



Arctic cotton flower – Puvirnituq, Quebec

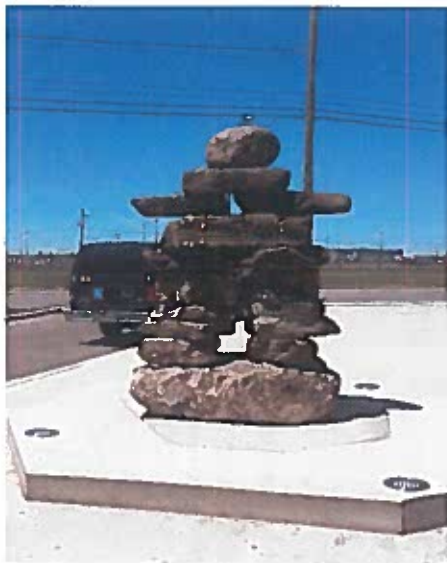
ANNUAL REPORT 2016-17

INUULITSIVIK HEALTH CENTRE

Jane Beaudoin
Executive Director

This past year was marked with some wonderful highs and some devastating lows. Despite a continued concerted effort from the Board of Directors and the Executive team, our suicide rate on the Hudson coast remains alarmingly high. Alcohol and drugs play a serious factor in these deaths and along with a high rate of absenteeism make this issue one that must be addressed by Inuit and our healthcare employees.

On a more positive note, our accomplishments were numerous and brought much joy to many. Our MNQ was given the new name of Ulliviq, meaning a place to stay, and our brand new building in Dorval was opened in December 2016. Nunavimmiut finally have their residence that they can call their own, one that has been adapted and decorated to reflect the Inuit culture and practices.



Inukshuk in front of Ulliviq



Qaqqiq in front of Ulliviq

All new furniture and equipment were purchased and Avataq did a wonderful job of decorating the premises. We have our own food services that provide healthy choices for meals in the cafeteria and a large country food room allows Inuit to bring and prepare food with them from the north. It was a common feeling that although we had waited a long time for this lodging facility in Montreal, it was well worth the wait!

We also opened a maternity house in Puvirnituq (ILAGIIT). An older hospital house was renovated into a three-bedroom house for pregnant women to stay at during their last month of pregnancy with their family. Each room has a bed for the mothers and other beds and cribs

for their other children. This house addressed a longstanding issue when these mothers had to leave their children behind in their villages. In the short time that it has been open, it is clearly a success and we are delighted to have made this effort to keep families together.

In September, we invited Mr. Camil Picard, president of the Commission of Rights for children, to meet with us in Puvirnituk. The objective of this invitation was to show Mr. Picard first-hand the realities of the north. We spent times with him presenting our youth protection services, their difficulties in recruiting reliable foster families, visiting foster families as well as presenting Inuit culture and Inuit traditions. Following a dinner reception at the hospital, we all went to the new Qarmaq in Puvirnituk and were entertained by throat singers and a most splendid display of northern lights. I am sure this was a visit that he will long remember and went a long way in helping him understand our problems and our reality.

We began the process of working with the Regional Board on our Strategic Regional Plan for the coming years under the guidance of Marcel Villeneuve as a consultant. A committee was formed of the three executive directors and the three chairmen of our region and together we discuss the priorities for the future.

During the last year, our strategic plan authorized us to hire 11.5 new positions representing \$1.8 million this year:

- 2 nurses based in Inukjuak and in Salluit;
- 2 human relation agent and a community worker for DYP;
- 2 social workers based in Inukjuak and Puvirnituk;
- 1 Suicide prevention agent in Salluit;
- 1 assistant technician for the pharmacy in Puvirnituk;
- 1 physio therapist and 1 technician in physiotherapy in Puvirnituk;
- 0.5 Dentist in Kuujjuaraapik.

All those positions except the dentist (which we are still waiting for RAMQ authorization) have already been filled.

A decision by the board of directors was made to turn the Group Home in Puvirnituk over to Tullattavik Health Centre so that, all of our rehab services for children would be under one direction. This transfer is scheduled to take place on April 1, 2018 and the details of this transfer are being studied now by the unions and the management of IHC.

Unfortunately, this past year we were faced with the death of two of our senior management employees, Mr. Gerald Garneau in September 2016 and Mr. Marc Désilets, our director of Finance in July 2017. These highly respected men contributed enormously to the smooth functioning of our institution and are missed tremendously by everyone. Our sympathies go out to their families from us all.



Gérald Garneau
Asst Executive Director



Marc Désilets
Director of Finance

Just as this year was finishing we hired a new Financial, Material and informational resources Director; Ms. Louise Nepveu. We were delighted to welcome her into our executive team with her extensive knowledge in Purchasing, Information Technology and Finance and look forward to the stability that she brings to these departments.

We also hired Ms. Chantale Laverdure as our Director of Youth Protection. Chantale had been working in this capacity as our interim director for over a year and we were excited to have her permanently join our team. Her innovative ideas about decentralising the leaders in Youth Protection and placing them in our other villages are very creative and are now able to support our workers in a more hands-on manner. The board of directors and I welcome these ladies to IHC and hope that they find much professional success and happiness amongst us.

Once again, I would like to acknowledge and thank the board of directors for their support and hard work for Inuulitsivik Health Centre. Aliva Tulugak, as Chairman, has shown leadership in solving many of our issues. The executive team consisting of Aliva Tulugak, Josepi Padlayat, Salamiva Weetaltuk and Louisa Usuarjuk are ready and willing to take the necessary decisions for the betterment of all.

Thanks go out to all of the board member from 2016-17:

Aliva Tulugak – *Puvirnituk*, Josepi Padlayat – *Salluit*, Salamiva Weetaltuk – *Kuujjuaraapik*, Louisa Usuarjuk – *Ivujivik*, Wilie Kumarluk – *Umiujaq*, Eva Weetaluktuk – *Inukjuak*, Jusipi Qaqutuq – *Akulivik*, Martin Girard RN – *employee rep*, Maina Beaulne – *employee rep*, Samuilli Qumaluk – *employee rep* – absent on sick leave, Gina Esperon -- *employee rep*, Sarah Beaulne – *KSB rep*, Markusi Anautak – *community rep Akulivik*, Johnny Angutiguluk – *Users Commitee* and Jane Beaudoin – *Executive Director – IHC*.

Last but certainly not least, my appreciation goes to the other members of the executive team: Mr. Lewis Lavoie – *Asst Executive Director*, Louise Nepveu – *Financial, Material and Informational Resources Director*, Linda Godin - *Director of Nursing*, Aani Tulugak – *Director of Community Services*, Chantale Laverdure – *Director Youth Protection*, Serge Provençal – *Director of Hospital Services* and Maggie Putulik – *Director of Ulliviq*. Without the daily commitments from these leaders, my work would be difficult and unfulfilling – together we are strong and can stand up to our problems, in a logical and efficient manner.

I trust that you will enjoy reading this annual report, if you would like to get further clarification about anything written, please feel free to contact me at: jane.beaudoin.csi@ssss.gouv.qc.ca or at 819-988-2957 ext 242.

Most sincerely,

Jane Beaudoin
July 2017

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DIRECTION OF FINANCIAL, MATERIAL AND INFORMATIONAL RESOURCES

Budget

Once again at our year end, we were audited by the firm of Raymond Chabot Grant Thornton and as it is seen in the document below we had a surplus of \$3,042,906 which represents about 2.5% of our total operating budget.

IHC total revenue is \$121,157,044 which represents an increase of \$13,408,859 compared to 2016. The expenses were \$112,255,097 which represents an increase of \$9,576,571 compared with the previous year.

INUULITSIVIK HEALTH CENTRE COMBINED STATEMENT OF REVENUE AND EXPENDITURE YEAR ENDED MARCH 31, 2017

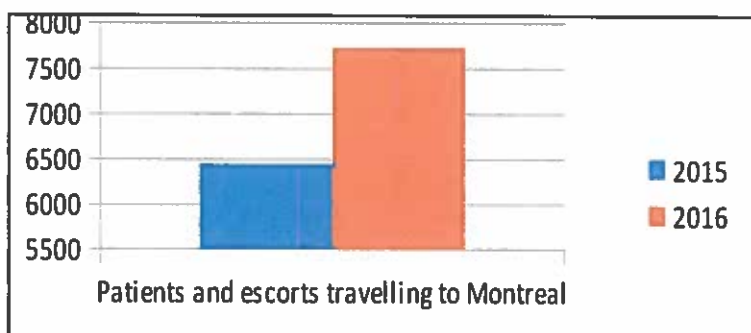
	Operating Fund 2017 \$	Long-term Assets Fund 2017 \$	Total 2017 \$	Total 2016 \$
REVENUE				
MSSS - Operations	74,670,085	-	74,670,085	69,441,550
NRBISS - INIHB	32,271,423	-	32,271,423	27,264,607
NRBISS - Additional contribution	5,587,223	-	5,587,223	6,231,275
MSSS - Grants - Repayment of bonds payable	-	3,330,079	3,330,079	3,472,939
MSSS - Grants - Repayment of temporary financing	-	2,401,447	2,401,447	34,273
MSSS - Grants - Adjustment accounting reform	-	(722,399)	(722,399)	(26,757)
Quebec Housing Corporation	700,297	-	700,297	(88,303)
Family allowances (Federal)	1,447,963	-	1,447,963	1,201,525
Other	207,405	1,263,521	1,470,926	197,076
	114,884,396	6,272,648	121,157,044	107,748,185
EXPENDITURE NET OF RECOVERIES (Appendix)				
General management	2,515,140	-	2,515,140	2,564,020
Professional services	7,316,258	-	7,316,258	6,978,590
Administrative and technical services	22,045,192	-	22,045,192	21,726,694
Nursing care services	23,282,728	-	23,282,728	22,170,558
Social services	9,881,579	-	9,881,579	8,481,399
Youth protection services	14,942,777	-	14,942,777	13,492,658
Insured and Non-Insured Health Benefits	32,271,423	-	32,271,423	27,264,607
	112,255,097	-	112,255,097	102,678,526
OTHER EXPENDITURE				
Interest on temporary financing - Fonds de financement	-	2,612,347	2,612,347	104,684
Amortization of capital assets	-	3,240,871	3,240,871	3,515,284
Loss on disposal of capital asset	-	5,823	5,823	-
	-	5,859,041	5,859,041	3,619,968
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURE	2,629,299	413,607	3,042,906	1,449,691

Cumulated surplus on March 31, 2017 is \$3,554,266.

**INUULITSIVIK HEALTH CENTRE
OPERATING FUND
STATEMENT OF CHANGES IN FUND BALANCE
YEAR ENDED MARCH 31, 2017**

	2017 \$	2016 \$
BALANCE – BEGINNING OF YEAR	2,134,649	565,445
Contribution to Long-term Assets Fund	(1,209,682)	-
Excess of revenue over expenditure (Note 10)	2,629,299	1,569,204
BALANCE – END OF YEAR	3,554,266	2,134,649

- The purchase of an X-ray machine that uses digital technology;
- Construction of isolation rooms in the CLSCs in Ivujivik and Umiujaq;
- Purchase of 2 trailers for employee offices in Ivujivik and Umiujaq so that we could build isolation rooms in the CLSCs;
- An increase of patients and escorts travelling to Montreal (+17.5%).



The auditors met with the Audit Committee to make several recommendations.

- ✓ Even though our collection of statistics has improved this past year, we need to continue our efforts so that we can reply accurately to the requests from the MSSS;
- ✓ We have accounts receivable for SANA expenses in the amount of \$53,639,839 – we must continue our efforts with the MSSS and the NRBHSS to collect this money that is due to us;

- ✓ We have debts that have not been confirmed- debts such as the interest on our loans, the money spent on the TB file which came to \$4,409,504. We must continue our efforts to collect this money that is due to us;
- ✓ The way that we awarded contracts was examined. Even though we did not always respect all the ministerial directives for public tenders, there was an improvement and we should continue these efforts;
- ✓ Our process of entering our payments in the ledger was examined and it was recommended that each entry be approved by a second person. We have already implemented this process;
- ✓ Our goal for 2017-18 is to implicate our managers more in following their budget and being accountable by training and providing better tools for analyzing budgets.

Information Technology (IT)

This year, our Information Technology team responded to 988 requests for help in the requisition system "Octopus" from our employees all along the Hudson coast. They also:

- Updated the connections in each village so that they could have a videoconference from any connection in their CLSC;
- Rewired the equipment in each village to improve communication between the IT department in Puvirnituk and the villages to be able to identify the location of an outage;
- Increased the storage capacity;
- Helped a supplier to install and configure access cards to our buildings;
- Worked together with the different departments so that during renovations an access to the internet would always work.

Technical services

This year the team from technical services responded to 3880 requests entered in Octopus.

		Time to resolve problem				Satisfaction
		2 hours critical	8 hours urgent	7 days normal	15 day Low priority	
¹ Request for service	1112	91.3%	95%	91.6%	89%	94%
² Incidents	2768	15.79%	52.8%	89.6%	86.3%	93%
TOTAL REQUESTS	3880					

¹ requests for service included request to install new equipment, moving and organising

² requests for incidents were repairs, modifications, adjustments to existing equipment

Some requests for service are still being received by phone but we continue to encourage everyone to enter their requests in Octopus. Despite a lack of specialists, our team offers an excellent support to our employees in all departments which are indicated in the satisfaction rate.

Several buildings and projects were carried out in Puvirnituk and in the villages:

- Complete renovation of house #280 in Puvirnituk into new maternity house;
- Creation of a physiotherapy room in hospital;
- Creation of a room for telehealth in hospital;
- Renovation of X-Ray room to accommodate new machine;
- Cleaning of all ducts and ventilation circuits in the hospital;
- Update of space for sterilisation in hospital;
- Construction of an isolation room in Umiujaq and Ivujivik;
- Renovation of several rooms in Umiujaq's CLSC;
- Complete renovation of several employee houses in the villages.



Outside view of isolation room in Umiujaq



Inside view of isolation room in Umiujaq



New physiotherapy room in Puvirnituk

Biomedical engineering

This year we acquired several new pieces of equipment that required putting it together, installation and training of our employees.

Our biggest achievement was the new X-ray room – even the technicians from Siemens that were present for the installation confirmed that it was one of the top radiology rooms in Quebec.

We also replaced:

- Anaesthesia machine in operating room;
- Biochemistry machine in the lab – this required lots of flexibility on our part as we had to relocate X-ray equipment in a temporary location to get the new machine in the regular room - bravo to all the teams that helped in this installation;
- 3 transport defibrillators; Model X replaced Model R units that were not adapted for airplane transport.

We purchased:

- Equipment for 5th doctor's examining room and telehealth room;
- Medication cart—patient care unit;
- Exam table cart Puvirnituk;
- Doppler;
- Freezer for laboratory;
- Centrifuge for blood bank;
- Sealer for operating room;
- Refrigerator Puvirnituk;
- Cast saw in Inukjuak.

Hygiene, Salubrity and Security

In December 2016, Mathieu Boki joined our management team at IHC. His experience, his enthusiasm and his knowledge of Inuktitut make him an excellent co-ordinator of this department. Since his arrival he has worked at establishing a team spirit with his Inuit employees in an effort to remedy the problems of absenteeism. He has made them aware of the importance of their work in the functioning of IHC.

Furthermore, he has:

- Elaborated a manual on the job description and responsibilities with the security agents;
- Checked and corrected all of the panic buttons in the hospital;
- Collaborated with the manager in the transit house in Puvirnituk to improve the services offered and assure that rules that the clients should follow, are respected;
- Put in place a pilot project to hire a certified security agent to cover the evening and night shifts in Puvirnituk and Akulivik.

Purchasing

In August 2016, Helene Marcoux joined our management team as Chief of Purchasing. Ms. Marcoux has worked in the health network for the past 20 years. She is also a Commissioner of Oath and was named by the Treasury Board, as secretary of this committee. Her presence on our management team is an important asset in public tenders etc.

This year:

- A collaborative summary with healthcare professionals was put in place;
- The sections were identified by the buyer so that the users knew who to talk to to get the fastest responses;
- Two employees from purchasing were sent to a master course on handling dangerous products transported by air and by sea;
- 12 calls for tender were made, 3 for products, 6 for services and 3 for construction;
- The team completed: 3748 direct purchases;
- 3403 direct purchases delivered;
- 5442 purchases delivered.

Many thanks to all of the managers and staff under the department of finance, supplies and IT, who strive so hard to provide a good service to IHC.

NURSING

The year 2016-17 had many nice successes and important challenges in the department of Nursing. This report highlights the important successes that we accomplished and the high quality of work that was done by our nursing teams, of which I am extremely proud. It shows also the numerous challenges that we faced, such as the important deficit that occurred in nursing as a result of the high number of agency nurses and the elevated number of escorts/shadows that we had to use.

