



Cree Board of Health and Social Services of James Bay  
Conseil Cri de la santé et des services sociaux de la Baie James  
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Annual Report /



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# *Annual Report 2005*



**Cree Board of Health and Social Services of James Bay**  
**Conseil Cri de la santé et des services sociaux de la Baie James**

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Mistissini

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# Message from the Chairperson



*“Miyupimaatisiun”*

*“Building a Strong and Healthy Cree Nation”*

*To the Cree Nation of Eeyou Istchee*

As I go forth in my second year as Chairperson of the CBHSSJB, I reflect back on a very intensive year with ongoing negotiations, development planning, strategic regional plan implementation, dental blitz plan, public health regional action plan, human resource development, training, reorganization of regional services, organizational chart review, reorganization of youth services, capital projects including housing for personnel and multi-services centres for the elderly, physically and mentally challenged clientele. The first two phases of a management information system will also permit the CBHSSJB to better monitor financial budgets for its services, and eventually install a database of service (health and social) indicators required for service and budget planning.

The Board of Directors appointed Mr. James Bobbish as Interim Executive Director from February 2004 to September 2004. Then on August 30, 2004, Ms. Joanne Bezzubetz was hired as Executive Director (ED), and Mr. Bobbish' services were retained to December 2004 for a three-month orientation of ED. He now has a one-year term as management consultant to the ED overseeing special projects.

In December 2004, the Board of Directors re-appointed me as Chairperson for a one-year term along with Mr. Charles Bobbish as Vice-Chairman. The status of the chairmanship of the CBHSSJB will be part of the legislative review and the Board will have to determine the working conditions, the length of term, and whether it requires a part-time or a full-time chairman. The review of internal policies, by-laws, regulations and procedures including the Act pertaining to Cree health and social services of James Bay (S-5 and S-4.2), and other related acts that apply to our services formulates the legislative changes process. The Moses-Petawabano Commission with members, James Bobbish, Daniel Mark-Stewart, Bella Moses-Petawabano, Joanne Bezzubetz as well as myself have the responsibility of overseeing this process on behalf of the Board. The issue of jurisdiction for health and social services outside of Category I-A lands, mainly to bush camps, and work camps will be a matter of negotiation and ongoing discussion.

The Council of Nurses was formally put in place this year. Representing over 100 nurses working for the CHB, it will serve to oversee the quality of care and working conditions. A Finance Committee is under development to oversee more closely the periodic review of expenditures and budget spending, cash flow requirements, and tracking of implementation and development monies. Eventually with the implementation of Cree Helping Methods, the Council of Elders will be established to guide the process of integration of Cree approaches throughout the whole organization with the recruitment of an Assistant to the Executive Director for Eenou/Eeyou Pimaatisiun. As well under the auspices of the Corporate Secretariate, a Communications department is envisioned to oversee the internal and external communications of the CBHSSJB.

The highlight of the year was the community tours with the participation of the Grand Council of the Crees with Grand Chief Dr. Ted Moses and Cree Negotiator, Mr. Abel Bosum, the Cree School Board Chairman Mr. William Mianscum, and the Cree Board of Health and Social Services of James Bay represented by myself, Vice-Chairman Mr. Daniel Mark-Stewart and Mr. James Bobbish. This tour done during the month of November gave us the opportunity to present the Cree-Québec Agreement on Health and Social Services before official approval of the Agreement by the respective boards of the Grand Council of the Crees and the Cree Health Board in December. The tour also gave us an initial view of the community concerns related to providing health and social services to the Cree population.

The end of the fiscal year March 31, 2005 saw the signing by Cree parties of the long awaited Cree-Québec Agreement on Health and Social Services in Whapmagoostui. The official signing ceremony and celebration is scheduled for May 24, 2005 in Chisasibi. This Agreement ensures development with 70% of resources to be put for community-based services and 30% for regional services. The reorientation of what decentralisation really means and can look like will be the greatest challenge in the ongoing development and implementation of health and social services. The goal to invite the participation of Cree leadership, community members, regional and local partners in the reorganization of community services is another step towards the empowerment of a community to eventually determine its own priorities for health and well-being.

The Agreement provides \$40 million for development over the next five years, \$112 million for capital projects over seven years including new clinics for Wemindji and Mistissini to be completed within the next two years, as well as a regional treatment centre (healing lodge). Other new clinics will follow thereafter. An annual envelope of \$1.5 million is allocated for the rental of fifty (50) housing units in the communities for the next five years.

As a Nation, we need to gather our forces to review the social state, health and well-being of our people, and go forward with guiding principles of what we envision Cree health and social services shall be for tomorrow. To support the physical, emotional, mental and spiritual renewal of a people can only promote the awareness of individual responsibility towards better health and to be able to live life more fully with a sense of Miyupimaatisiun (well-being). The Cree Board of Health and Social Services of James Bay (CBHSSJB) commits to its mission to building a strong and healthy Cree Nation, and it is with this in mind that I present the Annual Report 2004-05 of the CBHSSJB.



**Dianne Reid**  
Chairperson

# Message from the Executive Director

When I arrived in Eeyou Istchee on August 30, 2004 to begin my new job as Executive Director of the *Cree Board of Health and Social Services of James Bay (CBHSSJB)*, I found waiting for me a platform of already-established goals for the next five years. Through the efforts of the Grand Council of the Crees (Eeyou Istchee)/Cree Regional Authority ("Grand Council") and the CBHSSJB, a Strategic Regional Plan (SRP) had been developed to obtain funding for the development of new programs and services as well as the construction of much-needed new capital projects.

After years of struggling with inadequate resources, the Grand Council and the CBHSSJB were able to leverage with the Ministry of Health and Social Services of Québec (MSSSQ) with a roster of required enhancements to ensure that the care provided to the Crees would match those services already available to Québec residents in other jurisdictions.

Throughout our Annual Report this year, readers will note reference to the SRP, so the following text will describe the critical elements of the SRP that made it possible for the successful negotiation for an annualized operating budget increase of \$40 million dollars and capital funding over the next seven years for \$112 million dollars.

Underlying all aspects of the SRP are the values and beliefs of Crees. Foremost is an expressed requirement that the Cree nation would exercise complete jurisdiction and control over the delivery of services, that they would promote Cree human resource development and that services would reflect their values.

Data supporting the need for new services and programs indicate that Crees have a lower life expectancy among other health and social factors that have an influence on their well-being. In order to better the health of the Crees, the following objectives were noted as primary targets:

- × Public Health and Prevention
- × Access to Local Services
- × Access to Specialized Services
- × Funding
- × Human Resources

For the first time since the inception of the CBHSSJB, the resources required to meet the targets head-on would be available. The negotiating group built on the primary targets listed above and together developed a Funding Framework based on the following categories:

- × General Administration
- × Cree Integrated Health and Social Services
- × Multi-Services Day Centres
- × Youth Centres
- × Traditional Healing Lodge
- × Public Health



In addition, the Funding Framework elaborates on Specific Allocations that are reimbursed dollar-for-dollar to the CBHSSJB upon completion of each fiscal year, and they are:

- ✕ User fees
- ✕ Employee travel and transportation
- ✕ Interest on short term loans
- ✕ Non-insured health benefits
- ✕ Previous leases

The Framework also accommodates for the construction of new houses for employees, renovations to existing facilities and homes, and the building of new Cree Integrated Centres.

In summary, the Funding Framework captures the first steps at bringing the standards of care for the Crees to a level where improvement to health and well-being will be facilitated.

The SRP also describes how the CBHSSJB will follow through on a commitment to the residents of Eeyou Istchee to provide options for the care they receive by introducing the availability of Cree Helping Methods. Acknowledging that Crees themselves have known for centuries how best to deal with their own well-being in a cultural and traditional manner, the next five years will clear the path for the elevation of Traditional Helping Methods. We believe that this objective may prove to be one way in which the Crees can recapture better health status.

Finally, a predominant thrust of the SRP includes the decentralisation of decision-making and administration for CBHSSJB programs and services. Gains were made in 2004-05 to recognise the uniqueness of each and every community. The next five years will require our regional operations to transform in a way that permits the ownership and self-determination of care at the local level.

All these challenges await us for the next five years. In our boat, and on our shores, the water will sometimes be rough and other times calm. I am grateful to be surrounded by people who know this river and who can guide and counsel me along the way.

**Joanne Bezzubetz**  
Executive Director

# Introduction

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

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

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

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

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

## Public Establishments

*Regional Hospital Centre*

Chisasibi, James Bay, Québec J0M 1E0 · (819) 855-9001

*Cree Social Services Centre*

Chisasibi, James Bay, Québec J0M 1E0 · (819) 855-9001

*Weesapou Group Home*

Chisasibi, James Bay, Québec J0M 1E0 · (819) 855-2681

*Upaahchikush Group Home*

Mistissini, Baie du Poste, Québec G0W 1C0 · (418) 923-2260

*Coastal CLSC (CIC)*

Chisasibi, James Bay, Québec J0M 1E0 · (819) 855-9001

*Inland CLSC (CIC)*

Mistissini, Baie du Poste, Québec G0W 1C0 · (418) 923-3376

*Youth Healing Services*

139 Mistissini Blvd., Mistissini, Baie du Poste, Québec G0W 1C0 · (418) 923-3600

## Community Clinics

**Coastal Service Outlets:**

*Whapmagoostui Clinic*

Whapmagoostui, Hudson Bay, Québec J0M 1G0 · (819) 929-3307

*Wemindji Clinic*

Wemindji, James Bay, Québec J0M 1L0 · (819) 978-0225

*Waskaganish Clinic*

Waskaganish, James Bay, Québec J0M 1R0 · (819) 895-8833

*Eastmain Clinic*

Eastmain, James Bay, Québec J0M 1W0 · (819) 977-0241

**Inland Service Outlets:**

*Waswanipi Clinic*

Waswanipi, Québec J0Y 3C0 · (819) 753-2531

*Nemaska Clinic*

Poste Nemiscau, Champion Lake, Québec J0Y 3B0 · (819) 673-2511

*Ouje-Bougoumou Healing Centre*

68 Opatoca Street, P.O. Box 37, Ouje-Bougoumou, Québec G0W 3C0 · (418) 745-3901





# Board of Directors

from April 1st, 2004 to March 31st, 2005

The Board of Directors consists of the following members:

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

- ✕ Daniel Mark-Stewart *Eastmain representative*
- ✕ Charles Bobbish *Chisasibi representative*  
*Vice-Chairman*
- ✕ George Masty *Whapmagoostui representative*
- ✕ Angus Georgekish *Wemindji representative (since December 2004)*
- ✕ Bert Blackned *Waskaganish representative*
- ✕ Bella M. Petawabano *Mistissini representative*
- ✕ Flora Blacksmith *Waswanipi representative*
- ✕ Suzanne Kitchen *Ouje-Bougoumou representative*
- ✕ Caroline Jolly *Nemaska Representative*

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

- ✕ Dianne Reid *Chairperson*  
*Cree Regional Authority representative*

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

- ✕ Dr. Stéphanie Ferland *Council of Physicians, Dentists and Pharmacist*
- ✕ (vacant) *Clinical staff (Nursing)*
- ✕ Bryan Bishop *Clinical staff (Social Services)*

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

- ✕ Alyne Blacksmith *Non-clinical staff*

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

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

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

- ✕ Joanne Bezzubetz *Executive Director (since August 2004)*

There have been three (3) regular meetings, one (1) special meeting and two (2) conference calls of the Board of Directors during the period covered by the present report.

## CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY as of March 31, 2005

### Administrative Committee

- ✕ Dianne Reid *CRA representative – Chairperson*
- ✕ Joanne Bezzubetz *Executive Director*
- ✕ Bella M. Petawabano *Mistissini Representative*
- ✕ Angus Georgekish *Wemindji Representative*
- ✕ Bryan Bishop *Clinical Staff Representative*
- ✕ Charles Bobbish *Chisasibi Representative – Vice-Chairman*

There have been eleven (11) meetings of the Administrative Committee during the period covered by this annual activity report.

### Members of the Audit Committee

- ✕ Charles Bobbish
- ✕ Daniel Mark-Stewart
- ✕ Angus Georgekish

The Audit Committee met twice during the period covered by this annual activity report.





# Managerial Personnel

As of March 31, 2005

✕ Joanne Bezzubetz	<b>Executive Director</b>
✕ James Bobbish	Management Consultant to the ED (term position)
✕ Dolorès Audet-Washipabano	Executive Assistant
✕ Laura Moses	Corporate Secretary
✕ Richard St-Jean	Director of Planning & Development
✕ Peter Atkinson	Consultant – Human Resources Development (term position)
✕ Don Ellis	Management Consultant to the ED – SRP Implementation (interim)
✕ (vacant)	Assistant to the Executive Director – Eenou/Eeyou Pimaatisiun
✕ (vacant)	Director of Medical Administration
✕ Pauline Lépine	Director of Professional Services – Health
✕ Lisa Petagumskum	Director Professional Services – Social (interim)
✕ Laura Bearskin	Associate Director of Professional Services - Social (interim)
✕ (vacant)	Planning and Programming Consultant (HCCP)
✕ (vacant)	Director of Professional Services – Medical

## Public Health

✕ Yv Bonnier-Viger	<b>Assistant Executive Director – Public Health</b>
✕ Bella Blacksmith	Head – Public Health Administrative Unit
✕ Paul Linton	Director of Chishaayiyuu Miyupimaatisiun Unit
✕ Manon Dugas	Director of Uschiniichisuu Miyupimaatisiun Unit
✕ Bella Moses Petawabano	Director of Awash Miyupimaatisiun Unit
✕ Jill Torrie	Director of Specialized Services

## Administrative Services

✕ André Richer	<b>Assistant Executive Director – Administrative Services</b>
✕ Lily Bobbish	Executive Assistant (interim)
✕ Saïd Azzi	Director of Information Resources (interim)
✕ Hugo Georgekish	Director of Material Resources (interim)
✕ Kevin O'Brien	Coordinator of Facilities Unit (interim)
✕ (vacant)	Coordinator of Equipment Unit
✕ Robert Larocque	Director of Financial Resources (interim)
✕ (vacant)	Assistant Director of Financial Resources
✕ (vacant)	Coordinator of Purchasing
✕ (vacant)	Head of Purchasing
✕ Janie Moar	Non-Insured Health Benefits Program Manager (interim)
✕ (vacant)	Director of Human Resources

✕ Colette Fink
✕ (vacant)
✕ Rena Matthew

## Health and Social Services

✕ (vacant)
✕ (vacant)
✕ André Tousignant
✕ Daisy Ratt
✕ Alan Moar
✕ Pierre Larivière
✕ (vacant)
✕ Beatrice Trapper
✕ Marlene Etapp Dixon
✕ (vacant)
✕ Paul Iserhoff
✕ André St-Louis
✕ Louise Carrier
✕ (vacant)
✕ John George
✕ (vacant)
✕ Linda Stewart
✕ (vacant)
✕ Bert Blackned
✕ Bryan Bishop
✕ Mary Bearskin
✕ Suzanne Roy

✕ Demerise Coon
✕ Caroline Rosa
✕ Jasmine St-Cyr
✕ Louise Gagnon
✕ Céline Laforest
✕ Guylaine Martin
✕ Jane Sam Cromarty
✕ Emily Wasapabano
✕ Philip Shecapio
✕ Joseph Neeposh

Coordinator of Human Resources Management (interim)
Personnel Management Consultant
Coordinator of Human Resources Development

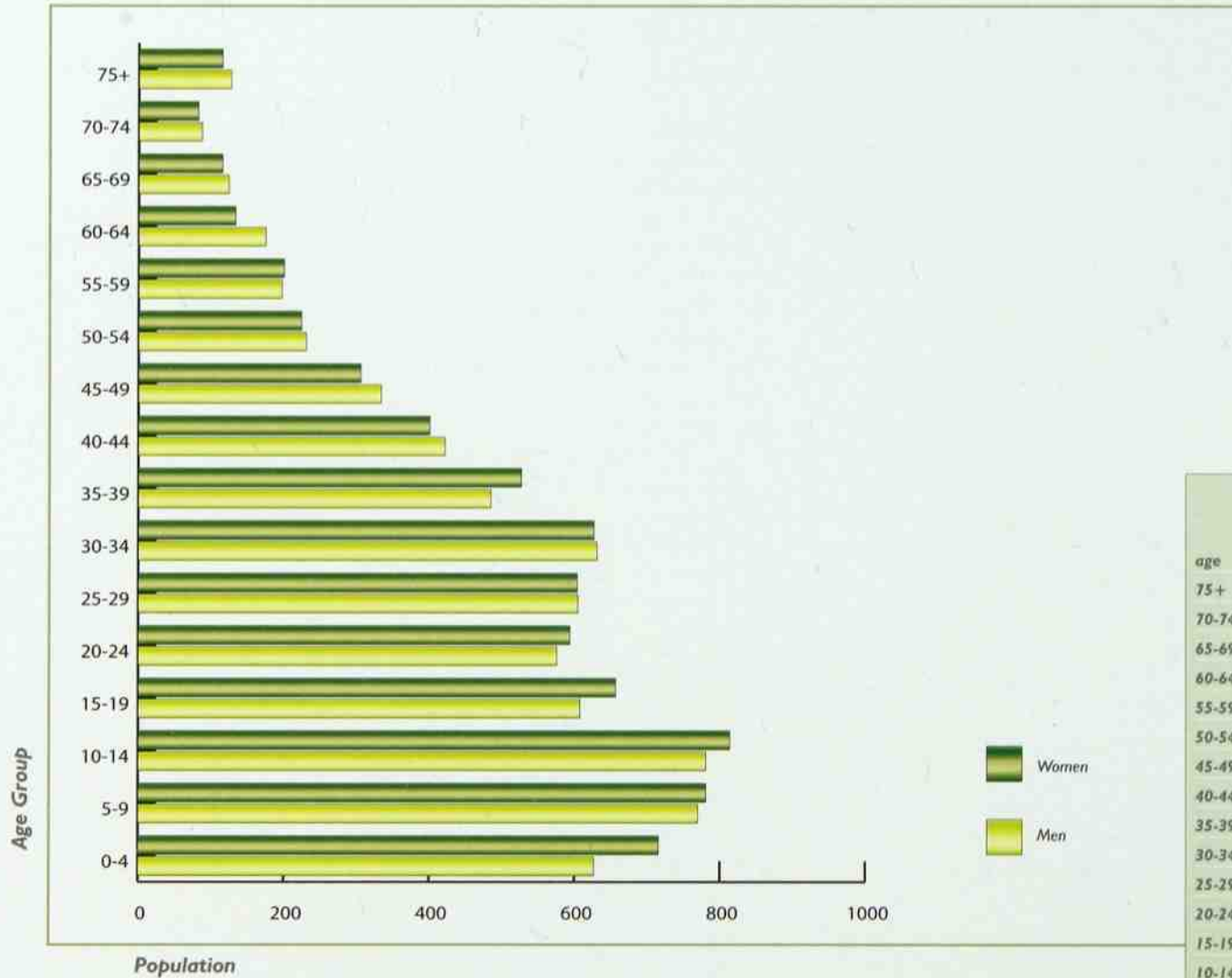
## Assistant Executive Director – Community Integrated Health and Social Services (CIHSS)

Head – CIHSS Unit
Head – MSDC & HCC Programs
Coordinator of Pre-hospital Emergency Services
Mental Health Program Manager (interim)
Director of Inland CIHSS (interim)
Coordinator – Inland Clinical Health
Coordinator – Inland Allied Health
Local Coordinator – Nemaska
Local Coordinator – Waswanipi (interim)
Local Coordinator – Ouje-Bougoumou
Local Coordinator – Mistissini (interim)
Director of Coastal CIHSS
Coordinator – Coastal Clinical Health
Coordinator – Coastal Allied Health
Local Coordinator – Whapmagoostui
Local Coordinator – Chisasibi
Local Coordinator – Wemindji
Local Coordinator – Eastmain
Local Coordinator – Waskaganish
Director of Youth Protection
Assistant Director of Youth Protection
<b>Assistant Executive Director – Regional Health and Social Services (interim)</b>
Executive Assistant
Director of Cree Patient Services
Head – Val d'Or Cree Patient Services Centre
Director of Hospital Centre
Coordinator of Medicine & Support Units
Coordinator of Ambulatory & Support Services (interim)
Director of Youth Healing Services (interim)
Head – Weesapou Group Home (interim)
Head – Upaahchikush Group Home
Coordinator – Reception Centre

# Demographics

## CREE RESIDENT POPULATION STATISTICS OF EEYOU ISTCHEE

– as of March 31st, 2005



age	Male #	Female #	Total
75+	115	127	242
70-74	82	87	169
65-69	115	124	239
60-64	133	175	308
55-59	200	197	397
50-54	224	231	455
45-49	306	334	640
40-44	401	422	823
35-39	527	485	1,012
30-34	627	631	1,258
25-29	604	605	1,209
20-24	594	576	1,170
15-19	657	608	1,265
10-14	814	781	1,595
5-9	781	770	1,551
0-4	716	627	1,343
<b>Total</b>	<b>6,896</b>	<b>6,780</b>	<b>13,676</b>

# Planning and Development Services

## GENERAL ADMINISTRATION

For the 2004-05 fiscal year, no new human resources were added to the Planning and Development Services.

