



Centre de Santé et Services Sociaux Inuulitsivik
Inuulitsivik Health & Social Services Centre

Puvirnituaq, Québec J0M 1P0

ANNUAL REPORT

INUULITSIVIK HEALTH CENTRE

2013-2014



September 2014

Puvirnituk, Quebec

It is with a tremendous sense of pride that I once again present our annual report for 2013-14. This year has been marked as a year of transition and planning for the future.

Our facilities are increasingly becoming inadequate in space and some of the new positions that we have been given the budget to open, remain vacant as we simply do not have the place to provide a work space or the housing to accommodate these new staff members.

Because of this shortage of space in the CLSCs and the hospital, we have signed leases in Kuujjuaraapik, Puvirnituk, Salluit and Inukjuak. These new locales allow us to move certain services out of the original facility to bide us time to enlarge the main locale of service.

We built five (5) quadraplexes in Puvirnituk for a total of 20 new apartments and added 4 apartments in Salluit and another 4 in Kuujjuaraapik. In Inukjuak there were 8 houses built for the new rehab centre but as it was not ready to be opened, we are using these houses – to note, they will have to be returned to Tulattavik Rehab Services next year. These additional houses help our shortages but still leave us unequipped for future development of services.

Despite these physical constraints, we continue to strive for excellence in health services and made significant inroads in our emergency preparedness. Plans were developed, under the guidance of Andre Luc Deschesnes RN and Martin Girard RN, and then they gave a daylong seminar to all of our managers. The plans were furthermore tested in a class room setting and also in a live drill with excellent results.

Difficulties with our telephone systems were studied and reviewed by Bell telephone and by an outside consultant. I can now happily report that our emergency telephones for on call staff are working in all of our villages. We have replaced our Engenius phones in some villages with Kenwood phones that appear to provide a more reliable system.

We are developing so quickly our usage of video-conferencing that the new bandwidth which was installed in the past couple of years, is now a limiting factor in using the internet for conferences. To implant new software for electronic documentation and other programs will require a larger bandwidth for the Hudson coast in the coming year.

The directors and I continue to visit all of our villages and spend a day with our employees in their work place. I meet with the mayor and council as well as with the health committees in each village in the afternoons and then we all return home on the same day. I am told often how much the staff appreciate these visits and it means a lot to me to meet the leaders in the communities and to hear their comments and concerns.

Lewis Lavoie was named the Asst Executive Director in May 2013. As you may recall, Lewis was our Director of Finance and when Gerald Garneau was forced to leave us for health reasons, Lewis very competently moved into this vacant position. His indepth knowledge of the functioning of IHC make him a competent and appreciated member of our executive team.

Marc Desilets became the new Director of Finance at the beginning of this fiscal year. Bravo to Marc and his team (capably led by Denis Gadbois) for providing the guidance and tools to finish our year with a small surplus. Marc has prepared a form to present at all board meetings, on the financial situation. This form is now a commonplace part of our board meetings and the board members have stated repeatedly their delight in being given the tools to truly follow our financial progress.

Danielle Beaulieu joined us as the new Director of Youth Protection in April 2013. Danielle has had a very productive year putting together a dynamic team of YP workers and preparing to relocate these services into our new YP building. She is committed to providing culturally based services to the youth of Nunavik and to their families.

Serge Provencal, who has been a long time member of our nursing team, joined our senior management team, in a newly created position as Director Hospital Services. This new position was created when Christian Brunet retired from active service at IHC. Serge also brings to our team a strong knowledge of clinical services and an indepth knowledge of Inuit culture and beliefs.

Aani Tulugak, as Director of Community Services entered her second year in this role and continues to develop community based services to our clients. Aani is an essential part of our executive team and focuses us all on Inuit ways, traditions and customs.

The Director of Nursing position was filled for a short time during this year, but, is currently vacant and we are actively recruiting a new candidate that will hopefully join us in the early summer of 2014.

This executive team is crucial to the success of IHC – to each and every member. I extend my gratitude and commitment to a continued support of our activities. It is a fairly new team, but each brings a background richly engraved in Inuit culture and a commitment to the mission of our institution.

“If you want to go fast- go alone. If you want to go far – go together”

I would be remiss to not mention the dedication and commitment of our board members that support me and our work and take an active role in the management of our institution. This board is competently led by an extra-ordinary executive team comprised of :

Aliva Tulugak as Chair - Puvirnituk
Jusipi Qaqutuk as Vice Chair -Akulivik
Josepi Padlayat – User Group - Salluit
Samuilli Qumaluk – employee rep – Puvirnituk
Jane Beaudoin – Executive Director

The rest of the board members are:

Charlie Saviadjuk – Salluit
Louisa Usuarjuk - Ivujivik
Eli Elijassiapik – Inukjuak
Vacant –Umiujaq
Marta Epilaq – Kuujjuaraapik

Lucassie Kudlu – Community Services
Sarah Beaulne – KSB rep

Maina Beaulne – employee rep
Clinton Luskey – employee rep
Gina Esperon – employee rep



To this amazing team of caring individuals, I extend my most sincere appreciation. Knowing how well we work together to the betterment of all means everything to me. The board voted to renew my contract for another four (4) years in the summer of 2013. Added specifically to my contract is the commitment to hire and train an Inuk to replace me in 2017. I wholeheartedly embrace this directive and in the coming few months, will begin this process.

Each year we celebrate and recognise the dedication of our employees that have worked at IHC for 25 years. In June 2013 we had a reception with the board members and all of the employees in Puvirnitug for:

Gina Esperon - MNQ
Diane Gagne RN
Alacy Kuananack
Anna Irqumia
Jeannie Fleming - Kuujjuaraapik
Andre Morin RN

It has been a good year and I look forward to the coming months as we, together, align ourselves for the new challenges that tomorrow will bring.

Should you require additional information or if you would like to comment on any of this report, please feel free to contact me at: jane.beaudoin.csi@ssss.gouv.qc.ca

Respectfully submitted,

Jane Beaudoin
Executive Director – IHC

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NURSING

This year has proven to have many ups and downs. Volumes increased almost across the board, work was completed on preparing our Emergency Plans, focuses were placed on Tele-health and our Mental Health team was started. However there have been significant changes in the middle and senior managers and several of the important positions remain with interim leaders. This has caused some uneasiness amongst the staff and we have had to work through these changes.

A new Director of Nursing was selected and is waiting now for the Board of Directors to accept this recommendation from the Selection Committee. This new director will bring leadership and stability to the workplace.

Great efforts have been made to recruit more FT and PT nurses. Of the 44 nurses interviewed, 32 were hired.

Interviews	Retained	Not retained	Refused position	Did not pass medical exam
44	32	5	6	1
3	2	1	0	0
2	1	1	0	0

Many thanks to the following staff that have met the challenge and agreed to fill management positions in an interim capacity. They have, without exception, done a tremendous job and I am very proud of their contributions:

Lucie Audet – Co-ordinator CLSC

Kevin Dulong – Head Nurse – Department

Andre Morin – Head of PLA and Mental Health

And a special thank you to **Catherine Blouin** who has been acting as Director of Nursing for the past few months.

GOALS 2013-14

1. Implement nurse practitioners in 2 villages (Akulivik and Kuujjuaraapik) – this was not accomplished as office space and housing was not available to accommodate these new positions. With new housing scheduled for next year and a new Director of Nursing, we are hoping that this will be realised at a later date.
2. Develop and consolidate community services related to prevention – this was only partially accomplished – services such as FASD and Diabetes continued but have not expanded as much

as we would have liked There was a new lead person for FASD - Talasia Tulugak was hired in July 2013

3. Complete the update for policies and procedures – unfortunately due to the absence of our leadership team in nursing, this did not really progress as we would have liked.

GOALS 2014-15

1. Reduce the use of agency nurses by 50% - the total costs rose to a staggering \$1.9 million dollars this year over \$1.3 million in the previous fiscal year
2. Stabilise and retain the nursing teams
3. Complete update on procedures
4. Develop Tele-medicine
5. Standardize the emergency rooms in all of the CLSCs
6. Improve statistic keeping in all CLSCs
- 7.

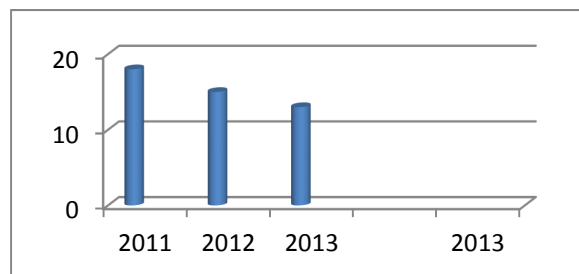
CLSCs

Dominique Hamel, who took a year's leave of absence, was replaced by Lucie Audet RN. Bi-weekly meeting with the CLSCs on the coast continued and provided a support and assurance to the nurses that work in isolated conditions.

The outbreak of TB in Salluit in March 2013 was quickly and efficiently halted and by the summer of 2013 there were no new cases of TB diagnosed. Weekly meetings with the public health department of the NRBHSS and additional nurses, X-ray technicians, interpreters and physicians were sent to fight and contain this outbreak. The total cost of close to \$950,000 was spent on these added staff members that were slowly weaned out of Salluit by December 2013.

Recruitment efforts were somewhat successful this year and 33 new full time nurses joined our teams.

Positions that were vacant for more than 3 months went down this year to 13.



Plans were made and developed to open a community pharmacy in Puvirnituuq's CLSC during the summer of 2014. This will allow patients to get their medications directly from the pharmacist and will free up precious office space for the nurses and doctors working in the CLSC.

All the nursing offices were grouped together in the old Human Resources office space. The efficiency of having all managers together has proven very helpful.

For the third year, a charter plane was hired at Christmas to bring staff back up north and then the following day to bring the other staff down south. This provided an excellent coverage of services over the holidays and special meals and conditions were provided to our deserving staff.

Special attention and teaching was provided so that we better applied the SANA rules for escorts. Now escorts are sent only for eligible patients and appropriate conditions. We should start seeing a reduction in the cost of airfares as a result of this.

Additional computers are being installed in all of our CLSCs as we prepare for electronic documentation of charts – this will finish in 2014-15.

GOALS 2014-15

1. Reduce the costs of agency nurses by 50%
2. Put special attention into recruiting and retention

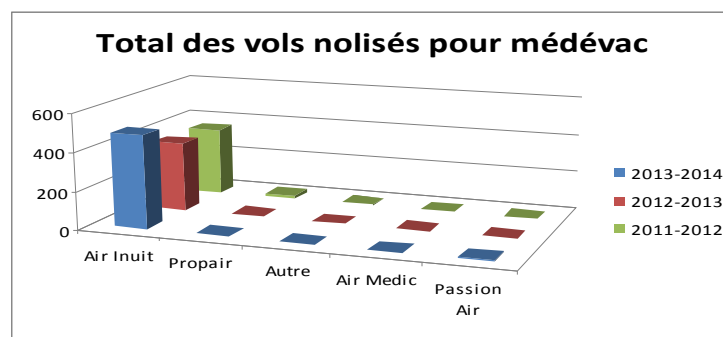
INPATIENT NURSING DEPARTMENT

There are 17 active beds in this unit, of which 2 are negative pressure rooms used for contagious air borne infections such as TB and 8 chronic long term care beds.

MEDEVACS

The staff on these units cover medevacs and this year there was an important change made. Now the nurse in charge, that is actually working and present on the unit, assumes the co-ordinator role for medevacs. He/she is in a better position to assess what is needed as they are physically present in the hospital. This has been a tremendous success!

TOTAL NUMBER OF MEDEVACS



\$210,000 was spent on agency nurses this past year, but recently in the past 2 months (Feb and March) there were no agency nurses used at all and this trend is carrying on for April and May – BRAVO!

There was a total of 1359 admissions, an increase over the 1106 admissions from the previous year.

GOALS 2013-14

1. Update and create the nursing therapeutic protocols to 75% - this was accomplished to 73%
2. Elaborate a protocol for psychiatric and or suicidal patients - this was accomplished to some extent. Maxime Labrecque, a welcome addition to our Mental Health team, will complete this protocol by the summer of 2014.
3. Create a protocol for patients with TB that wish to leave their rooms – this has been done and was approved by the CMDPSF in May 2013

GOALS 2014-15

1. Reduce the usage of agency nurses by 40%
2. Fill all vacant positions for nurses aids (northern attendants)
3. Promote autonomy amongst nurses by creating more standing orders
4. Cross train nurses to work in operating room during peak times

LIAISON SERVICES

The workload for one person has reached an intolerable level and huge amount of overtime were being used to accomplish the work to be done. As we wanted to further develop this area, we hired an administrative agent to help with the clerical aspects of this position.

The hopes are that in the future this department will continue to manage transfers to Montreal but also develop tele-health on our coast.