Following several years of stability in our management team, we had a few managers who left the department of nursing to follow different challenges within our institution; Kevin Dulong (head of patient care unit, specialized services and sterilization), Catherine Blouin (Advisor to the direction of nursing) and Dominique Hamel (CLSCs and liaison Program Manager) all left their position this year. It is with a heavy heart that I see them leave and thank them for their commitment to their teams and to our users.

With these departures, we announce the arrival of new managers. Last November, I welcomed with great pleasure the appointment of Marie-Eve Gendron as the new Manager of our Patient Care Unit, Specialized Services. She has an extensive knowledge of IHC and of our users and is already showing to be an important asset to our team. As of March 31st, we are trying to recruit the right managers for the other two positions.

I thank all of our nurses who, as always, display their passion for their work and for our users. Working under sometimes difficult conditions, they are always ready and willing to help without any hesitation.

I anticipate that during 2017-18 our teams will be ready to meet the challenges in order to assure the best possible care for the users of IHC.

Linda Godin
Director of Nursing

HIGHLIGHTS

We have seen the end of the TB outbreak in Salluit. Despite a few isolated cases on our coast, situation remains stable at the end of this year.

We have seen a new case of syphilis after many years of no documented cases and it appears to be multiplying quickly.

Two important regional projects (endoscopy and regional priority access to specialized services) are underway. These two projects require important work and an action plan from our hospital to enable us to respect the norms of the MSSS.

Work on developing teaching programs in conjunction with the NRBHSS for our Inuit workers continues. A curriculum with the KSB (Kativik School Board) is being developed for Northern Attendants wanting to obtain their certification as a patient attendant. The first course will begin in 2018 in Puvirnituq. We hope that this training will open the doors for a model of training for future nurses and nursing assistants.

We have seen a huge increase in hospitalizations related to mental health issue that require the hiring of extra escorts on a daily basis. It is not uncommon to see 3-4, fourteen or older users, admitted at the same time with mental health problems. The absence of security on the nursing unit is concerning in that we cannot assure a safe environment for our employees.

For the first time in many years, we have welcomed five student nurses from the College in Chicoutimi College and their instructor for a rotation on our nursing unit. The success of this project and the numerous requests from other Colleges require that we put in place a selection process for future students.

The start of a program for nurse practitioners is stagnant as we wait for the implantation of a regional committee to oversee this initiative.

The implantation of the program i-CLSC is completed and we finally are able to obtain valuable and accurate statistics.

A competency profile has been developed for nurses that will serve to improve the evaluation of nursing care.

CLSC (Nursing stations)

The nursing care in our nursing stations continues to be given by teams of dedicated and competent nurses.

2016-17 is marked by the resignation of Dominique Hamel, Head of CLSCs, who has been in this position since 2010. Despite several job postings, we have had no applicants by March 31, 2017. An evaluation of this job description and its workload is in process to determine the optimal model that will allow a candidate to dedicate the necessary time to the clinical mandate, such as evaluating the quality of nursing care and the development of services to better respond to the user's needs.

HIGHLIGHTS

Security for our staff is of utmost concern and we have had many discussions with the executive management.

At the request of the Board of Director, to not use the community radio to contact clients, we have developed a form to be filled by all users, to identify how we should contact them. This has proven a huge challenge!

The campaign "*YOU DON'T SHOW, YOU DON'T GO*" was started to inform the users that their medicare RAMQ cards must be valid in order to make an appointment for them with any specialists, both in the south and in the north.

Difficulty in recruiting nurses persists. The combination of clinical experience, maturity and knowledge of the English language makes the pool of eligible nurses very constrained.

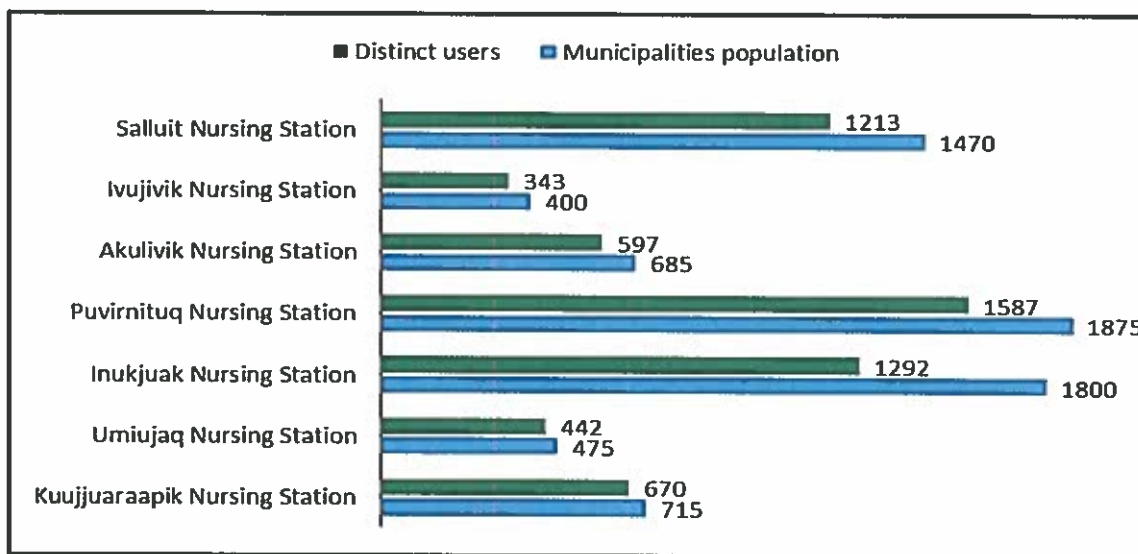
We started a program of administering *Synagis* (medicine) to try and decrease the incidence and the gravity of the syncitial respiratory virus (VRS) in infants less than 3 months of age.

Nomination of a permanent Assistant Head Nurse in the CLSCs in Salluit, Ivujivik and Umiujaq.

Major renovations in Ivujivik and Umiujaq were done to create an isolation room in their CLSCs.

Statistics

2016-17 has been our best year so far for the collection of statistics as we have implemented the computer program i-CLSC. Although we have had to make several adjustments we are clearly on the right path.



* THIS GRAPH SHOWS THE NUMBER OF CLIENTS THAT VISITED THE NURSING STATION AT LEAST ONCE THIS YEAR COMPARED TO THE POPULATION OF THE VILLAGE

Eighty three percent (83%) of the population consulted the nursing station in 2016-17, showing the high usage of health services by Nunavimmiut. Concerning the number of interventions performed, that number is 24,313 interventions. We see a significant drop in this number from the previous years, as the new computer program will not allow the entry of more than 3 interventions per user per visit. It is common for the nurses to perform more than 3 interventions during a visit because of the nature of the work that they perform in taking care of the global needs of each user.

LIAISON SERVICES

This service arranges medical appointments for our clients in the south and is the “go-between” the south and the north. The liaison staff is responsible for discussions and meetings with the NRBHSS as part of the APSS (Priority Access for Specialized Services) as well as developing telehealth in Nunavik.

HIGHLIGHTS

The new room for telehealth consultations has been created in the hospital. This room will allow us to optimise consultations with specialists in the south as well as between villages in the north.

A new liaison nurse was added to staff in Inukjuak – relieving these duties from the nurse in charge. Due to a serious lack of space these two nurses have to share the same office space.

The position in Puvirnituk was finally filled following the retirement of the nurse that had been in this position for many years, thus bringing a stability of care to the users and the staff.

We have authorisation to fill this position in Salluit but are still missing a house and office space for this employee, so it remains empty.

Communication with Ullivik is often chaotic with missing of sending information and sometimes having to resend the information altogether.

We are waiting to install “Ullivik-Go” in Puvirnituk – the program that will allow us to better manage and follow appointments in the south. Until it is installed, our wait lists remain difficult to manage.

Statistics

The program i-CLSC is not capturing accurately the statistics for the liaison service. It tells us that only 127 users were met by the liaison nurses in Puvirnituk and Inukjuak. This is clearly an error and we must look at how to correct this error.

It is difficult to increase the number of times we perform telehealth consults due to lack of staff and resources. The regional committee requested that there be a full time nurse and an administrative agent in each hospital – this was refused. The same request will be submitted in the Strategic Regional Plan 2017-18.

SPECIALIZED SERVICES

This team offers surgical services in Puvirnituq and consult services in the other villages. Several changes were made with the nursing team, notably the hiring of a nurse instrumentalist.

HIGHLIGHTS

The departure of our regular anaesthesiologist left an important void in our services and it has been difficult to replace this position. Despite these difficulties and the need to cancel 3 weeks of surgery because of a broken generator, we were able to do 19 weeks of surgery under general anaesthesia. We are currently in talks with McGill to find a replacement anaesthesiologist to assure continuity in our services.

The first visit planned in the north by a paediatric ophthalmologist required the purchasing of specialized equipment. However, the specialist cancelled her visit. A new date has been fixed for 2017.

Following a break in internal medicine services for several years since 2014, we had an internal medicine specialist come to the north and re-establish contact and follow-ups with our users. The return to work of our ENT (ear-nose-throat) specialist, following her maternity leave, should allow us to reduce this waiting list by 15% next year.

The problem with users not arriving for their appointments with specialists remains the same as last year. We have established a new policy to try and improve this “no show” rate by 15% that will begin next year. Discussions between IHC, the Regional Board, the MSSS and McGill continue in an effort to provide services to our users that have been waiting for several years for total joint replacements.

Numbers of surgeries and procedures performed at the IHC

SPECIALITY	2013-2014	2014-2015	2015-2016	2016-2017
ADULT ORTHOPAEDICS	0	18	12	16
EAR-NOSE-THROAT	78	65	39	63
ENDOSCOPY	230	245	213	156
GYNAECOLOGY: SURGERY	2	16	21	20
GYNAECOLOGY: COLPOSCOPY	73	91	60	47
DENTAL SURGERY	172	246	285	184
PLASTIC SURGERY	0	0	18	15
GENERAL SURGERY	49	0	63	23
LARYNGOSCOPY	66	20	47	97
TOTAL	670	701	758	621

Users seen by speciality

Speciality	2013-14	2014-15	2015-16	2016-17
Pain Clinic	3	2	3	1
Adult orthopaedics	0	149	57	129
ENT (Ear-Nose-Throat)	676	248	399	649
Psychiatry	217	320	352	271
Gastroenterology	420	538	471	347
Gynaecology	218	307	242	203
Paediatric cardiology	114	73	138	104
Adult cardiology	108	110	104	125
Dental surgery	172	266	285	182
Internal medicine	34	0	0	32
Paediatrics	497	1084	282	569
Rheumatology	42	72	48	41
Ophthalmology	110	124	165	173
Optometry	855	924	728	984
Paediatric psychiatry	150	290	146	139
Pneumatology	87	74	78	86
Plastic surgery	0	0	77	81
General surgery	94	114	182	116
EEG	19	18	8	9
Orthodontics	585	57	60	636
Retinopathy	107	87	91	104
TOTAL	4508	5199	4458	4981

MEDICAL DEVICES REPROCESSING UNIT (STERILIZATION)

This unit offers sterilization services to all of the hospital in Puvirnituq – sterilization in the villages is done by the Northern Attendants. These attendants receive training from the certified technician in POV.

HIGHLIGHTS

Our full time technician resigned in the fall of 2016 and was replaced by people on the recall list. It was decided in November 2016 to replace this position during vacations so as to provide a continuity of quality service.

The discovery of a problematic process in our unit in POV and also in the CLSCs happened in 2016-17. This led to changes and the start of a regional project to improve the sterilization processes for both of the health centres (IHC and Tulattavik).

PATIENT CARE UNIT

This unit has:

- 15 acute care beds, both for general and specialized care, of which 3 are negative pressure rooms designed for users on isolation for control and prevention of infectious diseases;
- 8 beds for long term care;
- 1 room for isolation of users that pose a threat to themselves or others;
- 1 emergency room which is shared by the nursing care unit and the CLSC.

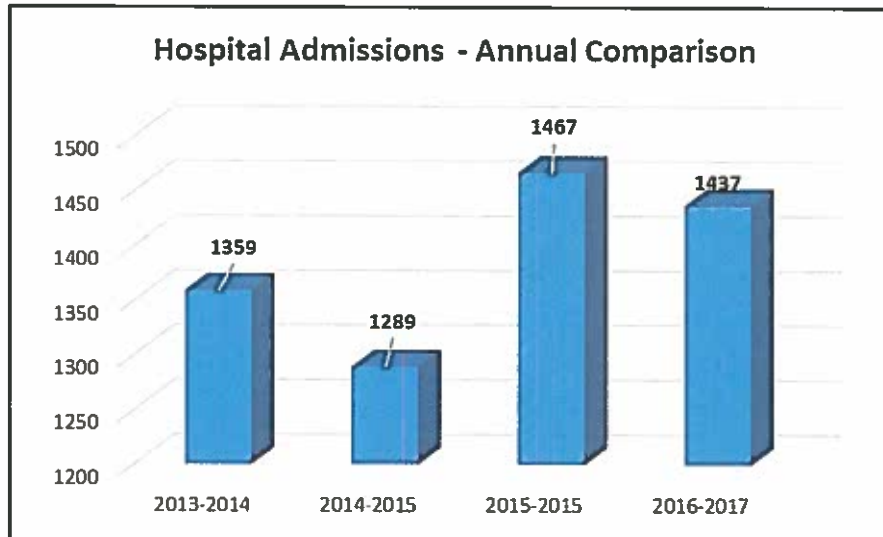
Important events in 2016-17

The renovations of the emergency room began in February 2017 and were delayed due to modifications to the project at the last minute – it will be finished only in the summer of 2017. During these renovations, the emergency room was moved into a patient care room thus diminishing the number of active beds available by two (2).

This past year was marked by an important increase in the number of hospitalizations for mental health issues. The need for paid escorts and shadows was so large that it put our budget into a deficit situation. The continued need for training in mental health for our nurses is now a priority.

The long standing problem of absenteeism amongst our Inuit staff persisted all of this year and required hiring of replacements from the south.

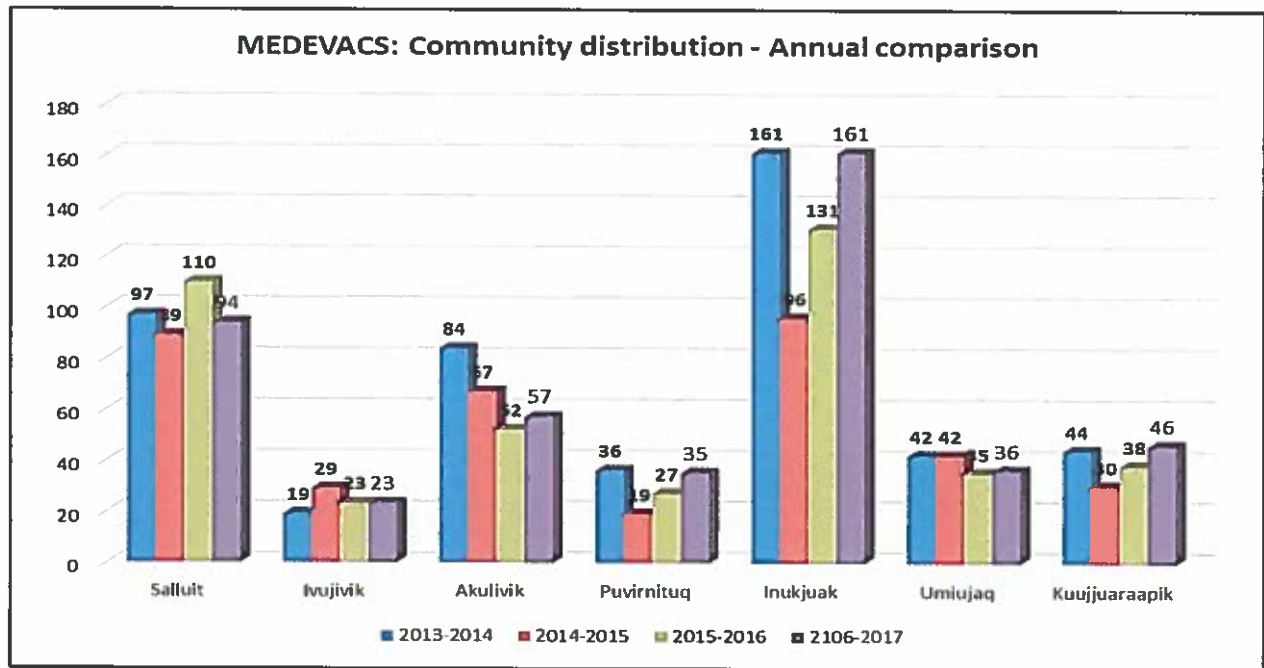
Despite a decrease in admissions this year, the admissions pertaining to mental health issues went from 127 admissions in 2015-16 to 224 admissions in 2016-17, an increase of 76%.



