



**ANNUAL REPORT  
2012-2013**

**INNULITSIVIK HEALTH CENTER**



September 2013

It is again with a great sense of pride that I present our Annual Report 2012-2013 for Inuulitsivik Health Centre.

All of what you are about to read and all of our accomplishments would not have been possible without the support and commitment of our BOD (Board of Directors):

Aliva Tulugak – Chairman  
Josepi Padlayat – Vice Chair  
Samuilli Qumaluk – Secretary  
Jusipi Qaqutuq – Executive Member

Peter Papyarluk – KSB  
Lucassie Kudlu – Community Rep.

Eli Elissiapik – Inukjuaq  
Martha Eqilaq – Kujjuarapik  
Charlie Saviajuk - Salluit  
Simon Tookalook – Umiujaq  
Louisa Usuarjuk – Ivujivik

Clinton Luskey – Employee Representative  
Maina Beaulne – Employee Representative  
Pierrette Routhier – Employee Representative



From left to right: 1<sup>st</sup> row: S. Qumaluk, J. Qaqutuq, A. Tulugak, 2<sup>nd</sup> row: C. Luskey, E. Elissiapik, J. Beaudoin, 3<sup>rd</sup> row: L. Kudlu, P.-A. Guinard, M. Beaulne, J. Nappatuk, 4<sup>th</sup> row: P. Papyarluk, L. Usuarjuk, J. Padlayat, C. Saviajuk (Absent: M. Eqilaq, S. Tookalook)

It is an honour and a privilege to be associated with such fine men and women that so well represent their communities and the issues that affect the delivery of excellent healthcare.

This year marked the first AGM (Annual General Meeting) for our BOD. It was held in Puvirnitug and for all of the representatives present there were reports from each of the directors of IHC (Inuulitsivik Health Centre). Four of the reports were presented in Inuktitut, that of:

- Youth protection by Assistant Director, Maina Beaulne
- MNQ by Associate Director, Lisa Mesher
- Community Services by Aani P. Tulugak
- Quality and Complaints Commissioner by Josi Nappatuk

We continue our monthly visits to the villages on Hudson Bay. This has become an important and informative routine for the leadership team of IHC. Each department head meets with their staff in the villages. Updating, problem sharing and information sharing are all important parts of these visits. I meet with the mayor and the town council as well as the health committees in each village.

My mandate as Executive Director has been renewed by the Board of directors for the next four years. At the end of this second term, I am committed to have an Inuk in place as executive director, to carry on the work that we have started.

We finished this year with a surplus of revenue over expenditures. I am extremely proud of our efforts to maintain a balanced budget and congratulate the board members and our department of finance staff. We were once again able to apply our surplus to reduce the deficit in banked hours and should be able to completely pay this off in the next fiscal year. Following the report by our auditors to the Audit Committee, I can report that there are no surprising or alarming recommendations.

Many thanks to the co-ordinated efforts of Stephanie Proulx (our auditor from Raymond, Chabot), our Director of Finance, Marc Desilets and his team and our Audit Committee, we were able to produce and submit our AS471 on time to the MSSS – a first for Inuulitsivik and an act that I am committed to be able to continue in the future!

We have had a significant change over in upper management, but, by the end of this fiscal year, with our new experienced directors in place, the ship maintains its steady progress.

**Gerald Garneau**, has unfortunately left the north – his commitment and dedication to the Inuit and to the delivery of care has been remarkable. I shall miss him everyday and pray that his health will allow him many years of happy retirement. **Lewis Lavoie** rejoined our team as Assistant Executive Director – a strong and capable leader that I

was delighted to welcome back. **Marc Desilets**, our new Director of Finance, has jumped into his role with energy and determination. The financial results this year are a direct reflection of this commitment and I thank him. Marianne Martin, Director of Youth Protection, resigned at the end of this fiscal year. We all wish her much success and personal happiness in her future endeavours. **Danielle Beaulieu**, our new Director of Youth Protection, is a welcome member of our Executive team, her previous management experience and love of the north will serve her well. Karine Roy, Director of Nursing also resigned so that her children could start school in the South. We thank Karine for her commitment and wish her well in the future. **Carolle Veilleux** has joined our team as the new Director of Nursing and she also joined us with previous experience with Inuulitsivik Health Center – we welcome her aboard. **Aani Tulugak**, director of Community Services has now finished her probationary period and is well on her way for accomplishing the goals that she has set out for herself and her department. **Christian Brunet** was a constant in this team and displayed excellent leadership skills for all of his department (Professional Services) – he will retire in the coming year and will be missed by all of his colleagues. Last but not least **Celine Laforest**, director of the MNQ (Northern Quebec Module) strives everyday with her team to provide a safe and welcoming environment for our clients that travel south for healthcare. This task is not always easy and yet she tirelessly continues daily to recommit to her mandate.

I would like to thank all of the employees of IHC who so diligently work every day to provide the best possible care to our clients. I am proud of all of you and on behalf of the BOD, thank you for your efforts – Nakurmiik marialuk!

As another year draws to an end, I am delighted to present to you, our activities for 2012-13. If I can be of any further assistance or if you have any comments or questions, please feel free to contact me at: [jane.beaudoin.csi@ssss.gouv.qc.ca](mailto:jane.beaudoin.csi@ssss.gouv.qc.ca)

Respectfully submitted

Jane Beaudoin  
Executive Director  
September 2013

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## FINANCE

Another excellent financial year for Inuulitsivik Health Center!

To summarize our financial audit report from Raymond, Chabot

<u>OPERATING FUND</u>	<u>TOTAL 2013</u>	<u>TOTAL 2012</u>
Revenues	91,900,576	88,660,278
Expenditures	90,972,431	88,525,008
Excess Rev/Exp	928,145	135,270

To note

1. Of the excess of \$928,145, we directed funds in the amount of \$545,397 to our long term fund deficit that was to pay the banked hours of vacation - this will leave us to repay \$240,790 in FY 2013-14

*Cumulative provisions for payroll bank of vacations:*

<i>Beginning balance</i>	<i>1,475,246</i>
<i>Excess 2010-11</i>	<i>- 553,788</i>
<i>Excess 2011-12</i>	<i>- 135,397</i>
<i>Excess 2012-13</i>	<i>- 545,397</i>
<i>Balance to pay off</i>	<i>240,790</i>

2. We also directed the balance of this surplus, \$382,748, to our capital equipment fund. We have had no funding for capital equipment from the NRBHSS (Nunavik Regional Board of Health and Social Services) for over 2 years, so we used money from our operating budget to pay for urgent capital needs

In the recommendations made by the auditing firm, they feel that our accounts receivable from the NRBHSS, a total over \$22 million, is excessive. We will better track our accounts receivable and diligently try to reduce this amount in the coming year.

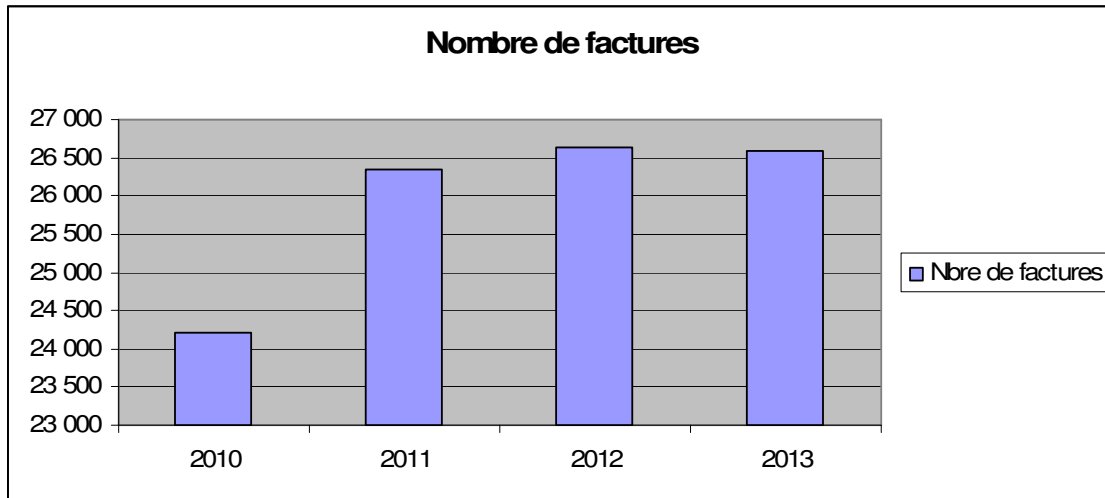
I am pleased to announce that we were able, for the first time, to present to the MSSS our AS-471 report before the end of June 2013 as was requested by the MSSS. Valiant efforts were made by our in-house financial team as well as by our auditors to be able to do this and I thank them all. We are committed to release these reports at the correct times as specified by the MSSS.

**BRAVO** to all of our employees and our BOD for making the above results possible.

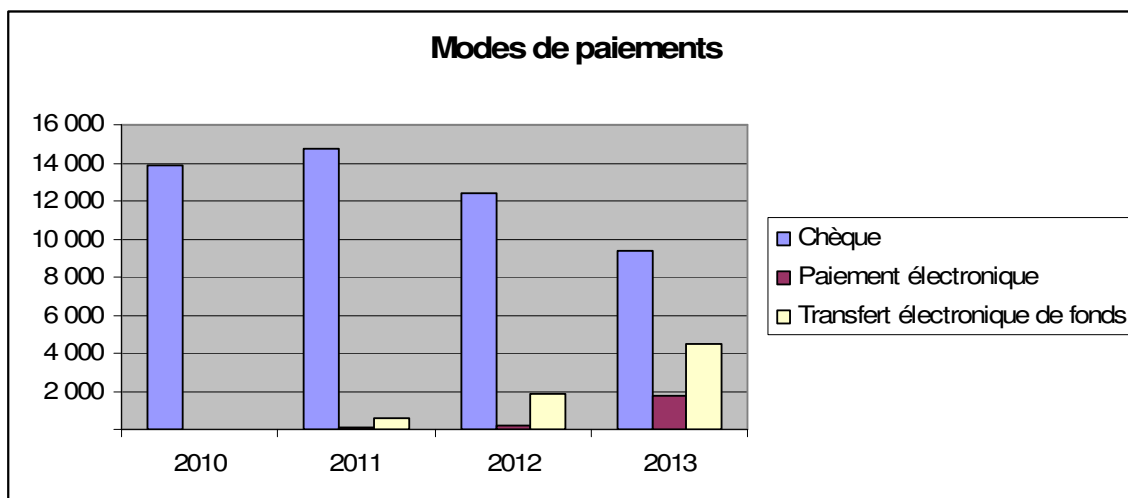
## ACCOUNTING

This department was also afflicted by the departure of two of its key positions, that of department head and one of the administrative technicians.

The number of bills that were treated has virtually not changed over the past year.



Over the past three years there has been a significant reduction in the number of cheques written and increases in the number of payments done electronically and also of transfers that are done electronically. Bravo to these employees for accomplishing this goal set last year!



The accounts receivable team has now created a report that details all of the accounts that have not been paid to us. This will help us make sure that the monies owed to us will be paid to us in a timely fashion.

Another report was created to follow our budgets for our public curator accounts to assure that the money that we pay to our clients under public tutorship is paid out accurately and that we receive the funds necessary to cover these payments.

**GOALS:**

1. Preparation before the due date of our CIFINO reports
2. Preparation of monthly reports for each department head in a more timely fashion
3. Better reporting of statistics

**INFORMATION TECHNOLOGY DEPARTMENT**

This small department of two employees carries a large load. We have authorised the hiring of a 3<sup>rd</sup> employee but we are having trouble recruiting a qualified member.