GOALS 2014-15

1. Create clear job descriptions for positions of nurse and administrative agent
2. Establish a yearly schedule so as to maximise use of telehealth with consulting specialists in Montreal
3. Work closely with liaison staff in Kuujjuaq

PLA (PATIENTS WITH LOSS OF AUTONOMY)

The absence of a permanent leader has resulted in unaccomplished goals during this year however despite the leadership situation, the programs continued in the villages. Each of the seven villages has FSA (Family Social Aids) that visit and care for our PLA patients in their homes. The issue is that although

we have 39 FSAs on our books, there are only 17 that actually worked. We need to recruit reliable and dedicated Inuit to fill these positions

SPECIALISED SERVICES

NUMBER OF PATIENTS SEEN BY SPECIALITY

	2010-11	2011-12	2012-13	2013-14
ANESTHÉSIE-DOULEUR (Clinique)	3	0	3	3
ORTHO ADULTE	28	110	84	0
OTO-RHINO-LARYNGOLOGIE	611	698	554	676
PSYCHIATRIE	150	142	194	213
GASTROENTÉROLOGIE	314	269	346	420
GYNÉCOLOGIE	127	199	299	218
CARDIO PÉDIATRIE	185	44	91	114
CARDIO ADULTE	0	40	0	108
CHIRURGIE DENTAIRE	155	129	221	172
MEDECINE INTERNE	106	72	31	34
PÉDIATRIE	421	259	253	497
RHUMATOLOGIE	33	83	20	42
OPHTALMOLOGIE	0	189	106	110
OPTOMÉTRIE	948	958	1236	660
PÉDO-PSYCHIATRIE	68	64	156	150
PNEUMOLOGIE	19	87	27	87
CHIRURGIE GÉNÉRALE	59	108	68	94
GÉNÉTIQUE	8	0	0	0
EEG	17	36	17	19
ORTHODONTIE	75	?	637	585
PRO. DIABÈTE	107	39	109	107
TOTAL	3434	2646	4452	4309

- *Decrease in optometry is due to this year there were only 6 visits instead of the usual 8
- **No gynecology surgery done in 2013-14
- ***No orthopedic MDs visited this year
- ****To make up for these decreases, 3 weeks of dental surgery have been added for 2014-15

GOALS 2013-14

1. Instruct staff in villages to not send patients south when a specialist is coming north in the near future – much effort has been made to implement this – still more work needs to be done
2. Implement priority system with MDs booking consults for their patients – accomplished
3. Instruct nurses in villages to book patients for consults on the computerised list – this is still very problematic – ownership of this issue lies in the Assistant Head Nurses in the villages – more work to be done
4. Work directly with Liaison nurse to develop telemedicine – accomplished

GOALS 2014-15

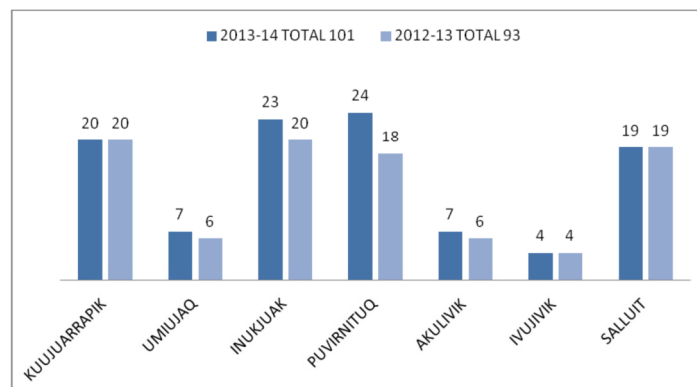
1. Decrease the wait list for dental surgery by 20%
2. Change FT position into 2 permanent part time positions
3. Work with nurses in villages to improve the quality of the electronic bookings

PHYSICAL REHAB SERVICES

The PLA team is completed by a technician in physical rehabilitation who travels on the coast all year long. The tech visits the clients in their home and adapts a program of exercise for them to maximise their mobility and autonomy.

This tech also works with McGill and Puvirnituq to set up the return of a patient to their home following surgery or other incapacitating situations.

This shows the number of clients seen by rehab tech in the past two years



GOALS 2014-15

1. Emphasis on recruiting and retaining FSA in all villages
2. Increase the number of competent staff to perform evaluations and assure adequate follow-ups
3. Standardise the method of collecting statistics

MENTAL HEALTH PROGRAM

In September 2013, the first member of this multi-disciplinary team was hired. Maxime Labrecque was hired as the nurse clinician and is a strong founding member. The rest of the team will be a social worker, a community worker and a psychologist. The lack of office space and houses has forced us to stop all recruitment for these team members – we are hoping that in 2014-15, we will be able to start recruitment again.

Mr. Labrecque worked on several important dossiers in his first 6 months at IHC, such as: producing a report and recommendations on our isolation rooms and also on a procedure to transfer clients suffering from mental health issues. He also sat on several local and regional committees dealing with mental health.

GOALS:

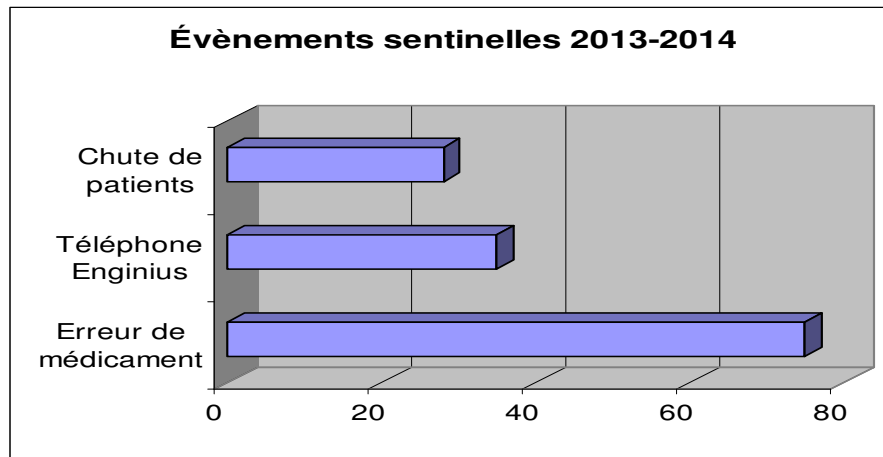
1. Teach Inuit about mental health so as to de-mystify their knowledge and beliefs
2. Complete the procedure for isolating a patient safely
3. Implement a tool to evaluate the risk of suicide for a patient
4. Hire 2 more members of the team

COUNCILLOR TO THE DIRECTOR OF NURSING/RISK MANAGEMENT

Our councillor, Catherine Blouin, was on a six month leave from her position and was not replaced during this time – as a result not many goals were completed. Nonetheless the following dossiers were accomplished:

- Workshops on the Nursing Care Plan (NCP)
- Care plans for PLA were developed
- New form and protocol for clinical surveillance during delivery of opiates
- Meetings with the Risk Management Committee
- Decentralisation of incident reports – now studied by department managers
- Put in place a procedure to complete forms for incidents and accidents in the national electronic registry

SENTINEL EVENTS



*almost 80% of all sentinel events were related to medication delivery, followed by problems with our on-call Engenius telephones and thirdly by patient falls

GOALS:

1. Continue to promote the usage of incident reporting on AH-223 forms
2. Standardise the tools/procedures for nursing practices
3. Elaborate an orientation program for nurses working in the CLSCs

PREVENTION AND CONTROL OF INFECTIONS

Sonia Lessard, our Infection Control Nurse manages the following objectives:

- Surveillance
- Policies and procedures surrounding prevention and control of nosocomial (hospital acquired) infections
- Education
- Evaluation
- Communication of information
- Management of outbreaks

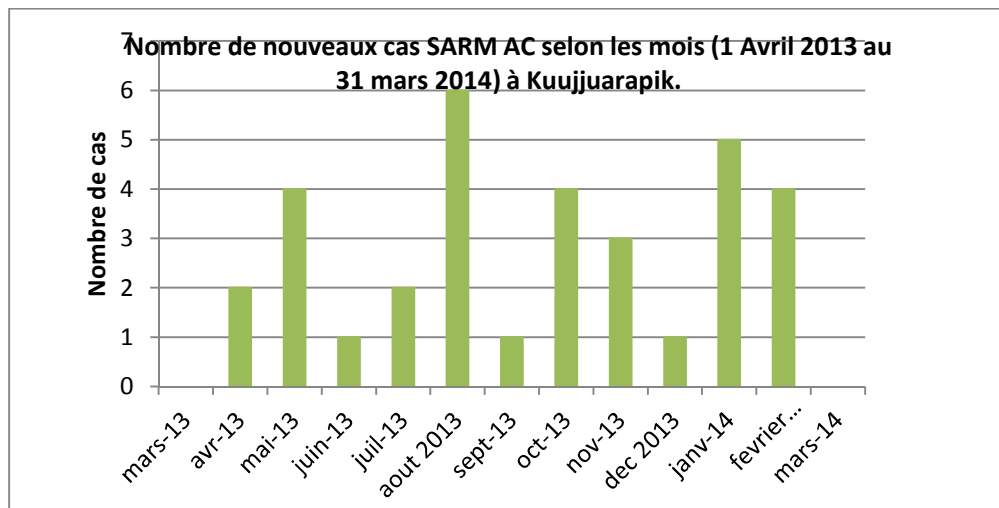
This past year, our nurse only worked a total of 29 weeks; however she was still able to make headway in the following dossiers:

1. Protocols for MRSA
2. Fit tests for respiratory protection of our staff dealing with air-borne infections

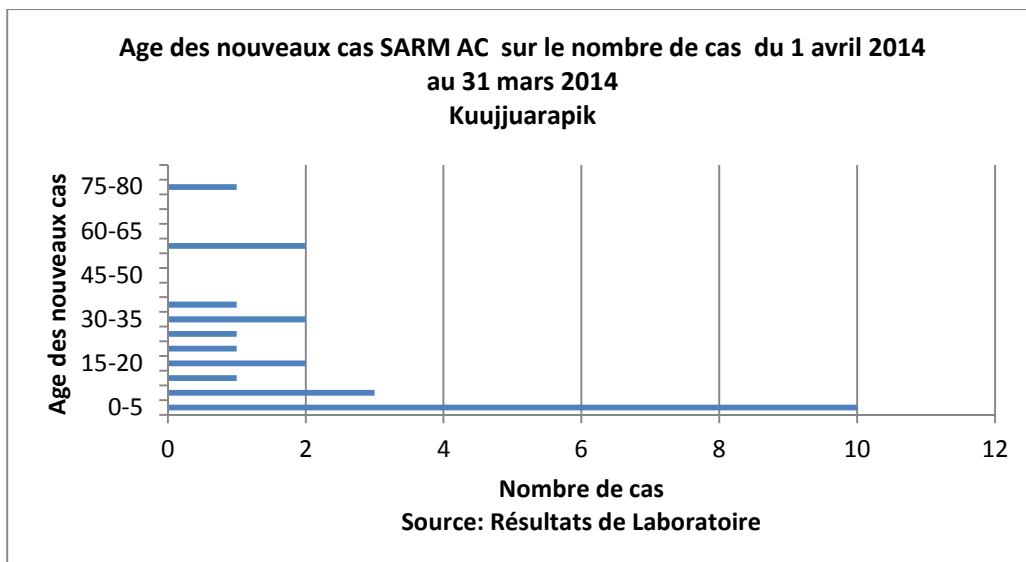
3. Development of procedures to clean and sterilise catheters after each use as well as other equipment
4. Elaboration of protocols for TB + reformatting forms on the follow-up of TB patients in the CLSCs
5. Updating of employees that have had a FIT test

This past year there were 31 new cases of MRSA reported both acquire from the community (26) and the hospital (5). To note that of the new cases acquired in the community, 24 were from Kuujjuarapik (92%) and 42% were less than 5 years old.

****NEW CASES OF MRSA BY MONTH IN KUUJJUARAPIK**



****NEW CASES OF MRSA IN KUUJJUARAPIK BY AGE**



GOALS:

1. Finalise the protocols for TB (collection of specimens etc.)
2. Improve communication of lab results
3. Revise protocols for cleaning and sterilising inter-cavity catheter

COMMUNITY HEALTH

Many programs were worked on, including stopping smoking, prenatal nutrition for pregnant women, stopping drinking during pregnancy and decreasing STDs. Teaching in the schools and in the community focused on sexuality and contraception as well as prevention of chronic diseases such as diabetes and hypertension and the value of vaccinations for children, school children and the elderly.

Some of the highlights of the past year are:

- Participation in a conference at Laval U on breast feeding - this info was shared with the public at the family house in November 2013
- Dr. Genevieve Boivin lectured the nursing staff on contraception – Kuujuaq and George River staff were invited to join our staff for this most appreciated lecture
- Information packages were sent to our CLSCs with demonstration material for different kinds of contraception
- Participated in JASP (Public Health Day Symposium) in November 2013
- Represented IHC in Nunavik Nutrition and Health Com
- Char Program offered one fish a week to pregnant women (financed by NRBHSS)
- Vaccination campaign started in Puvirnituk and the included all of our villages with the following results:

Statistics 2013-14

Community	Fluviral (given)	Flumist (givens)
Salluit	97	50
Ivujivik	79	38
Akulivik	92	80
Puvirnituk	168	183
Inukjuak	108	34
Umiujaq	67	58
Kuujuaapik	100	45
Total	711 (676)*	488 (16)*

**The results from 2012-13 are in brackets

Sexually Transmitted Diseases continue to rise at alarming rates in Nunavik. Although this chart does not have results for this year, we see the trend over the past few years.

	Gonorrhea	Chlamydia
2009	178	249
2010	199	229
2011	250	310
2012	254	382
2013		

- To note, there are 10 cases of HIV known in Nunavik

GOALS 2014-15

1. Visit all CLSCs
2. Mentor diabetes nurse
- 3 .Increase information given to new nurses at IHC on the role of community health nurse

DIABETES

This program deals mostly with the prevention of diabetes and as such, focuses much time on living a healthy lifestyle. This year, Minnie Akparook, the diabetes nurse visited each village twice. The first time was to register patients that have diabetes and create charts, the second time was to promote health and help to prevent diabetes.

A nutritionist from the NRBHSS and Minnie went to each village to do a cooking show, meet patients to explain labelling on products and hold an information kiosk in the local grocery stores.

These communities were also visited by an optometrist to do retinopathy screening.

	Total number of diabetes patients	Number patients seen	Number of patient seen for retinopathy screening
Salluit	36	15	27
Ivujivik	3	3	0
Akulivik	8	1	8
Puvirnituaq	47	22	13
Inukjuak	27	12	23
Umiujaq	13	7	0
Kuujuaraapik	42	14	31

A diabetes awareness walk was held in Puvirnituk in Nov 2013 with at least 200 participants and over 180 students were given presentations by Minnie and our Wellness worker in their schools.

The nurse tries to follow up with patients with gestational diabetes, but, the communication between the CLSCs and her is not always perfect, so some patients are not benefitting from this information.

GOALS 2014-15:

1. Improve communications so that the Diabetes Nurse is informed of all cases on our coast
2. Improve communications between MDs and Diabetes Nurse
3. Continue to update data base on patients with diabetes and visit them regularly

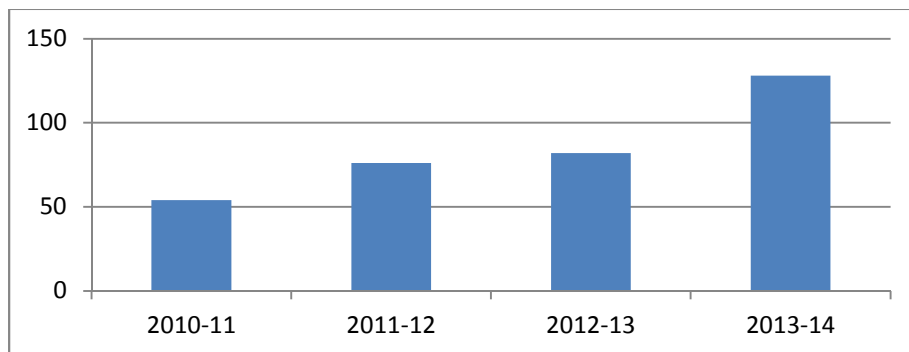
QUALITY AND COMPLAINTS COMMISSIONER

Again we saw this year an increase in the number of complaints received, which is in part due to a more knowledgeable population and also an increase in the participation of clients in their health concerns.

