

Evening sky – Puvirnitug, 2016

## **ANNUAL REPORT 2015-16**

**INUULITSIVIK HEALTH CENTRE**

Jane Beaudoin  
Executive Director - IHC



July 2016

We have had another epic year for IHC, full of joy and unfortunately some sorrow. The suicide rate amongst the youth in Nunavik has reached an alarming rate. The board of directors and I have taken this very seriously and are committed to put in place the necessary measures to try and help these troubled young adults and teenagers. We are currently looking for qualified psychologists, have signed contracts with the Douglas Hospital for paediatric psychiatrists and continue building our mental health team – a process that we began a few years ago.

On the other side of the coin, Inuulitsivik has signed a lease to have a new lodging facility in Montreal built, that we will lease for 15 years (and more). This new facility, which will open in the fall of 2016, will be called Ulliviq, meaning a place “to stay or to wait”. It will have 143 beds, a chapel, a large cafeteria, many activity rooms and lounges, an outside play area for children and a county food kitchen. Its close proximity to the airport and the new MUHC Hospital as well as the Dorval Shopping Centre, make it an ideal location for everyone. Thanks to Maggie Putulik - Director MNQ and to Celine Laforest – consultant for overseeing this project and for making it a success that will respond to our needs. I would be amiss if I did not mention the support of the Nunavik Regional Board, in particular Larry Watt – Director and Jean-Guy Letourneau – consultant.



Ground-breaking ceremony – September 2015

Left to right: Maggie Putulik – Director MNQ, Matthusi Iyaituk – user, M. Rouleau – mayor Dorval, Jane Beaudoin – Exec Director – IHC, Elisapi Uitanguk – Chairwoman - NRBHSS and Aliva Tulugak – Chairman - IHC

Our finances remain in a healthy position. Marc Desilets, our Director of Finance, has been on an extended sick leave since the beginning of 2016, but despite his absence, his team has risen to the occasion and proven how strong we really are. We are expecting Mr. Desilets to return this fall and wish him a speedy recovery. Thanks to Lewis Lavoie for helping out with our financial team, that is so capably led by Denis Gadbois.

This past year we were finally able to recruit a Director of Professional Services. Dr. Amelie Desjardins-Tessier has brought a new dimension to our Management Team and we certainly welcome our physician partner's input in our decision making processes.

Also new to our management team is Claude Berube. Her past experiences in Technical Services and her team approach to projects has resulted in many new constructions and renovations. I am proud to say that we are working on putting Isolation Rooms in Ivujivik and Umuijaq. The Group Home was renovated and redecorated to provide a more "homey" environment to our young residents that live there. Claude's "can-do" attitude and her team of competent workers has allowed us to make the necessary changes to our existing facility. In an effort to keep the main part of our hospital in Puvirnituq, accessible to all of our patients, we relocated non-clinical services to outer buildings or to trailers. The executive offices and our conference room were moved to one of the adjoining trailers so as to free up space for a new physiotherapy room, a badly needed additional physician office and a permanent space for tele-health consults to specialists in Montreal.

For the very first time, the Public Curator, Me Norman Jutras, visited IHC in June 2015. We were delighted to receive him and his local director and hope that he will visit again soon.



Last September, Dr. G. Barrette, Minister of Health, visited our hospital in Puvirnituk. We had a formal meeting where I presented an overview of our operations and then he very kindly listened to our concerns and answered our questions. Later we toured the hospital facilities. At the end of his meeting, he privately told me that he was impressed with our hospital and most impressed with the quality and dedication of our staff he said "I could feel this the minute that I walked through the front door". I was so proud of everyone and agreed with him that it is the human factor in our facilities that set us apart and make us great!



Left to right" Minnie Grey – Executive Director – NRBHSS, Dr. G Barrette – Minister of health, Dr Genevieve Auclair – Chief of Medecine, Leah Qinuajuak – midwife, Jane Beaudoin- Ex Director - IHC

We also had a short visit from ITK members that were travelling in the north to see how healthcare is carried out on the Hudson Coast. It was interesting and fun to exchange our stories and our successes. It was culminated by a dinner with our directors, the mayor and his wife and our Chairman and his wife in the hospital. Our chefs once again put together an excellent dinner of local delicacies.

I would like to thank the Board of Directors for their continued support of me and of our health centre. Their commitment and dedication is remarkable and together we persist in making steps to better healthcare in the north.



Top row (L-R) Sarah Beaulne, Johnny Angutiguluk, Gina Esperon, P.A. Guinard (asst Complaints Com), Eva Weetaluktuk, Josepi Padlayat, Aliva Tulugak Jane Beaudoin, Maina Beaulne, Jusipi Qaqutuk, Josi Nappatuk (CompCom) and Markusi Anautak

Bottom row (L-R) Willie Kumarluk, Louisa Usuarjuk, Salamiva Weetaltuk

Missing from this photo is: Samuilli Qumaluk and Martin Girard RN

I trust that you will enjoy reading about all of our activities in the language of your choice (Inuktitut, English or French). Should you wish to contact me, please do so at: [jane.beaudoin.csi@ssss.gouv.qc.ca](mailto:jane.beaudoin.csi@ssss.gouv.qc.ca)

Sincerely,

Jane Beaudoin  
Executive Director

# INDEX

INDEX.....	vi
FINANCE.....	1
IHC BUDGET .....	1
TECHNICAL SERVICES.....	2
BUILDINGS .....	2
BIOMEDICAL ENGINEERING .....	3
PURCHASING.....	4
I.T. DEPARTMENT .....	5
NURSING .....	6
CLSC.....	8
LIAISON SERVICE.....	9
SPECIALIZED SERVICES.....	9
MEDECINE– PATIENT CARE UNIT .....	11
MEDEVACS.....	12
PERSONS IN LOSS OF AUTONOMY (PLA) PROGRAM .....	14
QUALITY OF CARE PROGRAM .....	15
RISK MANAGEMENT .....	16
PREVENTION AND CONTROL OF INFECTIONS.....	19
PUBLIC HEALTH PROTECTION.....	20
COMMUNITY HEALTH.....	20
PREVENTION AND MANAGEMENT OF DIABETES.....	21
MENTAL HEALTH TEAM.....	23
NURSING EDUCATOR.....	23
NURSING BUDGET .....	24
COMMUNITY SERVICES.....	25
PREVENTION AND PROMOTION PROGRAMS.....	26
COMMUNITY LIAISON WELLNESS WORKER (CLWW).....	27
SUICIDE PREVENTION LIAISON WORKER.....	28
SUNGIRTUIVIK FAMILY HOUSE .....	29
SEXUAL VIOLENCE PREVENTION .....	29
ADDICTIONS TEAM .....	30
MENTAL HEALTH REHAB SERVICES – Crisis Center and Re-integration Center.....	31
CRISIS CENTRE.....	32
CLSC SOCIAL SERVICES.....	33

<b>CHALLENGES FACING SOCIAL WORKERS:</b> .....	35
DYP .....	36
RTS.....	36
<b>EVALUATION</b> .....	38
<b>APPLICATION OF MEASURES</b> .....	38
<b>REVISION</b> .....	39
<b>FOSTER FAMILIES</b> .....	40
<b>YOUTH CRIMINAL JUSTICE</b> .....	40
<b>BUDGET</b> .....	41
<b>GROUP HOME – PUVIRNITUQ</b> .....	41
<b>DIRECTION OF PROFESSIONAL AND HOSPITAL SERVICES</b> .....	43
<b>CPDPM</b> .....	43
<b>DEPARTMENT OF MEDECINE</b> .....	45
<b>DEPARTMENT OF DENTISTRY</b> .....	45
<b>DEPARTMENT OF PHARMACY</b> .....	46
<b>MIDWIFERY</b> .....	47
<b>MEDICAL RECORDS</b> .....	50
<b>LABORATORY DEPARTMENT</b> .....	51
<b>RADIOLOGY</b> .....	52
<b>HEARING AND OTITIS PROGRAM</b> .....	54
<b>SIPPE – INTEGRATED PERINATAL AND EARLY CHILDHOOD SERVICES</b> .....	55
<b>TELEHEALTH</b> .....	57
<b>HUMAN RESOURCES</b> .....	59
<b>EMPLOYEE ASSISTANCE PROGRAM (EAP)</b> .....	61
<b>MENTAL HEALTH ISSUES:</b> .....	62
<b>SUBSTANCE ABUSE:</b> .....	62
<b>QUALITY AND COMPLAINTS COMMISSIONER</b> .....	63
<b>M.N.Q. (ULLVIQ)</b> .....	65
<b>VISITS TO MNQ</b> .....	65
<b>MNQ-GO</b> .....	66
<b>HUMAN RESOURCES</b> .....	66
<b>ULLVIK</b> .....	67
<b>USER’S COMMITTEE (ATURTIIT)</b> .....	70
<b>END OF LIFE CARE</b> .....	71



# FINANCE

## IHC BUDGET

Once again, the auditing firm of Raymond Chabot reviewed our financial statements and reported a fiscal year that finished with a surplus of \$1,449,691 approximately, representing about 1.5% of our total operating budget.

**INULITSIVIK HEALTH CENTRE  
COMBINED STATEMENT OF REVENUE AND EXPENDITURE  
YEAR ENDED MARCH 31, 2016**

	Operating Fund 2016 \$	Long-term Assets Fund 2016 \$	Total 2016 \$	Total 2015 \$
<b>REVENUE</b>				
MSSS – Operations	69,441,550	-	69,441,550	65,346,894
NRBISS – INIIB	27,264,607	-	27,264,607	26,707,389
NRBISS – Additional contribution	6,231,275	-	6,231,275	6,632,091
Secrétariat général du secteur de la santé et des services sociaux	-	-	-	901,679
MSSS – Grants – Repayment of bonds payable	-	3,472,939	3,472,939	2,902,688
MSSS – Grants – Repayment of temporary financing	-	54,273	54,273	15,992
NRBISS – Contribution Strategic Regional Plan	-	-	-	76,800
MSSS – Grants – Adjustment accounting reform	-	(26,757)	(26,757)	473,054
Quebec Housing Corporation	(88,303)	-	(88,303)	2,003,556
Family allowances (Federal)	1,201,525	-	1,201,525	928,762
Other	197,076	-	197,076	312,096
	<b>104,247,730</b>	<b>3,500,455</b>	<b>107,748,185</b>	<b>106,301,001</b>
<b>EXPENDITURE NET OF RECOVERIES (Appendix)</b>				
General management	2,564,020	-	2,564,020	2,414,512
Professional services	6,978,590	-	6,978,590	6,623,744
Administrative and technical services	21,726,694	-	21,726,694	23,574,012
Nursing care services	22,170,558	-	22,170,558	21,616,212
Social services	8,481,399	-	8,481,399	8,872,532
Youth protection services	13,492,658	-	13,492,658	12,526,042
Insured and Non-Insured Health Benefits	27,264,607	-	27,264,607	26,707,389
	<b>102,678,526</b>	<b>-</b>	<b>102,678,526</b>	<b>102,334,443</b>
<b>OTHER EXPENDITURE</b>				
Interest on temporary financing – Fonds de financement	-	104,684	104,684	128,016
Amortization of capital assets	-	3,515,284	3,515,284	3,460,033
	<b>-</b>	<b>3,619,968</b>	<b>3,619,968</b>	<b>3,588,049</b>
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURE</b>				
	<b>1,569,204</b>	<b>(119,513)</b>	<b>1,449,691</b>	<b>378,509</b>

As you can see from this balance sheet our total revenue this year was \$107,748, 185 (an increase of \$1.4 million over last year) and our total expenses were \$102,678,526 (an increase of only \$350,000 over last year).

**This leaves us with an accumulated surplus of \$2,134,649**

Bravo and many thanks to everyone that contributed to this excellent result.



- Renovations on several of our houses
- Creation of a new executive suite
- Installation of a new generator for information systems
- Replacement of 28 oil tanks that had completed their usable life

All of this was accomplished with a budget of 1.7 million

### **BIOMEDICAL ENGINEERING**

This year we acquired a large amount of new equipment and machines.

New Xray machines and dental chairs were installed in Inukjuak and in Umiujaq and greatly enhanced our efforts to update the services offered to our users.

Installation and education to our staff, kept our Biomedical technician very busy as he juggled his time in our 7 villages.

- 164 new thermometers
- 35 speculum lamps
- 7 machines for visual acuity

In the villages we installed:

- new examining tables in Inukjuak (2) and Salluit (3)
- electric beds in Salluit, Inukjuak and Kuujjuarapik
- new centrifuges in Ivulivik, Akulivik and Kuujjuarapik

Other new equipment for a total of \$310, 119.13 included :

- monitors for anaesthesia and recovery room
- syringe pumps for Medevacs
- stretcher
- colonoscope
- gastroscopie
- V-scan

## PURCHASING

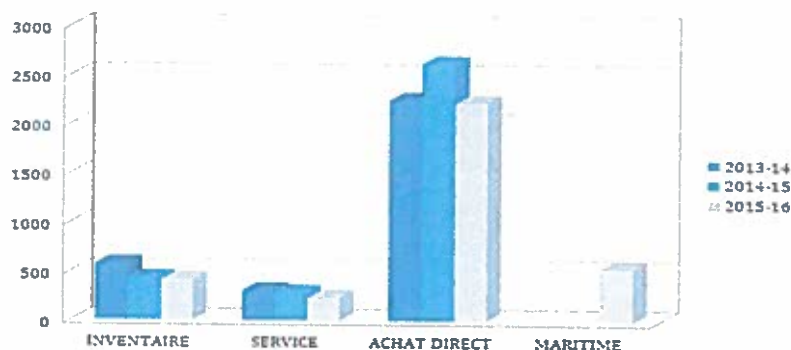
In April 2015, Eric Beausejour joined our management team as head of Purchasing. He brought with him an ability to enhance public relations, an analytical outlook and also a developed sense of organization. Sadly, he left us at the beginning of 2016 to return to Doctors Without Borders.

During the time that he was with us, he was able to establish a system that allowed users to see active contracts and to better access supplies that they needed. In collaboration with Nursing, Elisabeth Martel and Mathieu Menard, from purchasing, Eric put in an inventory file in each CLSC. This file was given to each CLSC so that they could keep it updated as new supplies arrived and old ones were used.

Another goal from last year was to reduce the amount of inventory that became out-dated. Through a process of establishing min/max levels, the inventory loss was reduced by 20%

The purchasing team also reorganized the purchasing warehouse - supplies were stored in groups of like items. This was able to reduce the amount of time spent looking for an item by about 25%. As an aside of this work, we were able to reduce the inventory list by about 60 items, making badly needed space for new products.

Eric Beausejour and Mathieu Menard travelled to Inukjuak to help reorganize their storage space. Once cleared, new shelves were built and placed so as to better utilize the space – the staff in Inukjuak greatly appreciated their help.



This graph shows that many types of orders were replaced by the sea lift. Many non-perishable items were brought up north by this less expensive means of transport.