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

### a) Cree Integrated Health and Social Services Centre in Mistissini

Previously, the functional and technical plan for the expansion of the Mistissini Centre was approved as such. After evaluation, however, it was decided to revise the plan for a new health and social services centre instead. As of April 2002, this new plan was approved by the Mistissini First Nation and the CBHSSJB's Board of Directors. After the adoption of the new SRP, the functional and technical plan will have to be revised again, this time taking into account the extensive mission of the future facility as an integrated services unit. This file should be finalised in 2005-06.

### b) Cree Integrated Health and Social Services Centres – Eastmain and Nemaska

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



### c) Cree Integrated Health and Social Services Centre – Wemindji

The second version of the functional and technical plan of the future facility was approved by the Board of Directors in September 2002. Again, due to the implementation of the SRP, we have to redo the functional plan to design an integrated services unit. We hope to finalise this file in the spring of 2005.

### d) Collection of Statistics

The Collection of Statistics is a tool utilised by different users such as the Board of Directors, managers, professionals, and researchers for the planning and programming of activities. Various statistical data (indicators, population, expenses, etc.) are a strategic information resource for analysing past and present information that can be useful for many future orientations which aim to give the best quality of services and programs to the Cree population.

The Collection, which is updated twice a year, is not the answer to all questions but it is an essential part of the ongoing activities of the Cree Health Board. We want this information resource to be useful for all those who use it. The document was distributed to all CBHSSJB's senior managers during the year 2004-05.

### e) Regional Plan on Capital Projects

As we did before, we continue to update the regional plan as new capital projects are added or modified. For Year 2005-06, the main projects to be finalised will be the Wemindji Integrated Health and Social Services (\$8.2 M), the Mistissini Integrated Health and Social Services Centre Phase 1 and Phase 2 (with specific services such as: haemodialysis, laboratory, etc.) (\$15.6 M), and the Healing Lodge (\$7.6 M). With the final negotiations between the CRA, CBHSSJB and MSSSQ and the recent signing of the agreement, we should finalise the content of the document. As a strategic tool for the CBHSSJB, the plan gives to the staff and Cree communities the global view of our needs and the planning of activities for the next seven years.

#### **f) Feasibility Study on Haemodialysis**

This file started one year ago and is in collaboration with different parties involved: Public Health, Chisasibi Regional Hospital and Cree Patient Services. The main purpose of this study is to see the feasibility of implementing haemodialysis services in some Cree communities (other than Chisasibi). The draft document is in a process of consultation with the main concerned staff and should be approved by the Board of Directors in July 2005.

#### **g) The Healing Lodge**

This file is ongoing since 1990. It is one of the major priority files approved by the Board of Directors. We continue to improve the content as the statistics, costs related to construction and programmed activities are updated. Finally, the technical and functional program should be finalised at the Board of Directors level in 2005-06 and sent to the MSSSQ for the final approval.

#### **h) The PFT of the Planning, Programming, Evaluation and Development Services**

The Strategic Regional Plan promotes new orientations, approaches, services and programs. These activities require an organizational chart that reflects these new ways of providing services to the Cree population. Roles and responsibilities of the CBHSSJB's managerial staff are adjusted and/or modified accordingly. In that sense, we started to look at the content of the Planning, Programming, Evaluation and Development Services at the level of their roles and responsibilities and to write the second draft of the technical and functional plan for these services. We are hoping this PFT will be completed and approved by the Board of Directors in the year 2005-06.

#### **i) Other PFTs**

In 2004-05, three (3) other PFTs were developed for different services.

- ✕ **Administrative Centre (Chisasibi):**  
PFT done regarding new office space required for the personnel. The PFT has to be completed with the reorganization of the actual office space. This file should be completed in 2005-06 and approved by the Board of Directors.
- ✕ **CPS Faubourg Sainte-Catherine (Montréal):**  
PFT is completed. Some questions were raised regarding the volume of the clientele served. We should finalise this file in Spring 2005 with the approval of the Board of Directors.
- ✕ **Public Health Montréal:**  
We are elaborating the PFT regarding the new office space required for the Public Health Office in Montréal. The file will be finalised and approved by the Board of Directors in 2005-06.

#### **j) Participation in Committees**

Our Department participated in different committees and sub-committees such as:

- ✕ The Executive Committee
- ✕ The Regional Implementation Committee on the Regional Strategic Plan
- ✕ The MIS Committee and Sub-Committees

#### **Richard St-Jean**

*Director, Planning & Development Services*




# Programs & Services

## Health and Social Services

### INTRODUCTION

In 2004-05, the health care and services programs team carried out promotion activities for the continuous improvement of practices in health and social services.

The following list itemizes some of our highlights:

- ✘ The investiture of the Nurses Council as an advisory body within the Cree Board of Health and Social Services of James Bay (CBHSSJB);
  - ✘ Reflecting on new ways to provide services to the youth;
  - ✘ Supporting the development of a model of decentralized and integrated administration emerging in each community, which includes the improvement of first line services through the creation of the CICs (Cree Integrated Centres, previously called the CLSCs);
  - ✘ A change strategy to facilitate the implementation of new services and programs initiated with several groups in the nine communities of Eeyou Istchee. At this stage, we are still consulting with people to determine the best way to approach our anticipated growth;
  - ✘ The first Multi-Services Day Centres (MSDC) have been built;
  - ✘ The review of the Chisasibi Regional Hospital Centre's programs and services to reflect an expanded mission;
  - ✘ The examination of new business formulas for Cree Patient Services with its partners, including the major hydroelectric work sites such as EMI;
- 
- ✘ The ongoing provision of programs subsidized by the Federal Government for specific staff to maximize services already provided by us through funding by the government of Québec – notably the homecare program, support for prenatal nutrition, diabetes prevention, addiction prevention including the tobacco strategy;
  - ✘ The implementation of an improved first responder service in some communities through training sessions offered in Eeyou Istchee by our ambulance services and the Pre-hospital Emergency Services;
  - ✘ Complex social, familial and individual situations have increased demands on our mental health and youth protection sectors. For this reason, both programs are being re-evaluated to improve direct client care, efficiency and more integration with other elements of intervention required by client groups/individuals;
  - ✘ The introduction of interdisciplinary teams at the same time as the growing presence of our Public Health Department is providing stimulating challenges for local staff. However, these growing pains will ensure that patients and clients receive services in a holistic manner and with one entry to care.

## ACTIVITIES

The review of the work plan by the former AED Services Director reveals many achievements. Here are the major accomplishments:

### The CLSCs (CICs) in general:

- ✗ Hiring a Local Coordinator for Wemindji and posting job openings for Local Coordinators for Eastmain, Ouje-Bougoumou and Chisasibi. Orientation and training for this group of managers will continue.
- ✗ **Mental Health (Regional services):** Mental health, which includes suicide intervention, is a big responsibility. This portfolio is extensive and should have a high profile within the regional set-up. We are having ongoing discussions on how to best profile this important issue on our organizational chart.
- ✗ **Psychiatric Services:** There are very limited psychiatric services on the Cree territory. This situation is inadequate and results in problems with proper follow-up with clients/patients and proper monitoring and stabilization of medication.
- ✗ **Crisis Intervention Suicide (Chisasibi):** In collaboration with the community, we participated in a plan to bring outside consultants to work with the clients, employees and the community affected by an increase in suicide and suicide ideation.
- ✗ **Client Files:** Ongoing discussion to have one file per client accessed electronically.
- ✗ **Confidentiality:** Internally, we are establishing a clearer understanding of the issue of confidentiality as it applies to information sharing within the work place amongst integrated team members. Our intention is to establish written protocols with community agencies to facilitate the exchange of information appropriately and professionally.
- ✗ **New Community Health Trailer (Chisasibi):** Employees have moved to the trailer behind the hospital to free up space in the hospital for the expansion of the Dentistry Services.
- ✗ **Community Health Standardized Nursing Services:** The Order of Nurses of Québec carried out their professional inspection to assist our staff in determining our standard of care by the nurses in our health centres. Subsequently, recommendations were presented to the CHB's Nurses Council and an action plan to carry out improvements is currently being planned. The report stressed the importance of the relationships that our nurses have with the communities and this is one matter that will continually be monitored and improved.
- ✗ **Mental Health Residence (Chisasibi):** A first review of the services and support for the occupants of the residence located in Chisasibi has been

completed, including the development of a plan to obtain the required resources, services and lodging needs for clients.

- ✗ **Mistissini Elders Home (Chiseinukimkw):** The proposal was reviewed and submitted to the Ministry of Health and Social Services of Québec on October 28, 2004. This effort was made possible through a partnership between representatives from the Cree Nation of Mistissini and the CBHSSJB.
- ✗ **Inland CLSC (CIC) Administration building (the green house in Mistissini):** Employees were temporarily moved to the MSDC Building until a trailer is purchased or leased as office space.
- ✗ **Waskaganish Haemodialysis:** A feasibility study on haemodialysis was conducted and results are to be presented to our Board of Directors this summer.

### The Health Sector

- ✗ **Chisasibi Regional Hospital Centre:** Discussions with the government are continuing with respect to the enhancement and expansion of haemodialysis services. We have worked with the Cree Nation of Chisasibi to identify lodging for patients who are required to move from other communities to Chisasibi to obtain services.
- ✗ The future of Chisasibi Regional Hospital Centre is currently under review and discussion. Internal discussion and community consultations will provide guidance about a new hospital plan which could include additional services such as minor surgery, obstetrics, and midwifery.







### Professional Services – General

- ✘ **DPSs:** The roles and responsibilities of each Director of Professional Services (DPS) has been clarified to focus on areas concerning quality assurance. The DPSs of Health, Medical and Social are responsible to ensure that our clients receive services of the highest quality. Through their continual monitoring and evaluation of our services, we can track where we must make improvements to the delivery of care to each resident of the territory. Vacancies in some DPS positions make it difficult for us to achieve all our goals. However, we have renewed our recruitment efforts so that each position can fulfil its obligations.
- ✘ **Telemedicine:** This emerging field has the potential to offer the residents of the territory access to services from a distance. Through our continued participation at the Provincial Telemedicine table, we intend to lobby so that we can enhance our services through this technological medium.
- ✘ **Dental Department:** We have expanded the space for dentistry at the hospital to implement the “Dental Blitz” Program.
- ✘ **Pharmacy:** We are maintaining our efforts to have two permanent pharmacists on location in the territory. A shortage of pharmacists in the province requires us to compete with other jurisdictions to hire these essential employees. We are developing a specific strategy to augment pharmacy services in the region.

### Social Sector

- ✘ **Director of Youth Protection:** This winter, there was support from the Board of Directors to create a new position in this sector called an Access Liaison Officer. This regional position will work with staff, clients and families to coordinate the best services for the youth in need of care.
- ✘ **Care Planning Model:** This model has been developed in collaboration with the Youth Healing Services (YHS), the DPS – Social and the Director of Youth Protection (DYP) to improve the manner in which service providers will work together for the benefit of common clients.
- ✘ **The Youth Protection Act:** Currently there are modifications being proposed to the Youth Protection Act. Through our staff, we were able to give the Province feedback on required changes to the Act in order to meet the cultural and societal differences of our Cree youth from youth in other jurisdictions.
- ✘ **The Foster Home Program:** Training was provided to four (4) Foster Home Workers
- ✘ **Youth Healing Services:** We piloted a Bush Program this year and learned some important lessons to apply for further pilots in the upcoming year. We will develop an action plan to continue the evolution of services to our youth, which will also include elements of traditional healing, intervention and culture. Our goal is still to find ways to keep youth with their families and in the Cree territory.

### Conclusion

The members of the health and social services sector value holistic knowledge to promote the best approaches in the Cree communities of Eeyou Istchee, including professional, traditional and cultural practices. We encourage dialogue and exchanges amongst local, regional and national entities. We value diversity and believe that as a collective, we can build and strengthen local Cree leadership. We believe in ongoing professional and personal development for our employees so they can deliver quality services.

We thank all our partners and employees for their active contribution to the well-being of the people living in Eeyou Istchee.

### Suzanne Roy

Assistant Executive Director, Regional Services (Interim)

# *Inland and Coastal CLSCs (CICs)*

## **LOCAL SERVICES**

### **Introduction**

The Cree Health Board is evidently in a transition period. In all our communities we see the construction of new buildings and new staff hired in various programs and projects. We are continuing to implement the Strategic Regional Plan (SRP).

Emphasis and efforts are being made to strengthen our points of service now called Cree Integrated Centres of Health and Social Services (CIC). The future hiring of Local Coordinators represent one of the first steps that the Cree Health Board has taken in our efforts to improve and enhance management at the local levels.

The Multi-Services Day Centres (MSDC) are another very visible establishment that is being developed at the local level. In many of the communities this first phase of construction of these buildings is complete.



### **Services**

The construction of the Multi-Services Day Centres (MSDC) in the Inland region has been completed. These centres will cater to the Elders, the physically-challenged and the mentally-challenged members of the communities. They will serve as drop-in centres as well as providing structured activities and programs.

The Cree Health Board has many regional departments that work with us to deliver our local services and programs. The Cree Patient Services Department work in conjunction with the local services to provide transportation and lodging for our clients heading in and out of the communities. The Public Health Department work closely with the local staff on prevention and promotion activities. The Facilities Operation and Maintenance Department is another sector which provides expertise and services for the management of all our local facilities. Pre-hospital and Emergency Services work with local resources in ambulance services and personnel.

At the local level, we continue to work together with all Youth Protection Services and programs to protect and provide for youth and their families.

### **Integrated Services**

The Cree Integrated Centres (CIC) of Health and Social Services have a vested interest in integrating with the local Cree entities, especially local governments. It is essential to work with local authorities and resources to improve the quality of our services and programs.

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

### **Access**

The Strategic Regional Plan examines the increased hours open for CIC services. Our first step will be to render all our services and programs to an acceptable, standard operating level.

## Local Activities

All the community CIC teams are improving with time, especially with the Local Coordinators now in place. Most of the local communities have health committees which are active. Our personnel play an active role with these local health committees.

There is good collaboration and active communication regarding local government's efforts in social and health activities.

We have more work to do locally, and we are sure that by working with the community representatives we can achieve our mutual goals. There is a sincere atmosphere of cooperation and collaboration at the community level.

Here is a list itemizing some of projects and programs that we are involved with:

- ✕ healthy cooking classes;
- ✕ alcohol and drug abuse prevention;
- ✕ walking clubs;
- ✕ local newsletters;
- ✕ numerous cooperative training sessions;
- ✕ information sessions on Sexually Transmitted Diseases (STDs);
- ✕ diabetes activities, and many others.

Our communities are expanding and we are improving our services and programs to meet this local demand. Since we are limited in our resources it is essential that we work in direct collaboration with the Band Councils and other local entities to improve the health and social well-being of our communities.

## Local Coordinators

An important component of the SRP is the local planning, direction, organizing and control of Cree Health Board resources. These coordinators will be given the orientation and training to succeed in their mandates and responsibilities. Presently, there is a direct link to the senior managers of the Cree Health Board, and these coordinators are working closely together with other managers of the organization.

## Complaints

The Cree Health Board has a process for responding to complaints from the communities. We will review our Complaints Policy next year, and will distribute information regarding the proper procedures to follow should a patient have any concerns over a particular issue.

## Regional Programs [Inland and Coastal CLSC (CIC)]

### *Miiniwaachiwaaun Program – National Native Alcohol and Drug Abuse Program*

This federally-funded program allows us to hire one (NNADAP Worker) community worker per community. This person provides information, referrals to treatment centres, and assures follow-ups and efforts to diminish the problems associated with alcohol and drug abuse. In recent years we have noticed the rise of gambling and problems associated with addiction. National Addiction Awareness Week activities were deemed successful due to local participation. These activities usually take place during the month of November.

#### • *The Solvent Abuse Program*

We continue to educate and do prevention work regarding solvent abuse problems in our communities.

#### • *The Street Worker Program*

This program continues to be appreciated and requested at the community level. By having street workers in the community, we help to prevent problems and allow the youth to participate in positive activities.



## CANADA PRENATAL NUTRITION PROGRAM (CPNP)

— *Lucie Leclerc, CPNP Coordinator / Dietician-Nutritionist*

Information related to the nutrition services of the CPNP: From April 1, 2004 to March 31, 2005, there were six (6) nutritionists offering nutrition services to the targeted clientele of the Canada Prenatal Nutrition Program (CPNP) for the communities of Chisasibi, Waskaganish, Waswanipi, Nemaska, Mistissini and Ouje-Bougoumou. Most of the Nutritionists working at the Cree Board of Health and Social Services of James Bay (CBHSSJB) offer nutrition services related to the following three (3) programs: Home and community care, diabetes and Canada prenatal nutrition.

Here are some key activities nutritionists from the territory participated in:

- ✘ At a session on obesity in Québec City last May, our nutritionist shared information with the rest of the team.
- ✘ Most nutritionists attended the Annual Public Health Conference in Montréal on November 29, 30 and December 1 and 2, 2004. Topics at this conference included the eating habits of children and teens as well as food security.
- ✘ All Nutritionists participated in monthly teleconferences on nutrition. The conferences facilitate exchanges, permit group work on some files and information-sharing.
- ✘ In Chisasibi, staff organized and delivered a series of activities held during the Diabetes Awareness Week from November 24 to 30, 2004. Healthy cooking activities were offered at the high school level during three (3) school days. One evening workshop was offered to the general public. A traditional feast was hosted for the Cree Nation of Chisasibi leaders and employees. A healthy daily lunch special was prepared in collaboration with the chef of one community restaurant. We had very good participation in most events and are motivated to offer more activities of this type more often.
- ✘ National Nutrition Month in March presented the nutritionists opportunities to hold events like cooking classes, presentations, nutrition information booths and demonstration tables all around the Cree communities.
- ✘ On September 21 and 22, 2004, a staff member attended the National Nutrition Advisory meeting in Halifax.

## Individual Nutrition Counselling Statistics

The counselling statistics for the nine (9) Cree communities as served by the Cree Board of Health and Social Services of James Bay in 2004-05 were:

	<i>No. of patients</i>
Pregnant and Breastfeeding Women	201
Infants	51
<i>Total</i>	252

### Coastal Communities

People in Eastmain, Wemindji and Whapmagoostui do not yet benefit from the services of a community-based nutritionist. Some high-risk pregnant women are referred to the Chisasibi nutritionist. Unfortunately, this arrangement is not ideal and does not allow for proper follow-up.

#### Coastal Community: Chisasibi

	<i>No. of patients</i>
Pregnant and Breastfeeding Women	46
Infants	31
<i>Total</i>	77

#### Coastal Community: Waskaganish

	<i>No. of patients</i>
Pregnant and Breastfeeding Women	44
Infants	8
<i>Total</i>	52

### **Inland Communities**

There is no longer a nutritionist that is only dedicated to the CPNP program in the Inland communities. However, CPNP is covered part-time by 4 nutritionists covering other nutrition programs.

Nutritional counselling for prenatal patients is provided from the time expecting mothers are referred till the time of their delivery. They are also monitored post-partum under CPNP. Subsequently, if women develop problems that require nutrition education or support, they will be counselled according to the eligibility criteria of the Home and Community Care Program or Diabetes Program.

#### *Inland Community: Mistissini*

	<i>No. of patients</i>
Pregnant and Breastfeeding Women	11
Infants	1
<i>Total</i>	<i>12</i>

#### *Inland Community: Nemaska*

	<i>No. of patients</i>
Pregnant and Breastfeeding Women	15
Infants	8
<i>Total</i>	<i>23</i>

#### *Inland Community: Ouje-Bougoumou*

	<i>No. of patients</i>
Pregnant and Breastfeeding Women	26
Infants	1
<i>Total</i>	<i>27</i>

#### *Inland Community: Waswanipi*

	<i>No. of patients</i>
Pregnant and Breastfeeding Women	59
Infants	2
<i>Total</i>	<i>61</i>

The statistics presented in this report do not include the number of individuals referred to the nutritionists but who did not show up for their appointments. For each referral made, time is devoted to review the medical chart, to schedule the appointments and to prepare the consultations by sorting out the necessary educational tools and hand outs.

During prenatal nutrition workshops, participants are provided with healthy foods and refreshments. A quantity of food is purchased (vegetables, fruits and meat), in addition to any teaching material, for producing the pureed foods for the baby food making workshops.

On June 22nd, 2004, a prenatal workshop was offered and 4 participants attended the activity.

On September 14th, 2004, a baby food making workshop was offered and a total of 9 participants attended the activity on that day.

On October 14th, 2004, a baby food making workshop was offered and one participant attended the activity on that day. A special trial was attempted as the activity was offered during the afternoon (rather than the usual evening sessions). The low attendance to the event suggests that participants might be more available to attend during evenings.

## PRE-HOSPITAL AND EMERGENCY SERVICES

· *André Tousignant, Coordinator*

First Responders Services were established in all Inland and Coastal communities, and ambulance vehicles are available for the transportation of sick or injured clients. Next year, ongoing training for local providers and the development of a quality assurance program is planned.

A security audit inspection was conducted for all CBHSSJB establishments. There are recommendations that emerged from the audit, so next year we will implement the recommendations of this audit, complete the emergency plans and organize a Regional Coordination Centre.

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# Inland CLSC (CIC)

Alan Moar, Director Inland CLSC (CIC) (Interim)

## OCCUPATIONAL THERAPY AND PHYSIOTHERAPY

We had two occupational therapists, one was working for the Homecare Program and the other with the CLSC (CIC). In the Homecare Program, we had one occupational therapist working closely with the physiotherapist, covering the four Inland communities. Unfortunately, both left and the organization has had difficulty recruiting new professionals.