Our commissioner, Josi Nappatuk used the radio as a medium to reach clients on the whole Hudson coast. He was able to share with our users his role as a commissioner and information about new policies such as:

- Escorts
- Role of on call nurses
- Behaviour at MNQ
- Consequences of missing a medical appointment due to intoxication
- Renewal of medicare cards

COMPLAINTS BY YEAR



This year we received 128 complaints of which:

- 17 were rejected as frivolous
- 2 were discarded due to lack of evidence
- 7 were redirected to Human Resources
- 1 was referred to another institution.

These complaints were categorised into the following most common complaints

1. Care and Services
2. Human Relations
3. Other rights

RECOMMENDATIONS:

1. Info-Health line for Nunavik (repeated from previous year – request has been sent to NRBHSS to implement such a telephone line)

2. Inuulitsivik to create a position of Director of Communications (also repeated from previous year – NRBHSS has hired a second officer in their communication department to be available to the 2 health centres)
3. Inuulitsivik to implement a user committee to assure user satisfaction

GOALS:

1. Review with managers the complaint process
2. Request participation at the RCMPS meetings

EMPLOYEE ASSISTANCE PROGRAM (Inuulicare)



I have just reviewed comments made by our employees about our Inuulicare program. They are unequivocally excellent statements about how much they appreciate the courses, the counselling and the person. Lissa Ohko is a one of a kind person with the perfect proportion of kindness, of empathy and of knowledge - Inuulitsivik is very fortunate to have Ms. Ohko amongst us and helping so many of us in so many ways.

She randomly visits all of our villages each year and sets up private confidential meetings with our employees who wish to talk with her – she would never turn anyone away and often ends up meeting people in the community also, although her primary mandate is with our employees.

We now have access to 24/7 support for everyone with an emergency phone line in both French and English.

This past year saw an increase in people consulting Ms. Ohko from the previous year (2012=72 and 2013=98). As the successful results from our clients become known, more and more staff are optimistic about the help they could receive. There were also requests for 18 telephone debriefings made by IHC managers and directors.

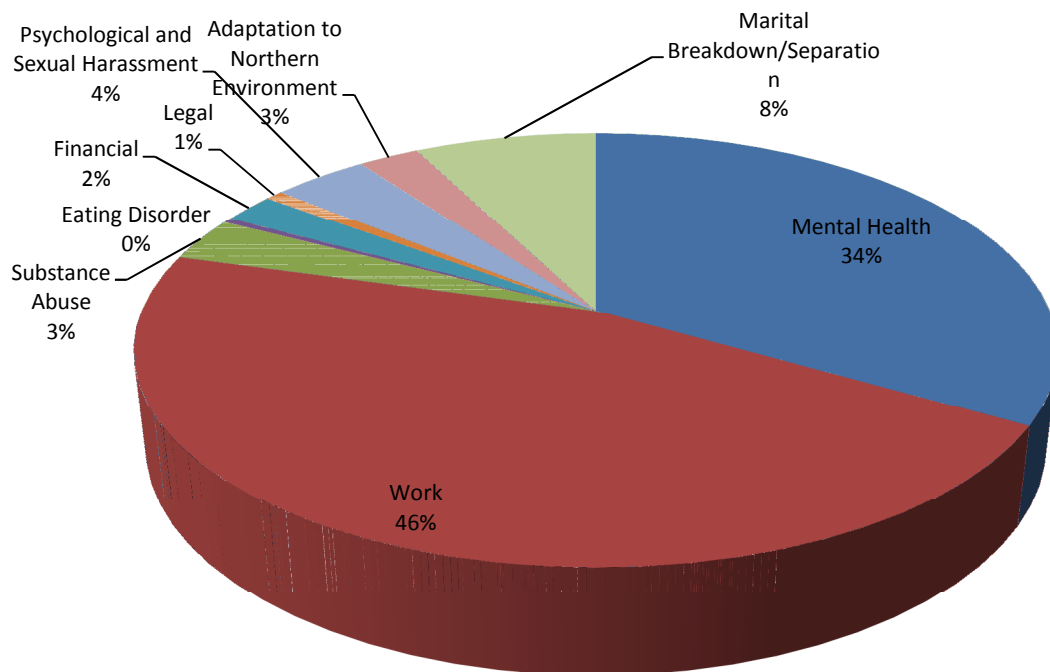
Lissa also presented 4 different workshops in Puvirnituk that were available by video-conferencing on the Hudson coast.

Some interesting data about the consults that were seen by Inuulicare this past year include:

- An increase of 59% in mental health issue
- An increase of 80% of employees requesting support with substance abuse and referral to an external rehab service
- 50% increase with employees who consulted for financial issues
- Work related variables included

1. Conflict with peers and supervisors – 63 employees consulted EAP
2. Career counselling
3. Significant decrease in employees requesting help in managing their workloads
4. Employment termination – either elective or enforced by IHC
5. Return to work help
6. Psychological and sexual harassment
7. Adaption to northern environment
8. Marital breakdown/separation

Pie Chart 1 – Types of issues – total of 274



- Mental Health - 92 issues
- Work – 127 issues
- Substance Abuse – 9 issues
- Eating Disorder – 1 issue
- Financial – 6 issues
- Legal – 2 issues
- Psychological and Sexual Harassment – 11 issues
- Adaptation to Northern Environment – 7 issues
- Marital Breakdown/Separation – 21 issues

We are all so proud to be able to offer to our employees this EAP program. Lissa is indeed one of the principal reasons there is so much success in this endeavour. Bravo Lissa, thank you for caring for our deserving caregivers.

“You don’t get to choose how you’re going to die or when – you only get to choose how you are going to live”

-Joan Baez

FINANCE

Proudly I inform you that we had another excellent financial year. Kudos to Marc Desilets, Director of our financial team that is skillfully led by Denis Gadbois.

Our auditors, Raymond Chabot and our auditor Stephanie Proulx presented the year end results to our Audit Committee in June 2014 and also to the Board on June 13th.

INUULITSIVIK HEALTH CENTRE COMBINED STATEMENT OF REVENUE AND EXPENDITURE YEAR END MARCH 31, 2014

	Operating Fund 2014	Long-term Assets Fund 2014	Total 2014
2013			
REVENUE			
MSSS – Operations 60,173,384	61,574,104	-	61,574,104
NRBHSS – INIHB 25,383,035	26,705,820	-	26,705,820
NRBHSS – Additional contribution 3,369,268	6,655,617	-	6,655,617
Secrétariat général du secteur de la santé et des services sociaux 1,161,503	775,207	-	775,207
MSSS – Grants – Repayment of bonds payable 2,570,849	-	2,774,653	2,774,653
MSSS - Grants – Reimbursement of amount due to fonds du financement 51,158	-	26,910	26,910
Grants from MSSS – Adjustment accounting reform 275,117	-	291,993	291,993
Quebec Housing Corporation 814,634	3,996,087	-	3,996,087
Family allowances (Federal) 731,730	852,123	-	852,123
Other 267,022	442,152	-	442,152
94,797,700	101,001,110	3,093,556	104,094,666
EXPENDITURE NET OF RECOVERIES (Appendix)			
General management 2,545,558	2,253,347	-	2,253,347
Professional services 5,701,117	6,235,344	-	6,235,344
Administrative and technical services 19,718,530	23,756,777	-	23,756,777
Nursing care services 19,951,745	21,948,452	-	21,948,452
Social services 8,146,017	8,601,575	-	8,601,575

Youth protection services 9,526,429	11,062,692	-	11,062,692
Insured and Non-Insured Health Benefits 25,383,035	26,705,820	-	26,705,820
	100,564,007	-	100,564,007
90,972,431			
OTHER EXPENDITURE			
Interest on temporary financing – Fonds de financement 98,983	-	68,450	68,450
Amortization of capital assets 3,226,475	-	3,252,028	3,252,028
	-	3,320,478	3,320,478
3,325,458			
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURE			
499,811	437,103	(226,922)	210,181

As you can see we terminated this fiscal year with a surplus of \$437,103. After our final payment towards our long term debt (re vacation banks) had been made we were left with a surplus of \$67.

The auditors' recommendations to the Board of Directors were:

1. Although we are getting better we need to comply with the requirements of MSSS and conduct periodic and annual compilation of all of the quantitative data
2. Strongly suggest that we obtain confirmation and reimbursement of the accounts receivable related to INIH benefits as this situation of having \$31 million as outstanding accounts receivable has "a considerable negative impact on the establishment's cash flow".
3. Strongly recommend that the establishment seek confirmation and reimbursement of accounts receivable from the NRBHSS related to the activities of the Strategic Regional Plan – this also has "a considerable negative impact on the establishment's cash flow".
4. They also recommended that we invoice the NRBHSS in a more regular manner

This past year we were proud sponsors of the Musical Training and Talent Show that was held in Salluit in December 2013. The goal was to expose children to music so as to develop a talent that in turn would develop their confidence and self-esteem. This event proved to be a tremendous success.

GOALS 2014-15

1. Maintain a balanced budget
2. Bill on a more regular basis the NRBHSS and work on confirmation and reimbursement of the money that is owed to us
3. Improve the quality of our statistics

IT DEPARTMENT

A much needed third technician was added to our very helpful and knowledgeable team this year. This allows us to have at least two members of the team present at all times.

As we move towards virtual servers, we see a decrease in the number of machines needed and thus less energy consumption.

We now have a backup of 30 days for all of our data and files in Puvirnituq and also in each village. Many new programs were implemented such as Cloverleaf, trend Micro, new version of lotus notes, TMS, Presetch, Synapse and Windows 7.

In preparation for additional programs, we have and will continue to install more computers at workstations along the coast.

An on-going issue is that the bandwidth that was increased only a couple of years ago is already too full. It will be impossible to install new electronic documentation programs etc. and maintain an acceptable speed for the users.

GOALS:

1. Install new pharmacy software
2. Install new X-Ray software
3. Move accounting and payroll work places to new location
4. Move DYP to new location

PAYROLL

Sylvie Tremblay, our Chief of Pay took a much deserved retirement and Lucie Fortin was promoted to fill this position. Great appreciation and thanks are extended to Sylvie as she begins this new chapter in her life.

The employees from payroll prepared a guide for new employees from Payroll that outlined general practices for this service. They also created written guides for new users of Logibec where they can find all that is necessary to complete their pay sheet these are available in English or French – BRAVO!

Great emphasis was put on teaching managers, new employees and existing employees so that everyone was functioning with Pay Web.

GOALS:

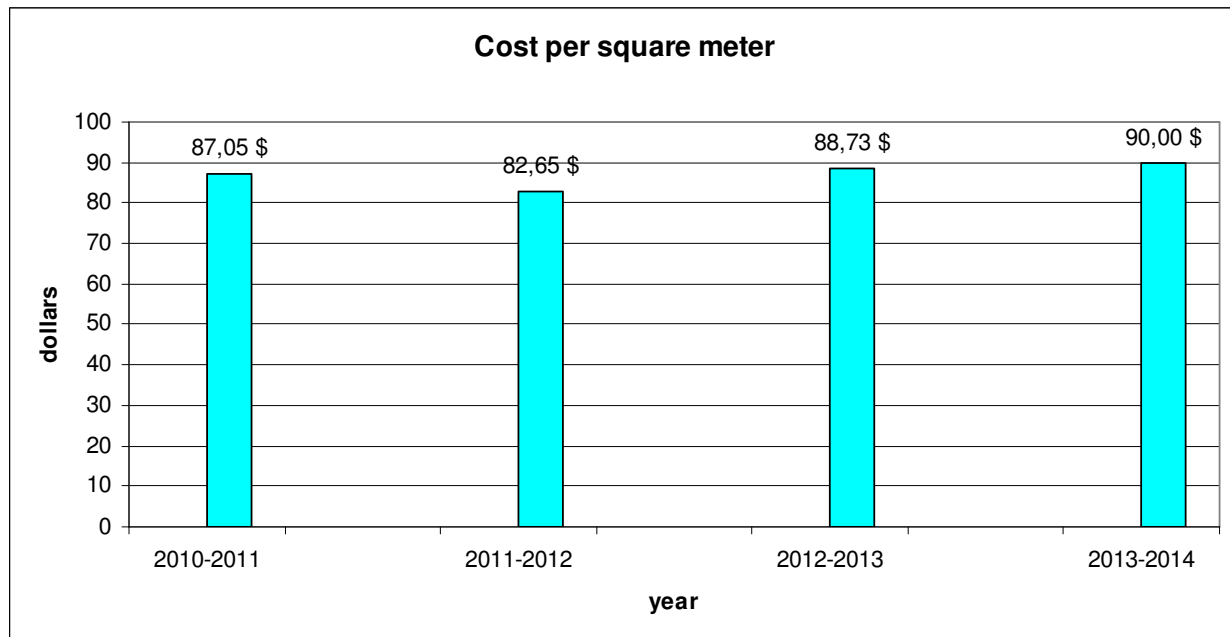
1. Modify the codes for users to use for coding hours
2. Decrease paper versions of pay sheets
3. Enable employees to have remote access to pay sheets

TECHNICAL SERVICES

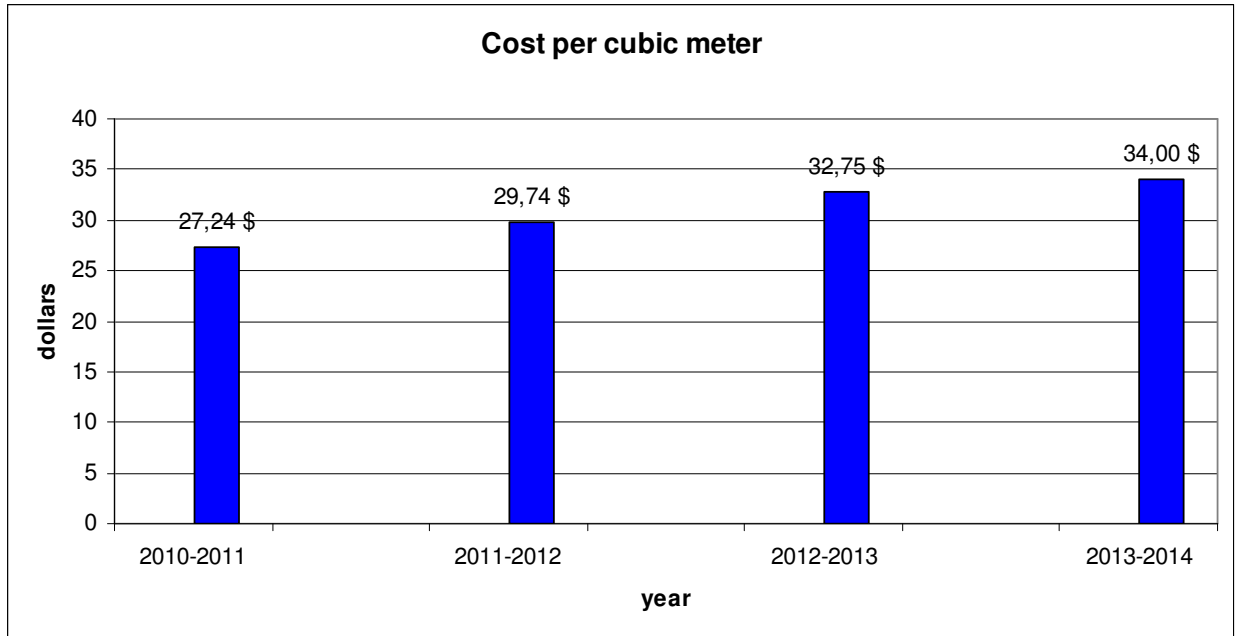
MAINTENANCE:

In the fall of 2013, we recruited a new chief of technical services, Michel Bastille. He and his capable team made over 90 trips to our villages to make repairs. Their average response time to work orders was under 24 hours.