Expenses went up by about \$75,000 over the previous year – over 50% of this increase was related to the cost of transporting items to the north.

I would like to thank Mathieu Menard who picked up the pieces when Eric left us so suddenly. Through his previous experiences, he stepped in and competently led the purchasing department.

## **I.T. DEPARTMENT**

We are fortunate to have three very capable members of this team. They work long hours to cover services to the whole coast and to answer our help desk line – this year they answered 1855 IT requests as well as answering many calls and performing daily tasks.

We now have 34 virtual machines in our virtual infrastructure, with 2 sites for redundancy. Virtual machines are a perfect test environment as developers can test their applications without fear of the physical plant structure.

We installed:

- Share Point to manage intranet and share files between villages and services
- Octopus – for IT and Technical Services requests
- Windows 2008
- Lenovo NAS storage in each village for backup
- Omni Assist for laboratory

We migrated or moved :

- X-Ray server from 2003 to 2012 server
- Blood Bank from 2003 to 2012 server
- 2 Logibec applications to 2012 server
- Payroll and accounting PCs and printers to new buildings
- Laboratory interface to Windows 7
- Connected SIPPE to CLSC in Inukjuak

## **NURSING**

Another very busy year for nursing at IHC. The TB outbreak in Salluit required all available nurses to try and control the spread. Eventually everyone in Salluit was screened – the cost was enormous, but, we effectively stopped an even larger outbreak. Many thanks to the NV for their support and to the dedicated staff in Salluit.

The nursing department also adopted their new nursing philosophy that defines the values and principles guiding their practice, along with the behaviours that are expected from the nursing staff. This is now in place along all of the Hudson coast.

At the request of the Board of Directors and in collaboration with the NRBHSS, we began to look for a means to train Inuit nurses in the future – this work will continue into next year.

One of the hardest challenges that we face is how to contact our patients to advise them of upcoming appointments or the need for them to come to the CLSC. The Board members have requested that the FM radio should no longer be used as this breaches patient confidentiality. Our patients will be required now, to fill out and sign a document stating how they wish to be contacted. Only if the patient has requested and signed the statement, will the nursing staff in the CLSC use the FM radio.

This year, serious difficulties were experienced in maintaining adequate statistics for the services provided in CLSCs. Delays in the installation of a statistics computer system combined with union pressures during contract negotiations with the MSSS resulted in our inability to compile this vital information. This lack of adequate documentation greatly hinders development of teams etc. Emphasis will be put on the importance of keeping statistics for next year.

**Table 1. Staffing distribution by employee status (nurses and others)**

SECTOR	FULL-TIME	PART-TIME/ OCCASIONAL	ABSENCE
DIRECTION	7/7	N/A	
CLSC	38	86	<ul style="list-style-type: none"> <li>• 10 nurses absent (maternity or preventive leave)</li> <li>• 4 nurses on longterm disability</li> <li>• 6 nurses on various leaves(unpaid, deferred, study)</li> </ul>
PLA	8/8	N/A	
CARE UNIT	22/23	20/21	<ul style="list-style-type: none"> <li>• 1maternity leave</li> <li>• 1 adoption leave</li> </ul>
SPECIALISED SERVICES	4/4	N/A	<ul style="list-style-type: none"> <li>• 1 nurse in pre-retirement</li> </ul>
LIAISON SERVICES	2/2		<ul style="list-style-type: none"> <li>• 1 nurse on deferred leave</li> </ul>
COMMUNITY HEALTH	5/6	0/1	
DIABETES PREVENTION PROGRAM	1/1	N/A	
PROTECTION OF PUBLIC HEALTH	1/1	0/1	
MENTAL HEALTH	1/4	N/A	

Goals for the coming year are:

1. Assure accurate collection of statistics
2. Hire nurse practitioners in Kuujuaaraapik and Akulivik – not accomplished last year due to a shortage of office space and available housing.
3. Review specialized services in an effort to be more efficient so as we can perform more surgery and consultations up north.
4. Further develop and implement a strategy to reduce absenteeism amongst Inuit team members.
5. Support IHC in its efforts to computerize patient information

Once again Linda Bradshaw (Godin) has done an impressive job in creating a strong and caring nursing department that we are all proud of. Her leadership qualities are backed with a deep

knowledge of the north that goes far in the challenges that her team faces on a daily basis.  
Bravo Linda!

## CLSC

Our CLSC co-ordinator was on a deferred leave and Elisabeth Martel returned to the north to provide the necessary leadership to these nursing teams.

### ACCOMPLISHMENTS

- To assure a continuity of care, Assistant Head nurse's positions were created as permanent positions in Puvirnituk, Inukjuak and Kuujjuarapik
- Warehouses in all of the villages were arranged and a complete electronic inventory list was made to provide better information about stock items etc.
- An enormous amount of work was spent on patient's charts in an effort to update the location of charts and send charts to the CLSC where the patient lives, send inactive charts to medical records and eliminate duplication of charts. More than 3000 cards were modified and sent to the proper villages.
- OMEGA courses were begun to help staff with "intervening in a crisis situation"
- Mammograms were done in the southern villages (Inukjuak to Kuujjuarapik)
- BCG vaccines were reintroduced for all children under the age of two years in Salluit, Umiujaq and Inukjuak to protect them from a TB exposure.

### STATISTICS

Due to nurse's union pressure tactics and adjustments to the new computer programs, there is data missing for 5 months. As a result, no statistics are reported.

### GOALS

1. Review the interpreters' positions distribution to adapt to their ability to be present at work and develop a weekly schedule that will promote their sense of responsibility.
2. Revise the evaluation process for nurses.
3. Open an assistant Head Nurse position in Akulivik.
4. Develop and consolidate the liaison teams in Inukjuak, Puvirnituk and Salluit.



5. Actively recruit nurses to be able to send 2-3 nurses for the nursing extended role training (*rôle élargi*) at each session that it is offered.

### LIAISON SERVICE

Despite the departure of our liaison nurse in Puvirnituq for one year on a leave of absence, several nurses were able to replace her and carry on this service.

A new permanent room is being created for telehealth so that long distance consultations can be conducted in it.

Video-conferencing is used for 3 different reasons in the north: for teaching, for telemedicine consultations both south/north and also between villages in the north and finally for meeting purposes.

\*To note – in the table below, the statistics for Kuujjuaraapik include the Cree usage as well as our own.

*Table 2. Telehealth utilisation volumes*

IHC SITES	Tele-training	Tele-consultation	Administration
Puvirnituq	72	38	101
Salluit	26	6	41
Ivujivik	7	6	29
Akulivik	17	12	31
Inukjuak	24	13	43
Umiujaq	16	5	32
Kuujjuaraapik	41	17	32
<b>TOTAL</b>	<b>203</b>	<b>97</b>	<b>309</b>

### GOALS:

1. Increase number of tele-health consults north-south.
2. Improve services by increasing the number of clients seen by liaison nurse before they travel south by 25%.

### SPECIALIZED SERVICES

Specialized services arrange and provide consultations by specialists and surgery in the north.

The arrival of a new anaesthetist from Ste Justine Hospital has provided stability to our 16 weeks of surgery this year. Her active involvement in revising operating room standards has been a tremendous help to all of the team. For the first time, we had visits from a plastic surgeon.

In an effort to improve efficiency during the weeks of endoscopy, we purchased a new gastroscope and colonoscope to reduce the wait time between procedures due to the need to sterilize them.

The NRBHSS has created a regional committee to review the wait list in Nunavik. Topping the list for longest waits is internal medicine and orthopaedics.

Below you will see the number of patients seen by each speciality. Dr Berry, pediatrician was absent for the year and therefore did not see anyone. The two (Ear Nose and Throat) ENT physicians were both on maternity leaves and as such, they were not able to visit the north. IHC depends on individual specialists rather than having a contract with RUIS McGill for a "service" which leaves us sometimes in a difficult situation of having no one!

**Table 3. Number of users seen by specialty –Yearly comparison**

SPECIALITY	2012-2013	2013-2014	2014-2015	2015-2016
Pain clinic	3	3	2	3
Adult orthopedics	84	0	149	57
Ear-nose-and-throat	554	676	248	399
Adult psychiatry	194	217	320	352
Gastroenterology	346	420	538	471
Gynecology	299	218	307	242
Pediatric cardiology	91	114	73	138
Adult cardiology	0	108	110	104
Dental surgery	221	172	266	285
Internal medicine	31	34	0	0
Pediatrics	253	497	1084	282
Rheumatology	20	42	72	48
Ophthalmology	106	110	124	165
Optometry	1236	855	924	728
Pediatric psychiatry	156	150	290	146
Respiratory	27	87	74	78
General surgery	68	94	114	77
Genetics	0	0	8	182
EEG	17	19	18	8
Orthodontics	637	585	517	606
Diabetic retinopathy	109	107	87	91
<b>TOTAL</b>	<b>4452</b>	<b>4508</b>	<b>5323</b>	<b>4458</b>

**Table 4. Number of surgeries and procedures performed at the IHC – Yearly comparison**

<b>SPECIALITIES</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>2014-2015</b>	<b>2015-2016</b>
<b>ADULT ORTHOPEDICS</b>	0	0	18	12
<b>EAR-NOSE AND THROAT</b>	56	78	65	39
<b>ENDOSCOPY</b>	189	230	245	213
<b>GYNECOLOGY: SURGERY</b>	19	2	16	21
<b>GYNECOLOGY: COLPOSCOPY</b>	76	73	91	60
<b>DENTAL SURGERY</b>	225	172	246	285
<b>PLASTICS</b>	0	0	0	18
<b>GENERAL SURGERY</b>	25	49	0	63
<b>LARYNGOSCOPY</b>	85	66	20	47
<b>TOTAL</b>	<b>650</b>	<b>670</b>	<b>699</b>	<b>758</b>

**GOALS**

1. Replace the administrative technician when she is on vacation to enhance the support of the service.
2. Fill vacant OR instrument nurse position.
3. Decrease wait list for ENT by 15%.
4. Send sterilization attendant to provide training to northern attendants assigned to sterilization in the villages.

**MEDECINE- PATIENT CARE UNIT**

This unit includes 15 acute care beds of which 3 are negative pressure rooms, 4 maternity beds, 8 long term care beds and 1 isolation room.

The renovations to the emergency room were put off due to other priorities and the much anticipated work should begin early next year.

A work group was formed to study the possibility of moving the isolation room inside the care unit, however, this work has been put on hold in anticipation of expanding the current operating room space.

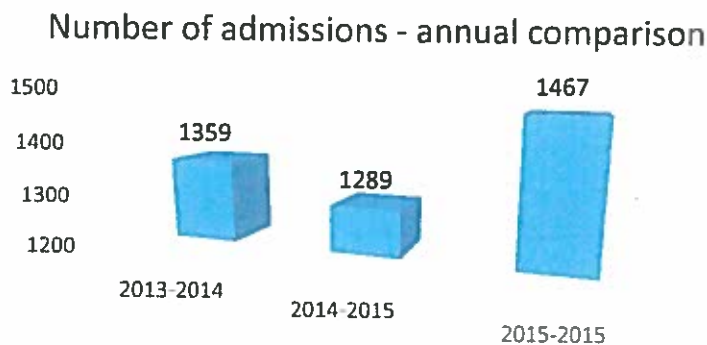
The rooms in the long term care (LTC) wing were freshly painted with bright new colors and a contest was held for photos of Nunavik that will be used to decorate the walls in these rooms.

The 8 LTC beds have a 100% plus occupancy rate and the need for these beds continues to grow all of the time. The demand for respite beds and LTC beds on our coast is becoming an urgent need.

The care unit is faced with a very high rate of absenteeism amongst the northern attendants. The workload was studied and revised to hopefully improve the attendance of these critical positions.

This unit continues to provide a starting point for nurses that wish to move into the extended role (*rôle élargi*) of CLSC nurses. This past year, 10 nurses started on the care unit and moved on into nursing in one of our CLSCs on the coast.

#### ADMISSIONS TO THE PATIENT CARE UNIT



#### GOALS

1. Increase the involvement of nursing assistants in the care of acute care patients.
2. With support of the nurse educator, develop regular practical workshops for nurses of the care unit with the collaboration of the medical staff and the CLSC nurses.
3. Improve the attendance of northern attendants.
4. Improve the quality of charting for patients under cardiac monitoring.

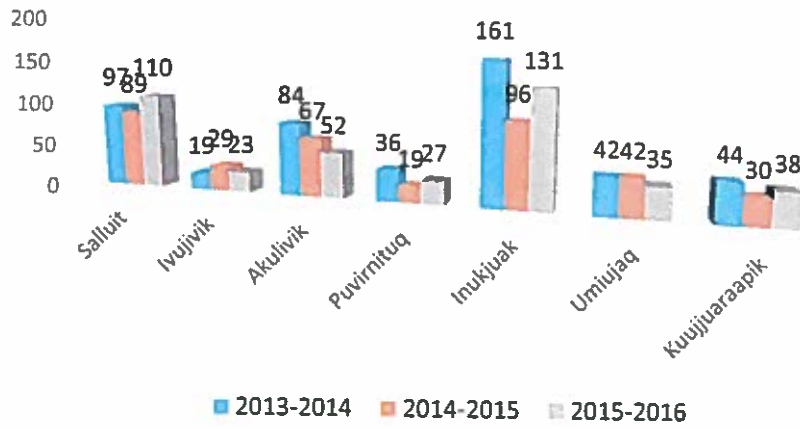
#### MEDEVACS

All were pleased to re-instate the Medevac Committee so as to improve communication between all of the involved services.

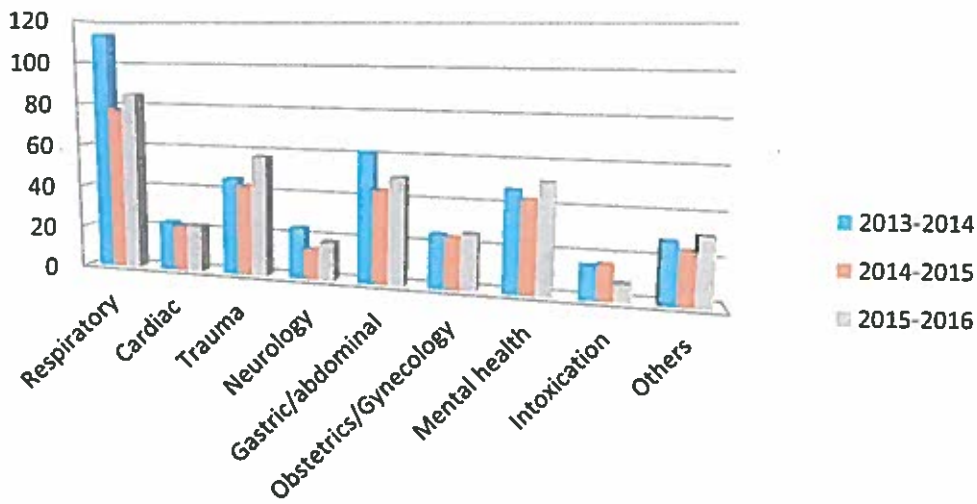
- We had a total of 490 medevacs compared to 460 in 2014-15 which represents an increase of 6%.