The other occupational therapist took a six-month leave, which caused problems in the delivery of programs. In each community, we have the rehabilitation monitors who continue to support these professionals and are the link communication with the clientele.

## Statistical Summary: Inland CLSC (CIC)

		<i>Consultations</i>			
		<i>Mistissini</i>	<i>Nemaska</i>	<i>Waswanipi</i>	<i>Ouje-Bougoumou</i>
Nurse:	medical	17,911	7,226	9,249	4,216
Nurse:	refills verified	<i>with lab.</i>	<i>with lab. + refills</i>	4,274	<i>with lab. + refills</i>
Doctor:	medical	549	869	2,156	561
Births:	male	40	9	25	5
	female	35	6	23	4
Deaths:	male	4	0	3	1
	female	5	2	3	0
Transport:	elective ( <i>specialist</i> )	2,598	432	1,848	867
	emergency	142	44	118	13

The Cree Health Board is entering a very challenging period where we will see positive changes at the local level. Our 2005-06 objective is to support and improve the local services and programs. Essentially we are transferring more responsibilities to each community.

The main goal is to bring our services and programs up to par with what is given in the south. This effectively means hiring staff on the front line to meet the demands and requests from the community, providing training and providing the proper technology to be able help deliver our programs and projects at this level.

Another goal is to provide a stable professional staff at the local level to meet demands in the medical and social fields.

We would like to take the opportunity to thank everyone especially our employees for the good work and excellent collaboration in order to assure the best quality of services to our people in each community.

**Alan Moar**

Director, Inland CLSC (CIC) (Interim)

**André St-Louis**

Director, Coastal CLSC (CIC)

# Coastal CLSC (CIC)

· André St-Louis, R.N., M.P.A., Director Coastal CLSC (CIC)

## COMMUNITY HEALTH

The Coastal CLSC (CIC) is composed of five (5) communities. Here are activities in each of the Coastal communities:

### Clinic Services – Community Health Consultations:

	Nurse			Doctor		
	Curative	Program	Average/day	Curative	Program	Average/day
Chisasibi	449	7,222	29.5 (-2.1*)	43	2,396	9.38
Eastmain	6,431	858	28.0 (-1.4*)	558	597	4.40
Waskaganish	11,371	1,776	50.6 (1.8*)	1,757	1,397	12.13
Wemindji	9,031	1,729	41.4 (3.6*)	546	294	3.23
Whapmagoostui	10,851	91	45.4 (3.7*)	623	406	4.00

\* average increase or decrease over April 2004

### Community Health Representatives Interventions:

	Interventions				
	Clinic	Home	School:	Individual	Group
Chisasibi (3 CHRs)	2,357	100		1,633	89
Eastmain	347	11		1	8
Waskaganish (2 CHRs)	218	31		60	5
Wemindji (0 CHR)	0	0		0	0
Whapmagoostui	14	1		17	**

\*\* no CHR until February 2005



## Visits to Specialists

	Number of Clients					
	Ent.	Psychiatric	Paediatric	Ophthalmic	Dental	X-Ray
Chisasibi	n/a	n/a	n/a	n/a	n/a	n/a
Eastmain	—	—	31	138	509	n/a
Waskaganish	120	15	35	376	1,409	n/a
Wemindji	3	—	n/a	207	n/a	n/a
Whapmagoostui	50	—	144	114	n/a	n/a

## Transport

	Number of Patients	
	Elective	Urgent
Chisasibi	n/a	n/a (transfers not available)
Eastmain	251	24
Waskaganish	743	45
Wemindji	424	22
Whapmagoostui	440	39



## PHYSIOTHERAPY AND OCCUPATIONAL THERAPY

- Lise Dion, Pht.
- Mylène Haché, Pht.
- Diego Tremblay, O.T.

### Mission

Dedicated to the physical capacities of the human body and to human function regarding physiotherapy, and functional capacities of the occupational being and to its daily living activities for the occupational therapy in its environment, the mission of the physiotherapy and the occupational therapy services is to provide the most comprehensive care possible to inhabitants of the James Bay Coastal communities.

Providing consultation, evaluation, treatment, education, and recommendations within the scope of physiotherapy, the service aims to reflect and be adapted for each individual, and as needed, to the individual's family and community. Further, Physiotherapy and Occupational Therapy Services function under the mission and vision of the Cree Board of Health and Social Services.

### Current Key Factors

Physiotherapy and Occupational Therapy in James Bay:

- ✗ High prevalence of obesity, sedentary lifestyle, trauma, diabetes
- ✗ Need for specialized care for paediatric, the elderly and persons with disabilities (physical, mental, intellectual)

### Areas of Care

There are currently 3 areas of care where physiotherapy is presently involved:

- ✗ Out-patient clinic area
- ✗ Care for hospitalized patients
- ✗ Home and community care clients

### Staffing Resources

Physiotherapy and Occupational Therapy staffing included physiotherapy and occupational therapy professionals and non-professional rehabilitation monitors.

- ✗ Occupational Therapist: 1 position filled
- ✗ Physiotherapy: 2 positions filled
- ✗ Rehabilitation monitors: 1 position per community except Eastmain (filled in Chisasibi, Whapmagoostui, Waskaganish, and Interim in Wemindji)



### Delivery of Service

The Occupational Therapist (OT) is attempting to visit each Coastal community for one week every four months. Chisasibi receives approximately one month of occupational therapy quarterly. This arrangement requires a lot of coordination between the OT and the five communities.

#### Physiotherapy in Chisasibi:

- ✗ 2 physiotherapists were doing time sharing from April 1st, 2004 until September, 2004;
- ✗ There were 2 physiotherapists working during the month of July and August 2004 (training of new physiotherapist);
- ✗ 1 full time physiotherapist from September, 2004 to March, 2005;
- ✗ 1 physiotherapist was working full time from April to September 2004 splitting his schedule between clinical and administrative tasks. (*The report presented below does not include this physiotherapist's statistics.*)

#### Physiotherapy in Waskaganish:

- ✗ 2 physiotherapy students from Laval University worked for 6 weeks in Waskaganish and 2 weeks in Wemindji under the physiotherapist supervision. This was through the 'Stage professionnel international et interculturel'.

## Delivery of Services

Physiotherapy services were provided to the five Coastal communities through 2 staff positions:

<i>Physiotherapy</i>				
	<i>Frequency of Care</i>	<i>Out-Patient</i>	<i>Home and Community Care</i>	<i>Hospital</i>
<i>Chisasibi</i>	Regular presence	✓	✓	✓
<i>Eastmain</i>	3 visits annually, 6 days per visit	✓	✓	
<i>Waskaganish</i>	Regular presence	✓	✓	
<i>Wemindji</i>	4 visits annually, 12 days per visit	✓	✓	
<i>Whapmagoostui</i>	4 visits annually, 10-12 days per visit	✓	✓	

Occupational Therapy services were provided to the five Coastal communities through 1 staff position:

<i>Occupational Therapy</i>				
	<i>Frequency of Care</i>	<i>Out-Patient</i>	<i>Home and Community Care</i>	<i>Hospital</i>
<i>Chisasibi</i>	Approximately one month quarterly	✓	✓	✓
<i>Eastmain</i>	4 visits annually, 5 days per visit	✓	✓	
<i>Waskaganish</i>	4 visits annually, 5 days per visit	✓	✓	
<i>Wemindji</i>	4 visits annually, 5 days per visit	✓	✓	
<i>Whapmagoostui</i>	3 visits annually, 5 days per visit (started August 2004)	✓	✓	

## Non-client Related Activities 2004-05

### *Internal team activities*

- ✗ Integration of Home and Community Care Rehabilitation monitors;
- ✗ Telephone conference call team meetings;
- ✗ Staff development-continuing education for physiotherapist, occupational therapist and rehabilitation monitors;
- ✗ New employee recruitment.

### *With other clinicians*

- ✗ Education sessions to nursing and medical staff.

### *With communities*

- ✗ Participation in various community events.



## Physiotherapy and Occupational Therapy Direct Client Care

	Population	Programs Involved	Physiotherapy Staff	Occupational Therapy Staff
Chisasibi	3733	HCCP/Hospital Out-patient clinic	1 temporary full-time	1 permanent full-time
Eastmain	602	HCCP/Out-patient clinic	1 temporary full-time	
Waskaganish	1,995	HCCP/Out-patient clinic	1 temporary full-time	
Wemindji	1,251	HCCP/Out-patient clinic	1 temporary full-time	
Whapmagoostui	796	HCCP/Out-patient clinic	1 temporary full-time	1 permanent full-time

## Homecare

### Physiotherapy

	Chisasibi	Eastmain	Waskaganish	Wemindji	Whapmagoostui	Total
New	35	6	37	37	27	142
Discharges	2	3	16	18	4	43
Clinic visits	6	0	58	3	6	73
Hospital visits	—	—	—	—	—	—
Home visits	195	9	123	56	42	425
Daycare / school	66	0	6	20	0	92
Did not attend	2	1	6	1	3	13
Cancellations	3	0	13	1	3	19
Direct care (in minutes)	19,230	1,425	23,260	12,300	3,090	59,305
Non-Direct care (in minutes)	11,000	550	6,845	5,125	9,670	33,190

### Occupational Therapy

	Chisasibi	Eastmain	Waskaganish	Wemindji	Whapmagoostui	Total
New	34	13	20	22	20	109
Discharges	3	0	5	1	2	11
Clinic visits	9	8	4	2	—	23
Hospital visits	—	—	—	—	—	—
Home visits	194	28	67	42	30	361
Daycare / school	19	1	3	16	10	48
Did not attend	14	0	2	1	1	19
Cancellations	7	2	0	3	1	13
Direct care (in minutes)	—	—	—	—	—	—
Non-Direct care (in minutes)	—	—	—	—	—	—

## Out-Patient Clinic – Hospital (Chisasibi)

Physiotherapy						
	Chisasibi	Eastmain	Waskaganish	Wemindji	Whapmagoostui	Total
New	150	55	82	62	79	428
Discharges	39	24	53	32	27	175
Clinic visits	513	69	259	73	91	1,005
Hospital visits	111	—	—	—	—	111
Home visits	8	0	0	1	0	9
Daycare / school	18	0	4	5	9	36
Did not attend	92	18	65	15	22	212
Cancellations	35	1	27	4	5	72
Direct care (in minutes)	38,090	5,320	19,105	5,680	7,795	75,990
Non-Direct care (in minutes)	19,885	2,405	7,755	3,410	10,275	43,730

Occupational Therapy						
	Chisasibi	Eastmain	Waskaganish	Wemindji	Whapmagoostui	Total
New	19	14	1	2	9	45
Discharges	1	0	0	0	1	2
Clinic visits	3	16	1	2	9	31
Hospital visits	19	—	—	—	—	19
Home visits	9	0	0	0	0	9
Daycare / school	0	0	0	0	0	0
Did not attend	3	0	1	1	1	6
Cancellations	0	0	0	0	0	0
Direct care (in minutes)	—	—	—	—	—	—
Non-Direct care (in minutes)	—	—	—	—	—	—

NB. Missed appointments (Did not attend) and cancelled appointments were not included in the number of clinic, hospital or home visits.

## REHABILITATION DEVELOPMENT

### Service Areas

The addition of Multi-Services Day Centre programs to existing areas of out-patient, home/community care and hospital-based services will improve the rehabilitation services offered locally to communities.

# Chisasibi Regional Hospital

## ADMINISTRATION

The Hospital's administration team has done an excellent job in maintaining quality services for our patients and clients. We have twenty-six full-time nurses who deliver primary health care services. Most of them have received the training for the extended role, so they have the necessary knowledge to provide a high quality of care.

The administration coordination team of the Chisasibi Regional Hospital has worked on several projects collaboratively with other departments of the CBHSSJB as well as with community partners.

The following list itemizes some of our key activities:

- ✕ **Archives:** Regional implementation and updating of the electronic archives
- ✕ **Radiology:** Development of a proposal for the installation of the Medi-Rad (RIS – Radiology Information System) for presentation to and approval by the Board of Directors this summer. Finalization of the installation of radiology equipment in Whapmagoostui [in collaboration with the Director of Coastal CLSC (CIC)]
- ✕ **Laboratory:** finalised the implementation of the regional computerization system (Omnitech) in Whapmagoostui and in some Inland communities
- ✕ **Haemodialysis:** Continued the installation and implementation of telenephrology. We are at the point of implementing the Nephrocare system.

## MEDICINE DEPARTMENT

We were able to transfer four patients from our "chronic" client group, to a residence with assisted living support. This accounts for the reduction in the number of chronic patients from the previous year. Also, two other long-term patients were deceased, and at this time, no new admissions for long-term care have been necessary.

Regarding the statistics, we can see that the doctors made more observations rather than hospitalising patients. We should note that observations in lieu of hospitalizations cost less in terms of operating costs.

	Admissions	
	2004-05	2003-04
Medicine	287	275
Obstetrics	5	13
Paediatrics	161	85
<b>Total</b>	<b>453</b>	<b>373</b>

Newborns	3	3
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	Total In-Patient per Service/Day	
	2004-05	2003-04
Acute care	2,433	2,514
Chronic care	2,003	2,901

	Average Daily Census	
	2004-05	2003-04
Acute care	6.67 %	6.87 %
Chronic care	5.49 %	7.93 %

	Number of Hours of Observation	
	2004-05	2003-04
	6,112.15	4,315.65

	Total Duration of Stay	
	2004-05	2003-04
	2,439 days	2,625 days



**Outpatient Clinic**

<i>Number of Visits to the Clinic</i>		
<i>2004-05</i>	<i>2003-04</i>	<i>2002-03</i>
18,645	18,859	18,596

<i>Number of Visits to Specialists</i>		
<i>2004-05</i>	<i>2003-04</i>	<i>2002-03</i>
1,412	1,385	1,623

**Haemodialysis**

At the beginning of the year, we had fourteen patients plus one visiting patient compared to last year when we had thirteen. At the end of the year, we lost three patients and that accounts for the remaining twelve patients. By offering twelve hours of service per day, our haemodialysis team is able to accommodate our patients even though the ratio between staff and haemodialysis patients is disproportionate. In the near future, we will have to plan the extension of hours in order to meet the needs of this clientele. However, because recruiting trained nursing staff for this specialty is a huge challenge, we will have to strategize on ways to compete with other jurisdictions for the same staff.

<i>Number of Dialysis Treatments</i>		
<i>2004-05</i>	<i>2003-04</i>	<i>2002-03</i>
1,720	1,421	987

A renal failure follow-up clinic will be soon be offered. We currently have a partial list of twenty clients who could be served by this clinic. We anticipate an average of thirty clients this year from Chisasibi and the Coastal communities.

## Imagery Department

	2004-05	2003-04
X-Rays	2,856	2,914
EKG	818	733
Ultrasound	1,111	695

We lost the services of a radiologist who came regularly to visit the Department and have not been successful in recruiting another radiologist yet. As well, we still have not been able to fill the third position in radiology that would eliminate the use of agencies due to the shortage of housing.

## Laboratory Services

	Comparison of Analysis Activities	
	2004-05	2003-04
Chisasibi Laboratory	149,573	213,459
Outsourced Laboratory	52,513	54,543
Unit Cost	\$ 1.26	\$ 1.26

According to the Technical Coordinator of the laboratory in Chisasibi Hospital, the statistics for 2004-05 will be inaccurately lower. This situation could be due to a problem of data transfer between the two systems, "Omnitech" and "Siplus". We are in the process of clearing up this problem. Mme Lina Sévigny, of the MSSSQ has been notified of this situation.

## Nutritionist

We have not been able to recruit a hospital nutritionist because of the housing shortage but we were fortunate to have the nutritionist who previously held the position visit us for ten days every two months. Although this arrangement helps, not having a hospital nutritionist on a permanent basis is detrimental to the level of care we can provide to those patients who require this type of service.

## Auxiliary Services

The auxiliary services play a big part in the daily operations of the hospital. In order to improve services in this department we will be seeking approval for the creation and funding of a third coordinator within the Chisasibi Regional Hospital.

## Training and Conferences

- ✕ **Laboratory:** The coordinator received training in the SIATTH system. This is the new MSSSQ program for the blood bank management.
- ✕ **Archives:** The archivist went to the annual archives conference and visited MédiSolutions to obtain information on available software for implementing the regional archives system.
- ✕ **Training officer:** The training officer attended a two-day information session about nosocomial infections.
- ✕ **Laundry:** The laundry attendants received training in the operation of the new equipment.
- ✕ **Kitchen:** The kitchen employees undergo training a few times each year on menu and recipe preparation from the chef under contract with the Public Health Department.
- ✕ **Drivers:** Five drivers received the First Responders training.

## Louise Gagnon

Director, Chisasibi Regional Hospital





# Dentistry Department

We continue to have longer waiting lists compared to other regions in Québec – up to one year for regular appointments for Crees of Eeyou Istchee compared to 2 to 4 weeks in the province. This waiting period is exacerbated by the high caries incidence in our region (75 to 93% of disease by the age of 4 years compared to 20% in the province), high population growth, being understaffed in our dental clinics and having a lack of treatment rooms within our facilities.

After years of negotiating with the MSSSQ, some of Dentistry's needs were finally being met this year. We were informed in late December that we would be receiving four new permanent dentists for Eeyou Istchee. To accommodate the addition of these dentists, a Dental Department Plan of Action (Dental Blitz) was put in place in early 2005. The requested additional budget of \$2.44M for 2004-2006 was approved by the Cree Board of Health and Social Services of James Bay (CBHSSJB) to implement the Dental Blitz.

## Collaboration with the Public Health Department (PHD)

The Public Health dentist, in collaboration with our two permanent dental hygienists, has restarted the Fluoride Varnish Project after receiving approval from the Ethics Committee. Other research projects on dental health matters are being conducted within Eeyou Istchee through the PHD, such as how young Cree mothers can take care of their infants' teeth as well as their own.

A part of the Dental Blitz Budget (\$310,000) is being used to update the Community Health Representative (CHR) Guidebooks through the PHD dental program. We have also collaborated closely with this department to recruit dental hygienists to work in Eeyou Istchee.



## Staff

- ✗ a dental hygienist was hired for the community of Waskaganish;
- ✗ a dental hygienist for the Dental Blitz was hired temporarily to treat patients clinically within the communities of Mistissini and Waswanipi;
- ✗ a dental hygienist was given a three-week contract under the Dental Blitz budget, to treat patients clinically in the community of Waskaganish;
- ✗ the CBHSSJB approved a new permanent full-time dental hygienist position for the community of Waswanipi;
- ✗ seven (7) new dental receptionist positions were also approved for the communities of Whapmagoostui, Wemindji, Waskaganish, Eastmain, Nemaska, Ouje-Bougoumou and Waswanipi;
- ✗ the dental hygienists continue to do both clinical hygiene services as well as dental health promotion programs;
- ✗ MSSSQ provided us with the services of a dentist on a special four month contract to help reduce the number of patients on the waiting list in Chisasibi;
- ✗ Specialists' visits to Chisasibi and Mistissini have been ongoing but unfortunately we have not been able to find an Endodontist for our Inland communities; while we continue to recruit, Inland patients have to be referred out of the territory.

## Equipment

The Dental Blitz budget has made it possible for us to purchase new dental equipment which will help to standardize all the dental clinics while improving the speed and efficiency of dental treatments. Later in the year, we will also be adding a new operating room in the Chisasibi Regional Hospital, at a cost of approximately \$800,000. This will allow us to treat our general anaesthesia cases within the territory.

The plans for the new Wemindji Dental Clinic were approved by the Board of Directors but the size of the clinic had to be reduced to meet the parameters placed by MSSSQ. Construction should start in late 2005.

The computerization of the Dental Department has become a priority and approximately \$120,000 has been approved for this project. This process should be completed by early July 2005.

### Outside Referral

The NIHB Dental Program and fee guide was re-evaluated and the necessary changes have been made. Treatments given outside the territory continue to increase significantly from year to year due to a rise in the number of beneficiaries living off-reserve for reasons of employment and education.

The permanent dentists of each community and the NIHB Department continue to collaborate on the processing of dental claims and authorizations for dental treatments conducted off-reserve.

### New Services

The Multidisciplinary Rotation for General Practice Dental Residents continues to give positive results. In association with McGill University, the University of Montréal and the University of Laval we continue to receive fully qualified dentists throughout the year. The dentists follow postgraduate training and rotate through the CBHSSJB's Department of Dentistry. As a result of these rotations, the population has benefited from having promising future candidates aid the CBHSSJB in reducing the long waiting list of patients requiring treatment.

As mentioned previously, we are in the process of planning the future operating room and the addition of the fourth dental treatment room in the Chisasibi Regional Hospital. These additions should greatly increase services and decrease waiting times for dental patients.



### Training

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

A new "hands-on" training program for our dental assistants was made possible through funding received from Cree Human Resources Development (CHRD) and the Cree Board of Health. Approximately \$120,000 was provided by the CHRD and another \$60,000 by the CBHSSJB. Eleven (11) dental assistants attended the first part of the training program which took place at the Pearson Adult Career Centre in Montréal. The second part of the training was held in certain community dental clinics and twenty-eight (28) dental assistants took part. The final part of the program will take place in July 2005, after which eleven (11) assistants will receive a Certificate for Dental Assisting.