In addition to responding to upkeep of our houses and our facilities, we were able to upgrade our medical air and oxygen last year.



This graph shows the cost/sq meter to maintain and repair houses and furniture



This graph displays the cost of insurance, heating, ventilation and air conditioning, water and electricity per cubic meter of our facilities

GOALS:

1. Install and use new software to aid in cost effective work
2. Reduce cost of vehicles and increase reliability
3. Improve client satisfaction

BUILDINGS:

We spent \$749,662 to maintain and renovate buildings worth \$2,318,039 this year. We have 4 employees and much of the work done is contracted out.

Panic buttons were installed in the CLSCs in Kuujuaaraapik, Umiujaq, Akulivik, and Salluit. In addition normal maintenance and updates were done in each village.

GOALS:

1. Many goals in all villages, however in Puvirnituk we plan to replace all of the plumbing and water lines and move them from the ceilings to under the hospital in a crawl space that was made for this reason.
2. Also plan to build a new outpatient pharmacy in CLSC in Puvirnituk.

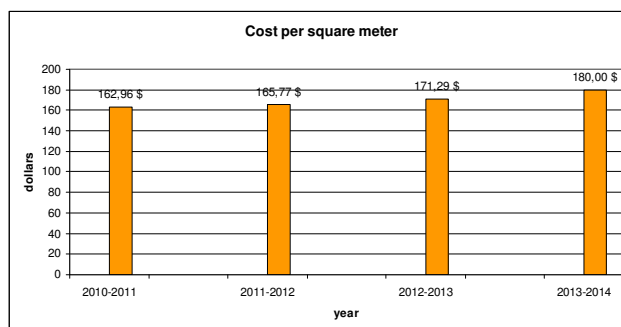
SECURITY AND SANITARY:

This department regroups the Laundry, Security Guards, Cleaning Ladies, Janitors, Reception. More than 114 employees working in 7 villages.

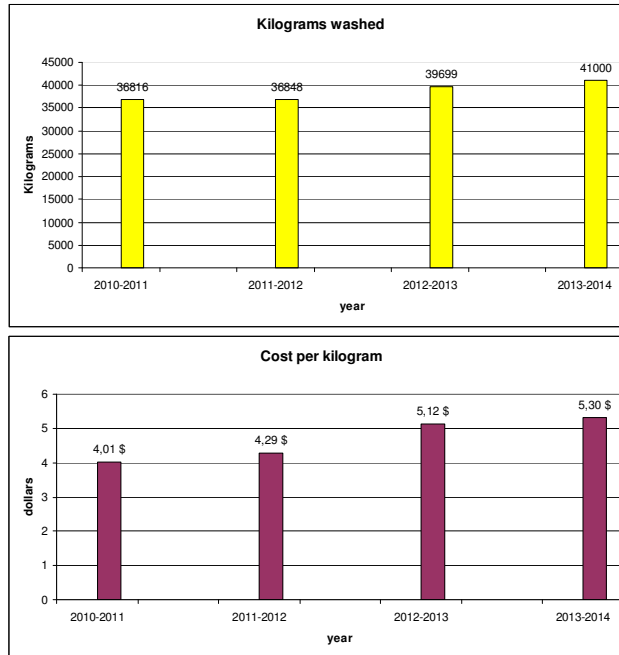
Briefly summarize the service or program: 114 staffs

	Cleaning ladies			Laundry ladies			Janitors			Security guards			Receptionist	
	Wkdays	Wkends	Replace.	Wkdays	Wkends	Repl.	Wkdays	Wkends	Repl.	Wkdays	Wkends	Repl.	FT	Replace.
SALLUIT	2		1				1		2	3	3	4		
IVUJIVIK	1						.5			.5		1		
AKULIVIK	1		3				1		2	1		4		
PUVIRNITUQ	8	3	12	3	2	3.5	3	2	2.5	3	3	6	1	2
INUKJUAK	2		3				1		1	3	3	10		
UMIUAQ	2		2							2		2		
K'pik	2		.5				1		.5	1		3		
SUB-TOTAL	18	3	21.5	3	2	3.5	7.5	2	7.5	13.5	0	30	1	2
TOTAL	42,5			8,5			17			43,5			3	

We provided intensive training for all of our security guards – this is an essential on-going need. Purchased new and improved cleaning products and tools



This year it cost us \$180.00 to clean a square meter – costs are up due to improved products and equipment.



The 2 graphs above show the increase in the number of kilograms washed by our laundry staff and also the rising costs to wash, dry and press this laundry. The costs are directly related to the increase in manpower to perform this additional work.

BIOMEDICAL:

Our technician, Pierre Harvey, has been in place now almost 4 years. This year we acquired new software (octopus) to track equipment maintenance and are in progress to implement this program fully. We continued to standardise medical equipment.

Mr. Harvey received training in ATGBM and also he received technical training on our new Zoll defibrillators. The following equipment was purchased and installed all along our coast and Mr. Harvey was also responsible for the training that went along with this new equipment.

Name	Price
Blood gas analyzer	7952.84\$
Suction device	11844.00\$
Dental handpieces	36318.86\$
Developer Dentistry	3085.70\$
Obstetric Doppler	604.61\$
Doppler	817.55\$

Giraffe incubator	33997.95\$
Curing light	3224.40\$
Monitor / defibrillator	67693.56\$
System console integrated ENT Drill	42377.99\$
TOTAL	207917.86\$

GOALS:

1. Complete standardisation of cuffs and sphygmomanometers
2. Continue development of Biomedical Engineer
3. Complete inventory of Octopus.

COMMUNITY SERVICES

Community Services welcomed the creation and implementation of new and revitalized services initially under the auspices of CLSC Social Services. These services include:

- Curator-Liaison-Department Social Worker
- Addictions Team
- Suicide Prevention Liaison Worker.

Under the leadership of the director, all job descriptions were completed and evaluations were performed on all managers.

The representatives of the Public Curator of Quebec visited IHC with very successful results and we now have a FT social worker dedicated to our clients that are under curatorship.

A focus for the coming year will be to re-organise Community Services. A central idea is to divide the service into three separate but overlapping and collaborative units:

- Mental Health Services: Anniavituqarq, Reintegration Center
- Clinical Services: CLSC Social Services
- Community development—Prevention and Promotion: Sungirtuivik Family House, Community Liaison Wellness Workers, Suicide Prevention Liaison Worker, Addictions Team.

This kind of reorganization will respond to the increasing number of positions emerging from the Ilusiliriniqmi Pigujiutini Qimirruniq/Clinical Project, many of which fall in the realm of community development and empowerment. In order for these recommendations to achieve the desired impact, the Director of Community Services must provide strong leadership of the program managers who will be responsible for assuring seamless collaboration between and among the departments.

OTHER GOALS:

1. Social Services and mental health resources will be examined as part of the re-structuring of Community Services
2. Managers will complete evaluations on all of their staff

***“Coming together is a beginning,
Keeping together is progress,
Working together is success.”***
- **Henry Ford**

SOCIAL SERVICES

The addictions team was put in place. Based in Puvirnituk, the Addictions Team has a sub-regional mandate for the Hudson Bay Coast. With a community development orientation and a strong belief in building partnerships with communities and community organizations, a community worker and a social worker began to:

- ✓ Structure and organize referrals from the communities to various treatment facilities
- ✓ Provide expertise and support to the other communities on our coast in preparing and delivering awareness projects
- ✓ Work towards the development of aftercare services

- ✓ Assist communities in organizing around issues related to substance abuse.

As usual, interesting and creative projects were developed in some of the communities in addition to the ongoing crisis intervention and delivery of social services. A few examples are presented below:

- ✓ In Salluit, a group for grieving women was much appreciated by the participants. Another group was set up for adolescent girls.
- ✓ In Ivujivik, a collective kitchen project funded by Ungaluk and run by Social Services as a response to hunger in the community continued throughout the calendar year 2013. Kuujjuaraapik Social Services was also involved in a collective kitchen project.
- ✓ Overcoming Challenges, a user-friendly, positive approach to suicide prevention, was designed by the Social Services in Ivujivik and presented to the students at the school in the secondary classes.
- ✓ In collaboration with the school in Ivujivik, Social Services were instrumental in organizing a Terry Fox Walk this year.
- ✓ At the beginning of March, two addictions support groups were started by Inukjuak Social Services in collaboration with the Family House. So far, three sessions have been held with 6-7 female and 3-4 male participants. These are early days but the progress to date has been very positive.
- ✓ The presence of Social Services in the schools were solidified and improved in the last year. As an example, the Social Services in Kuujjuaraapik were front and center in the implementation of an anti-bullying program as well as the Good Touch-Bad Touch program.
- ✓ The Addictions Team was active in a variety of community-based initiatives, including a “Nez Rouge” project during the Christmas period.
- ✓ Addictions Team was hired in the fall of 2013:
 - Akinisie Sivuarapik, Community Worker,
 - Robert Levy-Powell, Social Worker, was hired in the fall of 2013.

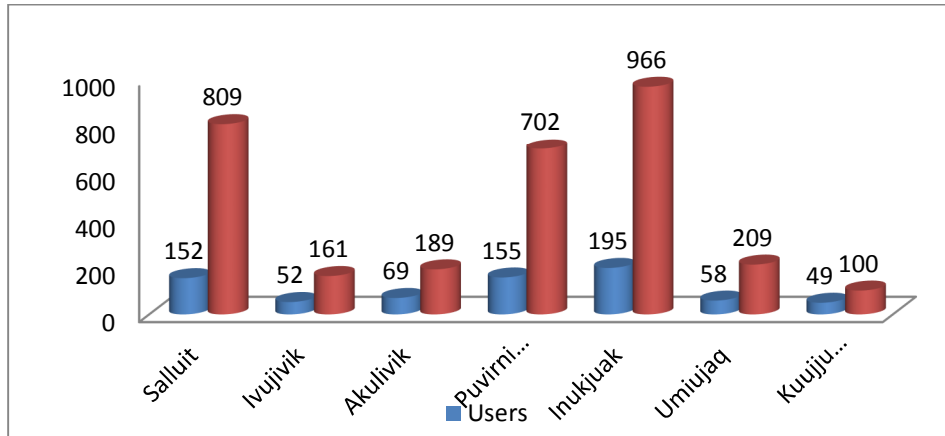
We are very happy to acknowledge the success of five of our Community Workers in completing the first year of the Marie-Victorin programme. We congratulate Aulla, Alisha, Mary, Rosie, and Alicie.



From left to right back row: Aulla Elijassiapik, Inukjuak; Muncy Novalinga, Coordinator of CLSC Social Services; Aani P. Tulugak, Director of Community Services; Parsa Nuktie, Umiujaq.

Front row: Alisha Tukkiapik, Kuujjuaraapik; Mary Sappa, Puvirnituk; Rosie Aullaluk, Akulivik; Alicie Q. Tullaugak, Puvirnituk.

TOTAL NUMBER OF USERS & INTERVENTIONS BY VILLAGE



- Blue = users
- Red = interventions

GOALS:

1. The goal of explaining services to the communities is maintained for the coming year. In particular, the role and functioning of the Public Curator is confusing and needs to be clarified for the population. In addition, the activities of the Addictions Team as well as the Sexual Violence program which is currently being reviewed, needs to be encouraged and supported.
2. Promotion of the importance of the role of Community Workers to communities at large. The Coordinator will target two communities in particular, Ivujivik and Umiujaq, and will develop a variety of strategies to collaborate with community leaders and organizations to improve the support to Community Workers with the larger aim of recruiting strong candidates for CLSC Social Services.
3. Seek a budget for the organization of a coast-wide meeting of Elders and natural helpers. Once the budget is secured, the goal will be to use the meeting to create a strategy on how these precious resources can work together to support communities when there is a crisis.
4. Work with other concerned partners to improve data collection and analysis.

COMMUNITY LIAISON WELLNESS WORKERS

New activities

- ✓ CLWWs in each village planned and participated in the delivery of a variety of new activities, responding to requests from different community groups (such as Youth Committees).
- ✓ The program responded to a public health crisis by providing a CLWW who acted as intermediary between Inuulitsivik Health Center and the community of Salluit.

A new CLWW was hired for Salluit but soon after hiring she had to take a leave of absence for personal reasons. Peta Tayara (Salluit) returned to work in March and we are pleased to welcome her back. Annie Alaku helped out in the TB crisis in Peta's absence and did a wonderful job as usual. We are grateful to her for her dedication to her community and for her wonderful communications skills. Unfortunately, we have been unable to hire a full time CLWW in Ivujivik.

Our long-time CLWW in Akulivik, Daniellie Qinuajuak, left our service. We thank him for his work in his village and with the ASIST group. Lizzie Uqaituk was hired to replace him. We welcome her and look forward to continuing to work with her.

Trina Qumaluk continued as the CLWW in Puvirnituaq – Trina is involved and active in all of our community activities.

Martha Inukpuk-Iqaluk is the senior member of the CLWW team. We are very glad that Inukjuak benefits from her wisdom and maturity.