Despite only two employees, they have accomplished several important measures:

1. we now have 30 days of data and files backed up in Puvirnituk and in the villages
2. the daily database is fully backed up for two weeks
3. configured PIJ for youth protection
4. installed a new server to operate Windows 7 with different applications (GRM, GRF, Payroll, TMS, Presetch)
5. newer version of Lotus notes installed
6. installed larger storage space in 4 villages
7. updated VSIFAX application
8. installed fibre-optics wires between technical services building and hospital
9. inventory of all equipment

These and many other projects were accomplished as well as providing prompt service to the helpdesk. BRAVO to this team for their hard work.

**GOALS:**

1. replace video-conference system
2. prepare to move offices to two new facilities (Finance to Supervised Apartments and Youth protection to new building)
3. replace old and add new computers in every CLSC so as to provide necessary tools to implement computer-based programs and documentation files.

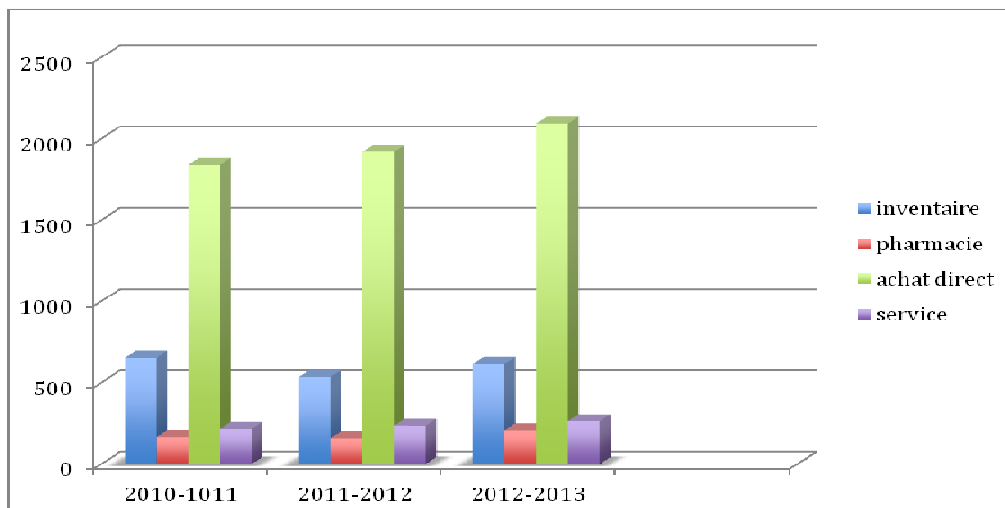
## DEPARTMENT OF STORES/SUPPLIES

This year has been plagued with changeovers and absenteeism. This was in part responsible for a delay in arrival of supplies as the existing team desperately tried to prioritize our needs.

As a result of the unfilled positions, this department finished the year with a surplus of close to \$350,000.

Educational seminars were given to our department head in GRM (Logibec) and in Tenders for health institutions.

### TYPE OF ORDERS PLACED



We see an increase in all fields due in part to the increase in services and the increase in volumes of patient visits.

### GOALS:

1. Closer follow up on orders placed, back-orders, etc
2. Update GRM – solve issues with faxing and emailing orders
3. Eliminate paper requisitions
4. More routine shipments to the villages with a closer follow up

## PATIENT SERVICES

Although a stable department that is comprised of only Inuit employees, the department heads changed several times due to turn-over and illnesses.

A joint venture with Air Inuit was undertaken to assure a better system to book flights for our employees and our patients. This has resulted in a significant reduction in errors or omissions and has improved the reliability of securing tickets for our clients.

**GOALS:**

1. Installation of TMS Web that would permit each user to book their own flights by internet

## **PAYROLL**

The main goal for payroll for this fiscal year was to totally implement payroll on the internet by all of our employees – this goal was not met.

However this department did make progress on the following:

- Follow up and tracking of employee absenteeism rates of over 30 days
- Arrears and interest to CARRA
- Better tracking of employee benefits



## **PROFESSIONAL SERVICES**

### **DEPARTMENT OF MEDECINE**

This department saw the arrival of 3 new physicians, 1 part time doctor in Inukjuak and 2 full time doctors in Puvirnituk.

They also had a new position and Djenane Gaspard was welcomed to this team as their administrative technician at the beginning of this fiscal year. She assumed the responsibility of physician billing, distribution of schedules, managing the details for our student's and resident's, recording secretary for CMDP meetings and updating dossiers for our part-time and full time physicians. Her presence freed up time for our doctors to advance in other projects.

We are extremely proud of our physicians on Hudson coast – they are a capable, dedicated and caring group of doctors that work miracles under some difficult situations. Kudos are in order again this year to the president of the CMDP, Mathieu Bohemier-Bernard and to Chief of Medecine, Genevieve Auclair and all of their teams for the support they provide to the executive director in the absence of a DPS.

Some of the activities that were realised this year were:

- Advancement in the “Therapeutic Guide” with written collective orders
- Recruitment fairs in Sherbrooke and Quebec City as well as a recruitment wine and cheese evening
- A special weekend organised for advanced life support teachings – all Doctors in Nunavik were invited
- A joint venture with Tullatavik on Mental Health occurred in Kuujjuaq

GOALS:

1. Continue to recruit new physicians and to secure lodging for these new positions
2. Increase the retention of doctors
3. Continue the revision of our Therapeutic Guide – Work on several new protocols to support the practices in this department

## **DENTISTRY**

We have a total of 4 dentists and 2 hygienists that cover all seven of our villages. In addition the dentists from Inukjuak and Puvirnituk perform dental surgery under general anaesthesia 10 weeks each year.

<b>HYGIENISTS</b>	1545 visits with children
<b>DENTISTS</b>	3993 visits with different clients

We have urgently requested to hire a 5<sup>th</sup> full-time dentist to cover dentists on vacation and while they are in Puvirnituk performing dental surgery.

Dr Jamal, our orthodontist and her assistant visit the north every 5-6 weeks. We now have terminated all contacts with the south and Dr Jamal sees 100% of our clients. We are very proud of the services that she provides and are delighted to see the positive results of the treatments that she performs on these children.

We also have the services of a denturologist who visits the north every 7-8 weeks.

## **PHARMACY**

Although for a short period, we did have 3 pharmacists on staff, most of the year there was only two, as one left in January. Additional new positions of support were filled and permitted the department to complete many projects.

Under the guidance and direction of our chief pharmacist, Alain Jalbert, the recommendations from the Order of Pharmacists were put in place. A recent visit by the Order has confirmed that a tremendous amount of progress has been made – BRAVO to the pharmacy team!

All of our villages now are covered by Dispills. These individual boxes are prepared for us in Montreal by a professional pharmacist. Unfortunately we are still waiting for approval from the Regional Board to install a new pharmacy computer system that will help in the management for the delivery of medications on the whole coast.

Two pharmacy staff visited Salluit to answer questions and provide training.

Total medication purchases this year was just over \$2.1 million

### **GOALS:**

1. Recruit a 3<sup>rd</sup> pharmacist
2. Install a computer program for pharmacy



3. Complete the visits of each CLSC
4. Continue to work with the CMDP on the collective orders

## MIDWIVES

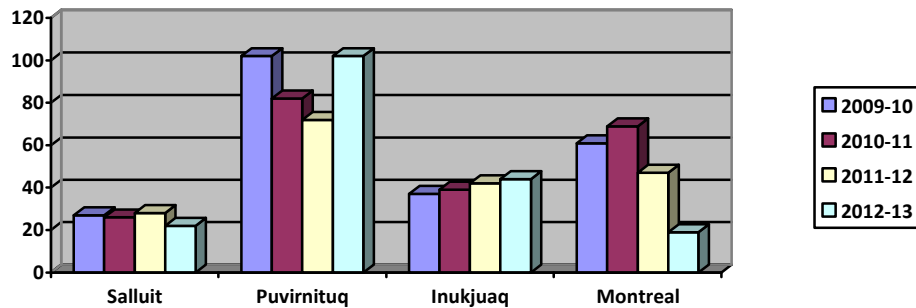
We continue to have maternity units in Puvirnituk, Inukjuak and in Salluit. We currently have a total of 7 Inuit midwives and 3 southern midwives with a total of 10 Inuit students. Congratulations to Margaret Mina who graduated at the beginning of the fiscal year.

A delegation of midwives attended the Canadian Association of Midwifery's Annual meeting.

Doctors, nurses and midwives all use a program called AMPRO that helps to manage obstetrical risks by communication between stakeholders and by standardisation of protocols. The first course was given in Puvirnituk with all members present and a cake was shared at the end of the course to congratulate this multidisciplinary team. BRAVO



This chart clearly shows that the direction that the BOD had taken to perform deliveries in Nunavik, has been put in place. \*\*\*\*To note the reduction in deliveries outside of Nunavik and the increase in deliveries on Hudson coast. BRAVO to our team of dedicated midwives.



Next year we will continue the implementation of SIPPE in Inukjuak. This is a multi-disciplinary approach to raising a child from the time of conception until the child is 5 years old. The pilot project has been presented to the municipal council and the health committee in Inukjuak and was received with great enthusiasm.

## RADIOLOGY

Radiology provides services in X-Rays, Ultrasound, Holter tests and ECGs. These services are based in Puvirnituk with points of services in Salluit, Inukjuak and Kuujjuarapik that are visited each six weeks.

Stephane Otis, our chief radiology technician received special training from McGill and was accredited by his professional Order, to perform Obstetrical Ultrasounds and then forward them to RUIS McGill to be read by a radiologist, BRAVO Stephane – he is the first technician in Nunavik to be authorised to do this. We plan to have a 2<sup>nd</sup> technician trained next year.

To note, the physicians have requested that they be allowed to do XRays in the villages that have XRay machines. This was discussed at a CMDP meeting and it was decided to deny this request until the doctors could be accredited to do so by taking a course in radiology.

NUMBER OF EXAMS						
	In patients Puvi	Referred to Puvi from villages	Done in villages	Outpatients Puvi	TOTAL	Diff
2010/2011	905	1377	609	1854	4745	
2011/2012	859	1416	1015	1990	5280	11,3%
2012/2013	853	1647	655	1670	4564	-13.5 %

ÉLECTROCARDIOGRAM					
2010/2011	173		632	162*	967
2011/2012	215		597	167	999
2012/2013	187		695	170	1052
					3%
					5.3 %

Holter : 27

GOALS:

1. Train a 2<sup>nd</sup> technician in ultrasound
2. Connect villages with PACS so as to be able to send X-Rays
3. Continue scanning old films into computer program

**MEDICAL RECORDS**

This year we moved medical records to its new location with ample space to manage all of our charts.

Our archivist, Dolores Fortin was able to visit 3 of our villages to help in classifying their charts.

We also worked on and were able to transmit the IPL (local patient index) to RAMQ

**New Files open**

	2010-11	2011-12	2012-13
<b>Births</b>	216	189	208
<b>Inuit Adult</b>	72	64	54
<b>Others</b>	382	333	347
<b>Total</b>	670	586	609

\*\* to note, we see a small increase in the number of births this year as well as a rise in number of new charts opened for non-Inuit.

GOALS:

1. Continue transmitting IPL to RAMQ
2. Migration to E-Clinibase
3. Participate in the building of the Informational Security Master Plan

## LABORATORY

This year we requested funding for a 5<sup>th</sup> technician in our strategic plan – however this was not authorised by the NRBHSS by the year end.

	ADMIS		ENRG			
	TESTS	DIFF	TESTS	DIFF	TOTAL	DIFF
2010-11	14875		82,418		97,293	
2011-12	14764	- 1%	90,032	+ 9%	104,796	+8%
2012-13	14833	+0.5%	86,842	- 3.5%	101,675	- 3%

### GOALS:

1. Interface IHC lab with MGH lab which will eliminate the need to scan results into patient's charts – huge saving of time.
2. Put in place all of the protocols needed for technicians practice
3. Re-arrange and enlarge lab – too small for the volume of work that we are now doing

## AUDIOLOGY

Seven part time audiologists cover this service in all of the villages. They visit regularly to perform testing and to follow clients with hearing aids etc.

