

Quality and Client Satisfaction

Satisfying our clientele is a constant concern for our work teams. The foremost desire of Board members, management and staff alike is to offer the best possible service. Your comments and suggestions are thus always welcome. They will enable us to adjust our procedures and continuously improve our services and programs.

Programs have been implemented at our four locations to ensure high-quality care and services: wound care, infection prevention and control, clinical supervision, etc. This year all 168 complaints received were processed and often led to adjusting our existing procedures.

All locations now have incident and accident management protocols. In 2004-2005, there were 713 incidents and 1,210 accidents of various kinds reported, and in a number of instances, corrective measures were implemented.

Our challenge in the coming year is to successfully integrate and harmonize activities to eliminate duplication, promote better documentation, forge communication channels between programs, services, locations and partners, and promote the development of staff skills.

Code of Ethics and Professional Conduct

BOARD OF DIRECTORS

Before consolidation, the board of each institution had a code of ethics and professional conduct for its members.

In spring 2005, the CSSS Board of Directors drafted its own code of ethics and professional conduct. The code, which deals with the duties and responsibilities of Board members, is available on request.

PROFESSIONALS

Over the coming year, a clinical code of ethics will be proposed to provide guidance for the clinical professionals. The new clinical code of ethics will be grounded on existing codes in each of the consolidated institutions, and adapted to the context and characteristics of the CSSS.

Members of the Board of Directors (as at March 31, 2005)

Board members grouped by electoral college

Population and socio-economic organizations

Liliane Bodor Katherine Moxness
Nick DiTomaso Georges Nydam
Sheila Laursen Gerald Robertson

Local community

Shirley Miller Françoise Perreault

Councils

Lisa Cuggy,
Multidisciplinary Council (MC)
Sylvie Grondin,
Council of Nurses (CN)
Dr. Vladimir Kurganski, Council of Physicians,
Dentists and Pharmacists (CPDP)

Clinical practitioner for social services without MC representation

Denis Bilodeau

Member of the Regional Department of General Medicine (RDGM) and physician in private practice

Dr. Laurie Breger

Member of staff with no CN or MC affiliation

Christiane Léonard

User Committee

Evelyn Meaney

Executive Director

Luc Lepage



Photos :
David Boily Groupe Xiv inc.
Luc Lauzière Jacques Lavallée
Jasmin Provost

Version française disponible sur demande.
Veuillez composer le : (514) 626-2572

CSSS Financial Statements

(Combined Statements of the four sites)

Centre de santé et de services sociaux
de l'Ouest-de-l'Île

Three missions...
A single passion!

Income Statement for Year Ending March 31, 2005

Current Activities

	2004-2005*	2003-2004
	\$	\$
Sources of revenue		
Agence de Montréal or ministère de la Santé et des Services sociaux	97,332,379	91,079,906
Others sources	6,622,891	6,845,638
Total revenue	103,955,270	97,925,544
Expenses		
Salaries	54,066,461	53,530,570
Fringe benefits	13,498,693	12,443,129
Payroll taxes	7,356,766	7,302,173
	74,921,920	73,275,872
Medicine and medical supplies	10,574,953	9,342,419
Other expenses	18,428,814	18,883,923
	29,003,767	28,226,342
Total expenses	103,925,687	101,502,214
Surplus of revenue over expenses (Deficit)		
Total revenue	103,955,270	97,925,544
Total expenses	103,925,687	101,502,214
	29,583	-3,576,670

* Year of consolidation

Balance Sheet of Current Fund as at March 31, 2005

	2004-2005*	2003-2004
	\$	\$
Assets		
Current assets		
Cash	0	2,130,583
Short-term investments	150,000	369,800
Receivables – Agence & MSSS	2,935,953	828,937
Other receivables	1,915,318	3,386,549
Prepaid expenses	340,119	340,745
Inventories	1,642,542	1,719,141
Interfund receivables	495,145	572,391
Other items	993	1,939
Total current assets	7,480,070	9,350,085
Long-term assets		
Deferred pay plan	417,327	368,740
Total assets	7,897,397	9,718,825
Liabilities		
Current liabilities		
Bank indebtedness	277,018	0
Loans	6,012,259	7,083,000
Accounts and expenses payable	9,434,376	10,730,257
Interfund debt	0	294,825
Deferred revenue	1,792,690	549,012
Other items	3,244	2,441
Total current liabilities	17,519,587	19,414,535
Long-term liabilities		
Deferred pay plan	86,496	68,135
Total liabilities	17,606,083	19,482,670
Funds balance	-9,708,686	-9,763,845
Total liabilities and fund balance	7,897,397	9,718,825

* Year of consolidation

SUMMARY

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INFO-SANTÉ CLSC

A nurse on the line
7 days a week – 24 hours a day

Info-Santé CLSC Lac-Saint-Louis: (514) 697-4110
Info-Santé CLSC Pierrefonds: (514) 626-2572

**A simple call
may save you a trip!**

Annual Report 2004-2005

Message from the Chair and from the Executive Director

A year marked by change

In 2004, the Quebec government undertook a major reorganization of the health and social services system. The passing of Bill 25 (An Act respecting local health and social services network development agencies) led to the consolidation of local community service centres (CLSCs), residential and long-term care centres (CHSLDs) and certain hospitals into health and social services centres (CSSS).