A new CLWW was hired for Kuujjuaraapik just before the end of the reporting year. We welcome Lizzie Calvin to the team.

Training Activities

- Trina Qumaluk has participated in the Collège Marie-Victorin training for administrative personnel. She reported that this training has benefited her greatly since her computer skills, for example, have greatly improved. She feels that the training has allowed her to be more competent and more efficient in her job.
- Three of the CLWWs were fortunate to participate in the annual “Dialogue for Life” conference in December. Annie Alaku, Trina Qumaluk, and Martha Inukpuk-Iqaluk came away from the conference with important new knowledge.
- The Coordinator, Charlie Nowkawalk, took a two-day course in suicide intervention in Toronto.

GOALS:

1. The goal of working towards a training program for all CLWWs is maintained.
2. In 2014-2015, two meetings of all CLWW staff will be held. The purpose of these meetings will be to assure mutual support among the CLWWs and to make sure that the activities in each community respond to community needs while at the same time reflecting the overall direction of the program.
3. A statistical reporting system must be set up and implemented.

REINTEGRATION CENTER (Inukjuak) and AANIAVITUQARQ—CRISIS CENTER (Puvirnituaq)

“Be kinder than necessary for everyone you meet is fighting some kind of battle”

We would like to say a special “welcome back” to Beethoven Asante who returned to work after a stint in the south for medical reasons. These programs could not have developed to this degree without his caring and knowledgeable efforts of the past years. Nakurmiik Beethoven – we all are so happy to see you back with us.

The Centers had an occupancy rate of 100%. At both Centers, isolation rooms were converted into bedrooms to accommodate the need for admissions throughout the year.

- A total of 92 adults were provided with residential, day program, outreach and short term support services at both centers. The Reintegration Center admitted 49 individuals.
- Aanniavituqarq (Crisis Center) welcomed 43 adults, all of whom had severe and persistent mental health problems and/or intellectual disabilities.

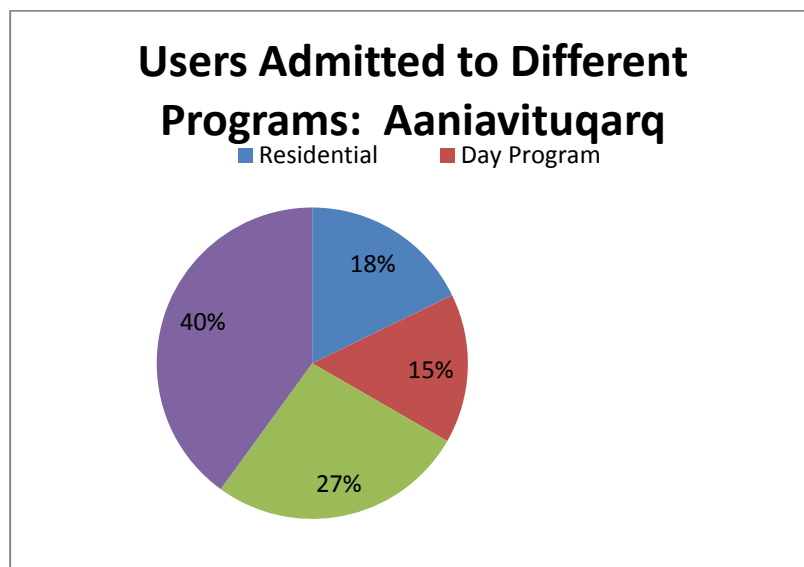
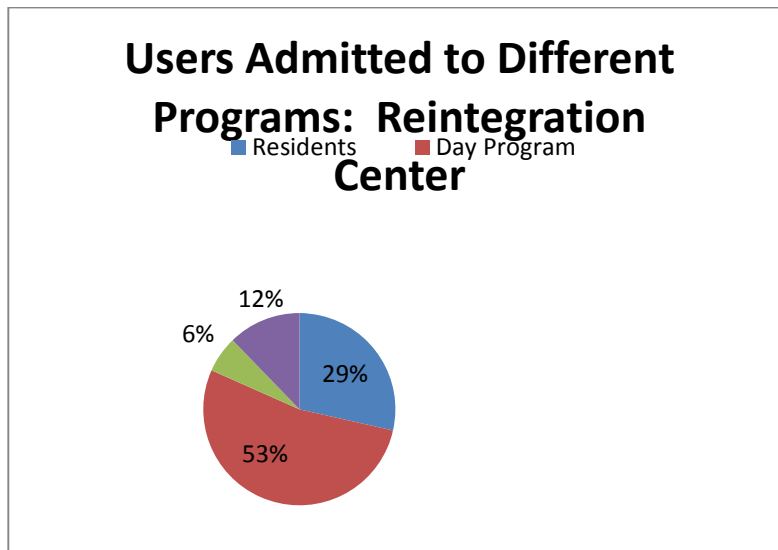
Throughout this fiscal year, we stayed committed to our mission of providing refuge and rehabilitation services to adults who struggle with psychiatric and intellectual challenges.

We made sure that as many people as possible had access to the services of Aanniavituqarq and the Reintegration Center.

We have had a busy year working with partners towards the completion of the Uvattinut supervised apartment project. We are confident that some of our clients will be able to move into independent living this coming fiscal year.

All employees participated in the training activities offered through RUIS McGill (Douglas Hospital). This training was tailored to the needs of the two mental health resources. Two sessions were offered in Inukjuak and in Puvirnitug.

Charts below give a graphic representation of the proportion of clients registered in each program.



Aanniavituqarq continued with the laundry services provided to the KRPF detachment in Puvirnituq. A total of \$10,787.35 was paid by the KRPF for this service. Clients who participated in the work program received about half of the proceeds in cash. The rest was banked for the future to purchase equipment or to organize activities for all the clients.

GOALS:

1. Work with Human Resources to identify more precisely the educational background required for the positions of educators. Individuals with backgrounds in delinquency, for example, seem to be more suited to correctional facilities and less suited to work with our clientele but routinely apply on the educator postings.
2. We are actively exploring a number of other strategies to ensure we have the best possible staff. Consideration must be given to social workers and psycho-educators who are committed to work with this client group. Doing so will ensure that our clients will benefit from the presence of clinicians who are dedicated to fully supporting the clients as they struggle to improve to the maximum of their capacity.
3. Create new and improved statistical tools for tracking client movements and access to various programs.
4. Provide ongoing support to and active involvement in the supervised apartment project, Uvattinut.

SUNGIRTUIVIK FAMILY HOUSE – INUKJUAK - to *Sungirtuivik with a baby or a child to practice the skills they learned.*

“Not in number but in unity that our great strength lies”
-Thomas Paine

Sungirtuivik Family House of Inukjuak offered the same range of services as the previous years, following its mission of prevention and promotion of healthy lifestyles and the wellbeing of families.

The principal activities that we have done to fulfill this mission are the following:

Babysitting Course: in May 2013 a two-week course was held that gives youth valuable skills in babysitting, child care and healthy life choices. In December 2013, the babysitting practice days were held allowing youth who have already completed the Babysitting Course to come.

Nutrition Booth: Sungirtuivik has been holding a Nutrition Booth at the local stores once a month to promote healthy eating and to give the opportunity for people to discover and taste new and healthy recipes. The local store manager was always open to our presence.

Cooking classes: Throughout the year we offered cooking classes to the population once or twice a month. In March, as part of Nutrition month, we also received the students of Innalik School (from Kindergarten to Secondary II). The students and other participants were taught about nutrition and techniques for healthy food preparation.

Elders' group: This year again, this activity was very popular. Elders are always very happy to come and learn about different subjects (Diabetes, Drop the Pop, Nutrition, Second-Hand Smoke, etc.). As in the

previous year, this activity is also an opportunity for elders to share their experiences of life as well as their traditional knowledge.

Special Activities and Events: FASD Day, Elders' Day, Addiction Awareness Week, Diabetes Day, Valentine's Day, and Country Food Day are examples of special events that Sungirtuivik organized this year. We also visited grieving families in the community. These community-oriented activities created good opportunities for the population to gather together and share thoughts, ideas, and experiences.

Kiosk: We held a Kiosk at the local stores once a month to give information about different subjects (Breastfeeding, Diabetes, FASD, Nutrition, Smoking, etc.). Being in a public place is a good way to reach out to people who would not necessarily come to Sungirtuivik.

Parent-child activity: This activity was again offered this year. However, due to declining attendance, we have decided to re-evaluate our programming and to seek alternative ways which will better meet the interests and needs of parents and their children.

Pre-Natal: This activity for pregnant women was appreciated among young mothers. The implication of the midwife is a big help in recruiting participants and identifying the needs of the pregnant woman. Those who attended received information on subjects like FASD, Nutrition, Breastfeeding, Diabetes and participated in activities like exercising, walking and berry picking.

Radio Show: Some Radio Shows were done during the year. Information on FASD, Diabetes and Nutrition were given. We also used that tool to solicit ideas from the population of Inukjuak about the activities they would like to do at Sungirtuivik.

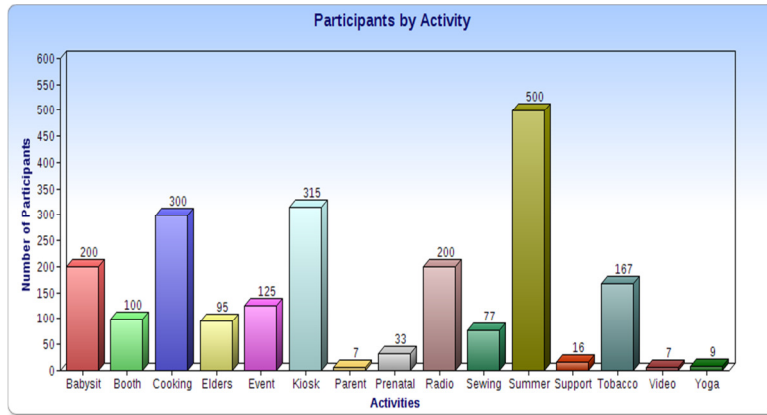
Sewing: Twice a month, a sewing afternoon was held at Sungirtuivik for those who wished to learn how to sew. Everyone was invited, whether or not they could afford to purchase sewing materials. This was a very popular activity.

Summer Beach Project: Sungirtuivik, in collaboration with local and regional partners (Unaaq, NV, KRG, Québec en Forme, Avataq) organized a one-month summer beach program for Inukjuak community. The aim of this project is to provide supervision and safety to children and youth who came to swim or to "hang out" on the three beaches in Inukjuak.

Addictions Awareness Week: In October 2013, Sungirtuivik received 167 students of the Innalik School who participated in prevention of tobacco use and smoking. The Administration of Innalik has always been very open to our project and both students and teachers enjoy coming to the Family House.

Addiction Support Groups: At the beginning of March 2014, two Addictions Support Groups were started by Inukjuak Social Services in collaboration with Sungirtuivik. So far, three sessions have been held for each group with 6-7 female and 3-4 male participants. These are early days but the progress to date has been very positive.

Yoga Nights: In March 2014, Yoga Nights were started. So far, two sessions have been held with 4-5 participants each time. This activity offers the opportunity for participants to relax and take time for themselves. Evening activities have been requested by community members since it allows them to join some activities even if they work during the day.



This is not a totally accurate representation of participation as administrative personnel were absent for a few months and no data was collected.

We would like to acknowledge the success of one of our collaborative projects. National Elders' Day, celebrated on October 1st 2013, has been a great example of what we can accomplish when different services put their strength and efforts together for the benefits of the community. A feast was held at Sungirtuivik to mark the occasion. 35 elders came and 8 meals were delivered to some elders that could not come. This celebration was made possible through collaboration between PLA Social Services, the Community Wellness Worker and Sungirtuivik.



From left to right: Lizzie Qumak, Alicie Nowra, Maina Epoo, Martha Inukpuk Iqaluk (CLWW), Kitty Kritik, Elisabeth Elijassiapik, Lucy Idlout.

Sungirtuivik benefitted from some alternative sources of funding. Below are details regarding the community participation of funding and how it was used:

- ✓ 1,200\$ from NRBHSS to buy Country Food
- ✓ 1,000\$ from Pituvik Landholding to pay the babysitters we hired for the Yoga Nights
- ✓ 3,000\$ from Avataq to buy sewing materials and pay the sewing teacher
- ✓ 3,000\$ from Makivik to buy sewing materials and pay the sewing teacher
- ✓ 3,375\$ from NI to complete babysitting practice days for the youth who have already completed the Babysitting Course in May 2013

- ✓ Summer Beach Project and Healthy Food Video Project were funded by different organizations (Avataq, KRG, NRBHSS, Quebec en Forme, Unaaq) and by IHC for Sungirtuivik staff salaries.

We thank these supporters and hope that they will continue to give generously to these community based activities.

GOALS:

1. Improve our team work. We will still focus on building a strong, stable and positive team and make sure that it is reflected in the services we offer to the community.
2. Develop and implement new programs that meet the needs of the community and families of Inukjuak.
3. Increase and reinforce our collaboration with local partners, community members, and Inuulitsivik Health Center as a whole.

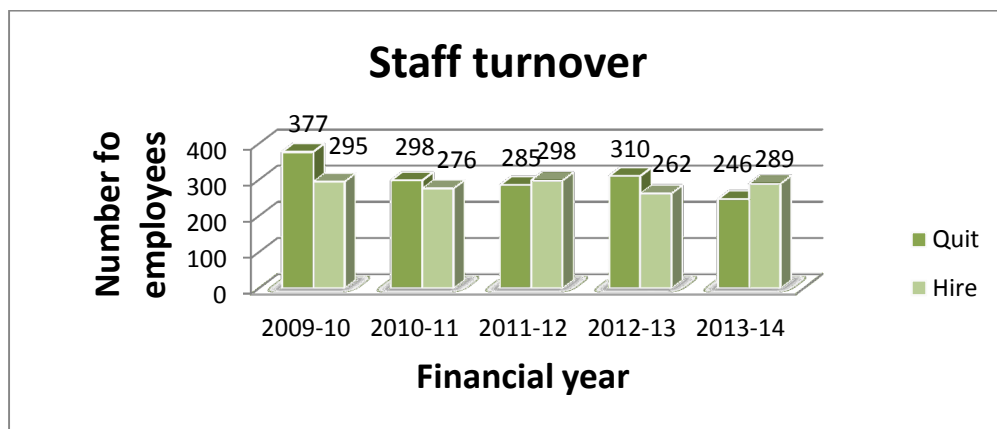
HUMAN RESOURCES

This year we added another member to our HR team by opening a position for an Inuk admin agent as we felt the importance of having an Inuk present to respond to our Inuit employees questions and concerns in their own language.

