu Council of Elders on the drafting of an Elders protocol, which provides guidance on how to consult with and request services of Elders.

In addition, we have started to plan and organize local gatherings to discuss traditional healing approaches in the communities. Information gained from these gatherings will be used to help us to develop programming in the coming years and to shape the framework for the Traditional Gathering of the Knowledge Keepers regional gathering scheduled for spring 2020.

IYIYIU PIMAATISIUN E PIMUHTAAKANUUHCH (COMMUNITY DEVELOPMENT)

Robbie Matthew, one of our Elders, gave us the Cree name Iiyiyiu Pimaatisiun E Pimuhtakanuuhch for Community Development, which means "carrying the Cree way of life".

We are working to activate Miyupimaatisiun Committees in all communities and are eager to work with them on local priorities. To this end, we have met with related entities, including local CMC teams, the Cree Nation Government and the Cree School Board, to learn their thoughts on community development, share with them our mandate and capabilities, and discuss how to best collaborate to address local priorities. We are promoting the idea that these committees would work with Chiefs and Councils to consult broadly in their communities—engaging individuals, families and organizations in the development of strategies to enhance miyupimaatisiun. We aim to support the committees, with other service providers as appropriate, with the goal of creating formal, multi-year partnership agreements. So far we have met with representatives from Mistissini, Waswanipi, Waskaganish, Wemindji and Chisasibi, and plan to meet with other communities in the coming year.

Our plan is to have a Nishiyuu Planning and Programming Research Officer (PPRO) in each community, who will collaborate with the Miyupimaatisiun committees to develop community-based strategies and pursue partnerships at the local level. The PPROs will also identify and communicate opportunities and priorities for partnership with Chief and Council. As members of the CCIC (Clinical Coordination Integration Committee) at the local CMC, their roles are also to advise on matters of cultural safety and to be a bridge between CMC leadership, traditional knowledge keepers and healers, and the Miyupimaatisiun Committee. In addition, the work of Iiyuu Ahtaawin Miyupimaatisiun Planning (IAMP) was transferred to our department, with ongoing collaborations with the Public Health Department for program evaluation.



Kinawit Cultural Camp site, Val-d'Or: Coaching & Facilitation Training photocredit: Pauline Lameboy

ORGANIZATIONAL PERFORMANCE

The Clinical Coordination and Integration Committees (CCICs) and DPSQA/DMAS committees are Nishiiyuu collaborations that provide opportunities for dialogue between local representatives and health professionals to ensure quality care is provided in our communities. Our department continues to act as chair for the Regional CCIC meetings.

We also aim to create user friendly and accessible client satisfaction surveys and evaluations for all programs and services. This year, we developed and launched surveys to collect feedback from participants of a number of our projects, workshops and training sessions. This included the Nishiiyuu Employee Satisfaction Survey, Culture Orientation Survey, Home away from Home Survey and Nishiiyuu Training/Retreat Survey. All feedback, comments and suggestions we receive from these surveys are used to inform and improve our programs and services.

EVALUATION & ACCREDITATION

This year the Evaluation and Accreditation Department team began preparing the CBHSSJB to embark on the journey to accreditation. Accreditation is aligned with the CBHSSJB's strategic objective of implementing best practice standards throughout the organization, and on continuously improving the quality of care, programs and service delivery.

This first year focused on gaining a better understanding of the CBHSSJB's structure. By meeting with various individuals and departments, we were able to gather information on the work being done, as well as existing improvement initiatives and challenges. These discussions were very useful and helped us make linkages with

the accreditation process. During the upcoming year, we will continue to meet with remaining departments to ensure that we have an overall portrait of the CBHSSJB.

We also had the opportunity to visit four CMCs this year, where we met with local directors and coordinators. Our visits to Wemindji, Whapmagostui, Waswanipi and Mistissini were very helpful and eye-opening. They allowed us to understand how services are organized, and to learn about the programs and services being delivered to communities. Visiting the hospital and meeting with the director and coordinators was also beneficial in providing us with a good overview of services.

Creating awareness around accreditation and quality improvement was our second key objective. By delivering presentations to various groups and hosting a training session with the Board of Directors, we were able to provide information on the process and how it is used by health organizations to plan improvements; they also allowed us to answer initial questions and create engagement. Assessment checklist tools were developed and will be shared with departments in the coming year to begin assessing current services, identifying areas of strength and planning actions for areas requiring improvement.

We also collaborated on two working groups related to the Client Satisfaction Survey and the Laboratory Services, which enabled us to contribute information and make further linkages to accreditation. Lastly, we participated in monthly teleconferences to network with accredited CISSS and CIUSS in Quebec and learn from their experiences.



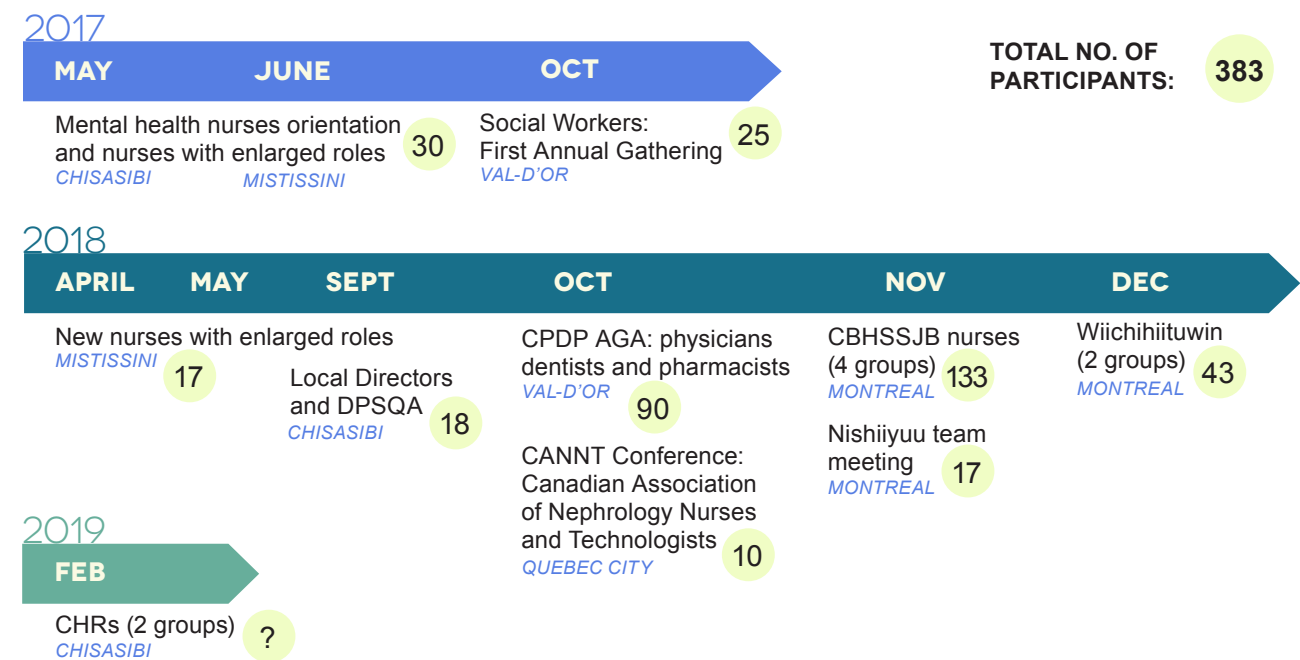
CULTURAL SAFETY

The aim of Cultural Safety is to align all CBHSSJB services with Cree cultural values and realities. This process is supported by key partners from the Nishiiyuu Council of Elders and the CBHSSJB's Clinical Coordination and Integration Committee (CCIC). Nishiiyuu's continued role on the CCIC is to ensure that programs and services are delivered in culturally safe ways. Local CCICs are multidisciplinary teams that include a Nishiiyuu representative who advises local CMC directors.

This past year, Nishiiyuu also hosted a Cultural Day in Chisasibi for visiting representatives from the Medical Affairs Department. The day included a guided tour of the Cultural Centre followed by traditional knowledge sharing by a local Elder and a traditional meal at the Elders culture camp.

Nishiiyuu also continued the collaboration with the Maanuuhiikuu and the DPSQA-Social Departments to develop and deliver training sessions aimed to promote culturally safe programming and services throughout the CBHSSJB. We have made significant progress in this area, with sessions provided to a number of front line and management staff in the past years (see table below), and we aim to provide more training sessions in the next fiscal year.

CULTURAL SAFETY TRAININGS DELIVERED



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uuchimaaui miyupimaatisiun

MESSAGE FROM THE AED MIYUPIMAATISIUN

The Regional Miyupimaatisiun Department is responsible for delivering Health and Social Services to the population of Eeyou Istchee, in accordance with the Strategic Regional Plan (SRP)—our guide for identifying priorities and ensuring that people have access to safe quality care needed in a timely fashion. This process involves building strong partnerships to achieve objectives that are shared by other Cree entities and organizations, as no one entity can be solely responsible for nurturing miyupimaatisiun in Eeyou Istchee. This is a holistic and collaborative effort.

I am proud to report that within the last year we have witnessed many accomplishments. Among them, we supported the extended opening hours at the Mistissini CMC, including pharmacy and laboratory services. We opened the second Robin's Nest Women's Shelter. We reviewed the entire scope of Cree Home and Community Care Services (CHCCS) to address the program's growing needs and to improve the safety and quality of care for our clients. Also, we have continued working on our client satisfaction survey project. The opportunity to learn more about how our communities perceive our services and programs is of tremendous value. Therefore, we have established teams for improving our service corridors and pathways to ensure that a broad range of services, including specialized services, are offered in the communities.

In addition, we oversee important pilot projects such as the Desire to Heal Program, which enhances the continuum of services related to addictions, and the Home Hemodialysis pilot, which will greatly improve the quality of life of patients with kidney failure.



Michelle Gray
AED (Interim) Miyupimaatisiun

The organization is currently undergoing a major shift from a physical health perspective to focusing on behavioral or psychosocial health, as the behavioral health approach has been shown to improve client experience and to result in better care overall.

Within this shift, we have taken on the responsibility for foster care resources. Many milestones were reached for the foster care resource program, from revising policies and procedures to the development of a foster home guide. We have implemented and will continue to adapt a new communication strategy to ensure the ongoing safety of those requiring placement.

We have also been consolidating our management framework to nurture an environment for creativity, innovation and continuous quality improvement. In addition to ongoing monthly meetings, we have launched a first cycle of performance appraisals, which will ensure that the organizational vision is shared by all managers, professionals and staff.

What does not and will never change is our commitment to continuously adapt our health and social services to better meet the needs of the population. We will do more of some things, perhaps less of others. We will measure key health indicators, share information, adopt best practices and welcome more partners—all with the goal of providing the best possible health and social services and programs.

I want to thank our outstanding staff, whose dedication and talents are directly linked with our capacity to achieve our mission.

Warmly,

Michelle Gray
AED (Interim)

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nituhkuyin aapitisiwiinh kiya aaiish aapitisiistaakanuwiyich

MEDICAL AFFAIRS AND SERVICES

GENERAL AND SPECIALIZED MEDICINE

The Department of General and Specialized Medicine (DGSM) is responsible for providing consistent medical coverage and services, and includes all family doctors and specialists working at the CBHSSJB. DGSM team members work together and engage with the rest of the organization to ensure integrated, seamless, culturally safe, effective and accessible medical services for the entire population.

TEAM STRUCTURE

DGSM Chief Dr. Carole Laforest is supported by nine Deputy Chief Medical Officers, who coordinate the medical services of the nine CMCs, and six Chief Medical Officers, who coordinate the specialized departments of General Internal Medicine, Nephrology, Pediatrics, Psychiatry, Gynecology and Obstetrics, and Medical Biology. Since its inception in 2015, the DGSM management group has been an important driver of the department's development. In 2018, the heads of specialized services were integrated, so the management group is complete and is a recognized decision-making body in its own right.

MEDICAL STAFFING

This year we reached an unprecedented level of medical staff coverage: 90% in our small communities and 100% for the rest of the territory, a level that we hope to maintain. Thanks to ongoing recruitment and retention efforts, we welcomed five new family doctors and two new medical specialists, bringing our team to 63: forty medical doctors, six active medical specialists and 17 associate specialists. The number of permanent doctors as well as their average length of stay continues to increase, thus reducing our use of dépanneurs (temporary replacement doctors).

ONGOING PROJECTS

The DGSM team continues to engage with a range of projects and initiatives, including the finalization of the Therapeutic Guide, the return of childbirth to the territory, the nurses' training, the standardization of clinical tools, and participation in local CCICs. The Emergency Medicine unit is working on several projects, including standardization of emergency rooms and the development of Code Orange protocols. The team continues its efforts to enhance specialized services in the territory and in our service corridors. The computerization of clinical systems will continue to improve the quality of care, and the electronic medical record project has made significant progress. MYLE software has been selected and configuration of the product has begun.

PRIORITIES IN 2019-20

Priorities for 2019-20 include developing and maintaining our dynamic and committed medical team, improving our local and regional clinical demand tracking systems (regional level and service corridors), improving the organization of services and continuity of care, and developing specialized services at the local level.

40 MEDICAL DOCTORS
6 MEDICAL SPECIALISTS
17 ASSOCIATE SPECIALISTS

RISK MANAGEMENT

A PPRO-Risk Advisor joined the DPSQA-Health team in May 2018 and is responsible for coordinating risk management activities, promoting a patient-safety culture, overseeing all systems directed at managing risk and increasing safety in the delivery of health services.

Several actions were implemented to strengthen the risk management culture and to improve processes promoting quality of care and patient safety. Training sessions on risk management were provided at Wiichihitwin Montreal, the CMCs and MSDCs of Chisasibi, Mistissini and Wemindji, at the CPDP and at the annual nurses trainings in Montreal and Chisasibi. Additionally, individual training was given to the local directors and the coordinators of Miyupimaatsiun on completing the summary analysis of the form AH-223. The PPRO-Risk Advisor continues to provide assistance by offering personalized support to managers, employees, and professionals of the CBHSSJB.