This is the first year that we have accurate statistics. Last year they saw 445 clients and this year they saw 631 clients for a total of 717 visits.

## **NURSING**

Nursing has had its share of departures also including the Director of Nursing, Karine Roy, who left us last fall 2012. This position was not filled until May of this year and Dominique Hamel, Co-ordinator of CLSC (Local Community Service Centre) assumed this important position in an interim role. A special thank you is sent to Dominique for stepping up to the plate and managing this and her own roles for such a lengthy time.

Some of the highlights of the department of nursing include attaining a zero deficit budget and partial completion of the dossier to begin having nurse practitioners in the north, which unfortunately was not completed, as we never received any money to implement our goals for the strategic plan 2012-13 until after the end of this fiscal year!

### **GOALS FOR 2013-14**

1. Implement nurse practitioners in some of our CLSCs and develop this role with a job description, etc
2. Develop and consolidate nurses in community services in the roles of prevention and promotion of health
3. Finish the review of policies and procedures

### **CLSC (Local Community Service Centre)**

With the outbreak of Tuberculosis (TB) in Salluit last winter much effort and support was directed in this direction. Daily and then weekly meetings with the folk from Public Health at the Regional Board helped us plan and implement our emergency plan. The NRBHSS also committed this year to reimburse us for all additional expenses related to this outbreak.

For the past three years, our number of vacant positions has gone down from 19 in 2010-11 to 18 in 11-12 and now to 15 this year.

Re-organisation of several locals in Puvirnituq resulted in a better utilisation of the restricted space available.

- Plaster room converted to have a capacity to act as an observation room and also a temporary emergency room
- Supplies room was relocated and re-organised

The role of the sterilisation technician was filled and policies and procedures were written and implemented.

As all of our CLSC are outgrowing the spaces available, re-organisations occurred in several villages to make space for new staff and physicians. Thanks to everyone's creativity in making these changes possible.

One of last years goals was to reduce the number of agency nurses by 25%, according to the year end financial statement we see a decrease of 38% resulting in a savings of \$700,000 – excellent work!

Another goal was to implement Dispills in Kuujjuaraapik, and so now all of the villages on our coast are served by Dispills prepared in Montreal by an independent pharmacist there.

#### GOALS 2013-14

1. develop the role of liaison nurse in Salluit and in Inukjuak
2. collect better statistics in a timely fashion
3. increase number of team meetings with nurses and interpreters

#### **LIAISON NURSE**

This is becoming more and more an important department as we try to improve our services to our patients. We have only one nurse to cover this service and our goal for next year is to add an administrative technician to help in co-ordinating and scheduling visits south and in developing tele-health in the north.

## SPECIALISED SERVICES

Last year's goals included increasing the number of surgeries and consultations in the villages

<b>SPÉCIALITÉS</b>	<b>2009-2010</b>	<b>2010-2011</b>	<b>2011-2012</b>	<b>2012-2013</b>
ANESTHÉSIE-DOULEUR (clinique)	1	3	0	3
ORTHO ADULTE	80	28	110	84
OTO-RHINO-LARYNGOLOGIE	473	611	698	554
PSYCHIATRIE	229	150	142	194
GASTROENTÉROLOGIE	219	314	269	346
GYNÉCOLOGIE	218	127	199	299
CARDIO PÉDIATRIE	108	185	44	91
CARDIO ADULTE	?	0	40	0
CHIRURGIE DENTAIRE	144	155	129	221
MEDECINE INTERNE	116	106	72	31
PÉDIATRIE	741	421	259	253
RHUMATOLOGIE	51	33	83	20
OPHTALMOLOGIE	78	0	189	106
OPTOMÉTRIE	694	948	958	1236
PÉDO-PSYCHIATRIE	45	68	64	156
PNEUMOLOGIE	38	19	87	27
CHIRURGIE GÉNÉRALE	40	59	108	68
GÉNÉTIQUE	0	8	0	0
<b>SPÉCIALITÉS</b>	<b>2009-2010</b>	<b>2010-2011</b>	<b>2011-2012</b>	<b>2012-2013</b>
EEG		17	36	17
ORTHODONTIE		75	?	637
PRO. DIABÈTE		107	39	109
<b>TOTAL</b>	<b>3275</b>	<b>3434</b>	<b>3526</b>	<b>4452</b>

This year 25 more consultations in surgery, including performing minor surgeries, were performed in the villages – this results in less travelling for our clients and a greater patient satisfaction.

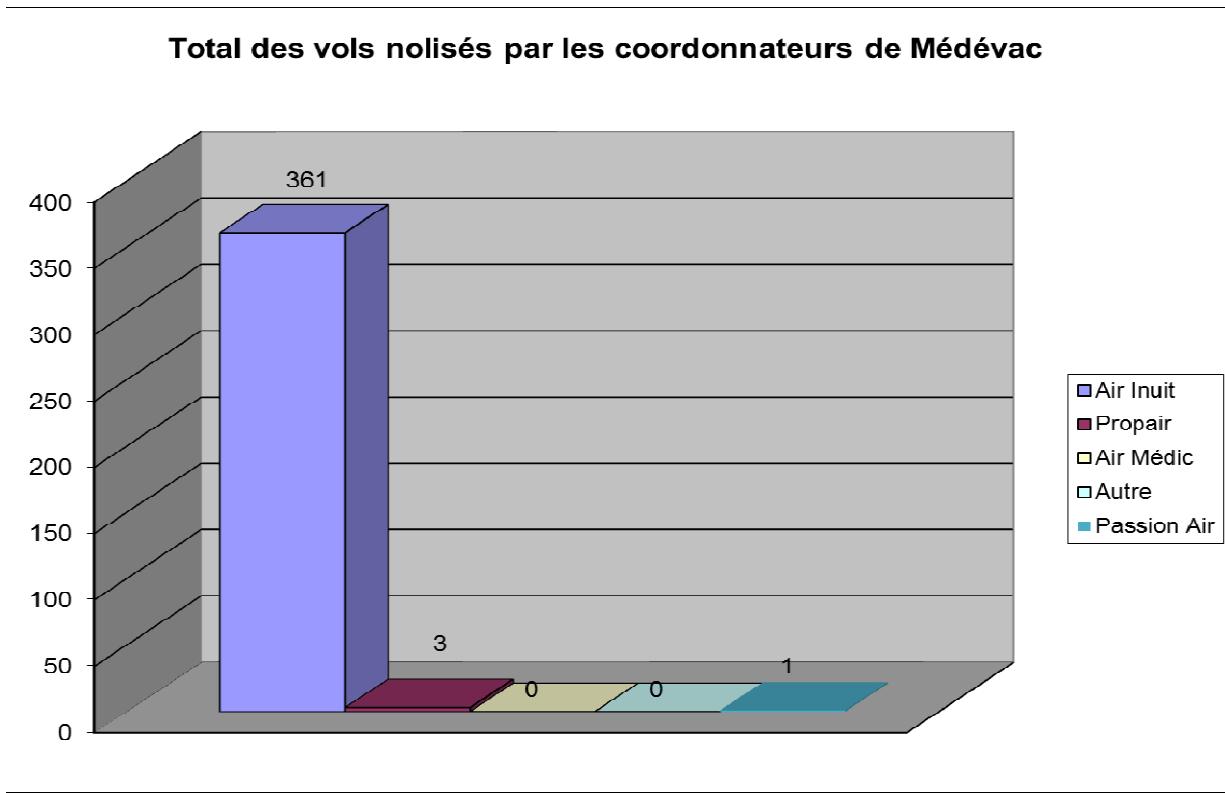
### GOALS FOR 2013-14

1. Sensitise the doctors in the pertinence of sending clients south

2. Implement the scale of classifying the urgency of the request for consult or surgery
3. Implement computerised wait list in the villages and teach staff on how to use it
4. Work with liaison service in developing tele-health

## MEDEVACS

### TOTAL NUMBER OF MEDEVACS



### PLA (Person in Lost of Autonomy)

Despite the fact that the coordinator left in November and has not been replaced, (CLSC co-ordinator assumed this role in interim), we continued to offer services to patients in their homes in our 7 villages. There are 4 nurses in this service, one in each of our larger communities and Family Social Aids (FSA) in the other villages. This team is completed with a technician in physiotherapy who travels to all of the villages during the year.

This year, as in previous years, we sent children with physical and mental handicaps to Camp Massawippi. Issues with behaviours of our clients as well as their escorts have led



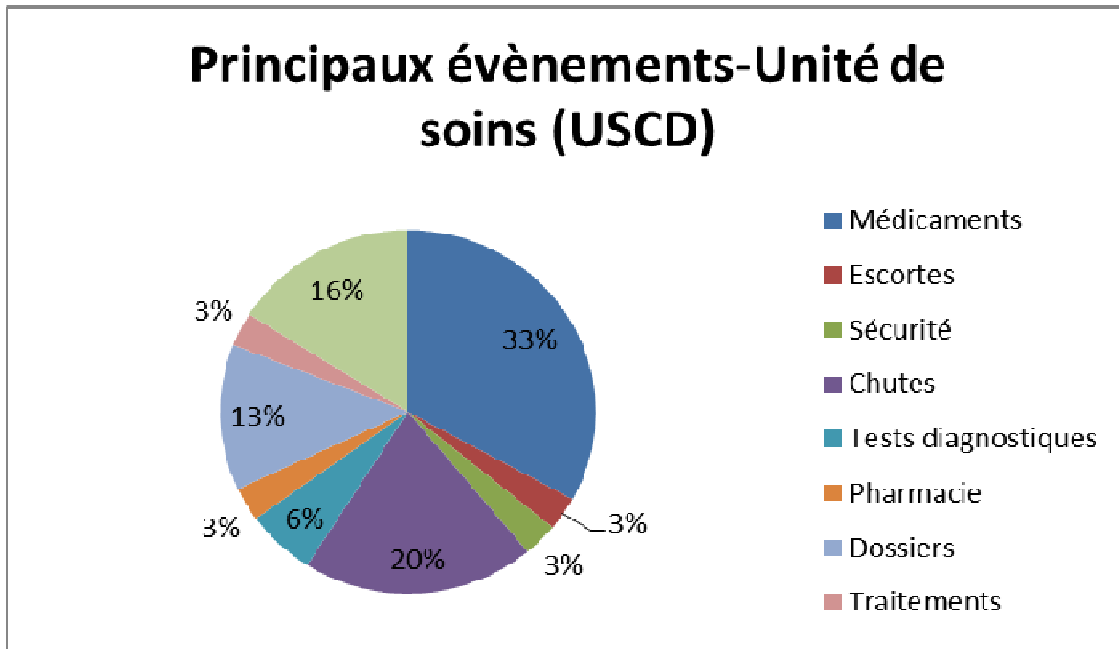
to the refusal of the Camp to allow these individuals to attend camp in the coming years – we will need to further investigate these problems.

### GOALS

1. Recruit and retain nurses in these roles
2. Improve communications between these teams and standardise the level of care that this staff provide
3. Improve yearly records on the users and the new potential users of this service

### **COUNSELLOR TO DIRECTOR NURSING**

#### **PRINCIPAL CAUSES OF INCIDENTS/ACCIDENTS**



\*\*\*\*\*Diagnostic tests (33%) and falls (20%) make up the two largest areas of reported incidents

A new coordinator was hired this year to continue the work on implementing the risk management reporting process as well as implementing corrective actions for issues that were identified at IHC. The multidisciplinary AMPRO team was spear headed by the co-ordinator and they began work on obstetrical risks. This new team had favourable comments about the courses that were given as well as the supply boxes that were distributed on the coast to manage obstetrical cases.

