

## THE HSSC AT A GLANCE

The West Island HSSC was created in June 2004. It groups together the CLSC de Pierrefonds, the CLSC du Lac-Saint-Louis, the Centre d'hébergement Denis-Benjamin-Viger and Lakeshore General Hospital. Its territory consists of the boroughs of Pierrefonds-Roxboro and L'Île-Bizard-Sainte-Genève as well as the municipalities of Baie-D'Urfé, Beaconsfield, Dollard-des-Ormeaux, Kirkland, Pointe-Claire, Sainte-Anne-de-Bellevue and Senneville.

The HSSC provides services to a population of over 218,000. To meet West Islanders' needs, it has a staff of no less than 2,100 employees and some 250 physicians (general practitioners and specialists), joined by more than 300 volunteers. The HSSC has 227 short-term hospital beds and 155 long-term care beds.

To serve the population within its catchment area, the West Island HSSC has given itself a unique three-part mission:

1. Understand the health needs of the West Island population so as to maintain or improve the health condition and well-being of its members;
2. Make integrated and quality health and social services accessible to the population;
3. Guide clients throughout the health and social services network while fostering their autonomy.



If you are worried about your health or that of a loved one  
Info-Santé: 8-1-1



### NETWORK CLINICS AND FAMILY MEDICINE GROUPS (FMG)

1. Brunswick Medical Centre  
143 Frontenac Avenue  
514-426-6677
2. Medistat Medical Clinic (Medistat FMG)  
4965 Saint-Pierre Street  
514-624-4774
3. Statcare Clinic and Stillview Medical Group (Stillview FMG)  
175 Stillview Avenue, Suite 104  
514-694-9282

### HSSC FACILITIES Residential and Long-Term Care Centre

4. Centre d'hébergement Denis-Benjamin-Viger  
3292 Cherrier Street  
514-620-6310

### CLSC

5. CLSC de Pierrefonds  
13800 Gouin Blvd. West  
514-626-2572
6. CLSC du Lac-Saint-Louis  
180 Cartier Avenue  
514-697-4110

### Hospital

7. Lakeshore General Hospital  
160 Stillview Avenue  
514-630-2225



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# 2008-2009 ANNUAL REPORT

Centre de santé et de services sociaux de l'Ouest-de-l'Île  
West Island  
Health and Social Services Centre

## MEMBERS OF THE BOARD OF DIRECTORS

- Chairman:  
Richard Legault (Foundation)
- 1<sup>st</sup> Vice-President:  
Sheila Laursen (Agence)
- 2<sup>nd</sup> Vice-President:  
Gerald Robertson (Population)
- Treasurer:  
Robert Stocker (Co-opted Member)
- Secretary:  
Suzanne Turmel (Executive Director)

### Administrators:

- D' Laurie Bregier (Regional Department of General Medicine)  
Sally Brown (Population)  
Marc Brunet (Non-Clinical Personnel)  
Natalie Chapman (Residents' Committee)  
Lisa Cuggy (Multidisciplinary Council)  
Marianne Ferraiuolo (Multidisciplinary Council)  
Joan Kouri (Population)  
Christiane Léonard (Council of Midwives)  
D' Jean-Pierre Mayer (Council of Physicians, Dentists and Pharmacists)  
Evelyn Meaney (Users' Committee)  
Georges Nydam (Population)  
Françoise Perreault (Co-opted Member)  
Julie Quenneville (Agence)  
Yves Thérberge (Council of Nurses)

## EXECUTIVE MESSAGE

The 2008-2009 fiscal year marks the end of transformation efforts and the beginning of a new era even more intently focused on delivering quality services to the West Island population.

This work will have required the participation of all our resources, not only within our organization but in our external network of clinics as well. Today, our service offer is even stronger since, in addition to 6 directorates devoted to offering services to the population, we can now count on 2 family medicine groups and 3 network clinics – clinics that are strategically located within our territory and offer extended services 7 days a week and 365 days a year.

All throughout the year, many challenges came our way. For instance, we took each of the five priorities identified by the Board of Directors and worked towards making them a reality. We also set up a permanent quality management team composed of employees at all levels who work on a daily basis in the areas we wish to improve. Finally, we undertook a vast reorganization of our emergency department that helped us to considerably reduce our patients' wait times and length of stays.

As we start a new fiscal year, one that will mark the HSSC's fifth anniversary, we are well positioned to pursue our continuous improvement efforts. For this, we can largely credit our employees, volunteer workers, physicians and other professionals who work day after day with our clients. We take this opportunity to thank them all.

All of us here at the HSSC are confident that together, in cooperation with our partners, we will contribute to the well-being of the entire West Island population.

Sincerely,

Richard Legault  
Chairman of the Board of Directors

Suzanne Turmel  
Executive Director



The West Island HSSC is a member of the Montreal Network of Health Promoting Hospitals and CSSSs, affiliated with the World Health Organization (WHO).