In December 2018, the Board of Directors adopted an integrated risk management policy, and a memorandum was sent to all employees informing them of this policy and future developments in risk management. Policies and procedures for the reporting and disclosure of an incident/accident are currently under review and procedures for integrated risk management and sentinel event management are being drafted.

A prospective analysis on the implementation of midwifery services at the CBHSSJB is under way. This proactive approach aims to identify the risks and the measures to be put in place to mitigate these risks.

INCIDENT/ACCIDENT REPORTING

The following charts present the number, type and severity of incidents and accidents reported for 2018-19.

REPORTED EVENTS

A		Fall	30	5.2%
A		Near fall	8	1.4%
B		Drug	194	33.9%
B		Treatment	66	11.5%
B		Diet	7	1.2%
C		Laboratory	78	13.6%
C		Imaging	3	0.5%
D		MDR*	0	0.0%
E		Material	18	3.1%
E		Equipment	7	1.2%
E		Building	3	0.5%
E		Personal Effect	0	0.0%
F		Assault	5	0.9%
G		Other	153	26.7%
Total			572	100.0%

*Medical Device Reprocessing
Data as of April 25, 2019

The three most frequent events are drug errors, laboratory errors and assorted “other” errors, accounting for 74.3% of incident or accident reports. Drug and laboratory errors were reviewed by local management teams and other key stakeholders when required. Control measures were put in place to prevent recurrence of events.

REPORTED EVENTS BY SEVERITY LEVEL

A	101	17.7%
B	202	35.3%
C	175	30.6%
D	76	13.3%
E1	10	1.7%
E2	5	0.9%
F	2	0.3%
G	0	0.0%
H	0	0.0%
I	0	0.0%
Undetermined	1	0.2%
Total	572	100.0%

Data as of April 25, 2019

Incidents (A to B) account for 53.0% of events, accidents (C to I) 46.8% and undetermined events 0.2%. No event caused permanent consequences to a client.

There is a decrease of 13.6% in the reporting of incidents and accidents compared to 2017-18, from 662 to 572 events. 20 reports completed were removed from the local register database and sent to the Health and Safety Office. Education was done in partnership with the Health and Safety Office to distinguish the differences between patient safety and employee safety.

NEXT STEPS IN INTEGRATED RISK MANAGEMENT

For the coming year, objectives include extending risk management to the CBHSSJB’s human, material and technological resources, and establishing an integrated risk management committee. The adoption by the Board of Directors and/or Executive Committee of policies, procedures and frameworks related to integrated risk management are also among the objectives to be achieved in the upcoming year.





aa maamu wichhtaakinuwiych

ALLIED HEALTH

Allied Health Services continues to grow, nurtured by dedicated, creative staff working locally and regionally in Eeyou Istchee. The team includes many different professionals: nutritionists, occupational therapists, physical therapists, speech-language pathologists, psycho-educators, psychologists, psychotherapists, respiratory therapists and an audiologist. We are supported by collaborative relationships within the organization—rehab monitors, education monitors, special needs educators and administrative support—as well as with community and public partners.

Last year's highlights include reinforcing recruitment and clinician retention efforts, launching special needs educators across Eeyou Istchee as a collaboration with the Disabilities Program and implementing audiology. We have established a contemporary protocol of hearing screening, inspired by our neighbors in Nunavik.

In its first phase, our service model is focusing on pediatric hearing screening. CHR's and speech therapists play a leading role, with a regional audiologist providing support. Involving CHR's in performing the hearing tests reduces the impact of professional turnover on the service, while also empowering CHR's with more knowledge and skills that will stay in the community. Testing children in the community saves on transportation, delays and disruption of community life. We are also investing in screening equipment, to perform these tests on an ongoing basis—not just when the audiologist visits.

Our community Allied Health clinicians, who provide direct clinical services to our population, have taken on many inspiring projects this year, ranging from a land-based pilot project for youth with special needs, to an inter-generational art-based respite project for Elders with dementia, to expanding speech therapy outreach, and sharing Safety at Work education.

We are proud of our continued partnership with Minnie's Hope pediatric centre in Whapmagoostui. 2018-19 saw our agreement with Minnie's Hope put into action, including providing services at the centre as well as helping Minnie's Hope with the movement of cargo and staff through our charter.

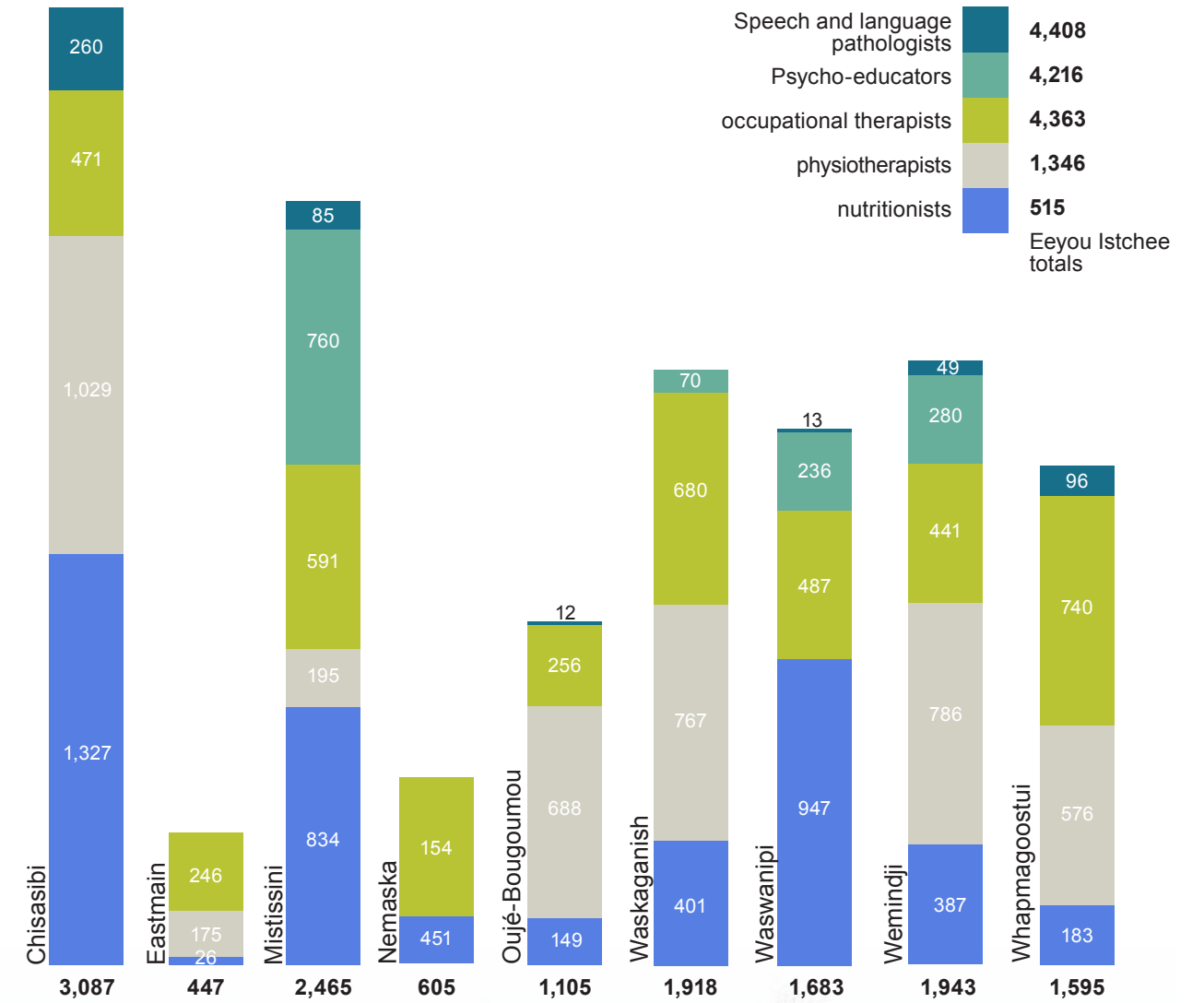
The growth and stability of the psychology team permits more consistent psychological support to clients and teams in Eeyou Istchee.

Next year, we look forward to increasing access to speech therapy, working on clinical protocols for nutritionists to prescribe supplements, and getting our multi council off the ground.

RESPIRATORY THERAPY

Respiratory therapists Linda Charette and Sylvie Turpin performed 160 pulmonary function tests, trained nurses in the use of CPAP/BPAP (continuous/bilevel positive airway pressure) equipment, and completed certificates in polysomnography, giving them the knowledge to start a regional sleep clinic. Last year there were 796 referrals outside the territory for sleep-related issues such as sleep apnea. The sleep clinic will diagnose and treat patients and also encourage good diet, exercise and sleep habits, and help people use the CPAP face mask correctly and consistently for best results.

ALLIED HEALTH: HOURS OF SERVICE PROVIDED





nishiiyuu waapimaausuwin

MIDWIFERY

This year marked the blessing ceremony for Midwifery Services and the Nishiiyuu Waapimaausuwin program; it also witnessed the first midwifery services in a First Nation community since the profession's legalization in Québec. Bringing birth back to Eeyou Istchee and providing Waapimaausuwin teachings will help build strong family bonds and a strong Cree people.

Since September 2018, women in Chisasibi have had access to perinatal care provided by midwives; these family-centred services are developed through collaboration with Awash and Nishiiyuu to ensure culturally safe care. Midwives have been involved in the care of 32 women since the services began.

Achievements and highlights include:

- MSSSQ approval for three birthing homes in Eeyou Istchee in August 2018
- Adopting the pathway for integrated services in perinatal care by the Perinatal Working and Strategic Group
- Taking part in the Nishiiyuu traditional birthing knowledge gathering, August 2018
- Creating the local committee in perinatal care in Chisasibi, in collaboration with Awash and Nishiiyuu teams, September 2018
- Implementing the MoreOB program for continuous care improvement in obstetrics, November 2018
- “Cohesion gathering” with Awash and Nishiiyuu to implement midwifery, January 2019
- Visiting with managers and architects of two birthing homes and La Maison Bleue, to help develop functional and technical plans for the construction of the first birthing home in Chisasibi

- Signing the agreement with the CISSS Abitibi-Temiscamingue for medical consultations and transfers by midwives
- Signing the agreement with Chisasibi Hospital for birthing with midwives in the hospital
- Adopting a Memorandum of Understanding between the Nishiiyuu Council of Elders, Nishiiyuu and Midwifery Services, defining the collaboration for implementing the Waapimaausuwin teachings program
- PPRO hiring by the Director of Program Development and Support for evaluating midwifery services and their implementation, planning the training of Cree midwives and writing the services framework
- Gaining Board of Directors approval for a third midwife contract, completing Chisasibi's team
- Presenting teachings by midwives at the annual training of the CHRs and nurses
- Presenting testimony on the implementation of Midwifery Services and the Waapimaausuwin teaching program as innovative actions deposited at the Public Inquiry Commission on relations between Indigenous Peoples and certain public services in Québec: listening, reconciliation and progress, June 2018
- Participating in the Annual conference of the Canadian Association of Midwives, October 2018
- Launching a risk management analysis, in accord with this year's adopted policy
- Collaborating in six births, with midwives working with the medical teams at Chisasibi hospital before the start of birthing services



Elders Beulah and John Crowe are given a blanket as a sign of appreciation. This Blessing Ceremony was organized by Nishiiyuu and the Midwifery Team celebrating the launch of Midwifery and Waapimaausuwin Services, September 7, 2018 at the Mitchuap in Chisasibi.

Midwifery Services goals for 2019-2020:

- Launching birthing services under midwifery in Chisasibi, April 17, 2019
- Continuing implementation phase in Chisasibi
- Planning implementation in other communities
- Adopting the Midwifery Services Framework
- Starting implementation evaluation in Chisasibi
- Signing and implementing the Memorandum of Understanding with Nishiiyuu and NCOE (Nishiiyuu Council of Elders)
- Presenting the Cree midwifery training options to the Board of Directors
- Submitting functional and technical plans of Chisasibi's birthing home to the MSSSQ
- Signing agreements with the McGill University Health Centre (MUHC) for consultations and transfers by midwives concerning newborns and tertiary care for pregnant women
- Certifying physicians and nurses for neonatal resuscitation and training on unstable newborn care
- Training first responders in emergency births
- Writing a code pink for Chisasibi Hospital

Bringing birth back to Eeyou Istchee and providing Waapimaausuwin teachings will help build strong family bonds and a strong Cree people.

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mitunaayihchikin

PSYCHOSOCIAL

The Psychosocial Department focuses on front-line social services provided by community workers, human relations officers and social workers, ensuring that quality services are accessible and meet the needs of the population.

The department has experienced transition and growth in the past year, with new leadership in the spring and the development of several key positions to be filled in the first half of 2019-20. Although short staffed in recent months, the department has maintained its role supporting front-line clinical services. Our social workers, human relations officer and community workers play a vital role within our communities, and the department provides guidance and support to the local teams.

The addition last summer of the foster home program under the DPSQA–Psychosocial was a key highlight. The department has worked to stabilize the foster home program with the creation of a program guide and manual for foster home workers and foster families, as well as by developing policies and procedures, and training to guide the program’s operations. During the last fiscal year, the department emphasized the updating and renewing of assessments of foster homes throughout the region in order to sign contracts with foster parents and bring the active foster home list up to date. This process is essential for being able to access increased rates of remuneration for foster families; these new rates will take effect in the coming fiscal year. Much thanks is due to Sarah Piercey Saganash, who has brought her vision for foster homes into reality with tremendous heart and leadership.

Other highlights include the following:

- The department has begun working with Youth Protection (YP) to implement a collaboration and communication protocol between YP and our front line social services, with the goal of enhancing working relationships while maintaining necessary confidentiality. This protocol will result in more streamlined care for our population
- Last fall saw the first annual social worker and human relations officer training, which provided a great opportunity for exchange and learning, with many connections made across the region
- The department has started monthly teleconferences with our social workers and human relations officers in order to share information, discuss social work best practices and exchange knowledge, tools and resources
- The department held a training on protection regimes and psychosocial evaluations for individuals with cognitive difficulty. This was the initial stage of collaboration with the Order of Social Workers and Family and Marriage Therapists of Quebec. We hope to bring awareness and knowledge, and to build on a clear procedure for opening a protection regime and defining the social workers’ role within its application

The department will experience a growth spurt in the coming year, with several key positions to be staffed.