A new Therapeutic Guide is being worked on by the physicians and this will provide more complete and accurate standing orders for nurses to follow.

**GOALS:**

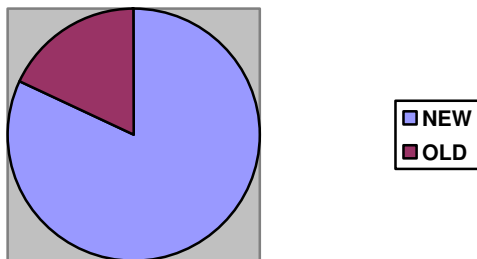
1. Continue to teach all staff about the AH-223 reporting forms
2. Finish and implement the procedure for isolation of violent patients

**INFECTION CONTROL**

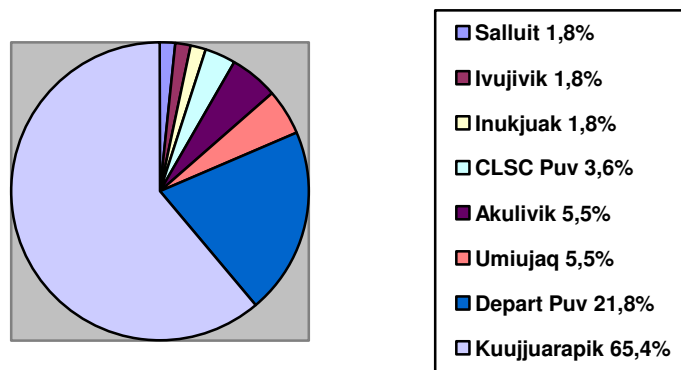
A new nurse was hired to manage this program in January 2012.

- The first Infection Control Committee met in August 2012 and protocols were adopted regarding the care, cleaning and re-use of ultrasound probes and inter-cavity catheters.
- Courses were given to the nursing staff in May and July 2012.
- FIT-tests were performed from June to October on all staff and will continue on an as-needed basis
- Protocol for prevention of the spread of tuberculosis (TB)

**NEW CASES OF MRSA AT IHC**



**NEW CASES OF MRSA BY VILLAGE**



\*\*\*\*\*To note, in Kuujjuaraapik the incident of MRSA is alarmingly high. There appears to be a resistance by the population to complete their antibiotic treatments. There is a great risk of this bacteria becoming even more resistant!

GOALS:

1. Protocol for prevention TB in the work place
2. Develop information sessions to re-enforce current policies and procedures

## COMMUNITY HEALTH

This staff works on many issues surrounding public health such as:

- Stop smoking
- Prenatal nutrition
- Stop drinking during pregnancy
- Sexual health and contraception to school age children and the public at large
- Baby health
- School health
- Parental support
- Promotion of health (diabetes and high blood pressure)
- Sexually transmitted diseases

### NEW CASES OF SEXUALLY TRANSMITTED DISEASES IN NUNAVIK

\*\*\*\* about 60% of these new cases, which are on the rise, are from IHC

ITSS	Gonorrhoea	Chlamydia
2012	254	382
2011	250	310
2010	199	229
2009	178	249

To note there was an excellent health fair put on in Puvirnitug where all of the community participated in healthy activities. Booths were set up to inform and teach the public about issue surrounding health... congratulations to this Community Health team and the Health Committee for putting on this excellent event.

## **FASD (Fetal Alcohol Spectrum Disorder)**

Although the coordinator of this program left her position, the assistant coordinator was able to carry on this important work with pregnant women.

New pamphlets were made to help in teaching the community about FASD and its lasting effects on unborn children. New mothers were met during their pre-natal visits and a baby showers and classes about FASD were given to the nursing staff and the interpreters at the MNQ.

### GOALS:

1. Visit the 6 other communities to present pamphlets to these communities
2. Develop and implement a school program for high school students
3. Develop local resources to help FASD children and their families

## **DIABETES**

This program is staffed by one full time Inuit nurse in Puvirnitug, who visits also the other 6 villages on the coast to teach about diabetes, its prevention and a healthy life style.

She performs foot care to existing patients, teaches about gestational diabetes and tours with the optometrist to screen for retinopathy in diabetic patients.

### DIABETIC PATIENTS IN EACH COMMUNITY

<b>Village</b>	<b>2010-2011</b>	<b>2011-2012</b>	<b>2012-2013</b>
Salluit	36	30	40
Ivujivik	4	4	4
Akulivik	10	8	8
Puvirnitug	37	40	43
Inukjuak	30	23	31
Umiujaq	12	11	11
Kuujjuaraapik	42	37	47
<b>TOTAL</b>	<b>171</b>	<b>162</b>	<b>183</b>

### GOALS:

1. Continue teaching new patients about a healthy life style
2. Develop tools to assist in teaching
3. Develop a program to follow women with gestational diabetes (diabetes during pregnancy).

## EDUCATION

For the 3<sup>rd</sup> year in a row, our nurses have benefitted from courses given by McGill through video-conferencing.

The order of Nurses of Quebec has obliged each nurse to attend 20 hours of education per year, of which 7 of these hours are in accredited courses. We have tried very hard to provide these obligatory courses to our staff in the north.

### PERCENTAGE OF NURSES PRESENT IN THESE COURSES BY VILLAGE

	Kuujjuaraapik	Umiujaq	Inukjuak	Puvirnitug	Akulivik	Ivujivik	Salluit	MNQ
<b>2012-2013</b>	50 %	45 %	50 %	50 %	55 %	9 %	55 %	82 %
<b>2011-2012</b>	84 %	53 %	23 %	76 %	46 %	38 %	53 %	53 %
<b>2010-2011</b>	61 %	46 %	69 %	77 %	54 %	8 %	62 %	38 %

### GOALS:

1. Continue orienting new staff
2. Begin courses for certification in advanced life support
3. Continue to offer courses for all nurses in IHC

## BUDGET

Nursing finished this fiscal year with a surplus – BRAVO!

Programme			Budget (lettres RRSS)	Dépenses 2012-2013	Écart	Justifications
3020002	Soutien jeunes parents	6763	0	7 258	-7 258	Pas de budget (programme terminé ou déplacé?)
3020003	Projet ITSS	6763	10 000	3 206	6 794	Régie maintiendrait le même montant
3020006	Projet pré-natal nutrition	6763	87 105	81 750	5 356	
3020007	Family support (0967)	6763	10 000	3 114	6 886	
3020008	Projet dépistage rétinopathie diabétique	6763	30 000	20 908	9 092	
3020012	Projet clinique diabète- santé publique	6763	45 000	17 575	27 425	
3020024	Projet FASD	6763	135 951	135 542	409	
6020025	Prévention du suicide	6763	14 000	14 466	-466	
3020998	Projet de formation des interprètes	6051	74 654	28 642	46 012	Budget sous toute réserve, voir Karine Verville.
Sous-Services			Budget 2012-2013	Dépense 2012-2013	Écart	Justifications
3060000	Administration des soins	6000	696 297	614 657	81 640	
3055140	Sailivik (Foyer personnes âgées)	5514	126 588	0	126 588	Activité fermée
Médecine (6051) & Surplus orientation (6051-9)		6051	3 783 490	3 855 996	-72 506	
PLA (infirmière) (6173)		6173	1 114 480	981 851	132 629	
PLA (FSA, tech réad, Coordo) (6530, 7151, 7162)			1 203 257	1 158 088	45 169	
Prévention et protection de la santé publique		6763	721 828	652 310	69 518	
3063020	Consultation externe spécialisée	6302	1 048 820	777 660	271 160	
CLSC (6307)	Service de santé courant	6307	11 631 599	11 569 202	62 397	
TOTAL DSI			20 733 069	19 922 225	810 844	

## YOUTH PROTECTION

The mandate and the mission of youth protection is to offer to children, youth, parents and close friends, services that will strive for the protection of our youth and also offer if needed, the rehabilitation of the youth in partnership with the centralised rehabilitation services. The Department of Youth Protection (DYP) works with four principal acts:

- Youth protection Act
- Adoption Act
- Youth Criminal Justice Act
- Health and Social Services Act

These services are present in the seven villages of Hudson Coast. The portrait of this area shows that 42% of the population is under 18 years of age.

Communities	Total Youth & Children	0 - 4	0 - 14	15 - 17	18 - 24	25 - 34	35 - 64	65 and Over	Total population
Kuujjuaraapik	240	85	205	35	90	110	195	25	660
Umiujaq	190	55	160	30	70	60	105	15	440
Inukjuak	590	200	530	60	225	275	432	75	1597
Puvirnituq	755	230	645	110	205	265	417	50	1692
Akulivik	275	95	245	30	85	100	145	10	615
Ivujivik	155	40	135	25	35	55	110	10	370
Salluit	590	185	520	70	185	205	327	40	1347
<b>Total</b>	<b>2795</b>	<b>890</b>	<b>2440</b>	<b>360</b>	<b>895</b>	<b>1070</b>	<b>1731</b>	<b>225</b>	<b>6721</b>

Each community is staffed with social workers, community workers and/or social assistants. The administrative staff works mostly in Puvirnituq.

As of March 2012, there were 42.5 positions approved:

- 10 management staff
- 15 human relation officers
- 1 educator
- 17.5 clinical positions

Recruitment and retention remains a principal preoccupation. For the Inuit workers, the peer pressure and the fact that they personally know the people with who they have to intervene, are issues that make it difficult for them to work in Youth Protection.

The non authorised daily absences of the locally hired workers have an impact on the services that YP is able to provide. All communities were understaffed at some point this

past year, leading to an overcharge of caseloads for the remaining workers. This shortage of workers resulted in YP having a surplus at year end in their budget of close to \$700,000

At the end of this year, Marianne Martin resigned after countless years of dedicated service to the youth of Hudson Bay. Maina Beaulne was named into the position of Assistant DYP and Danielle Beaulieu was hired as Interim DYP to replace Ms Martin.

## **YOUTH CRIMINAL JUSTICE**

The responsibility of the application of this law is under the Provincial Director (DP). In the province of Quebec the responsibility of DP is given to the DYP. The Youth Criminal Justice Act (YCJA) applies to all youth from 12 to 17 years old who has committed an illegal act under the criminal code or other federal penal acts. The YCJA main role is to assure the protection of the society and also to aim the re-adaptation and social integration of the youth. The DP worker aims for the accountability of the youth, the implication and the participation of the parents through the process.

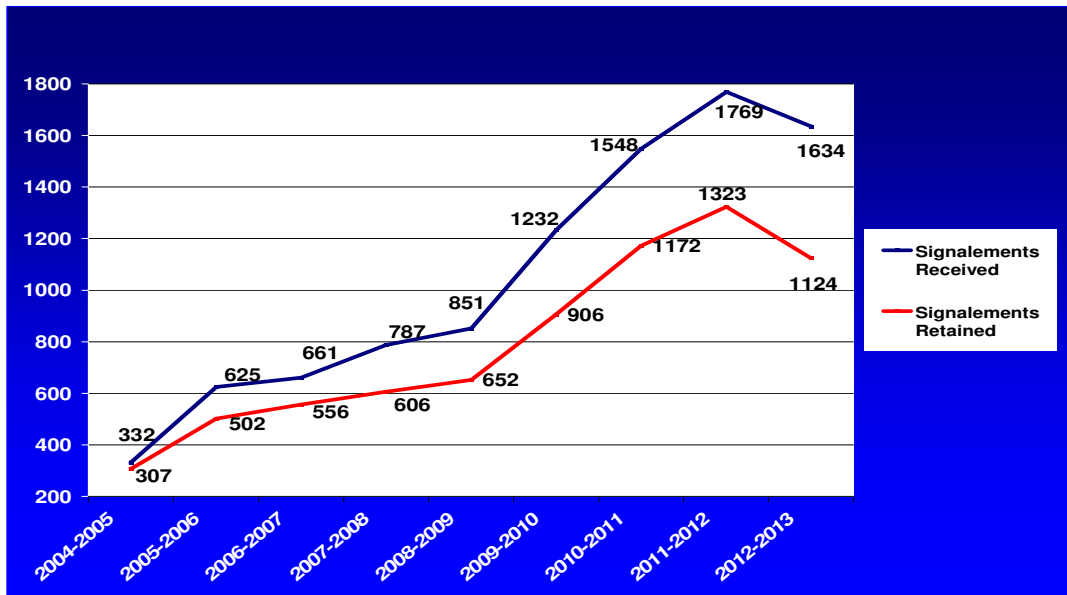
The different services offered are the following:

- ↳ When requested by the crown responsible of criminal and penal pursuit, assess the situation of the youth to identify if he can benefit of extrajudicial measures ;
- ↳ When requested by the court, assess the situation and present a pre-sentence report (RPD) or other reports requested;
- ↳ Assure a follow up of the different sentences imposed to the youth by the court;
- ↳ Do a clinical evaluation of the situation of the youth considering the stage of delinquency, the needs of the youth, the risks of recidivist he represents and the court decision;
- ↳ Take the necessary steps to organize the judge-ordered detention or the preventive custody.