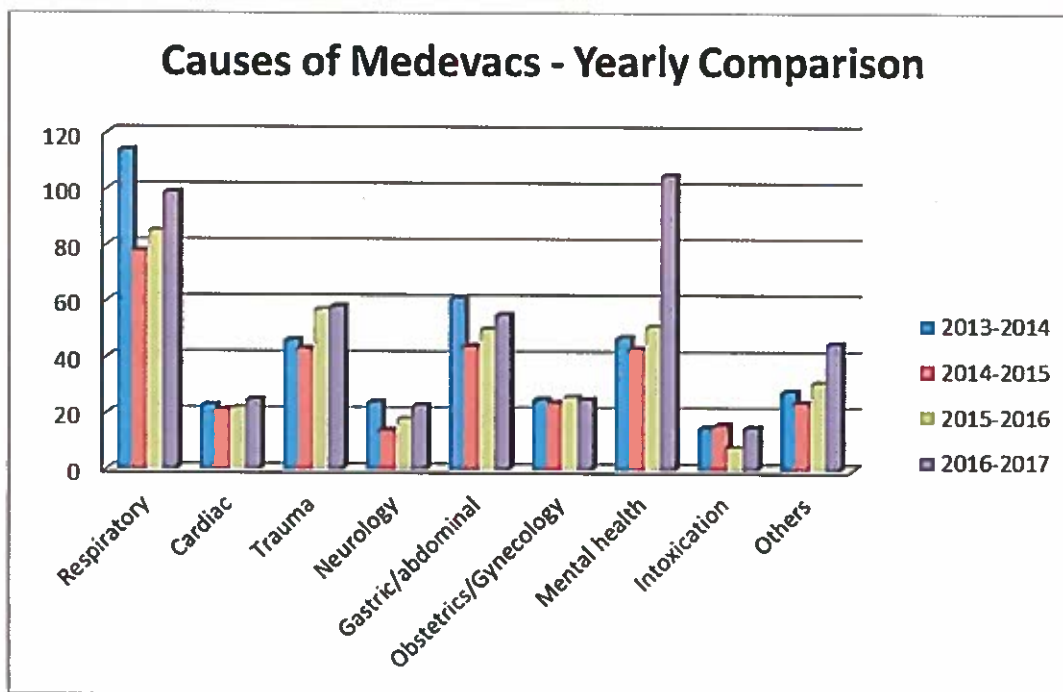
MEDEVACS

The previous year we had 416 medevacs, however this year we had 452 medevacs, which represent an increase of 9%.

To note, the graphs below do not take into consideration the evacuations by Challenger other than those from Puvirnituk and Kuujjuaraapik's. Those are the same users considered in the data. We had a total of 134 users transferred to the south with EVAC services (Challenger).



For the first time, mental health cases surpassed patients with respiratory issues as the main cause for medical evacuation – next was trauma followed by gastric/abdominal problems.



PROGRAM FOR PERSONS WITH LOSS OF AUTONOMY (PLA)

This program provides homecare services by nurses and family social aid workers in 4 of our 7 villages. They offer nursing care and general help in the person's homes. We also have a physical rehabilitation technician that is part of this program and helps these clients to maintain the level of activity that they enable them to stay home.

Palliative care is also offered in the person's home if the family is also able to be involved in their care. Visits are done in the client's home as often as necessary according to their state of health. Further training for our PLA nursing teams in palliative care will be a priority next year.

Our client base is mostly clients that are over 65 years of age, suffering from chronic respiratory problems, trouble with getting around, dementia, mentally challenged and /or cancer or any other condition that causes a loss of autonomy.

Each village is different and some require more nursing time than others, as is the case in Inukjuak, where we had to increase the number of hours of care provided this year.

HIGHLIGHTS

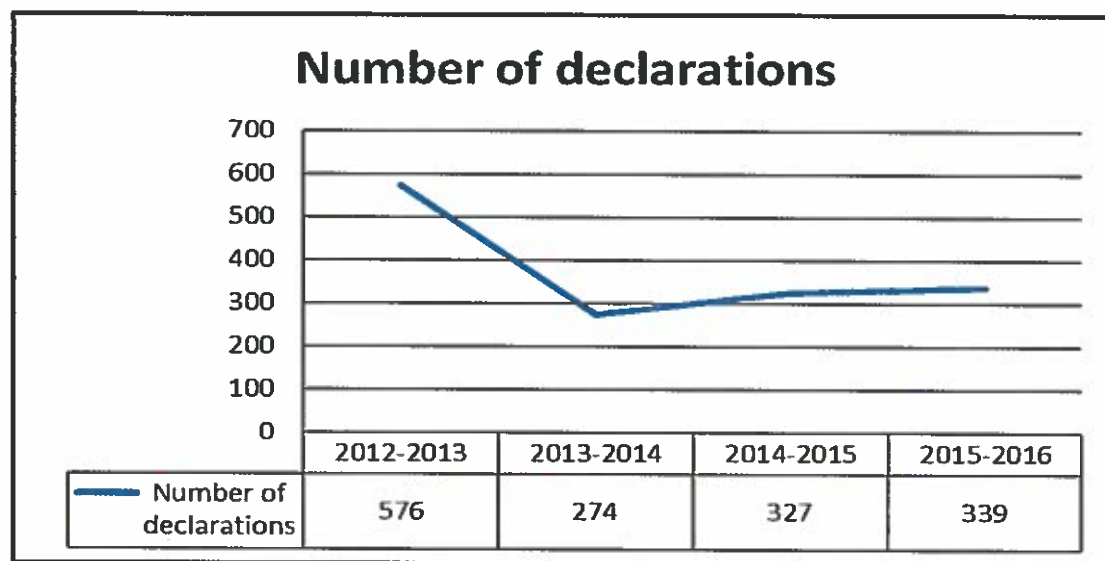
This federally funded program saw some changes this year. The nurse position in Kuujjuaraapik was closed and transferred to Inukjuak as a travelling PLA nurse position. A new combined position of PLA / community health was created in Kuujjuaraapik. Training was offered to 12 of our family social aid workers in "transferring safely a patient" and "principles in housekeeping" for a total of 12 hours each.

The travelling PLA nurse, based in Inukjuak, was able to respond to a growing need in Inukjuak for home care services. Users that are 65 and over are growing in all of our villages and this is a trend that is likely to continue in the years to come. The following table illustrates the distribution of PLA clients in the communities where the services are available.

COMMUNITY	NUMBER OF ACTIVE CLIENTS
Salluit	14
Puvirnituq	25
Inukjuak	26
Kuujjuarapik	3
TOTAL	68

RISK MANAGEMENT

There was a small increase in the number of incident reports filed that can probably be explained by an increased awareness of the process of Risk Management.



The nursing care areas remain the centres with the largest amount of declarations, which is understandable as it is where the most user contact is done. The nursing unit reported a decrease of 16% while the dispensaries reported an increase of 18% of the incidents this year – no area was identified as a major cause of reports.

Medication errors remain the number #1 area of concern and patient falls remains #2. Again this year, the long term care area had the largest reported falls. We can see a decrease of 56% in the number of patient falls, a huge improvement following the start of the program for fall prevention. Bravo to the nursing teams.

The next table shows the incidents by a code indicating the severity of the incident. The pertinence of comparing the gravity of the incidents serves in evaluating efficiency of the risk management program. We are targeting a majority of the incidents that would fall in class A and B.

INCIDENTS BY SEVERITY	2010 2011	2011 2012	2012 2013	2013 2014	2014 2015	2015 2016	2016 2017
A At risk situation	1%	8%	32%	22%	21%	7%	14%
B Near miss	15%	25%	20%	19%	17%	14%	27%
C Error, omissions without consequences	40%	36%	22%	24%	21%	38%	31%
D Concerns for consequences requiring monitoring	19%	13%	5%	6%	13%	27%	18%
E1 Temporary consequences that required treatment	13%	12%	1%	4%	6%	5%	4%
E2 Temporary consequences that required specialized treatment	12%	5%	0%	0%	0.6%	0,5%	0,5%
F Temporary consequences that required specialized treatment and hospitalization	0%	1%	0%	0%	0.4%	0,5%	1%
G Permanent consequences	0%	0%	0%	0%	0%	0%	0%
H Required intervention to save a life	0%	0%	0%	0%	0%	0%	0%
I Contributed or caused death	0%	0%	0%	0%	0%	0%	0%
Undetermined	0%	0%	20%	25%	21%	8%	5%

An improvement is noted over last year. We see again that Class C represents the majority of the incidents, but Class D has decreased and Class B has increased – all good news.

Class E2 (1 incident): a perfusion of mucomyst infused too quickly – we had to do extra lab tests.

Class F – (2 incidents):

One was a surgery performed on the wrong side – patient required a second surgery.

One perfusion of mucomyst was not started as prescribed – the patient had to have further tests which prolonged his stay in hospital.

PREVENTION AND CONTROL OF INFECTIONS:

At the beginning of this fiscal year, we were delighted to welcome an experienced nurse to manage infection prevention and control. She immediately attacked our many files with an emphasis on developing procedures and protocols.

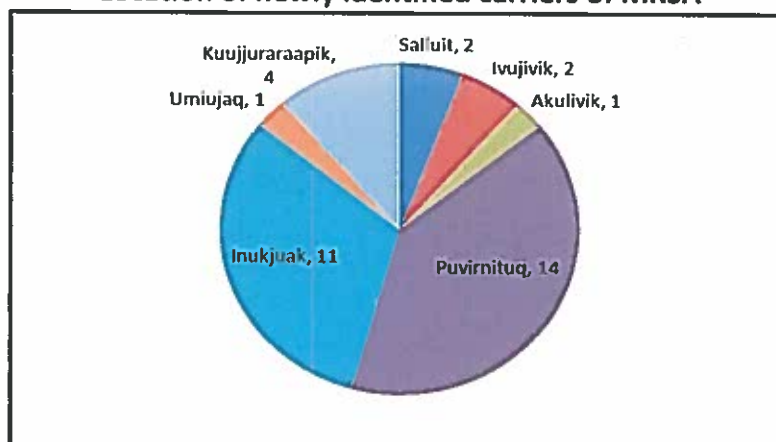
Her departure on maternity leave in February 2017 resulted in a halt of all of her work and despite numerous postings this position remains vacant at the end of this fiscal year.

One of the great accomplishments that we saw this year was the removal of 63 users from our list of MRSA (Methicilline resistant staph aureus) positive users. With collaboration from the CLSC nurses and the users, we were able to do the necessary testing to declare them negative for MRSA. This process is continuing and will be a priority when we are able to recruit a new nurse advisor.

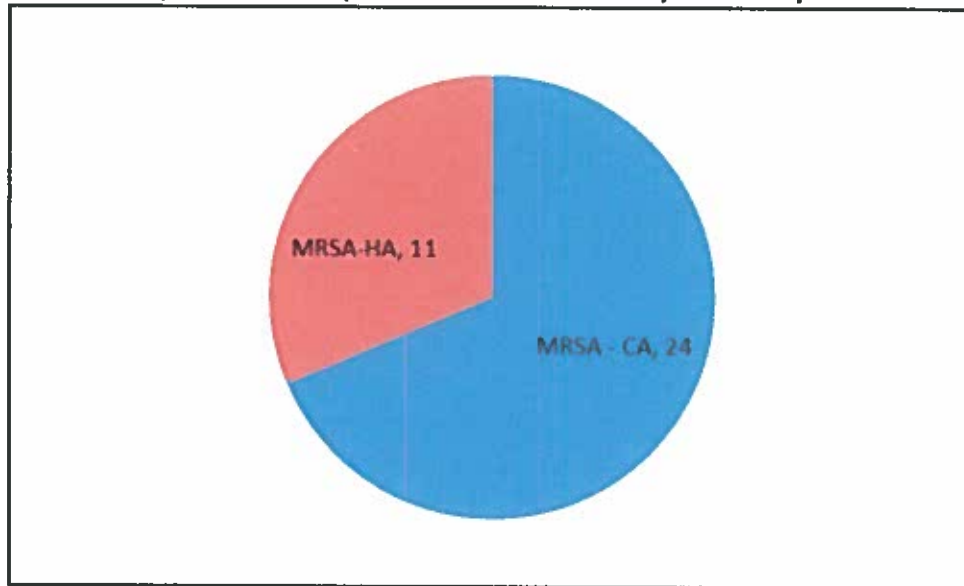
A new class of bacteria appeared in hospitals in the south and is called Gram Negative Producers of Carbapenemases or BGNPC. This bacteria carries a high mortality rate and has the ability to transmit its resistance to antibiotics very quickly. A protocol for these bacteria was started at IHC but there remains further work to be done to provide the necessary testing of our users.

MRSA is a multi-resistant bacteria that is very common in Quebec. Our users have a higher level of community acquired MRSA than in southern places that have a much higher rate of hospital acquired MRSA. Several users in Puvirnituk have recently been identified as carriers of this bacteria in 2016-17.

Location of newly identified carriers of MRSA



Number of hospital users acquired versus community users acquired with MRSA



PUBLIC HEALTH

Public health Dept. from the NRBHSS has given us a second position to develop and implement a local action plan for public health issues. This manager is actively being recruited now.

The collaborative work between the Regional Board, Tulattavik and us is continuing in developing a 'tool box' for the staff in managing TB.

There have been no new cases of TB reported in Salluit since last year, showing the positive results of our mass screening!

We see an increase in diseases spread through blood and through sexual contact. We have seen also this year, new cases of syphilis, requiring team work to prioritize efforts to control these diseases.

With a regional program, we began injecting babies 3 months old and less with an immunoglobulin called Synagis. This program was put in place in an effort to reduce the number of complications related to the syncytial respiratory virus, repeated hospitalizations and transfers to Montreal of very sick, intubated babies. In collaboration with the National Institute of Public Health of Quebec, we are in the process of evaluating the efficiency of this program.

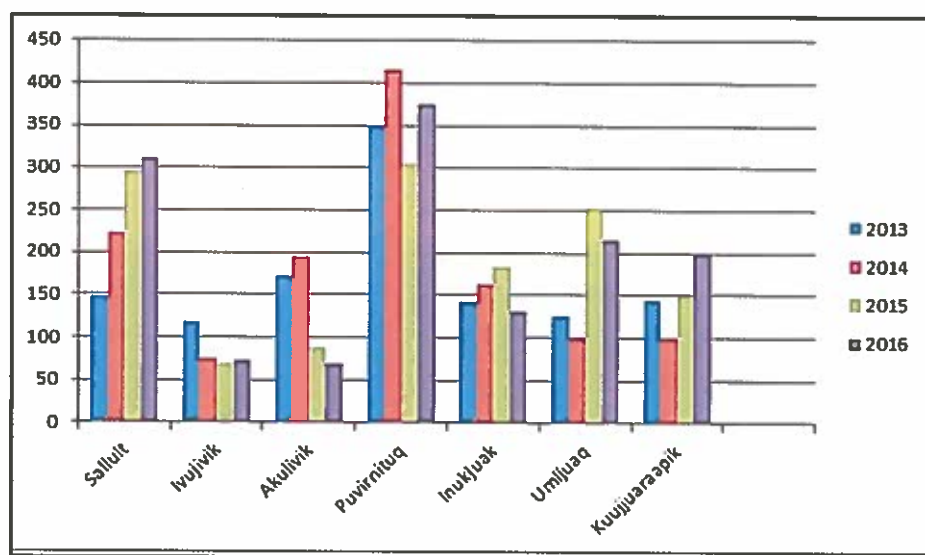
COMMUNITY HEALTH

The Community Health programs are now established in 4 of our 7 communities. The needs for community health are great and the teams work with a sense of passion and energy to meet the regional and local goals for the following programs:

- ✓ Maternal and Child health programs
- ✓ Support to young parents
- ✓ Canadian Prenatal Nutrition Program (PCNP)
- ✓ Sexual Health
- ✓ Student Health
- ✓ Elders Health
- ✓ Tobacco
- ✓ Vaccination
- ✓ Char Program (distribution of fish to pregnant women)

Important events in 2016-17

The flu vaccination program is getting larger every year – from 992 people vaccinated in 2012 to 1386 in 2016 – a great success!



Relay for Life, under the leadership of the community health nurse in Puvirnituq was a great success in June 2016 and amassed \$40,000 for the Canadian Cancer Society.

After School Healthy Challenge that was started in Salluit was held in the Youth House and promoted healthy lifestyles. This year they had 20 different workshops compared to 9 the previous year and the level of participation was evident with the high turnout rate.

In Salluit there was **teaching and help purchasing healthy foods** – baskets of nutritious were distributed to those in need and the staff visited these homes to cook with the families.

Yoga courses in Inukjuak.

Soup Kitchen in Inukjuak – much effort went into this program. The community health nurse actively sought funds to run this program to nourish several families who were living with food insecurity.