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chisasibi nituhkuyinikimikw

CHISASIBI REGIONAL HOSPITAL

The Chisasibi Hospital's teams invested time and energy in planning the renovations schedules for 2019-20, and all actively participated on the Technical and Functional Plan as well as the Dossier d’Opportunité (business plan) for the new Chisasibi Health Centre.

NURSING

The end of the fiscal year has been challenging for the nursing team as the medicine ward has been full, undermining the team’s ability to provide respite care services. From January 2019, the team has been obliged to refuse all respite requests, and since the fall of 2018 has seen a significant increase in admissions due to the need for long-term care placements. As there are few resources to meet this need, those individuals ended up staying longer at the hospital, decreasing the availability of acute care beds and lodging.

The nurse counsellor team worked on numerous projects: with midwifery services to prepare for birth deliveries at the hospital; on the dementia project to improve care to this clientele; and on code orange (disaster or mass casualties) and code white (violent client) initiatives. We observed an increase of medical evacuations (531 medevacs versus 474 in 2017-18), but the overall proportion for the Chisasibi Hospital remains at around 40% of all medevacs in Eeyou Istchee.



From left to right: Gary Chewanish, Coordinator of Administrative Unit; Maryse Glonet, Coordinator of Clinical Services; Annie Dumontier, Coordinator of Nursing Units; Philippe Lubino, Director of Hospital

SOCIAL SERVICES

Chisasibi Hospital launched its Social Services team in the summer of 2017, and program continues to grow. In the past year, a second social worker position was created to help address the increasing needs in the emergency department and on the medicine ward. The team has been involved in managing the admissions increase for long-term care placement and has advocated for more resources and for strategies to limit re-admissions and intervention failures, in collaboration with managers, doctors and stakeholders in the communities. While being available throughout the year to support communities, the Social Services team has also developed connections with local resources through events such as the Residential School Gathering Week, Suicide Prevention Awareness events and the dementia project. The Care4 team and the hospital social worker service developed a statistical program to track the issues faced by the team. This ongoing compilation of statistics began in July 2018 and was presented to the annual gathering of social workers and the HRO in the fall of 2018. Currently, there are plans to implement this statistical tool regionally.

HEMODIALYSIS

The Hemodialysis Department continues to operate at full capacity, even with two clients receiving transplants this year. The department also accommodated 15 visitors, enabling clients to return to the territory. One full-time position as well as three compound positions (medicine-hemodialysis) have been added to the team.

LABORATORY

Laboratory Services worked throughout the year on the redaction of SOPs (Standardized Organizational Procedures) and ROPs (Required Organizational Practice), and their implementation in our two laboratories in Chisasibi and Mistissini. The MSSS's Optilab project (the Provincial Laboratory Information System) continued to advance with the writing and implementation of the Laboratory Quality Assurance Manual, which is essential to reach the standards for accreditation. Two new positions were developed, which allowed the Chisasibi Laboratory to extend its working hours and to improve quality assurance.

RADIOLOGY

This fiscal year was the first to see a complete year with a service in obstetrical ultrasound done by a certified autonomous technician, Caroline Beaulieu.

ARCHIVES

Archives Services have been regionalized under the shared responsibility of the Chisasibi Hospital and the Department of Medical Affairs and Services (DMAS). A new structure (including the Assistant Head position as well as two new medical archivist positions) was approved under the direct supervision of the Hospital's coordinator of clinical services. Difficulties in recruiting medical archivists has undermined the department's development, but the situation improved at the end of the fiscal year. Overall, the team has answered numerous requests and actively participated in several projects, particularly on the DME, the orientation of new archivists and the new Chisasibi CMC medical charts.

DENTAL

Dental assistant training continued with sessions #3 and #4. A new permanent dentist, Melanie Tam, has been nominated.

AUXILIARY SERVICES

The purchase of two new heavy duty washers helped process laundry more quickly and efficiently.

The department hired five new guards for the regional surveillance centre; they will monitor all communities through surveillance cameras. The regional surveillance centre is fully installed, but the training of the new guards will happen in the next fiscal year.

This year, three CB radios were installed at the hospital to improve communication between nurses and ambulance drivers. The three channels available (hospital, local and private) will be useful for bush calls, as the hospital secure private channel will protect confidentiality.

With the collaboration of the Hemodialysis Department, the food services team offered healthy snacks to the hemodialysis clients.

In September 2018, all housekeeping employees were trained in accordance with the ministry program.

WIICHIHIITUWIN CHISASIBI

Chisasibi's Wiichihitwin team has been stabilized with the arrival of a second permanent nurse. Efforts continued to improve and optimize the work and resources of the team.



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chishaayiyuuwiihch (30+).

Community Miyupimaatsiiun Centres
(CMCs) are the community presence of the
CBHSSJB. Each CMC includes a walk-in
clinic, as well as community health clinics
serving Awash (0-9), Ushiniichisuu (10-29),
and Chishaayiyuu (30 and older).



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miyupimaatsiwiikimikw itaawin
COMMUNITY MIYUPIMAATISIIUN CENTRES



CHISASIBI

4,843

AWASH 0-9 ¹	944	▼	2.8%
USCHINIICHISUU 10-29	1,769	▲	2.7%
CHISHAAYYUU 30+	2,130	▲	3.1%
TOTAL²	4,843	▲	1.6%

MEDICAL EVACUATIONS

EMERGENCY	N/A
SCHEDULED	N/A

CURRENT SERVICES

FAMILY DOCTOR	3,743
SPECIALIST MD	N/A
OTHER SPECIALIST	N/A
NURSE (WALK-IN)	N/A
NURSE (MEDICATION REFILL)	N/A
HEMODIALYSIS	N/A

AWASH

NURSE	2,446
CHR (INDIVIDUAL)	934
GROUP ACTIVITIES BY A CHR	565
COMMUNITY WORKER	99
SOCIAL WORKER	N/A

USCHINIICHISUU

NURSE	1,557
CHR (INDIVIDUAL)	168
GROUP ACTIVITIES BY A CHR	115
COMMUNITY WORKER	262
SOCIAL WORKER	311
NNADAP WORKER	N/A

CHISHAAYYUU

NURSE	4,340
FOOTCARE NURSE	176
CHR (INDIVIDUAL)	77
GROUP ACTIVITIES BY A CHR	N/A
COMMUNITY WORKER	95
SOCIAL WORKER	N/A
HEMOCARE VISITS	N/A
MSDC (PARTICIPANTS END OF YEAR)	216
MEALS SERVED (INDIV. SERVINGS)	216
DOCTOR (INDIVIDUAL)	1,787
MENTAL HEALTH NURSE (INDIVIDUAL)	714

The **Awash** unit welcomed 63 new babies, including two delivered with midwives. Midwives are now involved with the team and practice delivery at the Chisasibi Hospital. A weekly collaboration meeting with nurses, midwives, Community Health Representatives (CHRs), community workers, the social worker, the HRO Nishiyuu, the nutritionist and doctors aims to maximize the team's success; one focus involves defining a pathway to share information with the Chisasibi community and to facilitate collaboration between the Awash team, midwives and Nishiyuu. À Mashkùpimâtsit Awash/Well Baby Clinic is continuing, as is the collaboration with Head Start and Childcare Services. Breastfeeding Week, morning snacks at the elementary school, weekly cooking workshops and baby food workshops were also among the team's activities. Awash received a new coordinator in June 2018, and since then has welcomed three new nurses; interviews to complete the nursing team are ongoing. The team also welcomed a new social worker and a new community worker. We are still grieving the loss of our colleague Freddie Herodier, community worker.

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2013-2016 births (+ 2017 estimates) and 2012-2015 MSSS deaths numbers.
 2. Does not include 347 Inuit, Métis and/or non-aboriginals.
 3. In Chisasibi, many clinical services are offered at the hospital. See page 77.

“A team from Chisasibi visited Alaska to view the Southcentral Foundation’s facilities and to take their core concepts training, which aims to enhance collaborations between workers,” says Jeannie Pelletier, the Chisasibi CMC’s local director. “With our upcoming move to the old arena, we have been chosen to pilot the SCF model, so we have designed the new facility so people will share an open space and will work in pods. We have to learn how to work together in groups now, after working in silos for so many years.”



Jeannie Pelletier
Local Director
Chisasibi CMC

The **Uschiniichisuu** unit continues to improve its services and is extending outreach services to provide support to the youth population. Last year saw 262 patients treated for a chlamydia/gonorrhea infections; these patients had regular follow ups and were given teaching and prevention information. Sixty patients are being followed for chronic diseases. The clinic has only one full-time nurse, who is responsible for checking all the medical charts; the clinic should hire a medical secretary to carry out this task and to ensure efficient quality service delivery. The CHRs performed a variety of tasks: holding awareness campaigns, helping organize the youth clinic, teaching on different health topics and supporting the dental hygienist and the Healthy School program. A temporary addictions worker was hired to assist the National Native Alcohol and Drug Abuse Program (NNADAP) worker with an increasing workload. The new community worker development position has strengthened the social services team, injecting energy into community outreach.

The **Chishaayyuu** unit emphasizes offering primary care focused on prevention and health education, but is still missing a permanent coordinator. The team is working to improve home care services for Elders, offering training to home care workers in collaboration with DPSQ-Health. Chishaayyuu increased its

psychosocial intake, and its experienced community workers team welcomed its first social worker. The Multi-Service Day Centre (MSDC) holds activities to help families care for their loved ones, including initiatives like the Dementia Project, which offers inter-generational day activities to elders. The Land-Based Program’s life skills group includes a three-day bush component to nurture participation, communication and autonomy in young adults. The Meals on Wheels Program provides meals to approximately 20 families. In a collaborative effort to prevent a flu outbreak, an extra flu vaccination campaign was held in January. With the help of the Uschiniichisuu CHRs and the Awash nurse, the team was able to vaccinate 150 more than at the regular session earlier that year.

The **Administration** unit has been preparing for the CMC’s move to its new location in spring 2019. The new site, a pilot for the Southcentral Foundation model, will provide clients with more integrated and accessible services. The unit has recruited a new coordinator of Chishaayyuu and is preparing to recruit a new coordinator of Uschiniichisuu as the current coordinator is retiring. The MSDC kitchen staff now have permanent full-time positions, and two part-time housekeeping positions have been merged into one full-time position. A trial Meals on Wheels project is being prepared for Spring 2019.



EASTMAIN 849

AWASH 0-9 ¹	186	0.0%
USCHINIICHISUU 10-29	295 ▲	4.6%
CHISHAAYIYUU 30+	368 ▲	2.5%
TOTAL²	849 ▲	2.7%

MEDICAL EVACUATIONS

EMERGENCY	55
SCHEDULED	956

CURRENT SERVICES

FAMILY DOCTOR	1,159
SPECIALIST MD	156
OTHER SPECIALIST	20
NURSE (WALK-IN)	9,486
NURSE (MEDICATION REFILL)	3,263

AWASH

NURSE	637
CHR (INDIVIDUAL)	320
CHR (GROUPS)	63
COMMUNITY WORKER	78
SOCIAL WORKER	49

USCHINIICHISUU

NURSE	406
CHR (INDIVIDUAL)	255
GROUP ACTIVITIES BY A CHR	152
COMMUNITY WORKER	63
SOCIAL WORKER	141
NNADAP WORKER	78

CHISHAAYIYUU

NURSE	37
FOOTCARE NURSE	117
CHR (INDIVIDUAL)	453
GROUP ACTIVITIES BY A CHR	0
COMMUNITY WORKER	132
SOCIAL WORKER	0
HEMOCARE VISITS	435
MSDC (PARTICIPANTS END OF YEAR)	1,175
MEALS SERVED (INDIV. SERVINGS)	1,399

The **Awash/Uschiniichisuu** unit welcomed 16 babies in 2018, and CHRs and Awash nurses continue to work with new parents and babies to provide the best start. The team has partnered with Wabannutao Eeyou School, meeting monthly to address development issues; this past year the school experienced its highest ever graduation rate at 60%. The Psychosocial team has grown to five community workers and two social workers, and benefits from the assistance of our new mental health nurse. Prominent concerns include gambling addiction, anxiety and work-related stress and suicide ideation. Awash also welcomed a new special needs educator; the Special Needs team has worked closely with regional services to assess referred children and youth and to develop care plans. A focus for the coming year is to build wider partnerships for addressing special needs within the community, and to host a local special needs conference in August. The Awash/Uschiniichisuu unit will be growing as additional nursing positions have been posted.

“One of the highlights this year is the work of our mental health nurse, Claude-Aline Carrier, who has begun to shape our Mental Health/Maanuuhiikuu services,” says Rita Gilpin, local director of the Eastmain CMC. “Our newly developed Mental Health Program takes a team approach to addressing mental health and social issues, as well as when celebrating achievements. The mental health nurse has also initiated an adult social evening, helping those who want to socialize with others to enjoy a stress-free evening.”



Rita Gilpin
Local Director
Eastmain CMC

The **Current Services/Chishaayiyuu** unit provides full-time medical coverage to meet the community’s needs. Nursing staff includes an assistant head nurse and three permanent full-time Current Services nursing positions, with last year seeing two positions filled. Our new Chishaayiyuu nurse (diabetes), hired in October, is having a strong impact on follow-ups for diabetes patients. The unit also hired a social worker. Our nutritionist and Community Health Representatives (CHR) are working with all departments and entities, leading workshops and sessions on cooking and healthy lifestyles, which have an ongoing positive impact.

Teleophthalmology screening continues, with one nurse trained to support this project and the other new permanent nurses scheduled to receive training in the coming months. Telehealth services for psychosocial needs has eased consultations for our clients.

After a number of years of relying on replacement dentists, Dental Services welcomed a permanent full-time dentist, which has benefited dental care in the community. Dental technical assistant training is ongoing, with trainees to be certified.