## **SIGNALEMENTS**

For the first time in eight years, we see a decrease in the number of signalements.





	Total	Akulivik	Inukjuak	Ivujivik	Kuujuaaraapik	Puvirnituaq	Salluit	Umiujaq	Other
<b>Total</b>	<b>1634</b>	<b>171</b>	<b>178</b>	<b>90</b>	<b>110</b>	<b>775</b>	<b>257</b>	<b>47</b>	<b>6</b>
<b>Retained</b>	<b>1124</b>	<b>148</b>	<b>125</b>	<b>66</b>	<b>106</b>	<b>449</b>	<b>195</b>	<b>34</b>	<b>1</b>
<b>Not Retained</b>	<b>510</b>	<b>23</b>	<b>53</b>	<b>24</b>	<b>4</b>	<b>326</b>	<b>62</b>	<b>13</b>	<b>5</b>

## Retained Signalements 2012-2013 by Village and Problem Type

Problem	Total	Akulivik	Inukjuak	Ivujivik	K,Pik	Puvirnituaq	Salluit	Umiujaq	Other
Grand Total	1124	148	125	66	106	449	195	34	1
Neglect	572	53	63	17	57	274	100	8	0
Physical Abuse	183	32	18	14	18	54	30	17	0
Sexual Abuse	98	17	10	17	1	37	13	2	1
Behavior Problems	91	14	16	4	7	38	10	2	0
Abandonment	14	0	2	3	0	4	3	2	0
Psychological Ill-treatment	166	32	16	11	23	42	39	3	0

\* To note there is a reduction of over 200 cases this year compared to last year but physical and sexual abuse continue to be alarmingly high in certain villages

## Risk of Physical or Sexual Abuse April 1, 2012 to March 31, 2013

	Total	Akulivik	Inukjuak	Ivujivik	K,Pik	Puvirnituaq	Salluit	Umiujaq	Other
Total Physical Abuse	183	32	18	14	18	54	30	17	0
Physical Abuse	119	14	17	9	12	37	13	9	0
Risk of Physical Abuse	77	18	1	5	6	17	17	8	0
Total Sexual Abuse	98	17	10	17	1	37	13	2	1
Sexual Abuse	49	6	7	7	1	6	7	1	1
Risk of Sexual Abuse	56	11	3	10	0	31	6	1	0

\*\*\*this is a small decrease over the previous year where there was a total of 196 cases of abuse reported, however, to note there is a significant rise in these numbers in Akulivik .

## FOSTER HOMES

At the end of last year, there were 181 children placed in foster homes. The amount paid to foster parents was \$2,692,736

At the end of the current year, there were 198 children in foster homes. The amount paid for foster homes this year was \$2,860,578

This year Quebec has modified conditions relating to the foster home contracts. Nunavik will evaluate the impact of applying these modifications next year.

### Snapshot of Clients in Foster Home - Period 26 From February 24th to March 9th 2013

COMMUNITY	Client in FH	Akulivik	Inukjuak	Ivujivik	K'Pik	Puvi.	Salluit	Umiujaq	Ungava	South
Akulivik	24	18	3		2		1			
Inukjuak	29		21		3	2		1		2
Ivujivik	13	1	2	3	2	2	1			2
K'Pik	25				21			1	2	1
Puvi	70	5	8		5	49				3
Salluit	37	3	3	0	6	1	21			3
Umiujaq	0									
<b>Total</b>	<b>198</b>	<b>27</b>	<b>37</b>	<b>3</b>	<b>39</b>	<b>54</b>	<b>23</b>	<b>2</b>	<b>2</b>	<b>13</b>
									<b>Total</b>	<b>198</b>

\*\*\* to note, during the same time last year there was a total of 18 children placed in the south and this year there is only 13

## ACCOMPLISHMENTS

1. We began the implementation of computerised files (PIJ) – it is not completed yet but will have positive impacts on the services rendered.
2. Two groups of Inuit workers continued their participation in Marie-Victorin training program and workers attended a training given by our EPA coordinator on “Finding one’s Balance”

3. The plans for the new YP building in Puvirnitug were finalised and work will begin in the summer of 2013, with an anticipated date of entry in early 2014.
4. Inuit and non-Inuit work together each using each others knowledge and special skills.

### **GOALS:**

1. To recruit and retain employees into our vacant positions
2. To offer increased clinical support to workers
3. To review existing data and add to PIJ
4. To continue training staff on PIJ
5. To respect the court order judgements and voluntary measures
6. To review the process of interventions and apply existing protocols and good practices
7. To intervene with mediation approach and offer more Family Counselling
8. To participate in projects such as “Good Touch, Bad Touch” and to meet local partners to ensure better knowledge of Youth Protection
9. To review the active cases for whom the possibility of tutorship or adoption would be in the best interest of the child
10. To develop Foster homes

### **GROUP HOME (Puvirnitug)**

The mandate of the group home is to offer rehabilitative services to the youth placed following voluntary or court order measures. The services offered implicate programs that take in to account the specific needs of the youth. There are also services offered to the parent aimed at the development of the parental capacities. The workers from the Group Home and from DYP services worked together in establishing an Intervention Plan with the Youth and the parents.

### **EDUCATION**

The goal of increasing the team’s clinical skills was accomplished. All staff participated in the Nunavik Special Care Counseling Program presented by Cégep Marie-Victorin. This training will take place over the course of 3 years. The team completed the first year with 7 (3 days) session from October 2012- May 2013.

The second goal of developing a program for victims of sexual abuse or violence was not met. Instead we expanded our Health and Hygiene program and created a program specifically looking at Health and Sexuality with the focus being on the following:

- ⇒ *Sexuality*- educating clients on how sexuality influences thoughts, feelings, actions, interaction and their mental and physical health, focusing on values and beliefs and ethics related to sexuality.
- ⇒ *Sexual Health*- involving the integration of the physical, emotional and social aspects of sexuality in ways that contribute to the overall health and well being of the individual and lastly
- ⇒ *Sexual Health Education*- exploring and developing the individual's responsibility to respect the rights and needs of others, emphasizing the self worth and dignity of the individual.

Three new programs were developed and delivered this year:

- ⇒ Health and Sexuality Program;
- ⇒ Making Health Choices Guys/Girls Discussion Group;
- ⇒ Social Skills Program.

We are continually adding to our resource library which remains essential to the development and delivery of our clinical programs.

### **CLIENT PROGRAMS**

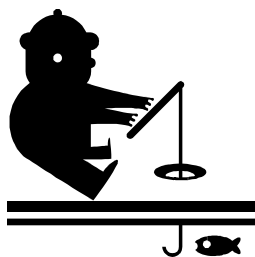
We are continuing to make changes and add to our current programs to ensure we are meeting the needs of our ever changing clients in the areas of:

- Anti Bullying
- Literacy
- Self Awareness
- Assertiveness Training and
- Health and Hygiene.
- Self Esteem
- Substance Abuse
- Anger Management

All clients continue to participate in weekly counseling sessions with their key workers and participate in cultural programming, engaging in cooking, sewing and on the land activities, such as fishing and hunting.

Last year the clients were able to participate in a camping trip to Akulivik and this past January participated in a Winter Survival Skills Program in cooperation with the CNV, where the clients had the opportunity to build igloos and go ice fishing.

**A very special thank you to Adamie Sivurapik, Daniel Qinuarjuk, and Moses Sivurapik for providing our clients with these opportunities.**



The clients and team are eagerly looking forward to our upcoming camping and canoeing trips which we hope to be able to expand this year to have some family members join us.

We continue to emphasize community-based programming focusing on the clients playing an active part in the community and on giving back to the community. Our clients continue to visit with the elders and participate in all celebrations and activities that Puvirnituk has to offer. The children regularly attend church and funeral services.

#### **GOALS 2013-14**

1. Continue working on increasing the team's clinical skills with the emphasis being on effective counselling and behavioural intervention strategies.
2. Increasing our resource library and program offerings.

# COMMUNITY SERVICES

## SOCIAL SERVICES

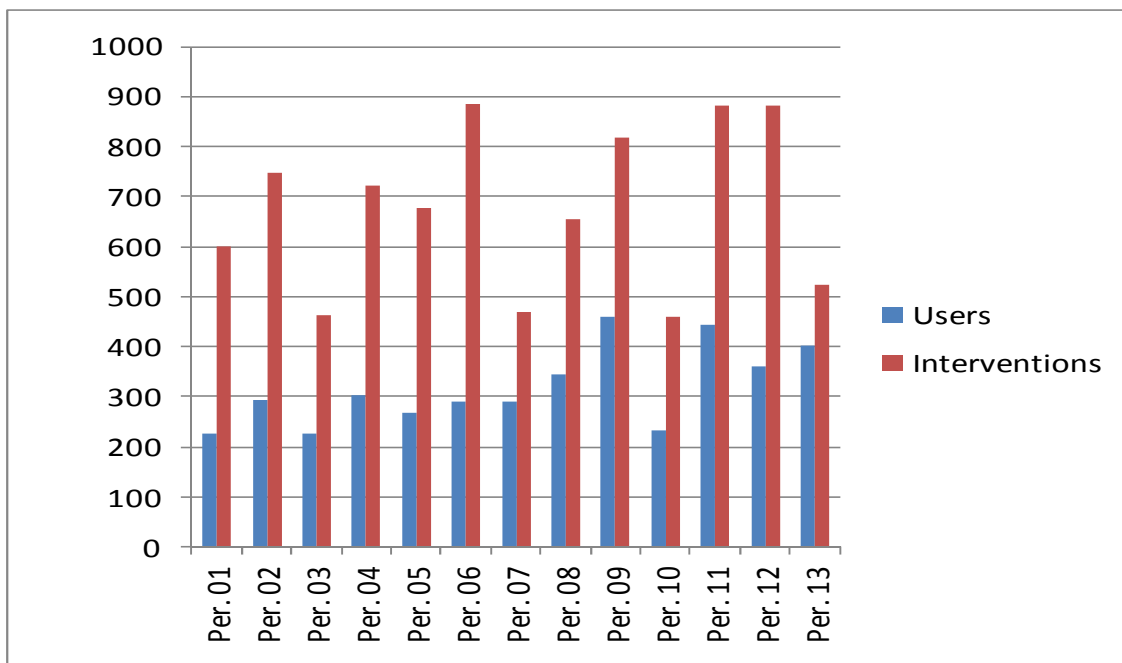
The 2012-2013 fiscal year held many challenges for the CLSC Social Services teams on the coast including demanding social situations, limited resources, community crises and staffing instability. However, the strength and dedication of the staff sustained by partners of all kinds, including community leaders and members, meant that crises were overcome, services were maintained and creative programs were developed and implemented.