- 26 children and 143 adults were sent to Montreal by medevac.

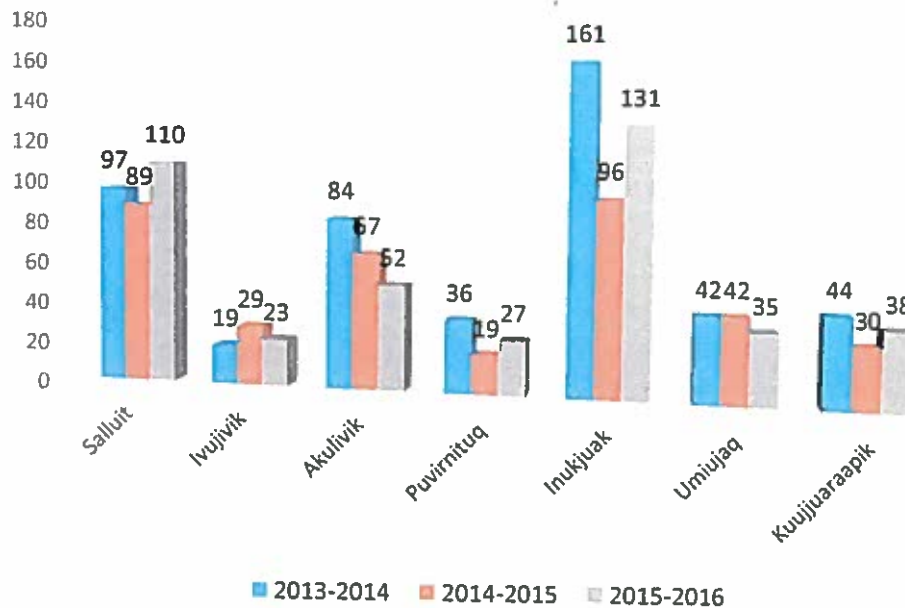
MEDEVACS: Community distribution - Annual comparison



Causes of Medevacs - Yearly Comparison



## MEDEVACS BY VILLAGE



## PERSONS IN LOSS OF AUTONOMY (PLA) PROGRAM

This home care program is offered to our clients who are usually over 65 years of age and are suffering from chronic respiratory disease, motor difficulties, dementia and intellectual deficiency, amongst others problems. Palliative care is provided at home to our terminally ill patients when the involvement of the family is possible.

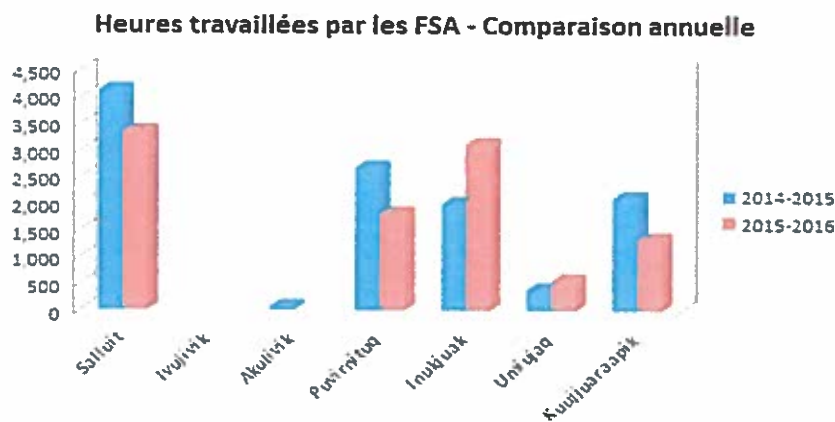
These services are given by family social aids (FSA) that are supervised by an Inuk manager in all of our villages. In addition to the FSAs, we have a physical readaptation technician that is based in Puvirnituaq and who visits all communities. She teaches the patients, their families and their FSAs how to accomplish their exercises in an effort to maintain as much mobility as possible. The FSAs also provide personal hygiene, help with meals and do basic housekeeping when needed. Unfortunately, due to personal issues, the attendance of FSAs has decreased this past year by 11%, meaning that less time was spent with each client.

In the fall of 2015, 18 users in wheelchairs were evaluated along the coast, wheelchairs were readjusted or new wheelchairs were purchased – this was very welcome as this service had not been provided for over 5 years.

**Table 5. Number of active PLA clients on March 31 2016**

COMMUNITY	NUMBER OF ACTIVE CLIENTS
Salluit	20
Puvirnituq	18
Inukjuak	25
Kuujuaraapik	4
<b>TOTAL</b>	<b>47</b>

**Comparison of Hours worked by FSA**



**GOALS:**

1. Continue to recruit FSAs in all villages.
2. Update evaluations for clients in the 7 villages.
3. Add nursing staff to this service in order to respond to growing needs.

**QUALITY OF CARE PROGRAM**

The nurse councillor to the Direction of Nursing in charge of this program was once again very busy with clinical support to our users and to the nursing department.

Several important projects were developed:

- Transfer form for the Crisis Centre in Puvirnituq
- Transfer form for the Re-integration Centre in Inukjuak

- Alcohol intake scoring system
- Form for clinical supervision of conscious sedation
- Criteria for returning home after conscious sedation
- Update of admission request form for respite care
- Finished Therapeutic Guide (11 chapters and 117 sections)

This councillor also sat on: Medical Records Committee, User's Committee, Mortality chart review Committee and the Risk Committee.

Training was given to 64 staff on use of Incident/accident forms as well as to 17 on prevention of fall program.

The councillor received training for LEAN SIX SIGMA – white belt level, to improve our processes.

## **RISK MANAGEMENT**

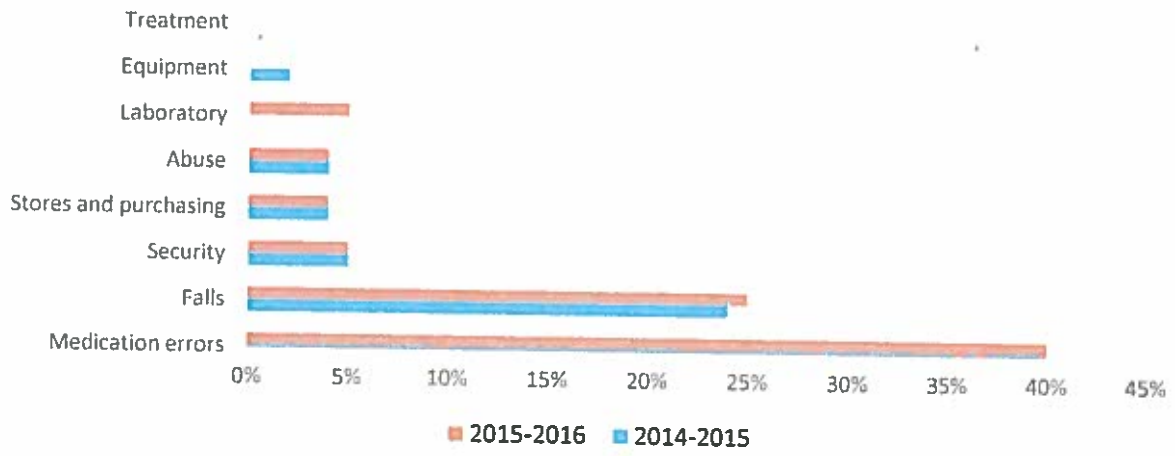
Promoting a safe environment for our users and our staff is the principal goal.

- Emergency Measures are now presented to all new employees.
- Nursing Therapeutic Guide was reviewed and new procedures created.
- Fall Prevention Program was implemented for the patient care unit.
- Mandatory training was provided to all nurses that give vaccinations to reduce vaccination errors.

A total of 339 incidents were reported which represents an increase of 4% over last year.



Care unit events category - Annual comparison



- Security represents the number of times the security guards were absent from work
- Abuse represents violent acts from users towards staff or each other

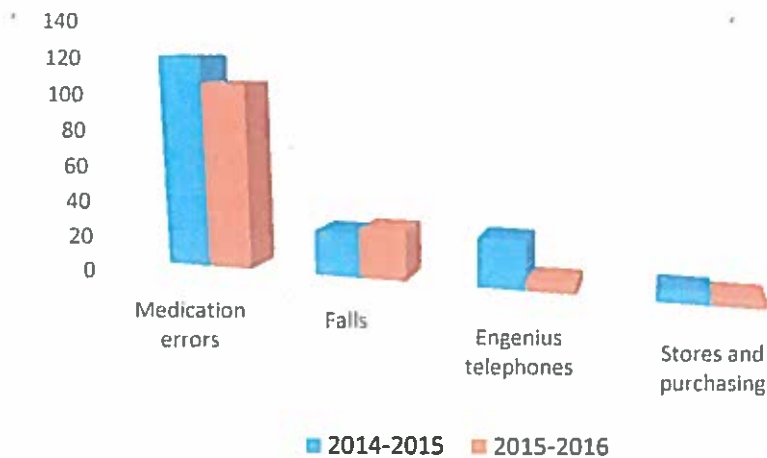
**Table 6. Incidents/accidents by severity code- Yearly comparison**

	2011 2012	2012 2013	2013 2014	2014 2015	2015 2016
<b>A At-risk situation</b>	8%	32%	22%	21%	7%
<b>B Near miss</b>	25%	20%	19%	17%	14%
<b>C Error, omission without consequence and need for monitoring</b>	36%	22%	24%	21%	38%
<b>D Anticipated or concerns for consequences requiring monitoring</b>	13%	5%	6%	13%	27%
<b>E1 Temporary consequences with non-specialized treatment required</b>	12%	1%	4%	6%	5%
<b>E2 Temporary consequences with specialized treatment required</b>	5%	0%	0%	0.6%	0,5%
<b>F Temporary consequences with specialized treatment &amp; hospitalization</b>	1%	0%	0%	0.4%	0,5%
<b>G Permanent consequences for the person</b>	0%	0%	0%	0%	0%
<b>H Requiring life-saving intervention</b>	0%	0%	0%	0%	0%
<b>I Contributed or caused the death of the person</b>	0%	0%	0%	0%	0%
<b>Undetermined</b>	0%	20%	25%	21%	8%

A sentinel event is defined as an event that meets one of the following criteria:

1. An event that reoccurs often but does not necessarily affect the user.
2. An event that causes grave effects to user

## Sentinel events categories - Annual comparison



### GOALS

1. Identify and implement 2 indicators to measure the quality of care.
2. Meet the requirements from the NRBHSS concerning the management of risks
3. Identify 2 care issues that need to be improved and apply LEAN to at least one of these issues before then end of 2016

### PREVENTION AND CONTROL OF INFECTIONS

Due to staffing issues, this position was vacant for most of the year.

Urgent problems were dealt with by the nurse educator who has an in-depth knowledge of these files – merci Karine!

#### GOALS:

1. Recruit a nurse councillor
2. Develop and implement a protocol for isolation of respiratory issues for our pediatric users
3. Finish the protocol for management of users hospitalized for TB.
4. Reactivate the Infection Control Committee.
5. Develop procedures for the sterilization of endoscopy equipment.

## **PUBLIC HEALTH PROTECTION**

This is a new position that was filled in the fall of 2015. Carole Vezina was hired to support our establishment in our fight against TB and infectious diseases transmitted by blood and by sexual contact. Upon hiring, Mme Vezina was immediately sent to Salluit to aid in the outbreak of TB.

The nursing staff dedicated to TB in Salluit went from 2 to 6 full-time nurses in an effort to contain the spread of TB. It was decided by the Direction of public health to screen all of the residents of the whole village. This screening began in November and continued until mid February. This team was able to work in a dedicated area of the CLSC therefore avoiding the risk of transmission to our users who were not affected by TB. They screened 950 clients and found 76 cases of people exposed to the TB virus and 4 cases of active TB, which brought the total number of active cases of TB to 35. The costs to IHC was \$863,501

There were 5 other cases of TB identified on the coast: 1 in Puvirnituk, 3 in Umiujaq and 1 in Inukjuak.

### **GOALS:**

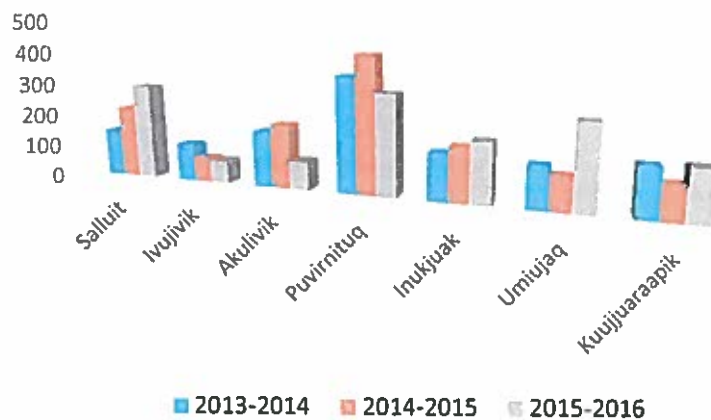
1. Develop a local action plan for the protection of public health in infectious diseases.
2. Develop networking with local community partners in an effort to fight against sexually transmitted and by blood-borne infections (STBIs) and TB (amongst others)
3. Consolidate the working tools used for the management of TB and STBIs.

## **COMMUNITY HEALTH**

The community health program is now established in Puvirnituk, Salluit and Inukjuak – a 4<sup>th</sup> community health nurse position is approved in Kuujuarapik but was not filled yet due to a shortage of housing. The teams work with the following programs:

- Maternal and child health
- Support to young parents
- Canadian program for prenatal nutrition (PCNP)
- Sexual health
- School health
- Elders health
- Tobacco smoking
- Influenza vaccination campaign
- Char program (distribution of 292 fish to pregnant woman)

## Influenza vaccination campaign - Annual comparison



\*an increase of 5% in clients that were vaccinated this year

### GOALS:

1. Promote the prevention of infections by increasing the vaccination against influenza, the reduction of STBIs and TB and the application of good hand hygiene in the communities.
2. Support the development of parental abilities in men by increasing their participation in activities; promote their wellness by developing activities exclusive to men.
3. Increase partnerships with the various community groups.
4. Increase the access of the community health teams to documents and tools developed and used in each village.

### PREVENTION AND MANAGEMENT OF DIABETES

In an effort to communicate with as many users as possible, our nurse, Minnie Akparook, has stayed longer in each village during her bi-annual visits this year. She visits with the known diabetic population as well as trying to promote awareness about diabetes and its causes, to everyone.

During her visits in each village, Minnie has spent time with the local employees in an effort to inform them of her services and of the information available for users. A nutritionist from NRBHSS accompanies Minnie during her visits and spends time with her in teaching about healthy eating habits both on the local radio and also through cooking demonstrations in the grocery stores. We also screen for retinopathy on an annual basis, all of our known diabetic

users. Unfortunately, due to cancellation of flights (weather related), the optometrist was not able to visit Salluit, Ivujivik and Akulivik.