Pharmacy Assistant Technician Training took place in February; this position will reduce the workload of the CMC nurses.

As of June 2018, the Cree Health and Community Care Program’s (CHCCP) nurse position has been vacant. The CHCCP serves 17 home care clients. The Multi-Service Day Centre (MSDC) also has 17 clients, its staff including an activity team leader, educational monitor and rehabilitation assistant. The physiotherapist position has been vacant since August 2018, while the occupational therapist position is shared with another community. Clients with disabilities have benefited from support across the CMC’s units and programs.

The **Administration** unit continues to operate without a coordinator, with the coordinator of Awash/Uschiniichisuu serving as interim coordinator until the position is filled. Eastmain received two new triplexes for professionals, which will be a great asset. One of the main challenges is the lack of personnel on the recall list for replacements within the CMC and MSDC, and the community still lacks sufficient housing units, transits and storage facilities.

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2013-2016 births (+ 2017 estimates) and 2012-2015 MSSS deaths numbers.

2. Does not include 25 Inuit, Métis and/or non-aboriginals.



MISTISSINI

3,872

AWASH 0-9 ¹	649	▲	0.6%
USCHINIICHISUU 10-29	1,448	▲	2.3%
CHISHAAYIYUU 30+	1,775	▲	2.5%
TOTAL²	3,872	▲	2.1%

MEDICAL EVACUATIONS

EMERGENCY	N/A
SCHEDULED	N/A

CURRENT SERVICES

ALL CONSULTATIONS	16,199
FAMILY OR SPECIALIST MD	N/A
OTHER SPECIALIST	N/A
NURSE (WALK-IN)	7,480
NURSE (MEDICATION REFILL)	N/A
RADIOLOGY EXAMS	4,386
CHARTS REQUESTED	61,314
HEMODIALYSIS	3,269

AWASH

NURSE (PGM, INCL. VACC.)	N/A
CHR (INDIVIDUAL)	N/A
CHR (GROUPS)	N/A
COMMUNITY OR SOCIAL WORKER	N/A

USCHINIICHISUU

DOCTOR	228
SPECIALIST MD	416
NURSE	2,834
CHR (INDIVIDUAL)	3,166
GROUP ACTIVITIES BY A CHR	125
COMMUNITY WORKER	1,842
SOCIAL WORKER	551
NNADAP WORKER	621

CHISHAAYIYUU

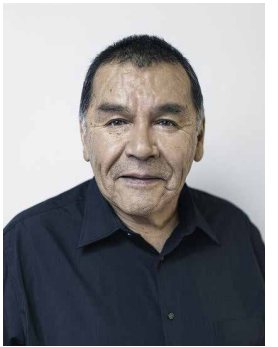
DOCTOR	228
ENT	66
OTHER SPECIALIST MD	416
NURSE	10,281
FOOTCARE NURSE	693
CHR (INDIVIDUAL)	2,609
GROUP ACTIVITIES BY A CHR	N/A
COMMUNITY WORKER	243
SOCIAL WORKER	N/A
AVG NO. OF HOMECARE CLIENTS	66.6
MSDC (PARTICIPANTS END OF YEAR)	1,355
MEALS SERVED (INDIV. SERVINGS)	2,279

Mistissini CMC's new local director began in July, stabilizing local management. Objectives for the year included extending Current Services to 80 hours per week, supporting and developing the Youth and Family Empowerment pilot project, and supporting visiting specialists by ensuring clients come for their appointments. This first objective has been achieved, while the other two are ongoing.

This year, **Current Services** had over 16,000 visits, a thousand more than last year. Since February, Current Services has operated 80 hours per week, which may be the cause of this increase. The pharmacy and lab have extended their hours comparably. The Hemodialysis Department is at full capacity with 20 patients weekly. Objectives for this year are to increase the Psychosocial team, to finalize the hiring of Nursing and Social teams for extended hours, and to implement Electronic Medical Records.

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2013-2016 births (+ 2017 estimates) and 2012-2015 MSSS deaths numbers.
2. Does not include 161 Inuit, Métis and/or non-aboriginals.

“Last year a group from the CMC and Mistissini First Nations visited the Harlem Children’s Zone for three days,” says local director Alan Moar. “It was interesting to see how they educate young people there to make sure they succeed. Lots of good ideas came out of that visit. We also had a group visit the Southcentral Foundation in Alaska, which has a more integrated model of health and social services, without silos, that we’re trying to work toward.”



Alan Moar
Local Director
Mistissini CMC

The **Awash** unit welcomed 72 babies and continues to support the well-being of families. Last June’s Awash Fair was successful, and the unit launched the Miyuu-ashimishuh Project, providing pregnant women with nutritious food. Awash is also providing a new gynecology service, and has regular visits by pediatricians. The unit is active in partnerships with Mistissini First Nation for family services, daycare and Head Start. Objectives for this year include strengthening front-line services, providing more outreach and home visits, decreasing the high-risk pregnancy rate and improving the office work environment.

The Youth Health Fair, organized in partnership with other local entities, was a highlight for **Uschiniichisuu**; National Addiction Awareness Week was also a success. The school nurse continued to work with families and students, and Dr. Justin Ross gave training to school teachers and staff regarding anxiety and panic attacks. The Uschiniichisuu nurse delivered the vaccination campaign. The National Native Alcohol and Drug Abuse Program (NNADAP) is concentrating on alcohol and drug abuse prevention efforts, and will host discussions on cannabis prevention in partnership with the Mistissini First Nation. Objectives for the coming year include launching Youth Outreach clinics. Grieving workshops, requested by community, will be developed in collaboration with Mistissini First Nation.

The **Chishaayiyuu** unit has hired most of its staff. It supported visits by specialists throughout the year; chronic diseases and diabetes remain priorities. The Multi-Service Day Centre (MSDC) is fully staffed and provides a complete range of services. Elder abuse is a major concern, so information on this subject will be provided to community members to raise awareness. Telehealth offerings are well-used, enabling easier follow-ups with specialists. The Cree Home and Community Care Program (CHCCP) is providing quality care to patients, including palliative care for those who wish to stay at home. This year’s objectives include improving social services, implementing Electronic Medical Records and addressing elder abuse and chronic diseases.

The **Administration** unit is awaiting 15 more lodging units, to be delivered June 2019. Support staff is fluid, with many on medical leave, making it difficult to stabilize a team. The Youth Protection group is moving to the old Youth Healing Services building this summer, freeing office space for Chishaayiyuu to expand in the CMC. The CMC parking expansion will be completed in the summer. Objectives for next year include stabilizing support staff, providing support to the maintenance files and ensuring a communication plan for all employees about policies and procedures.



NEMASKA

840

AWASH 0-9 ¹	177	▼	2.8%
USCHINIICHISUU 10-29	270	▼	3.7%
CHISHAAYIYUU 30+	393	▲	1.0%
TOTAL²	840	▼	1.3%

MEDICAL EVACUATIONS

EMERGENCY	46
SCHEDULED	773

CURRENT SERVICES

FAMILY DOCTOR	1,442
SPECIALIST MD	N/A
OTHER SPECIALIST	399
NURSE (WALK-IN)	7,108
NURSE (MEDICATION REFILL)	2,833

AWASH

NURSE	743
CHR (INDIVIDUAL)	276
GROUP ACTIVITIES BY A CHR	N/A
COMMUNITY WORKER	163
SOCIAL WORKER	N/A

USCHINIICHISUU

NURSE	146
CHR (INDIVIDUAL)	596
GROUP ACTIVITIES BY A CHR	25
COMMUNITY WORKER	12
SOCIAL WORKER	N/A
NNADAP WORKER	201

CHISHAAYIYUU

NURSE	503
FOOTCARE NURSE	22
CHR (INDIVIDUAL)	1,270
GROUP ACTIVITIES BY A CHR	N/A
COMMUNITY WORKER	179
SOCIAL WORKER	N/A
HOMECARE VISITS	1,696
MSDC (PARTICIPANTS END OF YEAR)	251
MEALS SERVED (INDIV. SERVINGS)	476

The past year has been challenging for Nemaska's **Current Services/Chishaayiyuu**, as the coordinator position was covered for about six months by two different coordinators; a new coordinator joined the team in December. The Nursing team is available for walk-in consultations for 36 hours per week and provides lab intake two days a week from 8 to 9 am. This year the team overcame the loss last summer of two of the four Current Services nurses, along with the school nurse and the unit coordinator, who left for various reasons; agency and category 5 nurses were used as replacements. Since then, local management has worked on hiring additional nurses to cover the vacancies.

Community members have access to one full-time and three part-time physicians; the addition of a part-time doctor resulted in more consultations in the past year. The community telehealth officer has been supporting the medical team of specialists by increasing the number of visio-conference consultations with patients. This significantly reduces costly and time-consuming travel for patients. More telehealth consultations should be added in the coming year as services are developed locally and regionally. The mental health nurse has a case load of 78 clients whom she follows regularly; she collaborates closely with our reg-

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2013-2016 births (+ 2017 estimates) and 2012-2015 MSSS deaths numbers.
2. Does not include 15 Inuit, Métis and/or non-aboriginals.

“We’ve had a lot of specialist visits this year, and I like to get feedback from people coming the community to identify areas to improve,” says Beatrice Trapper, local director of Nemaska’s CMC. “I’ve had some very positive responses, and have sent email to all staff to applaud their efforts in making the CMC a success.”



Beatrice Trapper
Local Director
Nemaska CMC

ular part-time psychologist, visiting psychiatrist and child psychiatrist. The psychologist has been visiting monthly for a year and has developed a strong and durable therapeutic relationship with her clientele. The Psychosocial team has put a great deal of energy into reunifying all psychosocial files, and procedures have been implemented to ensure referral and case management processes meet quality standards. The National Native Alcohol and Drug Abuse Program (NNADAP) worker facilitates access to treatment programs for clients and also oversees aftercare programs, sharing circles and traditional healing workshops.

Our permanent nutritionist was on parental leave and returned to work in early 2019. Both Chishaayiyuu Community Health Representatives (CHRs) work closely with the nurse on a daily basis. They have also been working very closely with the nutritionist, dental hygienists and the Awash team. Recruiting activities are ongoing in an effort to hire a physiotherapist to replace the one who resigned in July 2016. The Cree Home and Community Care Program (CHCCP) has a small, stable case load, and the team plans to have meetings in future with other CMC services to better identify clients who would benefit from the program. The Multi-Service Day Centre (MSDC) has been impacted by floods and was relocated for six months. During that time, the team welcomed 2-5 clients daily, offering mainly meals and moral support. In October, the team returned to the MSDC premises and now welcomes 2-10 clients daily.

The **Awash/Uschiniichisuu** unit has been without a coordinator for the past year; a new coordinator has been hired but will not start until summer 2019. Nursing staff was also depleted and the team relied upon replacement nurses. The unit is now hiring permanent nursing to bring stability to the team. In addition, some community workers and CHRs were on medical leave; the remaining community workers and CHRs worked hard to continue providing support and maintaining services and programs for clients. In many cases, the CMC put the age grouping aside and simply found the most appropriate workers to address client needs, regardless of their unit assignment.

The **Administration** unit hired a new coordinator for Current Services and Chishaayiyuu, among other new personnel. In addition, it organized or oversaw a number of training sessions for employees, including Health and Safety training for managers, Virtuo/Barcode Implementation training, and Traditional Food Safety Handling. A number of renovations were carried out to lodgings, and the MSDC was repaired after flooding in the fall. IT services supported all CMC and MSDC employees with new desktop and laptop computers. A lack of housing continues to pose challenges for hiring professionals.



OUJÉ-BOUGOUMOU

854

AWASH 0-9 ¹	176	▼	2.8%
USCHINIICHISUU 10-29	346	▲	7.5%
CHISHAAYYUU 30+	332	▼	0.6%
TOTAL²	854	▲	2.0%

MEDICAL EVACUATIONS

EMERGENCY	122
SCHEDULED	N/A

CURRENT SERVICES

FAMILY DOCTOR	1,339
SPECIALIST MD	114
OTHER SPECIALIST	26
NURSE (WALK-IN)	7,104
NURSE (MEDICATION REFILL)	3,250

AWASH

NURSE	848
CHR (INDIVIDUAL)	147
GROUP ACTIVITIES BY A CHR	16
COMMUNITY WORKER	42
SOCIAL WORKER	91

USCHINIICHISUU

NURSE	241
CHR (INDIVIDUAL)	111
GROUP ACTIVITIES BY A CHR	31
COMMUNITY WORKER	42
SOCIAL WORKER	0
NNADAP WORKER	178

CHISHAAYYUU

NURSE	382
FOOTCARE NURSE	64
CHR (INDIVIDUAL)	186
GROUP ACTIVITIES BY A CHR	0
COMMUNITY WORKER	313
SOCIAL WORKER	0
HOME CARE VISITS	0
MSDC (PARTICIPANTS END OF YEAR)	203
MEALS SERVED (INDIV. SERVINGS)	601

Last year showed a slight decrease in some services, including walk-in clinics, social services and the Multi-Service Day Centre (MSDC), but an increase in others, such as National Native Alcohol and Drug Abuse Program (NNADAP), Community Health Representative (CHR) roles in individual and group sessions, and visiting specialists.

In **Current Services/Chishaayyuu**, the Nursing team is now complete. The unit also has a nutritionist, dental hygienist and physiotherapist, in addition to a psychologist two weeks a month and an occupational therapist for 3-4 weeks every 2-3 months. A physician provides medical coverage 38 weeks of the year. However, the unit is still missing a social worker and a psycho-educator. The multi-disciplinary team is involved in many preventive educational activities and workshops, including educational and cooking activities at the school, the Drop the Pop campaign, Diabetes Awareness Month, special nutrition activities at the MSDC and Girls Club for teens, among others. The MSDC staff is missing a community worker and the team is working hard to find ways to enlist more participants. The Cree Home and Community Care Program (CHCCP) has included a rehabilitation monitor since October 2018 and is now fully staffed.

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2. Does not include 85 Inuit, Métis and/or non-aboriginals.