The nomination of the Director of Community Services was welcomed by our service as a clear signal of the commitment of Inuulitsivik Health Center to reinforcing strong Inuit leadership with the goal of further solidifying respect for Inuit culture and tradition as well as response to community concerns.

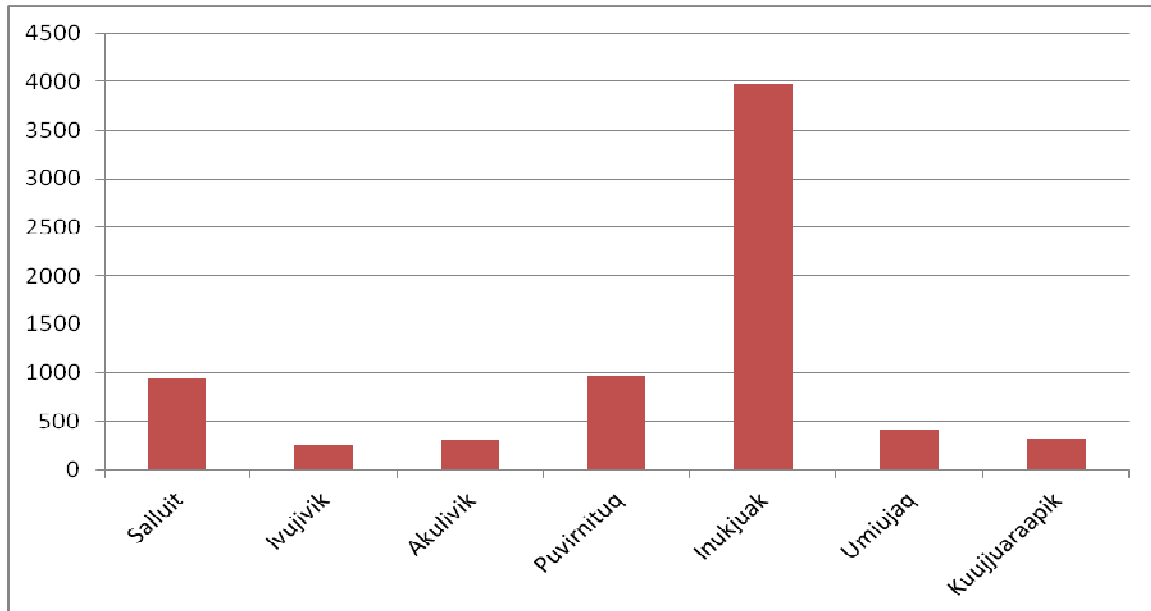
### Statistics

Below is a graphic representation of the number of users along with the number of interventions for the 2012-2013 fiscal year, presented for each village.

#### Total Users and Interventions by Financial Period 2012-2013



## Total Number Interventions by Village 2012-2013



In general, the total number of interventions reflects the number of users in each village. The huge number of interventions in Inukjuak is difficult to explain particularly since the results from the rest of the communities are more in line with the number of users.

### Response to Crisis/Trauma

Tragically, many communities suffered traumatic events this year, including violent deaths from suicide, alcohol-related accidents, firearms, etc. The Coordinator and Director responded by sending in crisis interveners to assist and support local teams. Inuit Elders and other individuals who have expertise in the field of Inuit healing were hired on a contractual basis and dispatched to trauma zones.

### Community Workers-Social Aids

CLSC Social Services has a total of 10.5 full time permanent positions. Six workers are relatively stable on the recall list, replacing absent workers and providing additional resources to communities in crisis. All Community Workers/Social Aids are required to speak Inuktitut and are expected to have knowledge of Inuit culture and traditions.

*Challenges:* Recruiting new community workers has been a continued challenge this year, particularly in the smaller communities. The regular worker in Umiujaq has been on leave since the beginning of the year. It has been impossible to recruit a stable replacement. This situation has put pressure on the CLWW (Community Liaison Wellness Worker) and we are grateful to her for being willing to step out of her role and



for supporting the social worker. In addition workers from other communities have been sent to the village for varied lengths of time in order to assure services in Inuktitut.

*Highlights:* This year, Kitty Williams, a long-time Community Worker in Inukjuak took her well-deserved retirement in February 2013. Kitty had anchored the Social Services team in Inukjuak since 1995 and had played a pivotal role in training and orienting many community workers as well “green” social workers. She is deeply missed but the Director is counting on her continuing to contribute as a consultant to communities in crisis.

### **Social Workers**

There are 12 full time permanent social work positions on our coast dedicated to the delivery of social services in the villages on our coast. The social workers in Ivujivik, Akulivik, and Umiujaq respond to all requests for services while in the other villages, one social worker focuses on mental health and PLA referrals while the other social worker leads interventions in child, youth, and family files. Inukjuak, with a larger population and many individuals in need of home care services, has one social worker dedicated to the PLA (Prior Learning Assessment) program.

### **Conclusion**

It is with pride that we have reviewed the activities of CLSC Social Services this year. We recognize the challenges and the need to improve our efforts on behalf of our clients and our communities but we wish to highlight the hard work of our team members. The continued collaboration between Inuit and non-Inuit staff is a model which we believe reflects the philosophy of Inuulitsivik Health Center and which offers the best possibility of offering services which are meaningful to our population.

### **GOALS 2013-14:**

1. Reinforce understanding of and respect for administrative demands and procedures, including evaluation of requests for financial assistance.
2. Improve communication with and support to the local teams.
3. Use available resources to offer greater support to the local teams including regular community visits.
4. Review and improve collection and analysis of statistical data.

## **SUNGIRTUIVIK INUKJUAK FAMILY HOUSE**

### **Staffing**

Activities at Sungirtuivik were carried out for the most part of the year by the six local Educators:

1. Kitty Kritik, Cook and Nutrition Counsellor
2. Alacie Nowra, Assistant Cook
3. Malaya Weetaluktuk, Educator Pregnant Women
4. Lizzie Qumak, Educator, Parent-Child Activities
5. Maina Epoo, Administration and Sewing
6. Lucy Idlout, Education and Elders

The positions of Social Worker and Nurse remained vacant for most of the year. The nurse returned to work for a short period of time before leaving on a preventative leave. No replacement for this position was found. Natalie Nowkawalk, the former social worker, was hired intermittently on a contractual basis.

### **Staff Training**

The staff of Sungirtuivik participated in the following training:

1. Diabetes – January 2013 – by Minnie Akparook
2. Nutrition – March 2013 – by Rebecca Veevee

### **Summary of Activities**

- Baby sitting course – ran during the summer holidays and at Christmas
- Baby book – due to poor attendance this activity will be cancelled in the future
- Cooking classes – given to 41 adults and 16 youth
- Elders program – 81 elders participated in courses –elders also shared their life experiences with each other and with all present
- Pre-natal courses – thanks to midwives who participated and gave information on FASD, hand washing, diabetes and nutrition. In addition the mothers-to-be participated in activities such as exercising, relaxation/yoga, walks and healthy cooking
- Sewing - hosted 96 adults and 63 children - \$3000 donation from Avataq allowed staff to buy material for this course
- Soup kitchen was partially funded by a donation from Makivik of \$4000 – many of all ages profited from this popular activity
- Beach project – ran for one month in the summer of 2012 in partnership with Unaaq, NV, Pituvik and Recreation Center. Funding came from KRG and \$20,000 from Québec en forme

### **Goals:**

1. Maintain the successful activities from the previous year;

2. Add new activities in response to needs of the community which have a stronger informational/educational component;
3. On-going training for educators in related area

### **COMMUNITY LIAISON WELLNESS WORKERS (CLWW)**

This year was important for our CLWW program. We are pleased to report that we were able to staff five of seven communities on the Hudson Coast with Inuit CLWWs. Salluit, Akulivik, Puvirnituk, Inukjuak and Umiujaq each have a CLWW now.

In Kuujjuraapik, three individuals expressed interest in our job posting but they failed to follow through on this expression of interest by sending their résumés to Human Resources. We will continue to pursue our efforts to recruit a staff member for this important village.

Due to personal problems, our CLWW in Ivujivik took a one year leave of absence without pay. We were unable to find a replacement for her.

This fiscal year, the CLWWs followed the regional health promotion calendar. In addition, the CLWWs also participated in activities such as international suicide prevention day and children's day which did not form part of the regional calendar.

#### **Training & Workshops**

- Dialogue For Life  
November 25 to 29 2012  
Conference of First Nations and Inuit Suicide Prevention of Quebec and Labrador  
Attended by all CLWWs
- Nunavik Sexual Health and Education workshop  
Workshop in Kuujjuaq January 22-24, 2013  
About sixty participants all over from Nunavik participated. The goal of this workshop was to promote the "Think Before You Start" sex education program for secondary students attending schools governed by the Kativik School Board.
- ASIST trainers meeting  
March 26-28, 2013 in Kuujjuaq  
Attending were Lolly Annahatak, ASIST trainer; Normand D'Aragnon, coach for Nunavik trainers; Martha Inukpuk-Iqaluk, ASIST trainer; and Daniellie Qinuajuak, ASIST trainer

### **Clinical project**

Our Coordinator, Charlie Nowkawalk, and four CLWWs participated in the Clinical project deliberations. The Coordinator of CLWWs was given the important task of Chairman for the Mental Health Advisory Committee. Under his leadership, the committee succeeded in generating significant recommendations for the improvement of services in mental health across Nunavik.

### **Special Suicide Prevention Activity**

In April 2012, with the assistance of the CLWW, an event billed as a walk for life was organized in Inukjuak to sensitize the population, especially youth, to embrace the joys of life, reject suicide and be aware of the terrible impact that suicide has on the entire population. Earl Daniel, a social worker, danced non-stop for three days. The event was extremely popular. It was broadcast live on regional and arctic region radio, television and the internet. This dance was also reported in the Nunatsiaq News.

Large blank papers were placed on the walls for people to write their wishes, sufferings and hopes. By the end of the event, these papers were filled with important messages. Families of suicide victims did a lot of opening-up and sharing about their losses and their loved ones. This was a very powerful and emotional event for many of us.

### **Goals for 2013-2014**

1. Additional training for CLWW is needed:
  - Budget management
  - Computer courses
  - Project fund requests;
  - Planning, preparing and delivery of prevention activities.
2. Improved organization and coordination of activities on the coast.
3. Implement the CLWW Coordinating Model

### **REINTEGRATION CENTER (Inukjuak) and CRISIS CENTER (Puvirnituk)**

This was a particularly difficult year for the mental health rehabilitation services because Beethoven Asante, the long time Program Manager of Aaniavituqarq and the Reintegration Center, left on sick leave at the end of April 2012. Aani P. Tulugak, the newly appointed Director of Community Services, took the decision to nominate Barbara Northrup, Assistant Coordinator of CLSC Social Services, to replace him. The goal was to assure continuity and stability during Mr. Asante's absence. Nakurmiik

Barbara for a job well done. I am delighted that Beethoven has recovered and has returned to work at the end of this year - we are all grateful.

### **Staffing**

Efforts to recruit and retain the services of Social Aids for both Centers who are capable of working full time continued to be problematic. Over the years, it has become clear that the best way to assure that clients have access to services in their own language and that they can benefit from culturally appropriate services is to recruit and hire social aids prepared to work part-time. Doing so maximizes employment opportunities for community members while at the same time maximizing the presence of local workers on the floor of the two centers.

The sudden death of Maiva Tukalak, a long time employee of Aaniavituqarq, was a shock to everyone. Maiva will be remembered for the central role he played in our efforts to provide care to a particularly challenging client in 2005 and in the aftermath of one of the biggest crises in the history of Aaniavituqarq. He is sadly missed by clients and staff alike. Rest in peace, Maiva.