*****Very interesting statistics were collected this year regarding our ratio of Inuit and non-Inuit staff working at IHC this year:**

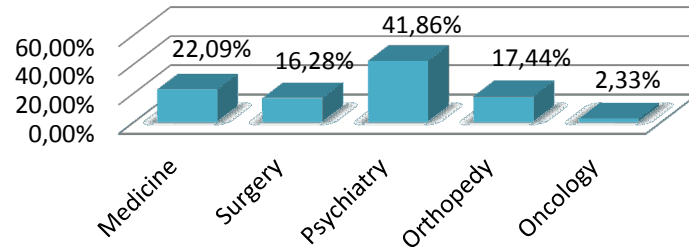
	IHC	MNQ	TOTAL
# employees	845	97	942
# Inuit employees	477	19	496
% Inuit employees	57%	20%	53%

In 2013-14 we hired 106 people from the south and 183 people from the north for a total of 289 new employees with 246 staff that left our institution. There were 26 nurses that left IHC and 32 nurses that were hired as well as 20 HRA (social services) that left and 28 new HRAs that joined us.



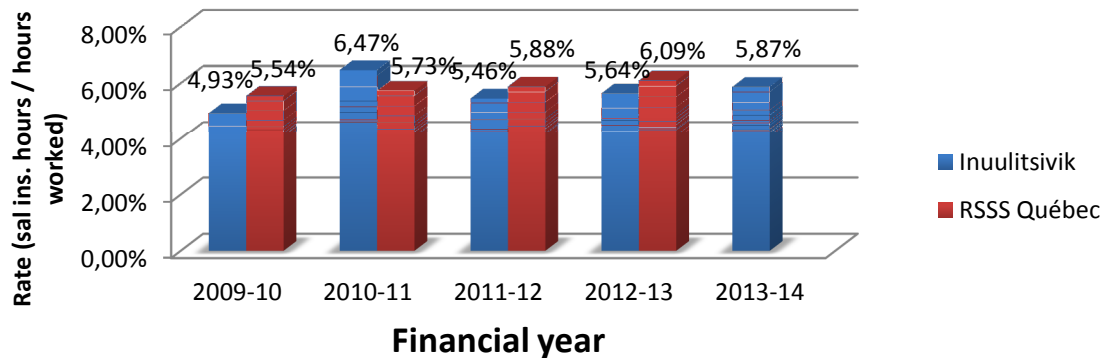
For the first year we are now able to track absenteeism with the help of a new program called PRASAT. Below is a chart defining the reasons that people were absent for medical reasons:

Percentage of salary-insurance files per group



Although our salary insurance rates are higher than the rest of Quebec, if you consider the circumstances surrounding our environmental situation, it falls in the parameters of being acceptable.

Rate of salary insurance per year



GOALS:

1. Updating job descriptions
2. Implementing ID cards
3. Orientation days for all new employees
4. Set up a mentoring program for new managers

MODULE NORD QUEBECOIS – MNQ

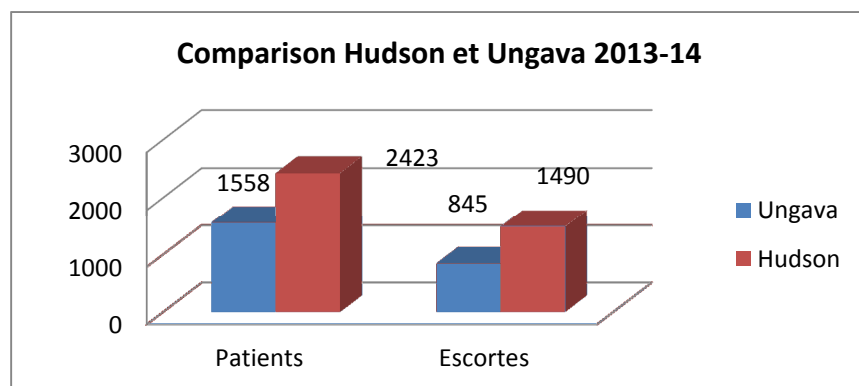
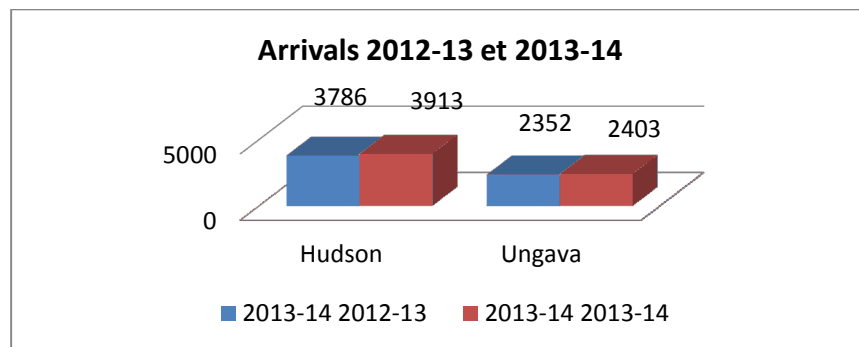
Our southern lodging facility (MNQ) has been temporarily housed at the YMCA on Tupper St in Montreal for the past few years as we patiently await our new permanent location. The mission of the MNQ is to provide food, lodging, transportation, interpretation and social support to our clients from all of Nunavik and their escorts while they are in Montreal for healthcare reasons. This year we had 6316 visitors which represented an increase of 2.9% over last year.

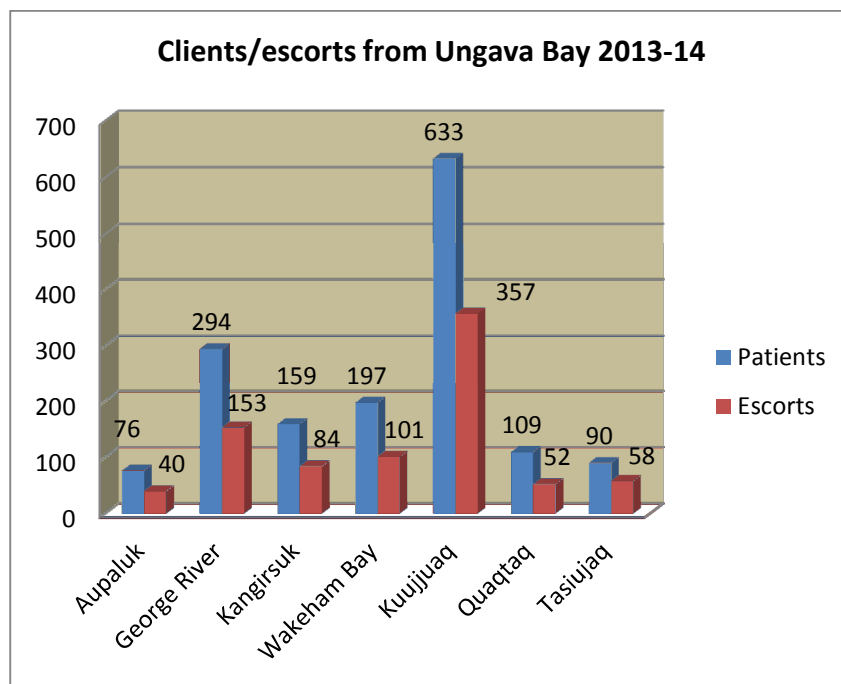
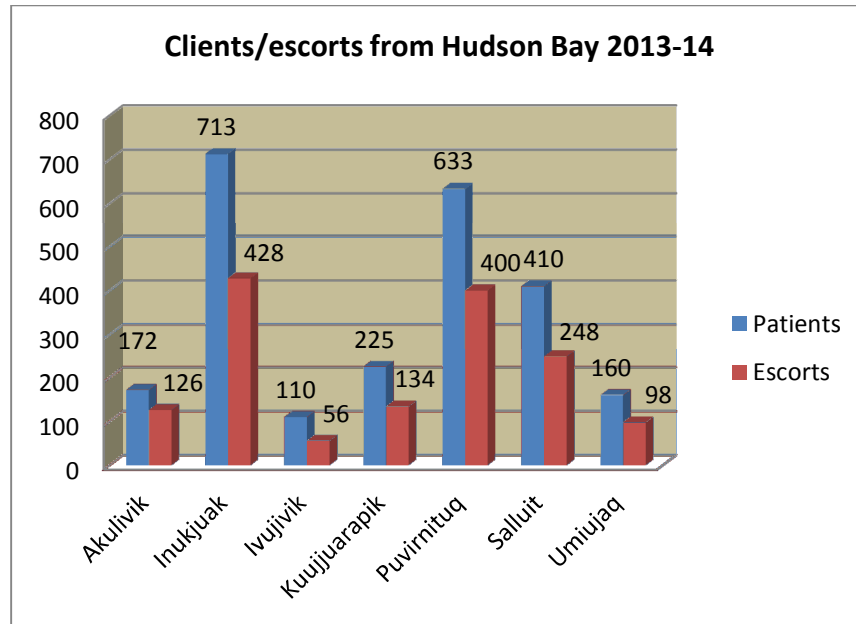
The biggest dossier that we worked on is the relocating of our facility and the work to adjust the employees to the proper number and types of positions needed to staff this new facility. By year end, we have launched our bid for tenders on the new building and await the offers to be opened in June 2014.

Unfortunately, Lisa Mesher, our associate Director of the MNQ, left our employment last fall - this position has been posted and should be filled by the start of the coming fiscal year.

There are 55 FT positions and 13 PT positions at this facility. The following training was given to this staff:

- Security measures in dealing with crisis with intoxicated clients
- Work place security
- Pre-retirement training (CARRA)
- Conference with Douglas Institute on Northern Quebec
- Conference with nurses from McGill





GOALS

1. Relocation of MNQ building
2. Training new Inuk Associate Director
3. Reclassifying our interpreters and certification of our interpreters
4. Relocation of our nurses

***“Nothing can stop the man with the right mental attitude from achieving his goal,
Nothing on earth can help the man with the wrong attitude” –Thomas Jefferson***

DIRECTOR HOSPITAL SERVICES

In August 2013, with the retirement of Christian Brunet, we re-organised Hospital Services and created a position of Director. We were delighted to welcome Serge Provencal to this new position. We also added a co-ordinator position and an administrative tech position to better equip themselves to manage all of the services under this direction. We would like to thank Mr. Brunet for his help in developing this team and wish him much success in his retirement years.

CMDP

The council held its annual meeting in February 2014 and re-elected Dr. M. Bohemier-Bernard as President. Committees were re-staffed and reinstated with a leader when necessary:

- Titles Com (Dolores Fortin)
- Quality of Acts (Mathieu Bohemier-Bernard MD)
- Credentials Com
- Disciplinary Com
- Critical Appraisal Com
- Pharmacology

Their recommendations to IHC were as follows:

1. Hire a nurse to work on STD that are on a rise in Nunavik
2. Find proper training so that MDs are able to take X-rays in the communities
3. Hire a FT person to collect data
4. Dentists sometimes work with no assistants (because they are absent from work) – close dental clinic in such cases
5. In light of the outbreak of TB, recommend that new employees get a PPD test before coming to the north
6. That the new growth curves from the WHO be used at IHC
7. Capital Master Plan to address the shortage of space in our CLSCs

DEPARTMENT OF MEDECINE:

We were able to recruit 3 new MDs this year while two resigned - we are hoping to hire 3 new doctors in the coming year. Limited housing for these doctors remains problematic as everyone has urgent needs for the limited amount of houses being built in the north.

With the outbreak of TB in Salluit in April 2013, there were requests sent to add additional MDs to the staff to help control the contacts. Dr. Bohemier-Bernard helped elaborate protocols to assist the physicians in their work with our TB patients.

ACTIVITIES DONE:

1. Work on the Guide Therapeutic continued when time was available
2. MDs participated in several recruitment activities - Salon des Residents in Quebec and in Sherbrook, Career Day, Wine and Cheese recruitment party with students from the SARROS program
3. Dr. V. Morin put together a week long education program for the interpreters in Inukjuak in May 2013
4. Health Minister Hebert visited the north in April 2013
5. In June 2013 we hosted a delegation from AMC and the AMQ

6. Pediatric training was provided by a pediatrician from the MCH

GOALS:

1. Continue recruitment efforts
2. At the same time we want to work on retention of our MDs
3. Continue work on the Therapeutic Guide
4. Work on certain policies that would effect the functioning of the department

DENTISTRY

The dental department still has 4 permanent dentists, replaced by temporary dentist while they are on vacation (around 15 replacement dentists).

Village	No. of weeks open clinic
Puvirnituaq	42 weeks
Inukjuak	41 weeks
Salluit	42 weeks
Kuujjuaraapik	41 weeks
Ivujivik	9 weeks
Akulivik	10 weeks
Umiujaq	6 weeks

In 2013-2014, altogether they performed 5500 consults. There was 9 weeks of dental surgery under general anesthesia performed. This year we asked a consultant to review the dental department. Some urgent needs were identified and we have already put in place some of the corrective actions that were recommended.

GOALS:

1. Recruit and place a 5th dentist
2. Add a second assistant in each clinic
3. Name a department Chief
4. Apply the recommendations of the consultant
5. Prepare for the Order of Dentists visit

6. Enforce departmental structure
7. Offer more weeks of dentistry under General Anaesthesia

DENTUROLOGIST:

Stéphanie Houle, the denturologist has seen 275 patients during her 4 regular visits made on 2013-2014. She has been offering her services up north for the past 10 years now, and she visits all the 7 villages every time. She knows very well her patients, and is well appreciated for her services.

- One of her goals is to visit with a second denturologist at least once, in order to train him/her and assure continuity of the services in case she is unable to travel.

ORTHODONTIST:

Dr. Jamal continues to visit the north with her team every 6 weeks or so.

Orthodontist visits 2013-2014

# of visits	# of consultations	# of patients in treatment
7	594	227

PREVENTATIVE DENTAL SERVICES:

Our team consists of 3 dental hygienists and we are trying to provide a service to all of our villages with this limited number of hygienists. They

- visit schools to educate children
- see clients in their offices for cleaning, fluoride treatments and sealants
- distribute tooth brushes and tooth paste to children in school
- motivate pregnant women about need for good oral hygiene and the need to keep baby teeth in the child's mouth during their childhood

Community	Number of children considered at high risk for cavities	% of children considered at high risk for cavities
Umiujaq	32 / 36	89 %
Kuujuaraapik	46 / 49	93 %
Inukjuak	131 / 143	92 %

This chart shows an **alarming high rate of children with a high risk for cavities** – we must work hard to address this problem. With our 3rd hygienist on board now, we can begin to address this issue – but education of the clients remains the single largest challenge.