We were not able to send our senior clerks for training to the *Journées Dentaire Internationales du Québec (JDIQ)* due to budget constraints at the beginning of the fiscal year. We are planning for their enrolment in the next JDIQ Convention to take place in August 2005.

A Second Annual Dental Congress is also being planned which will involve scientific lectures as well as "hands-on" training for our dentists and dental hygienists. This training had been delayed because we could not purchase the required equipment due to budget constraints.



### Measuring Units and Statistics

In general, the capacity for patient flow had reached a maximum but production has increased comparatively to last year. This increase in productivity can be attributed to the addition of new human resources made possible by the Dental Blitz budget.

The Dental Multidisciplinary Residency Program has once again helped to alleviate unavoidable decreased clinical services such as administration time required by the Head of the Dental Department or the lack of the required number of treatment rooms.

Interpretation of the statistical data demonstrates that, despite the limited capacity of the Dental Department's resources, team dedication and hard work has accomplished more than can be expected.

### Future Plans

In the upcoming year, we plan to:

- ✘ add an extra dental treatment room (June 2005) and an operating room in Chisasibi (October 2005);
- ✘ move offices in the Chisasibi Hospital to accommodate the fourth treatment room;
- ✘ distribute the newly purchased dental equipment;
- ✘ start the construction of a new dental clinic in Wemindji (Fall 2005);
- ✘ computerize the Dental Department (July 2005) and provide training to the staff;
- ✘ continue the research project regarding dental health for young Cree mothers and their infants;
- ✘ maintain the Multidisciplinary Dental Residency Program to allow a minimum of 12 fully qualified dentists to visit the region amounting to an additional 40 plus weeks of clinic services throughout Eeyou Istchee;
- ✘ offer a second hands-on training program for dental assistants to complete the Certificate for Dental Assisting;
- ✘ prepare the Second Annual Dental Congress for dentists and hygienists consisting of lectures as well as hands-on training to help maintain the high quality of our dental services;
- ✘ plan the second phase of the Dental Blitz which will entail the creation of new Dental Hygienist positions in each community that does not presently have one; the request for new space in the clinics of Nemaska, Waskaganish and Ouje-Bougoumou to set up additional treatment rooms; increase the number of dentists and hygienists as well as auxiliary staff; and, the request for additional funding for these projects.

In conclusion, the staff of the Dental Department continues to be committed to excellence in the quality of the dental care provided to the beneficiaries in Eeyou Istchee. We look forward to the coming year.

### **Eduardo Kalaydjian, DDS**

*Departmental Head, Dentistry – Chisasibi Regional Hospital*

# Dentistry Department Statistics

	Chisasibi	Mistissini	Waska- ganish	Waswanipi	Wemindji	Whap- magoostui	Eastmain	Nemaska	Ouje- Bougoumou	TOTAL	value	production
No. Patients*	4,181	4,299	1,417	1,115	1,182	1,088	535	271	0	14,474	0	0
Absolute No.*	1,589	1,182	654	550	367	512	213	152	229	5,448	0	0
9 years+	1,013	1,126	347	302	279	288	93	52	82	3,582	0	0
<b>Diagnostic</b>												
Complete	849	1,262	165	316	261	296	108	37	104	3,398	58	197,084
Emergency	1,105	814	732	310	380	387	219	158	92	4,197	26	109,122
Cons.*	202	75	25	34	40	71	40	23	19	529	38	20,102
X-Ray*	3,038	3,065	944	1,102	579	685	399	227	305	10,344	18	186,192
<b>Prevention</b>												
Hyg.	754	1,267	146	255	241	202	100	24	66	3,055	11	33,605
Prophy.	661	1,073	128	282	183	162	91	30	99	2,709	45	121,905
Scl.	477	581	71	165	101	138	60	18	64	1,675	78	130,650
Fluor.	337	539	73	165	90	62	36	15	47	1,364	20	27,280
PFS	121	980	27	103	40	74	51	0	47	1,443	25	36,075
Perio.	105	19	7	15	8	48	6	3	6	217	225	48,825
<b>Restorative</b>												
Amalg.	1,439	2,991	640	1,147	466	1,353	405	77	373	8,891	43	382,313
Compo.	2,397	1,372	623	535	449	426	294	131	230	6,457	54	348,678
Temp.	286	65	139	37	117	73	40	22	14	793	48	38,064
SSC	57	40	4	36	0	0	5	0	43	185	66	12,210

## Abbreviations:

Amol.	Amalgame
Can.	Canaux obtures
CANC	Cancelled
Compo.	Composite
Cons.	Consultation
DNA	Did Not Attend
Exo. com.	Extraction complexe (chirurgicale)

Exo. perm.	Extraction dent permanente
Exo. prim.	Extraction dent primaire
Fix.	Fixe prosthesis (denture)
Fluor.	Fluoride application
Hyg.	Instruction d'hygiene
In prog.	En progression de prothese fixe ou amovible
In progress	En progression, en cours de traitement

Ortho.	Traitements d'orthodontie
Perio.	Periodontal treatment (no. de periode de 15 mins. prob.)
Perm.	Permanent Tooth
Presc.	Prescription medication
Prim.	Primary Tooth
PSF	Pits & Fissures sealants
Pulp.	Pulpotomy

Rem.	Removable Prosthesis (amovible denture)
Rep.	Reparation
Scl.	Scaling
SSC	Stainless Steel Crown (Couronne en acier inoxydable - CAI)
Temp.	Obturation temporaire
X-Rays	Radiographie

	Chisasibi	Mistissini	Waska- ganish	Waswanipi	Wemindji	Whap- magoostui	Eastmain	Nemaska	Ouje- Bougoumou	TOTAL	value	production
<b>Prosthodontics</b>												
Rem. in prog.	75	28	32	2	26	39	18	14	1	235	0	0
Fix in prog.	13	12	0	2	0	0	0	0	1	28	0	0
Rep. Rem.	70	35	14	5	16	3	4	7	1	155	92	14,260
Rep. Fix.	11	7	1	3	0	0	1	0	0	23	92	2,116
Rem. Unit del.*	42	9	20	7	30	14	13	8	1	144	475	68,400
Fix. del.	11	2	0	0	0	0	0	0	0	13	800	10,400
<b>Endodontics</b>												
Pulp. Prim.	219	123	28	49	23	14	12	7	26	501	42	21,042
Pulp. Perm.	0	38	98	33	27	10	21	12	9	439	70	30,730
In Progress	31	33	5	20	44	3	0	1	18	155	0	0
Can. Obt.*	99	14	14	6	4	1	0	1	7	146	342	49,932
<b>Surgery</b>												
Exo. Prim.	323	193	105	106	46	93	34	24	44	968	59	57,112
Exo. Perm.*	345	320	355	204	96	141	86	68	78	1,693	59	99,887
Exo. Comp.*	198	127	48	43	30	0	27	7	14	534	170	90,780
F-U	128	84	32	10	69	5	14	4	1	347	0	0
Presc.*	827	583	591	190	313	110	134	106	34	2,888	0	0
<b>Others</b>												
Ortho.*	619	821	3	16	0	0	0	2	9	1,475	200	295,000
DNA	739	1,374	234	374	345	263	55	35	56	3,475	0	0
CANC	377	402	91	58	59	103	30	14	30	1,164	0	0

**Total Number of Treatments: 2,431,764**

\* These figures include patients both seen and treated by:

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

# Director of Professional Services (DPS) — Social

## MANDATE

Our main mandates are to ensure quality of services through the development and application of standards and intervention protocols for Social Work and to define Social Practice as it is carried out by our organization. We also have to ascertain that the Social Services requirements of the population which we serve are properly identified. Through this process, we can ensure that the development of Social Programs and Services are reflective of the identified needs.

## Alcohol and Drug Addiction Services

The regional orientation to Addiction Services has been finalised. Development of programs for prevention, intervention and postvention identified within this orientation were the focus in various forums within the past year.

## Home and Community Care Program

We continued to support the implementation of the HCCP program in eight communities. Eastmain is the only community which does not have this program but once the Manager for the MSDCs and the HCCP is hired, this file can be developed. One of our activities continues to be the collection and submission of statistics to Health Canada as part of our contribution for this important program.

## ACCOMPLISHMENTS

### Multi-Services Day Centres

The Draft Conceptual Framework for the MSDC Program was finalised. As each community team is hired, they will be expected to adapt it to meet the specific needs of their community members who require this service and also to enhance available resources. This process was established to promote ownership of the MSDCs in each community.

In the Conceptual Framework for MSDC, one will find the following:

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

By the end of the fiscal year, eight of the nine Centres were under construction. With minor changes still to be made to some, the transfers were made from the contractors to the CBHSSJB.

### Transfer Dates of Buildings

- × Whapmagoostui.....November 2004
- × Chisasibi .....Ongoing (July 2005)
- × Wemindji.....June 2004
- × Eastmain .....June 2004
- × Waskaganish .....Fall 2005
- × Nemaska.....June 2004
- × Mistissini .....June 2004
- × Ouje-Bougoumou.....October 2004
- × Waswanipi .....June 2004

Programming objectives completed:

- × Multi-Services Day Centres Conceptual Program;
- × finalised the draft human resource needs for each centre;
- × Identified basic components of the training plan for the Rehabilitation Monitors, Education Monitors, Cooks and Cook Helpers for the Centres.

Implementation objectives completed:

- × Supported the transfer process of the Centres;
- × Training Proposal for Education Monitors, Rehab Monitors, Cooks and Cook Helpers;
- × Budget Revision will be adjusted as each Centre is completed, staffed, and ready for service delivery;
- × Transfer of MSDC file for implementation in November to Health and Social Services; our mandate in Planning and Programming and ensuring the provision of quality services restricts us from being responsible for the implementation of direct line services.

We will continue to be available as resources to the file lead, the AED of Health and Social Services.



## OTHER ACTIVITIES

### Human Resource Development

As part of our mandate, we worked closely with Human Resource Development to complete the basic training for Social Emergency Workers.

### Social Emergency Workers Training

The training was comprised of two sessions which included participants from each community. We would like to thank the Human Relations Officers from Mistissini and Waswanipi for their hard work and dedication to ensure success of this training. They were instrumental in its initial development and implementation. We now have workers in all of the nine communities, who received essential basic training on ways to provide quality intervention services.

### Youth Criminal Justice Act Training for Youth Protection Workers

Youth Protection workers from each community attended a training session in Val d'Or in March 2005 that focused on the Youth Protection and Youth Criminal Justice Act.

### Youth Healing Services and Youth Protection

In the spirit of collaboration and improvement of services to youth, discussions between Youth Healing Services and the Director of Youth Protection led to a draft process that would ensure harmonization of services to youth at all levels of our organization. Our role was to support the process and to ensure the quality of services to youth were significantly improved.

In the very near future, an Access Liaison Officer will be hired whose role will be to provide specific professional and case management services. Essentially, improving ways of providing support and advice to the Youth Protection Workers and various youth healing/readaptation agencies and centres will be pursued.

Another item we are currently working on is the draft Youth Healing Path process. There is still much work to be done but we have a team of dedicated members and this should be done shortly. The development of policies, procedures, and protocols for this process is another one of our undertakings this year.

### Protocols

A draft working protocol between Cree Social Services and Police Departments within Eeyou Istchee has been developed, and is still an ongoing process.

The Police are vital partners in the provision of quality services. They are there when we need a secure atmosphere to intervene when children are put at risk. Sometimes in the absence of adequate transportation, they provide the necessary means of transporting youth and adults to safety.

The general objective is to provide a clearer understanding of the roles and mandates of the police and health and social services personnel to maximize the effectiveness of the services provided to the families of Eeyou Istchee.

### Dialogue on Life Conference

Members of the Chisasibi Crisis Response Team were recognized for their exceptional contribution to the well-being of their community. This award was presented by the First Nations and Inuit Suicide Association of Québec at the Conference in Montréal in December 2004.

We would like to note a special appreciation for this team who have proven to themselves and everyone around them that they have what it takes to go the extra mile to care for those in need. In the development of similar services in all Cree communities, the leadership and initiative taken by this team will continue to be held as an example.

## CONCLUSION

In the development of new programs and the enhancement of existing services, we all have to spend time away from our families. A special thank you goes out to those families for their understanding and support, which allows us to put together much needed services and programs for our communities. With the implementation of the Strategic Regional Plan, our schedules will not change much this year but we can now expect to implement our long awaited plans.

### Lisa Petagumskum

Director of Professional Services – Social (Interim)

# Youth Protection Services

## OVERVIEW

Once again the full credit must go to the front-line workers for ensuring parents and caregivers that their children are safe within the Cree territory. With limited resources and caseloads disproportionate to youth centres in the rest of Québec they are able to come out every day and do their work with diligence and dedication.

During the period 2004-05 the number of signalements received or retained were 1 141 and 933 respectively. This is a 5.75% increase over the previous year and a 60.25% increase in signalements received over the last four years.

	Number of Cases	
	Signaled	Retained
2004-05	1,141	933
2003-04	1,079	952
2002-03	904	788
2001-02	712	630

Unfortunately, the CBHSSJB youth protection staff and resources have not increased proportionately and as such, the youth protection workers have been unable to keep up with their workloads and help families adequately.

Additionally, the new young offender law has placed an increased burden on youth protection workers because it requires more community-based solutions and more intensive supervision and support for the clients.

As in past years the majority of youth protection signalements had to do with sexual abuse, neglect when parents were drinking and partying, and adolescents with behavioural difficulties, some of whom were suicidal. Of the 933 signalements retained, 614 were related to negligence, 21 were for physical abuse, 18 for sexual abuse, 8 for abandonment, and 272 were for behavioural problems.

These YP signalements are in addition to adoption and young offender cases for which we have no accurate statistics because our data collection software is outdated. This is especially true with regards to young offenders where the law has been changed from the old Young Offenders Act to the new Youth Criminal Justice Act since April 2003.

The best estimate that we can offer is an average of 145.6 young offender cases during 2004-05, with consecutive increases during each period beginning with 131 in the first period of the year and ending with 169 in the last period.

Anecdotal evidence, however, would suggest that crime among Cree youth is moving away from vandalism and simple theft to more violent incidents involving guns and stabbings, with one Cree youth being charged with first degree murder at the beginning of 2005.

There was an increase in the number of placements in foster homes from 3,658 in 2003-04 to 3,854 in 2004-05. The number of days that children were placed in foster care increased from 52,746 in 2003-04 to 56,261 in 2004-05.

What these numbers mean is that with the high number of caseloads that the YP workers are managing, it is as a consequence that the children end up placed in foster homes more often and end up spending longer periods of time there.

The highest number of placements (75.78%) were children between 0 and 11 years of age.

## ACTIVITIES

Besides the ongoing telephone support to Human Relations Officers and for front-line workers provided by the Assistant DYP and by the DYP, and ensuring that foster home payments are processed in a timely manner, the administration was involved in a number of other activities.

Some of these activities included networking with other partners, participating in the review process of the Youth Protection Act with other DYPs and officials of the MSSSQ; strengthening the foster home program; participation in a one-day forum with the First Nations of Québec and Labrador; and planning training for youth protection workers.

There were visits to the communities of Whapmagoostui, Ouje-Bougoumou, and Nemaska; DYP participation in meetings with managers of the CBHSSJB; the Cree Nation Police Directors; the DYP and managers at the Centre Jeunesse d'Abitibi-Témiscamingue; the Chief Judges for Youth Protection and the Criminal Courts in Québec (the latter two with the Assistant DYP); and with the Board of Directors and the Administrative Committee of the CBHSSJB.

Other activities included linkages with the Cree Nation Youth Council (CNYC); the continuing efforts to put in place the Evaluation, Orientation, and Care Planning Committee; the posting of the Access Liaison Officer position; and efforts to implement the Projet Integration Jeunesse (PIJ) client management tool and the Programme National de Formation (PNF).



## ACCOMPLISHMENTS

The networking activities for the DYP primarily served to accomplish a shared responsibility for the safety and well-being of children. It also served to link with other First Nations in Québec to share information and to support and learn from each other what may be working or not working in other jurisdictions, given that we are mostly faced with the same challenges.

Although the visits with the YP workers in the communities should be on a more frequent basis, they have served to give a face to the DYP in a place other than Chisasibi, and to support and encourage the workers and to hear personally the day-to-day challenges of their work.

Linking with the Cree Nation Youth Council (CNYC) serves to empower them in giving a voice to the challenges that they face as youth, and helping to support solutions that can also come from the youth themselves.

Among the other accomplishments in the DYP administration [in collaboration with HRD, the CLSC (CIC) Directors, and the DPS-Social] was the training provided to the emergency workers, the foster home workers (in collaboration with Batshaw Youth and Family Centres) and the youth protection workers.

The training for the youth protection workers was unique in the sense that it included the foster home workers and the staff of Youth Healing Services.

It was also unique in the sense that it was not only limited to the technical aspects of the Youth Protection Act and the Youth Criminal Justice Act, but it also involved clinical and cultural aspects. In the case of the latter, there was participation by Elders and traditional helpers and a sweatlodge ceremony.

There was also a recognition banquet where certificates of appreciation and small gifts were presented to staff. The overall evaluation of the training was mostly positive with workers expressing the need to have this on an annual basis.



## FUTURE CHALLENGES

In the year 2005-06 the work of the DYP administration is to complete the hiring process for the Access Liaison Officer and to fully implement the Evaluation, Orientation, and Care Planning Committee.

This would be of tremendous support for some staff who feel isolated because of the geographic distances between the communities, and it would ensure that each client requiring services would have an individualized care plan.

It would also ensure a better linkage with Youth Healing Services by having their staff participate in the development of the care plan along with the HROs and the YP worker before a placement is decided, and by having a single care plan for the two departments.

There is also work to be done to improve the foster home program which would include standardized policies and procedures, a standardized screening tool, and appropriate compensation for foster parents.

Given the signing of the agreement between the CBHSSJB and the MSSSQ, the hope is that the workload for the YP workers could be reduced to a manageable size, a program of community-based support for young offenders could be established, and that we could begin to implement the client management tool (PIJ) and the National Training Program (PNF).

**Bryan Bishop, M.S.W.**

*Director, Youth Protection Services*

# Youth Healing Services

## INTRODUCTION

This year will mark the 20th anniversary of youth residential care in the James Bay territory. In 1985, the first Group Home was opened in Chisasibi so that we could keep our youth closer to home rather than having to send them to residential facilities in southern centres. As we reflect back on "Rehabilitation Services", now known as Youth Healing Services, many challenges and changes have happened over the past 20 years.

Among all the changes that the Department went through, a major one was that the model that we followed in the Group Homes and the Reception Centre was changed from the "House Parent" to the "Childcare Worker" model. This change required us to reorganize and expand the number of employees on our team.

In collaboration with the Strategic Regional Plan implementation team, we continue to follow the Action Plan which was developed in 2002, to provide integrated Youth Services in the Continuum of Care model.



## OBJECTIVES

In keeping with the continual enhancement of youth services, we have introduced the Healing Homes and the Outreach Programs to promote a healthy lifestyle for youth and their families. The Bush Program continues to be an important activity which could eventually be held in each Cree community.

As we follow the document "Action Plan 2002" in our program development, it is the dedication and commitment of Youth Healing Services staff which is the crucial element in making progress.

Youth Healing Services continues to do the following:

- ✕ Use traditional, cultural and Elders' teachings in programs and activities to maintain Cree traditional expertise based on values, ideas, and concepts;
- ✕ Effectively maintain support and guidance to the Youth Healing Services team in their training and development;
- ✕ Prioritize the development of a Case Management System in efforts to meet the needs of education, awareness, support, intervention, prevention, post-vention, healing path plans and re-integration;
- ✕ Establish cultural and partnership links within the agency services and with other community entities;
- ✕ Maintain YHS developmental plans to build professional skills, knowledge, and experience in support of staff development;
- ✕ Continue to promote Youth Healing Services and Cree childcare practices through workshops, conference forums, the media, and social gatherings;
- ✕ Follow the ongoing stabilization of programs in securing staff positions, scheduling, vision and philosophy, and increased use of Elders' teachings;
- ✕ Integrate the results of the Operational Planning Workshop in the program models and resource planning process.

## **EMPLOYEE GROWTH**

The Youth Healing Services Management team, with its monthly scheduled meetings, has grown into a successful team in planning and managing projects while at same time learning to manage the workloads.

Youth Healing Services continues to identify ways to provide training and performance productivity in managing people effectively through better supervision.

In staff development, our team evolves by knowing where the areas of responsibility fall.

As a result, the workers have a greater understanding of the organizational structure and employee code of ethics in dealing with their personal or professional lives. These guidelines and principles help guide the Youth Healing Services staff in their tasks and responsibilities.

The Certified Child Care Worker training clearly set the stage in basic childcare worker practice as we plan for continuous specialized training in identifying and recognizing destructive behaviours and their motivations and rationales.

## **ADMINISTRATIVE SERVICES**

The overall purpose of the creation of Youth Healing Services was to separate the Reception Centre Unit from the Administrative Services comprised of the program managers, the clinical advisors, and clerical services, who are under the direct management supervision of the Director of Youth Healing Services.

## **CLINICAL SERVICES**

The coach/trainer concept that was introduced allowed us to work on in-depth issues with managers and clinical staff in dealing with difficult situations in order to create stability and direct support to the program. This area is a much-needed resource in developing on-site training and debriefing in relation to providing quality care and treatment.