Children visits in Inukjuak – this year the physicians went to the SIPPE House to see and examine children – apparently these mothers went to the SIPPE House but did not go for their appointments at the CLSC – so the MDs went to them – Great initiative with great results!

Post-partum visits at client's house.

Baby celebrations for new mothers and their babies also permitted the staff to offer a workshop on “self-esteem to new mothers”.

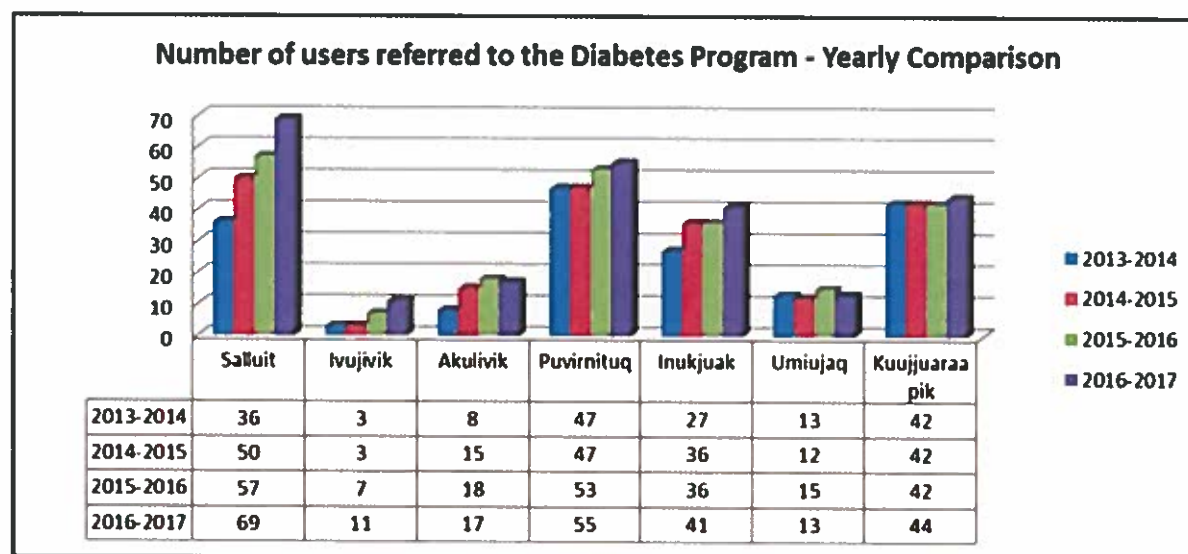
151 out of 201 pregnant women took advantage of the **char program** during their pregnancy.

The community health teams will work hard next year to try and entice more men into these programs, as they are essential partners in the health and well-being of children and are at a greater risk of suicide.

PREVENTION AND MANAGEMENT OF DIABETES

In 2016-17, after numerous years of valued service, the diabetes nurse, Minnie Akparook, retired – she will be missed by many. Simon Rioux was hired to replace her.

The number of users that are referred to this program continues to rise with an increase of 10% this year over the previous year. It is apparent that the changes in lifestyles of Inuit contribute to the development of chronic diseases that were virtually non-existent in previous years.



In addition to following the diabetic clients that are referred to this program, the nurse works also on prevention and healthy life style programs in collaboration with different partners, such as the NRBHSS, both inside and outside of our network.

Here is a list of activities this year:

- ✓ Cooking workshops
- ✓ Education programs on the radio
- ✓ Education booths in the grocery stores
- ✓ Education about nutrition in the children's day camps
- ✓ Teaching to the midwives and the nurses
- ✓ Work with the Community Health teams and the Community Wellness workers
- ✓ Conference on Healthy Lifestyles

Screening for retinopathy for diabetic patients is again offered this year.

	Diabetic patients	number of patients evaluated for retinopathy			
		2013	2014	2015	2016
Salluit	69 (57)	23	0	0	39
Ivujivik	11 (7)	1	3	0	-
Akulivik	17 (18)	7	15	0	-
Puvirnituk	55 (53)	25	22	35	19
Inukjuak	41 (36)	20	17	26	17
Umiujaq	13 (15)	13	9	0	10
Kuujuaraapik	44 (42)	17	26	30	19
TOTAL	250 (228)	106	92	91	104

*Numbers in () indicate the numbers of users documented for 2015-2016

MENTAL HEALTH PROGRAM

When complete the mental health team will have a nurse clinician, a social worker, a community worker and a psychologist.

We were able to recruit a nurse clinician and a social worker in 2016. Their first mandate was to meet with the different partners, both inside and outside of IHC, to determine the needs, develop teaching plans to educate the first line workers and start a mental health program amongst the second line teams.

By the end of this fiscal year, the team had also developed a program to follow users with mental health issues that necessitated a higher level of care than they receive now. This follow up will be done in the community and will hopefully eliminate the need for hospitalizations. We are optimistic about stating this program next year and adapting it to our reality in the north.

Several teaching sessions were organized and presented to the community workers, educators from the Crisis Center, social workers and our nurses. These included:

- Management of crisis
- Utilization of isolation rooms and restraints
- Evaluation of mental health status
- Pharmacotherapy

The purpose of these teachings was also to de-mystify mental health and promote a better approach to these clients.

In March 2017, the social worker of this team resigned, delaying again the posting of the community worker position. As the social worker would work closely with the community worker and would actually mentor this worker, we have to wait to get another social worker before hiring a community worker. The applications that we have had for this position have been disappointing as either the candidate's English was not strong enough or they did not want to work full time.

No statistics are being collected yet. The Regional Board is working on a database about suicides in Nunavik. On March 31st, 2017, this info was not available yet.

DIRECTION OF NURSING BUDGET

The Department of Nursing has finished the year with a deficit of **(\$207,283)**.

EXPENSES	BUDGET	EXPENSES	DIFFERENCE
SALARIES	\$ 18,486,919	\$ 19,141,247	(\$654,328)
SUPPLIES	\$ 194,500	\$ 218,772	(\$24,272)
EQUIPMENT	\$ 2,883,192	\$ 534,163	(\$650,971)
TOTAL	\$ 21,564,611	\$ 22,894,184	(\$1,329,572)

Deficit	(\$1,329,572)
NRBHSSS Reimbursements not received	\$691,482
Recovery amount	<u>\$430,807</u>
Net Deficit	(\$207,283)

The following table shows the details of money spent on agency nurses and escorts for our users. As you can see there is a large deficit in this area.

AGENCY + ESCORTS	BUDGET	EXPENSES	DIFFERENCE
AGENCY NURSES	\$ 925,170	\$ 1,648,501	(\$723,331)
ESCORTS	\$ 156,417	\$ 271,266	(\$114,849)
TOTAL	\$ 1 081,587	\$ 1,919,767	(\$838,180)

Unscheduled departures, difficulty in recruiting and increase in number of admissions of patients with mental health problems all contributed to this deficit.

GOALS 2017-18

- Begin training of northern attendants to become certified patient attendants – courses offered by Regional Board in conjunction with KSB (Kativik School Board);
- Continue training of northern attendants in nursing stations in order to improve their knowledge;
- Improve access to services by revising open clinic hours in the nursing stations;
- Start using the tools created to evaluate nurse's competencies;
- Hire nurse practitioners in Akulivik and Kuujjuaraapik;
- Maintain a balanced budget for 2017-18.

DIRECTION OF PROFESSIONAL AND HOSPITAL SERVICES

The direction of professional and hospital services experienced a few changes over the fiscal year within their team: the part time director of professional services Amélie Desjardins Tessier completed her first year in august 2016 and then resigned. Her motivation and clinical insight as well as her pragmatic management style had a positive and appreciated impact on IHC's clinical services and beyond. Her experience with us showed the importance of a medical director within the health centre's management.

The team welcomed a new administrative agent as a temporary surplus in November 2016, to support the CPDPM (Council of physicians, dentists, pharmacists and midwives), and the medicine and dentistry departments. Suzie Moreau has since then become part of the smoother functioning of their related activities.

Objectives of the direction:

- Stabilize and increase the administrative support offered to the employees and their activities;
- Improve the direction's management and leadership throughout the services;
- To develop the local physical rehabilitation services after having set up the physiotherapy room now;
- Have a new Director of Professional Services;
- Develop quality of care improvement mechanisms;
- Develop an increasing involvement and collaboration with the specialists doctors;
- Telehealth: create a local committee to create a common action plan.

CPDPM

The Council of Physicians, Dentists, Pharmacists and Midwives held their elections for the fiscal year and Dr Viviane Camirand was elected president alongside other members of the executive committee.

HIGHLIGHTS

- Protocol named « Sédation procédurale »;
- Procedure named « Constat de décès par l'infirmier(ère) »;
- Document « Valeurs critiques de laboratoire »;
- Protocols named «Héparine IV - SCA», «Héparine IV - Embolie pulmonaire ou thrombophlébite profonde», «Thrombolyse syndrome coronarien aigu - Tecnecteplase (TNKase™)»;
- Request sheet for H.pylori detection;
- Document «Rules for Québec Health Record»;
- Protocol named «Thromboprophylaxis».

Important subjects discussed and resolutions from the council

- Therapeutic guide: 2 new doctors took on the work of reviewing and implementing new collective orders. The musculoskeletal chapter has been under revision;
- Sexually transmitted infections (STI): The STI outbreak in Nunavik is getting increasingly worse despite current efforts of treatment and prevention. Recently, new syphilitic infections occurred in Puvirnituk and IHC, in conjunction with Public Health, doubled its efforts to contain this serious STI which can be very dangerous especially for unborn babies if a pregnant woman catches this infection during her pregnancy;
- PNC (Peri-natal) sub-committee: recommended a guideline on PROM (premature rupture of membranes, and preterm one) approved;
- Medical records: after suggestion from department of medicine and midwifery a new abbreviation list for the summary sheet at the department was approved by CPDPM;
- Department at Puvirnituk Hospital: CPDPM made a motion to encourage all professionals to develop alternative means of resolution of crisis in patients who present themselves agitated, in distress, sometimes aggressive and representing any level of danger, in order to avoid as much as possible the use of contention and isolation in IHC. Many will be involved in finding tools and ways to better handle these situations;

- Law concerning end-of-life care: The CPDPM recommended the approval of protocols concerning End-of-Life Care, including continuous palliative sedation, medical aid in dying and also, the recognition of advance medical directives as ordered by provincial government Law 2. Considering the lack of resources in the villages, the council also recommended to the board to organize services in order to offer equal access to palliative care to all patients who may need or wish for it;
- Inukjuak community kitchen: CMDPM supports the work of the community kitchen and emergency food freezer at the nursing station and we encourage the Direction of Inuulitsivik Health Center to give financial support to this program to better the lives of those in the community;
- Suicides rise in Salluit: the council discussed the different apparent sources and how the staff can get organized in these circumstances, and support local initiatives in that sense;
- Wi-Fi in CLSCs and transits: a motion was made and discussed in order to support the professionals work and stay in smaller villages with access to Wi-Fi.

DEPARTMENT OF MEDICINE

The department of medicine made a few strategic changes this year and assured the services as usual:

- Introduction of a chief-assistant: Sébastien Lynch, for continuous management;
- Recruitment activities: Career days in Montreal;
- Hiring: 2 new doctors were introduced in Puvirnituq and Inukjuak; to be expected in 2017 are, one more full time doctor in Puvirnituq, and in Inukjuak, one part-time addition in Inukjuak;
- A 6th doctor's position is allocated to Puvirnituq but the lack of housing and office space makes it impossible to open right now. Salluit and Inukjuak needs are prioritised at this time;
- Moonlighting allocation: the number of weeks allocated to replacement doctors have decreased as in the past years, making it a greater challenge to cover the needs. The department maximizes its capacity considering these multiple variables;
- Education program: the internships are still as popular amongst the medical trainees. Active impact on care and services provision;
- Response to Syphilis alert, Respiratory Syncytial Virus prevention campaign, TB monitoring, H. Pylori management procedures;

- APSS: prioritized access to specialized services program by the MSSS, demanded the department's implication, application of measures and procedures to use the mainstream access to appointments in the south for Nunavimmiut;
- Constant participation in all of the sub-committees of the CPDPM, as well as clinically related committees of the hospital and the regional board;
- Participation in hiring of new specialists;
- External representation: Nunavimmiut future's fair in Puvirnituq, Nordic Conference organized by some of the doctors and regrouping many professionals from Nunavut and Nunavik.

Objectives:

- Find a Director of Professional Services;
- Support the implementation of the chief-assistant role;
- Continue working towards the stability of coverage on the coast;
- Support the development of services at Inuulitsivik Health Center.

DEPARTMENT OF DENTISTRY AND DENTAL HYGIENE PROGRAM

Dentistry department

The team stayed the same over the year. Many issues related to the lack of permanent dentist in Puvirnituq were experienced. The objective is to hire one more dentist and to reorganize the presences over the coast to allocate enough presence in all villages. The dental assistants' absenteeism has been a problem in Puvirnituq as well, while being relatively stable in the others. One objective is to better the role of the assistants especially in the bigger villages where they are 1 full time and one part-time, in order to make the functioning more efficient, and reach more patients for the dentists, the hygienists, the orthodontist, the denturologist, provision of care.

HIGHLIGHTS

The health center has formally requested to the MSSS one more dentist position and a full time presence for Inuit in Kuujjuaraapik instead of half-time. The positive answers are expected sometime soon, and will allow a better coverage of Kuujjuaraapik community and administrative hours for the chief of department.

Summary of activities

- 14 weeks of dental surgery with general anaesthesia;
- Welcoming and supervising 4 dental residents from Laval University;
- The denturologist followed 295 patients, and maintained her 4 visits of the coast;
- The orthodontist saw and followed 140 to 150 patients during her 8 visits to Puvirnituk (114 previous year);
- The recommendations from the Order of Dentist of Quebec are still under way on a regular place: work done on procedures, department rules, quality of care peer review. Bravo to the team for their perseverance!

Dental hygiene promotion program

The 3 dental hygienist covered all the villages of the coast by promoting good hygiene at daycare and schools, seeing clients for sealants, screening and fluoride applications. They developed new tools to try to reach them better, and will do more during the next year, as the probabilities of cavities and bad oral health are increasing amongst the young children at an alarming rate. The improvement of oral hygiene habits is a major concern for the entire dental team. They will mainly reach out to older clients and being more available at the clinic if assistants are available, to try to improve the general dental health and support the dentists in that common objective.

Number of clients seen for:	Puvirnituk and Ivujivik	Salluit and Akulivik	Inukjuak, Umiujaq and Kuujjuaraapik
Sealants	362	233	123
Fluoride application	293	247	670

DEPARTMENT OF PHARMACY

This year the pharmacy department was once again very active:

- Pivotal support to the RSV (respiratory syncytial virus) prevention / Synagis campaign with the close follow-up of every newborn and their preventative treatment;
- Community pharmacy continuous improvement of functionality in Puvirnituk;

- Crisis center pharmaceutical needs were revised, a conference was provided on the specifics of the medication for the clientele there, a cart and cabinet were added;
- Active participation on the pharmaceutical committee from the CPDPM: Jeremy Guindon was the chief over the year;
- Continuous revision of therapeutic guide and redaction of collective orders;
- Preparation of suspension drugs for patients with TB in Salluit;
- Participation on a new committee for the prevention of medication related errors;
- Participation and training on palliative care / end of life medication and support.

GOALS 2017-18

- Pursue the steps to replace the hospital pharmacy software with a new one;
- Develop the community pharmacy in Inukjuak project: first with the creation of space in the clinic, and later in 2018 hiring the staff;
- Continue the development of the community pharmacy in Puvirnituk, and the versatility of the technicians and the stronger role of the Inuk technician;
- Maintain follow up of the improvement process and contact with OPQ;
- Continue the pharmacist internship program, which have been a proven efficient recruitment strategy as well as a good way to develop pertinent projects (1/year).

MIDWIFERY

Maternity units in Puvirnituk, Salluit and Inukjuak continue to service the population. In the fiscal year of 2016-2017, a total of 195 births are recorded. A transit house for pregnant women coming to birth in Puvirnituk was opened in February, welcoming families who will maintain it autonomously as their own. It is with great pleasure that the health center was able to organize that space in an attempt to alleviate the travels of pregnant women and their families, making it possible for children to accompany.

Maternity Staff

- One student from Puvirnituk Nellie Iqiquq proudly received her diploma from the Order of Midwives of Quebec in September 2016 alongside all other graduates from Québec;



Nellie Iqiquq with her diploma and Djenane Gaspard – Co-ordinator

- 2 students from Inukjuak passed their exam in March 2017, and will be preparing for their upcoming graduation and mentored year;
- One student was hired in Puvirnituk to continue the education program;
- Visits to villages: Kuujuaapik: 3
 Akulivik: 2
 Umiujaq and Ivujivik: 0

Objectives for 2017

- Create the required administrative agent position;
- Review the human resources structure of the staff for even more stability from the southern midwives;
- Represent the Hudson Bay coast and its unique midwifery model of care at the International Conference of Midwives in Toronto;
- Structure the education program through representation of the model and requests for support.