The CLSC de Pierrefonds obtained the Baby-Friendly Initiative certification, a program of the WHO and the UNICEF.

## OUR VALUES

HSSC team members' actions are guided by our values: quality, coherence, commitment, accountability, transparency, innovation and fairness.

Your online health centre

[www.westislandhssc.qc.ca](http://www.westislandhssc.qc.ca)

Visit our *new* website



## FOUNDATIONS

The West Island HSSC receives financial support from the following foundations:

- Lakeshore General Hospital Foundation
- The Centre d'hébergement Denis-Benjamin-Viger Foundation
- The Friends Foundation

The purpose of these foundations is to raise funds to purchase equipment and to morally, socially and financially support users and other individuals in need.

Lakeshore General Hospital auxiliaries also contribute financially and on a volunteer basis to the health and well-being of clients of the HSSC.

## COMPLAINTS REVIEW AND ADVOCACY

Meeting our clients' needs is an ongoing concern. For this reason, many programs and measures have been put into place to ensure the quality of our health care and services. Here are a few examples: a wound care program, an infection prevention and control program, clinical support, health care rules, continuing education and professional development activities, accreditation, and so on.

### LOCAL SERVICE QUALITY AND COMPLAINTS COMMISSIONER

In the last year, the local service quality and complaints commissioner received 353 complaints, while the medical examiner received 61, for a total of 414 complaints.

When necessary, the commissioner meets the complainants, managers and personnel involved in a complaint directly on site, in one or the other facility. A prompt reply is given to the issues raised and, in many cases, the solution is in place before the review procedure has ended.

### QUALITY AND RISK MANAGEMENT

Pertaining to health care and service safety, incidents concerning the Medication Path remain the most common (almost 40% of reports), followed by falls (20% of reports).

## THE BOARD OF DIRECTORS' FIVE PRIORITIES

In December 2007, the Board of Directors of the West Island HSSC identified five priorities on which to base the HSSC's improvement efforts for the next three years. In line with these priorities, here are the main projects that took shape during 2008-2009.

### 1. Development of first line services

Enabling access to family practitioners is a daunting challenge. The HSSC opened an access counter for the registration and management of new patients by family physicians and distributed the brochure *How to find a family doctor* throughout its facilities and all pharmacies in the West Island.

There are three network clinics in the West Island. The widely distributed brochure entitled *Network clinics can take care of your minor emergencies* presents these clinics as an alternative to the emergency department. Negotiations for improving the service offer by opening a pediatric network clinic are under way.

The Medistat family medicine group (FMG), the second in the West Island, received its accreditation in June 2008. Some 12,000 patients are currently registered at that FMG.

### 2. Bringing the Child-Family-Youth clientele back within the HSSC's catchment area

In Montreal, the West Island is the territory with the highest number of vulnerable preschool children. In March 2009, a summit on school readiness enabled participants, i.e., community organizations and early childhood practitioners, to identify the priorities that would help our children to develop their full potential and succeed at school.

### 3. Improving the service offer to elderly clients experiencing a loss of autonomy

November 2008 marked the opening of the first intermediate resource in the West Island. The Résidence Saint-Raphaël welcomed 43 residents requiring less than 2.5 hours of care per day, which helped to compensate for the lack of long-term care beds. Sixty-four additional places are planned with another partner.

### 4. Improving fluidity between first, second and third lines

Several initiatives were put forward to reduce the length of stays and the number of patients in the emergency department. The McKinsey Project helped lay down the foundations for a more smoothly run operation. The objectives included recruiting personnel for the emergency department, reducing wait times and authorizing earlier leaves from the hospital. All physicians and staff members were asked to participate. The changes that were implemented brought about significant results that are comparable to results within Montréal as a whole.

### 5. Improving the organization's reputation

In addition to working on the organizational climate, the HSSC was more active outside the organization. For example, we held a meeting with MPs to promote our important projects and challenges, placed a series of monthly editorial advertisements to position our service offer and conducted a client-satisfaction survey that revealed a level of satisfaction above 80%.