PHARMACY:

We recruited a 3rd pharmacist this year to complete once again our team with Alain Jalbert, chief of pharmacy, at the helm.

Our pharmacy department played a special role this year by preparing special doses for children with TB as this dosage was not available on the commercial market.

- Mme Sandrine Vinet, who owns the pharmacy that makes all of our Dispills in the south, visited Puvirnitug
- Mme Van Duong, a consultant hired by the NRBHSS, visited Puvirnitug in an attempt to evaluate our services offered and make recommendations on how they could be better carried out.
- In November 2013 we visited Inukjuak and Salluit to verify inventories and establish minimum/maximum levels, review the respect of existing policies, and verify narcotics
- January 2014 the Order of Pharmacy informed us that they were pleased with the inspection they did and the progress that we had made in correcting our pharmacy deficiencies – BRAVO to Alain and all of the pharmacy team!
- Much work was put into establishing a community pharmacy in Puvirnitug.

Inventory 2013-2014 Pharmacy CSI	
Médications pharmacie	247 534,39\$.
vaccines	46 779,14\$.
Inventory total *	294 313,53\$
Purchases	
McKesson Canada	1 057 627,32\$
Gentès & Bolduc	7 746,75\$
Pharmacie Vinet Services et produits **	1.2 millions
Return of Medications	
McKesson	101 992,02\$.
Medturn	21 541,20\$

Total	123 533,22\$
Total costs of purchasing medication	
2013-2014	Estimated at \$2.3 million

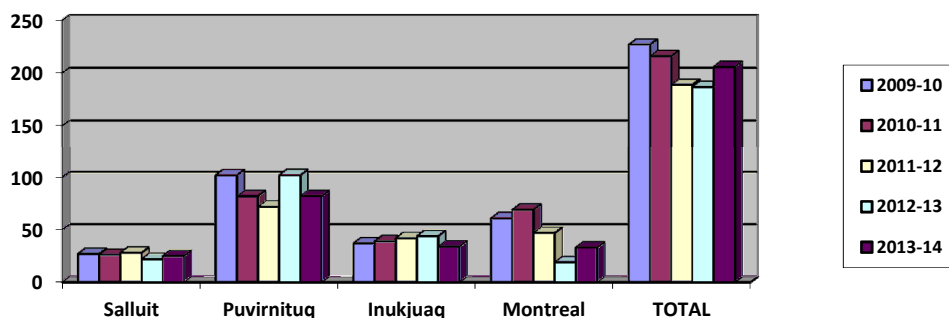
GOALS:

1. Develop community pharmacies in all 7 CLSCs
2. Manage the analysis, preparation and distribution of orders in Puvirnituaq and the 6 other villages
3. Maintain the production of Dispills in the south for coming year
4. Complete the visits to each village
5. Continue to work on our Guide Therapeutic
6. Continue to participate in the student pharmacy program (1 each year)

MATERNITY:

***“when spider webs unite, they can tie up a lion”
-Ethiopian Proverb***

Maternity units in Puvirnituaq, Salluit and Inukjuak continue to service the entire Hudson coast population. In the fiscal year of 2013, a total of **206 babies** were delivered in the north, only **33** were delivered in the south. The staff performed 1849 consultations.



- The Hudson Coast was represented at the Canadian Association of Midwives and National Aboriginal Council of midwives conferences in Ottawa this year, with the presence of 6 midwives and students.
- Akinisie Qumaluk attended a conference on **FASD** with Social Services.
- In October the face-to-face meeting of the **Nunavik Midwifery Working Group** took place in Salluit, and reunited midwives from the whole region and representatives of Inuit Values and Practices Program from the regional board.
- Brenda Epoo presented information about our maternities to the **Inuulitsivik Board** in December.

- Inukjuak celebrated the International Child’s day, well appreciated by the community.
- The midwives and students actively participated at the **CPDPM** (Council of Physicians, Dentists, Pharmacists and Midwives) gatherings during 2013, working with other clinical professionals on better quality of care.
- **Salluit Maternity celebrated their 10th anniversary (February 7th) on February 19th.** First a luxurious lunch took place at the landholding camp, with representatives from the community, members of the Inuulitsivik board and management. In the evening, a nicely decorated community center welcomed many participants, for a fun and pleasant event. During both events many gifts were given and some won wonderful prizes through the multiple games organized.

A special recognition was addressed to Maggie Tayara for her determination since the opening of the maternity. Special thanks were expressed to many people who supported the maternity throughout the years.

Bravo to Jennie Stonier, Maggie Tayara, midwives, Lizzie Sakiagak, Saira Kakayuk and Louisa Pauyungie, student midwives for a beautiful celebration. We salute their dedication as professionals, and their passion for midwifery; we wish them many more years of great accomplishments.

GOALS:

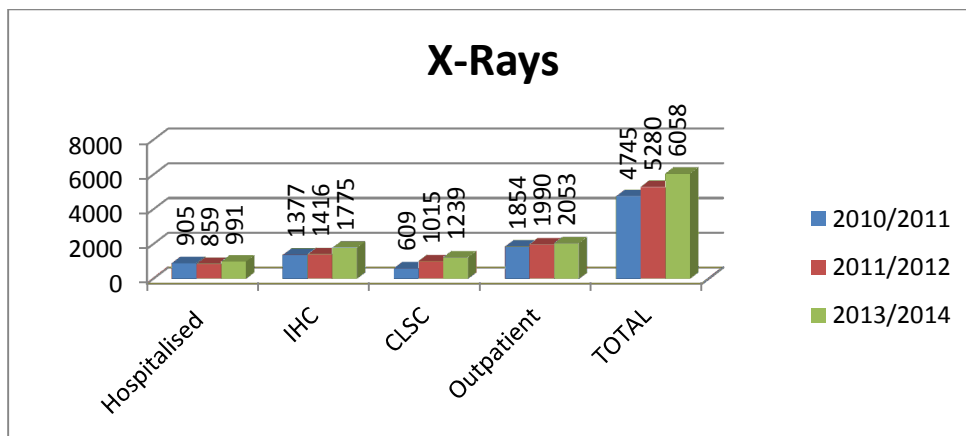
1. Re-instate 3 team leaders (one in each village)
2. Kimberly Moorhouse will be education co-ordinator
3. Provide more services in smaller communities
4. Work together with communities to increase Inuit participation in midwifery

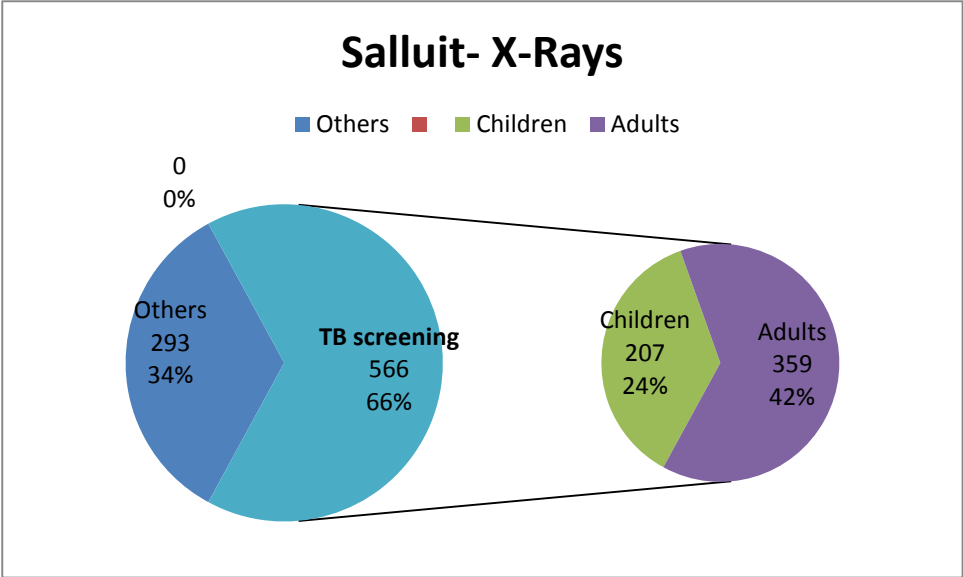
RADIOLOGY

A team of 3 FT radiology technicians provide services in x-rays, ultrasound, EKGs, and Holter monitoring in Puvirnituq as well as X-ray service every 6 weeks in Salluit, Inukjuak and Kuujjuaraapik.

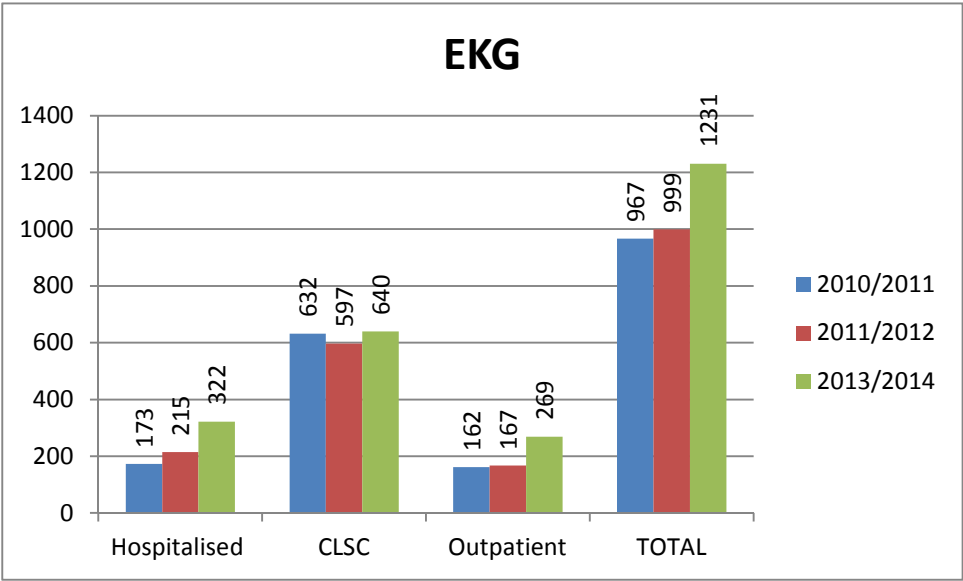
We are extremely proud of Stephan Otis, who is certified to perform obstetrical ultrasound by himself and our goal is to train a second tech to do the same.

As you can see from the chart below, we continue to increase our service each year. In part, this increase is due to the TB X-rays that we did in Salluit this past year.





To note there was an increase of 23% of the number of EKGs that were performed last year



MEDICAL RECORDS

The staff of medical records has stayed the same for the past 5 years. Although they were unable to achieve their goals set out for this year due to shortage of staff, they did make progress :

1. Revised the inventory in local #224
2. Training completed for 2 administrative technicians
3. Visited CLSC in Kuujjuaraapik
4. Visited MNQ
5. Reactivated Chart Committee

Statistics:

- New charts 686
- Births 206
- Discharges 1403

GOALS:

1. Prepare for 2nd archivist
2. Advance the dossier Santé Quebec (DSQ) and the Dossier Clinical Computerisation (DSI)

LABORATORY

A 6th position was added to the laboratory team this year and this was done to liberate the assistant chief technician to perform administrative work such as creating new protocols –this also allowed us to schedule a tech on Sundays in an effort to reduce overtime.

Some of the events in the lab include:

- A visit by the professional order of labs (OPTMQ)
- Hiring of a consultant to organise labs and to help implement recommendations from OPTMQ
- New software to allow lab results from MGH to be received
- New equipment (GeneXpert) to detect TB – this test can now be performed locally and decreases wait time for results from 3-4 days down to less than 24 hours (276 tests performed this year)

	ADMIS		ENRG		TOTAL	DIFF
	TESTS	DIFF	TESTS	DIFF		
2009-10	13270		76992		90262	
2010-11	14875	12,1%	82418	7,0%	97293	7,8%
2011-12	16622	11,7%	106979	29,8%	123601	27,0%
2012-13 (incomplete data)	14833	-11.2%	86825	-12.8%	101658	-12.1%
2013-14	18851	27.1%	106324	22.5%	125175	23.1%

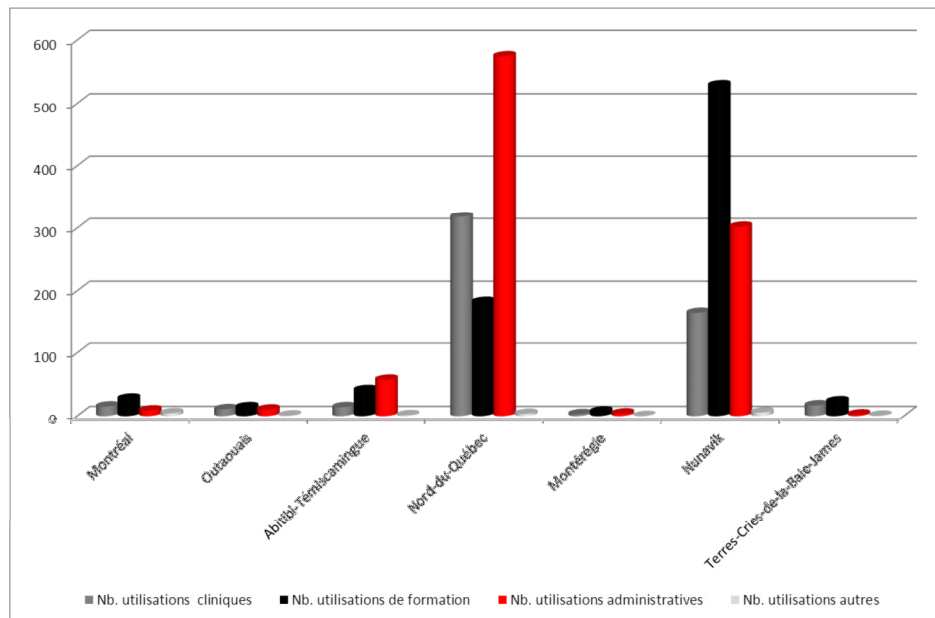
GOALS:

1. Finish writing new protocols
2. Enlarge and renovate space for lab
3. Recruit new techs at professional congress meeting
4. Maintain stability of team

TELE-HEALTH

This year we saw an increase in the utilisation of tele-health and we expect to continue to develop this important tool in furthering our goal to provide expert medical consultations to our clients in the north.