## OTHER ACTIVITIES

Youth Healing Services participated in a cultural exchange with Batshaw Youth and Family Services at their 8th Annual Traditional Pow-Wow, the theme being "Honouring our Youth." Youth Healing Services performed a walking-out ceremony at this event.



### Statistical Summary 2004-05

	<i>Weesapou Group Home</i>	<i>Upaahchikush Group Home</i>	<i>Reception Centre</i>
<i>Operating Permits</i>	8	7	15
<i>Total in Placement</i>	27	27	58
<i>Youth Act: ages 8-12</i>	12	3	4
<i>ages 13-17</i>	15	24	54
<i>Articles 47/38/79/54</i>	13/8/5	16	48
<i>Youth Criminal Justice Act</i>	1	0	10
<i>Bush Program Activity Days</i>	169	161	228
<i>Hospitalization Days</i>	2	53	20
<i>Absent without authorization</i>	34	33	83
<i>Back-up to Other Centres</i>	35	24	24
<i>"Jours de présences"</i>	753	982	1,496
<i>Home Leaves</i>	583	443	609
<i>Discharged</i>	20	13	35
<i>Average Number of Youth in Unit</i>	4	4.5	7
<i>Transfers</i>	0	2	15

## Youth Healing Services Activities

### SEASONAL

#### Weesapou Group Home

- × Chisasibi/Whapmagoostui Elders Cultural Exchange
- × Bush Program
- × Community Christmas parade
- × Mamoweedow at Fort George
- × Shawbridge Cultural Exchange
- × Winter Carnival Camp at LG-1
- × Weekend trips
- × Employee of the month

#### Upaahchikush Group Home

- × Goose Break with youth and staff
- × Shawbridge Cultural Exchange
- × Chalifour River Canoe Trip with Reception Centre
- × Traditional Gathering across the lake
- × Moose Hunting
- × Day trips with youth in the bush and fishing

#### Reception Centre

- × Shawbridge Cultural Exchange
- × Canoe Trip on Chalifour River with Upaahchikush Group Home
- × Traditional Gathering across the lake
- × Beach Day Activities
- × Blueberry Picking
- × Fishing Activities
- × Fundraising Activities

### OTHER

#### Weesapou Group Home

- × Staff meetings at winter lodge/LG-1
- × Caribou & Ptarmigan hunting
- × Spring & Fall Goose Break
- × Summer Picnics
- × Swimming Activity-Radisson Community Pool
- × Fitness Centre Membership
- × Training Activity:
  - Computers
  - CPR
  - Residential Child Care
  - Youth Protection
  - Youth Criminal Justice Act

#### Upaahchikush Group Home

- × Orientation meeting with new staff at RC cabin
- × Hiring of new staff (childcare workers, cook, group leader)
- × Residential Child Care Certificate Training
- × Elders Forum with Reception Centre and Weesapou Group Home
- × Suicide Prevention Workshop Training
- × Beach Day & Picnic
- × Activities
- × Fundraising
- × Blueberry Picking
- × Training Activity:
  - Computers
  - Residential Child Care
  - Youth Protection Act
  - Youth Criminal Justice Act
- × Halloween Exterior Decorating Contest
- × Christmas Exterior Decorating Contest

#### Reception Centre

- × Hiring of new staff (childcare workers, cook, group leader)
- × Elders Forum
- × Beach Day & Picnic Activities
- × Training Activity:
  - Computers
  - Residential Child Care
  - Youth Protection Act
  - Youth Criminal Justice Act
- × Halloween Exterior Decorating Contest
- × Orientation meeting at Jimmy Gunner's Camp
- × Christmas Exterior Decorating Contest
- × Suicide Prevention Workshop Training in Montréal

### Jane Sam Cromarty

Director, Youth Healing Services (Interim)

# Cree Patient Services

## INTRODUCTION

Cree Patient Services (CPS) offices continue to facilitate the provision of health care outside the Cree communities for the Cree patients and their escorts. There are four (4) offices located in Chibougamau, Chisasibi, Montréal and Val d'Or. The services offered to the clientele are: transportation; interpretation; lodging and meals; and liaison between the medical specialist and the community clinic.

The four Patient Services offices employ approximately 60 employees in total, and there has been no increase in human resources from last year.

The setting up of a patient quota system has been difficult to establish and maintain due to the unpredictability of the needs at certain times by the population we serve. The health system is constantly changing and therefore fewer specialists are in the different regions. CPS had to adapt to those changes according to the policies by processing the patients' medical needs to the nearest facility where the services are provided.

This year, different measures were taken in order to apply the Non-Insured Health Benefits (NIHB) Transportation Policy with the same rule for everyone. The following activities were undertaken to make the process more efficient and cost-effective:



## Information Tour of the Cree Community Clinics – June 2004

- ✕ Ongoing information to the clients and CBHSSJB employees;
- ✕ Respect of the medical appointment dates with the specialists;
- ✕ Strict application measures of the NIHB Transportation Policy regarding:
  - Medical consultation sent to the nearest Hospital Facility that can give the service;
  - Most economical means of transportation taking into consideration the patient's health condition;
  - Circumstances requiring an escort.

There are still problems regarding the validity of the Québec medical insurance cards (RAMQ) held by some patients, and this poses difficulties when they try to get services outside of Eeyou Istchee – problems such as the client's name not corresponding with the card; inconsistent dates of birth; or, expired cards. In collaboration with all CBHSSJB professionals (physicians, dentists, nurses) and the front line staff, we have provided information regarding this issue to the clients through the local community clinics.

## CPS CHIBOUGAMAU

This office is situated in the Chibougamau Hospital where for the last three (3) years four (4) employees have worked full-time (1 senior clerk, 2 northern beneficiary attendants, 1 nurse). This Service receives close to 50% of all the arrivals at CPS points of service. This year they received 7,814 clients, a decrease of 13% from last year, the probable reason being the shortage of specialists in the Chibougamau region.

<i>Total number of arrivals per year</i>		
	<i>Patients &amp; Escorts</i>	<i>% Increase</i>
<i>2004-05</i>	7,814	(-13.19)
<i>2003-04</i>	9,002	8.63
<i>2002-03</i>	8,287	10.00
<i>2001-02</i>	7,533	19.44
<i>2000-01</i>	6,307	3.53
<i>1999-00</i>	6,092	7.44

### CPS CHISASIBI

The office is situated in the Chisasibi Regional Hospital where we have four (4) CPS employees (2 full-time administrative technicians and 2 part-time drivers). This CPS office has received 879 clients, a decrease of 4.5% from last year.

<i>Total number of arrivals per year</i>		
	<i>Patients &amp; Escorts</i>	<i>% Increase</i>
2004-05	879	(-4.56)
2003-04	921	(-28.88)
2002-03	1,295	5.80
2001-02	1,224	36.15
2000-01	899	24.86
1999-00	720	(-13.36)

### CPS MONTRÉAL

This office is situated in the Faubourg Ste-Catherine in downtown Montréal, close to many hospitals of the region. The employees working from this office are: 1 director, 3 nurses, 1 medical secretary, 1 dispatcher, 1 receptionist, 2 interpreters and 4 full-time drivers, plus a few drivers who work on an occasional basis. In June 2004, two employees retired after many years of service with the CBHSSJB.

This CPS office received 2,333 clients, an increase of 11% from last year.

<i>Total number of arrivals per year</i>		
	<i>Patients &amp; Escorts</i>	<i>% Increase</i>
2004-05	2,333	11.47
2003-04	2,093	2.00
2002-03	2,052	10.80
2001-02	1,852	5.47
2000-01	1,756	34.97
1999-00	1,301	(-0.03)

### CPS VAL D'OR

The office is situated in the Val d'Or Hospital with the following employees: 1 unit manager, 1 executive secretary, 6 nurses, 1 social worker, 3 medical secretaries, 1 receptionist, 2 interpreters, 2 full-time drivers, 2 part-time drivers, and some drivers who work on an occasional basis.

This CPS office received 4,868 clients, a decrease of 2.8% from last year. This decrease is due to the nursing recruitment crisis, which forced the department to postpone clients' appointments or to transfer the appointments to Montréal. As well, there is a shortage of specialists working in the Val d'Or region.

Absences of regular employees due to long term sick leaves was a big challenge for the team. The situation was resolved by the hiring of a temporary full-time nurse for a two-year period.

The clients from our Cree communities coming to Val d'Or for medical reasons were able to benefit from the service of a full-time social worker. The social worker was involved with 506 interventions, which is 200 more than the previous year. Those consultations are divided into in-office, out-of-office, and by telephone as well as participating in court cases. The social worker brings valuable assistance and support to the youth protection workers and helps to decrease travel time for the community workers.

<i>Total number of arrivals per year</i>		
	<i>Patients &amp; Escorts</i>	<i>% Increase</i>
2004-05	4,868	(-2.83)
2003-04	5,010	9.89
2002-03	4,559	9.15
2001-02	4,177	2.86
2000-01	4,061	22.10
1999-00	3,326	11.91

## SUMMARY

The total number of patient and escorts arrivals to the 4 points of service was 15,930, a decrease of 6.44% from last year.

In previous years, the increase of arrivals was believed to be caused by the lack of permanent physicians and the high turnover of nurses in the communities. This year, the stability and number of physicians and nurses in each community brought a decrease in arrivals at CPS. The decrease in arrivals could be explained also by the NIHB Tour in the Community clinics (Spring 2004) and the beginning of the local Breast Cancer Screening Program.

### All CPS

	<i>Total number of arrivals per year</i>	
	<i>Patients &amp; Escorts</i>	<i>% Increase</i>
2004-05	15,930	(-6.44)
2003-04	17,026	5.14
2002-03	16,193	9.52
2001-02	14,786	16.35
2000-01	12,708	11.09
1999-00	11,439	5.77

The guiding philosophy behind CPS is based on respect and equity for all. We are promoting autonomy for the patients we serve, and we know that an important step towards that goal is to provide appropriate information to the clients.

Congratulations are in order to all the CPS employees for their professionalism and commitment over the year.

### **Caroline Rosa**

*Director, Cree Patient Services*





# Cree Public Health

In 2002, the Cree Board of Health and Social Services of James Bay (CBHSSJB) and the Government of Québec officially recognized the Public Health Department (PHD) as a Department of the CBHSSJB. The Bill 108 (2002, chapter 38) An Act to amend the Act respecting health services and social services for Cree Native persons and various legislative provisions was passed on June 14, 2002. This bill amends the Act respecting health services and social services for Cree Native persons to allow the creation of a Public Health Department in the territory of Region 10B covered by the James Bay and Northern Québec Agreement.

## MAIN MANDATE

The Public Health Director shall be responsible, in the region, for:

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

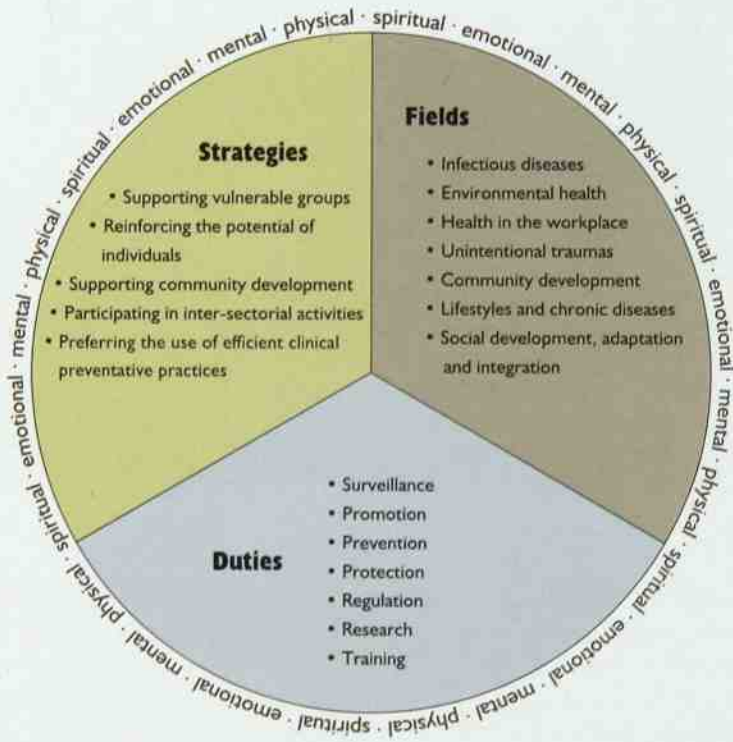
*(Chapter S-4.2 An Act respecting health services and social services, art. 373)*



## ORGANIZATION

Five teams support the Public Health Director – Administrative Services, Specialized Services, Awash (children 0-9 years old), Uschiniichisuu (youth 10-29 years old) and Chishaayiyuu (adults 30 years and over). Within the context of liyiyiu society values (spiritual, emotional, mental and physical equilibrium), these teams intervene within the fields of infectious diseases, environmental health, health in work place, non-intentional trauma, community development, life habits and chronic diseases, and development, adaptation and social integration. Within these fields, the main strategies used are: support to vulnerable groups, strengthening of the individual's potential, support for community development, participation in intersectorial activities, and encouraging the use of efficient clinical preventive measures. All interventions happen within a framework based on public health functions which are: surveillance of health and wellness; promotion and protection of health and wellness; prevention of diseases and psycho-social problems; regulation; research; and ongoing training.

## Conceptual Framework



The teams are not yet completed. Some fields, like health and wellness in the work place, are not staffed. Some Program Officers will integrate the teams in the next year.

## SUMMARY OF ACTIVITIES

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

## INFECTIOUS DISEASES

### Surveillance

- ✗ Maintaining regional registry to track declarable diseases (MADO) and updating summary for inclusion in the regional Community Health Programs binder;
- ✗ Gathering epidemiologic information for declared gonorrhoea cases;
- ✗ Reviewing and recording Hepatitis C case information into provincial surveillance database;
- ✗ Maintaining adverse reaction registry (ESPRI) and following up with clinics (any adverse reactions after vaccination);
- ✗ Surveillance of influenza syndrome in 3 Communities (projet sentinelle);
- ✗ Regional surveillance of vaccination against influenza;
- ✗ Regional surveillance of Hepatitis B in grade 4;
- ✗ Regional surveillance for whooping cough vaccination in Sec III.

### Protection

- ✗ Maintaining regional call system to improve access to Public Health information for workers in the region;
- ✗ Responding to cases of declaring disease or ad hoc questions relating to other infectious diseases including chlamydia contact tracing, gonorrhoea treatment and follow-up, acute Hepatitis B management, tuberculin screening, TB contact management, TB isolation procedures, bite exposures, rabies in animals, accidental blood exposures, nosocomial and community spread of MRSA, parvovirus B19 infection, invasive group A streptococcus, and invasive pneumococcal disease;
- ✗ Initiating drafting of an influenza pandemic plan and meeting with Health Coordinators for review of influenza pandemic planning and other public health emergencies;
- ✗ Reviewing current state of situation for C. Difficile in the region, reviewing control measures in place at Chisasibi Hospital, and forwarding summary to the MSSSQ;
- ✗ Establishing regional nosocomial infections committee;
- ✗ Presenting a regional action plan (tuberculosis, rabies, zoonoses, sanitary vigilance) to Elders in Mistissini.



### Prevention

- × Reviewing and forwarding West Nile information to the region including short press release for 2004;
- × Discontinuing BCG vaccination and completing regional BCG/TB report;
- × Reviewing vaccination content of Maternal-Child Health program;
- × Reviewing regional vaccine transport policy;
- × Responding to ad hoc questions relating to vaccination including Hepatitis B vaccination, BCG vaccination, Hepatitis B serology, and vaccination reactions;
- × Presentation to Wemindji Annual Assembly;
- × Presentation to CRA Council Board meeting;
- × Influenza vaccination in the communities adding children aged 6-18 months and contact people to the target groups.

### Promotion

- × Participating in radio show on influenza and vaccination;
- × Promotion of vaccination against influenza among Elders;
- × Promotion of vaccination against whooping cough;
- × Article in The Nation on immunisation;
- × Awareness campaign on sexually-transmitted infections.

### Research

- × Participating in a survey conducted by Montréal-Centre on urban Aboriginal health issues.

### Training/Professional Development

- × Training new clerical staff responsible for MADO data entry;
- × Participating in regional training for nurses (TB, respiratory protection, influenza pandemic planning, respiratory etiquette, nosocomial infections);
- × Circulating updates to doctors and nurses in the territory concerning rabies, TB, West Nile, and declarable diseases (MADO);
- × Presenting and participating at provincial Colloque en maladies infectieuses concerning the Eeyou Istchee region and infectious diseases;
- × Presenting at, and attending Canadian immunisation Conference;
- × Attending training on smallpox and smallpox vaccination;
- × Attending *Journées annuelles de santé publique* on signalling Public Health concerns;
- × Participating in MD meeting to review post-exposure prophylaxis;
- × Cree Terminology workshop on translation for immunisation and infectious diseases;
- × Promotion and training of new PIQ as a reference tool for immunisation in each community;
- × Canadian Coalition on immunisation – training on immunisation;
- × Community tour on HIV/AIDS prevention;
- × Presentation of immunisation program to Inland Local Coordinators.

## ENVIRONMENTAL HEALTH

### Surveillance

- × Collaborating with the CRA and Local Environmental Administrators to ensure that monitoring of water and reporting is done adequately;
- × Developing and managing of the long-term environmental health contaminants project Nituuchischaayihitaa Aschii;
- × Development of the maternal surveillance plan for contaminants.

### Promotion

- × Development and consultation of a Fish Consumption Guide relating to mercury (map);
- × Consultation of Elders on the environmental program;
- × Written articles in The Nation (on the subject of dust and mercury).

### Protection

- ✗ Intervention in private houses, clinics and hospital with mould problems;
- ✗ Gathering of information about pig farm project (Chapais) and collaboration with Dr. Benoit Gingras (INSPQ) and the *Mouvement collectif pour la sauvegarde et l'observation des écosystèmes du Nord-du-Québec*;
- ✗ Support to the emergency working group for forest fires;
- ✗ Presenting at public hearings on ballistic trials site in Waswanipi and Chapais;
- ✗ Intervention around asbestos found in Wemindji houses (zoonolite);
- ✗ Preparation of intervention on EM-IA environmental impact assessment.

### Prevention

- ✗ Participating in the Niskamoon Corporation meetings on the health and fisheries topics.

### Research

- ✗ Literature review on the benefits of eating fish.

### Training/Professional Development

- ✗ Presenting our Fish Consumption Guide and other environmental health files at the GCC(EI)/CRA Annual General Assembly;
- ✗ Training on surveillance outbreak - investigation and response for waterborne or foodborne illness (given by Health Canada at Guelph University);
- ✗ Participating as member of the James Bay Advisory Committee on the Environment;
- ✗ *Journées annuelles de santé publique*;
- ✗ International conference in Slovenia – “Mercury as a Global Pollutant”;
- ✗ TNCSE (*Table nationale de concertation en santé environnementale*);
- ✗ Participating in emergency joint committee meeting (INSPQ-DPS-MSSSQ);
- ✗ Training on the new system for the data entry for MADO-chimique (INSPQ).



## HEALTH IN THE WORK PLACE

### Promotion

- ✗ Elaboration of regional plan for health promotion in the workplace.

### Protection

- ✗ Presentation to the board and to CSST of an integrated program.

## NON-INTENTIONAL TRAUMAS

### Prevention

- ✗ Revision of Bush Kit Manual with Committee;
- ✗ Firearms safety advertisement in *The Nation* and poster prior to traditional Spring Goose Hunt.

### Training/Professional Development

- ✗ Development of training request and budget for Medical Bush Kit Training for CHRs

## COMMUNITY DEVELOPMENT

### Promotion

- ✗ Information booth and display on Healthy & Safe Communities at the Chisasibi Economic Development Conference;
- ✗ Organizing a display booth at regional hockey tournament in Val d'Or on Healthy & Safe Communities;
- ✗ Healthy & Safe Communities presentation to regional Elders and Youth Conference in Mistissini and to the GCC/CRA Council/Board in Whapmagoostui.

### Prevention

- ✗ Medical consultant for *Projet Montréal* of *Médecins du monde* [Clinical services for sex trade workers (STELLA) and urban Aboriginal populations Native Friendship Centre of Montréal – average 1 day per week].

### Training/Professional Development

- ✗ With the assistance of Elders and Cree linguists, inventing new words for health and medical terminology and using this workshop as a pilot project for future terminology workshops.

## LIFE HABITS AND CHRONIC DISEASES

### Surveillance

- ✗ Current status of tobacco use among the youth in schools survey;
- ✗ Update of Cree Diabetes Information System;
- ✗ Creation of annual reports for communities and clinics as well as a poster promoting diabetes education;
- ✗ Work with the *Institut National de Santé Publique du Québec* to merge the Cree Diabetes Information System and Québec Diabetes Surveillance System to provide additional information on hospitalizations and medical service used by the Crees;
- ✗ State of situation of cancers in Iiyiyiu Aschii for the Québec Cancer Control Program;
- ✗ Regular update of the computerized system called SI-PQDCS that ensures the surveillance of all the eligible women of the region for Breast Cancer Screening.