MEDICAL RECORDS

HIGHLIGHTS

The medical records actively participated in the preliminary study of the governance plan of all of the documentation of the health center to include the conservation calendar. All of which determines how to manage the information generated and kept throughout the activities.

Management Indicators Data 2010 to 2016	2011 2012	2012 2013	2013 2014	2014 2015	2015 2016	2016 2017
1- New files (all)	586	609	686	618	716	610
2- New files (Birth)	189	208	206	185	182	195
3- Managed files (departure, death, day surgery)	1197	1285	1404	1464	1595	1576
4- Files used for Specialized services	1191	1771	2363	1541	2207	3530*
5- Information request (according to financial management manual)	74	104	115	120	125	156
6- Files consulted for research	365	90	93	369	0	87
7- Accesses created: Clinibase and Sic-Plus	ND	ND	ND	ND	ND	87**

* The significant increase is due to the presence and appreciated work of a new administrative agent.

** New indicator for the usage of user database and statistics software.

GOALS 2017-18

- 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

The laboratory services year was highlighted by the OPTILAB project from the ministry reuniting the labs from the province in large groups. It was in the end possible to remain independent but to develop more links with the MUHC in areas where it can support better services to the population.

The new biochemistry machine was installed and carefully set up and put to the test with the help of many stakeholders.

The lab supported the syphilis alert by diligently processing the larger numbers of tests requested. It also worked on integrating the test up north for faster results which concluded successfully right after the end of fiscal year.

Heavy and continuous work on the procedures for standard quality of diagnosis was done by the chief assistant and technical coordinator with the support of external experts and redactors. It will continue in 2017 with the introduction of Omni-Assistant, software that will implement the application of these standards individually.

The creation last year of the role of technical coordinator provided a boost to the department, allowing a smoother functioning of tasks, a constant surveillance of equipment and their demanding maintenance, supervision of material availability and specimen transportation challenges which have been heavy this year.

The TB outbreak response was continuously supported by the lab work: 139 GeneXperts tests were performed and 11 of them resulted positive TB.

GOALS 2017-2018

- Continue the implementation of procedures according to the recommendations of the OPTMQ (order of medical technologists of Québec);
- Implement Omni-assistant in all its practical aspect allowing a smoother functioning;
- For the team to create and participate actively in their action plan;
- Develop links with the nursing department for the upcoming review of the lab procedures in the villages.

	ADMIS		ENRG			
Quantity of tests performed	TESTS	DIFF	TESTS	DIFF	TOTAL	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%
2015-16 revised	16361		86396		102836	
2016-17	14427	-11,6%	81750	-5,4%	96177	6,4%

RADIOLOGY:

Activities included:

- Replacement of the entire X-ray room in Puvirnituq, upgrade to digital imagery;
- Return of the chief assistant (only technologist specialized in ultrasounds);
- Replacement of a resignation;
- Continuous visits to all villages, monthly in Salluit for TB follow ups still, and accompanying orthopedist when visiting;
- Normal activities include: x-rays, electrocardiograms, holsters (27 monitored this year), dental x-rays, obstetrical, pelvic and abdominal ultrasounds in asynchrony mode;
- Observation internships for local secondary students.

GOALS 2017-18

- Certification in ultrasounds for those who do not have it (abdominal, pelvic, or obstetrical); exploring nuchal translucency;
- Continue encouraging prospective students from the community;
- Continue entering midwives as official prescribers of ultrasounds (70% done);
- Entering the reports in the PACS provincial system (80% done);
- Developing new request to make it easier for each village;
- Attaining uniformity of technical charts with the MUHC.

X-RAYS PERFORMED

Year	Hospitalised	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	-12,4%
2015-2016	963	1460	1938	2294	6655	13.5%
2016-2017	848	1474	889	2423	5634	-15%

ELECTRO-CARDIOGRAMS (EKG)

Year	Hospitalised	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 %
2016-2017	332	1681	325	2338	+9,7%

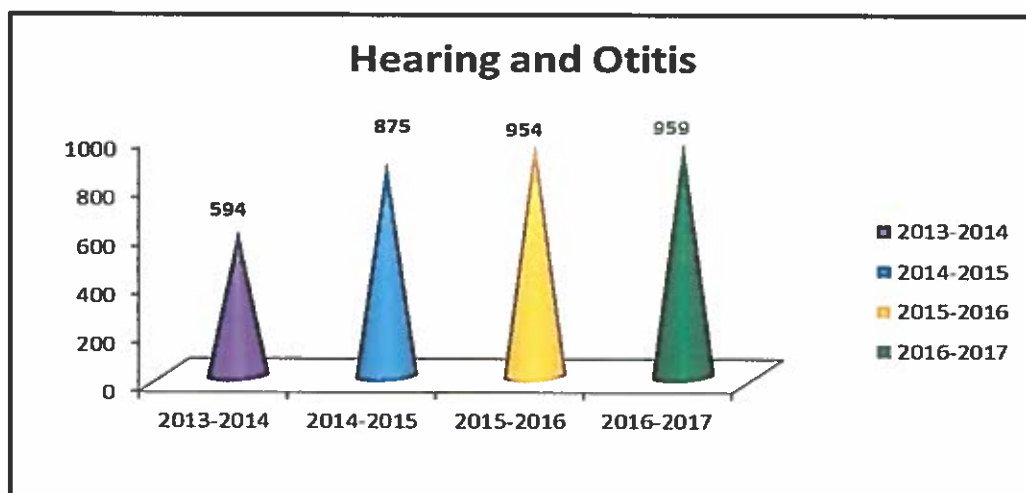
ULTRASOUNDS

YEAR	TOTAL	Telemed Children Cardiac	Children Cardiac	Ultrasound telemedicine	Telemedicine Obstetrical
2013/2014	771	4	109	17	9
2014/2015	724	2	69	12	6
2015/2016	791	4	71	15	2
2016/2017	851	3	45	14	0

HEARING AND OTITIS PROGRAM

Activities included:

- New project on update of all FM systems in classrooms across the coast with KSB and the NRBHSS;
- Introduction of new coordinator of audiology Valérie Lecavalier starting in June 2016;
- Many prevention and promotion activities were performed in all villages with Hunter's support, Coops, schools and more;
- Presentation of the program at the Nordic Conference.



GOALS 2017-18

- Organize an annual meeting and training for all the audiologists;
- Continue collaboration with SIPPE program;
- Offer training to the nursing staff about rapid response to sudden deafness;
- Increase stability of presence at the office in Puvirnituk.

COMMUNITY SERVICES

I wish to highlight the contributions of my managers this year. Unfortunately, I was on sick leave for several months during this fiscal year. Thanks to the excellent medical care I received in the north and in the south, and through God's grace, I was able to return to work on a progressive basis until I was able to fully resume my responsibilities. During my absence, Louise Ayotte, my interim Assistant "held the fort." Throughout my sick leave, Louise was blessed to be able to rely on the experienced managers in the service to support and assist her in her difficult task:

- Mina Beaulne, Coordinator of Prevention and Promotion Program;
- Isabelle Girard, Coordinator of the SIPPE (Services Intégrés en Périnatalité et Petite Enfance—Integrated Services in the Perinatal Period and in Early Childhood);
- Beethoven Asante, Program Manager of Mental Health Rehabilitation Services.

Newer additions to the team, including Betsy Tulugak, Acting Coordinator of CLSC Social Services, and Catherine Legault-Boutin, Assistant Coordinator, performed beyond my expectations, despite the steep learning curve that they both faced. I thank all of the managers for their hard work and dedication to the mission of Community Services.

In particular, I wish to highlight the efforts of Louise Ayotte. Her qualities of professionalism, know how, and commitment to maintaining the standards of service that our communities have come to expect are much appreciated.

Accomplishments

The integration of SIPPE in Community Services was smooth, thanks to the experience and skills of Isabelle Girard and her team. The expansion of this program which has been so important to young children and families of Inukjuak will add dynamic and vital support to the families of Salluit, Akulivik, and Kuujjuaraapik in the next year. We look forward to expanding this crucial program to all the communities in the near future.

The integration of the FASD (Fetal Alcohol Spectrum Disorders) Program was transferred to Community Services this year under the capable management of Isabelle Girard. That this program should be part of Community Services makes a great deal of sense since the activities are community-based. In addition, both the SIPPE and the FASD Programs share a common focus on healthy pregnancies and both programs share an interest in considering pregnancies as couple and family processes involving pregnant women, their partners, their children and other family members as well.

Budget Community Services Direction

Budget	\$468,597
Spent Balance	<u>\$413,108</u>
Surplus / (Deficit)	\$ 55,488

This year the Director of Community Services had a respectable surplus.

HIGHLIGHTS

- Community Services was able to recruit an Inuk replacement for Muncy Novalinga. Betsy Tulugak, who was new to Social Services, was fortunate to be accompanied by Catherine Legault-Boutin who supported and trained her. We are pleased that we were able to maintain our tradition of having an Inuk Coordinator for CLSC Social Services.
- We were very pleased that the coast-wide Natural Healer program made great strides this year. Six (6) women were recruited and were trained by the personnel of the Inuit Values team. They went to one village which had experienced a community-wide trauma and performed very well.

GOALS 2017-18

- The primary goal for this year is to expand and develop the Natural Healer program. Recruitment of more members for the team including men and a variety of age groups is one priority;
- Community Services will work to structure protocols with the communities so that there is a better understanding of the role and functioning of the team;
- In addition, mechanisms must be put in place to ensure ongoing training and support to the members of the team;
- Because the Natural Healers will be involved in working with individuals and communities profoundly affected by traumatic events, it will be important to build protective features into their activities;

The scope of the health and wellbeing services that are offered through Community Services has expanded every year. This year, the Prevention and Promotion Department offered a wide-range of services through its various activities which touched the lives of young families, children of all ages, young adults, elders, and communities at large.

In addition to these activities, we highlight:

- The integration of the FASD Program into Community Services;
- The significant contributions of CLSC Social Services to prevention and promotion activities.

The linkage between the SIPPE and the FASD Programs is obvious since a crucial clientele of both program target pregnant women and their partners. Education of the population about the harmful effects of alcohol during pregnancy fits easily with education about healthy pregnancies and healthy families. These educational efforts and the support offered by these programs address many of the root causes of significant social and health problems experienced by our communities. The development of these important programs is vital. We are pleased that the SIPPE Program is expanding into communities beyond Inukjuak and look forward to a similar advancement of the FASD Program. As always, the various programs work in close collaboration with partners across our Department and across our health center.

CLSC Social Services is a crucial component of Community Services. The frontline work of Community Workers and Social Workers, which is extremely important, can be very stressful. Because of the nature of their jobs, the CLSC Social Services staff members are all-too aware of the importance of prevention and promotion activities. Setting up two collective kitchens, one in Ivujivik and one in Kuujuaapik, by the Social Services staff should be highlighted. The collective kitchens were just one of many ways in which CLSC Social Services were active in these efforts. The coming year will see a continued focus on prevention and promotion in addition to the curative work of the services.



2017 SOCIAL SERVICES TEAM

The role of the Natural Healers Group is also of critical importance. As this group is expanded and as its members gain confidence and skills in working with individuals and communities in crisis, we believe that it can have a major impact on reducing the number of crises and the impact of the trauma seen in villages during these painful events.

The statistics gathered by CLSC Social Services demonstrated clearly the extent of the needs of individuals with serious mental health problems and/or intellectual disabilities. The Crisis Center—Aanniavituqarq and the Reintegration Center are extremely valuable resources for this clientele which is marginalized and whose capacities are underestimated. For a variety of reasons including the prevalence of traumas of all kinds and substance abuse (including sniffing) the number of individuals with psychiatric diagnoses requiring medication and close follow up continue to grow. As we have reported in the past, the two regional resources that we manage run at 100% capacity. Access to other residential resources is limited.

The need for access to new resources impacts mentally ill individuals, their families, communities and the services which struggle to meet their needs in the most efficient and respectful ways possible. Unless we can expand the existing services in place in Nunavik, it will be necessary to add access to outside resources particularly for those individuals whose behaviour is extremely difficult to manage.

The statistical reports which CLSC Social Services were able to produce this year supported data collected by various sources. These reports confirm the prevalence on our coast of the interrelated problems of:

- ✓ Substance abuse and addictions;
- ✓ Suicide;
- ✓ Mental health problems;
- ✓ Problems related to poverty.

We believe that by offering integrated services which respect of the Inuit culture and tradition and which consistently partner with our communities, we will continue to make a difference in the lives of Nunavimmiut living on the Hudson Bay Coast.

Without the dedication of all our staff members, both Inuit and non-Inuit, and without the confidence of our communities, we would not have achieved our goals this year. We thank them. In addition to my deep appreciation for my managers and their hard work, I wish to express my gratitude for the support and guidance of our Executive Director, Jane Beaudoin. Jane's leadership of Inuulitsivik embodies how Henry Mintzberg, a world renowned management expert from McGill University sees the task, "Management is, above all, a practice where art, science, and craft meet." Thank you, Jane.

It goes without saying that none of this would be possible without the Board of Directors. To each member of the Board I offer my deepest appreciation and heartfelt gratitude for your hard work and dedication to the mission and goals of Community Services and IHC.

Respectfully submitted by
Aani P. Tulugak, Director Community Services

QUALITY AND COMPLAINTS COMMISSIONER

COMMISSIONER'S PROMOTIONAL AND PROFESSIONAL ACTIVITIES

A few communications were made on the local FM radio network reminding the population of their rights and obligation in the complaints processing. FM presence by Josi Nappatuk, from now on will concern uniquely the matters related to the Commissioners duties. Communications regarding other departments will be ensured by themselves. This is aimed at taking a load off the Commissioner's image and will stop confusion as the Commissioner is not to be perceived as the "policy maker" but as the one checking out the applications of the policies.

Participating in welcoming new employees was another type of activity but will have to be systematic in the upcoming months in order to ensure policy related knowledge for continuity for the new staff in its turnover. Josi attended as an observer some of management committee meetings to share information. This as well, will have to be an ongoing and regular activity for the Commissioner so everyone will share the ongoing reality.

We have been in constant communication with new southern Quebec Commissioner's association aiming at building a quality sharing forum as well as a representation instance with the ministry. Membership in this association will be engaged formally.

COMPLAINT PROCESSING THROUGHOUT 2016-2017

Throughout 2016-2017, 157 situations were signalled to us by Hudson Baymiut and MNQ users. Three of them were far from being complaints and were not examined under this process. Hence, 154 situations were duly examined and processed under the IHC's procedure. One of these was referred to KMHB, another to the Montreal police, another was referred to the Regional Commissioner and 7 of them were referred to HR because of the nature of these issues was not directly concerning user quality services. Another issue went back in time 25 years. Facts and participants were impossible to find. So, in this particular situation, outcome was empathy and council for the person, contributing to his healing.

A Commissioner has the power to dismiss a complaint that underlies either bad faith, frivolous aspect or an aggressive speech according to section 35 of the Quebec health act. This year our Commissioners dismissed a record number of 17 frivolous or bad faith reported situations. Of the 17 cases, 4 came from Umiujaq, 6 from Puvirnituq, 2 each from Inukjuak, Akulivik and Salluit and one from Kuujuaq. For many of these NV's the nature of these complaints reflect some information that will have to be disclosed on some types of services in order to clarify the nature of the Inuulitsivik complaint processing.

All of the above mentioned complaints add up to 27 situations that will be figured in the global chart but adds up finally to 127 cases duly examined.

Also, the legal permitted time frame to process a complaint and hand out the conclusions to the complainant is 45 days. Here is the portrait of the delays encountered. This year we have encountered several delays caused by sick leaves, replacement staff, or holidays. This fluctuates from one year to another and our control over all these situations is impossible. Here are the processing delays for this year:

Processing delays of eligible situations for examining

Delays/Days	Number	%
1-5 days	72	57
6-20 days	25	20
21- 44 days	13	10
45+ days	17	13
TOTAL	127	100

Under the Quebec act respecting health and social services all acting employees, including the Commissioners are service bound to give help, council and assistance to our clients. This is provided in almost every situation where there is information to be shared and something to be learned by the complainant. Information pertaining to the situation is handed out in mostly all of the cases acting as ongoing education on health, wellness and law issues as well as on self-awareness.

The next figure illustrates where the complaint objects originated, (NV and specific department) and what their nature were throughout standard categories determined by Quebec accountability standards in SIGPAQS, software usually utilized in Quebec to report on complaint processing.

The categories where the complaints originate are crossed by originating NV and specific services such as DYP, MDP (medical, dental and pharmaceutical), and MNQ in the left column.

