

FINANCIAL STATEMENTS

Income statement for fiscal year ending March 31, 2010
Current activities

	2009-2010	2008-2009
SOURCES OF REVENUE		
Agence or Ministère de la Santé et des Services sociaux	\$144,277,329	\$138,915,572
Other sources	8,394,256	8,000,004
Total revenue	<u>\$152,671,585</u>	<u>\$146,915,576</u>
EXPENSES		
Salaries	\$76,382,987	\$75,360,524
Benefits	17,823,844	16,615,761
Payroll taxes	9,886,317	9,328,078
	<u>104,093,148</u>	<u>101,304,363</u>
Medication; medical and surgical supplies	13,056,938	13,135,591
Blood products	4,812,045	3,985,412
Other expenses	31,475,338	30,444,097
	<u>49,344,321</u>	<u>47,565,100</u>
Total expenses	<u>\$153,437,469</u>	<u>\$148,869,463</u>
SURPLUS OF EXPENSES OVER REVENUE		
Total revenue	\$152,671,585	\$146,915,576
Total expenses	153,437,469	148,869,463
	-765,884	-1,953,887
Contributions from other funds	0	834,074
	<u>\$-765,884</u>	<u>\$-1,119,813</u>
<i>Incidental activities</i>		
SOURCES OF REVENUE		
	\$3,297,961	\$3,314,283
EXPENSES		
	\$2,532,077	\$2,608,835
SURPLUS OF REVENUE OVER EXPENSES		
	<u>\$765,884</u>	<u>\$705,448</u>
<i>Current and incidental activities</i>		
Net surplus of revenue over expenses (surplus of expenses over revenue) following harmonization of accounting conventions in 2008-2009	<u>\$0</u>	<u>\$-414,365</u>
<i>Balance sheet of operating fund as on March 31, 2010</i>		
ASSETS		
Current assets		
Cash balance	\$468,910	\$0
Accounts receivable - Agence and MSSS	9,438,549	10,071,056
Other accounts receivable	2,943,167	3,252,610
Prepaid expenses	862,464	541,766
Inventory	2,608,387	2,576,117
Debt between funds	0	463,975
TOTAL CURRENT ASSETS	<u>16,321,477</u>	<u>16,905,524</u>
GRANT RECEIVABLE – ACCOUNTING REFORM	9,369,199	9,671,110
Long-term assets		
Deferred payments	412,852	516,152
TOTAL ASSETS	<u>\$26,103,528</u>	<u>\$27,092,786</u>
LIABILITIES		
Current liabilities		
Bank overdraft	\$0	\$1,243,768
Loans	12,916,822	11,765,648
Accounts payable and accruals	23,108,343	24,360,940
Debt between funds	275,562	0
Deferred revenue – current and incidental activities	463,700	347,912
Other items	123,310	0
TOTAL CURRENT LIABILITIES	<u>36,887,737</u>	<u>37,718,268</u>
Long-term liabilities		
Deferred payments	68,941	94,486
TOTAL LIABILITIES	<u>36,956,678</u>	<u>37,812,754</u>
FUND BALANCE	<u>-10,853,150</u>	<u>-10,719,968</u>
TOTAL LIABILITIES AND FUND BALANCE	<u>\$26,103,528</u>	<u>\$27,092,786</u>

MEMBERS OF THE BOARD OF DIRECTORS OF THE WEST ISLAND HSSC

March 31, 2010

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2009-2010 ANNUAL REPORT

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

EXECUTIVE MESSAGE

The year 2009-2010 was definitely a very emotionally charged year! It was a year marked by the implementation of emergency measures, first during the influenza A(H1N1) pandemic (the first wave in spring 2009 and the second wave in fall/winter 2009-2010). The entire HSSC team worked very hard, but it is also thanks to the remarkable cooperation of numerous volunteers and of all our local services network partners – network clinics for flu clinics, school boards, schools, municipalities and boroughs for vaccination, community-based organizations, pharmacies, houses of worship, etc. – that we were able to provide the population with all the information and services needed.