### Promotion

- ✗ Blue Light Campaign affiliated with FNQHLSS;
- ✗ Media awareness with radio (CBC) about effects of second-hand smoke;
- ✗ Developing Cree Addictions website;
- ✗ Youth Coalition Against Smoking training in Chibougamau with participants invited from the schools in all nine communities (12 participants);
- ✗ Organizing a display booth at regional hockey tournament in Val d'Or regarding the harmful effects of smoking;
- ✗ Promoting the National Smoke Free Week in January and setting up display booths with the help of the CHRs from all of the communities;
- ✗ Gathering in 8 communities to give information to the population and partners about the Breast Cancer Screening Program;
- ✗ Collaboration with the Native Women's Association (FAQNW) to create promotion material for the Breast Cancer Screening Program;
- ✗ Promoting healthy lifestyles at Mistissini Traditional Gathering and diabetes awareness and prevention at Wellness Week in Mistissini;
- ✗ Display at Chisasibi Commercial Centre – Food Tasting, Fat and Sugar in our Foods;
- ✗ Participating at the *Table nationale de concertation en promotion et prévention*;
- ✗ Demonstrating healthy cooking (HEAL, workshop, healthy cooking with kids, baby food workshop) in Mistissini, Ouje-Bougoumou, Waskaganish, Waswanipi and Nemaska;
- ✗ Publication of an article in *The Nation* "From Survival to... Survival";

- ✗ Final version of the guides and activities have been developed for Daycare program. Start the implementation in pilot communities of Waskaganish and Ouje-Bougoumou;
- ✗ Support nutritionists within their nutrition activities for the Nutrition Month (March 2005);
- ✗ Promoting HEAL project throughout the communities;
- ✗ Organizing the Dental Health Month activities;
- ✗ Producing an ad in *The Nation* on "Oral Health and General Health";
- ✗ Producing a sticker "Keep Your Smile";
- ✗ Promoting Dental Hygienist position in EI through the OHDQ (*Ordre des Hygiénistes dentaires du Québec*), TCHD (*Table de concertation des hygiénistes dentaires en santé publique du Québec*) and CPSDP (*Comité provincial des hygiénistes dentaires de santé publique*);
- ✗ Promoting healthy lifestyles at Chisasibi during the Science Fair at the school.

### Prevention

- ✗ Meeting for genetic counselling: Eeyou Awash Foundation (EAF) and CORAMH;
- ✗ Development of a web site with EAF;
- ✗ Development, proposal and implementation of the program on genetic counselling;
- ✗ Developing, getting funds for sponsorship, and launching of the first Stay Quit to Win challenge in Iiyiyiu Aschii;
- ✗ Article in *The Nation* on tobacco (smoking cessation tools);
- ✗ Traditional Food Project for Chisasibi Hospital;
- ✗ Implementation of the Breast Cancer Screening Program in the entire region;
- ✗ Developing a palliative care consultation network;
- ✗ Increasing the awareness of the population regarding type 2 diabetes in children;
- ✗ Involvement within the Maternal and Child Health Program – pamphlets and handouts had been developed in collaboration with the CBHSSJB nutritionists;
- ✗ Developing, implementing and regularly updating diabetes education teaching modules and educational material for individuals with diabetes and health care providers;
- ✗ Planning an educational diabetes project in partnership with private sponsors
- ✗ Participation in the CDI (Canadian Diabetes Initiative);
- ✗ Participating in the annual conference *Villes & Villages en Santé* in Val d'Or;

- ✗ organization for the implementation of the Diabetes Hotline email address;
- ✗ Contribution to the Addictions Awareness Week;
- ✗ Solvent abuse tool kit and collaboration to the evaluation group with NNADAP;
- ✗ Consultation in Waswanipi and Waskaganish for Peer Education Program on sexual health;
- ✗ Participation to the Circle of Hope meetings and writing of an article for the Circle of Hope newsletter.

### Regulation

- ✗ Revising the smoking by-laws within the work place and CBHSSJB buildings.

### Research

- ✗ Proposal for Tri-Nation Resiliency Project;
- ✗ Preliminary work to start an exploratory study of kidney cancer in the conjunction with nephrologists at Montréal General Hospital;
- ✗ Conducting an exploratory study for prevention of kidney disease;
- ✗ Conducting a project to understand mothers' weight gain and gestational diabetes;
- ✗ Nutrition involvement in the Fat & Fish Project; revision of the pamphlet;
- ✗ Nutrition involvement within the Chichaschiinuu Project; elaboration of the Food Frequency & 24 H questionnaires;
- ✗ Proposal for the Circle Study;
- ✗ Dental evaluation research project with mothers and their infants;
- ✗ Participation to the steering committee on anti-diabetic medicinal plants.



### Training/Professional Development

- ✗ Providing standardized and up-to-date education to health care providers at regional or special training sessions or by consultations with health care providers in communities;
- ✗ Symposium on genetic counselling and ethics;
- ✗ Developing Healing from Smoking manual for counsellors and smokers adapted from the Inuit Nunavik Smoking Cessation Program;
- ✗ Training smoking counsellors;
- ✗ Conferences on chronic diseases within the *Journées annuelles de santé publique*;
- ✗ Training on tobacco cessation given by FNQHLSS, March 2005;
- ✗ Statscan training on basic statistics;
- ✗ Planning of two diabetes training sessions for CBHSSJB nurses and physicians by two diabetes educators trained in schooling health professionals;
- ✗ Developing breast cancer screening teaching tools and educational material for health care providers;
- ✗ Participating in Ottawa CDPAC meeting on Chronic Disease Prevention;
- ✗ Training the CHRs from all nine communities about the Breast Cancer Screening Program and diabetes;
- ✗ Participation in RQDMA (*Regroupement Québécois des Diététistes travaillant en Milieu Autochtone*) with the CBHSSJB nutritionists;
- ✗ Creation of a scientific poster and presenting HEAL project at the annual Aboriginal Diabetes Initiative Meeting in Toronto;
- ✗ Planning for the next SMI training with CBHSSJB nutritionists;
- ✗ Fetal Alcohol Syndrome and Disorders regional team meetings, training and development of an action plan;
- ✗ Activity proposal to the CLSC (CIC) during the National week on mental health;
- ✗ Proposal to the CBHSSJB on suicide prevention;
- ✗ Presentations at the Board and commissioners, to psychologists and GCC/CRA on suicide prevention;
- ✗ Participation at the creation of a mental health working group in the CBHSSJB;
- ✗ Attended the "2nd International Conference on Local and Regional Health Programmes in Québec";
- ✗ Attended the Annual Convention of Dentists of Québec.

## DEVELOPMENT, ADAPTATION AND SOCIAL INTEGRATION

### Surveillance

- ✘ Implementing SIDEP (*Services intégrés de dépistage et de prévention des ITSS*) in Iiyiyu Aschii in collaboration with the SLITSS (*Service de lutte contre les infections transmises sexuellement et par le sang*);
- ✘ Revision, elaboration of the statistics form for the Maternal and Child Health Program.

### Promotion

- ✘ Article in the Learning Circle on healthy schools;
- ✘ Presentations to Cree School Board – pedagogical educational team, principles and commissioners on Healthy School concept and activities;
- ✘ Promotion of “walking to the school project” and other physical activities;
- ✘ Implementing the pilot project PEP “Chikiiya” (*Éducation à la sexualité à l'école*);
- ✘ Advocacy to name a regional respondent on Healthy Schools for the educational sector;
- ✘ Producing an article on the link between oral health and general health for The Nation;
- ✘ Producing an article on dental health and diabetes for the Mistissini and Waswanipi newsletter;
- ✘ Preparing and organising activities for the Dental Health month;
- ✘ Participating at the Science Fair in Chisasibi to promote healthy habits;
- ✘ Distributing paper, video and audio documents on sexually transmitted and bloodborne infections in all clinics and schools;
- ✘ Promoting World AIDS Day;
- ✘ Elaborating and finalizing the terms of reference for the creation of a Regional Breastfeeding Advisory Committee and the work in relation to the Baby Friendly Initiative; Elaborating a breastfeeding action plan for 2004-05;
- ✘ Preparing an article for The Nation on breastfeeding.



### Prevention

- ✘ Revising the dental hygienist's tasks in Eeyou Istchee and the CHR Program (Dental School Program);
- ✘ Revising and finalising the leaflets used by the Maternal and Child Health Program;
- ✘ Finalizing the planning, programming and consultation steps for the pilot phase of Amaaskuupimatiseat Awash;
- ✘ Meeting to discuss the integration of midwifery project within the pilot project of Amuskimpimatiseat Awash;
- ✘ Planning, coordinating and doing trip to Salluit with a delegation of people from Waskaganish, and two Doctors practicing in the Cree region to visit the Inuit Midwifery program;
- ✘ Planning, coordinating and implementing consultations on midwifery with the community of Waskaganish;
- ✘ Drafting a job description for midwives.

### Protection

- ✘ Regular distribution of condoms in clinics and at sporting events.

### Research

- ✘ Meeting and reporting on the CSB/CHB working group on School Miyupimaatsiun and curriculum, for the implementation of the CHB/CSB protocol;
- ✘ Consultation with school and communities on the Peer Education Program on sexual health.

### Training/Professional Development

- ✘ Participating at a meeting on sentinel programs evaluation to prevent suicide in Québec;
- ✘ Participating at the conference on psycho-social impacts of STBI and Hepatitis C;
- ✘ Revising the Maternal and Child Health program in consultations with persons responsible for the delivery of first line services;
- ✘ Elaborating the prenatal teaching checklist for the nurses and the CHRs;
- ✘ Participating at the tables of MSSSQ/MEQ and Healthy Schools;
- ✘ Working with other Cree personnel from the Cree Nation on the development of prevention materials and promotion of healthier lifestyles during pregnancy;
- ✘ Attended an MSSSQ/MEQ training on Healthy Schools approach;
- ✘ Organization of training on Youth Coalitions against smoking for CSB and CHB representatives;
- ✘ Training (3 days) in Québec City on the first module of NEGS/PSJP;
- ✘ Meeting (2 days) with *La Table des répondantes régionales* for NEGS/PSJP in Québec City;
- ✘ Attending regular meetings with OHDQ (*Ordre des hygiénistes dentaires du Québec*) and Jocelyne Bergeron, CSB, CHRD, and managers on the Cree Dental Hygienist's training and curriculum;
- ✘ Attending regular meetings of the *Table de concertation des hygiénistes dentaires de santé publique de Montréal*;
- ✘ Presenting to the students the working conditions of the dental hygienists in Eeyou Istchee for the following CEGEPs: John Abbott, Jean-François Xavier Garneau, Edouard Montpetit, de Maisonneuve, Chicoutimi, Trois-Rivières;
- ✘ Attending the Annual Convention of Dentists of Québec;
- ✘ Promoting working in Iiyiyu Aschii for dental hygienists during the Dental Hygienist's Convention (PP Presentation).



### MANAGEMENT AND OTHER ACTIVITIES

#### Surveillance

- ✘ Analysing the Canadian Community Health Survey data for Iiyiyu Aschii;
- ✘ Entering various data (MADO, PQDCS, CDIS, Births/Deaths, etc).

#### Protection

- ✘ Maintaining two levels on call system for Public Health (permanent medical availability and references).

#### Training/Professional Development

- ✘ Training of staff on Lotus Notes and Microsoft Project;
- ✘ Eight Cree employees attended a three-week Intensive French Immersion Training at *Centre Linguistique de Jonquière*;
- ✘ Two administrative technicians and 3 secretaries attended a training on professional secretarial development offered by Crossover Community Network in Val d'Or;
- ✘ Training for Secretaries and Administrative Technicians on the prioritization and importance of administrative staff roles in Public Health;
- ✘ Processing an evaluation of staff training needs (programme officers, administrative staff and managers);
- ✘ Elaborating a public health training plan in accordance to needs evaluation results (objectives, methodology, modules);
- ✘ Requesting university accreditation;
- ✘ Canadian Public Health Association conference (1 week, Fall 2004);



- ✘ Organizing a workshop on preventive clinical practices at the *Journées Annuelles de Santé Publique*;
- ✘ Rural Medicine Conference;
- ✘ Time Management Workshop by *Association des médecins spécialistes en santé communautaire*;
- ✘ Continuous Education Pedagogy by *Fédération des médecins spécialistes du Québec*;
- ✘ Submission of proposal for hiring Concordia University to do on-site needs evaluation, provide training (10 modules), and do medium-term on-site evaluation;
- ✘ Creation of working group on Cree language and culture curriculum training for acceptability and coordination of activities, and consultation with Elders for this file;
- ✘ Participation in Cree medical terminology workshop organised by the Cree School Board and Carleton University (Winter 2005);
- ✘ Training of community medicine residents on health of Aboriginal peoples of Canada;
- ✘ Participation in health services organization course, *Maîtrise en Administration de la santé, Université de Montréal*;
- ✘ Participation in Epidemiology tutoring, medical students, McGill University;
- ✘ Participating in International Health course (Masters Summer School, McGill University);
- ✘ Public health medical consultant for Canadian Public Health Association (Support to public health associations) – Mission to Congo (2 weeks, December 2004).

#### Other Administrative Tasks

- ✘ Participating at the *Table nationale de concertation en santé publique* and other national harmonization tables (Environment, Infectious diseases, Promotion and Prevention, Cancer, etc.);
- ✘ Distributing various material to the communities (reports, posters, glucometres, promotional/prevention resources, etc.);
- ✘ Managing contracts and expenses in Public Health;
- ✘ Participating at the Santécom network;
- ✘ Beginning the rebuilding of the filing system and related training.

#### **Yv Bonnier-Viger**

Director, Public Health



# Administration and Finance

## Administrative Resources Department – AED

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

### Staff

- ✕ Assistant Executive Director
- ✕ Executive Assistant
- ✕ Executive Secretary

### Departments

- ✕ Facilities, Operations and Maintenance (Material Resources)
- ✕ Financial Resources and Purchasing
- ✕ Human Resources Development (HRD)
- ✕ Human Resources Management (HRM)
- ✕ Information Technology and Systems
- ✕ Non-Insured Health Benefits (NIHB)

### ACTIVITIES

During the course of 2004-05, negotiations between the Cree Board of Health and Social Services of James Bay (CBHSSJB) and the Ministry of Health and Social Services (MSSSQ) to obtain additional funding for the health and social services provided to the Cree population of Eeyou Istchee were successfully completed.

The implementation of the Strategic Regional Plan (SRP) submitted in 2003-04 to the Government of Québec following a collaborative effort between the Grand Council of the Crees (Eeyou Istchee) / Cree Regional Authority and the Cree Board of Health and Social Services of James Bay was initiated. The SRP outlines the needs and plans of the CBHSSJB for the 5 year period from 2004-05 to 2009-10.

The start of this five year plan required extensive consultation and participation from all CBHSSJB employees. For all Administrative Resources Departments, this represented many hours of work and required a substantial increase in support services. Statistical data, special purpose reports, meetings and consultations with all staff during this period continued to strain our ability to maintain regular services.

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



The following major files that were either handled by, or required support from, the Administrative Resources Departments:

- 1) The beginning of implementation of the SRP as prepared by the CBHSSJB negotiating team and submitted to the MSSSQ during 2003-04;
- 2) Continuing Development of an organizational Plan;
- 3) The construction of eight (8) Multi-Services Day Centres (MSDC) which began in 2003-04 were completed and opened during the period except for the Chisasibi MSDC which should be opened in 2005-06. Construction of the Waskaganish MSDC was delayed due to difficulties in securing a suitable plot of land for the construction of the building. It is expected that a site will be designated in 2005-06 and construction should be able to start;
- 4) The securing of MSSSQ funding required for the lease of 275 new housing units to be constructed over a five (5) year period by the various Bands to be used to house CBHSSJB employees. Funding having been secured, the required leases for the first round of fifty (50) housing units are presently being negotiated. It is expected that the first round housing units will be delivered during 2005-06. The shortage of housing is a major impediment to the implementation of the SRP. In order to fulfil its mission, the CBHSSJB must provide housing for many of the employees it recruits, not only to continue delivering quality services for existing programs, but also to implement the many new programs and services described in the SRP;
- 5) The continuation of the implementation of an Operational and Budgeting process involving all CBHSSJB managers which began in 2003-04;
- 6) The initiation of Phase 1 of a 3-Phase Management Information System Project, which should provide the CBHSSJB with updated management information systems. Phase 1 of this project should be completed in June 2005 while Phase 2 and 3 should be initiated later during 2005-06;
- 7) The initiation of a Three-Year Regional Information Technology and Systems Strategic Plan. This plan is expected to be delivered in October 2005;
- 8) The call for tender during the period for the Chisasibi Hospital Roof Repair Project. Actual construction work is expected to be carried out in 2005-06;
- 9) The engineering and construction cost estimate study of the work required to implement the Chisasibi Hospital Safety Inspection Report, which was delivered in 2003-04. An internal Committee was created during the period to review the report and provide the CBHSSJB with various options regarding the hospital building in order to maximize the anticipated expenditures identified in the engineering and construction cost estimate study.



These important files were either handled directly by the office of Administrative Resources Department or indirectly through one of the various administrative support departments under its responsibility. These files are in addition to the regular responsibilities of Administrative Resources Department or of each of the various Administrative Support Services Departments.

As the CBHSSJB continues to try to contain its deficit within MSSSQ target deficit levels, the Facilities, Operations and Maintenance Department has tried to continue maintaining its level of services to a reasonable degree during the period. However, an aging inventory of equipment, vehicles and buildings requires an ever increasing level of maintenance and operations. Furthermore, the SRP calls for the transformation of the Facilities, Operations and Maintenance Department from a localized maintenance function to a more regionalized one. To this end, the responsibility of the Chisasibi Reception staff was transferred directly to the Administrative Support Department during the period. The responsibility for the local Chisasibi Maintenance Crew is to be transferred in early 2005-06 to the Chisasibi Local Coordinator. To help with the increased workload and to assist in the transformation to a more regionalized function, a position of Director of Material Resources was created during the period. Other positions are expected to be created and filled during 2005-06 and subsequent years.

The CBHSSJB accumulated deficit now reaches over \$23 million as at March 31st, 2005. During the period, the Financial Resources Department continued to make changes to its procedures and processes to improve its efficiency, effectiveness and productivity. Financial and management reports are now being produced on a more regular basis and managers are provided with more timely information on demand.

An Operational Planning and Budgeting process has been initiated, with a greater emphasis on managerial involvement and accountability. Given the present level of the deficit, banking line of credit arrangements and cash flow management must be tightly controlled in order to ensure that the CBHSSJB has sufficient funds to pay its various suppliers on time and meet its payroll.

Under the direct responsibility of the Financial Resources Department, the Purchasing Department has also been the subject of continued increased demands on its services as more purchases of goods and services are being made following the initiation of the SRP. While staff levels have remained unchanged, additional resources will soon be required to sustain the pace of implementing new policies and controls.

The amalgamation of the HRD and HRM Departments was to have been completed in 2004-05. However, due to delays in obtaining funding approval to fill the newly created position of Director of Human Resources, as well as other extenuating circumstances within this department, this reorganization was delayed. These organizational changes are required to streamline and increase efficiency, effectiveness and productivity within HR services. The amalgamated Human Resources Department's main responsibility is to ensure the recruitment, retention and development of our most important resource: our personnel. The demands put on this department are great as it must continuously ensure that the CBHSSJB is staffed by competent, experienced and motivated individuals. Given our turnover, the lack of housing, our geographical location in James Bay and the competitiveness of personnel recruitment, the challenge is very great.

Many challenges also face the Information Technology and Systems Department. The CBHSSJB has grown tremendously in the past few years and the demands put on this Department continue to be difficult. Administrative, health and social computerized information and technology systems all must be implemented. Communication links must be improved or installed. Implementation and development are presently done on a strictly priority basis as the Department does not presently have the necessary material and human resources to adequately fulfil its mission. The position of

Director of Information Technology having been vacant for the entire period has caused the Department to use even greater resourcefulness to achieve its mission. The initiation during the period of Phase 1 of 3 of the Management Information System Project, along with the Three Year Regional Information Technology and Systems Strategic Plan, will provide the CBHSSJB with the direction and answer it needs to better serve the Cree communities of Eeyou Istchee.

During 2004-05, the Non-Insured Health Benefits Program (NIHB) made headway to increase its visibility and make itself and the services it provides better known to its clientele. A community tour was undertaken and meetings organized. Pamphlets and information sheets were also printed. A review of existing policies and processes was initiated and it will continue in 2005-06.

All things considered, the Administrative Resources Department had a very exciting 2004-05. The year 2005-06 promises to be just as exciting and motivating.

As always, a very special "*Chiniskumitin / Miikwech / Thank You / Merci*" to every member of our staff within the Administrative Resources Department and the various support departments under its responsibility. Without their dedication and hard work, none of these achievements would have been possible.

**André F. Richer, Adm. A., CGA**

*Assistant Executive Director, Administrative Resources*



# Human Resources Management Department

## INTRODUCTION

It has been another challenging year for the Human Resources Management (HRM) Department staff whose mission is to give total quality services with utmost professionalism in providing support and assistance to managers, employees, other Cree entities, government agencies and others.

## Challenges and Achievements

During the period, the HRM Department staff tried to achieve the goals set out in its last annual report, and was able to work on most of them, despite staffing problems in the Department and the lodging crisis within the organization. The ongoing implementation of the Strategic Regional Plan added to the changes that we had to face as a Department.