Origin, nature of complaints objects and nature 2016-2017

	Care+ services	Access	Human relations	Financial aspect	Physical +material organisation	Other rights	MDP	TOTAL
Ivujivik	2	0	0	2	2	0	0	4
Salluit	9	0	0	20	0	0	1	12
Akulivik	5	0	3	0	0	0	0	8
Pvirnituk	3	0	6	3	15	5	2	44
Inukjuak	11	1	2	0	2	3	1	20
Umiujaq	16	0	1	1	0	1	0	19
K'pik	12	0	0	2	3	1	1	19
MNQ	6	3	2	1	2	0	0	14
DYP	10	1	1	2	0	0	0	14
TOTAL	84	5	15	12	23	10	5	154*

*Total of situations received and before excluding 27 of them because rejected or referred after summary examination. As mentioned earlier we processed due form 127 situations of the 154.

Primary findings show that within the 127 duly processed complaints:

- 25 of them concerned issues related to the escort and transportation policy. Information will have to be ongoing to let people better know about the transportation policy;
- Puvirnituk statistics of 44 complaints include 5 complaints related to the Transit house; actions were taken by the director general in link with the COOP manager for four of these situations to bring corrective measures together. Rapid results occurred to correct the situation;
- After processing all the complaints there were 28 situations where corrective measures were undertaken, leaving 99 complaints simply unfounded or without any particular action undertaken.

2015-16 chart of complaints according to village, object and service. It is presented as a comparison to this year's numbers

	Care + services	Access	Human relations	Financial aspect	Physical +material organisation	Other rights	TOTAL
Ivujivik	3	0	1	0	2	0	6
Salluit	14	0	1	0	1	0	16
Akulivik	2	0	1	0	0	1	4
Pvirnituk	7	0	9	0	1	4	21
Inukjuak	9	0	0	0	1	3	13
Umiujaq	10	0	0	1	0	1	12
K'pik	4	0	0	0	0	1	5
MNQ	13	0	0	0	2	0	15
DYP	5	0	0	1	0	0	6
TOTAL	69	0	12	2	7	10	100

CORRECTIVE MEASURES IMPLEMENTED IN 2016-2017

Corrective measures can be applied upon responding to the Commissioner's recommendations at the end of the complaint process or whenever relevant following observations by the Commissioners during the process. It is possible to apply more than one corrective measure to a situation since there can be more than one complaint object in a single complaint.

So, after receiving 157 inputs and summarily examined, 153 were left for thorough examination, 127 were left as to be duly processed, 28 of them had one or more corrective measures applied to them leaving 99 of the 127 with no actions taken and or with unfounded grounds.

Here is a list of measures applied during 2016-2017 within 28 of the complaints processed:

- Equipment furnished to young Inuk patient
- Granting of escort
- Escort banned
- Reimbursement
- Council;
- Proper information to user
- Apologies by staff to user
- Complaint by Commissioner to Quebec Ombudsman
- New equipment purchased for MNQ
- Assistance for service
- Meds renewal; -New appointment scheduled
- Specific DYP matter and legal info to complainant
- Successfully networking with Transit COOP manager for solutions to better service
- Disciplinary measures: suspension, disciplinary letter or management intervention with employee
- Referrals to: Montreal Police
KRP
Regional Commissioners
Human Resources

SYSTEMIC RECOMMENDATIONS FOR INUULITSIVIK HEALTH CENTRE

These recommendations are made to provide better quality service in a global and ongoing manner. They intend to act to the benefit of all the users of all IHC services, Nunavimmiut and Ullivik users. According to experience of processing this year's complaints, gathering formal and informal information, we recommend:

- ✓ That IHC managers proceed to an information schedule in each and all Northern Villages about the transportation policy in order to give all the necessary knowledge to the population about the conditions and criteria for eligibility that are present in this Regional policy;
- ✓ That new employees be systematically oriented to quality service and complaint process by the Commissioners, northern by Josi Nappatuk, Ullivik by Pierre-Antoine Guinard;
- ✓ That IHC reinforces links on an ongoing mode with wellness committees in all NVs to update population on wellness issues, new policies if any, positive community initiatives etc. Wellness committees have to be seen and invested by IHC as strategic partners and contributors in health and wellness empowerment of the population as well as in public communications in these matters.

CONCLUSION

Health and wellness services are challenging to display and maintain, anywhere in Quebec. Nunavik and Hudson's Bay add their own challenges as well. To have a complaint and quality process it is a small but useful contribution to override these challenges. Quality service is everyone's business. It is together that we can act on our healthy future, BOD, management, staff but most important together with the population itself. Let's continue to nourish the hope. We are thankful for everyone's contribution and ongoing support.

INUULICARE EMPLOYEE ASSISTANCE PROGRAM



Puvirnituq 2017

In 2016, Inuulicare celebrated our 8th year of 24/7 supportive services to the Inuulitsivik Health Centre and continues to be the pioneer of Employee Assistance Programs that offers on-site face-to-face services on a monthly basis to the employees of the IHC in each community located between Kuujjuaraapik and Salluit. Our annual report reflects the extensive variety of services offered, that go far beyond telephonic consultations.

- Emergency 800 line, with direct access to the Program Director for immediate support;
- In-person counselling, cyber-counselling and telephonic counselling;
- Easy access to accredited professionals located within Quebec, Ontario and the Maritimes;
- HR consultation and support to managers, supervisors and other department heads;
- Clinical supervision offered to Social Workers, DYP agents and Nurses;
- Post-Incident debriefings in group and individual settings.

From supportive on-site counselling and crises management, to wellness services and "Southern-Care" referrals, in 2016, Inuulicare responded to 727 requests from the employees of the IHC. Of the 727 requests, 240 were made by Inuit staff members, as compared to 132 in 2015 and 13 in 2014.

In 2016, Inuulicare responded to 73 on-site crises debriefings. We opened 102 telephonic crises files, 190 counselling files, and a total of 588 formal files related to a variety of problems.

The specialists that make up our EAP family and that offer access to 'Southern Care' services, are to be found within the medical and para-medical fields, such as Doctors, Nutritionists, Osteopaths, Physiotherapists, Massage Therapists, a Rehabilitation Centre and a Centre for Well-Being. In the beginning of 2017, Inuulicare welcomed Le Centre de Cure Sylvie Poisson to our Family of Specialists. This affiliation offers Inuulitsivik employees the opportunity to experience a week of psycho-emotional and spiritual therapies in a beautiful and serene setting, at a 15% rebate.

A strong mention of appreciation is to be made to the Department of Human Resources and the Department of professional Services for having made the most employee referrals to the EAP in 2016. The Department of Social Services was also noted for their systematic promotion of the EAP to their newly appointed employees, stationed in the communities along the coast.

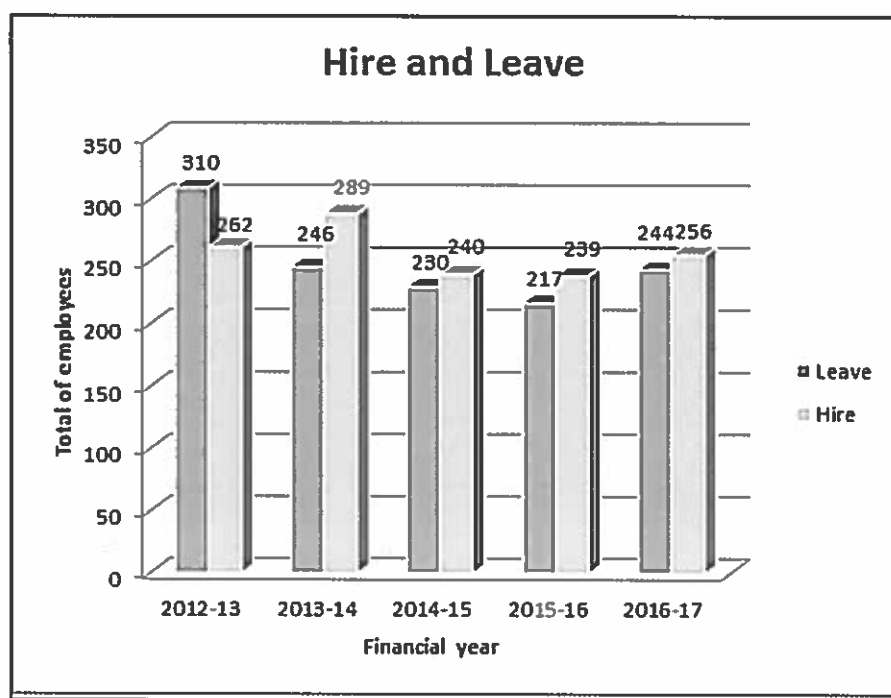
REASONS FOR CONSULTS

- mediations 2;
- coaching 15%;
- return to work 14%;
- employment termination 13%;
- career transition 12%;
- conflict with supervisor 34%;
- conflict with peers 10%.

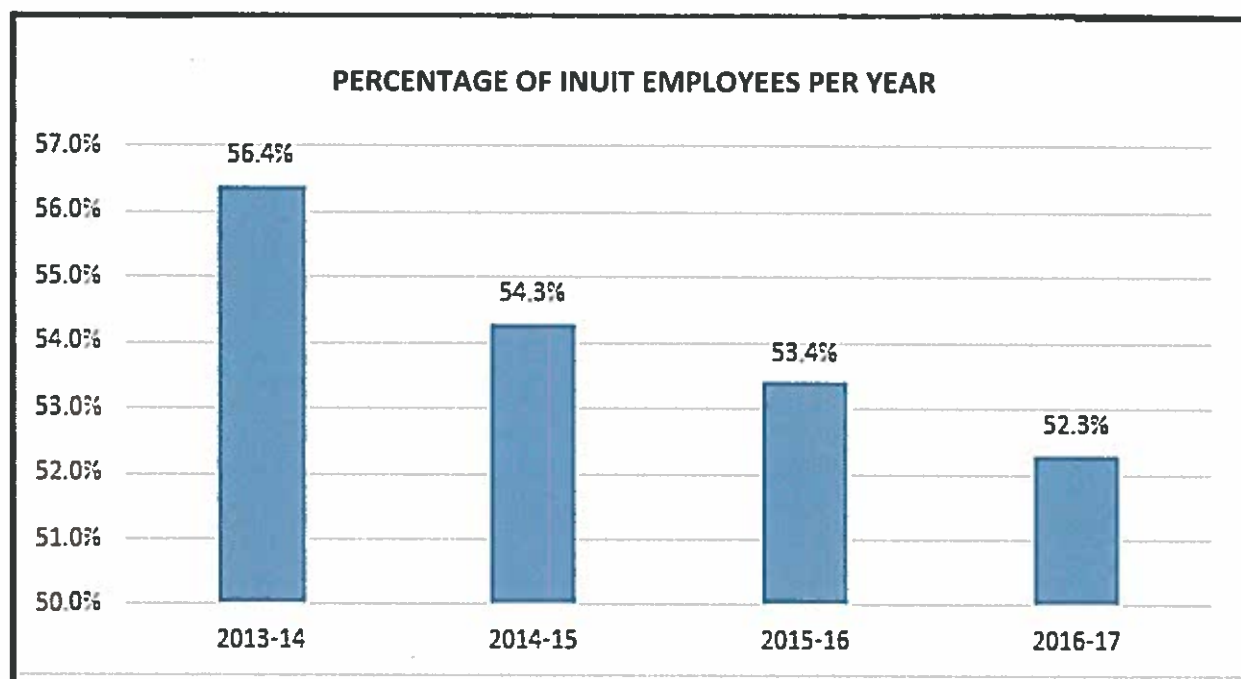
HUMAN RESOURCES

The human resources team has six employees working in the North and a recruitment consultant working in the South. The 2016-17 fiscal year has been a turbulent year for this team, with two departures and two recruits, along with the change of workplace for a member of the team, who is now working at the hospital, undertaking tasks related to housing management. A change in the positions' structure has allowed recruiting an occupational health and safety advisor who will be responsible for the management of disabilities and who will supervise the joint committees related to this sector, along with organizing prevention and promotion activities of the occupational health and safety.

The main mandates of the recruitment consultant were the screening interviews and the major recruitment activities in CEGEPs, universities, congresses of associations or professional orders. The recruitment consultant participated in 192 interviews during the year 2016-17.



Out of 905 employees in the seven communities of the Hudson Bay, 52.3% are Inuit. The lower percentage of Inuit employees is especially related to the creation of specialized jobs that allows offering additional services (ex.: mental health program). The situation of the personnel management is stable, with three departures and five new recruits in 2016-17.



FEEDBACK ON OBJECTIVES 2017-18

The Human Resources Branch has partially reached its objectives and will continue to develop them in 2017-18 by making the necessary adjustments.

- ✓ Revise the performance evaluation programs for the executives and unionized staff. The directors were made aware of this approach and they have participated to the first activities, which will lead to obtaining, from the IHC, a 360 degrees evaluation questionnaire for executive staff. For this purpose, a focus group has been made with all of the directors, as well as a questionnaire that was disclosed to all of the managers and team leaders. At the end of the fiscal year, the competency profile was in a project version, which brings us closer to the final object.
- ✓ Establish a plan for the development of human resources. This objective will be postponed one year because of the departures that created temporarily a staff shortage in the team and because of the recruitment period after those departures.
- ✓ Expand the scope of the local employees welcoming program. The local employees were included in open houses for a few months. Many differences were noted relatively to the employment conditions (especially when the policies regarding employees hired at more than 50 km were explained). The human resources team has revised the daily schedule to adapt it to everyone's need.

YOUTH PROTECTION

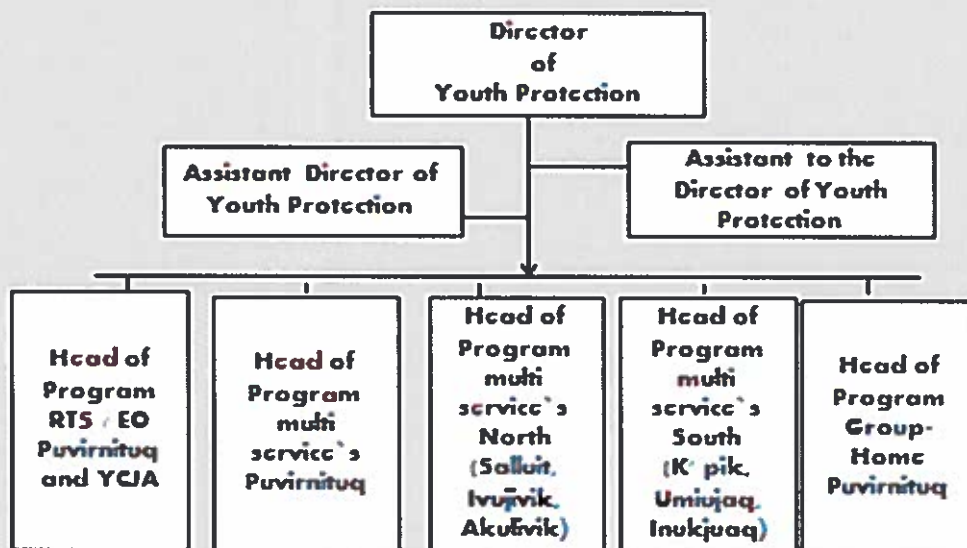
The department of Youth Protection has faced many changes in the last year. An administrative reorganization took place in order to facilitate local management. To enable this, we have proceeded to a decentralization of the management team. These changes were put in place in order to achieve the following goals:

Goals achieved:

- To supervise, train, accompany, as well as support the Hudson's Bay teams at both the clinical and administrative levels and in order to implement the development and / or mentoring activities;
- To actively collaborate with Social services, community organizations, groups and/or individuals as well as to see to the development of service trajectories to foster partnership;
- To facilitate the understanding of the Department of Youth Protections' role as well as its mandate to the population as well as to our partners;
- To promote a different approach to youth protection for Inuit families through innovative and collaborative practices;
- To increase the involvement of local community workers in providing services for youth in difficulty;
- To establish a collaborative approach with partners and community representatives, including family councils, at different stages of the youth protection process;
- To participate in the work of the Regional Board with respect to section 37.5 of the Youth Protection Act.