We had a visit by a team of administrators from McGill who visited Puvirnitug, met with the users and presented a short training to the 7 villages. This visited allowed for discussion on the future and the obstacles that we face.



*this graph shows that we are the second largest users of tele-health in the province

GOALS:

1. Increase number of medical consultations by video-conference in the north – target 2 per week
2. Find permanent space for consultations and equip

YOUTH PROTECTION DEPARTMENT

*"I knew nothing but love and devotion when I was growing up,
Trust me , it makes everything easier"*

-Julia Quinan

The mandate and mission of the Direction of youth protection is to offer to children, youths, parents, extended family and close friends, services that will strive for the protection of the youth population and also offer if needed the rehabilitation of the youth in partnership with the centralized rehabilitation services.

The services that are offered implicate the participation of the family, the community services and the population.

To offer the proper services and to respond to the mandate, the workers develop a relation with the family and position themselves in an authoritative position if needed. The DYP works with 4 principal acts: the Youth Protection Act, the Adoption Act, the Youth Criminal Justice Act and also the Health and Social Services.

The services offered are the following:

1. Retention and treatment of a signalment
 - Collects information from the declarers and other sources;
 - Makes referrals to other services, gathers information and analyzes the situation following a specific grid, to decide to retain or not to retain a signalment;
2. Evaluation and Orientation
 - Gathers information from all relevant sources such as parents, youth, grandparents, extended family, friends, school, social services, police;
 - Offers help, assistance and control to the parents and child or youth;
 - Analysis of the situation that is signaled and the information collected following a specific grid;
 - Makes references to other services;
 - Offers short term help;
3. Application of measures
 - Develops with the family and the community services, an Intervention Plan with the goal to put an end to the situation that compromises the development of the child or youth;
 - Assures a follow up of the Intervention Plan by meeting the family members and by Coordinating the measures that are in place with the community resources;
 - Offers help, assistance and control to the parents and child or youth
4. Revision
 - Reviews all the cases opened at application of measures with the participation of the family and workers;
 - Makes the decision of closing the file if the situation implicates that the development of the child or youth is no longer compromised;
 - Proposes new measures if still compromised.

5. Adoption-Tutorship

- Performs a family assessment in the situations that are brought up to the DYP, where the legal responsibility of a child or youth needs to be clarified;
- Takes necessary steps to identify the life project that is in the best interest of the child or youth, presents the request to court;
- Assures the follow up of the family throughout the process.

6. Foster family

- Assures the recruitment, evaluation, follow up and support of the foster families.
- Psychological assessments and follow up
- Provides a psychological evaluation and follow up to the child and youth.
- The service is rendered by a psychologist hired from south who comes up north when needed.

7. Inter Centre Jeunesse and between province or country services

- Receives and transfers files to or from other regions following the needs of the parents, child and youth.

At the beginning of this year, the board of directors appointed Danielle Beaulieu as our new Director of Youth protection. Danielle has brought with her knowledge, energy and determination. The highlights of this year were focused on recruitment and re-organisation of the staff members. Danielle created 3 new positions of department heads that better structured the work to be done and clarification of the mandate of each of these teams.

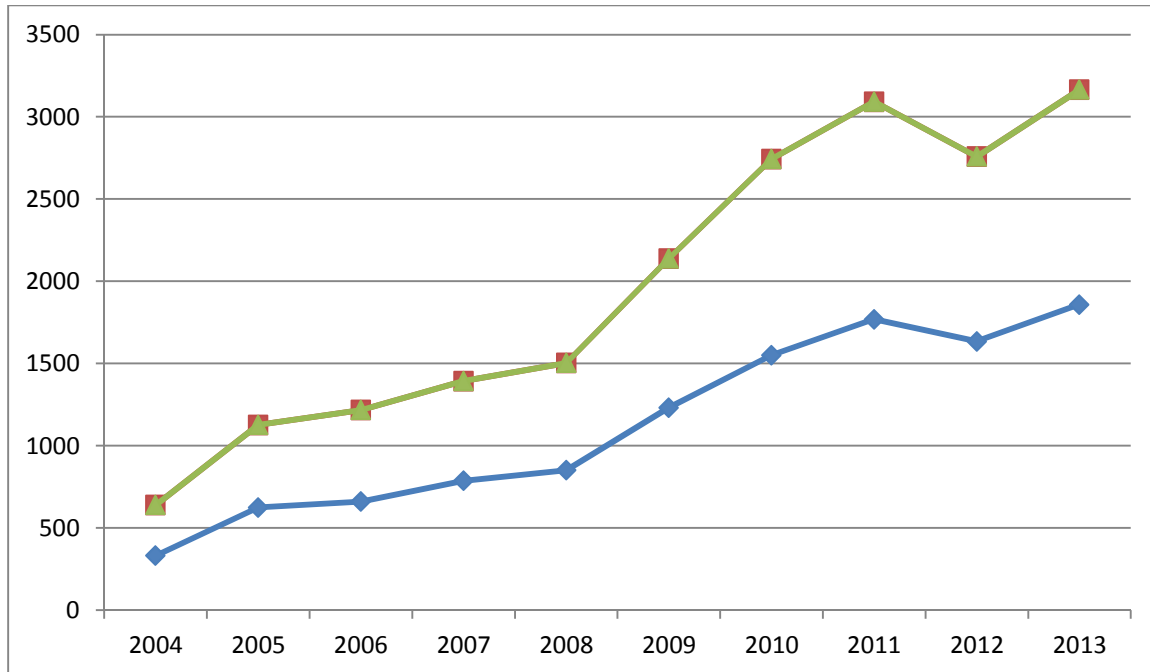
The workers are aware of the development to come and are looking forward to it. They offer their participation in the planning and they show initiatives in their daily work. They express some worries on the capacity to achieve the goals. Nonetheless, the orientations taken so far are seen by the employees, as positive development.

The number of signalments continue to rise and as a direct result of this increase, we see the cost of payments made to Foster families also jump.

SIGNALMENTS

*green – signalments received

*blue – signalments retained

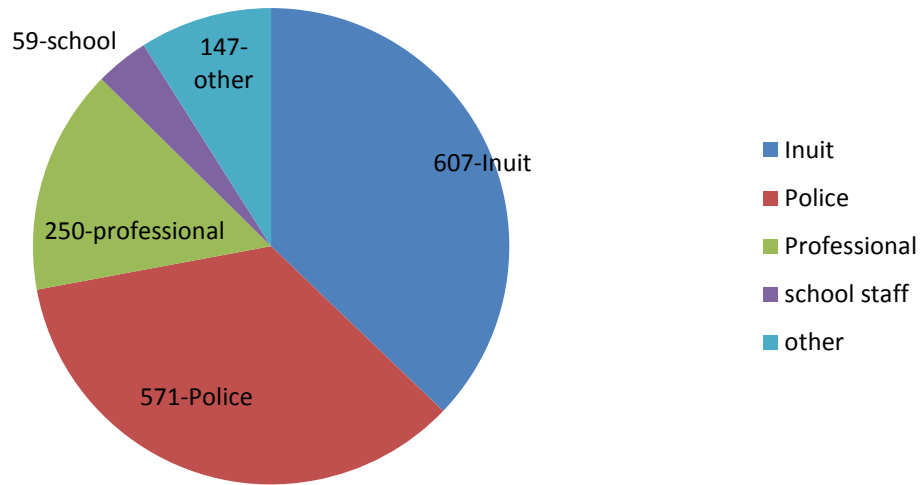


Statistics regarding the retention of a signalment in 2013-2014:

- 70% of the signalments were retained in 2013.
- 50% of the signalments implicated a child under 5 years old.
- Of the 1307 retained signalments, 755 different children were signaled.
- Most of our signalments come in during evening and nights.
- The gravity of the crisis which leads to the signalment, often are such that we have no choice but to proceed to immediate protective measures.



Source of Signalment



- Inuit themselves, file the highest amount of signalments- followed by the KRPF for a total of 53%.
- We observe that KRPF are signaling situations when there is high risk to the children. This could explain the high number of placements in Foster Home or extended family.
- The percentage of the sources of declarants remain similar through the years.

WHERE THE CHILDREN ARE PLACED WHILE IN FOSTER CARE

YEAR	FAMILY	INUIT	NATIVE	NON-INUIT	OTHERS	TOTAL
2010-11	70	82	13	24	9	198
2011-12	75	72	18	45	11	221
2012-13	87	60	15	38	12	212
2013-14	93	75	15	45	17	245

- 39% of the youth are entrusted to their family members
- 30.6 % of the youth are entrusted to other Inuit families.
- In all communities we observed an insufficient number of foster homes – Ivujivik has a particularly low number of available foster homes - youth that require placements are obliged to go to other communities

* Others include placements in specialized foster home or center, such as Re-adaptation Centers and Broken Harrow in Ontario

GOALS:

1. To pursue the recruitment, north and south.
2. To hire more workers so the Clinical Advisor stops having caseloads and concentrates on clinical support which will help in the retention of employees, Inuit and Non Inuit.
3. To complete the review of the paper files, to collect data in PIJ correctly.
4. To offer the needed training to the staff hired in the south and to pursue the training for Inuit workers.
5. To continue the review of the process of intervention particularly at Application of Measures Services and apply existing protocols such as:
 - Progress notes to be written for every intervention done
 - Reports in every file following each step of intervention
 - Specific Intervention plan for each file; to propose family council meetings and a mediation approach.
6. To structure the Revision Services so workers and families better understand the legal process of the DYP intervention and each party's responsibility.
7. On a partnership level: to pursue our implication in the program Good Touch Bad Touch; to propose meetings with members and leaders of the communities; to pursue the meetings planned with the Social Services and the Kativik School Board to establish protocols between our establishment or services. Periodic meetings will be planned with the KRPF.
8. To review the practice of Retention and Treatment of Signalments

YOUTH CRIMINAL JUSTICE ACT

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 have committed an illegal act under the criminal code or other federal penal acts. The YCJA's mandate is to assure the protection of the society and also to aim at 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 throughout the process.

The different services are the following:

- When requested by the crown that is responsible for criminal and penal pursuit; assess the situation of the youth to identify if he can benefit from extrajudicial measures;
- When requested by the court, assess the situation and present a pre-sentence report (RPD) or other reports requested;
- Assures a follow up of the different sentences imposed to the youth by the court;
- Does a clinical evaluation of the situation of the youth considering the stage of delinquency, the needs of the youth, the risks of re-occurrence that he represents and the court's decision;
- Takes the necessary steps to organize the judge-ordered detention or the preventive custody.

During the detention, the DP does the follow up with the youth in collaboration with the rehabilitation staff unit. At all times the DP can ask to do a sentence revision.

For YCJA services, several activities are underway. A temporary position was opened. We now have a team with two youth delegates covering the coast of Hudson Bay. One delegate covers the northern coast of Hudson Bay (Salluit - Ivujivik and Akulivik) and the other delegate covers the South (Kuujuaapik - Umiujaq and Inukjuak) and they share the work to do in Puvirnituk. We put this

structure in place to respond to the various follow-ups that need to be done. With these changes, our interventions are more personalized and respond to the request of the Judges to be more present in the follow-up of our youth.

The new offices of the DYP will support our organization at the level of pre-trial detention. The use of the security room will be more appropriate for young offenders when in need of detention in specific situations. The facilities will prevent, in some situations, to have young offenders detained in an adult facility. The need of security guards will be essential to use the new facilities. The high cost of having security guards coming from the south will be addressed.

Detention Authorisations	2012-13	2013-14
Total	47	82

YCJA Evaluation		
Requested	2	35
Completed	2	24
Extra-judiciary sanctions	2	19
Reference to Att General's prosecutor	0	2

PDR reports		
Requested	16	22
Completed	13	21

The important difference between the two years is explained by the fact that the data in PIJ last year was incomplete. As it was mentioned in last year's report only PDR reports were done and accounted for.

GOALS:

1. For the next year much work remains to deliver all the services. We plan to meet the Makivik Corporation, the Justice committee and the KRPF police force to establish a collaboration and work in a partnership. We need to develop with the communities, work areas, so the youth can do community work as a consequence to their criminal behaviors.
2. Workshops for anger management and the problems of drug and alcohol addiction could also be implemented. The programs delivered at the group home in Puvirnituk could be used and extended for the young offender clientele.



GROUP HOME – PUVIRNITUQ

“If you are not loved as a child then you don’t know how to love a child”

-Jane Gardan

The mandate of the group home is to offer re-adaptation services to the youth placed following voluntary or court order measures. The services offered implicate specific programming that takes in to account the specific needs of the youth. In collaboration with the Youth Protection worker, services are offered to the parents at the same time that the youth benefits from re-adaptation services. The services offered to the parents aim at the development of the parental capacities. The workers from the Group Home and from DYP services work together in establishing an Intervention Plan with the Youth and the parents.



We currently have 4 full time educators, 4 full time social aides and 3 permanent part time night staff along with our recall staff list. We continue to have a strong team, which is integral to our program.

There were 50 users at the group home over the past year, 18 youth were regular clients and 32 were short term stays, such as temporary emergency placements or youth who had to attend court in Puvirnituk and were not able to be placed anywhere else during that period of time.

The group home program continues to evolve in its structure and program delivery has made several accomplishments this year. The goal of increasing the team’s clinical skills with the emphasis being on

effective counseling and behavioral intervention strategies continues to be met. The team has completed its 2nd year of Marie Victorin Training with the focus being on the Process of Intervention, gathering information on client's behaviors, and learning how to design developmental activities and appropriate intervention plans with the use of clinical tools. This block of training has focused on observation skills, basic counseling techniques, construction of a behavioral profile (including being able to identifying bio-psychosocial adjustments difficulties), intervention planning and lastly, looking at using activities as a clinical tool.

All clients participate in weekly counseling sessions with their key worker, which focuses on the individual client goals that were set in the intervention plan. All clients participate in cultural programming, engaging in cooking, sewing and on the land activities such as fishing and hunting.

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 Puvirnituk has to offer. They regularly attend church and funeral services. This year our team successfully delivered the following clinical programs to our clients:

- Bullying
- Substance Abuse
- Anger Management
- Health and Sexuality

GOALS:

1. Continue working on increasing the team's clinical skills with the emphasis being on effective counseling and behavioral intervention strategies.
2. To create and develop a program working with individuals who suffer from depression.
3. To continue to work on the collaboration with workers from Youth Protection in terms of sharing information and communicating client's progress while in placement and utilizing our services.
4. To review the working schedule of the employee working day and evening shifts, to identify the times when more or less presence is required at the group home and to aim at long term planning of vacations or absences