## Merging the HRM and HRD Departments

The planning phase and the ongoing implementation of the CBHSSJB Strategic Regional Plan (SRP) have highlighted even more the importance of the responsibilities of our roles within the organization. This has immensely affected the performance of every member of the HRM staff. We have taken steps during the period towards merging the Human Resources Development Department (HRD) with the Human Resources Management Department (HRM). A particular and very special outcome of the Strategic Regional Plan is the future hiring of the Director of Human Resources, a new position greatly anticipated not just for the Human Resources Department but for the whole organization.



## Recruitment, Retention Issues, Reduction of Costs

As in previous years, we have experienced difficulties in our recruiting activities partly due to budget constraints and the lack of housing for our personnel. This year, many temporary or permanent positions were created as a result of the SRP without having the necessary lodging. The additional workload created by these new positions has forced the department to prioritize its files and projects. During 2004-05, a process was initiated whereby all CBHSSJB positions that require lodging have to be prioritized at the Executive Committee level.

In order to retain CBHSSJB staff recruited outside the region, quality of life is very important. One way to achieve this is to ameliorate lodging conditions. Employee housing units and furniture should be constantly repaired and maintained for the continuing everyday comfort of our employees. This year, in Chisasibi, exterior renovations of two of our buildings for the single-person-or-couple category housing units were done. An agreement to lease eleven (11) housing units was undertaken during the period and should be ready for occupancy in 2005-06. To reduce recruitment costs, we were able to advertise mainly on websites, in professional magazines, within professional associations, at career fairs, conventions and during visits to various CEGEPS and universities. We succeeded in recruiting qualified candidates, but many of them are required to work from their homes outside the territory pending availability of housing in the Cree communities.

### Management Information System (MIS)

Among the ongoing challenges and developments of last year, we had:

- ✕ developed management information system;
- ✕ computerized personnel files and developed our own databases so that vital information is valid, reliable and readily accessible;
- ✕ computerized recall list and the position poster.

We have taken big steps toward achieving these goals in two different ways. The first was updating the software we use from MédiSolutions to MédiAccès. HRM staff received training in the management of the human resources data.

Secondly, we participated in the evaluation and selection of a consultant firm, to assist the organization in choosing and implementing a newly integrated and decentralized Management Information System (MIS), which will serve to improve decision-making and evaluation of activities in Administrative Services including the HR Department.

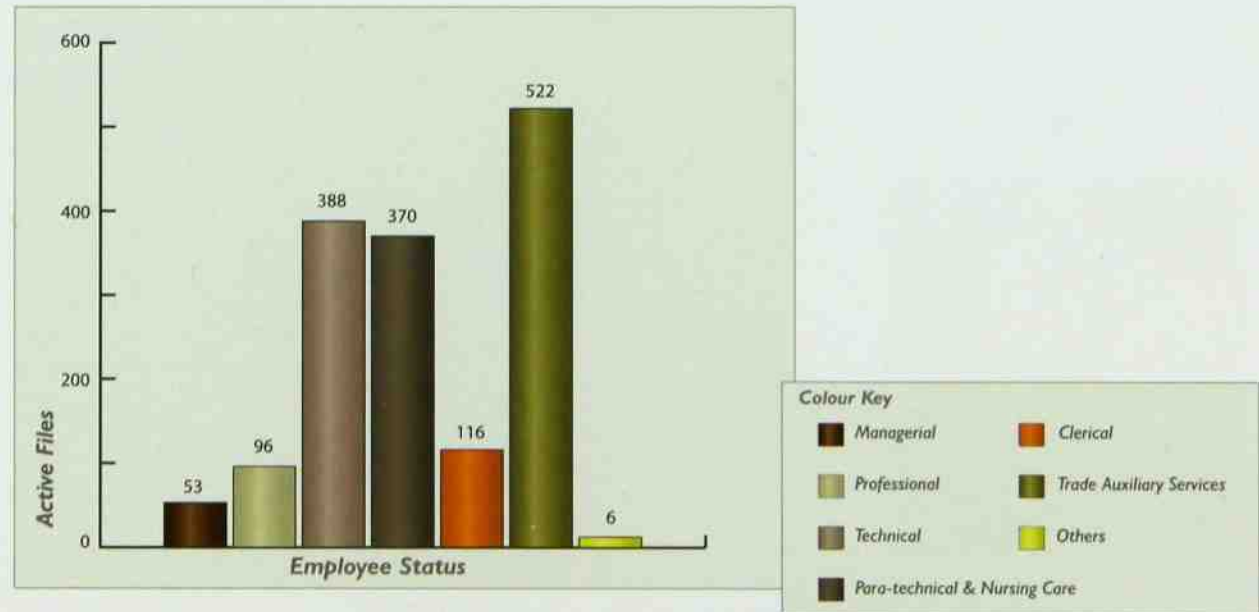
Furthermore, the staff attended training in the management of human resources data concerning seniority, payroll, short/long-term absences such as wage loss insurances and deferred pay plans, CSST cases and the basics of the MédiAccès system. Future training will be held on the computerization of the position roster.

According to our MédiAccès system, the CBHSSJB has one hundred and four (104) different job titles, so we can appreciate the importance of having reliable data that can provide information quickly and promptly for our users to facilitate their decision-making processes. As an example, we have across the CBHSSJB, one hundred and twenty-three (123) nurses, one hundred and forty-three (143) community workers in social services, twenty-seven (27) administrative technicians and one hundred and ninety-five (195) homecare workers in social services and in the homecare program.

Of these job titles and others, the active personnel files include the following different status of CBHSSJB workers:

<i>Numbers/Employee Status</i>	
<i>Permanent full-time</i>	323
<i>Permanent part-time</i>	43
<i>Temporary full-time and part-time</i>	154
<i>Occasional</i>	1,031
<i>Total</i>	<i>1,551</i>

**Total Number of Active Files by Job:**



### Human Resources Management Education

During the period, as part of the CBHSSJB continuing education program, several of our employees who had taken classes in Chisasibi graduated with a Certificate in Administration from UQAT. We extend our sincere congratulations to all graduates for their achievements.

### Labour Relations and Health and Safety

The CSN and FIIQ collective agreements have not been renewed since 2002. Bill Nos. 30, 25 and 7 are in the implementation phase. Those mandated by their unions were primarily occupied discussing strategy in general assemblies held in urban centres.

We were able, through several meetings and conference calls, to obtain withdrawals or settlements of grievances from the unions, and we were successful in an arbitration case.

Managers in HRM will soon receive training that will enable them to negotiate locally on matters now reserved by Law for local negotiation. We have also participated in the provincial committee regarding emergency measures in the event of a strike or any disruption of work.

We have been working on policies and procedures regarding the management of presence at work, absenteeism and harassment at work. We have supported managers and conducted investigations concerning complaints of harassment at work, among other things.

In health and safety, the cost of salary insurance and CSST payouts during the period was lower than in the previous year. Efforts to keep, at a low level, the number of incidents and, hence, the costs in these two areas will continue.



### FUTURE CHALLENGES

- ✘ The implementation of the strategic plan will require the review of job descriptions and of the performance appraisal system of not only the HRM staff, but also the whole organization;
- ✘ The development and implementation of an Employee Assistance Program;
- ✘ The development of policies to encourage more Aboriginal people to seek employment in the managerial and professional sectors;
- ✘ The promotion of intercultural events within the organization and the community to encourage the retention of employees;
- ✘ The promotion of an Employee Recognition Program.

### CONCLUSION

The year 2004-05 was an extremely challenging one for the HRM Department particularly because we had three (3) experienced staff members on long-term leave during the period.

We can only express to all members of our staff who took up this challenge our great appreciation and profound gratitude for their endless hours of hard work and for their commitment to their jobs. All this was accomplished without increasing the number of positions within the Department.

No doubt, the year 2005-06 will be just as challenging.

### Annie Bobbish

*Coordinator, Human Resources Management*

# Information Technology Department

## INTRODUCTION

Certain initiatives that had been undertaken during the previous periods have been finalised during 2004-05, while various other projects were initiated in the management, health and social services sectors. Projects in management, haemodialysis, telenephrology, dentistry and youth protection have consequently started to take shape in 2004-05. In particular, a major Management Information System covering the field of administration and general management is under development in collaboration with CIM, a consultant firm.

## PRIORITIES

The main priority of the Information Technology Department is to continuously support users in their utilisation of the various information technology systems and tools at their disposal. This translates into the choice of systems and infrastructures adapted to answer the needs of our health and social services professionals and the clients they serve, all within the context of an isolated northern environment.

Actions have thus been undertaken to:

- ✕ Improve support to an ever-increasing number of users;
- ✕ Improve communication infrastructures within and between the various communities by integrating new points of services;
- ✕ Provide equipment and software at least equivalent to or better than the most recent security standards;
- ✕ Improve the management of the Information Technology Department with the goal to better answer the needs of users and to further facilitate the deployment of new applications.

## ACTIVITY REPORT

The community of Whapmagoostui was connected during the period to the RTSS network. As a result, employees of the local clinic are now able to communicate with the other CBHSSJB employees across the territory via Lotus Notes and to also have access to the various available software.

The IT Network was installed at the Mistissini Multi-Services Day Centre (MSDC). Following requests from various services to connect all MSDCs to the Network, a study was initiated during the period to reorganize the Network within the various communities. This will allow:

- ✕ Improvement of access to the local network;
- ✕ Reduce the number of access to the RTSS backbone;
- ✕ Support the various upgrade improvements to the existing links in each community.

Other activities included:

- ✕ Planning of the deployment of the MediPatient system in the various communities in collaboration with the Medical Archives Department. Furthermore, studies to extend the system by the acquisition of new modules such as MediVisit along with the possibility of updating existing systems were undertaken;
- ✕ Evaluation and integration study of the various different systems already in operation (Laboratory, Radiology) with the MediPatient Archives system. All existing systems being evaluated or acquired have been the subject of an integration analysis with the goal of having a unique patient file on Cree territory;
- ✕ Update of the Omnitec System used at the laboratory. A new version has been installed in the different communities that already make use of it;
- ✕ Installation of the Omnitec System, used at the laboratory, for the transfer of medical laboratory analysis carried out in Chisasibi;
- ✕ Acquisition of the Radiology System in Whapmagoostui, which will be implemented soon;
- ✕ Study for the purchase of the MediRad System carried out to integrate patient data and the results of medical analysis with the RadWork Radiology System;
- ✕ Analyses have been carried out during the period to acquire new systems in the field of haemodialysis, dentistry and telehealth in general;







- ✘ The Information Technology Department continued during the period to advise the various departments in the choice of computer hardware and software, and to acquire these equipment and systems. As a result, over fifty (50) new workstations have been added to the IT pool in 2004-05. Certain workstations were acquired to replace outdated ones while others were made available to new users;
- ✘ A new updated version of the Network Security and Anti-virus Software System was installed on the whole network;
- ✘ Extension of the space available on the Network for users following the installation of the FASTORA System;
- ✘ Acquisition and installation of a new updated payroll system, MédiAccès. This system was installed to improve information required for the management of the payroll and human resources processes;
- ✘ The project for the acquisition and installation of a new pharmacy management system proposed by the firm Emergis (formerly Infopharm) was continued during the period despite various technical and other deployment problems;
- ✘ The financial system is presently being updated. All terminals have now been replaced by PCs. The UNIX Server, acquired in 1993, is presently being replaced by a new server with redundancy capabilities;
- ✘ Phase 1 of a Three Phase Management Information System Project to improve and modernize the current systems and processes was initiated during the period. Phase 1 should be completed in June 2005 and Phase 2 and 3 should be initiated later in 2005-06;
- ✘ A Three Year Regional Information Technology and Systems Strategic Plan was initiated in 2004-05 and should be completed by the Fall of 2005. It will guide the CBHSSJB in its information technology systems implementation in the social and health fields.

### Current and Future Actions

The Information Technology Department continues to work in order to:

- ✘ Improve its interventions in support of information technology and systems users;
- ✘ Contribute to the deployment of systems designed to better respond to the management and service delivery of its clients;
- ✘ Remodel the network infrastructures within the various communities and points of service in order to maximize the access to the various resources available on the network;
- ✘ Improve the management of the current infrastructure systems.

### CONCLUSION

Management of the Information Technology Department cannot be done without a good solid organization with adequate resources allowing proper planning, organization and control of the various projects it has to carry out.

Due in great part to the implementation of the Strategic Regional Plan, the ever increasing demands made to the Information Technology Department and its staff for various information technology systems and equipment cannot continue to be satisfied without additional resources, both human and material.

The continuing integration of new technologies and systems cannot be carried out without proper evaluation and analysis of their impact, and the need for continuing education and training for the Information Technology Department staff.

Nevertheless, taking into account being understaffed and the lack of adequate materials, equipment and other resources, the Information Technology Department has done a tremendous job during the period in achieving its goals. This is a testimony to the dedication and hard work of every member of the IT Department staff. A most sincere Thank You goes to each and every one!

**Saïd Azzi**

*Director, Information Technology (Interim)*

# Non-Insured Health Benefits Program (NIHB)

## INTRODUCTION

In the Québec James Bay region, the Non-Insured Health Benefit (NIHB) program is administered by the Cree Board of Health and Social Services of James Bay (CBHSSJB). It ensures that all eligible Cree Residents receive benefits and services subject to the federal NIHB guidelines. To be eligible for the program, Crees must be registered in the official James Bay Northern Québec Agreement (JBNQA) beneficiary list and must be a resident of a Cree community. Aboriginal people living in a Cree community who are not registered as JBNQA beneficiaries receive NIHB benefits and services through Health Canada.

The NIHB program covers the following:

- ✕ Prescription drugs;
- ✕ Over-the-counter (OTC) drugs, and proprietary medicines;
- ✕ Medical supplies;
- ✕ Travel costs for patients, and their escorts or interpreters, receiving medical treatment outside of the Cree communities;
- ✕ Vision care, including eyeglasses and contact lenses where medically necessary;
- ✕ Dental care;
- ✕ Hearing aids;
- ✕ Mental health services (short-term emergency mental health services);
- ✕ Reimbursement of dispensing fees.

It is advised that all Aboriginal people registered with Indian and Northern Affairs Canada who are not eligible to receive services provided through the JBNQA NIHB program register with Health Canada.



## ACTIVITIES

The highlight activity for this fiscal year was a community tour undertaken by the NIHB Program Manager and the Director of Cree Patient Services. The purpose of this tour was to provide help and information to the front-line workers who have to work with the NIHB program on a daily basis. The content of the information delivered was related to eligibility requirements and explanations as to why some items and services were not covered under this program. Further clarifications still need to be done and with the high personnel turnover within the organization, information sessions will have to take place regularly.

The following files were started to help improve the program and assist the employees:

- ✕ "New Authorization For Travel" form for patients and escorts (finalised);
- ✕ Policy for non-beneficiaries of NIHB programs (non-residents);
- ✕ Policy for Patient Transportation (finalised);
- ✕ Re-establishment of the NIHB Committee;
- ✕ Drafting of Policy Bulletins.

After the recent NIHB Audit, recommendations were implemented to administer the program more efficiently and effectively. In order to fully apply the recommendations, the program needs more resources, one of which is the Management Information System. This system, along with other software, will serve to keep track of the frequency of some services and equipment to determine certain program benefit limitations. It is presently in the beginning stages of development.

An existing MSSSQ policy was recently introduced within the CBHSSJB to complement the NIHB Program. This policy concerns non-resident patients and the obligations of the CBHSSJB regarding the reimbursement of medical and associated costs incurred while living in a Cree community.

The expenditures of the NIHB program increased by 9.3% from the previous year. The main increases were in the area of patient transportation and the cost of medications. Generally, patient transportation and prescription drugs are the main cost drivers in the Cree NIHB program.

	<i>Expenses</i>
<i>2004-05</i>	\$ 16,106,584
<i>2003-04</i>	\$ 17,610,539
<i>Difference</i>	<i>\$ 1,503,955</i>

### **FUTURE OBJECTIVES**

Future objectives of the NIHB Department are:

- ✘ To keep the front-line staff updated on any new developments of the program;
- ✘ To provide information to the beneficiaries of the NIHB program through each Local Coordinator.

### **CONCLUSION**

During this period, as part of the CBHSSJB Continuing Education Program, a few employees of the NIHB Department have taken leave to pursue their studies. We take this opportunity to wish them success.

We also wish to extend to the NIHB Department staff and all other CBHSSJB employees who help in running the NIHB program our most sincere appreciation for a job well done.

### **Janie Moar**

*NIHB Program Manager (Interim)*



## *Financial Resources and Purchasing Department*

The signing of the funding agreement between the Cree Board of Health and Social Services of James Bay and the Ministry of Health and Social Services of Québec during the period brought quite a challenge to the whole organization. In fact, the various financing sources stipulated in the agreement, as well as the will of the administration to increase the level of autonomy within each community, lead the Department to review its accounting structure on various levels as well as its operational methods. However, we trust that we will be able to take up the challenge with the resources presently available in the financial resources team.

Last year, one of the Department's concerns was to review its business processes in order to improve the quality of the services it offers. In order for the agreement to be ratified, the last negotiations with the MSSSQ required a significant involvement of the Department of Financial Resources. Therefore, the time allocated to these negotiations resulted in slowing down the review of processes, which is dedicated to improving the services. Strategically these circumstances are profitable for the organization because the signing of the agreement would have lead the department to review and fine-tune its processes for a second time.

The year 2004-05 saw the start of the Management Information System (MIS) project, which was created to improve the organization's management systems. One of the departments most affected by this initiative was the Department of Financial Resources. The Department's needs in terms of accounting and management systems were identified through interviews and consultations with the staff. The required systems will be chosen in the autumn of 2005, and it is anticipated that they will be installed at the beginning of 2006. These systems will allow the Department of Financial Resources to be more efficient.

During the period, one of the administration's priorities established by the Board of Directors was the implementation of the "Cree Employment Program". Therefore, we started to evaluate all the staff in our Department to target the necessary training for them to achieve their career plans. These efforts will allow them to develop skills in order to have access to decision making positions within the organization.

For the past ten years, the Payroll and the Human Resources Management services operated with a software package that is now on its last year of support by the supplier. To avoid disruption of our systems, we replaced this package with a new one called "MédiAccès". This software package is provided by the same supplier and uses the same database so it had a minor impact upon the adaptation of the staff to this new tool, and it also required little capital.

During this period, Purchasing Services was integrated into the Department of Financial Resources and now comes under its responsibility. The necessity of improving the quality of services provided by Purchasing has become increasingly important as the CBHSSJB continues to implement the Strategic Regional Plan. A computer application has been developed to computerize purchase orders and it will soon be in operation. It will be available on the computer network thus allowing for a more decentralized function for this service.

To conclude, the year 2004-05 has been a year filled with great challenges. We were able to note great progresses within our three main services – payroll, purchasing and general accounting. The Department of Financial Resources optimistically looks forward to the promising future of the CBHSSJB.

### **Robert Larocque, CGA**

*Director, Financial Resources (Interim)*



## *Material Resources Department*

The former Facilities, Operations and Maintenance (FOM) Department is presently in a period of transition and will eventually become the new Material Resources Department. A new Head of Facilities Unit was hired in February to help alleviate the workload of the Department.

The recent agreement with the Québec Government will give the Cree Board of Health and Social Services of James Bay additional capital resources to improve and expand its present services. These resources will permit construction of new facilities and the renovation of existing facilities. It is for this reason that the new Material Resources Department will have a regional role and gradually, the Department will relinquish its local responsibilities to the Local Coordinators.

This past year, new Multi-Services Day Centres (MSDC) were built in eight communities. They are in various stages of completion and six of the eight centres have been accepted by the Board. The suggested site for the ninth centre did not meet the ground specifications necessary to build the unit so the construction of this centre is deferred.

The Cree First Nations were asked to construct housing units for the Cree Health Board through a lease arrangement. Fifty housing units were distributed amongst the nine communities but not all communities were able to build this past year. Two communities opted to give their allocation to other communities, and plan to build their allocation for Rounds 1 and 2 next year. The leases are in the process of being negotiated with the Bands, the Cree Health Board and the Ministry of Health.

Two of our office buildings had to be vacated this year because of suspected health risks related to mould. In both cases, the employees were relocated to safer work environments.

Various renovation projects were undertaken, particularly the exteriors of some older buildings. The plans and specifications to replace the roof of the Chisasibi Regional Hospital will be completed soon so that the tendering process for construction can begin.

### **Hugo Georgekish**

*Director, Material Resources (Interim)*



# Auditor's Report

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

We have prepared the balance sheets of the Operating Fund, Long-Term Assets Fund and Assigned Fund (including the Non-Insured Health Benefits Program) of the Cree Board of Health and Social Services of James Bay as at March 31, 2005 and the following statements for the year ended March 31, 2005 (note 13):

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

These financial statements have been prepared from information contained in the annual financial report (Form AS-471) of the Cree Board of Health and Social Services of James Bay for the year ended March 31, 2005 on which we have issued an auditors report dated June 3, 2005, including certain restrictions as outlined in Appendix I.

In our opinion, these financial statements fairly summarize the financial information contained in the annual financial report (Form AS-471) of the Cree Board of Health and Social Services of James Bay for the year ended March 31, 2005.

**Pratte, Bélanger Chartered Accountants Inc.**

June 3, 2005



## APPENDIX I

### I) Available Funding

An uncertainty exists in relation to the total available funding for 2004-05 as described in note 3.