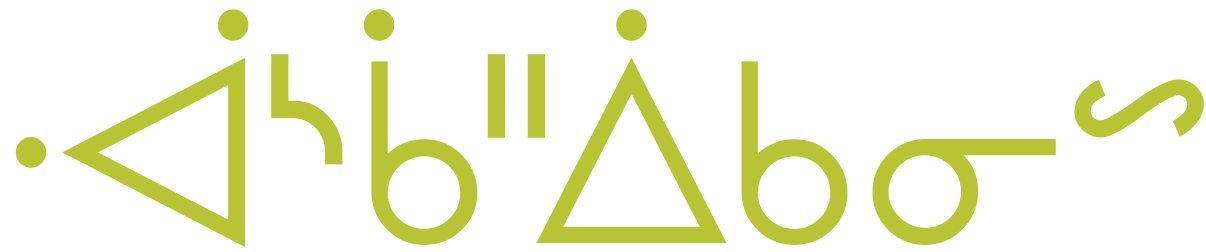
“We have succeeded in filling all our nursing positions across all departments and have reduced the use of agency nurses,” says local director Louise Wapachee. “Thanks to the efforts and teamwork of each department, we have stabilized the quality of the CMC’s health care services. A challenge for the CMC this coming year will be to maintain collaborations with partners, and we are making efforts to strengthen these relationships through our local Miyupimaatisiin Committee.”



Louise Wapachee
Local Director
Oujé-Bougoumou CMC

This year the **Awash/Uschiniichisuu** unit hired an additional Awash nurse, an additional community worker and a special needs educator. Programming now includes follow-ups by nurses in the Maternal and Child Health Program, as well as in Special Needs Services, the Women’s Health Program and the Sexual Health Program. Prenatal classes continue, with the program now including a cultural component and being open to all women of childbearing age. Other programs were maintained, including the No Butts to It Challenge to support smoking cessation, National Addictions Awareness Week, Girls Club to support healthy self images, Breakfast Club in partnership with the school and Oujé-Bougoumou Cree Nation, and a local Special Needs Summer Camp. After a year of being dispersed due to the extension of the CMC, the unit moved into its new section in December 2018 and is pleased to be together again.

The **Administration** unit hired a new Interim Coordinator in December. Building and office maintenance has been a priority, as many professionals and front-line workers have been reassigned to renovated offices. The trailer extension of the Oujé-Bougoumou CMC requires the hiring of a third housekeeper. The CMC signed a one-year contract for transits until 2020 to ensure adequate housing. The unit has experienced difficulties with the shortage in recall staff and is currently working to rebuild the recall list. A challenge for the coming year will be to fill some key positions: two social workers, a psychotherapist, an activity team leader, a community organizer, and a PPRO Nishiyuu.



WASKAGANISH

2,473

AWASH 0-9 ¹	527	▲	0.5%
USCHINIICHISUU 10-29	907	▲	2.0%
CHISHAAYYUU 30+	1,039	▲	3.2%
TOTAL²	2,473	▲	2.2%

MEDICAL EVACUATIONS

EMERGENCY	131
SCHEDULED	2,480

CURRENT SERVICES

FAMILY DOCTOR	3,716
SPECIALIST MD	23
OTHER SPECIALIST	512
NURSE (WALK-IN)	14,859
NURSE (MEDICATION REFILL)	3,948

AWASH

NURSE	1,169
CHR (INDIVIDUAL)	1,484
GROUP ACTIVITIES BY A CHR	33
COMMUNITY WORKER	854
SOCIAL WORKER	

USCHINIICHISUU

NURSE	2,148
CHR (INDIVIDUAL)	1,297
GROUP ACTIVITIES BY A CHR	22
COMMUNITY WORKER	112
SOCIAL WORKER	0
NNADAP WORKER	67

CHISHAAYYUU

NURSE	693
FOOTCARE NURSE	566
CHR (INDIVIDUAL)	814
GROUP ACTIVITIES BY A CHR	0
COMMUNITY WORKER	1,024
SOCIAL WORKER	
HOMECARE VISITS	3,924
MSDC (PARTICIPANTS END OF YEAR)	2,026
MEALS SERVED (INDIV. SERVINGS)	1,995

The **Current Services** Nursing team remains strong and is stabilizing after heavy staff turnover, and the Human Resources team is filling new development nursing positions. The physician schedule was full for this year and the integration of a third physician to the team has helped in providing excellent service to the community.

The **Awash/Uschiniichisuu** unit welcomed 41 babies, including an infant born on February 28th at the CMC. In September the team added a new special needs educator, and in January 11 employees from the Robin's Nest Shelter joined the CMC team, as the CMC took on responsibility for that facility. Recruiting Awash nurses is an ongoing concern, but the team adapted well to provide health, education and social services, frequently collaborating on projects with Waskaganish First Nation and Waskaganish Wiichihiwewin Centre. Finally, a school nurse was hired in January 2019, bringing creative ideas for outreach to adolescent populations, including starting a youth clinic.

“We’ve stepped forward quite a bit this year, filling our physiotherapy and occupational therapy positions, and our CHCCP (Cree Home and Community Care Program) team members are happy to have this support,” says acting local director Ivan McComb, standing in for interim local director Angela Etapp. “Twelve new housing units were opened and we filled them right away, which helped alleviate our housing crisis. But we still need another 12 or more to fill all our positions!”

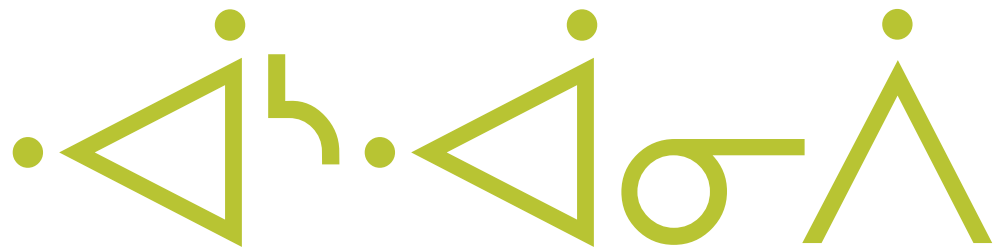


Angela Etapp
Interim Local Director
Waskaganish CMC

In **Chishaayyuu**, the nutritionist continues to host Healthy Snack and Meal workshops; she has also been presenting baby food-making and nutritious snacks programs for young parents—with some young fathers attending along with mothers. The psychoeducator has returned from maternity leave, joining the occupational therapist and the school nurse on the social services team. The rehabilitation team (physiotherapist, occupational therapist, and rehabilitation monitor) has been addressing such key issues as diabetes and high blood pressure as well as trauma. The team is also concerned about the elderly population, in both the Multi-Service Day Centre (MSDC) and Cree Home and Community Care Program (CHCCP), due to a slight increase in incidents of cognitive instability and loss of strength. The CHCCP had been extremely busy as our population is aging and there are no centres for short- or long-term respite for families. The MSDC team provides services for 12 to 18 clients, continues to recruit new clients, and also offers services to the community at large. The coming year will see a review of the MSDC program and the development of new recruitment strategies.

The **Administration** unit has worked with the regional team to create an emergency binder that presents standardized practices to ensure safety protocols within the CBHSSJB facilities. The housekeeping team has welcomed a new employee, which has helped in preparing renovated units and maintaining clean and safe environments in the community's growing number of facilities. Four older units on Shuushuuhkuo Street were renovated, and four triplex buildings have been completed, providing a dozen much-needed two-bedroom units for our staff and professionals. The Department of Youth Protection and management and personnel staff are now housed in two trailers next to the CMC, giving easy access to CMC services and staff. Next year the CMC team will be increasing to meet the needs of Waskaganish's growing population. We look forward to housing all CMC staff and services under one roof in the near future.

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2. Does not include 85 Inuit, Métis and/or non-aboriginals.



WASWANAPI 2,073

AWASH 0-9 ¹	439	▲	1.4%
USCHINIICHISUU 10-29	793	▲	4.2%
CHISHAAYYUU 30+	841	▲	0.8%
TOTAL²	2,073	▲	2.2%

MEDICAL EVACUATIONS

EMERGENCY	201
SCHEDULED	6

CURRENT SERVICES

FAMILY DOCTOR	935
SPECIALIST MD	58
OTHER SPECIALIST	65
NURSE (WALK-IN)	6,935
NURSE (MEDICATION REFILL)	5,458
NURSE (CLINICAL LAB TESTS)	1,175

AWASH

NURSE	1,034
CHR (INDIVIDUAL)	503
GROUP ACTIVITIES BY A CHR	0
COMMUNITY WORKER	386
SOCIAL WORKER	0
SCHOOL NURSE (INCL.VACCINATIONS)	1,343
HR OFFICER	35

USCHINIICHISUU

NURSE	0
CHR (INDIVIDUAL)	0
GROUP ACTIVITIES BY A CHR	0
COMMUNITY WORKER	306
SOCIAL WORKER	0
NNADAP WORKER	0
COMMUNITY WORKER (ADDICTIONS)	337

CHISHAAYYUU

NURSE	1,663
FOOTCARE NURSE	81
CHR (INDIVIDUAL)	1,216
GROUP ACTIVITIES BY A CHR	0
COMMUNITY WORKER	310
SOCIAL WORKER	0
HEMOCARE VISITS	297
MSDC (PARTICIPANTS END OF YEAR)	1,114
MEALS SERVED (INDIV. SERVINGS)	6,053

Waswanipi CMC has experienced management changes, including two new managers, an interim local director and an interim coordinator of Current Services/Chishaayyuu. The local director was permanently hired in January 2019, but the coordinator of Current Services/Chishaayyuu remains an interim position.

Current Services/Chishaayyuu has a permanent physician and a number of regular visiting specialists. Specialty clinics are functioning well, including the regional mental health visits provided by Maanuuhikuu Services. Ongoing training is provided for two Chishaayyuu nurses to support the Home Hemodialysis patients and their families. The footcare clinic, which is essential to chronic diseases such as diabetes, is working well. Chishaayyuu provides ongoing promotions of community programs and services and will host booths monthly in the CMC.

The psychoeducator is working to increase the mandate of the Multi-Service Day Centre (MSDC) by developing an action plan to meet the needs of the users. We have hired a physiotherapist to make regular visits to the community. Four McGill students carried out their preceptorship with the occupational therapist, and expressed interest in returning to Eeyou

1. The 0-4 age group (a) is underestimated since newborns are often registered late in the JBNQA beneficiary list; and (b) has been corrected using the MSSS 2013-2016 births (+ 2017 estimates) and 2012-2015 MSSS deaths numbers.

2. Does not include 20 Inuit, Métis and/or non-aboriginals.

“Waswanipi has many projects going on, and they address all groups—elders, youth, women, children. We have pilot projects like the Home Hemodialysis and the Desire to Heal programs, and we’re working on hiring outreach workers. We also have the Robin’s Nest woman’s shelter, and the Ashuukin Services fills gaps in respite and long-term care for elders,” says Virginia Wabano, who arrived in January as the CMC’s new local director.



Virginia Wabano
Local Director
Waswanipi CMC

Istchee after their studies. The occupational therapist is working with community partners to promote healthy living. Training for the Dental Assistant Program is ongoing, and the dental department’s administrative officer continues to participate with the training program. The program contains five modules; after completion the trainees will be certified dental assistants. Program promotion through social media has been very helpful. Information shared regarding health and wellness are evidence-based interventions that help the population to improve quality of life.

The **Awash/Uschiniichisuu** unit welcomed 42 babies born this past year. The À Mash-kûpimâtsit Awash/Well Baby Clinic continues to provide support to mothers and children. The Awash team faces some challenges with visits to families, but is working to enhance the program through community outreach and a team-oriented approach. The Miitwat Program, in partnership with Nishiyuu, is going well. In January, the Piipiichaa Uchishtuun-Robin’s Nest developed a Working Transition Group to provide support during its transition under the local management structure. The coordinators of the CMC provide managerial and maintenance support for the Robin’ Nest team. As of March, the Waswanipi location has had 74 confirmed intakes, an average of 6-7 participants per month.

The **Administration** unit posted two permanent positions, an administration officer and an MSDC cook. The CMC needs more housing units for the upcoming hiring of vacant positions and the return of employees who require a family unit. The transits cannot accommodate the requests of replacement nurses, doctors and visitors. An office move took place to create more space and integrate a collaborative care approach, and staff is adjusting to the change. We have secured adequate office space for Regional team needs. Maintenance and Housekeeping teams work diligently to keep the CMC and other facilities clean and functional. The Recall list must be upgraded as it is very low. Robin’s Nest was transferred under the management of the coordinator of Awash and Uschiniichisuu in January 2019, and co-managed with the coordinator of administration; Robin’s Nest’s administrative staff were delegated to the Administration Unit.

Waswanipi CMC is building strong relationships and healthy teams to ensure the delivery of quality services to the users of the organization. Through the guidance and wisdom of our partners, Waswanipi CMC will continue to develop partnerships in the community to maximize delivery of quality services.



WEMINDJI

1,557

AWASH 0-9 ¹	269	▼	5.2%
USCHINIICHISUU 10-29	531	▲	6.0%
CHISHAAYYUU 30+	757	▲	0.8%
TOTAL²	1,557	▲	1.4%

MEDICAL EVACUATIONS

EMERGENCY	90
SCHEDULED	1,615

CURRENT SERVICES

FAMILY DOCTOR	1,748
SPECIALIST MD	262
OTHER SPECIALIST	
NURSE (WALK-IN)	5,997
NURSE (MEDICATION REFILL)	4,086

AWASH

NURSE	1,143
CHR (INDIVIDUAL)	475
GROUP ACTIVITIES BY A CHR	19
COMMUNITY WORKER	77
SOCIAL WORKER	0

USCHINIICHISUU

NURSE	974
CHR (INDIVIDUAL)	1,602
GROUP ACTIVITIES BY A CHR	16
COMMUNITY WORKER	39
SOCIAL WORKER	0
NNADAP WORKER	10

CHISHAAYYUU

NURSE	851
FOOTCARE NURSE	28
CHR (INDIVIDUAL)	283
GROUP ACTIVITIES BY A CHR	18
COMMUNITY WORKER	417
SOCIAL WORKER	0
HOMECARE VISITS	3,439
MSDC (PARTICIPANTS END OF YEAR)	12,139
MEALS SERVED (INDIV. SERVINGS)	12,139

WEMINDJI WILLIE MATCHES MEMORIAL MIYUPIMAATISIUN CENTER

The **Current Services/Chishaayyuu** unit suffered from the lack of nursing staff due to sick leave, maternity leave and a transfer, so agency nursing resources were essential. In fall 2018, the team hired a pharmacy technician to prepare regular medications, greatly reducing the nursing workload. The unit sees a number of clients regularly for health monitoring, and has collaborated with the Awash/Uschiniichisuu team to launch a very popular indoor walking club. The nutritionist hosted cooking workshops, presented kiosks at the supermarket and at various public events, and held tastings at the daycare, in addition to individual appointments. The team also had the services of a physiotherapist, a psychoeducator and an occupational therapist. The Cree Home and Community Care Program lost several clients this past year, leaving seven clients at the start of 2019-20.