Number of diabetic users referred to the program - Annual comparison

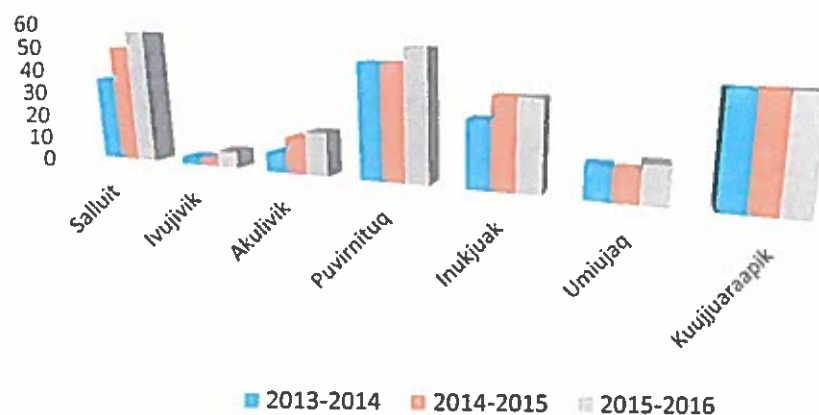


Table 6. Participation in kiosks in the communities

COMMUNITY	COOP	NORTHERN
Salluit	50	36
Ivujivik	34	8
Akulivik	69	--
Puvirnituaq	50	--
Inukjuak	64	--
Umiujaq	43	--
Kuujjuaraapik	0	36

**GOALS :**

1. Develop strategies to improve the attendance of users when they are scheduled for appointments with the diabetic nurse.

2. Increase the number of users that are referred by other healthcare workers, to this service.

### MENTAL HEALTH TEAM

This team is continuing its development. A mental health nurse was hired at the beginning of the year to fill the vacant position. When complete, we will have a nurse clinician, a social worker, a community worker and a psychologist, that will work together to support the front line teams in dealing with mental health issues. They will also be available to consult on difficult cases and will act as the liaison between us and McGill and the Douglas Hospital.

We have tried all year to recruit a social worker with advanced skills in mental health – but by year end, we have still not found the right person for this role.

Space has been identified and renovated for this team, which is in a separate wing from the hospital, assuring a calm environment to consult with users.

The nurse clinician worked closely with Dialogue for Life team in preparing for this conference in Puvirnituk.

#### GOALS :

1. Fill all positions on this team.
2. Implement the tool that was developed to evaluate risk of suicide in the CLSCs.

### NURSING EDUCATOR

The nurse educator welcomes and orients the new nursing staff to our hospital. As well, she organizes ongoing education to all of our nursing staff. We continue to use « Solutions Nursing » to educate nurses on the extend role (*rôle élargi*) that is practiced in our CLSCs.



**NURSING BUDGET**

Nursing finished this year with a surplus of \$480,490 this year.

CATEGORY	BUDGET	EXPENSES	VARIANCE
Salaries and benefits	16,859,308.96 \$	16,903,108.86 \$	-43,799.90 \$
Social costs	1,950,570.84 \$	1,817,402.14 \$	133,168.70 \$
<b>Total of salaries, benefits and social costs</b>	<b>18,809,879.80</b> \$	<b>18,720,511.00</b> \$	<b>89,368.80 \$</b>
Purchased services	181,155.00 \$	179,405.36 \$	1,749.64 \$
Materials and other charges	6,401,566.00 \$	6,012,193.80 \$	389,372.20 \$
<b>Grand Total</b>	<b>25,392,600.80</b> \$	<b>24,912,110.16</b> \$	<b>480,490.64 \$</b>

Bravo to the entire nursing department for their diligence in containing expenses – excellent work.

Agency nurses and escorts (as seen below) include the extra nurses that were hired for the TB outbreak in Salluit.

CATEGORY	BUDGET	EXPENSES	VARIANCE
Nurses	952,945.00 \$	1,056,721.88 \$	-103,776.88 \$
Escorts	150,682.81 \$	164,777.20 \$	-14,094.39 \$
<b>TOTAL</b>	<b>1,103,627.81</b> \$	<b>1,221,499.08</b> \$	<b>-117,871.27 \$</b>



## COMMUNITY SERVICES

In January 2016, Barbara Northrup retired as Assistant Director. Barbara had a long and dedicated career with IHC. She began as a social worker in Inukjuak and later came to Puvirnituk where she worked in social services before accepting the position of asst Director of Community services. Ms Northrup was liked, appreciated and respected by all of the employees and clients along Hudson coast and she will be sadly missed by all. The Board of Directors join me in wishing her much happiness and personal satisfaction as she begins the next chapter of her life.

“Life is mostly froth and bubble – two things stand out like stone,  
KINDNESS in another’s trouble  
COURAGE in your own”

-Adam Lindsay Gordon

Under the leadership of Aani Tulugak, Community Services has made some important changes to its organization. There are now three distinct departments, each with their own manager:

Prevention and Promotion Programs – Maina Beaulne

CLSC Social Services – Louise Ayotte interim

Mental Health Rehab Services – Beethoven Asante

It was with great pleasure that we welcomed Me Normand Jutras, the Public Curator of Québec, on his first visit to Nunavik from the 16 to 19 of June 2015. He was accompanied by Christine Phaneuf, Director of the Direction Of Northern Territory. Caroline Martel, the Delegated Representative of Nunavimmiut under Curatorship joined them in Puvirnituk after her annual visit to Inukjuak.

Both Me Jutras and Mme Phaneuf enjoyed going out on the tundra with people from Aaniavituqarq despite the cold and damp weather. We were delighted that they were game to embrace this opportunity.

Aani Tulugak wrote in her annual report “We thank Marc Desilets, our Director of Finance, and Jane Beaudoin, our Executive Director, for actively participating in this visit and by sharing their concerns about the complex role that Inuulitsivik plays in assisting those clients of Social Services and the Mental Health Resources who are represented by the Public Curator. We also

thank them for organizing a warm northern welcome for our visitors with an evening event which included an exchange of gifts, throat singing, and a superb meal enjoyed by community leaders, members of our Board of Directors, as well as representatives of various organizations such as the Kativik Municipal Housing Bureau and the Regional Board.

I am proud that we had this wonderful opportunity and thank everyone who participated in making this visit such a success.”

Community Services Direction	Spent	Budgeted	Balance (Deficit)
	489,171.15	515,615.61	26,444.46

Community Services ended the year with a reasonable surplus. They enjoyed working with Denis Gadbois of the Accounting Department. He was generous with his time and his knowledge and assured them that they were up to date on their budgetary situation and that they were able to make informed decisions about spending.

I was so impressed with the analogy that Aani wrote about in her annual report that I am including her text in our institutional report:

*“Each finger represents a member of the team. To make the greatest impact, each member of the team must come together like a fist, unified in mind and body. If goals are not aligned, teamwork fails and so does the ability to achieve your objective. It’s analogous to extending a single finger as you strike a brick wall. The result is a broken finger and a shot to your ego.”<sup>1</sup>*

This is how I view my direction. For me, these three sections are not separate entities but simply different fingers of the Community Services hand, each finger having its distinct function and strengths and working well only when it joins the other fingers to make the fist that is ultimately efficient, effective, and strong. I dream that all the fingers of Inuulitsivik and all the fingers, large and small, across our beloved Nunavik join one day to form the strong and loving fist that eliminates the tragedies and the miseries that seem to plague us.

-Aani Tulugak – Director Community Services

## **PREVENTION AND PROMOTION PROGRAMS**

This marks the first full year for Maina Beaulne as Co-ordinator of these programs and her commitment to her vision and her ideals are taking on amplitude every day.

This report will cover the activities of the following:

Community Liaison Wellness Workers  
Suicide Prevention Liaison Worker  
Sungirtuivik Family House Inukjuak  
Sexual Violence Prevention  
Addictions

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

We continue to struggle with finding the right candidates in each village to fill this role. At the time of writing of this report, we have stable CLWW workers in Ivujivik, Aulivik and Puvirnituk. We have fortunately been able to recruit new workers in Salluit, Inukjuak and Umiujaq, but, unfortunately, despite repeated attempts to recruit someone, this post remains vacant.

This year, funding was somewhat easier to access and greater support to the workers was offered by the Nunavik Regional Board of Health and Social Services (NRBHSS) as well as other organizations.

Several trainings on a variety of topics related to health and wellness were provided to the workers. These included:

Dialogue for Life in Montreal: November 18<sup>th</sup> to November 23<sup>rd</sup>, 2015

ASIST trainings

Public Health trainings

Nutrition workshops

Fetal Alcohol Spectrum Disorder training

Addictions training sessions

Marie-Victorin administrative training

Good Touch - Bad Touch and Hidden Face training

All of the communities held activities in an effort to promote healthy living and community awareness.

Goals:

Provide more training opportunities for the workers.

To continue the annual meeting for all the CLWW in the Hudson coast.

Monthly conferences by telephone to provide peer support and assistance.

By fall 2016, to start the Baby Book Project in each of the communities

## SUICIDE PREVENTION LIAISON WORKER

There is one Suicide Prevention Liaison Worker (SPLW) for the Hudson Bay Coast. Without a doubt, this is a very challenging position given the nature of the work and the great need to address the issue of suicide in our region and particularly on our coast. We are very lucky to have Maata Inukpuk-Iqaluk as our SPLW.

Offering the ASIST program was a central part of the work of the SPLW this year. She already had knowledge of and experience with the Program when she assumed her new role but has ramped up her expertise and involvement since becoming SPLW.

The SPLW was very involved in the planning of Puttautiit, the first ever “Nunavik grown” suicide prevention conference in Puvirnituq. In addition to planning activities, the SPLW was also a central force in promoting the conference, recruiting participants, and publicizing the event. During the conference itself in October 2015, she co-facilitated the ASIST workshop with Valerie Lock.

An important activity was bringing information about suicide prevention to the attention of different organizations. For example, on May 28, 2015, the SPLW made a presentation on current suicide prevention initiatives in Nunavik to the meeting of the Kativik Regional Government in Inukjuak. Later that same year, she travelled to Kuujuaq where she, Minnie Grey, Valerie Lock, and Mae Ningiuruvik gave a 30-minute briefing to the KRG councillors on Nunavik suicide prevention activities.

Along with staff from SIPPE and the CLWW, the SPLW prepared activities for Suicide Prevention Day on September 9, 2015.

The SPLW worked with Inukjuak midwife to recruit men and women, aged 15 to 25 years of age, to participate in the NRBHSS consultation “Love, Relationship and Sexual Health” led by Doctor Véronique Morin.

As a way of demonstrating how healthy traditional activities build good mental health, the SPLW applied for funding and organized hunting and fishing activities according to the season. These outings, that were well-attended and much appreciated, were funded by Brighter Futures.

The SPLW, Maata Inukpuk-Iqaluk, has maintained strong ties with the Wellness Committee in Inukjuak despite her new role and has continued to have a positive role with the Committee. She has “filled in” for the CLWW when necessary and by doing so has helped to maintain a unit that functions well.

This is a good example of the willingness of some employees to go beyond the strict limits of their job description in order to assure that what needs to be done gets done. Nakurmiik marialuk Maata!

### **SUNGIRTUIVIK FAMILY HOUSE**

This year, Sungirtuivik Family House restructured and renewed its programming. Every month, the workers established a calendar with their partners such as the SIPPE program workers and the community health nurse.

The staffing of Sungirtuivik Family House in Inukjuak was stable.

Some of the programs offered daily were:

Pregnancy gatherings

Women's voice

Parent's Break

Walking Club

Healthy Relationships

Cooking classes

Soup kitchen

Elders Gatherings

Beading Club

### **SEXUAL VIOLENCE PREVENTION**

The staffing of the Sexual Violence Prevention team, consists of one Community Worker and one professional from the south, and was stable this year. However, in the coming year there will be changes as one of the staff members is expecting her first child.

Throughout 2015-2016, the Sexual Violence Prevention workers were involved in various community events as well as training opportunities and conferences on different topics related to sexual violence. The team travelled to Montreal for training from the Sexual Assault Centre of Montreal and the Montreal Children's Hospital Sexual Abuse Clinic and to meet with other leaders on sexual violence prevention. Our Ungava-Tulattavik counterpart and the NRBHSS Planning Agent for Family Violence and Sexual Abuse were also present. Meetings were held to work on developing a protocol for front-line workers in cases of sexual assault. A training program was developed and implemented by a team at Inuulitsivik Health Center in 2011 but it needs to be revised and updated. The goal is to have updated ongoing training in 2016-2017.

In April 2016, the Hidden Face Workshop/Good Touch Bad Touch Program came to Salluit for delivery to the community and students from Kindergarten to Grade 6 in the schools.

## ADDICTIONS TEAM

The Addictions Team, consisting of a "pivot" or "linchpin" position held by a social worker hired from the south and a local community worker, saw some changes this year. The Community Worker sought new challenges in CLSC Social Services. We thank Louisa Kuananack for her hard work and her commitment to the well being of her community. It was difficult to replace her but eventually another Community Worker was hired.

Last summer, as warmer weather came to the region, the Addictions Team had several meetings with different partners to discuss ways of attacking the problem of youth sniffing in Puvirnituk. Initial meetings were held with the CNV and the CLWW. The Addictions Team also worked with the Kativik Municipal Housing Bureau (KMHB) around the issue of sniffing in the community and they met with Wellness Committee as well. Ideas such as painting sheds and training night guards were proposed. The team also connected with the Department of Youth Protection (DYP) because many of the youth who were sniffing were identified as being clients of DYP. The team also met with KRPF to discuss a community approach to the problem of youth sniffing.

The Addictions Team participated with organizers of the Eastern Arctic Summer Games and had a booth offering information and pamphlets on issues such as binge drinking, healthy relationships and abstinence from drinking. Promotional items were distributed.

The Addictions Team initiated meetings to form a mens group strongly supported and assisted by the Prevention and Promotion Programs Coordinator. Six meetings were conducted in January and February. This men's group is now a reality and is awaiting registration with Québec under the name of "Eigimak." Related to this focus on men helping men, the Addictions Team also met with Beethoven Asante about working with his team on "Pigiatsiaq" a new land-based program which targeted the link between addictions and incarceration.

The Addictions Team also met with Justice Committee, Isaruit, and the KSB to discuss issues of mutual concern. Another meeting was held with the Coordinator of Saqijuk, Aileen McKinnon, in order to explore ways to assist her in setting up a community consultation process and to discuss the role that Isaruit and Community Services could play in the project.

"Addiction" applies to many different substances so it was appropriate for the Team to work with CLWW on tobacco prevention activities, including a booth at COOP and meeting students of the KSB.