### II) Quantitative Data

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

### III) Non-Insured Health Benefits

- ✘ In general, it was not always possible to match the names on the beneficiaries list with the names on the invoices and airline tickets. The absence of a reference to the beneficiary number, on almost all the invoices, complicated the matching of names, especially in cases where the family names were missing, cases with similar family names or cases where maiden names were used;
- ✘ For patients' transportation, the prescribed rates for mileage and lodging were not respected. In addition, it was not always possible to distinguish the escort, especially since the doctor's authorization for an escort was not always available;
- ✘ Airline tickets for patients' transportation are purchased in bulk and paid in advance, they are charged to the appropriate activity centre(s) when used. The follow-up of the prepaid airline tickets is deficient and the charges are not always accurate. This resulted in charges to the Non-Insured Health Benefits Program that could not be traced to individual patients;



- ✘ The charges related to medical supplies, medication and medical supplies and equipment for handicapped people are recorded via inventory adjustments. As a result, it was not possible to identify the beneficiary;
- ✘ Non-Insured Health Benefits provided to non Crees, during the last semester of the year, were not claimed to the Federal Government;
- ✘ The shipping and transportation cost related to medication was not charged to the Non-Insured Health Benefits Program;
- ✘ Due to the absence of the appropriate documentation, it was not possible to verify the renewal frequency for eye glasses, orthosis, prosthesis and medical supplies and equipment of handicapped people;
- ✘ The statistics and quantitative data of the Non-Insured Health Benefits Program were not compiled.

# Financial Statements

## Operating Fund

### BALANCE SHEET

March 31, 2005

	2005	2004
	\$	\$
<b>Assets</b>		
<b>Current Assets</b>		
Accounts Receivable (note 4)	17,306,365	5,832,600
Prepaid Expenditure (note 5)	789,498	1,040,558
Inventories (note 6)	439,976	393,123
Due from Long-Term Assets Fund (note 7)	1,176,165	1,635,771
<b>Total</b>	<b>19,712,004</b>	<b>8,902,052</b>
<b>Liabilities</b>		
<b>Current Liabilities</b>		
Bank Overdraft and Bankers Acceptances (note 8)	25,088,610	18,600,000
Excess of Outstanding Cheques over Bank Overdraft (note 8)		460,482
Accounts Payable and Accrued Charges	7,747,608	6,216,965
Wages and Fringe Benefits Payable	1,228,661	1,888,041
Due to Assigned Fund (note 7)	1,268,366	548,690
Deferred Revenues (note 9)	7,744,379	1,240,286
<b>Total</b>	<b>43,077,624</b>	<b>28,954,464</b>
<b>Fund Balance</b>		
Surplus (Deficit)	(23,365,620)	(20,052,412)
	(23,365,620)	(20,052,412)
<b>Total</b>	<b>19,712,004</b>	<b>8,902,052</b>

On behalf of the Board:

**Charles Bobbish**

Board Member

**Daniel Mark-Stewart**

Board Member





*Operating Fund*

**STATEMENT OF CHANGES IN FUND BALANCE**

Year ended March 31, 2005

	<b>2005</b>	<b>2004</b>
	<b>\$</b>	<b>\$</b>
<i>Balance – Beginning of Year</i>	(20,052,412)	(10,354,048)
<i>Adjustment previous years (note 10)</i>	1,404,479	—
<i>Adjusted Balance</i>	(18,647,933)	(10,354,048)
<i>Excess (deficiency) of Revenue over Expenditure</i>	(4,717,687)	(9,698,364)
<i>Balance – End of Year</i>	(23,365,620)	(20,052,412)

## Operating Fund

### STATEMENT OF REVENUE AND EXPENDITURE

Year ended March 31, 2005

	2005	2004
	\$	\$
<b>Revenue</b>		
M.S.S.S. – Operations (note 3)	48,940,458	42,729,783
Family Allowances (Federal Government)	100,234	43,350
Administration Revenues	—	154,431
Research Project	192,962	360,049
Others	116,047	77,499
<b>Total</b>	<b>49,349,701</b>	<b>43,365,112</b>
<b>Expenditure</b>		
<b>Operation (appendix A)</b>		
Executive Director	2,395,558	1,762,787
DPS – Medical	1,419,690	1,529,002
Public Health	3,072,558	2,627,840
Planning and Development	104,798	112,373
CLSC (CIC) – Coastal	14,008,098	12,756,846
CLSC (CIC) – Inland	11,089,000	10,649,523
DPS – Social	214,295	299,344
Youth Protection Services	2,234,991	2,158,097
Youth Healing Services	3,988,467	4,238,726
Hospital Centre	6,620,826	6,038,644
Patient Services	110,047	144,413
AED – Administration	237,510	264,312
Material Resources	3,842,146	3,868,111
Financial Resources	1,822,089	2,952,024
Information Resources	881,752	975,994
Human Resources Management and Development	1,569,473	1,914,335
AED – Services	456,090	771,105
<b>Total</b>	<b>54,067,388</b>	<b>53,063,476</b>
<b>Excess (deficiency) of revenue over expenditure</b>	<b>(4,717,687)</b>	<b>(9,698,364)</b>

# Long-Term Assets Fund

## BALANCE SHEET

March 31, 2005

	2005 \$	2004 \$
<b>Assets</b>		
<b>Current Assets</b>		
Grants Receivable – M.S.S.S.	23,098,210	33,270,274
Other Receivables	278,532	295,308
	23,376,742	33,565,582
<b>Capital Assets</b>		
Long-Term Portion of Grants Receivable – M.S.S.S.	67,626,995	61,759,255
	29,072,947	13,530,616
<b>Total</b>	<b>120,076,684</b>	<b>108,855,453</b>
<b>Liabilities</b>		
<b>Current Liabilities</b>		
Accounts Payable and Accrued Charges	278,532	295,308
Temporary Bank Loan (note 8)	900,000	400,000
Temporary Financing – CHQ	20,023,595	32,581,868
Due to Operating Fund (note 7)	1,176,165	1,635,771
Current portion of Bonds Payable	2,352,819	682,906
	24,731,111	35,595,853
Bonds Payable (note 11)	29,072,947	13,530,616
<b>Total</b>	<b>53,804,058</b>	<b>49,126,469</b>
<b>Fund Balance</b>		
Surplus	66,272,626	59,728,984
	66,272,626	59,728,984
<b>Total</b>	<b>120,076,684</b>	<b>108,855,453</b>

## *Long-Term Assets Fund*

### STATEMENT OF REVENUE AND EXPENDITURE

Year ended March 31, 2005

	2005	2004
	\$	\$
<b>Long-Term Assets – Acquisition</b>		
<b>Revenue</b>		
Corporation d'hébergement du Québec – Claims	5,867,740	11,430,082
Corporation d'hébergement du Québec – Financial and management fees	76,570	—
Corporation d'hébergement du Québec – Interest	1,676,871	1,591,741
<i>Total</i>	7,621,181	13,021,823
<b>Expenditure</b>		
Interest Charges	1,676,871	1,591,741
Financial and Management Fees	76,570	—
Building	5,289,195	10,351,903
Computers and Software	209,900	266,992
Furniture and Equipment	347,824	259,313
Medical Equipment and Furniture	6,734	145,380
Office equipment and furniture	—	109,026
Capitalized Interest	14,087	297,468
<i>Total</i>	7,621,181	13,021,823
<i>Excess (deficiency) of revenue over expenditure</i>		—

## *Assigned Fund*

### **BALANCE SHEET**

March 31, 2005

	2005	2004
	\$	\$
<b>Assets</b>		
<i>Current Assets</i>		
Due from Operation Fund (note 7)	1,268,366	548,690
<i>Total</i>	1,268,366	548,690
 <b>Fund Balance</b>		
Surplus (Deficit)	1,268,366	548,690
<i>Total</i>	1,268,366	548,690



## Assigned Fund

### STATEMENT OF REVENUE AND EXPENDITURE AND OF FUND BALANCE

Year ended March 31, 2005

<b>Provincial Funding</b>	<b>Balance: Beginning of year</b>	<b>Revenue</b>	<b>Expenditure</b>	<b>Balance: End of year</b>
	\$	\$	\$	\$
<b>Executive Director</b>				
Strategic Regional Plan – Paix des Braves	78,215	—	—	78,215
<b>DPS – Medical</b>				
Doctors in Remote Areas	(32,486)	—	(1,540)	(34,026)
Summer Training and Residents	(8,847)	43,969	(38,394)	(3,272)
Installation Premium	455,270	643,601	(308,788)	790,083
<b>Public Health</b>				
Smoking Action Plan	246,769	—	(1,425)	245,344
Information and Prevention – AIDS	106,788	—	(19,978)	86,810
Community Health	123,737	—	(41,753)	81,984
“Nobody’s Perfect”	4,928	—	—	4,928
Hepatitis C Vaccination	3,029	—	—	3,029
Prenatal Services	4,056	—	—	4,056
Public Health Project	20,294	—	—	20,294
SICHELD	168	—	—	168
Training Kit – Abuse Victims	28,713	—	—	28,713
Meningo Vaccination	1,228	—	—	1,228
Health Network Training	5,175	—	—	5,175
<b>Planning Programming</b>				
Research Ethics	29,030	—	—	29,030
<b>CLSC (CIC) – Coastal</b>				
Specialized Equipment	20,184	—	(14,004)	6,180
Technical Help	20,397	—	—	20,397
First Responders	33,647	740,609	(559,992)	214,264
Emergency Hospital Services	(112,364)	112,364	—	—

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

<b>Provincial Funding</b>	<b>Beginning of year</b>	<b>Revenue</b>	<b>Expenditure</b>	<b>End of year</b>
	\$	\$	\$	\$
<b>DPS – Social</b>				
Alcoholism and Drug Addiction	46,462	—	—	46,462
<b>AED Administration</b>				
Implementation Technology System	9,082	—	—	9,082
Training on AIDS	6,238	—	—	6,238
<b>AED Services</b>				
Physical Deficiency	120,023	—	—	120,023
Intellectual Deficiency – Organization	132,201	—	—	132,201
Intellectual Deficiency – Development	37,108	—	—	37,108
<b>Subtotal</b>	<b>1,379,045</b>	<b>1,540,543</b>	<b>(985,874)</b>	<b>1,933,714</b>



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

<b>Federal Funding</b>	<b>Beginning of year</b>	<b>Revenue</b>	<b>Expenditure</b>	<b>End of year</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
National Native Alcohol and Drug Abuse Program	13,916	739,239	(739,239)	13,916
Building Healthy Communities – Solvent Abuse Program	4,588	67,037	(125,731)	(54,106)
Canada Prenatal Nutrition Program	1,170	52,958	(65,858)	(11,730)
Aboriginal Diabetes Initiative	30,733	128,874	(89,274)	70,333
First Nations and Inuit Home and Community Care – Phase 3	(309,274)	1,660,179	(1,660,179)	(309,274)
First Nations and Inuit Home and Community Care – Capital	(720,810)	—	—	(720,810)
Tobacco	(4)	82,525	(115,265)	(32,744)
<i>Sub-total</i>	<i>(979,681)</i>	<i>2,730,812</i>	<i>(2,795,546)</i>	<i>(1,044,415)</i>
<b>Other Funding</b>				
<i>Executive Director</i>				
Donations	—	2,407	(1,970)	437
<i>DPS – Medical</i>				
Doctors' Recruitment	(17,075)	12,163	(30,238)	(35,150)
<i>Public Health</i>				
Kino-Québec	130,868	35,600	(4,392)	162,076
Breast Cancer	39,807	—	(23,299)	16,508
Salt Fluoridation Study	29,772	—	—	29,772
Influenza Vaccine Program	49,915	66,585	(4,514)	111,986
Mercury Exposure – Literature	(10,022)	—	—	(10,022)
Mercury Exposure – Coordinator	—	53,641	(23,838)	29,803
Environmental Feasibility Project	(650)	30,000	(242)	29,108
Fish Consumption	—	—	(11,655)	(11,655)
Health and Services Statistics	(97,259)	—	(97,948)	(195,207)
Map/Geographical Data Base	—	26,100	—	26,100
CLMB Training – French Immersion	—	30,650	(25,067)	5,583
Quit to Win Challenge	—	3,500	(4,300)	(800)



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

<b>Other Funding</b>	<b>Beginning of year</b>	<b>Revenue</b>	<b>Expenditure</b>	<b>End of year</b>
	\$	\$	\$	\$
<b>CLSC (CIC) – Coastal</b>				
Translation – Guide	12,500		(12,000)	500
Nutrition Security Program	9,621	—	(2,470)	7,151
<b>Youth Services</b>				
Foster Family Week	1,849	—	—	1,849
<b>Sub-total</b>	<b>149,326</b>	<b>260,646</b>	<b>(241,933)</b>	<b>168,039</b>
<b>Hospital Care</b>				
Haemodialysis Education Fund		2,335		2,335
<b>Others</b>				
Youth Street Project		4,800		4,800
CRA – Training for Accounting/Administration		66,833		66,833
CRA – Homecare Worker Training		75,345		75,345
CRA – Dental Assistance Program		61,715		61,715
<b>Sub-total</b>	<b>149,326</b>	<b>471,674</b>	<b>(241,933)</b>	<b>379,067</b>
<b>Non-Insured Health Benefits Program</b>				
Non-Insured Health Benefits Program	—	17,610,539	(17,610,539)	—
<b>Sub-total</b>	<b>—</b>	<b>17,610,539</b>	<b>(17,610,539)</b>	<b>—</b>
<b>Grand Total</b>	<b>548,690</b>	<b>22,353,568</b>	<b>(21,633,892)</b>	<b>1,268,366</b>



# Notes to Financial Statements

## 1. NATURE OF ACTIVITIES

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

## 2. SIGNIFICANT ACCOUNTING POLICIES

The present financial statements are prepared in conformity with Canadian generally accepted accounting principles and with the special guidelines of the *Ministère de la Santé et des Services Sociaux*, as outlined in the *Manuel de Gestion Financière*.

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

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

**Operating Fund:** This includes all current operating transactions.

**Long-Term Assets Fund:** This includes transactions with respects to capital assets, current and long-term debt, grants and all other types of funding relating to such assets.

**Assigned Fund:** This includes all grants and subsidies received by the Cree Board of Health and Social Services of James Bay for the purpose of carrying out specific programs and for the delivery of special services.

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

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

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

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

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

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

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

## 3. AVAILABLE FUNDING

On March 31, 2005, the Cree Board of Health and Social Services, signed a new funding agreement, with M.S.S.S., applicable to the 2004-05 financial year. The total funding available under the new agreement differ substantially from the total approval final budget (SBFR) received from M.S.S.S. in April 2005. In addition, certain new funding elements appear in the funding agreement but not in the approved budget while others are in the approved final budget but not in the agreement. The funding agreement provides for "Special Allocations" totaling \$3,883,586, which could not be traced to the approved final budget. On the other hand, the approved final budget includes adjustments to previous years' financing in the amount of \$3,600,953, which are not part of the funding agreement.

Pursuant to various contacts and discussions between the management and M.S.S.S., it was still not clear which document, the agreement or the final budget, should be used to determine the level of funding available to the Board in 2004-05.

Due to time constraints, the management decided to use the approved final budget to determine the total funding available to the Board in 2004-05. This decision was based on the fact that the final budget is the most familiar format, within which, the amounts received during the year and receivable at year-end could be easily traced and identified.

The management decision was for the purpose of presentation of the present financial statements and it must not be considered as a rejection of the new funding agreement. Any adjustments resulting from the application of the funding agreement will be taken into consideration in the 2005-06 financial year.

#### 4. ACCOUNTS RECEIVABLE

	2005	2004
	\$	\$
<b>Operating Fund</b>		
M.S.S.S.	15,734,064	3,805,512
Health Canada	1,007,302	135,955
Deferred Leave – Employees	391,953	150,335
Employee Advances	84,004	53,814
Insurance Claim	238,849	239,654
Federal Goods and Services Tax	250,588	151,538
Provincial Sales Tax	161,606	107,766
Guarantee Deposit	97,678	103,942
Others	1,278,228	2,777,102
<i>Sub-total</i>	<i>19,244,272</i>	<i>7,525,618</i>
Provision for Doubtful Accounts	(1,937,907)	(1,693,018)
<b>Total</b>	<b>17,306,365</b>	<b>5,832,600</b>

#### 5. PREPAID EXPENDITURE

	2005	2004
	\$	\$
<b>Prepaid Expenditure</b>		
Research Project	290,488	460,951
Deposits on Housing Units and Rental of Office Space	285,603	295,019
Prepaid Airline Tickets	—	50,847
Anticipated Sick Days	40,598	34,354
Service Contracts on Equipment and Leases	208,467	199,387
<i>Sub-total</i>	<i>825,156</i>	<i>1,040,558</i>
Provision for Doubtful Accounts	(35,658)	—
<b>Total</b>	<b>789,498</b>	<b>1,040,558</b>

#### 6. INVENTORIES

	2005	2004
	\$	\$
<b>Inventories</b>		
Medications	187,329	154,910
Medical Supplies	153,395	155,579
Maintenance and Office Equipment	99,252	82,634
<b>Total</b>	<b>439,976</b>	<b>393,123</b>



## 7. INTERFUND ACCOUNTS

The Cree Board of Health and Social Services operates one bank account that is used for the Operating Fund, the Capital Assets Fund and the Assigned Fund. At year-end, inter-funds transactions are accounted for and presented as "Due to" and "Due from" one fund to the others.

## 8. BANK OVERDRAFT, BANKERS ACCEPTANCES AND TEMPORARY BANK LOAN

The Cree Board of Health and Social Services of James Bay has an authorised credit margin of \$39,700,000, bearing interest at prime rate. In addition, a temporary bank loan of \$900,000 bearing interest at prime rate was issued to cover certain capital expenditures.



## 9. DEFERRED REVENUES

The deferred revenues are detailed as follows:

	2005	2004
	\$	\$
<b>Operations</b>		
MSSSQ – Youth Justice System	—	100,000
MSSSQ – Manager Bonus	104,325	37,898
MSSSQ – Housing Units	3,000,000	—
MSSSQ – Strategic Regional Plan	4,372,066	—
Hydro-Québec Subsidy – Research program	267,988	389,951
Hydro-Québec Subsidy – Research program	—	71,000
Family Allowances (Federal Government)	—	4,845
<i>Sub-total</i>	<i>7,744,379</i>	<i>603,694</i>
<b>Federal Programs</b>		
Tobacco Control Strategy	—	48,750
Canada Prenatal Nutrition Program	—	10,124
Solvent Abuse Program	—	38,838
First Nations and Inuit Home and Community Care	—	337,975
Health Information System	—	200,905
<i>Sub-total</i>	<i>—</i>	<i>636,592</i>
<b>Total</b>	<b>7,744,379</b>	<b>1,240,286</b>

## 10. ADJUSTMENT TO PREVIOUS YEARS

The following is the result of the M.S.S.'s analysis of the financial reports of:

	\$
2000-2001	1,446,221
2001-2002	40,858
2002-2003	(82,600)
<b>Total</b>	<b>1,404,479</b>

The analyses of the 2003-2004 financial report were not available at the time of issuance of the present financial statements.

## II. BONDS PAYABLE

The details of the bonds payable, with the related interest payable on a semi-annual basis, are as follows:

	<b>2005</b>	<b>2004</b>
	<b>\$</b>	<b>\$</b>
Bonds, issued December 19, 2000, for the financing of the long-term assets, bearing interest at 6.476% and maturing on January 16, 2023.	9,132,564	9,567,448
Bonds, issued April 1, 2000, for the financing of the long-term assets, bearing interest at variable rate and maturing on March 31, 2023.	2,923,400	3,453,003
Bonds, issued July 17, 2003, for the financing of the long-term assets, bearing interest at 4.888% and maturing on October 25, 2012.	1,130,083	1,193,071
Bonds, issued July 12, 2004, for the financing of the long-term assets, bearing interest at 5.993% and maturing on July 16, 2029.	12,942,569	—
Bonds, issued July 12, 2004, for the financing of the long-term assets, bearing interest at 5.66% and maturing on July 16, 2018.	840,000	—
Bonds, issued July 12, 2004, for the financing of the long-term assets, bearing interest at 5.147% and maturing on July 15, 2011.	2,577,402	—
Bonds, issued July 12, 2004, for the financing of the long-term assets, bearing interest at 5.702% and maturing on July 16, 2019.	1,879,748	—
<i>Sub-Total</i>	<i>31,425,766</i>	<i>14,213,522</i>
<i>Less: Current Portion</i>	<i>2,352,819</i>	<i>682,906</i>
<i>Total</i>	<i>29,072,947</i>	<i>13,530,616</i>

## 12. COMMITMENTS

The following commitments are not recorded as of March 31, 2005:

	<b>2005</b>	<b>2004</b>
	<b>\$</b>	<b>\$</b>
Annual Vacations	860,184	829,161
Sick Days	100,899	102,075

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

	<b>\$</b>
2006	2,520,325
2007	1,001,749
2008	711,211
2009	585,747
2010	5,507,337

## 13. FINANCIAL STATEMENTS

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

## 14. BALANCED BUDGETS

By carrying an accumulated deficit of \$23,365,620 in its Operating Fund, the Establishment is not in conformity with article 4 of the Act to provide for balanced budgets in the Public Health and Social Services Network. Article 4 of the Act, stipulates that all public establishments within the network are not allowed to incur operating deficits at year-end.

## 15. COMPARATIVE AMOUNTS

Certain figures for 2004 have been reclassified to make their presentation identical to that adopted in 2005.