“CMC Wemindji is going through a period of substantial growth, with changes happening at all levels,” says Stella Lameboy-Gilpin, the CMC’s local director. “This transformation has brought renewed enthusiasm amongst the staff through programming, services and activities that foster team building. Our main focus is to build our team to partner with other entities; to align ourselves with the CBHSSJB strategic plan in promoting community well-being; and to improve and expand our services with the inclusion of Cree helping methods.”



Stella Lameboy-Gilpin
Local Director
Wemindji CMC

Dental Clinic operations were slower this year. The main challenge remains enlisting replacement staff, and some curative services have been affected because of the lack of support staff and replacement dentists. A request for a second permanent assistant has been accepted.

The **Awash/Uschiniichisuu** unit welcomed 34 births this past year. Infants, children and their mothers and families benefited from a number of initiatives over the year, such as Breastfeeding Week activities, Baby Food and Healthy Meal Workshops, a sewing group for prenatal and postnatal women and bike safety workshops, among others. The unit established a Tuesday evening youth clinic, with a nurse, community worker and Community Health Representative (CHR), and also collaborated with the local Youth Council to run the No Butts to It challenge.

The **Administration** unit is fully operational with all positions filled; there are 22 full-time employees in various support functions in food services, housekeeping, maintenance, transportation and administrative support. The CMC has been hiring regular replacement housekeepers to clean transits when needed, but needs another permanent housekeeper for this job. The kitchen runs the Meals on Wheels program for clients who cannot get to the MSDC, and continues to revamp the program to ensure adherence to the Nutrition Policy. The appointment system remains problematic, and the CMC team is looking forward to the new centralized system to help organize appointments efficiently. Last year, a housing shortage meant some positions could not be posted; the addition of 12 new units this year should address this issue. Another challenge this year was finding reliable replacements and keeping the recall list up to date.

The Wemindji CMC team benefitted from trainings and workshops in such areas as Conflict Resolution, Mediation and Lateral Kindness/ Lateral Violence, as well as Health and Safety in the Workplace and PDSB training (Principals for Moving Clients Safely).

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WHAPMAGOOSTUI

1,031

AWASH 0-9 ¹	213	▲	0.9%
USCHINIICHISUU 10-29	404	▲	3.1%
CHISHAAYYUU 30+	414	▲	2.0%
TOTAL²	1,031	▲	2.2%

MEDICAL EVACUATIONS

EMERGENCY	181
SCHEDULED	1,048

CURRENT SERVICES

FAMILY DOCTOR	1,603
SPECIALIST MD	423
OTHER SPECIALIST	38
NURSE (WALK-IN)	3,505
NURSE (MEDICATION REFILL)	3,269
NURSE (VACCINATIONS)	110

AWASH

NURSE	1,351
CHR (INDIVIDUAL)	64
GROUP ACTIVITIES BY A CHR	112
COMMUNITY WORKER	0
SOCIAL WORKER	48

USCHINIICHISUU

NURSE	1,277
CHR (INDIVIDUAL)	93
GROUP ACTIVITIES BY A CHR	46
COMMUNITY WORKER	0
SOCIAL WORKER	19
NNADAP WORKER	0
COMMUNITY WORKER (ADDICTIONS)	0

CHISHAAYYUU

NURSE	2,589
FOOTCARE NURSE	0
CHR (INDIVIDUAL)	155
GROUP ACTIVITIES BY A CHR	0
COMMUNITY WORKER	0
SOCIAL WORKER	19
HOMECARE VISITS	273
MSDC (PARTICIPANTS END OF YEAR)	1,142
MEALS SERVED (INDIV. SERVINGS)	1,216

The **Current Services/Chishaayyuu** unit's nursing team experienced a year of change but is now complete and is working to improve stability in services and programs. For the first time, the team has two full-time nutritionists, as well as two assistant technicians in the pharmacy. Thanks to new housing facilities, the unit has also been able to post additional positions, including liaison nurse, assistant to the immediate supervisor and Chishaayyuu nurse. The arrival of another Community Health Representative (CHR) is also enabling the more complete development of the unit's programs. Two full-time physicians continue to offer high quality medical services. The Cree Home and Community Care Program, with the support of Human Resources, worked hard throughout the year to recruit staff and to improve stability for its clients. Since December the CMC has been developing its telehealth services.

“Our 12 new housing units have made it possible for us to develop our programs,” says Martine Constantineau, interim local director. “We have hired two full-time nutritionists, and we’re still looking to hire a nurse. Office space and housing have been problems, although moving into a trailer gave us space at the clinic to run the Awash program and we are using the MSDC for Chishaayyuu. Now we can develop services that previously had not been running at 100%.”



Martine Constantineau
Interim Local Director
Whapmagoostui CMC

The **Awash/Uschiniichisuu** unit welcomed 20 new babies this past year. Awash has, for the first time, two program nurses and a school nurse. One of the team's community workers is now formally recognized as a social worker, giving the team two social workers. The unit implemented a partnership with Minnie's Hope Social Pediatrics Centre in late summer, and has strengthened partnerships with the various entities of the community. The Awash/Uschiniichisuu team is pleased to have participated in the community's first Symposium on Social Issues. Prevention Week, organized annually by the National Native Alcohol and Drug Abuse Program (NNADAP) community worker, has surpassed previous years thanks to strong partnerships that have been established.

The past year has been busy for the **Administration** unit, as significant management changes were imposed. The unit has arranged new premises in four trailers and was able to maximize workspace and replace all non-medical equipment for the CMC and other buildings. The construction of 12 new housing units allowed the CMC to fill vacant positions. The maintenance team has prioritized the maintenance and renovation of the heating systems in all CBHSSJB buildings, which for years have been deficient. This year, and for the next few years, the unit aims to acquire more training and support for our workers.

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2. Does not include 90 Inuit, Métis and/or non-aboriginals.

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The Administrative Services Group
provides essential regional support
functions to the organization. It includes
Human Resources, Financial Resources,
Information Technology Resources,
Material Resources and Wiichiituwin
(formerly Cree Patient Services).

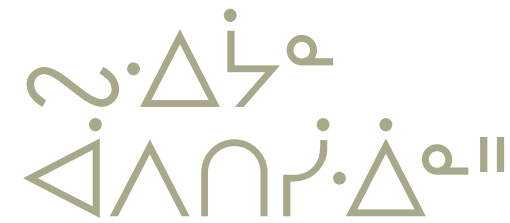


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ADMINISTRATIVE SERVICES



shuwiyaan aapitisiwiinh

FINANCIAL RESOURCES

A number of organizational development initiatives have emerged:

- The Integration Program for New Managers, launched in December 2018
- Climate Analysis and Diagnostics initiatives, which have been carried out in various areas of the organization
- Tools and surveys giving information on employee satisfaction

The HRD team will continue its initiatives and will develop new tools and programs in the coming year.

The Indigenous Succession Program (formerly the Cree Succession Plan) adopted new eligibility criterion, so candidates can be Cree or members of other Indigenous communities. The executive management, in collaboration with HR and a consultation firm, has been reviewing the succession plan to enhance its quality and ensure its alignment with CBHSSJB strategic goals. Next year, emphasis will be placed on creating customized development plans for each employee in the program.

The Compensation and Benefits team oversees the administration of employee files, including determining and monitoring their compensation and their benefits packages. Reorganization in the past year aims to allow fast, efficient follow-up to requests. The team has also been involved in the VIRTUO-GPRH project. By the end of 2020, all CBHSSJB employees should have access to an electronic time sheet.

Labour Relations provides a front-line advisory role to CBHSSJB managers in applying national and local collective agreements within our organization, as well as various laws pertaining to health and social services.

This year, the team welcomed an additional personnel officer to provide more support to its managers and employees, and travelled to all communities to provide advice to management and employees on the correct application of the collective agreements and best practices to retain and engage employees.

The team also provided a series of trainings for managers and employees, and launched its Kiniwaaapimiisuutau Campaign on dealing with conflict, from incivility and harassment to violence. The campaign began with Wiichihi-ituwin, HR and the Eastmain CMC and will be provided to all CBHSSJB departments.

Finally, efforts were made to maintain a harmonious partnership with unions: with the Confédération des syndicats nationaux (CSN) union, 97 grievances were settled and/or withdrawn in the last year, and 172 remain active; with the Fédération Interprofessionnelle de la santé du Québec (FIQ), 97 grievances were settled and/or withdrawn, and 16 remain active.

The Health and Safety team aims to develop and implement strategies and programs to provide employees with conditions that maximize their work environment, quality of life at work and individual health. The team oversees, manages and supports the application of medico-administrative measures regarding employee absences. Several initiatives were implemented to support employees, ranging from developing new envelopes on HR information to compiling employees' vaccination and immunization status and visiting communities to explain the team's services. Overall, 398 salary insurance files were treated in 2018-19.

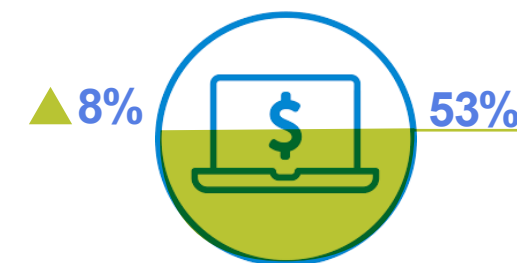
The Financial Resources team continued its efforts to improve the quality and efficiency of the services it provides. One approach to achieve this end involved reorganizing our structure at the level of the management staff, which allowed the hiring of two accounting/finance professionals.

In line with its goal of reducing the use of cheques, the Accounts Payable unit increased the proportion of payments made by electronic transfer by 8%, to 53% of all payments.

The Procurement unit successfully centralized ordering and warehousing activities at the Chisasibi Administrative Centre. This major project was carried out in collaboration with the Material Resources Department. In order to improve and accelerate the ordering process, the Purchasing unit hired two new people.

Finally, the Cree Non-Insured Health Benefits (CNIHB) team worked in committee to review all policies and procedures associated with non-insured health benefits. The policies were approved by the Board of Directors in March 2019.

PAYMENTS BY ELECTRONIC TRANSFER



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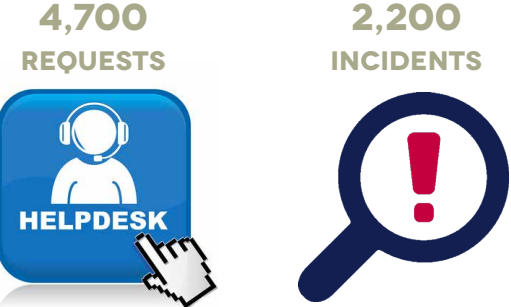
naanituuhwaapichikan naanituuhchischaayih timuwin INFORMATION TECHNOLOGY RESOURCES

During the past year, the Information Technology (IT) Department has sought to provide quality services by setting up, both at the operational and strategic levels, effective technological and system solutions to meet the CBHSSJB's needs.

The department's main objectives are directly related to the Strategic Regional Plan; to that end, several innovations have been implemented and new projects put forward.

Several new technicians were hired in 2018-19, allowing the department to strengthen its service delivery. Throughout the year, the IT department supported the organization by solving more than 2,200 incidents and fulfilling over 4,700 requests.

The department developed a new master plan, the IT Master Plan 2.0, which updates the 2012 plan and adds the new projects required to support the mission of our organization. This IT Master Plan is comprised of projects totaling \$26 million in investment, so sustained funding from the MSSSQ and from the organization is an important element in achieving our goals.



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chaakwaan aahaapitichistaakinuwiwiyich chaa chi miywaapitishiinaanuwiwiyich MATERIAL RESOURCES

The Material Resources Department's (MRD) mandate is to create the best possible lodging and working environment for clinical, administrative and other personnel of the CBHSSJB. The MRD maintains 572 lodging units and 49 clinical administrative buildings. This past year construction and renovation expenditures included over \$46 million on capital projects, \$3 million on MOA construction and \$1.6 million on MRD special projects.