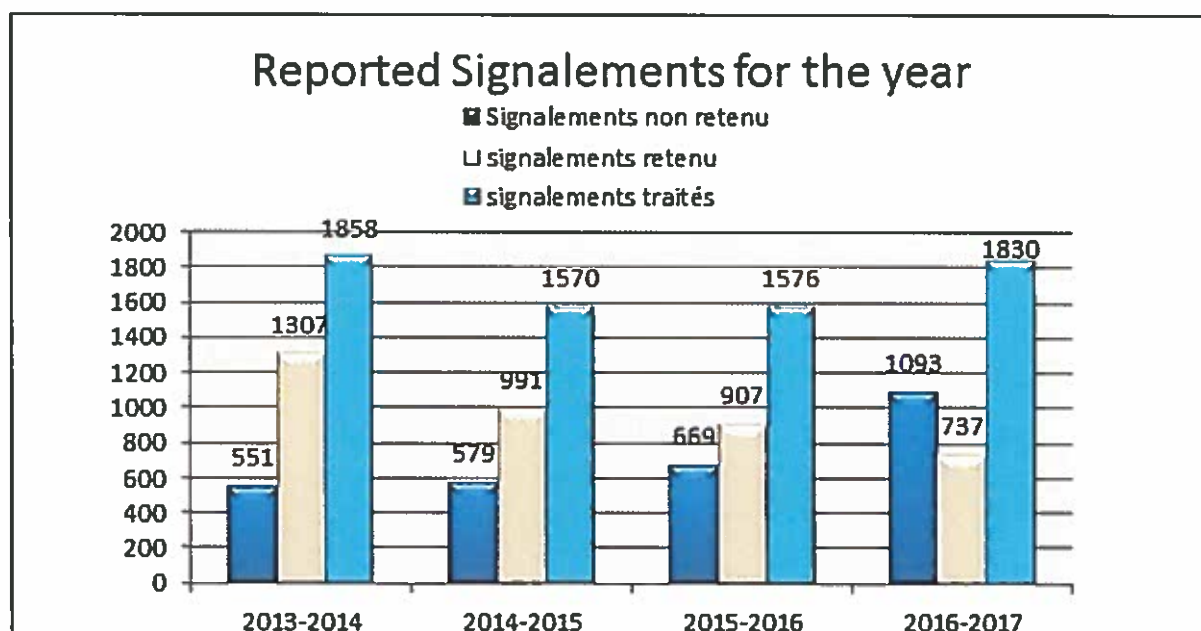
As a result there were also changes made within the organizational chart. To date, all management positions are filled either officially or on an interim basis. The organizational chart is thus drawn up as follows:

ORGANIZATIONAL CHART



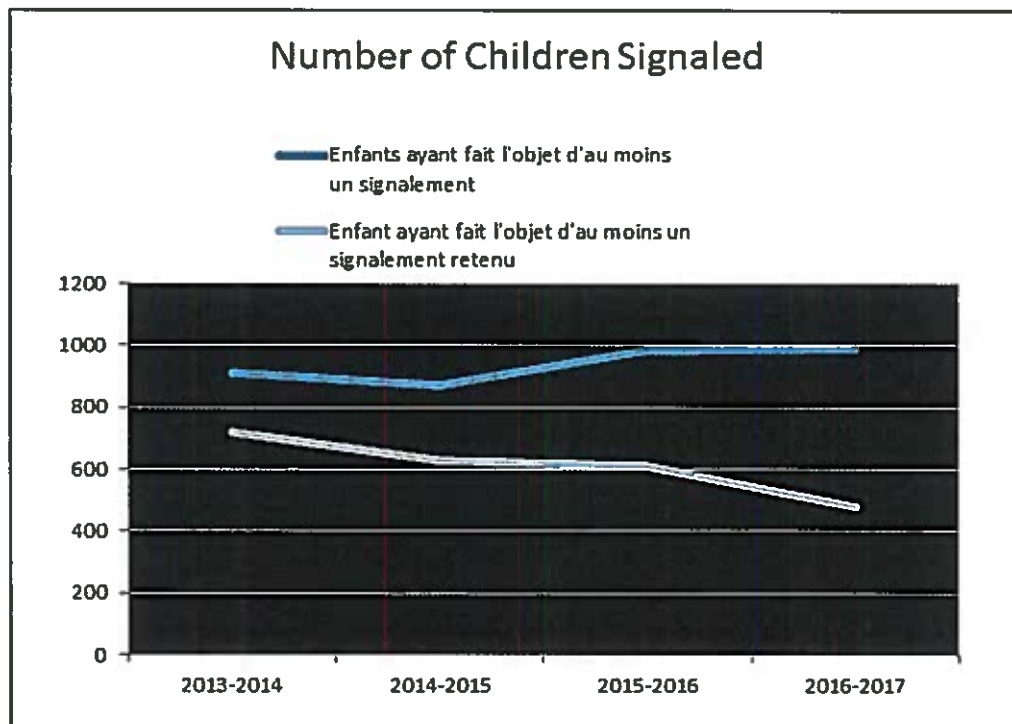
RECEPTION AND TREATMENT OF SIGNALEMENTS (RTS)

Over the past year, we have addressed 1830 signalements. The retention rate is down, which is a positive indicator. It was a rate of 40.3% in 2016-2017 compared to the rate of 57.6% (2015-2016), to 63.1% (2014-2015) and 70.3% (2013-2014).



In 2016-2017, 991 children were signaled (on 1830 treated signalements) which represents an increase of 0,4% compared to the previous year. However, 483 children (out of 737) were reported with a reduction of 21.3% compared to the previous year and a decrease of 23% compared to the year 2014-2015.

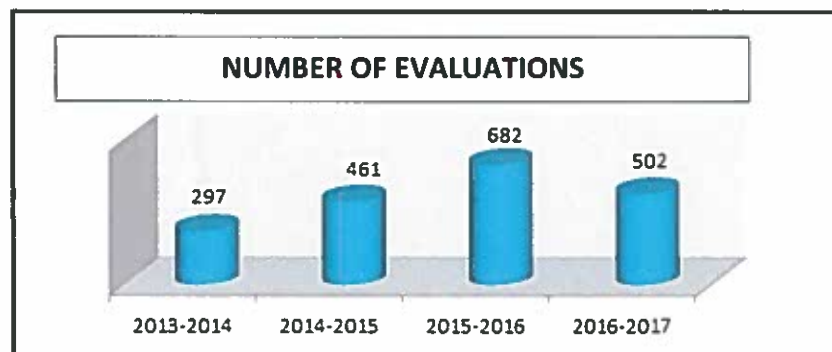
	2013-2014	2014-2015	2015-2016	2016-2017
Non retained Signalement	551	579	669	1093
Retained Signalements	1307	991	907	737
Treated Signalements	1858	1570	1576	1830



We received 82% of the signalements during the week (Monday to Friday), but 58% of the received signalements took place during office hours (9 am to 5 pm, Monday to Friday).

EVALUATION / ORIENTATION (EO)

Despite the instability of the E/O team within the DYP, 502 reports were evaluated for the year 2016-2017 compared to 682 reports for the year 2015-2016, 461 evaluations for the year 2014-2015 and 297 for the year 2013-2014.



Of the 737 retained signalements, 502 children were evaluated for the following reasons:

EVALUATION ORIENTATION	
38 a) Abandonment	7
38 b) 1 Neglect	146
38 b) 2 Serious risk of neglect	18
38 c) Psychological ill-treatment	53
38 d) 1 Sexual abuse	5
38 d) 2 Serious risk of sexual abuse	14
38 e) 1 Physical abuse	59
38 e) 2 Risk of physical abuse	34
38 f) Serious behavioural problems	27
User's death	1
FF SDNC	98
FNF SDNC	36
Inability to proceed	4
Total	502

Nearly 33% of the evaluations are for reasons of negligence. The Youth Protection Act defines neglect as a situation where the parents of a child or the person having custody of the child do not meet their basic needs either physically in terms of health, or educational needs. It should be noted that subsequent articles were evaluated concurrently with the main article under which the signalement was originally retained.

Approximately 73% of the signalements that we evaluate lead to the conclusion that the reported facts are well founded and that the safety and/or development of the child is compromised under section 38 of the Youth Protection Act.

One of our greatest challenges this past year was to decrease the waiting list as well as the wait times. In order to accomplish this, we benefited from the expertise of EO workers from the CISSS Montérégie Est.

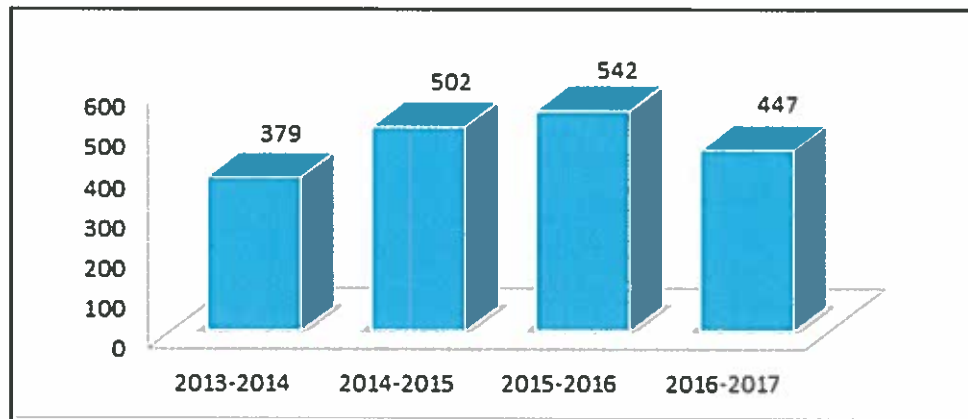
Communities	02-Oct-16	20-Apr-17	Standard deviation
Salluit	22	5	-54
Ivujivik	22	3	
Akulivik	27	9	
Puvirnitug	15	18	3
Inukjuak	27	12	-27
Umiujaq	11	1	
Kuujjaraapik	10	8	
total:	134	56	-78

Wait time in days					
Communities	02-Oct-16	Average number of days	20-Apr-17	Average number of days	Standard deviation
Salluit	19		91		102
Ivujivik	19	19	77	121	
Akulivik	19		194		
Puvirnitug	16	16	85	85	69
Inukjuak	186		60		-164
Umiujaq	164	204	23	40	
Kuujjaraapik	264		36		
total		98		81	-17

Despite improvements, the waiting list is still high (56 pending cases) and waiting time before the evaluation of a signalement does not meet provincial standards, as some regions are more critical than others.

APPLICATION OF MEASURES (AM)

This year, we have experienced a decline in the number of youth being followed by the application of measures department (less than 100 children) and 51% of the youth are being followed for reasons of neglect.



38 a) Parental responsibilities not taken or by another person	13
38 b) 1 ii Neglect in terms of health needs	8
38 b) 1 i Neglect in terms of physical needs	15
38 b) 1 iii Neglect in terms of education needs	166
38 b) 2 Serious risk of neglect	38
38 c) Psychological ill-treatment	57
38 d) 1 Sexual abuse	16
38 d) 2 Serious risk of sexual abuse	8
38 e) 1 Physical abuse	76
38 e) 2 Risk of physical abuse	22
38 f) Serious behavioural problems	21
38.1 c) Abandonment of a child who has been placed	1
IMV/AM/Collaboration inter CJ LPJ	6
Total	447

The youth who are being followed (responsible files) within the Application of measures under the YPA according to their communities are defined as follows and 43% of our activities in the application of measures concerns the youth of Puvirnituk.

Akulivik AM	45
Inukjuak AM	52
Ivujivik AM	32
Kuujjuaraapik AM	49
Puvirnituk AM	193
Salluit AM	76
Total	447

FOSTER HOME DEPARTMENT (FH) :

In the past year, 302 children have been placed in foster care, 135 of which originate from the community of Puvirnituk. This represents 45% of the children placed.

Number of children in Foster Homes by community of origin

Salluit	61
Ivujivik	17
Akulivik	25
Puvirnituk	135
Inukjuak	29
Umiujaq	4
Kuujjuaraapik	29
Whapmagoostui / Kuujjuaraapik	1
Autre	1
Total	302

The primary reason for placing children on the Hudson Bay is due to negligence (43%)

Children in FH distributed according to problem

38 a) Parental responsibilities not taken or by another person	9
38 b) 1 Neglect	129
38 b) 2 Serious risk of neglect	37
38 c) Psychological ill-treatment	45
38 d) 1 Sexual abuse	11
38 d) 2 Serious risk of sexual abuse	2
38 e) 1 Physical abuse	45
38 e) 2 Risk of physical abuse	14
38 f) Serious behavioural problems	3
Adoption	1
No Profile	1
Collaboration inter CJ	5
Total	302

Finally, 70% of these children are placed in their home communities. 88% of the children live on the Hudson Bay. It is therefore 12% of children who find themselves placed in regions outside of Inuit land.

Number of children placed according to the proximity of the community of origin

Same community	210
Hudson Community	57
South Community	29
Other Community	6
Total	302

Same community	Salluit	44
	Ivujivik	10
	Akulivik	17
	Puvirnituq	87
	Inukjuak	23
	Umiujaq	4
	Kuujuaaraapik	17
	Whapmagoostui / Kuujuaaraapik	8
Total Same community		210

Hudson Community	Salluit	6
	Ivujivik	7
	Akulivik	2
	Puvirnituq	2
	Inukjuak	13
	Umiujaq	1
	Kuujuaraapik	14
	Sanikiluaq	2
	Whapmagoostui / Kuujuaraapik	10
Total Hudson Community		57

South Community	Ancienne Lorette	2
	Cornwall	2
	Dollars des ormeaux	1
	Grandville Ferry	2
	Lac des Écorces	1
	Lancaster	1
	Longueuil	1
	Magog	3
	Montreal	6
	Québec	1
	Sherbrooke	3
	Sainte-Eustache	1
	Ste-Agathe-Des-Monts	1
	St-Rédempteur, Lévis	1
	St-Siméon	1
	Trois-rivieres	1
	Val d'Or	1
Total South Community		29

Other Community	Kanata (Ontario)	1
	Middle Sackville (Ontario)	2
	Ouje-Bougoumou (Crie)	1
	Tarantun (P.E.I.)	2
Total Other Community		6
Total		302

GROUP HOME – ARSANIIT

A lot of great accomplishments were made this year at the Puvirnituk group home, starting with naming the program “Arsaniit” which means: “northern lights” in Inuktitut. We are very happy to finally have a name for our program and to have included the clients in the process by asking them ideas for names and logos.

Our programming has continued to be a big part of the daily life of the group home and we created new ones for the holidays. For example, around Christmas, we helped the kids in the making of “charity basket” for some members of the community, during the process, they were also taught how to make healthy choices for the families. With the assistance of the Inuulitsivik social services, which identified families in need, we delivered the basket to them for Christmas. A lot of smiles and happiness came from this program and the clients were very proud of their accomplishment.

Around the same time, we also participated in the “secret Santa” organized by the Ilagiitsuta family house and gave the opportunity for the clients to buy gifts for kids younger than them, wrap them and bring to the organizers of the event. It was with great pleasure that the staff witnessed all the thoughtfulness that was put in the “gift buying” from our clients to others in need.

The team has creative and animated various programs throughout the year which includes:

- Cultural program: we continued our cultural programming during the year. With one of our own staff and with the assistance of Akinisie Sivuarapik, the kids were taught throat singing, the history as well as traditional drumming lessons;
- They were also involved in different outings to go assist for a day or an evening fishermen and hunter during the spring and summer and we would like to mention the help of Jani-Marik Beaulne and the hunters of the crisis centre. The kids enjoyed these programs and participated with enthusiasm in these lessons;
- Physical activities: our team has led various activities to show the importance of being active, how to include sports in your daily life and various ways of staying active at home or outside;
- Social skills programs: the social skills program has taught the group how to overcome difficulties in their life, have a supportive group of peers, how to stand up for yourself or someone else, how to assist someone in need, etc;

- Healthy relationships program; this program focused on how to identify your values, what is acceptable and unacceptable in a relationship and the notion of respect towards each other;
- Cooking programs; we added daily life activities to teach autonomy to the youths that live with us. They are taught to cook a meal, to bake a dessert and sometimes to improvise with items from our pantry, always with staff supervision. The clients have really enjoyed this activity especially when it is presented as a challenge between two teams, it really makes their creativity shine and add a little enthusiasm;
- Basic maintenance program; Under staff supervision, the kids were taught basic maintenance throughout the daily program by having chores, helping with the ATV and ski-doo maintenance as well as learning how to organize an inventory, build basic objects, etc.

All the programs listed above have always been a big part of our daily routine at the group home and brings life to the kids “day to day” but we also offer at least one weekly “one on one” counselling where a client is met by his/her “key worker” to work on what challenged them and how to improve this behaviour. These meetings really focus on their reintegration home and are the “core” of our program.

The goals of these meetings vary from a client to another; it could be a “substance abuse” program or an “anger management program” depending on the reason for their placement. The clients are involved in setting the goals of their intervention plan and the activities in it that will be led by their key worker to ensure they know how to identify what challenges them, and how to work on these challenges.

In the summer, some youth were sent to Camp Weredale which is a camp that defines itself as a “summer home away from home” for boys and girls with special needs camp. The clients of the group home have previously participated in this summer camps and it always was a positive influence on them. The camp is a great opportunity for the kids of Nunavik to discover something different and live an experience they could not live somewhere else.