CSSS de l'Ouest-de-l'Île, the result of merging four institutions and their three missions, sets its sights on providing more accessible, seamless, quality services through an integrated health and social services network.

A key aspect of this reorganization is accounting for the specific needs of West Islanders. How the action we take affects their health will now be the yardstick by which the efficiency and effectiveness of our services are measured.

Over time, all health and social services players – the consolidated institutions, community organizations, physicians in private practice, medical clinics, and public and parapublic organizations – will be summoned to join in this effort to improve the health and well-being of West Islanders.

Network clinics that will open 365 days a year, 12 hours on week-days and 8 hours on weekends, will be created to complement services offered by the CSSS and community organizations. Service corridors will also be created to better attend to particularly vulnerable clients.

Over this transition year, we have had a chance to see just how dynamic existing teams are in administering the best care to the West Island population and how enthusiastically they rally to even better meet health and welfare needs. We extend our thanks to them.

With effort, the CSSS closed the year with a balanced budget. We must now look at our performance and analyze our practices in order to achieve the best possible results with our available resources. The West Island must, however, have its needs recognized. It must obtain a program budget allowance that is fair for the population, particularly for those with mental health problems, the elderly with diminishing abilities, the chronically ill and young people in difficulty.

Board members would like to express their gratitude to the executive directors of the consolidated institutions who have left to take on key jobs at other institutions in the health and social services network or who have moved on to personal pursuits. We wish them great success in their new endeavours.

Our magnificent ship has now weighed anchor! With throttles wide open and a steady hand on the helm, we shall hold the course toward West Island health objectives.



Sheila Laursen
Sheila Laursen
Chair



Luc Lepage
Luc Lepage
Executive Director



Year 2004-2005: Birth of CSSS de l'Ouest-de-l'Île

By passing Bill 25 in December 2003, the Quebec government set out to bring health services closer to the population and make it easier to provide for our most vulnerable clients. In June 2004, Minister of Health and Social Services Philippe Couillard accepted the proposal to create 12 health and social services centres (CSSSs) to cover the Island of Montreal. A month later, letters patent were granted and the new boards of directors convened for the first time.

The CSSS serves a population of 214,000 living in the area covering Baie d'Urfé, Beaconsfield, Dollard-des-Ormeaux, Kirkland, Île-Bizard, Pierrefonds, Pointe-Claire, Roxboro, Sainte-Anne-de-Bellevue, Sainte-Geneviève and Senneville. It has a staff of some 1,800 employees and its Council of Physicians, Dentists and Pharmacists has 270 members. An additional 375 volunteers donate their time to meet client needs.

This gave birth to CSSS de l'Ouest-de-l'Île, which consolidates:

- 1 The Centre d'hébergement Denis-Benjamin Viger;
- 2 The CLSC Lac-Saint-Louis;
- 3 The CLSC Pierrefonds;
- 4 The Lakeshore General Hospital.

In terms of the population served, CSSS de l'Ouest-de-l'Île ranks second in Greater Montreal and ninth in Quebec.

The Year's Highlights

When the new management of CSSS de l'Ouest-de-l'Île started up in December 2004, it inherited a complex mandate: three different missions to merge (residential centre, CLSC and hospital), limited financial resources, a shortage of physicians and other professionals, and equipment and facilities to refurbish.

Less than one year later, there are already many achievements to report.