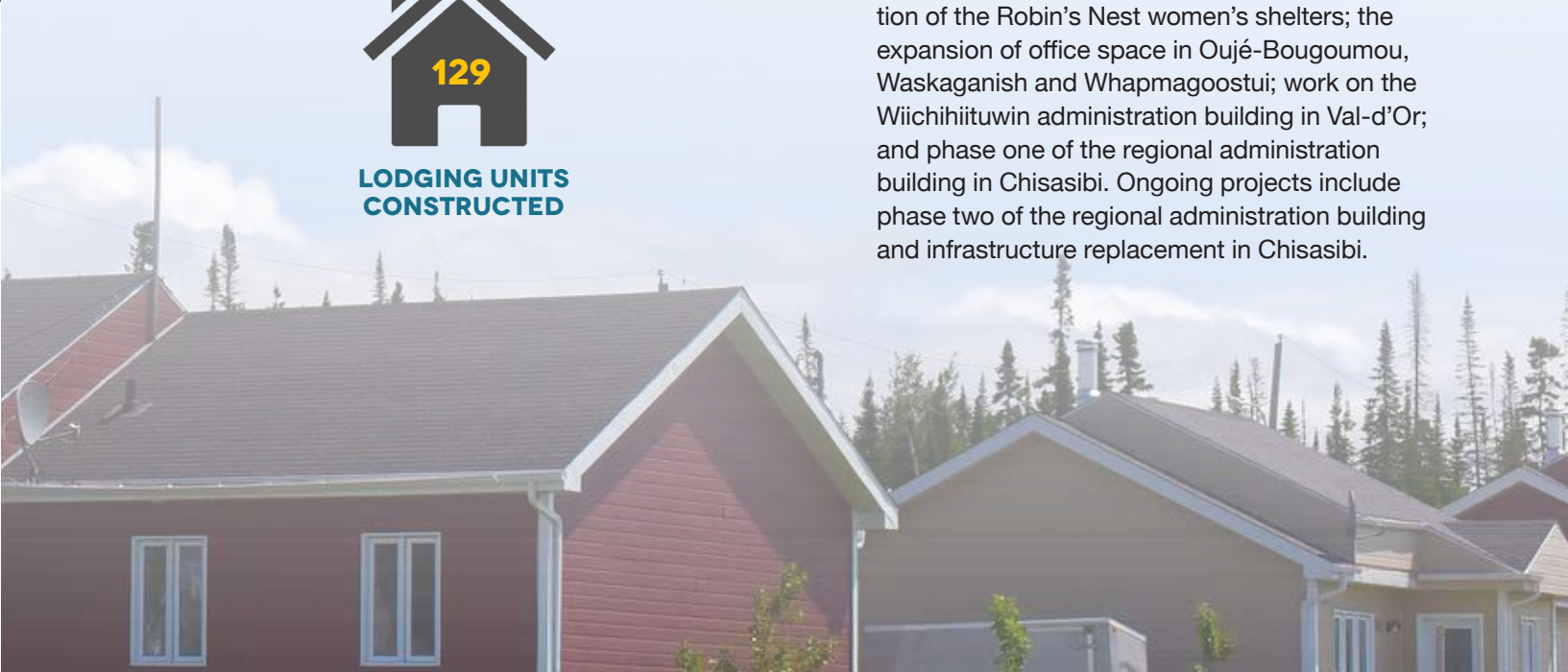
Material Resources' Project Management Office (PMO) completed files related to the Maintenance of Assets and Capital Funding Program on buildings throughout the CBHSSJB.

The MRD is active in relocating regional administration offices to the recently acquired Regional Administrative Services building in Chisasibi. This site will continue to be enhanced as the remaining departments move into their spaces.

PROJECT MANAGEMENT HIGHLIGHTS

- Construction of 130 lodging units in eight of the nine communities
- Plan and launch of the Regional Administration Building Project in Chisasibi
- Three new architects on the construction team
- Functional and Technical Plans (FTP) for Waskaganish and Oujé-Bougoumou CMCs (both awaiting MSSSQ authorization) and the Whapmagoostui CMC (95% finished)
- Plans for regional hospital reorganisation
- Work on Healing Centre and Chisasibi Birthing Home FTPs
- Board approval for planning and purchasing buildings in Whapmagoostui, Wemindji and Waswanipi, as well as 24 housing units (awaiting MSSSQ approval)
- Residential housing repairs and renovations in all nine communities
- Repairs on Mistissini and Nemaska Multi-Service Day Centres (MSDCs)

Infrastructure accomplishments include completion of the Robin's Nest women's shelters; the expansion of office space in Oujé-Bougoumou, Waskaganish and Whapmagoostui; work on the Wiichihiituwin administration building in Val-d'Or; and phase one of the regional administration building in Chisasibi. Ongoing projects include phase two of the regional administration building and infrastructure replacement in Chisasibi.



The PMO established its IT division in May 2018. Accomplishments include migrating emails to Outlook, installing and configuring the Alfresco content management system, and developing software for regional housing management. Ongoing projects include Electronic Medical Records in CMCs, Electronic Health Records in the regional hospital, new IT systems for Pharmacy and Dentistry, and IP Telephony consolidation, among others.

The Biomedical Department ensures that medical equipment past its useful life will be replaced with new equipment. The department began work on a preventive maintenance program and a critical prioritisation of medical equipment. It now has a biomedical engineer and three biomedical technologists to provide services in all communities. The department replaced over \$250,000 of medical equipment and purchased almost \$135,000 of new equipment; \$55,000 was directed to new equipment for the midwifery program.

In the Non-Medical Equipment Funding framework, the MRD replaced almost \$488,000 worth of equipment, mainly for offices and residences; in particular, furniture was replaced in the Whapmagoostui clinic and offices.

The Operations division underwent many changes this year. Hotel reservation staff joined the department, and the team began putting in place the support for vehicle fleet maintenance, inspections and repairs. Regional housing staff also started work on centralizing transit reservations and housing unit assignments. Software was developed to make the reservations, with Chisasibi and Waswanipi being integrated into the program this year. The project will continue in 2019-20. Leases were renewed for 42 Fort George and 18 motel rooms in Chisasibi, and for Wiichihituwin's 3rd Avenue office in Val-d'Or.





WIICHIHIITUWIN

Wiichihiituwinn—to help one another—plays a vital role in providing access to medical and social services not available to the population in Eeyou Istchee communities. Every year, Wiichihiituwinn coordinates the travel, accommodation, local transportation, meals and appointments of thousands of customers passing through one of its four points of service: Chibougamou, Chisasibi, Montréal and Val-d’Or.

There were 32,509 patient and escort arrivals during the past year, an increase of 3% over the previous year. For the same period, the Wiichihiituwinn team organized 41,173 appointments in affiliated institutions at its service points, generating more than 100,000 local patient and attendant transports.

This year, the Montreal site faced a mid-February reduction in service lasting for three weeks. Montreal services were reduced to medical evacuations and emergencies due to a lack of personnel to provide liaison nurse service. We rapidly developed an action plan to restore service as quickly as possible and to ensure that mechanisms are in place to prevent this situation from recurring.

Wiichihiituwinn drivers, Espresso Hotel, Montreal



HIGHLIGHTS

Employee well-being: New office space was opened in Val-d’Or, accommodating the dispatch team; this space has provided the team with an environment better suited to their needs. Also, a Wiichihiituwinn employee satisfaction survey was conducted in December, identifying departmental strengths and areas for improvement.

Links with partners: The team began work last year to make Wiichihiituwinn’s partners aware of the culture and reality of our community members, with training sessions on Cree culture offered to staff in the Montreal area. Since 2017, recurring meetings have been held in partnership with Region 17 and RUIS McGill (Réseau Universitaire Intégré de Santé) to promote the development and harmonization of specialized services so that they are adapted to the population of Regions 17 and 18.

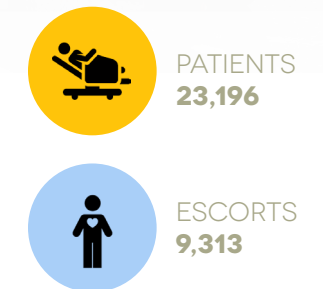
Human Resources: A new coordinator position for the Espresso (Montreal) and Chisasibi sites has been created, and a third liaison nurse position for Chisasibi has been added. To support the development of projects within the department, two positions were created for specialists in administrative processes.



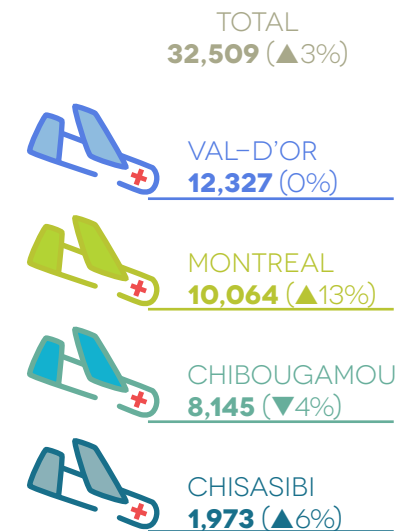
Improved patient services in Montreal: Two new positions, for an oncology nurse at the Royal Victoria Hospital and a social worker at the Montreal Children’s Hospital, are in the recruitment process. Regular doctor visits to the Espresso Hotel have increased medical support for long-term clients and their companions in Montreal. The doctor, who acts as a family physician for this clientele, also facilitates communication between Wiichihiituwinn medical staff in Montreal and the community.

Updating policies and procedures: The policies and procedures of the Cree Non-Insured Health Benefits Program (CNIHB) were reviewed and updated in collaboration with the CNIHB team (Financial Resources Department) and other stakeholders of the organization. These went into effect in April 2019.

WIICHIHIITUWIN PATIENTS & ESCORTS



WIICHIHIITUWIN ARRIVALS FOR MEDICAL APPOINTMENTS



NORTHERN OPERATIONS CENTRE

The NOC (Northern Operations Centre) is the group responsible for managing all air transport for patients and escorts, employees and any consultants and guests authorized to travel for the CBHSSJB. The NOC team ensures 24/7 emergency medical evacuation (“medevac”) by air ambulance as well as passenger reservations on charter flights using Air Creebec planes. During the year, the NOC coordinated transport for almost 24,000 passengers in total, including approximately 700 emergency medevac flights.



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FINANCIAL STATEMENTS

BREAKDOWN OF GROSS EXPENSES BY PROGRAM

Programs	Current Exercise		Previous Exercise	
	Expenditures	%	Expenditures	%
Service Programs				
Public Health	\$2,074,491	0.79%	\$2,167,016	0.93%
General Services - Clinical and Assistance Activities	18,578,708	7.08%	13,539,127	5.79%
Support for Autonomy of the Elderly	5,324,644	2.03%	4,038,665	1.73%
Physical Disability	7,652,320	2.92%	7,086,340	3.03%
Intellectual Disability and Autism Spectrum Disorders (ASD)	49,106	0.02%	44,511	0.02%
Youth in Difficulty	19,402,464	7.40%	18,749,442	8.01%
Dependencies	494,599	0.19%	409,491	0.17%
Mental Health	4,035,161	1.54%	3,342,493	1.43%
Physical Health	129,205,886	49.25%	119,882,160	51.25%
Support Programs				
Administration	38,302,197	14.59%	30,838,742	13.18%
Support to Services	10,839,698	4.13%	10,098,888	4.32%
Management of Buildings and Equipment	26,400,457	10.06%	23,719,288	10.14%
TOTAL	\$262,359,731	100.00%	\$233,916,163	100.00%

BUDGETARY BALANCE

The Cree Board of Health and Social Services of James Bay (CBHSSJB) shows an operating funds deficit (\$428,849), therefore contravening sections 3 and 4 of the Act to provide for balanced budgets in the public health and social services network (CQLR, chapter E-12.0001). However, the CBHSSJB will use the surpluses accumulated in the previous years against this deficit.

The capital funds shows a deficit (\$2,084,465) due to depreciation on self-financed projects and funds transferred from operating to capital funds to finance medical and non-medical equipment purchases as well as construction projects. Considering the Government's Financial Administration Manual requires the capital subsidy to be accounted for in the year the asset is acquired and the depreciation to be accounted for in subsequent years, it is not possible to maintain a surplus in the capital funds.

CBHSSJB
STATEMENT OF OPERATIONS | 31 MARCH 2019

	Budget	Operations Cur. Yr. (R.of P358 C4)	Capital Assets Current Yr. (Note 1)	Current Year Total C2 + C3	Prior Yr. Total	
	1	2	3	4	5	
REVENUES						
MSSS Grants	1	249 998 757	258 826 219	10 379 179	269 205 398	240 066 468
Government of Canada	2	6 353 897	7 654 573		7 654 573	6 702 624
User contributions	3	780 000	697 338	XXXX	697 338	788 074
Sale of services and recoveries	4	1 185 535	1 085 755	XXXX	1 085 755	1 201 184
Donations	5					
Investment revenue	6					
Business revenue	7					
Gain on disposal	8					
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Other revenue	11	261 048	1 554 741		1 554 741	390 219
TOTAL (L.01 to L.11)	12	258 579 237	269 818 626	10 379 179	280 197 805	249 148 569

EXPENDITURES						
Salaries, benefits and payroll taxes	13	130 848 122	138 646 685	XXXX	138 646 685	125 122 714
Medications	14	13 155 000	13 151 992	XXXX	13 151 992	12 174 619
Blood products	15		96 985	XXXX	96 985	
Medical and surgical supplies	16	4 316 900	4 218 117	XXXX	4 218 117	4 271 492
Food products	17	757 500	805 776	XXXX	805 776	782 975
Honoraria paid to non-institutional resources	18			XXXX		
Financial charges	19	6 080 000	3 190 905	4 521 028	7 711 933	5 493 340
Maintenance and repairs, including non-capital costs related to capital assets	20	3 681 341	3 055 180		3 055 180	2 858 679
Bad debt	21			XXXX		
Rent	22	6 249 415	6 660 278	XXXX	6 660 278	7 101 515
Capital asset depreciation	23	7 781 597	XXXX	7 942 616	7 942 616	6 303 319
Loss on disposal of capital assets	24		XXXX			
Transfer expenses	25			XXXX		
	26	XXXX	XXXX	XXXX	XXXX	XXXX
Other expenditures	27	87 764 598	100 421 557		100 421 557	87 033 882
TOTAL (L.13 to L.27)	28	260 634 473	270 247 475	12 463 644	282 711 119	251 142 535
SURPLUS (DEFICIT) OF THE YEAR (L.12 - L.28)	29	(2 055 236)	(428 849)	(2 084 465)	(2 513 314)	(1 993 966)

CBHSSJB
STATEMENT OF OPERATIONS | 31 MARCH 2019

	Budget	Main activities	Incidental activities	Total (C2 + C3)	Prior year	
	1	2	3	4	5	
REVENUES						
MSSS Grants	1	240 232 396	258 826 219		258 826 219	231 122 463
Government of Canada	2	6 353 897		7 654 573	7 654 573	6 702 624
User contributions	3	780 000	697 338	XXXX	697 338	788 074
Sale of services and recoveries	4	1 185 535	1 085 755	XXXX	1 085 755	1 201 184
Donations	5					
Investment revenue	6					
Business revenue	7					
Gain on disposal	8					
	9	XXXX	XXXX	XXXX	XXXX	XXXX
	10	XXXX	XXXX	XXXX	XXXX	XXXX
Other revenue	11	261 048	1 321 570	233 171	1 554 741	390 219
TOTAL (L.01 to L.11)	12	248 812 876	261 930 882	7 887 744	269 818 626	240 204 564