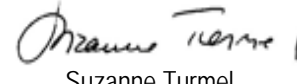
Afterwards, the terrible earthquake in Haiti was heart-breaking. Support was provided to our HSSC staff and West Island population, which together represent a total of 2,000 members of the Haitian community. Some twenty nurses and social workers from the HSSC went to lend a helping hand at the Montréal-Trudeau Airport to greet passengers arriving on flights from the devastated country.

In spite of these major events, our organization achieved several accomplishments. You will definitely agree when you read the highlights in this Report. All throughout the year, many challenges came our way. In terms of finances, we carried out major rationalization and expenditure reduction initiatives. Some of the other challenges include the constantly increasing needs of the population for home care services, the increase in the severity of cases arriving at the Hospital, the necessity to renovate the Emergency Department and expand the Hemodialysis Centre, and so on.

We are well positioned to pursue our continuous improvement efforts. For this, we 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!

Happy 2010-2011 to everyone!


Richard Legault
Chairman of the Board of Directors


Suzanne Turmel
Executive Director

THE HSSC AT A GLANCE

The West Island HSSC groups together the CLSC de Pierrefonds, the CLSC du Lac-Saint-Louis, the Centre d'hébergement Denis-Benjamin-Viger and the Lakeshore General Hospital. Its territory consist of the boroughs of Pierrefonds-Roxboro and L'Île-Bizard-Sainte-Geneviève, 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 2100 employees and some 250 physicians (General Practitioners and Specialists), as well as more than 300 volunteers. The HSSC has 227 short-term hospital beds and 155 long-term care beds.

To serve the population within its territory, 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 clientele throughout the Health and Social Services Network while fostering their autonomy.

www.westislandhssc.qc.ca

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THE BOARD OF DIRECTORS' FIVE PRIORITIES

In December 2007, the Board of Directors of the West Island HSSC identified priorities on which to base the HSSC's improvement efforts for the next three years. In line with these priorities, here are some indicators and achievements for 2009-2010.

1- Development of first line services

- Decrease in percentage of visits to the Emergency Department by frequent Emergency users (4% in 2009-2010, as compared to 4.5% in 2008-2009).
- Consolidation of relationship with the three network clinics. Their cooperation was particularly priceless during the influenza A (H1N1) pandemic, flu clinics were set up in the three network clinics on the territory. With the support of the HSSC staff and its provision of supplies, these clinics were able to assess and treat 2,886 patients with flu symptoms.
- Postings in the Emergency Department regarding alternatives to going to Emergency for non-urgent cases.

2- Bringing the Child-Family-Youth clientele back within the HSSC's territory

- Increase in the number of vulnerable youth and families seen by first-line services (average of 257 in 2009-2010, as compared to 245 in 2008-2009).
- Initiation of the first phase of the Managing Obstetrical Risk Efficiently program (MORE), which has already improved communication among the caregivers.
- Increase in the number of childbirths at the Hospital (1,456 childbirths in 2009-2010, as compared to 1,356 in 2008-2009) and in the Birthing Centre (282 childbirths in 2009-2010, compared to 265 childbirths in 2008-2009).



3- Improving the service offer to elderly clientele experiencing a loss of autonomy

- Progress in the management of patients on the wait list for residential care: decrease in the average number of users on the wait list for short-term beds (average of 3.5 users on the wait list for periods 10 to 13, compared to 7.4 users for periods 5 to 9).
- Ground breaking for the construction of a second intermediate resource, Résidence Valeo-Pierrefonds, which will have 60 places.
- Decrease in the Average Length of Stay of the Geriatric Medicine Unit following relocation of the long-term care unit to Maison Herron (average of 23 days for periods 12 and 13, compared to 29.83 days for periods 10 and 11).

4- Improving fluidity between first, second and third lines

- Addition of a nurse navigator in Mental health at the HSSC in each of the three network clinics on the territory. In particular, these nurses are instrumental in directing requests quickly and efficiently to the most appropriate place (first line, Emergency Department, external psychiatry clinic or specialized community-based organizations on the territory). The wait time for a psychiatric evaluation (second line) is now less than 60 days.