- **DECONGESTING THE HOSPITAL'S EMERGENCY DEPARTMENT** by attending to clients more quickly, thus reducing long stays. Staff from all four locations helped achieve this objective;
- **SHORTENING WAITING LISTS FOR SURGERY**, particularly hip and knee operations;

- **DEVELOPING AN ORGANIZATIONAL AND CLINICAL PROJECT:**
 - Studying the needs of West Islanders and healthcare priorities,
 - Identifying major issues affecting access to services for vulnerable clients such as the elderly with diminishing abilities, the chronically ill, young people in difficulty, the cognitively impaired and individuals with pervasive developmental disorders (PDDs);

- **ACHIEVING A BALANCED BUDGET** through an agreement reached with the Agence de la Santé et des Services Sociaux de Montréal. A \$1.8 million interest-free loan enabled the CSSS to keep the cumulative deficit at \$9 million. For 2005-2006, the CSSS tabled a balanced consolidated budget totalling \$105 million;

- **WORKING OUT AN AGREEMENT WITH STATCARE MEDICAL CLINIC**, Lakeshore General Hospital's neighbour, in order to create the first West Island network clinic. Among the benefits of this agreement, physicians at the Clinic will have access to the Hospital's technical platform (lab, imaging) for urgent tests. It will also ensure access for vulnerable clients and better liaison with the various CSSS programs.

- **CONSOLIDATING AND INTEGRATING** administrative and clinical services:
 - Intensifying follow-up with vulnerable clients,
 - Establishing an integrated network for palliative care,
 - Implementing merged administrative departments,
 - Setting objectives for upgrading computer systems,
 - Developing a management approach fostering communication and stakeholder participation, particularly with physicians,
 - Extending to the entire organization the bilingual status now granted to three locations;



Future Challenges

OUTLOOK FOR 2005-2006

CSSS de l'Ouest-de-l'Île was created because the government wanted public needs to be the crux of health and social services. This client-focussed approach will put to the forefront disease prevention and health promotion activities, more effective coordination of services for the chronically ill, and better follow-up of each patient in a unified network of healthcare services.

To succeed in its mission, the CSSS must continue to rally staff, physicians, partners and other West Island resources around its organizational and clinical project.

DEVELOPMENT OF FRONT- AND SECOND-LINE SERVICES FOR THE POPULATION

Efforts like those below are underway with partners to reach agreements that will lead to improved front- and second-line services across the whole of the CSSS:

- **OPENING OF A PERINATAL CENTRE FOR WEST ISLANDERS:** The purpose of developing such a centre is to offer a comprehensive range of services to expectant mothers and new parents. A larger number of births will thus take place in the area;

- **TRANSFERRING PEDIATRIC BEDS:** Negotiations are now underway with the McGill University Health Centre (MUHC) for a possible transfer to the CSSS of hospital and consultation services for children;

- **APPLYING FOR APPROVAL TO IMPLEMENT A LEVEL II TRAUMA CENTRE AT LAKESHORE GENERAL HOSPITAL:** This level II centre will finally allow the CSSS to handle all traumas here, in the West Island, instead of redirecting patients to other hospitals;

- **IMPLEMENTING AN INTEGRATED APPROACH FOR ELDERLY CLIENTS WITH DIMINISHING ABILITIES:** Many objectives will be pursued for such clients: development of a geriatric day hospital, enhanced home care support teams and additional non-institutional places (e.g., purchasing of places with family or intermediate resources);

- **DEVELOPING THE HOSPITAL'S OUTPATIENT CENTRE:** The Centre will achieve its full potential thanks to a strategic repositioning that will meet West Islanders' needs.

PURSUIT OF THE ORGANIZATIONAL AND CLINICAL PROJECT

As part of its clinical project, CSSS de l'Ouest-de-l'Île will set specific objectives related to improvements in health and well-being, and will specify the service offerings required. It will also determine how all services will be delivered to the population.

Several priorities have been identified, including:

- Help to vulnerable clients;
- Disease prevention and health promotion, intended to maintain the autonomy of the elderly and keep mental illnesses in check.

ENHANCEMENT OF HUMAN RESOURCES

CSSS de l'Ouest-de-l'Île has the strengths of its staff at heart and supports this through programs designed to retain existing staff, attract new employees and ensure occupational health. Priority will be given to developing employee skills, remaining attentive to staff needs and sharing information on an ongoing basis.

EFFICIENT USE OF RESOURCES

CSSS de l'Ouest-de-l'Île has implemented an action plan that it intends to follow rigorously to keep the budget balanced while maintaining good performance in carrying out its activities.

RECRUITMENT OF PHYSICIANS AND OTHER HEALTH PROFESSIONALS

Like many other health and social services centres, CSSS de l'Ouest-de-l'Île is concerned by the difficulty in recruiting and retaining skilled physicians. Despite this difficulty, priority must be given to strengthening teams in neurology, anaesthesia, gynecology/obstetrics, family medicine, cardiology and pediatrics. The CSSS faces a shortage in other categories of professionals, like pharmacists.

MODERNIZATION OF PHYSICAL RESOURCES AND FACILITIES

Buildings and facilities at Centre d'hébergement Denis-Benjamin Viger and Lakeshore General Hospital must be refurbished to ensure the best possible care for the population.