EXPENDITURES						
Salaries, benefits and payroll taxes	13	130 848 122	133 164 045	5 482 640	138 646 685	125 122 714
Medications	14	13 155 000	13 151 992	XXXX	13 151 992	12 174 619
Blood products	15		96 985	XXXX	96 985	
Medical and surgical supplies	16	4 316 900	4 218 117	XXXX	4 218 117	4 271 492
Food products	17	757 500	805 776	XXXX	805 776	782 975
Honoraria paid to non-institutional resources	18			XXXX		
Financial charges	19	2 040 000	3 190 905	XXXX	3 190 905	1 399 661
Maintenance and repairs, including non-capital costs related to capital assets	20	3 681 341	3 054 459	721	3 055 180	2 858 679
Bad debt	21					
Rent	22	6 249 415	6 653 678	6 600	6 660 278	7 101 515
Transfer expenses	23					
Other expenditures	24	87 764 598	98 023 774	2 397 783	100 421 557	87 033 882
TOTAL (L.13 to L.24)	25	248 812 876	262 359 731	7 887 744	270 247 475	240 745 537
SURPLUS (DEFICIT) OF THE YEAR (L.12 - L.25)	26	0	(428 849)	0	(428 849)	(540 973)

CBHSSJB
STATEMENT OF ACCUMULATED SURPLUS (DEFICIT) | 31 MARCH 2019

	Operating fund Current year 1	Capital assets Fund Current year 2	Current Year Total (C1 +C2) 3	Prior Yr. Total 4
ACCUMULATED SURPLUS (DEFICIT) BEGINNING OF YEAR, ALREADY ESTABLISHED	17 509 956	25 405 052	42 915 008	44 908 974
Accounting changes with prior year restatement (specify)				
Accounting changes without prior year restatement (specify)				XXXX
ACCUMULATED SURPLUS (DEFICIT) BEGINNING ADJUSTED (L.01 to L.03)	17 509 956	25 405 052	42 915 008	44 908 974
SURPLUS (DEFICIT) FOR THE YEAR	(428 849)	(2 084 465)	(2 513 314)	(1 993 966)
Other changes:				
Inter-institution transfers (specify)				
Interfund transfers (specify)	(11 742 039)	11 742 039	0	
Other items applicable to private establishments under agreement (specify)		XXXX		
	XXXX	XXXX	XXXX	XXXX
TOTAL OTHER CHANGES (L.06 to L.09)	(11 742 039)	11 742 039		
ACCUMULATED SURPLUS (DEFICIT) END OF YEAR (L.04+ L.05 + L.10)	5 339 068	35 062 626	40 401 694	42 915 008
Consisting of the following:				
External restrictions	XXXX	XXXX		
Internal restrictions	XXXX	XXXX	5 744 042	5 485 995
Unrestricted or Unrestricted balance (L.11 - L.12 - L.13)	XXXX	XXXX	34 657 652	37 429 013
TOTAL (L.12 to L.14)	XXXX	XXXX	40 401 694	42 915 008

CBHSSJB
STATEMENT OF FINANCIAL POSITION | 31 MARCH 2019

	FUND	General 1	Capital assets 2	Current Year Total (C1+C2) 3	Prior Yr. Total 4
FINANCIAL ASSETS					
Cash on hand (overdraft)	1	5 021 732		5 021 732	10 856 671
Short-term investments	2				
Receivables - MSSS	3	186 712 418	1 317 046	188 029 464	179 345 895
Other receivables	4	6 603 599		6 603 599	3 412 584
Cash advances to public institution	5	XXXX			
Interfund receivables (payables)	6	12 534 680	(12 534 680)	0	
Grant receivable (deferred grants) - accounting reform	7	5 620 243	(20 349 357)	(14 729 114)	(14 776 615)
Portfolio investments	8				
Deferred debt issuance costs	9	XXXX			
	10	XXXX	XXXX	XXXX	XXXX
	11	XXXX			
Other items	12	2 356 651	7 176 181	9 532 832	3 739 520
TOTAL FINANCIAL ASSETS (L1 to L12)	13	218 849 323	(24 390 810)	194 458 513	182 578 055
LIABILITIES					
Short-term debt	14	165 102 618	379 042	165 481 660	178 399 554
Accounts payable - MSSS	15				
Other accounts payable and accruals	16	34 388 837		34 388 837	29 871 285
Cash advances - decentralized envelopes	17	XXXX			
Accrued interest payable	18	284 883	1 317 046	1 601 929	1 323 733
Deferred revenue	19	6 405 247		6 405 247	8 182 280
	20	XXXX	XXXX	XXXX	XXXX
Long-term debts	21	XXXX	128 644 942	128 644 942	99 418 369
Liability for contaminated sites	22	XXXX			
Liability for employee future benefits	23	10 144 863	XXXX	10 144 863	8 892 839
	24	XXXX	XXXX	XXXX	XXXX
Other items	25	673 318	7 176 181	7 849 499	2 165 343
TOTAL LIABILITIES (L.14 to L.25)	26	216 999 766	137 517 211	354 516 977	328 253 403
NET FINANCIAL ASSETS (NET DEBT) (L.13 - L.26)	27	1 849 557	(161 908 021)	(160 058 464)	(145 675 348)
NON FINANCIAL ASSETS					
Capital assets	28	XXXX	196 970 647	196 970 647	185 177 004
Supply inventory	29	2 039 700	XXXX	2 039 700	1 686 076
Prepaid expenses	30	1 449 811		1 449 811	1 727 276
TOTAL NON FINANCIAL ASSETS (L.28 to L.30)	31	3 489 511	196 970 647	200 460 158	188 590 356
SHARE CAPITAL AND CONTRIBUTED SURPLUS	32		XXXX		
ACCUMULATED SURPLUS (DEFICIT)	33	5 339 068	35 062 626	40 401 694	42 915 008

	Budget	General Fund	Capital Assets Fund	Total Current Yr. (C2+C3)	Total Prior Yr.	
	1	2	3	4	5	
NET FINANCIAL ASSETS (NET DEBT BEGINNING ALREADY ESTABLISHED)	1	(145 675 348)	14 096 604	(159 771 952)	(145 675 348)	(99 089 911)
Accounting changes with prior year restatement	2					
Accounting changes without prior year restatement	3					XXXX
NET FINANCIAL ASSETS (NET DEBT BEGINNING ADJUSTED (L.01 to L.03))	4	(145 675 348)	14 096 604	(159 771 952)	(145 675 348)	(99 089 911)
SURPLUS (DEFICIT) FOR THE YEAR (P.200, L.29)	5	(2 055 236)	(428 849)	(2 084 465)	(2 513 314)	(1 993 966)
VARIANCE DUE TO CAPITAL ASSETS:	6	(20 000 000)	XXXX	(19 736 259)	(19 736 259)	(50 205 182)
Acquisitions	7	7 781 597	XXXX	7 942 616	7 942 616	6 303 319
Annual depreciation	8		XXXX			
Gain/loss on disposal of assets	9		XXXX			
Proceeds of disposition	10		XXXX			
Bad debts	11		XXXX			
Capital asset adjustments	12	XXXX	XXXX	XXXX		XXXX
	13	XXXX	XXXX	XXXX		XXXX
TOTAL VARIANCE DUE TO CAPITAL ASSETS (L.06 to L.13)	14	(12 218 403)	XXXX	(11 793 643)	(11 793 643)	(43 901 863)
VARIANCE DUE TO SUPPLY INVENTORY AND PREPAID EXPENSES:	15	(10 000 000)	(2 039 700)	XXXX	(2 039 700)	(9 761 807)
Acquisition of supply inventory	16	(1 900 000)	(1 672 658)		(1 672 658)	(1 752 343)
Acquisition of prepaid expenses	17	9 750 000	1 686 076	XXXX	1 686 076	9 507 160
Use of supply inventory	18	1 800 000	1 950 123		1 950 123	1 317 382
Use of prepaid expenses	19	(350 000)	(76 159)		(76 159)	(689 608)
TOTAL VARIANCE DUE TO SUPPLY INVENTORY AND PREPAID EXPENSES (L.15 to L.18)	20		(11 742 039)	11 742 039	0	
Other variance in accumulated surplus (deficit)	21	(14 623 639)	(12 247 047)	(2 136 069)	(14 383 116)	(46 585 437)
INCREASE (DECREASE) IN NET FINANCIAL ASSETS (NET DEBT) (L.05 + L.14 + L.19 + L.20)	22	(160 298 987)	1 849 557	(161 908 021)	(160 058 464)	(145 675 348)
NET FINANCIAL ASSETS (NET DEBT) END OF YEAR (L.04 + L.21)						

	Current Year	Prior Year	
	1	2	
OPERATING ACTIVITIES			
Surplus (deficit) for the year	1	(2 513 314)	(1 993 966)
ITEMS NOT AFFECTING CASH FLOW			
Provision tied to portfolio investments and loan guarantees	2		
Supply inventory and prepaid expenses	3	(76 159)	(689 608)
Loss (gain) on disposal of capital assets	4		
Loss (gain) on disposal of portfolio investments	5		
Amortization of deferred revenue related to capital assets:			
- Government of Canada	6		
- Other	7		
Capital asset depreciation	8	7 942 616	6 303 319
Capital loss	9		
Amortization of debt issue costs and management	10		
Amortization of bond premium or discount	11		
MSSS grants	12	(5 858 151)	(4 850 326)
Other (specify)	13		
TOTAL ITEMS NOT AFFECTING CASH FLOW (L.02 to L.13)	14	2 008 306	763 385
Changes in financial assets and liabilities related to operation	15	(5 522 243)	(36 840 425)
CASH FLOW RELATED TO CAPITAL ASSET INVESTMENT ACTIVITIES (L.01 + L.14 + L.15)	16	(6 027 251)	(38 071 006)
CAPITAL ASSET INVESTMENT ACTIVITIES			
Cash outflow related to capital asset purchases	17	(21 927 016)	(47 261 227)
Proceeds of disposition of capital assets	18		
CASH FLOW RELATED TO CAPITAL ASSET INVESTMENT ACTIVITIES (L.17 + L.18)	19	(21 927 016)	(47 261 227)
INVESTMENT ACTIVITIES			
Variance of short-term investments	20		
Portfolio investments (made)	21		
Proceeds of disposition of portfolio investments	22		
Portfolio investments (completed)	23		
CASH FLOW RELATED TO INVESTMENT ACTIVITIES (L.20 to L.23)	24		

	Current Year 1	Prior Year 2
FINANCING ACTIVITIES		
Long-term debts - Debts incurred	1	
Long-term debts - Debts repaid	2	
Capitalization of discounts and premium on debt instruments	3	
Variance of short-term debts - generated fund	4	19 794 649
Short-term debts incurred - capital asset fund	5	2 324 679
Short-term debts repaid - capital asset fund	6	30 606 174
Variance from government sinking fund	7	
Other (specify P297)	8	
CASH FLOW RELATED TO FINANCING ACTIVITIES (L.01 to L.08)	9	22 119 328
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS P.208-00, L.16 + L.19 + L.24 + P.208-01, L.09)	10	(5 834 939)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	11	10 856 671
CASH AND CASH EQUIVALENTS, END OF YEAR (L.10 + L.11)	12	5 021 732
CASH AND CASH EQUIVALENTS, END OF YEAR INCLUDING:		
Cash on hand	13	5 021 732
Short-term investments	14	10 856 671
TOTAL (L.13 + L.14)	15	5 021 732

	Current Year 1	Prior Year 2
VARIANCE OF FINANCIAL ASSETS AND LIABILITIES RELATED TO OPERATION:		
Receivables - MSSS	1	(8 683 569)
Other receivables	2	(3 191 015)
Cash advances to public institutions	3	
Grant receivable - accounting reform - employee future benefits	4	150 522
Deferred debt issuance costs	5	
Other assets	6	(5 793 312)
Accounts payable - MSSS	7	
Other accounts payable and accruals	8	6 708 310
Cash advances - decentralized envelopes	9	6 808 079
Accrued interest payable	10	278 196
Deferred revenue	11	(1 777 033)
Liability for contaminated sites	12	
Liability for employee future benefits	13	1 252 024
Other liability items	14	(381 379)
TOTAL VARIANCE OF FINANCIAL ASSETS AND LIABILITIES RELATED TO OPERATION (L.01 to L.14)	15	(5 522 243)
OTHER INFORMATION:		
Capital asset acquisitions included in accounts payable as at March 31	16	1 664 126
Proceeds of disposition of capital assets included in receivables as at March 31	17	3 854 883
Other items not affecting cash and cash equivalents (specify P297)	18	(5 858 151)
INTEREST:		
Creditor interest (revenue)	19	
Interest received (revenue)	20	
Interest received (expenses)	21	7 711 933
Interest spent (expenses)	22	3 100 131





DIRECTORY

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Regional Administration

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T 819-855-2744 | F 819-855-2098
Complaints 1-866-923-2624

Chisasibi Hospital

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Chisasibi, QC J0M 1E0
819-855-2844

Recruitment Centre

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7th floor
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jobs.reg18@ssss.gouv.qc.ca

Public Health Department

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Montreal 514-861-2352

Wiichihituwini

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Chibougamau, QC G8P 1N1
418-748-4450

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514-989-1393

c/o Hôpital de Val-d'Or
725, 6^e rue
Val-d'Or, QC J9P 3Y1
819-825-5818

Youth Healing Services Reception Centre

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Mistissini, QC G0W 1C0
418-923-3600

Youth Protection Hotline 1-800-409-6884

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CONSEIL CRI DE LA SANTÉ ET DES SERVICES SOCIAUX DE LA BAIE JAMES
CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

Cree Board of Health and Social Services of James Bay
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