### **Training Activities**

This year, all employees were able to benefit from a variety of training activities, including:

1. Sessions on a variety of topics offered to all employees of Inuulitsivik Health Center by Inuulicare.
2. Onsite training through RUIS McGill (Douglas Hospital) tailored to the needs of the two mental health resources. Two sessions were offered in Inukjuak and in Puvirnituq.
3. Training from RUIS McGill professionals via videoconferencing.

### **Client Data**

This year, there was a slight increase in the number of people requiring services. A total of 85 people were provided with residential and day program services at both centers. The Reintegration Center admitted 46 individuals while Aaniavituqarq (Crisis Center) welcomed 39 adults with severe and persistent mental health problems.

One client was successfully discharged to his home community after a placement of eight months at Aaniavituqarq.

The reasons for request for services remained unchanged from last year. Although the Centers had an occupancy rate of 100%, we were unable to provide needed services for some people. As usual, juggling strategies to make sure that no bed was “cold” allowed the centers to maximize our ability to respond to increasing demands for placement and to meet requests for other services such as respite care.

The ability of the Centers to respond to requests for emergency services is limited by factors frequently discussed in the past. Essentially, placements of individuals in crisis are constrained by the fact that long term clients, for whom no alternatives exist, occupy beds that could otherwise be used for crisis intervention.

One strategy used to overcome the shortage of beds was to use the day program creatively. For example, Aaniavituqarq has worked in close collaboration with the Care Unit in Puvirnituuq. Individuals who are hospitalized and have some behaviour challenges have regularly gone to the day program to ease the work load of nurses and escorts and to provide stimulation and support to these patients who benefit from time away from the hospital.

This year the clients at Aaniavituqarq did a great job with the laundry services provided to the KRPF (Kativik Regional Police Force) detachment in Puvirnituuq. Blankets, pillow cases, bed sheets, police vests, etc. were washed, dried and folded by clients. A total of \$8770.25 was paid by the KRPF for this service. Clients who participated in the work program received a portion of the proceeds in cash in the amount of \$4,885.00.

For our clients, the sense of pride that they have when they participate in a work activity is as important as the money they earn from working

In conclusion, we underline that while this work is rooted in a variety of disciplines, there is something underlying the medico-psycho-social basis of our activities that is at the same time less tangible but very profound. It is the sense that in caring for individuals who are among the most marginalized we are fulfilling the demands of a high power:

*“And the King shall answer and say unto them, Verily I say unto you, Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me.” Matthew 25:40*

**GOALS FOR 2013-14:**

1. Work towards increasing the monthly fees paid by the clients for hébergement (accommodations) for both Centers.
2. Review and reinforce the implementation of intervention plans for all clients.
3. Establish monthly reviews of safety measure such as securing the rooms of clients, procedures for storage of dangerous and lethal products, monthly fire drills, etc.
4. Prepare actively for the building and development of Uvattinut:
  - Participation in the preparation of clients who will be moving more toward independence;
  - Renewing the original mandate of Aaniavituqarq (Crisis Center) to provide short term placement for mental health clients in crisis.





## QUALITY SERVICE and COMPLAINTS COMMISSIONER

Our Commissioner, Josi Nappatuk did an extraordinary thing this year. He voluntarily registered at Le Portage for an intensive 6 month rehabilitation program for drug and alcohol use. The BOD and all of the employees of IHC are extremely proud of Josi's accomplishment and at the time of the writing of this report, I am delighted to tell you that Josi remains drug and alcohol free, one year later CONGRATULATIONS Josi, you have become a strong role model amongst your Inuit colleagues and all of the employees of IHC



**\*\*Josi on his graduation day with his daughter Amanda at Le Portage**

Josi has begun an important link with the community this year. He broadcasts on the FM radio information from IHC and the MNQ. I have had much feedback about these informational radio sessions and they are greatly appreciated – the population feels that Josi is sharing important info in a concise and clear manner.

### **RECOMMENDATIONS:**

1. IHC promote and ask NRBHSS to plan and implement INFO-SANTE in Nunavik
2. That IHC build and operate a Rehabilitation Center for Hudson Bay

3. That IHC create a position of Director of Communication

**GOALS:**

1. Still on focus for this coming year: attending new caregivers' teachings to enhance commissioner's position and processes they are submitted to.
2. Regular meetings with nursing department when nursing is implicated. Continuing teachings for MNQ and other employees.
3. Developing ongoing communications with all the Wellness Committees.
4. Outreaching the nurse agencies IHSSC deal with, to ensure teachings on the Quality service and Complaints process in IHSSC.
5. Examine formally the workload distribution between the two commissioners, that is for complaints concerning MNQ and DYP

## MNQ

This has been a disappointing and frustrating year as we patiently wait for the MSSS to approve our request to relocate our facilities to another locale – a locale that would allow us to adequately serve our clients in a safe and welcoming location. Changes in key members of the Ministry have forced us to revisit and then again revisit all of our requests. At the time of writing this report (August 2013) we still do not have approval to go to tender with our specifications.

In preparation of an eventual relocation, Celine Laforest, director of the MNQ, and her team have been consolidating and rearranging positions. This has been done in an open and transparent fashion. Change is difficult and for some it is even more difficult.

The MNQ finished the year with a small deficit but as their budget for this year was not indexed for a cost of living increase, this is an expected result.

Strict regulations about who can have an escort and who can be an escort were put in place in the north. The MNQ staff closely monitors these new rules and provides timely feedback to the north. Escorts that do not adhere to the rules of conduct are not permitted to escort anyone for at least a full year.

A short video produced by the Montreal Police, in collaboration with the staff from the MNQ, was made and is now available to all of our clients visiting Montreal. It addresses basic rules about how to be safe while at the MNQ and how to report any unusual or dangerous situations.

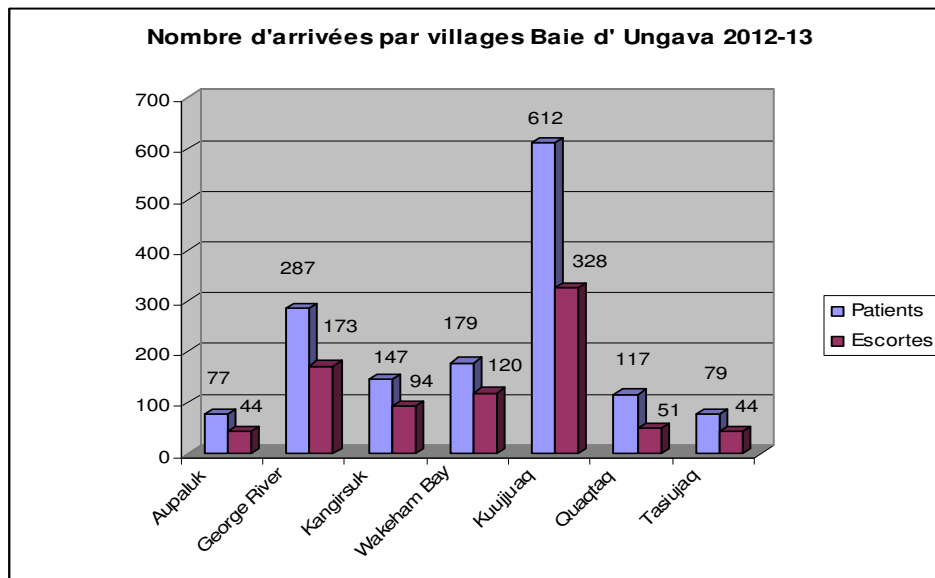
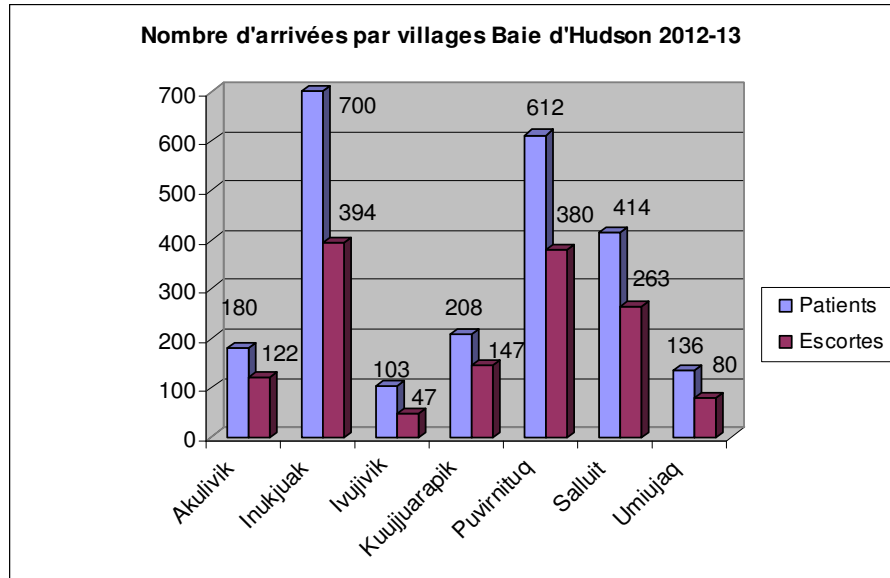
On-going education was provided to different employees and included:

- A CSST approved course in safety at work
- Mental Health
- Bi-weekly course for liaison nurses provided by McGill
- Mental Health conference in Kuujuaq

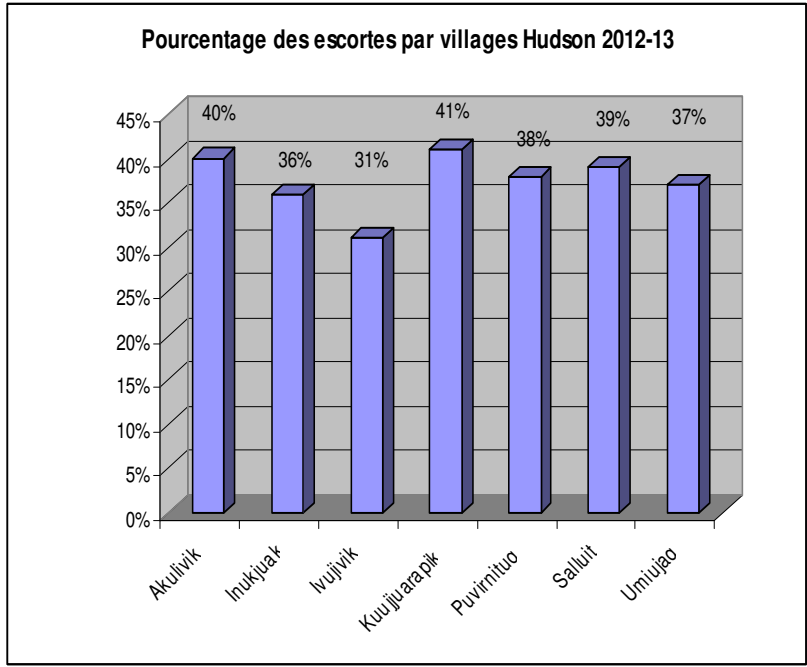
Goals for 2013-14

1. Relocation of MNQ facilities
2. Zero deficit
3. Reservation program on line for MNQ
4. Continue optimising MNQ-GO
5. Follow up on medical records at MNQ
6. Training for Interpreters