5- Improving the organization's reputation

- Reduction trend in C. difficile nosocomial infections (infection rate of 8 by 10,000 patient days in 2009-2010, compared to 8.6 in 2008-2009).
- Decrease in the number of pending grievances (average of 311 pending grievances for periods 7 to 13, compared to 358 for periods 1 to 6).
- Second meeting with MPs to promote the HSSC's projects and challenges.
- Dissemination of achievements internally and externally, to local media and on the Internet site.
- Development of safety awareness campaigns: hand washing and Safety Month in November.

A FEW HIGHLIGHTS

ACCESSIBILITY

For a third consecutive year, we have reached almost all targets set for us for surgeries by the *Ministère de la Santé et des Services sociaux* (MSSS). Even better, we have exceeded our targets for cataract surgery.

The Birthing Centre celebrated its 15th anniversary. The Midwives Team at the Centre took care of 320 pregnant women and due to lack of space, 889 applications had to be declined.

The HSSC opened an access counter for the orphan clientele. Applications are evaluated and prioritized to enable patients who are very ill to have access to a family physician.

QUALITY

The integration of Mental Health nurse navigators in each of the network clinics won the West Island HSSC Honourable Mention during the 2009-2010 MSSS Excellence Award Gala.

After the CLSC de Pierrefonds, the CLSC du Lac-Saint-Louis was next to receive the *Baby-Friendly Initiative* certification.

The service offer to the elderly has been improved as a result of progress made to the access counter, the construction of a new intermediate resource and the relocation of a long-term care unit from the Hospital to Maison Herron, a much more appropriate living environment.

GROWTH

Once again this year, the Emergency Department is facing challenges regarding extended length of stays, overcrowding and lack of staff. The number of elderly clientele with complex health problems continues to increase, access to hospital beds is difficult and physical facilities are inadequate. Fortunately, the development of first line services has helped decrease the total number of patient visits to the Emergency Department. Nonetheless, the number of patient visits on stretchers and the number of patients arriving by ambulance continues to increase. Serious cases (level 1 and 2) went from a total of 2,389 in 2008-2009 to a total of 5,101 in 2009-2010.

The Hemodialysis Centre reached its maximum capacity. The Centre can provide treatments to a maximum of 78 patients. The upcoming addition of 12 standard hemodialysis stations will allow us to repatriate West Island clientele who are currently undergoing dialysis treatment outside the West Island territory (72 people).

The CLSCs' Centralized Intake Services merged in February 2010 and the opening hours were extended to include weekends and statutory holidays. The number of queries generated continues to increase significantly: they went from 15,373 in 2008-2009 to 17,961 in 2009-2010.

PERFORMANCE

The massive vaccination campaign against the influenza A (H1N1) pandemic, an unprecedented operation, enabled us to vaccinate up to 3,000 people an hour, for a total of 122,000 people. The campaign gave the HSSC the exceptional opportunity to meet the population, to connect with them and better understand their needs.

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. 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, as well as patient safety. 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 Quality and Complaints Commissioner received 210 complaints, while the medical examiner received 75, for a total of 285 complaints (compared to 414 in 2008-2009). 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, 74% of the incidents reported concern the Hospital and 15.5% concern the Centre d'hébergement. At the Hospital, incidents concerning the Medication Path are the most common (26.7 %) and at the Centre d'hébergement, falls are the most common (49.8 %).

Infirmières, techniciens et professionnels de la santé au **CSSS de l'Ouest-de-l'île**
Nurses, technicians and health professionals at the **West Island HSSC**

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Centre de santé et de services sociaux de l'Ouest-de-l'île
Health and Social Services Centre

The HSSC has launched a targeted recruitment campaign to attract young people graduating from CEGEP or university. The campaign *Happy works better* was among the finalists at the 2010 AQESSS Awards for its originality and relevance. The campaign was a resounding success and generated the reception of a dozen curriculum vitae a day, resulting in the hiring of 60 new employees.

The Infection Prevention and Control team worked relentlessly to prevent and treat outbreaks. For example, the rate of new nosocomial cases of Methicillin-Resistant Staphylococcus Aureus (MRSA) went from 9.27 cases to 3.2 cases per 10,000 patient days.