It was with great pleasure that the Addictions Team was part of the welcome offered to John Clarence Kawapit when he walked into Puvirnituk. Along with Maina Beaulne, the CNV, the KMHB and the KSB, the Addictions Team helped to organize a feast, provided support, and enhanced links between different stakeholders. Pigastiaq participants, local hunters and mushers traced John's upcoming route and provided him with support before his arrival in Puvirnituk. The KSB prepared signs to welcome him. In concert with the CNV and Pigiatsiaq,

the Team participated in organizing his departure for Akulivik and providing logistical support for him and his party.

### **MENTAL HEALTH REHAB SERVICES – Crisis Center and Re-integration Center**

As usual, it was a very busy year for Aaniavituqarq and the Reintegration Center. Despite the significant challenges faced by the Centers they remained steadfast to their Mission and made sure that as many Nunavimmiut as possible had the opportunity to access services and to benefit from the refuge and rehabilitation services they so desperately need. We are continually amazed by the resilience and spirit of these adults who, despite their struggles with psychiatric and intellectual challenges, deserve to be defined by their strength and courage.

*Your illness  
does not define you.  
Your strength and  
courage does.*



It is with great sadness that we pay tribute to the life of one of our clients from Inukjuak who passed away after a short but courageous battle with cancer. We miss you, Ji.

One of our important accomplishments this year was the collaboration of the Crisis Center with the Addictions Team (Prevention and Promotion wing of Community Services) in the development of a dynamic new program for ex-offenders with mental health problems. This program, Pigiatsiaq (New Start) is funded by Ungaluk.

The central goal of the project is to provide basic life skills training and support services to individuals who have chronic mental health problems and who are at risk for committing crimes or re-offending. A secondary goal of the project is to provide ongoing opportunities for men and women, who themselves have committed crimes related to alcohol consumption, to be active participants in the program or to lead workshops in traditional skills such as outings on the land. Pigiatsiaq offers four program options to participants. These are:

Cultural Programs,  
Giving Back to the Community,  
Community Support and Monitoring Program,  
Food Security Program.

In addition to announcements on FM, the Pigiatsiaq Facebook page has been successfully used as a tool for informing community members about details of the program, reporting on the activities offered on a daily basis as per the program calendar, and inviting community involvement and feedback. Through this medium, we anticipate attracting younger men and women who are active in social media.

As has been the case for many years, both Centres had an occupancy rate of 100%. Some of the rooms were used for two clients (rather than just one at a time) in order to meet the ever-increasing demands for beds. At both Centres throughout the year, isolation rooms were frequently converted for use as bedrooms to accommodate the need for admissions. A total of 114 adults were provided with residential, day program, outreach and short term support services at both centres.

Compared to last year, a greater number of people were admitted for respite care in 2015-2016. Nineteen people were admitted at the Crisis Center while six were admitted to the Reintegration Center.

## CRISIS CENTRE

### ADMISSIONS BY PROGRAM



## REINTEGRATION CENTRE



## ADMISSIONS BY PROGRAM



We are pleased to report that this fiscal year, clients from Crisis Center and Uvattinut signed a contract with the hospital to provide janitorial services for some of the departments. As of 31 March 2016, clients provide cleaning services to Accounting offices rented from Uvattinut and the offices rented from the Coop and occupied by different Inuulitsivik Health and Social Services departments such as Human Resources, Payroll, Prevention and Promotion.

We were very pleased with this expansion of the opportunities for clients to participate in work projects. We know that the opportunity to take part in work activities is very important for our adult clients who appreciate the chance to be, and to feel, productive.

Both Centres were able to function within their budgets – good management of limited resources! Many thanks to Beethoven Asante for his vision and dedication in providing quality services to a population of deserving yet often sometimes overlooked adults.

### Goals:

The initial and wide-ranging enthusiasm for Pigiatsiaq has exceeded our expectations and has impelled us to redouble our support to and active involvement in this new program. We believe that the collaboration of Aaniavituqarq with the Addictions Team and Uvattinut can be a model for community-based and Inuit-driven treatment and healing.

The management and staff of Aaniavituqarq and the Reintegration Center all look forward to the upcoming year, deeply motivated to embrace new opportunities and the challenges that come along with these opportunities. Both centers maintain a vision of providing excellent care for our clients who are among the most vulnerable and stigmatized individuals in our communities. We look to the coming year with confidence and passion.

### CLSC SOCIAL SERVICES

CLSC Social Services on the Hudson Bay coast provides voluntary services to anyone in any age group struggling with material problems such as lack of housing or food insecurity, marital

strife, family violence, mental health difficulties, substance abuse issues, psychological trauma, parenting difficulties which have led to Youth Protection involvement with children, overwhelming grief, or a myriad of other tribulations. This inventory of problems presented to Social Services is by no means exhaustive.

Throughout this report, we use the terminology “Community Workers” when referring to local Inuit staff members who provide social work services within CLSC Social Services because this title more accurately reflects our expectations of our staff members in their role as intervenors. However, for technical reasons, Inuit are usually hired on paper as “Social Aids.”

**Staffing CLSC Social Services  
31 March 2016**

<b>Job Title</b>	<b>Number of positions</b>	<b>Total number employees</b>
<b>Community Worker/Social Aid</b>	<b>11.5</b>	<b>20</b>
<b>Social Worker/Human Relations Agent</b>	<b>14</b>	<b>21</b>

On behalf of CLSC Social Services, we offer our sympathies to the family of Kitty Williams, a well-known and magnificent Community Worker in Inukjuak. Kitty was a pillar of her family and her community. She frequently described herself as “pure Inuk,” living to go out on the land and not feeling well unless she had country food to eat. She was also a “training junkie” thriving in training sessions of all kinds and integrating what she learned into her practice which was strong, vibrant, and effective and very much of “the Inuit way.” She embodied the ideal of CLSC Social Services. Kitty passed peacefully at home surrounded by her loved ones on 2 July 2015.

*“A strong woman won’t let anyone get the best of her. A woman of strength gives the best of herself to everyone. No matter how many rocks she has stumbled upon, her faith and strength remains intact.”*

Author unknown

The importance of formal training for the Community Workers has been a priority for the management of CLSC Social Services. In addition, it is a strongly held conviction of the Director of Community Services that training of Inuit is a crucial ingredient for the successful advancement of all employees. In support of this priority, we have frequently called upon Aani P. Tulugak to talk with Community Workers about her belief in the value of training and her personal commitment to training. We have counted on her as well to reinforce the message that regular participation in training is a responsibility for all employees unless there is a medical reason preventing attendance.

To note the social services co-ordinator, Muncy Novalinga, was granted a 3 year leave of absence, as he pursues his career in local governments.

## CHALLENGES FACING SOCIAL WORKERS:

Several social workers were audited by the Order of Social Workers and Marriage and Family Therapists of Québec (OTSTCFQ). This is a first on the Hudson Bay Coast. We are pleased to report that those social workers who were inspected acquitted themselves well and learned a great deal through this process which was quite taxing.

The demands of Persons in Loss of Autonomy (PLA) are difficult to meet. Lack of alternate living facilities for the elderly and individuals who are physically disabled create situations in which natural helpers and caretakers are exhausted and have little or no access to respite. The plight of those who are unable to care for themselves is distressing for all concerned.

Our service continues to wrestle with the interface between CLSC Social Services and the Mental Health Team. This is an ongoing process the goal of which is to assure that new services are implemented in collaboration between Nursing and Community Services. We are certain that this process will succeed in 2015-2016.

Responding to referrals of clients who do not themselves request services. Outreach is crucially important since many citizens are leery of services or do not understand how they might be helped by the CLSC Social Services.

It is our belief that being a social worker takes a special kind of person. One of the most important qualities of a good social worker is a lively sense of humour.

*Laughter and tears are both responses to frustration and exhaustion. I myself prefer to laugh, since there is less cleaning up to do afterward. - Kurt Vonnegut*

*There is a thin line that separates laughter and pain, comedy and tragedy, humor and hurt. - Erma Bombeck*

## DYP

This year began with the closing of the Director of Youth Protection's position. This decision was made by the Board of Directors as we all agreed that an Inuit Regional Director, who would implement regional policies in relation to article 37.5 on the Child Protection Act, would be in the best interests of everyone. Our united goal is to protect our children in a different way, in a way that would incorporate Inuit values and Inuit traditions. Shortly after, our Asst Director also resigned as he wanted to pursue his career in the south. These changes left our department of YP basically leaderless. The executive director took on the role of Director of YP and with the combined efforts of our middle managers, we left the ship afloat! I thank these managers for their dedication to our goal in protecting children – I know it added stress to your lives, but, the bottom line is we were able to carry on. Sonia Gilbert returned as a consultant to help us all in carrying out our mission. Sonia unfortunately resigned as she is pursuing other career opportunities in Quebec. Merci milles fois Sonia – your maturity and vast previous experience was exactly what we needed.

Chantal Laverdure joined us as Asst Director at the beginning of 2016. She is being loaned to us by the Centre de Jeunesse of the Monteregie for one year. She walked into a difficult situation and has never looked back. Her experience and knowledge, her calming mannerism and her enormous heart has endeared her to all of us. Nakurmiik marialuk Chantal.

All of this has created a year of tremendous turmoil for everyone. I appreciate their patience and understanding as the BOD and I try to bring some much needed stability to this workplace.

*If we can save the youth energy from being dissipated by negative and fissiparous tendencies, if we can harness it for the right purposes, if we are honest towards our youth, if we can give them proper orientation, I am sure they would bring about universal harmony and establish global peace.*

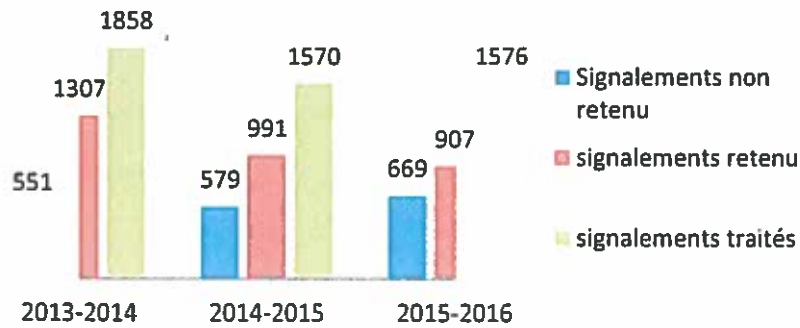
*Joseph Benziger*

## RTS

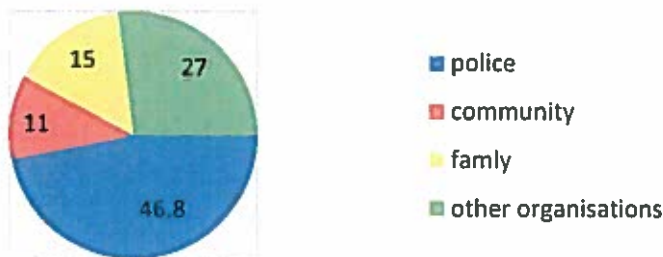
The opening of a file in Youth Protection (YP) begins with a signalment from someone that is concerned about the safety or welfare of a child.

This year we received 1576 signalments of which 907 were kept and acted upon.

### traitement des signalements par année



### WHERE THE SIGNALMENTS CAME FROM



	2013-2014	2014-2015	2015-2016
Families	27,1%	18,5%	14,5%
Different organisations	17,4%	24,1%	25,6%
School	3,4%	3,4%	4,8%
Police	37,5%	43,9%	44,6%
Community	14,6%	10,1%	10,5%

### REASONS FOR SIGNALMENTS

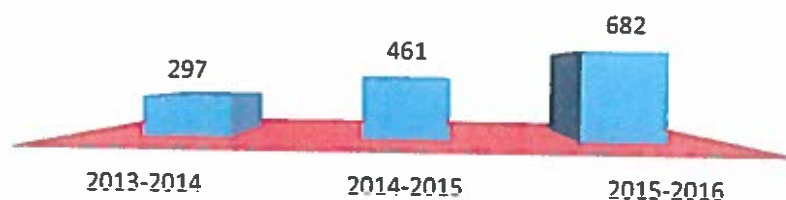
Negligence	Physical abuse	Sexual abuse	Behaviour problem	Abandonment	Psychological reasons
78	105	139	133	194	177

## EVALUATION

The evaluation team consists of nine workers that are in 5 villages. They must follow the processes that are defined in the YP Act so as to protect the children. Despite the instability of our YP teams, they evaluated 221 more files than the previous year.

	2013-2014	2014-2015	2015-2016
Évaluations done	297	461	682

Évaluations réalisées par années



## REASONS FOR EVALUATIONS

Abandonment	Physical Abuse	Risk physical abuse	Sexual abuse	Risk sexual abuse	Psychological abuse	Negligence	Risk negligence	Behavior problems
3	94	65	23	23	117	290	21	46

Almost 40% of all evaluated signalments were founded issues and the security or development of the child were in danger according to article 38 in the Child Protection Law. Despite great efforts and documented improvements, our wait time before a signalment was evaluated was still too long according to provincial standards – our average delay is 138 days.

## APPLICATION OF MEASURES

This team of workers is responsible to put in place services to respond to the following issues:

- Protection of the children

- Improve the well being of child and his family
- Improve relationships between parents and child
- Help develop competencies of children and parents
- Support child and parents in planning for life projects

Despite a staff that has not increased, the number of children that are followed continues to increase.

	2013-2014	2014-2015	2015-2016
Abandonment	16	18	14
Physical abuse	59	96	98
High risk of physical abuse	20	32	34
Sexual abuse	9	15	17
High risk of sex abuse	9	4	5
Psychological abuse	61	67	88
Negligence	133	186	216
High risk of negligence	37	59	49
Behavioural problems	35	25	21
total	379	502	542

The Inuit staff that work in this department have been taking courses at CEGEP Marie- Victorin that teach the measures available to them to be able to offer these services.

### **REVISION**

One single reviser for Hudson coast prepares cases for court – she also may recommend to the director that the case be closed or may recommend any new measures to further protect the child.

Of the 411 revisions done this past year, 292 were kept for further interventions according to the Child protection Law.

	2013-2014	2014-2015	2015-2016
Revisions	N/A	237	411

## **FOSTER FAMILIES**

A foster family is one that is willing to become significantly implicated with a child that is at risk for their security or their development. These children between the ages of 0 to 17 are placed in foster families for various reasons of abuse, neglect and behavioural problems.

Recruiting suitable families remains a challenge on the Hudson coast, both in finding new families and also having existing families keep the same child for medium to long term. As such some children live in an unstable environment and are moved from family to family.

Foster families receive a financial contribution to offset the expenses incurred for this child. The cost for these families increases every year and is becoming a financial burden for Youth Protection.

The number of children requiring a foster family is now at 281 of which 44% are from Puvirnituaq.

	Youth with foster family	Akulivik	Inukjuak	Ivujivik	K'pik	Puvi	Salluit	Umiuaq
2013-2014	212	27	38	5	42	72	24	4
2014-2015	268	34	49	6	37	94	44	4
2015-2016	281	25	29	19	28	125	54	1

## **YOUTH CRIMINAL JUSTICE**

This act applies to children between the ages of 12 and 17 who have committed a criminal offence. This law protects the public while at the same time promotes rehabilitation and return to society.