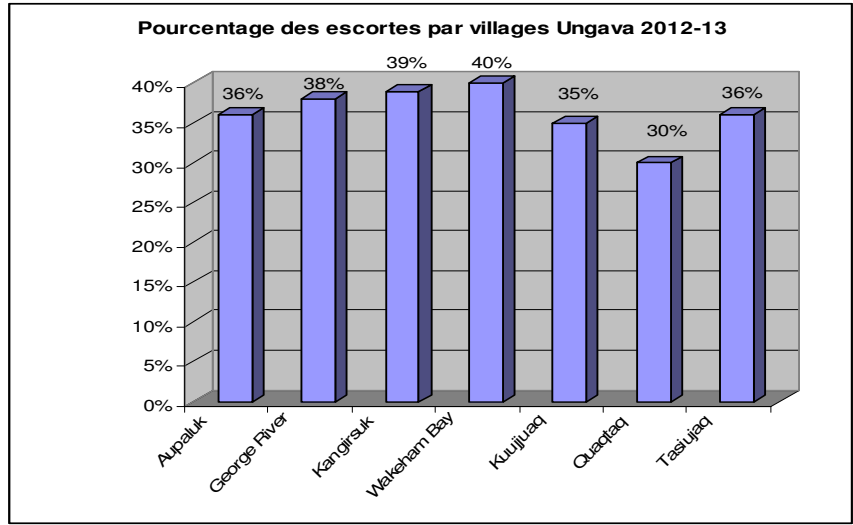
## CLIENTS FROM EACH VILLAGE



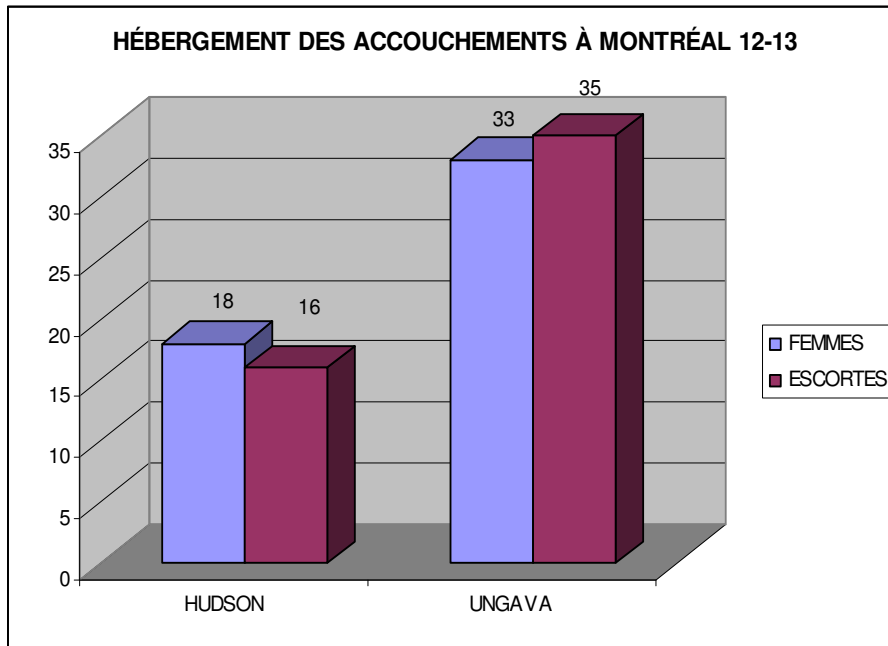
Percent of escorts from villages on Hudson Bay



Percent of escorts from village of Ungava Bay



**BIRTH/DELIVERIES IN MONTREAL**



## HUMAN RESSOURCES

The HR team now has 3 managers, an administrative technician and an administrative agent.

We hired 81 new staff from the south and 184 from the north for a total of 265 new employees.

Once again, nurses and social workers were the greatest challenges for recruitment. There were 35 interviews of nurses, 20 were retained and 6 nurses were re-hired for a total of 26, however 28 nurses resigned. For the social workers or human relation agents, 29 applicants were met for a job interview, 20 were retained and 5 were re-hired for a total of 25, however 21 social workers or human relation agents resigned.

Our rate of staff on salary insurance is comparable with the rest of Quebec at 5,64%.

The team also worked on several important policies; we adopted the policies on overtime bank to manage the holidays and overtime bank more closely. There is also in force, a new policy about criminal background check, as requested by the Ministry. There were also revisions made to the policies about lodging and regional disparities.

We have put in place our new website [www.inuulitsivik.ca](http://www.inuulitsivik.ca).

### GOALS:

1. Implementation of employee ID cards for all staff
2. Greater presence in employment fairs, schools and congresses
3. Fill more than 85% of the full-time positions (currently 76 %)
4. Update website routinely

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

Lissa Okoh, M.ED. PS.CO. heads this program. She has become an integral part of our team at IHC and I am extremely proud and grateful for the role that she plays in assisting our employees.

Program statistics for 2012 indicate that the global utilization rate for counselling services to employees has continued to **increase**, reaching 74 files, its highest level since the establishment of the EAP in 2008. Studies indicate that a high EAP utilization rate is

usually due to a strong level of awareness and trust in a program. It is important to note that there was an increase in utilization in every CLSC last year.

Statistics show that the number of managers using advisory services increased and the overall number of consultations provided has also increased.

Training sessions were implemented as part of the EAP services in the October of 2011, resulting in an **increase** in the number of employees provided with a variety of thematic workshops in Puvirnituk and the other CLSC's via video-conferencing.

### **Highlights of Regional Activities in Montreal and on the Hudson Bay**

The following are highlights of the services that the EAP provided during the period under review, in support of the IHC and its employees along with those of the Module du Nord Quebecois (MNQ). Supporting statistics and charts can be found on pages 7 and 8 of the report.

#### **Counselling and Support services**

- 72 employees in 2012 (an increase from 40 in 2011), accessed the program's short-term counselling and information/referral services. Since 2008 the utilization rate has registered a continuous **increase** each year. This year saw an increase in all seven communities.

#### **General Inquiries**

- It should be noted that over the past five (5) years, general inquiries, leading to file activations, have increased significantly from 0 files in 2008 to 74 files in 2012, which is clearly an indicator of the following variables: The successful promotional activities by both the EAP through regular appearances of the EAP Program Director in the CLSC's, increased visibility via the workshop presentations, as well as voluntary referrals to the EAP by the managers/directors of the CLSC's. Examples of such inquiries include requests for general information on the Program and how to access services, information on extended services in their community of origin, and on the management of interpersonal conflict in the workplace.

#### **Advisory Services to Managers and HR Professionals**

- All the executive directors, most of the service managers and 50% of HR coordinators made use of these services during the year, indicating a marked **increase** in the number of upper management requesting advisory services for the period under review.



### **Crisis Debriefings**

- Requests for critical incidence debriefings saw a marked **decrease**, as noted in the 2012 statistics which indicated zero(0) requests for on-site crises interventions in the communities. 6 crises incidents took place in the communities, mostly in Puvirnituk. That said, there was an increase in coaching requests from service coordinators and upper management following critical incidents in Puvirnituk, Kuujuaapik, Akulivik and Umiujaq.

### **Mediation**

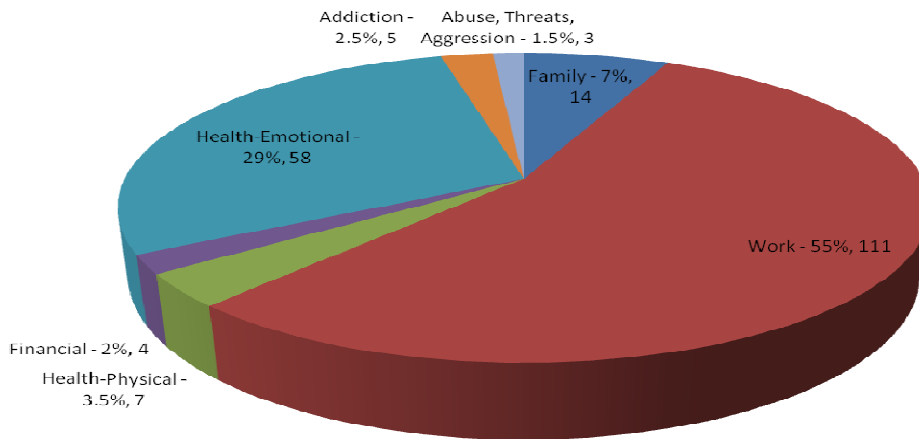
- Employee mediation due to interpersonal conflict in the workplace was also part of the EAP requests made by service coordinators and managers in 2012, when one such request was made by a service coordinator and a second request for mediation, by employees themselves. This statistic was maintained in comparison with (2) requests in 2011.

### **Employee Training**

- Employee training continued to be a priority and a focus for the EAP in 2012. In total, six (6) different workshops were provided to three hundred twenty-two (322) employees in Puvirnituk in 2012, five employees (5) in Umiujaq, four (4) in Akulivik and two (2) in Ivujivik, indicating the participation of 333 employees. The number of employees receiving training through the EAP increased from 54 employees in 2011 to 333 employees in 2012. Employee satisfaction surveys indicated a high level of satisfaction and interest for other workshops to come.
- Workshops presented in 2012 carried the following titles; Diagnosing and Treating Post Traumatic Stress Disorder, Clinical Diagnoses and Treatment of Personality Disorders, Discovering your Therapeutic Style, Interpersonal and Cross-Cultural Communication, Team Bonding and Healer, Heal Thyself.

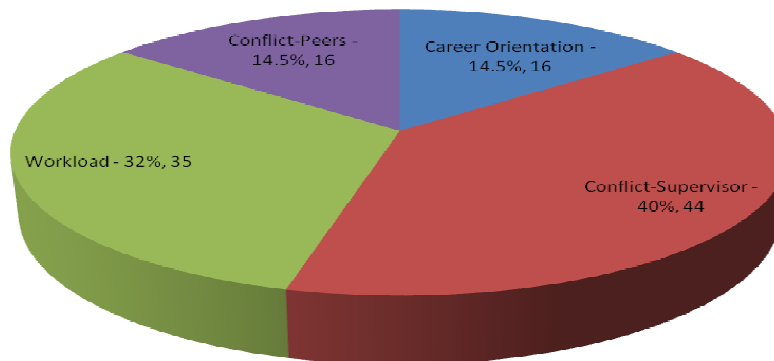
Employees consult their EAP for a wide variety of issues, both personal and work-related. 202 issues have been documented within the 74 files opened in 2012.

**Pie Chart 1- Types of issues – 202 total**



- Family 14 issues
- Work 111 issues
- Health-Physical 7 issues
- Financial 4 issues
- Health-Emotional 58 issues
- Addiction 5 issues
- Abuse, Threats, Aggression 3 cases

**Pie Chart 2 – Work Related Issues (Sub-categories) 111 total**



- Career Orientation – 16 cases
- Conflict-Supervisor – 44 cases
- Workload – 35 cases
- Conflict-Peers – 16 cases

## MISCELLANEOUS

### VISITS TO VILLAGES

What we began last year, we have continued this year. Every month or two, we (the management team and myself) visit one of our villages. This gives the managers an opportunity to meet with their staff and address any issues that have arisen. Our IT (Informational Technology) technician checks the computers and when available our Biomedical technician verifies the proper functioning of equipment etc in the CLSCs. This has proven to be a very popular and informative action. On one occasion, our Chairman, Aliva Tulugak joined us also – hoping that this will happen again!

I meet the mayor and the village council along with the health committee in each village. I present some of the recent news from IHC and listen to the concerns and comments – again a very valuable meeting for me.

I feel that it is of utmost importance that our staff has access to discuss directly, face-to-face with their management team and I am committed to continuing this endeavour.

PICTURE TAKEN WITH MAYOR AND HEALTH COMMITTEE IN SALLUIT –WINTER 2013



## TRANSIT HOUSE IN PUVI

This facility continues to be a success. It provides a safe and quiet place for our clients to stay when visiting Puvirnituk for medical reasons.

We opened with 23 beds, but, quickly our needs have grown to require more beds than the original number. We have begun proceedings to enlarge this facility. In the meantime we have added a cot to each room, so that when necessary 3 people can share one room, this enables us to lodge up to 35 clients at one time.

We have had occasional problems with the security of this building, particularly at night. Our local CO-OP (Cooperative Association) is under contract with us to provide this service and is working diligently to correct any problems.