Community involvement:

We have paid special attention to the community circle surrounding our kids and have tried to incorporate them as much as possible with the various activities offered in town this year. We would like to mention the work of the Ilagiitsuta family house and we have tried to support them as much as possible by being involved in the BBQ for the “children core group” fund raising event earlier this summer, the kids went to help cook, prepare and pack the food.

Also the “family day” organized by the Family House, in the fall where we built a “toss game”, the kids were animating the activity.

We should also mention the annual “town clean up” where the clients have been very active every year and were pushed this year to be more involve during the year to keep the land, the town and the surrounding of the group home clean and neat.

On a daily basis we have raised our expectations of helping other and reminded the clients to help a friend in need, someone stuck in the snow, bringing someone’s grocery bag to their car or simply to smile and said “have a good day” to someone passing by. We have also focused on being supportive when a tragedy would happens in someone’s life and by mentioning they could need comfort during hard times.

School:

➔ Most of the clients of the group home are registered to Iguarsivik School and we have tried as much as possible to participate in the activities offered. We have been present for “report card day”, called the teacher for monthly updates, encouraged our clientele to participate in the “recess monitor” program, as well as the after school program offered there.

We would like to mention the help of the direction and of Hugo Couillard in the last semester of this school year, he was very supportive of our client’s special needs and was easy to communicate with.

Partnerships and trainings:

➔ We have continued the partnership with Marie-Victorin College and all our full time social aids completed their junior year of the Special Care Counselling Program. We would like to congratulate them and wish them good luck for their senior years, which started in the fall of 2016.

➔ The team has also received multiple training this year, other than the Marie-Victorin training mention above, we received the Omega training in the fall and had one of our employees, Lisa Lebrasseur became a trainer for Omega. This training has helped the team develop skills and strategies to intervene in major crisis situations.

➔ We also had training and meetings with Boscoville agents throughout the year. These training have helped us develop a new way of observing different situations and cases. It also gave us a new common language and gave us a new perspective on the expectations towards the clients.

Staffing:

- ➔ There were a few changes in this year staffing and a new interim coordinator was nominated, Clinton Luskey. Clinton has been here at the group home for over 14 years and has been a big part of the group home since. He will fulfill this position at least until the transfer to Tulattavik Health Centre which is planned in the spring of 2018.
- ➔ We would also like to recognize the loyalty and stability of many members of our team who in some case, have been working at the group home for more than 10 years.
- ➔ This year will also be the last year of one of our worker, Vanclese Small, who has decided to retire and we would like to mention the commitment and dedication she had towards the group home. Since she started at the group home, 4 years ago, Vanclese has been sharing her work experience with our younger staff and her influence will be remembered for years to come. Thank you Van, we will try to keep the kitchen as clean as possible!

Statistics:

- ➔ We have had a total of 53 clients this year. 30 were regular clients, meaning they stayed on a permanent basis from 3 weeks to a year,
- ➔ 23 were temporary DYP clients they were at the group home for various reasons, from an overnight to catch an early flight, to court dates or emergency placement due to a crisis.

Goals for 2017-2018:

One of the first goals of the Arsaniit group home for the year to come would be to continue supporting the community to the best of our abilities in the different events organized during the year, since we strongly believe that helping people of the community will make our kids better citizen and will promote respect and generosity.

Arsaniit is always trying to improve the skills of its employees to ensure proper follow up and assistance to the youth that are placed under our care by the Director of youth protection. Since 2018 will be a year of transition for our organization, we want to continue improving as a team and individually for the future in order to offer better service to our clients, the youth.

ATURTIIT



COMPOSITION:

Johnny Angutiguluk - Chairman of Users Committee

Catherine Blouin - Vice-President, Advisor DSI, Risk Manager

Eva Weetaluktuk - Board Member

Josi Nappatuk - Quality & Complaints Commissioner

Jane Beaudoin - Executive Director

MANDATE:

The Mandate of the users committee was established this year and includes

- to safeguard the rights of users; the committee;
- Must see to it that the dignity of users is respected and that their rights and freedoms are recognized;
- Enforcement of user rights - service quality and client satisfaction are the cornerstones of the committee, the committee must pay particular attention to the most vulnerable clientele and work to promote improved living conditions for in-patients;
- Monitor and document user satisfaction;
- Create an annual report to be presented to the Board of directors;
- Present annual activities to the Board of Directors at least once a year.

BUDGET

Expenses are fixed on an annual basis and should not engage amounts provided for in the budget for the following year.

The users committee manages their budget autonomously and cannot be obliged to make a disbursement for an expense imposed by the institution.

The users committee keeps any amount not spent at the end of each fiscal year of the institution.

The users committee may address any question about obtaining a budget to the institution.

ELIGIBLE EXPENSES

We purchased promotional material for the committee's activities: patient survey boxes, and questionnaires to be distributed in the seven communities, posters, pamphlets and other material that can be used by the committee.

Budget allowed: \$ 36,108.00

Total expenses: \$ 4,232.00

TOLL FREE TELEPHONE LINE

We also obtained a toll free telephone number for Users to use

Toll Free Line: 1-866-988-2496

No messages have been received up to date; the recorder was installed beginning of the year.

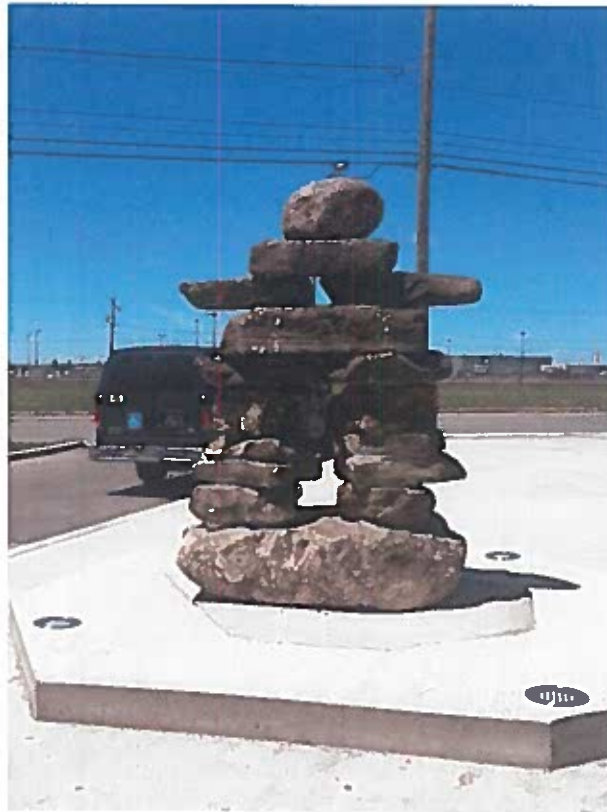
The Board Members from the seven communities were asked to publicize the toll free line. We also will go through FM radios in the seven communities to publish this info.

GOAL 2017-18

PATIENT SURVEY

It is our plan to produce questionnaires covering all aspects of medical care that will be distributed to the seven communities CLSC. For users going through Ullivik, questionnaires should be available in the rooms and taken downstairs once completed into a locked box. Board members will be asked to publicize the questionnaires every couple of months. Locked user survey boxes should be installed in all CLSC's and sent to IHC on monthly basis.

ULLIVIK



What an amazing year it has been! As director of Ullivik, I am extremely proud to present this year's annual report since the move to our new building. From the ground-breaking ceremony to countless meetings with the professionals, hundreds of emails and many many hours of reviewing the construction plans and progress throughout the entire project and a lot of visits to the site of the future building of Ullivik, we did it! Once construction was completed, the very first group of clients arrived for their first night on December 11th, 2016.

Our new centre was and is already full to capacity. As a result, starting on the very first day of entry, we have had to rent hotel (20-30) rooms on a daily basis. At one point, we were renting up to 50 rooms a day. Consequently, this has an impact on our operational budget as of this fiscal year and well in to the future.

We saw an increase of 16.5% of client arrivals from last fiscal year. At the time of writing this annual report, for 2016-2017, we had budgeted an amount of \$10.1 million from \$9.6 million of the previous year. Because of the move, the projected budget is \$11.6 million for this fiscal year resulting in a difference of \$2 million dollars.

Since the move, we have welcomed over 2,100 clients in our brand-new bedrooms. We are happy to say that clients are asking to stay at Ullivik instead of the hotel. We have three new contracts for our internal services which we went to call for tender; catering, housekeeping and laundry. We are very satisfied with the quality of the food as well as the housekeeping services and laundry.

We are currently in discussions with the Ungava Tulattavik Health Centre to take the responsibility for the reservations and bookings of tickets for the return to Nunavik from users. We hope all will be operational by December 2017. By December 2018, Ullivik should be 100% autonomous in the booking of the returns tickets to Nunavik of users from both coasts (Ungava and Hudson).

We are proud to announce that most of our work is done in the Ullivik-Go software. All departments are using the software now. Liaison and transport departments should be using the software fully by mid-October. We have worked very closely with the Nunavik Regional Health Board on managing and reviewing medical waiting lists. We have developed many new useful tools to make sure our clients are receiving good and rapid services in Montreal.

The admission and lodging department have a brand-new module that will help them welcome clients' faster permitting communication in real time between everyone. Since we are now registering escorts, the information in real time offers better services to each department. At the request of the NRBHSS, we have also adapted our Ullivik-Go software so all of the Nunavik health facilities can benefit from this program. But the costs associated to building this software that was not budgeted for the year 2016-2017 because in the beginning, it was solely going to be an internal program but NRBHSS has requested for the region to adopt and use it. By the summer of 2017, new position (SARP budget) of an administrative technician who will work on developing, training and supporting Ullivik-Go here at Ullivik, but also everywhere in Nunavik. We are also meeting with our other partners to explore the idea of linking Ullivik-Go with their software. It will help us centralize all the information regarding patient files.

Since last fall, we have developed new tools to accommodate the arrival of the ministry project called the CRDS/APSS (centralization of first consultation with a specialist). In collaboration with the head of the liaison program we will review all procedure regarding appointments.

For the first-time, statistics regarding number and type of stay, number of clients, type of clients, medical information and event reports are 99% reliable. We are still working to generate complete and clear reports but all data is now available.

Nurses are now well stationed at Ullivik. To provide confidentiality to our patients, we had to purchase office dividers which were installed in February. The working environment is always a priority among the management.

Several trainings on civility within the work place have been made possible through the help of our human resources and the last training is scheduled for September 2017.

I am very proud to mention that the team at the liaison, social support, appointments and interpreters are a very stable team with a very low turnover. Our social support team are doing a great job in providing social support to our clients on a daily basis, whether by visiting clients in the hospitals, talking with our partners both in the north and south, to ensure continuity of care to our clients and follow ups.

Our tireless interpreters continue providing a very important role in our organization by being the crucial link between our clients and the health professionals.

With the move to Dorval, we have had to change partners for our patients requiring minor medical interventions and we have partnered with CLSC Dorval-Lachine for the services. This new partnership is working out very well as this CLSC has known the Inuit community in the area for a long time.

The staffs of Ullivik consist of 65 regular full-time permanent positions at various departments. We now have 31 Inuit working for Ullivik. A major improvement in the number of Inuit compared to several years ago. In addition, we have 13 part-time positions. We currently employ 109 employees which include employees to recall list. In 2016, human resources recruited 26 new people and 4 employees retired. Staff retention is important for the organization. Various trainings have taken place this year to improve skills and knowledge:

- First aid in the workplace, training approved by the CSST;
- CARRA pre-retirement training;
- Interpreters taking courses at Dawson College;
- Civility in the workplace workshop;
- Other training and informational workshops.

Top chart shows the total number of arrivals per year since 2013-2014-2016-2017.

Financial Year		Users Arrivals	Escorts Arrivals	Total Arrivals	Increase
2016-17		5127	2602	7729	16.56%
2015-16		4162	2287	6449	1.95%
2014-15		3872	2451	6323	16,48%
2013-14		3327	1954	5281	

There is an annual increase in client visits to Montreal. This year, the total number of arrivals reached 7,729 compared to 6,449 in 2015-16 – an increase of 1,280 clients or 16.5% more.

This year with the new software Ullivik-GO, we were able to produce statistics for visits in various specialities, they are in order of highest to lowest; cardiac, opthamology, oncology, ENT, orthopedics, hematology-oncology, CT scan. Unless these specialities are repatriated to the north, the increasing trend of arrivals and medical interventions would appear to be on the rise.

The chart below shows event reports by category per community. Unfortunately, events related to alcohol and behavioral problems involving violence and police interventions remains high as in previous years. Prevention programs will be established in collaboration with the Montreal Police Force.

	Total	Intoxication	Behaviour	Violence	Police	Negligence	Medical	Miss departure	possession	Number diff clients
Puvirnituq	698	438	94	16	32	38	105	52	38	535
Akulivik	219	142	27	11	10	15	31	18	11	168
Inukjuak	549	310	75	15	35	27	112	54	25	534
Ivujivik	119	56	6	1	6	7	23	20	6	84
Kuujuaraapik	146	68	12	1	10	11	34	20	7	196
Umiujaq	59	34	0	0	0	4	9	4	3	115
Salluit	384	169	43	6	28	13	85	53	16	427
Aupaluk	84	48	9	0	3	2	16	6	2	52
Kangirsuk	141	86	17	7	11	9	30	12	8	163
Kuujuuaq	382	206	43	4	9	22	76	23	19	616
Tasiujaq	87	57	6	1	3	5	17	4	2	109
Quaqtaq	92	40	5	1	1	2	34	5	3	124
Kangiqluajuaq	129	56	13	4	7	6	40	14	3	124
Kangiqlualuajuaq	199	102	22	2	6	6	54	13	14	275

GOALS FOR 2017-18

- Budget monitoring and recovery of deficit;
- Shuttle service in the summer of 2017 incorporated with google maps and Ullivik-Go;
- Booking tickets on TMS-WEB for Ungava Tulattavik Health Centre; finalize the Ullivik-Go project;
- Improving welcoming service by implementing a new procedure to greet clients directly at the airport both for Ullivik and hotel clients and implementation of check-out procedure to have a better follow-up on our clients stay offering maximum services and a better management of our rooms;
- Offer better communication services and more independence to our clients regarding their clinics, stay, and departure by using emails or text message to send more information directly to the client and by installing screens;
- Evaluation of all employees by their immediate supervisors by the end of the summer to support and improve services;
- Revise and implement clear policies and procedures for our employees and clients with a new welcome kit;
- Hiring of evening and weekend nurse to improve services especially in the case of evening and weekend discharges and faster departures to the north, to have a liaison nurse 7 days a week;
- Support the managers at all levels of their functions in order to executive the services we are mandated.

In conclusion, I would like to first and foremost thank the staff of Ullivik. Without them, the services we are mandated to ensure on a daily basis could not be achieved. I congratulate them and thank them for their adaptability from the days of the boarding homes to Ullivik many years later!

More thank you go out to the working group on the construction project. Together, we worked tirelessly. Sometimes, we disagreed on some issues but always came to an agreement; otherwise, the construction would have never ended. We became jacks of all trades, architects, engineers, electricians and interior decorators, just to name a few. A huge thank you to the following working group members, Marc Dion, head of administration and transport, Ullivik, Larry Watt, director of out of region services, Jean-Guy Letourneau, consultant, NRBHSS and Celine Laforest, consultant, Ullivik and of course the one and only Anna Rocki, architect EVOQ, who was our rock in guiding us throughout the whole project. Again, THANK YOU to all of you!

I also extend my gratitude to Avataq Cultural Institute for working with us to provide beautiful works of Inuit art in every single bedroom, public areas and the administration offices. With their help, our property is also decorated with an Inukshuk and a Qaqqiq.

I thank my superiors Lewis Lavoie, Assistant Executive Director and Jane Beaudoin, Executive Director of Inuulitsivik Health Centre for always supporting me in my position as director and for always being there when we need guidance and support. Lewis and Jane, I value your support, THANK YOU!

Last but not least, this management team keeps it all together. I must make a statement that I have extremely stable, competent, reliable and a strong team of managers working with me to ensure our services are always improving. Thank you team!



Back row: Isabelle Lemieux, Head of lodging and informational Resources; Dany Lefebvre, Head of Health, Liaison and Social Support

Front row: Jeannie Tukkiapik, Executive assistant; Maggie Putulik, Director; Marc Dion, Head of Administrative Services and Transport; Marie-Pierre Bergeron, Human Resources Counsellor.

END OF LIFE CARE

As is written in article 8 of law 2, we present the statistics on end of life care, as it is a mandatory part of each institution's annual report. Continued presentations and discussions have occurred this past year within all departments.

We have always provided palliative care to our clients both in their homes and in the hospital and continue to develop this level of care.

As such our statistics for 2016-17 are:

• Persons who received palliative care at home	21
• Persons who received palliative care in the hospital	3
• Palliative sedation administered	0
• Requests for aid to die	0
• medical aid to die provided	0
• medical aid to die refused	0