This team has two workers, both in Puvirnituaq. This year there were 164 youth that were in this system and 61.5% were young males.



## **BUDGET**

		Budget 2015-2016	Actual 2015-2016	Actual 2014-2015
Youth Protection		\$ 6 580 689,60	\$ 6 018 922,80	\$ 6 435 943,35
Legal services		\$ 235 009,00	\$ 309 844,93	\$ 243 003,81
Administration		\$ 1 078 681,22	\$ 947 312,67	\$ 1 102 696,08
Group Home		\$ 1 672 973,02	\$ 1 781 071,07	\$ 1 694 362,07
Foster Families *		\$ 3 357 612,00	\$ 4 436 225,84	\$ 3 418 859,24
Total		\$ 12 924 964,84	\$ 13 493 377,31	\$ 12 894 864,55

\*As was previously mentioned, the budget for foster families was in deficit despite the additional monies that were added for this fiscal year.

### **GOALS:**

1. Promote a different way to intervene with Inuit families within the youth protection context
2. Increase the participation of local Inuit community workers within the services offered to youth in difficulties
3. Qualify the clinical process in RTS-EO-AM-FH-YCJA services and identify different measures of improvement, increasing the intensity of services and decreasing waiting delays.

### **GROUP HOME – PUVIRNITUQ**

This year our team successfully delivered the following clinical programs for our youth:

Substance Abuse  
Anger Management (Anger Replacement Training)  
Guy/Girl Discussion Groups on Making Healthy Choices

We are also excited to report that this year we were able to offer 2 new programs to the clients:

Cooking Program (where the youth are taught to make traditional foods such as Bannock and a Music and Feelings group which is facilitated by the youth here at the group home giving them a sense of leadership and autonomy over their own healing process helping them to overcome trauma through music.

*A special thank you to the Hunter Support, Akinisie Sivurapik and Paul Beaulne for giving of their time and helping to enrich our cultural program and providing cultural experiences for our youth.*

Other Programs that we offered are:

- Anti Bullying
- Literacy
- Assertiveness Training
- Health and Hygiene.
- Self Awareness/ Self Esteem
- Substance Abuse
- Anger Replacement Training
- Making Healthy Choices Guy and Girls Discussion Groups
- Social Skills Program

#### STATISTICS:

There were 46 total users this past year. 30 youth were regular clients, and 16 were Youth Protection Clients.

36 youth came from the Hudson Coast and 10 from the Ungava Coast

We had Isolation room used 47 times for our regular clients and 14 times with DYP clients

We had a total of 60 runaways this past year.

#### GOALS 16-17

1. Continue working on increasing the team's clinical skills through partnerships and training initiatives offered through Boscoville 2000.
2. Continue to review and evaluate best behavior management practices with the assistance of Boscoville 2000
3. To continue to assist youth protection with keeping them informed of client progress with their goals in their intervention plans and clinical program participation.

## **DIRECTION OF PROFESSIONAL AND HOSPITAL SERVICES**

The team consists of:

Dr Amélie Desjardins Tessier, acting Director of Professional Services

Serge Provençal, Director of Hospital Services

Djenane Gaspard, coordinator of professional and hospital services

Chantal Groleau, administrative technician

### Highlights of 2015-2016:

1. Recruitment of a part-time acting Director of Professional Services since August 2015
2. Plans to develop a physical rehabilitation space at the hospital
3. Renovation of the laboratory space to meet the standards of ...
4. Participation in an Agreement by the *Order of Dentists of Québec*
5. Co-management of the activities surrounding the tuberculosis outbreak in Salluit
6. Development of a community pharmacy in Puvirnitug
7. Three (3) student midwives graduated

### CPDPM

The Council of Physicians, Dentists, Pharmacists and Midwives held their General Assembly on March 23rd, 2016 during which the annual report was presented. The elections for the Executive Committee were held and the results are:

Vacant (President)

Dr Gabriel Chouinard (Vice-president, MD)

Dr Viviane Camirand (Secretary, MD)

Dr Sébastien Lynch (Treasurer, MD)

Vacant (Advisor from the midwifery department)

Pierre Grenier (Advisor from the department of pharmacy)

Michel Cornet (Advisor from the department of dentistry)

Jane Beaudoin (Director General)

Dr Amélie Desjardins Tessier (Director of Professional Services)

## HIGHLIGHTS:

### A. Credential Committee

Its members have the responsibility of evaluating candidates for active and associate status as members of the CPDPM, who then recommends to the Board to hire them as health professionals at the Inuulitsivik Health Centre. The Committee is led by Dr Marie-Hélène Cormier. In 2015-2016, the Committee recommended to the Board to grant privileges to:

- Five (5) permanent general practitioners (GP) as active members
- 25 replacement doctors
- 9 specialists
- 13 replacement dentists

In 2016-2017, the Credential Committee hopes to update the records of all physicians and dentists working at the IHC (permanent, replacement and specialist) ensuring that all appointments to CPDPM and the Board of Directors are normalized.

Members of the Committee are: Dr Mathieu Bohémier-Bernard and Dr Geneviève Auclair (Department of Medicine), Pierre Grenier (Department of Pharmacy) and Michel Drolet (Department of Dentistry)

### B. Critical Appraisal Committee

This Committee's purpose is to review files of deceased patients or patients who underwent adverse outcomes following received care, and then make recommendations to improve the quality of care. Dr Joanie Tremblay-Pouliot has been in charge of this Committee since 2015 and its members are Dr Viviane Camirand, Dr Amélie Woehrling, Dr Gabriel Fortin, Dr Simon Riendeau and Catherine Blouin from the Direction of Nursing (with Michel Drolet, dentistry, and Monique Paré, maternity as adhoc members. Pharmacy advisor: vacant)

The Committee has been very active in the last year, being now up to date with all mortality cases since 2014. They made important recommendations, some of which were discussed with the Direction of Nursing, and some changes are already being implemented.

### C. Pharmacology Committee

This Committee has the task of evaluating and deciding which medication will be offered at the IHC as well as creating or reviewing guides and protocols related to the safe administration of medication.

The head of the Committee is Jérémie Guindon, pharmacist, and other members are Pierre Grenier, pharmacist, and Dr Marie-Hélène Marchand, Dr Geneviève Boivin, Dr Mathieu Bohémier-Bernard, Dr Dominique Morin, Dr Sébastien Lynch, and Dr Marie-Hélène Cormier

The Committee developed a “norepinephrine drip” protocol which was adopted by the CPDPM

#### D. Perinatal Committee (PNC)

The Perinatal Committee was reorganized this year with the mandate of improving care to the maternity’s clientele. The midwife members are Monique Paré, Brenda Epoo, Aileen Moorehouse and Kimberley Moorehouse. Two doctors also sit on the Committee: Dr Viviane Camirand and Dr Elise Bélanger-Desjardins (replacing Dr Pascale Fouron).

The PNC revised the following protocol in January 2016: ‘*Laboratory tests during pregnancy*’ which was adopted by the CPDPM

### DEPARTMENT OF MEDECINE

Department composition:

Dr Genevieve Auclair – Chief  
Dr Amalie Desjardins-Tessier – interim DPS  
21 permanent family practitioners

Very active department this year, amongst others they included:

- recruitment
- hiring of 2 FT doctors in Puvirnituk and in Inukjuak
- management of medical coverage problems in Kuujjuarapik
- therapeutic guide was revised and distributed in all villages in January 2016
- DRMG (Regional Director of General Doctors)– Dr G. Auclair named August 2015
- preparing and reviewing documents concerning “End of life” caretakers

### DEPARTMENT OF DENTISTRY

Department composition:

- 4 FT dentists
- still looking for the 5<sup>th</sup> dentist to fill the Puvirnituk position and a chief of department
- resignation of Dr Rana Nasserri – Puvirnituk in August 2015

- 3 FT dental hygienists in Salluit (Alulivik), Puvirnituaq (Ivujivik) and Inukjuak (Umiujaq, Kuujjuarapik)

Activities included:

**CURATIVE CARE**

- accreditation by the Order of Dentists of Quebec – all 7 sites passed with recommendations that we are now implementing
- 14 weeks of dental surgery with general anaesthesia – increase has reduced waiting time
- host to 3 dental residents from McGill and Laval
- denturologist followed 265 patients
- orthodontist follow 114 patients during her 8 visits to Puvirnituaq

**PREVENTATIVE CARE:**

- collaboration with SIPPE program to reach pregnant woman and parents to promote dental health for children 0 – 3 years of age
- total number of children receiving fluoride treatments is 589

Village	Nb of weeks of open DENTAL clinic
Puvirnituaq	40 weeks
Inukjuak	47 weeks
Salluit	48 weeks
Kuujjuaraapik	42 weeks
Ivujivik	12 weeks
Akulivik	17 weeks
Umiujaq	9 weeks
Dental Surgery in Puvirnituaq	14 weeks

**DEPARTMENT OF PHARMACY**

Department consists of:

1 chief pharmacist

total of 3,5 permanent pharmacists

5 pharmacy asst technicians – including an Inuk worker in community pharmacy

Activities included:

- community pharmacy opened and fully functional
- revised therapeutic guide
- preparation of suspension drugs for patients with TB in Salluit
- a pharmacy student came for a 1 month internship

GOALS:

1. Pursue the steps to replace the computer program in the hospital pharmacy with a new one since it is outdated and is causing problems (priority for 2016-2017)
2. Continue the development of the community pharmacy
3. Create another part-time PAT position to have a full-time position in the community pharmacy
4. Finish the visits of the CLSC (pharmacy assistant technician) pharmacies, particularly Ivujivik (a partial visit in January 2016 was unsatisfactory). Kuujjuarapik will be visited after the opening of the new clinic. Plan for annual visits by the PAT
5. Maintain participation in the revision of the therapeutic guide and the collective orders
6. Maintain follow up of the improvement process and contact with OPQ. Discuss their next objectives and validate necessity for bi-annual reports
7. Continue the internship for pharmacy students (1/year)

## MIDWIFERY

Maternity units in Puvirnitug, Salluit and Inukjuak continue to service the population. In the fiscal year of 2015-2016, a total of 150 births occurred on the Hudson coast.

Statistics on the coast:

	Salluit	Inukjuak	Puvirnitug	Transfer to Puvirnitug	Total Hudson	Naissances à Montréal	TOTAL
Number of women who consulted for pregnancy	72	91	94				
Number of births	35	48	67	4	150	20	170

### Maternity Staff:

#### Puvirnitug:

- 3 part-time Inuit midwives, one newly graduated midwife in transition since June 2015, 2 full-time southern midwives positions filled with one new permanent midwife and replacements.
- Puvirnitug team leader Akinisie Qumaluk took an adoption leave and was replaced by Leah Qinuajuak.
- 3 part-time students were following the program, one resigned.

#### Inukjuak:

- 4 part-time midwives, including one team leader Brenda Epoo, and an education coordinator Kimberly Moorhouse.
- 4 part-time students including one return from a former resignation.
- A few locums were added during the year to support the education and coordination tasks based in Inukjuak.

#### Salluit:

- 2 newly graduated Inuit midwives, part-time.
- An Inuk midwife on leave of absence
- 4 part-time students including one on maternity leave
- 1 southern midwife position filled mainly by Jennie Stonier and locum midwives.

### Objectives attained for 2015-2016

- Team leader's meetings were effectively reinstated, enabling a better administration of the services amongst the 3 maternity units;
- Roles and responsibilities were reinforced: at the end of year meeting the team decided to appoint officially Brenda Epoo as their coordinator. Students are more involved in the organization of their maternity;
- Smaller villages such as Kuujjuarapik and Akulivik received regular visits by midwives.
- Fund raising efforts were made by all team members especially through students put in charge of the projects;
- The staff continued to get involved in community health activities, though Family houses, SIPPE program and more;

### Education program highlights:

- Kimberly Moorhouse continued as the coordinator of the program, and organized with the help of professor midwives the exams of the 3 new graduates;
- Mentorship meetings and student presentations were held regularly;
- Students' evaluation roundtables have been held at the annual meetings enabling mentors to share on the students' progress through the program.



### Activities:

The graduation of 3 Inuit midwives was certainly the highlight of the year 2015: Lizzie Sakiagak Tayara, Saira Kakayuk Saviadjuk from Salluit, and Mary Ittukalak from Puvirnituk received their licence from the Quebec Order of Midwives. Celebrations were held in each village with the community and their coworkers, attracting much praise and encouragement for these hardworking midwifery students. The diploma ceremony was held in Dummondville with the Trois-Rivieres graduates in September.

Annual coordination meeting: the team has been holding annual meeting around March to establish objectives and review of the previous ones, too analyze the needs, to discuss the activities and plan for the year ahead.

#### Trainings and conferences:

- Mandatory continuous education, required every two years: Neonatal Resuscitation Program, Emergency Skills Workshop;
- Annual Conference of the Canadian Association of Midwives, and the National Aboriginal Council of Midwives: 14 participants represented Nunavik as it was held in Montreal;
- Many other trainings were held.

Nunavik Midwifery Working Group: the group has been had one face-to-face tentative meeting and a telephone tentative. The objective this year was to name a chairperson from the Hudson Bay, which was proposed, and to finalize the revision of the terms of references, in an effort to consolidate the purpose and the links between the two coasts and the regional board. These objectives have been kept during the year, and are still presented as regional priorities by our Inuulitsivik maternity.

### Objectives for 2016, as concluded in annual meeting 2016:

- Instating Brenda Epoo as the main coordinator and providing the administrative support to do so;
- More resources for the administrative needs especially secretarial support;
- Start the maternity in Kuujjuaraapik, with a stable presence of a midwife there;
- More resources for the education: more stable southern midwives in Inukjuak, and more learning material for teaching;
- More efficient relations with the regional board;
- More defined roles for each member of the staff, in all maternity units;
- More efforts in fund raising with participation of the students;
- Continue to develop activities in the areas of prevention, social support and trauma response.

## MEDICAL RECORDS

Department consists of:

3 FT archivists

2 FT admin agents and one half time position covered by OPT staff

Activities included:

-visit to Tulattavik's medical records department

-revision of procedures done by admin agents

-production of a video for teaching purposes for Clinibase with CLSC co-ordinator

<b>Management Indicators</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
<b>Data 2010 to 2016</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>1- New files (all)</b>	<b>670</b>	<b>586</b>	<b>609</b>	<b>686</b>	<b>618</b>	<b>716</b>
<b>2- New files (Birth)</b>	<b>216</b>	<b>189</b>	<b>208</b>	<b>206</b>	<b>185</b>	<b>182</b>
<b>3- Managed files</b> <i>(departure, death, day surgery)</i>	<b>1286</b>	<b>1197</b>	<b>1285</b>	<b>1404</b>	<b>1464</b>	<b>1595</b>
<b>4- Files used for Specialized services</b>	<b>ND</b>	<b>1191</b>	<b>1771</b>	<b>2363</b>	<b>1541*</b>	<b>2207</b>
<b>5- Information request</b> <i>(according to financial management manual)</i>	<b>114</b>	<b>74</b>	<b>104</b>	<b>115</b>	<b>120</b>	<b>125</b>
<b>6- Files consulted for research</b>	<b>ND</b>	<b>365</b>	<b>90</b>	<b>93</b>	<b>369</b>	<b>0</b>

\* The significant reduction compared to 2013-2014 is due to the high absenteeism of archives support staff that brought specialized services staff to retrieve the files themselves.