## FINANCIAL STATEMENTS

Income statement for fiscal year ending March 31, 2009  
Current activities

	2008-2009	2007-2008
<b>SOURCES OF REVENUE</b>		
Agence or Ministère de la Santé et des Services sociaux	\$138,915,572	\$122,619,388
Other sources	8,000,004	8,617,916
Total revenue	\$146,915,576	\$131,237,304
<b>EXPENSES</b>		
Salaries	\$75,360,524	\$67,905,051
Benefits	16,615,761	16,300,511
Payroll taxes	9,328,078	8,349,387
	101,304,363	92,554,949
Medication; medical and surgical supplies	13,135,591	12,655,446
Blood products	3,985,412	3,365,545
Other expenses	30,444,097	23,619,833
	47,565,100	39,640,824
Total expenses	\$148,869,463	\$132,195,773
<b>SURPLUS OF REVENUE OVER EXPENSES (SURPLUS OF EXPENSES OVER REVENUE)</b>		
Total revenue	\$146,915,576	\$131,237,304
Total expenses	148,869,463	132,195,773
	-1,953,887	-958,469
Contributions from other funds	834,074	0
	-\$1,119,813	-\$958,469

### Incidental activities

	2008-2009	2007-2008
<b>SOURCES OF REVENUE</b>	\$3,314,283	\$3,103,794
<b>EXPENSES</b>	\$2,608,835	\$2,144,081
<b>SURPLUS OF REVENUE OVER EXPENSES</b>	\$705,448	\$959,713

### Current and incidental activities

Net surplus of revenue over expenses (surplus of expenses over revenue) following harmonization of accounting conventions in 2008-2009

	-\$414,365	\$1,244
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Balance sheet of current fund as at March 31, 2009

	2008-2009	2007-2008
<b>ASSETS</b>		
<b>Current assets</b>		
Accounts receivable – Agence and MSSS	\$10,071,056	\$6,642,875
Other accounts receivable	3,252,610	3,919,073
Prepaid expenses	541,766	481,530
Inventory	2,576,117	2,811,718
Debt between funds	463,975	89,026
<b>TOTAL CURRENT ASSETS</b>	16,905,524	13,944,222
<b>GRANT RECEIVABLE – ACCOUNTING REFORM</b>	9,671,110	0
<b>Long-term assets</b>		
Deferred payments	516,152	457,685
<b>TOTAL ASSETS</b>	\$27,092,786	\$14,401,907
<b>LIABILITIES</b>		
<b>Current liabilities</b>		
Bank overdraft	\$1,243,768	\$902,814
Loans	11,765,648	7,671,989
Accounts payable and accruals	24,360,940	15,130,919
Deferred revenue – current and incidental activities	347,912	559,489
<b>TOTAL CURRENT LIABILITIES</b>	37,718,268	24,265,211
<b>Long-term liabilities</b>		
Deferred payments	94,486	66,445
<b>TOTAL LIABILITIES</b>	37,812,754	24,331,656
<b>FUND BALANCE</b>	-10,719,968	-9,929,749
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	\$27,092,786	\$14,401,907

## A FEW HIGHLIGHTS

### EVEN MORE ACCESSIBLE SERVICES

- ◆ For a second consecutive year, we have reached almost all targets set for us by the Ministère for surgeries. Even better, we have exceeded our targets for hip and knee surgeries.
- ◆ Since reorganizing mental health services and implementing an access counter for these services, we can now treat 70% of mental health cases in first line. By the same token, wait times for second line services have improved, since patients seldom wait more than 60 days before treatment gets under way (compared to six months or more in the past).



### BETTER QUALITY SERVICES

- ◆ To promote maternal and child health, the HSSC adopted practices aimed at protecting, promoting and supporting maternal breastfeeding. After months of preparation, the CLSC de Pierrefonds obtained the *Baby-Friendly Initiative* certification, an international program of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF).
- ◆ Implementing a wound care program based on exemplary practices brought about a considerable reduction in pressure ulcers. In addition, only 15% of pressure ulcers observed this year correspond to deep pressure ulcers, compared to 50% last year.
- ◆ In November 2007, the Canadian Council on Health Services Accreditation (CCHSA) granted the HSSC a three-year accreditation. Since then, a number of activities have been carried out to constantly improve the quality of our services: promoting a code of ethics, drawing up policies, procedures and rules in line with safety and risk management, training staff on safety issues, etc.

### A CENTRE IN GROWING DEMAND

- ◆ The Hemodialysis Centre is experiencing a period of strong growth. With a number of patients seen that has increased by 56.5%, the HSSC has asked the Agence de Montréal for permission to expand.

### A MORE SUCCESSFUL ORGANIZATION

- ◆ In 2008-2009, the HSSC made important efforts to curb expenses and reduce its deficit. During the last four periods, we considerably reduced the number of hours worked by outside labour, which was one of the main causes for budget variance.
- ◆ Modifying how we recruit and select nursing staff has helped us to significantly increase the retention rate of nurses.
- ◆ Radiology and nuclear medicine have now entered the digital era. In our laboratories, a new PCR-based diagnostic system has been set up and analysis of samples is now automated. The pharmacy department purchased a medication bagging machine. These equipment and systems contribute to the quality and safety of health care.

### A HEALTHY HSSC

- ◆ As member of the *Montreal Network of Health Promoting Hospitals and CSSSs*, the West Island HSSC has given itself a new policy aimed at developing a culture that promotes optimal health and well-being all throughout the organization.