### GOALS:

- Consolidate the medical archives team;
- Elaborate the procedures to be included in the Registry of policies and procedures;
- Promote the role of the medical archives service;

- Promote the confidentiality within the IHC;
- Participate in the planning of the implementation of a conservation calendar.

**LABORATORY DEPARTMENT**

This team consists of 7 medical technologists

Activities included:

- Updating the OPTMQ recommendations report
- Sending to OPTMQ progress reports noting the progress made on their recommendations
- November 2015 : change of chief assistant of the laboratory; Eliane Chevrier occupies now the role of technical coordinator for the laboratory
- January 2016 Nicolas Chenard took over the role of Chief assistant
- Beginning of the process to update our biochemistry machine for a new one
- Revision & implantation of procedures.
- Physical & structural reorganization of the laboratory in order to comply with the laboratory Health Canada mandatory standards.

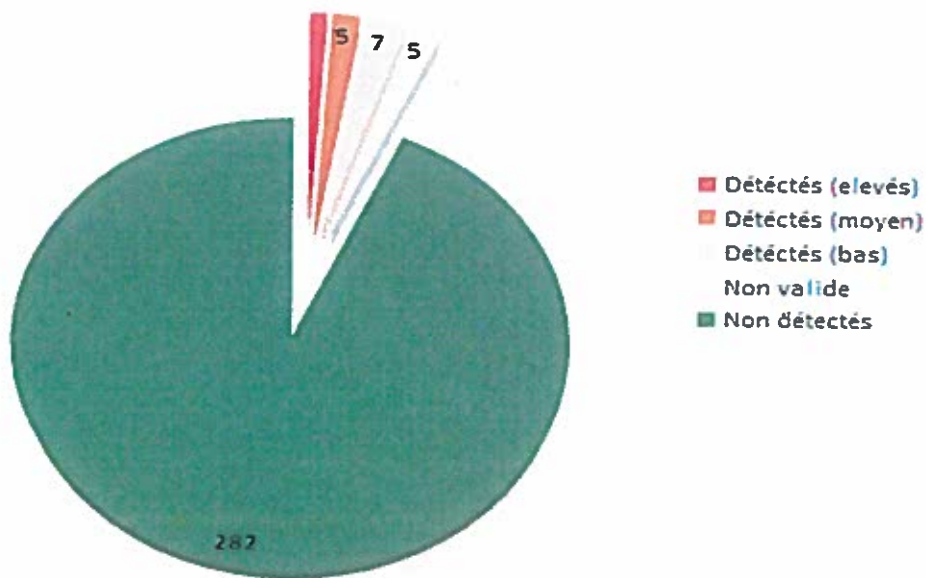
Goals 2016-2017:

- Introduce and implement procedures according to the recommendations of the OPTMQ
- Comply in conformity and laboratory agreement norms
- Complete physical reorganization and work flow
- SIMDUT formation & Transport of dangerous goods for all the laboratory staff
- Maintain stability of the present team

Quantity of tests performed	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%
2014-15	18546	-1,6%	108674	2,2%	127382	1,8%
2015-16	16229	-12,5%	92919	-14,5%	109148	-14,3%

### Genexpert TB tests 2015-2016



### RADIOLOGY

Department consists of:

3 FT radiology techs

2 techs on recall list

That offer a variety of services to our population eg. X-rays, ultrasounds, ECGs and Holter readings. Every six weeks a tech will travel to Salluit, Inukjuak and Kujjuarapik that are equipped with X-Ray machines

**Activities included:**

- Upgrading of the 24-hour heart monitoring machines
- Reading of electrocardiograms with the MUSE in Montreal
- Acquisition of a new ultrasound machine (Toshiba Aplio 500)
- Training on the ultrasound machine

**GOALS:**

1. Train another technician in ultrasound (renal and obstetrical)
2. Upgrade medical imagery system to digital technology

**X-RAYS PERFORMED**

Year	Hospitalized	IHC	CLSC	Outpatient	TOTAL	Diff
2010/2011	905	1377	609	1854	4745	1,80%
2011/2012	859	1416	1015	1990	5280	11,30%
2013/2014	991	1775	1239	2053	6058	15%
2014/2015	909	1704	842	1851	5306	-12,40
2015-2016	963	1460	1938	2294	6655	13.5%

**ELECTRO-CARDIOGRAMS (EKG)**

Year	Hospitalized	CLSC	Outpatient	TOTAL	Diff
2010/2011	173	632	162	967	19%
2011/2012	215	597	167	999	3%
2013/2014	322	640	269	1231	23%

2014-2015	241	109	236	586	-52,40%
2015-2016	277	1485	369	2131	+363 %*

#### ULTRASOUNDS

Year	Ultrasounds	Telemed Children Cardiac	Children Cardiac	Ultrasound telemedecine	Telemedecine Obstetrical
2013/2014	771	4	109	17	9
2014/2015	724	2	69	12	6
2015/2016	791	4	71	15	2

#### HEARING AND OTITIS PROGRAM

Department includes:

1 PT co-ordinator

6 PT audiologists

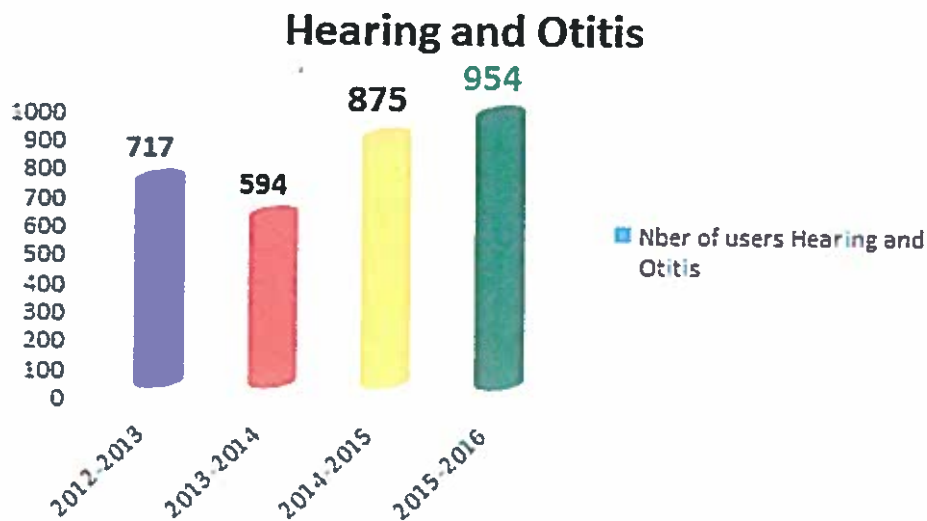
10 PT beneficiary attendants

2 audioprosthesis tech

Activities included:

-collaboration on Regional Committee for audiology with THC and NRBHSS

-elaboration of new evaluation forms for children and adults hearing



**GOALS:**

- Review the criteria for referral to ENT especially otitis follow up according to American guide lines
- Promote new surgical technique for hearing aid with bone “anchorage” (less risk of infection and wound care)
- Implement audiology statistics coding in I-CLSC program
- Increase audiology screening to a wider population (CHSLD, elders)
- Audio screening of 3 y. old +; kindergarten and daycare
- Support the implementation of the universal neonatal hearing screening

**SIPPE – INTEGRATED PERINATAL AND EARLY CHILDHOOD SERVICES**

The SIPPE program has now completed 2 years since its inception. It keeps on growing and achieving its goal of aiming optimal child development by supporting families and communities. In the next fiscal year, it will move under the direction of Community Services.

The team is composed of:

- Isabelle Girard; Nurse and Coordinator
- Alain Nadeau; Human Relation Agent
- Malaiya Wetaluktuk; Social aid (community worker)
- Mary Berthe; Social aid (community worker)
- Leah Unaluk; administrative agent

**Activities:**

Activity	Frequency	Number of interventions
Post natal home visit	1 visit/ birth	33 1 <sup>st</sup> week after birth  24 6-8 weeks home visits
Family visit	As needed after evaluation	36 visits
Child's prevention program	At vaccination clinic 2 – 6 and 12 months	80 interventions with families on: <ul style="list-style-type: none"> <li>• dental care</li> <li>• nutrition</li> <li>• development and health</li> </ul>
Pregnant women gathering	Every 2 weeks (Except summer time)  17 activities	32 pregnant women (participation 1 to 5 times)
New mom support group	18 activities  Weekly or every 2 <sup>nd</sup> week  (Except summer time)	20 new moms (participation 1 to 5 times)



FASD prevention Group activities	Until October	7 activities 15 pregnant women participated
FASD prevention individual counselling	From October	37 pregnant women
Baby celebration	Every 2 months	5 activities 21 families with newborn participated

Other activities	Date	Targeted Group
Anemia prevention Co-op kiosque	May 12th 2015	General public
Breastfeeding week gathering	Dec 9th 2015	20 adults 15 children
FASD awareness day	September 9 <sup>th</sup> 2015	60 people of all ages

#### GOALS;

- Expand the SIPPE program to other communities (Salluit, Akulivik and Kuujjuaraapik) by adding local resources
- Integrate FASD CLWW into the program
- Pursue the development of a continuum of services between the different programs and services of IHC.

IHC is proud to say that the program is on its way and doing well. This is possible with the implication of a dedicated team and strong partnership and involvement of the different organization within the community.

#### TELEHEALTH

The telehealth system has continued to support provision of care, and communications:

- More telemedicine appointments scheduled by video-conference by the liaison nurse in Puvirnitug, notably in neurology, psychiatry, cardiology and pneumology
- Trainings made possible: McGill distance teaching and learning center, Inuktitut classes, maternity student presentations (including other coast on occasion)
- Administrative meetings: hiring interviews, and other meetings
- Youth Protection distance court and follow-ups

The telehealth services are possible with the support of the RUIS McGill

Activities included:

- modifications in progress in order to have a dedicated room for telemedicine
- Upgrade of equipment at the radiology department increasing imaging quality of sono
- Addition of 2 mini stations to facilitate live video-communications with the CLSCs and the doctors on call at the hospital
- An additional mini-station in the office of our visiting pediatric psychiatrist to facilitate communications and follow up of patients

IHC SITES	Tele-education	Tele-consultation	Administration
Puvirnitug	72	38	101
Salluit	26	6	41
Ivujivik	7	6	29
Akulivik	17	12	31
Inukjuak	24	13	43
Umiujaq	16	5	32
Kuujjuaraapik	41	17	32
<b>TOTAL</b>	<b>203</b>	<b>97</b>	<b>309</b>

Goals 2016-2017:

- Complete the configuration of telehealth in Puvirnitug
- Develop and increase access to specialist consultations by telehealth, keeping patients in their community

## HUMAN RESOURCES

Our HR department consists of six employees that have basically remained the same for several years now. This team works mostly with 3 of our policies:

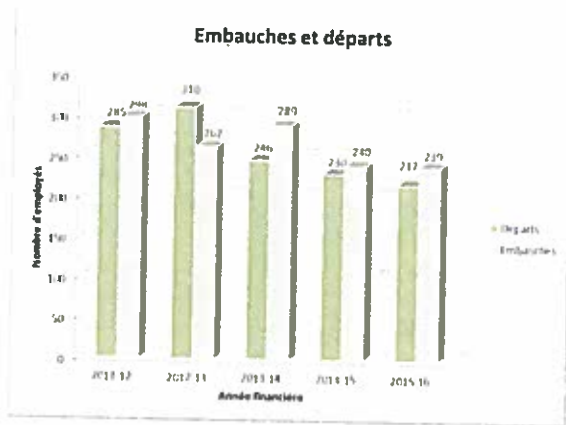
Lodging Policy

Regional Disparity Policy

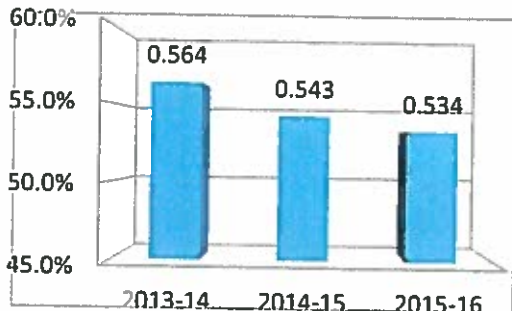
Workplace violence and harassment Policy

Once again these policies were revised to include new issues and to try and resolve new problems. We work closely with two recognized unions, CSN and SNIIBH (FIIQ), to attempt to solve arising issues with staff.

### EMPLOYEES WHO WERE HIRED AND WHO LEFT



## Percentage of Inuit workers



Another interesting fact is that the percentage of Inuit employees has remained approximately the same over the past few years.

Vacant positions are filled within a reasonable amount of time. Our recruiter, Melanie Lepage, attended many fairs and visited many schools in an effort to recruit employees. She was present at 21 different activities, which represents the highest volume of activities ever, Bravo Melanie!

We had 217 departures and were able to hire 239 new employees. This represents the lowest number of departures ever!

### GOALS:2016-17

- Revise our evaluation forms
- Develop a development plan for HR
- Include local hires into our orientation program

Last year goals were:

1. Develop an orientation plan and a teaching program for new managers – this goal was abandoned as the rules keep changing too often to have any current written information that is up to date and valid.
2. Update employee register – 80% of our register is current – we will continue this goal in the coming year and anticipate that it will be completed during this time.

3. Create a committee on Workplace health and security – this committee was formed and actually met twice. Their progress was hampered by changing rules in the employee contracts. We will continue to work on this goal.

## **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

This very popular program continues to grow and take on amplitude each year. It is very capably headed by Lissa Okoh, M.A, M.Ed Ps, and she is able to offer counselling and assistance 24/7 from the south and as well visits each village in person at least once a year. Ms Okoh also responds to our managers request for help in crisis situations.

Inuulicare provides a variety of services designed to assist employees in achieving optimal health, well being and productivity, thereby supporting the leaders in IHC in their goal of creating a healthy, safe and respectful workplace.

Leading reasons for consulting EAP. Statistics based on a total of 744\* EAP files opened in 2015

Mental Health - 209

Workload - 193

Employee/Peer Relations -152

Adaptation to Northern Environment - 62

Financial – 47

Legal - 41

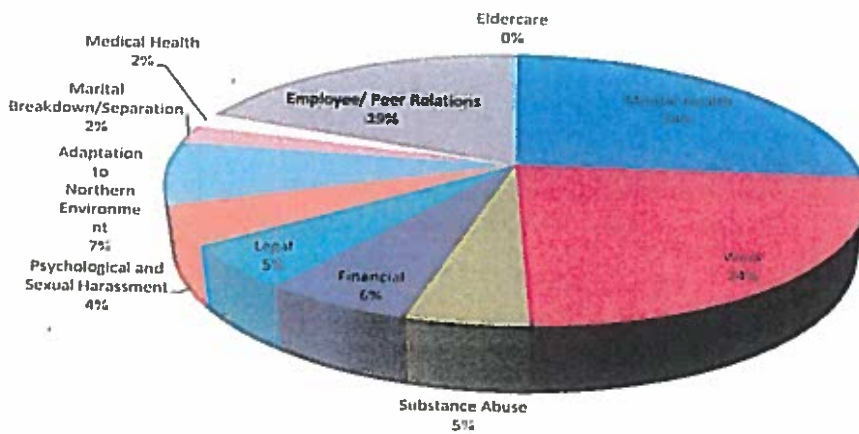
Substance Abuse – 39

Psychological Harassment – 37

Marital Breakdown/Separation - 17

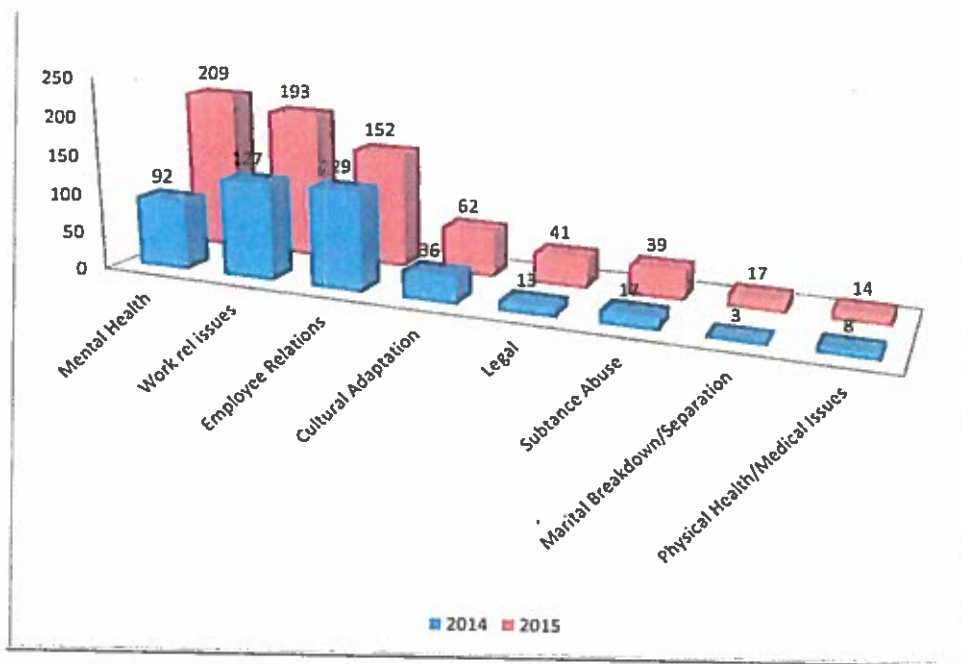
Medical Health – 14

Eldercare – 3



We also see a huge increase this year in areas concerning mental health and work related issues.

**Two-Year Comparison 2014-2015**



**MENTAL HEALTH ISSUES:**

The number of employees that consulted EAP for psychological/mental health issues this year rose by 79%. These numbers reflect the increasingly intense nature of traumatic incidents experienced by our employees

**SUBSTANCE ABUSE:**

Thirty nine cases were reported this year as compared to eight the previous year – an increase of close to 400% in the number of employees requesting support and referrals to outside rehab

services. It is worth noting that there is a strong correlation between this increase and the increase of Inuit users of this program.

## QUALITY AND COMPLAINTS COMMISSIONER

Due to our commissioner's health issues, Josi Nappatuk was absent for over 6 months. Pierre Antoine Guinard, our consultant to Josi, filled in during this time.

A User Committee was formed and our Complaints Commissioner (CC) now sits on this committee as well as 3 users from the coast, the Executive Director and the nurse manager in charge of risk management.

There was a total of 100 complaints received (128 the previous year) and of these 21 were discarded as not applicable, or not enough accurate information available to proceed. Of the 79 complaints that were investigated all of them, 100%, were reviewed within the 45 day limit – bravo!

Figure 2: Origin, nature of complaints objects and nature

	Care and services	Access	Human relations	Financial aspects	Physical and material organization	Other rights	Total Concluded	Total not Concluded ***
IVUJIVIK	3	0	1	0	2	0	4	2
SALLUIT	14	0	1	0	1	0	13	3
AKULIVIK	2	0	1	0	0	1	4	

PUVIRNITUQ	7	0	9	0	1	4	14	7
INUKJUAK	9	0	0	0	1	3	9	4
UMIUJAQ	10	0	0	1	0	1	11	1
K'PIK	4	0	0	0	0	1	4	1
MNQ	13	0	0	0	2	0	14	1
Doctors, Pharmacist Dentists	2	0	0	0	0	0	2	
DYP	5	0	0	1	0	0	4	2
Total	69	0	12	2	7	10	79	21

\*\*\*: Were dismissed, referred to HR, impossible to conclude, closed due to lack of collaboration from complainant. These situations were duly received by the Commissioner and examined but were not to be processed as complaints according to the law. Reporting on them in this report is nevertheless mandatory under the Quebec health act.

As you can see from the above graph, close to 33% of all complaints were related to escorts and our transportation policy.

Some of the corrective actions that were recommended include:

- Escorting needs reassessed
- Food and cleanliness improvements at MNQ
- Need for better communication between north and south nurses
- Revision of transport policy regarding patients with cancer
- Pharmacology revision

#### RECOMMENDATIONS:

- Periodic review of complaints process with managers and staff
- Update IHC conservation calendar for documents and patient charts
- IHC should implement rigorous laws about smoking in public areas and that they name an officer to enforce the laws



## M.N.Q. (ULLIVIQ)

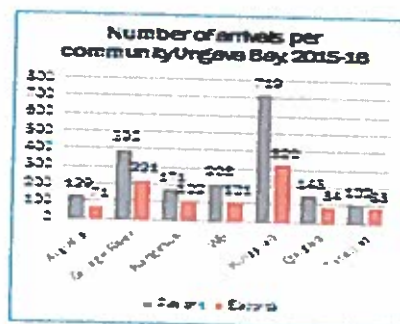
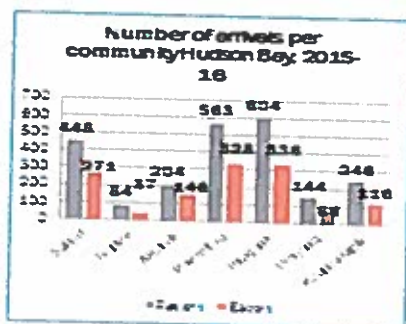
This year we saw once again an increase in the volume of patients arriving with escorts at the MNQ. Despite all efforts to provide services in the north as much as possible, we had an increase of over 1500 more visits to the MNQ and hotel this year.

### VISITS TO MNQ

Années	Avril	Mai	Juin	Juillet	Août	Septembre	Octobre	Novembre	Décembre	Janvier	Février	Mars	Total
2012-13	3395	3471	3515	3680	3851	3847	4072	4078	2713	3616	4082	3948	44268
2013-14	3714	3914	3675	4427	4419	4194	3780	3369	3329	4098	3842	4179	46940
2014-15	4114	4298	4115	3863	4388	4406	4541	4214	3076	3489	2897	3316	46717
2015-16	3690	4006	4400	4200	4450	4601	3821	3277	4214	4211	4541	4691	48150

The arrivals were as follows:

## ARRIVALS 2015-2016



WE HAD A TOTAL OF 6448 ARRIVALS THIS YEAR AND WE HAVE A PERCENTAGE OF 69% OF PATIENT AND 31% ESCORT THIS PERCENTAGE WAS AROUND 38 THE YEARS BEFORE



Tickets are now being booked on line by the MNQ staff for the Hudson coast clients – this has facilitated a speedier service to our clients as they are able to return home faster and no longer have to wait for staff to be at work on the week days only.

### MNQ-GO

MNQ-GO, the software that we will use at MNQ is being implemented step by step. We expect everything will be up and running by the fall of 2016. This will enable us to provide more accurate data quickly and accurately. Communities on the Hudson Bay can view the data in MNQ-GO to check for appointments etc made by MNQ staff – Ungava coast should be able to use this software by the fall of 2016.

### HUMAN RESOURCES

There are 60 FT positions at MNQ – with 24 (40%) of these people being Inuit. We offered a variety of courses to our staff in first aid training, pre-retirement training and on addictions and dependencies. Our interpreters were enrolled with Dawson College for ongoing education on translations and some of the nurses were enrolled in an Indigenous Health Conference,

In 2015 we recruited 13 new staff members and there was 12 that resigned and 5 that retired.

MNQ hosted a luncheon reception to recognize the staff that was retiring and also the 7 staff members that were celebrating landmark years of service.

We need a recognition celebration of our employees for the many years of service including

Name

Deirdre Lafresnais

former Director of Ullivik

NAME	TITLE	YEARS OF SERVICE
1 CAROL HELENE	NURSE	15
2 MICHELLE D'ARNE	C. STRUTON	15
3 ROBERT LUC	RESPONSIBLE LIVING UNIT	15
4 BICHARA JAVOUSIA	RESPONSIBLE LIVING UNIT	15
5 GAUNAO JEANNE	INTERPRETER	20
6 JACK MIAORIE	NURSE	25
7 CRAIG ROSS	C. STRUTON	25



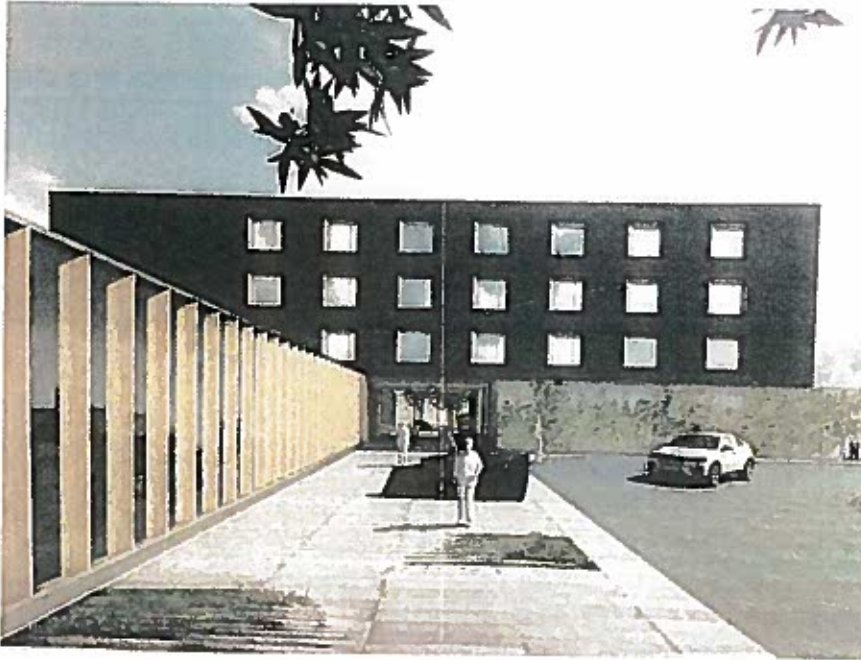
**ULLIVIK**

Ullivik is the name that was chosen for our new lodging facility which will open in Dorval in the late fall of 2016. The name Ullivik, which means: a place to stay or wait, was submitted during a contest to find a new name by Lizzie Putulik from Kangisuk and by Lydia Kauki from Quartaq.

After much negotiating with the MSSS, we finally went to tender to find a company that would build a facility according to our needs and rent it to us on a long term basis. On April 2, 2015 the contract was awarded to the lowest bidder, Mochelle, at a cost of \$14,261,771

Following the authorization to go ahead with the construction, a ground breaking ceremony was held on September 29, 2015 with representatives from the Nunavik Health network, Mochelle, and the City of Dorval Mayor Edgar Rouleau.

Regular meetings are held between our administration and Mochelle to assure that the construction is on target with the pre-established dates.



Maggie Putulik and the Executive Director of IHC met in the fall of 2015 with Dorval city officials to explain who we were and what our project was about. Mayor Roger Rouleau was very open and welcoming and we look forward to working closely with our new city partners. A meeting with the CLSC in Dorval is scheduled for the fall of 2016 to ensure services to our clients.

The MNQ (Ulliviq) under the leadership of Maggie Putulik, is reaching a very exciting point of time, as we prepare to enter into our own lodging facility in Dorval. We have all waited so long for this moment and it is finally insight!

Thank you to the administrators of the MNQ: Maggie Putulik, Marc Dion, Dany Lefebvre, Marie Pierre Bergeron, Isabelle Lemieux and Jeannie Tukkiapik – not only did they finish the year within their budget limits, but, they strive every day to try to make our clients as comfortable as possible while they are with us in Montreal.

*"If you want to go fast – go alone.*

*If you want to go far – go together"*



## USER'S COMMITTEE (ATURTIIT)

As we begin our second year in existence, our committee is now comprised of:

Johnny Angutiguluk – President/user  
Eva Weetalutuk - user  
Laly Irqumia- user  
Josi Nappattuk – Complaints Commissioner  
Jane Beaudoin – Exec Director  
Catherine Blouin RN – Risk Management

This year we continued setting up our services for the Hudson coast users. We planned our means to advertise our existence and to inform the population of our mandate and our vision. We created our own logo:



We developed a pamphlet that will be delivered to each household on the Hudson coast that will have a magnet attached to it, so that the magnet can be kept for handy reference to our new toll-free telephone line.

We discussed the possibility of having a questionnaire to determine user satisfaction with existing services.

We spent very little money last year – a total of \$1500 out of a budget of \$22,600 and finally we discussed possible Inuit names for our committee.

### GOALS:

- Distribute pamphlet
- Start-up of toll free number
- Create a questionnaire to evaluate users satisfaction.

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

## END OF LIFE CARE

This is a new addition to our annual report as it is now a mandatory component of each institution's report.

As written in article 8 of law 2:

*"Every institution must adopt a policy with respect to end-of-life care. The policy must be consistent with ministerial policy directions and be made known to the personnel of the institution, to the health and social services professionals who practise in the institution, and to end-of-life patients and their close relations."*

Presentations on this new law were made to the Council of Doctors, Dentists, Pharmacists and Midwives as well as to the Board of Directors in the spring of 2016. There were lengthy discussions at both presentations about this new law, but, the end result is that we are compelled to provide this service to our dying patients. We have always cared for dying patients in a humane way and will continue to offer palliative care to all users in need of this service, both in their homes and in the hospital.

As such, please find the following statistics on end of life care at IHC:

- Persons who received palliative care at home: 12
- Persons who received palliative care in the hospital: 2
- Palliative sedation and medical aid to die are both: 0